

**參加第 75屆世界衛生大會**  
**(WHO 75th Virtual World Health Assembly)**  
**視訊參與會議報告**

**地點：居家辦公視訊參與**  
**時間：2022年 5月22日 - 5月28日**

**與會人員：陳靜敏理事長**

## 參加第 75 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。因此，若能透過參與每年的WHA會議，攸關國家衛生政策制定與全民健康服務的訂定，對相關護理政策之倡議更顯重要，學會亦能藉此超前部署對應專業發展策略。

世界衛生大會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2019年12月爆發迄今，雖仍未解除，但各國防疫政策已轉趨與病毒共存，故第75屆WHA會議採實體舉行，並透過WHO網站即時轉播。今年在日內瓦進行方式為在大會議室(Plenary)有包括幹事長致詞、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。此外，尚有一些在Committee A討論不完的技术報告與推動方案，移至Committee B討論，如Items 15, 17及18。今年議程安排5月22至28日，滿滿7天，最終順利於5月28日在日內瓦時間深夜12點閉幕。

今年的議程，除因應COVID-19大流行，各國對全球衛生治理的系統性改革的討論外，也開始關注那些因為疫情而被忽視甚至惡化的健康議題，例如全球非傳染性疾病負擔。同時，自2022年2月24日起開始的烏俄戰爭，使WHO長年討論的一項Global health for peace initiative《以健康促進和平全球倡議》開始獲得關注，本年度大會更以「Health for Peace, Peace for Health」為主題，討論如何強化WHO在人道事件或是衝突中的領導能力，以保護民眾健康。在整體的WHO施政方向上，現任WHO幹事長譚德賽（Dr. Tedros Adhanom Ghebreyesus）因是一人參選，亦毫無懸念的連任，他也在致詞感言中提出對WHO之施政與財務改革。此外，為維護我國人之衛生權益，持續推動參與WHO案，亦為觀察重點。WHO在2009年至2016年曾邀請我國以觀察員身分出席WHA。2017年起我國雖未正式獲邀出席，但多有友邦向WHO提出「邀請台灣以觀察員身分參與世界衛生大會」之提案。呼應今年大會主題，各國也更加認同積極貢獻國際公衛及人道援助的台灣，是全球公衛機制不可或缺的利益攸關者，因此不論在WHA的Plenary平台上或場外，我推案今年共獲得全球88國、逾3,800名行政部門政要、國會議員及各領域重要國際友人的聲援。

國際護理協會(International Council of Nurses, ICN)為國際護理專業團體，現有135個國家護理學會/協會(National Nursing Association, NNA)組成，代表全球2,800餘萬名護理師，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。今年由於防疫考量，實體會議僅允許各機構4位代表出席，但由於會議進行是同步視訊播放，除ICN正式代表外，各NNA代表、Nursing Student Steering Group的六分區學生代表以及GNLI校友，共有40國、70餘位代表受邀參加。因此，依慣例，ICN分別於5月20及24日舉行了ICN Delegation Welcome Zoom Meeting及WHA Nurses' Luncheon，彼此介紹、說明今年ICN要倡議的重點。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，從第一天14.1 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到最重要的item 15. Human Resources for Health，投資護理的訴求，ICN鉅細靡遺的為與會者準備ICN的立場，非常有幫助。比較不解的是今年的Luncheon活動中讓與會者依WHO六個分區分組進行討論，本會代表被分配至SERO區，個人也在會議中表達此誤植。

第75屆WHA大會5月22日台灣時間晚上8點開幕(High-level welcome)，內容包括當選的衛生大會主席、國家元首、特別來賓和世衛組織總幹事致詞，並頒發總幹事衛生獎。總幹事的說明從2022年1月執行委員會會議上提出的願景出發，闡述世衛組織今後五年的五個重點，包括：1. 促進健康：解決疾病的根源，為良好的健康和福祉創造條件；2. 提供衛生服務：將衛生系統重新定位為基層醫療，作為全民健康覆蓋的基礎；3. 保護健康：通過加強全球衛生應急準備、應對和復原力系統；4. 持續改善：通過利用科學、研究、創新、數據和數字技術；5. 強化績效：通過建立一個更強大的世衛組織，提供成果，並得到加強，以在全球衛生中發揮主導作用。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Item 14 非傳染性疾病相關議題、item 16修訂《國際衛生條例》及Item 17以健康促進和平全球倡議，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。ICN也有就Item 14發表constituency statement，分別在Item 14，16，及17羅列interventions，及預錄Item 16.2 strengthening WHO preparedness for an response to health emergencies, Item 14.6 infection prevention and control 及Item 15 Human resources for health的立場表達。

5月23日第二天議程在大會議室進行全體大會。討論議程項目Item 1.4 Adoption of the agenda時，由於先前13友邦已向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，今年的大會主席吉布地衛生部長 Ahmed Robleh Abdilleh 在一開始就先表示，相關方就此案已經達成協議，將接受總務委員會建議，不將此補充提案納入議程，且不開放現場發言。第2波「2對2辯論」，由瓦帝尼與吐瓦魯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。由於今年主要討論議題包括《國際衛生條例》修訂、非傳染性疾病全球策略、以健康促進和平全球倡議等，由 WHO 及各會員國元首及衛生部長等重要官員報告 COVID-19防疫應變策略與成果及人道救援等事項，今年理念相近國家挺台力道更明顯增強，在 WHA 全會共有美國、英國、澳大利亞、法國、德國、加拿大、盧森堡、立陶宛、捷克、日本及紐西蘭11國與馬爾他騎士團，以直接或間接方式發言支持，其中法、德、盧、立、捷5國是首度明確提及台灣；在有限的發言時間中，聲援台灣參與WHA，意義重大。

5月24日的重頭戲是item 4.2幹事長選舉。由於譚德賽是同額競選，並已獲得會員國推薦和執委會提名通過，選舉結果不意外的獲選連任，任期至2027年。譚德賽的第一任期中，儘管面臨嚴重的COVID-19全球大流行，但也對全球衛生治理提供了重要的願景與行動方向，例如其在《第13期基本工作計畫》中提出的Triple Billion「三個10億」願景，即「新增10億人獲得全民健康覆蓋」、「新增10億人在衛生緊急事件中受到更佳保護」與「新增10億人健康福祉獲改善」，已成為WHO和全球衛生治理中的討論框架，其在連任感言敘明仍將此三大支柱Pillars列為其施政的主要支柱與方向。建立在第一任期已有的改革與成果上，譚德賽的第二任期預計著重於打造全球基層醫療照顧(Primary Health Care, PHC)與全面健康覆蓋體系(Universal Health Coverage, UHC)、對抗全球健康不平等、強化衛生資金與人力、協調大流行國際文書談判、促進利用科學研究與創新、強化WHO能力與資金等重點。此外，加速結束大流行並因應眾多在大流行中惡化的健康負擔，將會是其上任後首當其衝的優先議題。因此，他的第二任期將會更迫切地需要更多國家的協助與合作，並且以WHO幹事長的立場，為WHO爭取到更多的權限與資金。如在各項大流行的獨立審查報告中，提出多項針對WHO改革建議，包含WHO應增加其靈活資金、強化治理透明度、提升WHO各項衛生行動的權限等。並在執委會中延長了《第十三期基本工作計畫》的年限到2025年（原為2023年），讓WHO具有更多彈性，來執行各界的改革建議、並同時扭轉因大流行而惡化的健康挑戰。

在Committee A持續討論的也就是Item 12 Program budget 2022-2023、2023-2025及Item 13 Sustainable financing，包括到2030年前要將會費收入提升到WHO核心預算50%的占比，而在上一個預算週期中，分攤會費僅佔核定方案預算的16%。接著討論Item 16.2 加強衛生組織對突發衛生事件的防範和反應(Strengthening WHO preparedness for and response to health emergencies)。所有會員國和非國家行為者(NSA)均陸續作出發言以致WHA決議將該專案擱置至本周晚些時候再議。

第四天5月25日議程非常緊湊，Committee A跟B同步進行不同議題的討論。

Committee A 繼續討論16.2及修正16.4的2005年版國際衛生條例(Implementation of the International Health Regulations, IHR)。ICN CEO Howard Catton 發表相關 item 16.2 「加強衛生組織對突發衛生事件的防範和反應」的立場聲明，表示ICN根據全世界2,800萬護理人員所收集的資料，證明護理人員在工作條件、獲得疫苗和治療、心理健康和心理支援方面面臨重大挑戰。護理人員和健康照顧從業人員不得不直接處理缺乏大流行防範的後果，以及ICN為什麼強烈支持根據「大流行防範和應對獨立小組」(Independent Panel for Pandemic Preparedness and Response, IPPPR)建議制定一項關於大流行防範和應對的新國際文書。ICN還呼籲各國政府投資護理，以作為防範和應對突發衛生事件的必要。此外，須讓各國護理領導者及政府首席護理官(government chief nurses)參與決策，採取具體行動，為未來的大流行做好準備。ICN也十分關切在許多國家漸增的醫療暴力事件，並強調必須保護健康照顧從業人員在所有醫療服務環境中免受威脅和暴力。這是護理人員及健康照顧從業人員的權利也是必須得到尊重的人權。在Item 16.4，會員國強調了綜觀公共衛生、環境和動物衛生整體介入的重要性，需要採取「One Health」來應對突發衛生事件並加強衛生系統。一些會員國強調，它們需要履行實施IHR的義務，並承認世衛組織為監測和支援這一點所做的努力。若要全面實施IHR仍有許多挑戰。本次審查由美國領銜提出的IHR修訂草案，旨在改善IHR在因應大流行中的不足甚至是缺陷，如：強化WHO的權限，使其可以更快速、且不需要當事國同意即向全球通報風險（第9條與11條）、WHO與締約國在疫情調查與防疫合作必須更為透明公開（第13條）、建立更為細緻且區域化的警報機制，使高風險的區域或是國家可以更快速與優先評估疫情風險（第12條）、成立合規委員會與定期審查機制，來評估各國遵守IHR義務的情形（第4章）。而關於Item 14.1，ICN則是聯合World Medical Association (WMA)共同發表立場聲明，表示支持NCD implementation roadmap，因為該roadmap與PHC及UHC目標一致，我們敦促會員國和世衛組織與衛生專業人員密切合作，確保其能成功實施。非傳染性疾病具有共同的社會決定因子以及在很大程度上可以預防的多重環境、教育和生活方式風險因素。它們佔大部分世界的死亡和疾病負擔，對個人和社區、衛生系統支出和可持續性產生巨大影響。因此，應建立一支為非傳染性疾病做好準備的工作團隊，並保障醫療專業人員的資源、培訓、職業發展和公平報酬。

Committee B則同步討論Item 21.4“防止性剝削、性虐待和性騷擾”。另外，報告了Item 20 東耶路撒冷在內的被佔領巴勒斯坦領土和被佔領敘利亞戈蘭的健康情況。

第五天5月26日一樣是Committee A跟B同步進行。Committee A討論了專案16.1“世衛組織突發衛生事件規劃獨立監督和諮詢委員會”和16.3“世衛組織在突發衛生事件中的工作”。特別令人感興趣的是關於「烏克蘭衛生狀況最新情況」的報告。會員國提出並表決了兩項分別是由俄羅斯及敘利亞提出的決議草案，較另人難解的是關於“Health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation’s aggression”，居然在183出席中竟然仍有53票

棄權、12票反對。而在俄羅斯所提“Health emergency in and around Ukraine and refugee receiving and hosting countries”也是有70票棄權、66票反對。這樣的結果實在很難讓人接受是在WHA殿堂中討論健康人權的超然立場，更別說今年的大會主題是Health for peace, peace for health」，討論如何在強化WHO在人道事件或是衝突中的領導能力，以保護民眾健康。

在Committee B，ICN發表關於Item 27.4 “Public health dimension of the world drug problem”的聲明，強調毒品問題是多面向的公共衛生議題、對個人、家庭和社區會產生重大影響。特別是約有一半的精神障礙患者也是物質濫用者，因此建議應優先考慮使用者可能的心理健康問題。根據ICN Code of Ethics for Nurses，護理尊重所有人的尊嚴和同感。因此，ICN支持harm reduction approach，以減少藥物使用對健康的傷害、社會和經濟造成的影響、更需強調以人性化的方法對應解決。另外，Committee B還討論了items 21.6 “Global strategies and plans of action that are scheduled to expire within one year”，27.1 “Availability, safety and quality of blood products”，27.3 “Traditional medicine”，及 28.1 “Progress reports”。在最後30分鐘討論 item 15. “Human Resources for Health” sub-item “Working for Health: draft 2022–2030 action plan”。ICN請實體出席的泰國代表來代表SEARO成員國宣讀：由於COVID，我們無法慶祝2020年國際護師和助產師年以及2021年衛生和護理工作者年，我們向那些在抗擊大流行中犧牲生命的人致敬，因此我們向他們難忘的英雄責任致敬。可悲的是，大量不可接受的醫護人員死於COVID。如果他們有足夠的PPE保護，這是可以避免的。這反映了世衛組織和會員國為保護他們而作出的不充分和不合時宜的反應。由於70%的醫療和護理工作者是婦女，其中大多數是護理人員，因此需要確保安全的工作場所和對性別問題有敏感的認識，並支援他們的留任。

第六天 5 月 27 日，在 Committee A 持續討論 14.1 “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”，並包裹式的討論 14.2 “The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections”，14.3 “Global strategy for tuberculosis research and innovation 及 14.4 “Road map for neglected tropical diseases 2021–2030。跟我們有相關的重點議題反而被移到 Committee B 討論，包括 ICN 的優先議題，Item 15. “Human Resources for Health”，CEO Howard 也在會中作出以下陳述。

ICN認為工作人力短缺是對全球衛生的最大威脅。COVID-19大流行對護理專業及護理人員造成了巨大損害。ICN最近這份‘Sustain and Retain’報告顯示護理人員的高倦怠與流失率增加。證據顯示，大流行加劇了護理人力短缺(nursing migration)，也因此造成國際招聘(International recruitment)。為保護低收入和中低收入國家的衛生人力，敦促各國政府監測和報告招聘做法，應確保遵守WHO Code of Practice，並投資於護理教育，期使護理人力供應更加自給自足。為了維持和留住護理人力，ICN敦促會員國實施和監測《全球護理和助產戰略方向》Global Strategic Directions

for Nursing and Midwifery的政策重點，重點關注衛生工作者的安全和福祉。我們迫切需要會員國採取實際行動，支援、保護和投資於護理和所有健康工作者。

一些會員國和Non State Actors都十分認同此份報告，紛紛發表並讚揚世衛組織在HRH方面所做的努力。大多數國家都同意《全球護理和助產戰略方向》的重要性，並批准了《行動計劃》和《全球契約》。與會者亦一致呼籲成員國進行護理投資，以實施戰略方向和行動計劃。瑞士透過公投、已通過立法要更好地保護護理人員。「大流行防範和應對獨立小組」(IPPPR)提出《防擴散安全倡議》代表若干組織指出，行動計劃缺乏社會對話之重要內容。他們敦促成員國要審查自己的國家法律，遵守公平和道德的招聘規則。國際癌症防治聯盟(Union for International Cancer Control, UICC)代表幾個組織表示，如何在資源匱乏的環境中需要專門的衛生保健勞動力來照顧非傳染性疾病患者。日本強調了醫護人員是精神衛生是重中之重。巴哈馬敦促世衛組織認識到社區衛生保健工作者在COVID-19期間維持衛生系統運轉的重要性，並對一些較富裕國家積極招聘他國護士表示擔憂。奈及利亞指出，需要採取措施來減少資深衛生保健工作者從低收入和中等收入國家向高收入國家的移徙。國際勞工組織(ILO)表示應對就業機會和衛生部門的穩定進行新投資，以及擴大對醫護人員的社會保護，都非常重要。國際內在健康(IntraHealth International)指出，現在是醫護人員採取行動的時候了，期待政府及民眾只給予掌聲是不夠的，醫護人員需要參與政策討論、更需要制定明確的衡量指標來確保各會員國行動的進展。薩賓疫苗研究所敦促會員國採取行動，投資於衛生保健人力，並支援全球契約和行動計劃。ICN認為，全球衛生面臨的最大威脅是工作力短缺。全世界對護理人力的需求增加導致國際招聘增加，ICN呼籲採取措施對這種招聘進行監管。

最後，ICN 又由CEO Howard宣讀item 17.2 “Global Health for Peace Initiative. ICN認為，健康和福祉是安全和保障的基石，和平與健康是不可分割的。護理專業的價值觀，如正義，尊重，公平，人權和同感心都是和平的基礎，透過在日常實踐中堅持這些價值觀，護理師將可成為和平、和平外交和和平建設的影響者。作為社區中最值得信賴的成員，護理師可以透過健康照護來為社會凝聚力與和平之間做出巨大貢獻。更強調由世界各地護理師發起ICN #NursesForPeace運動，以尋求全球護理團結和支援，以應對入侵烏克蘭的行為。Item 17.1 “Influenza Preparedness”, 18.1 “Maternal, Infant, and Young Child nutrition” and item 18.2 “WHO Implementation Framework for Billion 3”也有在Committee B討論，最後並由working group報告各國猴痘爆發(Monkeypox Outbreak)的技術報告。

最後一天5/28，會議一直進行到日內瓦時間半夜12點。在Committee A討論的有Item 14.5 Immunization Agenda 2030，14.6 Infection prevention and control及14.7 Global road map on defeating meningitis by 2030。其中ICN Nursing and Health Policy Advisor Hoi Shan Fokelade有就 item 14.6 Infection prevention and control發表下述立場聲明

感染的預防和控制是保護病患者和照顧人員免受相關感染的根基。護理師能



在教育患者及其家屬、領導感控團隊及支援跨學科小組在照護環境中施行感控原則的最佳做法上發揮著至關重要的作用，包括努力對抗抗菌素耐藥性。國際護理協會認同感控護理專家的重要性及其在實施感控的必要角色。我們呼籲會員國支持和保護護理和其他健康從業人員，確保人員配備安全，提供足夠的個人防護裝備和定期感染預防和控制培訓，並確保獲得預防感染的疫苗。ICN將繼續為實現安全護理和衛生安全做出貢獻。

在Committee B進行的就是延續討論Item 17.3 Poliomyelitis根除小兒麻痺及Item 14.8 Standardization of medical devices nomenclature。在第七十五屆世界衛生大會的最後一天，會員國要求秘書處繼續整合與現有醫療器材命名系統的術語、代碼和定義有關的資訊，並通過其醫療器材資訊系統（MEDEVIS）向會員國提供這些資訊。他們要求秘書處將MEDEVIS與世衛組織其他電子平台，如國際疾病分類（ICD-11）能夠整合，如此將可促進醫療器材的管理，目標是增加醫療器材的可及性，並為緊急狀況時做好準備，以提高患者安全和衛生保健品質。

閉幕典禮在Plenary舉辦，第75屆世界衛生大會主席除謝謝幹事長譚德賽全力支持外，亦恭喜他的連任。另由Committee A及B的主席報告成果，Committee A共完成10項Resolutions, 3項statements; 而Committee B亦審議完成15個decisions及8項resolutions. 最後由幹事長譚德賽致贈議事槌給三位主席。

## 心得與感想

因COVID-19全球疫情延燒、許多國家猴痘的異常傳染、再加上2月開始持續至今的烏俄戰爭，今年的世界衛生大會是有史以來我所參加過，議題最為緊湊、最有辯論火花的一年。這當然可能是因為睽違了三年才再舉辦實體會議，各國代表莫不積極掌握機會、抒發己見；但更有可能的是今年的議題更是跟全球健康議題有關，正是呼應「No one is safe until everyone is safe」的理念，需要世界衛生組織這全球衛生治理事務最高的議會殿堂，每年召開的世界衛生大會，來做出最適切的審議結果，因為其將牽動著全球健康政策的未來方向。

今年會議最大的亮點當然是通過《國際衛生條例》（International Health Regulations, IHR）的修訂。對我國而言，因我們不是世界衛生組織會員國以致在公平獲得基本保健和對跨國疾病威脅的集體防範上一直有所缺憾。雖說WHO於2009年元月起將我納入「國際衛生條例」之實施對象，但我國在無法出席WHA的情形下，相關防疫成果無法交流分享。雖說如此，我國仍積極落實防疫工作，並秉持「專業、務實、有貢獻」之原則在國際醫衛領域作出貢獻，向各國展現我國專業實力及作為國際間負責任一份子的決心，持續爭取各國支持我國參與WHA。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，今年共獲得全球88國、逾3,800名行政部門政要、國會議員及各領域重要國際友人予我聲援，顯見台灣參與國際公衛機制，已是世界主要民主國家關注議題。更難得的是「世界醫師會」（WMA）、「歐洲醫師常務委員會」（CPME）及「歐洲記者聯盟」（AEJ）等重量級國際非政府組織（INGO），以及歐洲、亞洲、拉美及非



洲地區國際醫衛專業人士，都以致函WHO幹事長及發表公開聲明等方式，齊聲表達共同支持台灣參與WHA。國際合作發展基金會在WHA期間與挪威難民理事會（NRC）合辦「緊急事件下強化健康照護的可近性」專業論壇，展現我國豐沛合作能量。因ICN與WHO有悠久友好的關係，護理亦為最尊重人權、最可被信任的專業，建議日後亦可邀請ICN為我重返WHO仗義發言。

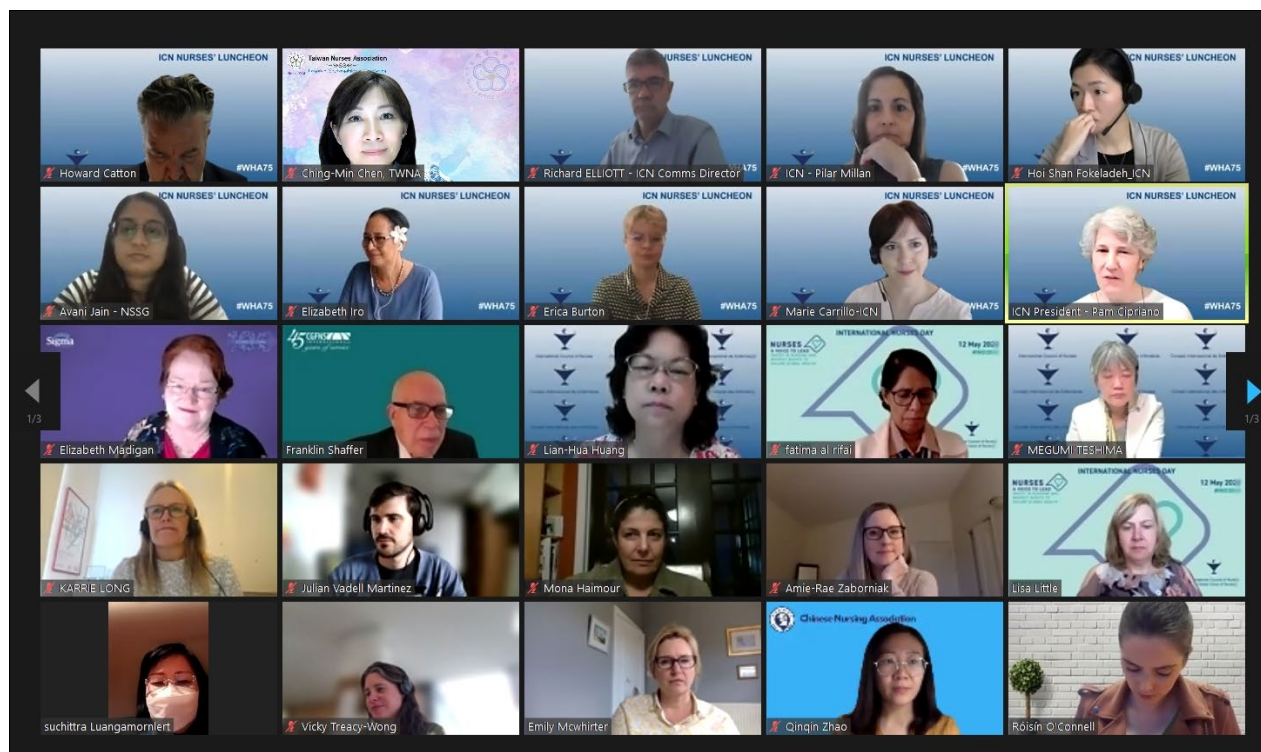
此外，今年通過了WHO幹事長譚德賽的連任案，任期至2027年。譚德賽在他第一屆任期歷經COVID-19這百年大疫，從一開始的手忙腳亂、偏頗的決策、到現今各國對於終結疫情的期盼，譚德賽的第二任期預計著重於打造全球基層照護與全面健康覆蓋體系、對抗全球健康不平等等重点，而不可避免的，護理將又是他可倚重的最重要的健康照護人力。在其任期內，他恢復首席護理官的任用、將2020年訂為國際護理助產年、開始了各國護理現況的監測系統(State Of the World's Nursing)、更在去年在世衛大會通過了《2021-2025年護理和助產全球策略方向》，在在顯示他對護理的支持。面對他在第二任期將須面對眾多在大流行中惡化的健康負擔，可以預期，他將會更迫切地需要更多國家的協助與合作，特別是護理人員在非傳染性疾病能發揮的功能與角色。在疫情中，非傳染性疾病是最被「犧牲」的議題，根據WHO調查，全球在疫情最嚴峻時期，約有90%的國家被迫中斷某些最基本與必要的衛生服務，如急診或常規疫苗接種（如小兒麻痺、麻疹等），而近50%國家無法提供最常見與日常的健康負擔的預防與管理服務，例如心理健康服務、物質濫用（如菸草和酒精）、癌症篩檢、高血壓與糖尿病、口腔衛生、子宮頸癌等。然而在疫情前，非傳染性疾病就已經是全球最嚴重的健康挑戰，例如糖尿病正在成為全球最主要死因（其死亡病例從2000年來增加了70%）、因為非傳染性疾病造成的「過早」死亡（30至69歲間）持續增加。且與此同時全球面臨嚴重的不平等，這些挑戰受疫情影響，其進度不僅放慢甚至是惡化。因此建議，可具體提出護理專業在因應全球非傳染性疾病的解決方案、應對全球不平等與負擔可扮演之重要角色，並提出下階段的全球非傳染性疾病治理方向。

今年的大會主題是「Health for peace, peace for health」為主題，討論如何在強化WHO在人道事件或是衝突中的領導能力，以保護民眾健康。幹事長譚德賽在開幕、連任及閉幕致詞時都不斷感性提到他自己孩童期經歷的戰爭經驗、呼籲「醫衛和平・相輔相成」的必要性。而今年的議程17.2也討論Global health for peace initiative《以健康促進和平全球倡議》。因為「健康」與「和平」彼此互補且密不可分的關係；缺乏和平，許多衛生行動均無法安全地展開，而無法保護民眾最基礎的生命需求。此外，民眾健康在人道衝突與戰爭中，往往是衝突各方最願意首先談判與妥協的議題，透過健康議題的談判，將有助於啟動基於人道與健康權的外交對話。因此大會中，呼應當前的烏俄情勢，再度提醒「將健康促進和平的原則主流化、促進會員國支持、蒐集更多實證資料、促進高階宣傳溝通」等行動，更建議各會員國應思考建立具體的計畫，促進落實「以健康促進和平」原則。原以為這樣的普世價值會獲得全會員國的支持，然而可笑的是在5月26日專案討論「烏克蘭衛生狀況

最新情況」的報告時，183個出席會員國竟然在俄羅斯的提案有高達70票選擇棄權不表態!這樣的結果讓我們在WhatsApp內討論炸鍋!實在很難讓人接受是在WHA殿堂中討論健康人權的超然立場，對於政治介入健康更是血淋淋的展現。因此建議，未來護理人員應更強化我們對公共事務與政治參與的了解與實際作為。

當然最振奮人心的是在第六天5月27日進行Item 15. “Human Resources for Health”的討論。CEO Howard 也在會中提出全球護理及助產發展戰略的重要。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、領導力和實踐四方面的投資是多麼有價值。今年，更因疫情的持續延燒向各國提出投資在確保護理師安全與福祉的重要性!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 groups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 75 屆世界衛生大會當選主席吉布地衛生部長Ahmed Robleh Abdilleh

第 75 屆世界衛生大會世界衛生組織總幹事譚德塞獲選連任





## WHA Nurses' Luncheon



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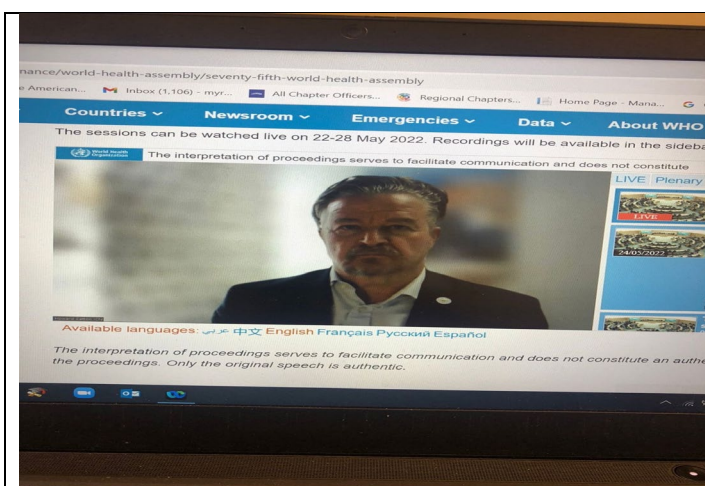
## 第 75 屆世界衛生大會會議 (地點：瑞士日內瓦聯合國歐洲總部)



Committee A主席，日本代表，非常有效率執行會議



Committee B主席，India代表，今年許多議題移至Committee B討論



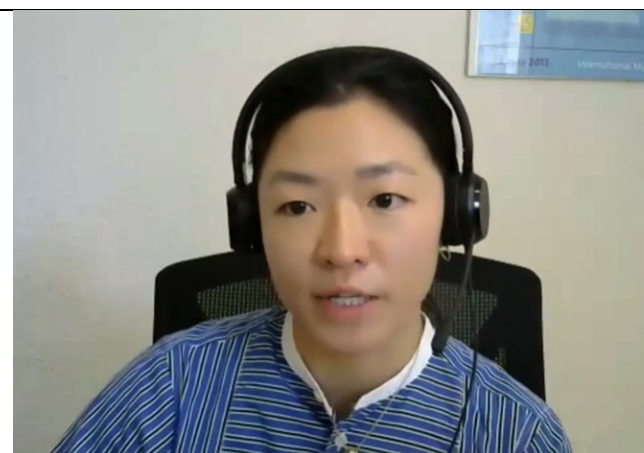
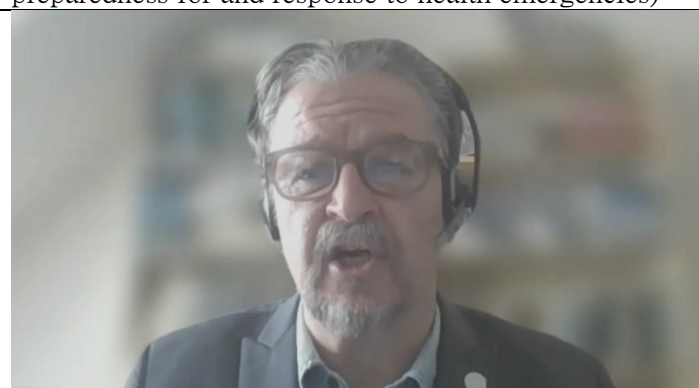
ICN @ICNurses · 11h

Intervening @WHO #WHA75 on item 15 ICN CEO @HowardCatton: "ICN believes that the most immediate threat to #globalhealth is #workforce shortage. This has caused an increase in international recruitment and ICN calls for measures to regulate it." [bit.ly/3yZhZ1K](https://bit.ly/3yZhZ1K) #NursesWHA



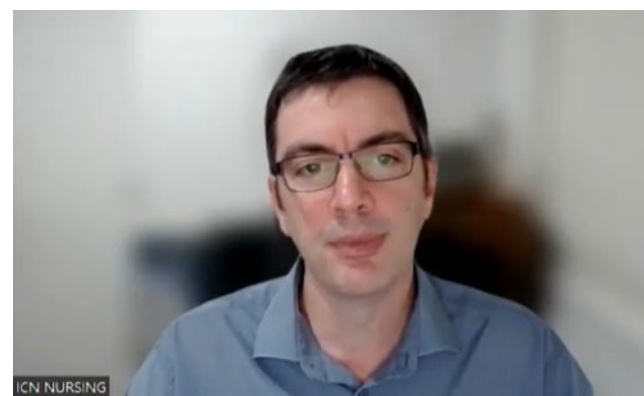
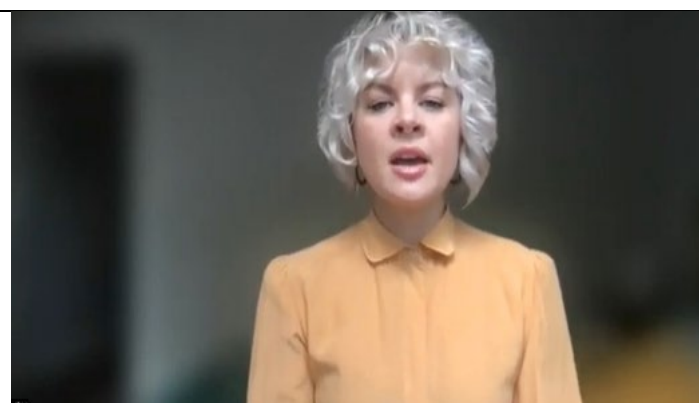
ICN CEO Howard Catton delivered intervention on item 16.2 加強衛生組織對突發衛生事件的防範和反應(Strengthening WHO preparedness for and response to health emergencies)

ICN CEO Howard Catton delivered intervention on Item 15. "Human Resources for Health



ICN 又由CEO Howard宣讀item 17.2 "Global Health for Peace Initiative.

ICN Nursing and Health Policy Advisor Hoi Shan Fokeladeh delivered the intervention on item 14.6 Infection prevention and control



ICN Nurse Consultant Eric Burton delivered item 27.4 Public health dimension of the world drug problem

ICN ICN Associate Director for Nursing and Health Policy David Stewart delivered item 27.2

	Human organ and tissue transplantation
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# **Provisional agenda**

## **PLENARY**

### **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
- 1.4 Adoption of the agenda and allocation of items to the main committees Documents A75/1, A75/45<sup>1</sup> and A75/INF./6<sup>1</sup>

### **2. Report of the Executive Board on its 149th and 150th sessions**

Document A75/2

### **3. Address by Dr Tedros Adhanom Ghebreyesus, Director-General Document A75/3**

### **4. Post of Director-General**

- 4.1 Procedures for the conduct of the election<sup>2</sup> Document A75/4
- 4.2 Appointment of the Director-General

Documents [A75/INF./1](#), A75/INF./2 and EB150/2022/REC/1, resolution EB150.R1

- 4.3 Contract of the Director-General

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<sup>1</sup> Depending on the format chosen for this session of the Health Assembly, it may be proposed to delete this document.

<sup>2</sup> Depending on the format chosen for this session of the Health Assembly, it may be proposed to delete item 4.1.

Documents A75/5 and EB150/2022/REC/1, resolution EB150.R2

### **5. Invited speaker(s)**

### **6. Admission of new Members and Associate Members [if any]**



7. **Executive Board: election**

8. **Awards**

Document A75/INF./3

9. **Reports of the main committees**

10. **Closure of the Health Assembly**

## **COMMITTEE A**

11. **Opening of the Committee<sup>1</sup>**

### **Pillar 4: More effective and efficient WHO providing better support to countries**

12. **Programme budget 2022–2023: revision** Documents A75/6, [A75/7](#)

- General Programme of Work results framework

Documents A75/8 and EB150/2022/REC/1, resolution EB150.R4

13. **Sustainable financing: report of the Working Group** Document

A75/9

### **Pillar 1: One billion more people benefiting from universal health coverage**

14. **Review of and update on matters considered by the Executive Board**

14.1 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

Documents [A75/10](#), [A75/10 Add.1](#), [A75/10 Add.2](#), [A75/10 Add.3](#), [A75/10 Add.4](#), [A75/10 Add.5](#), [A75/10 Add.6](#), [A75/10 Add.8](#) and EB150/2022/REC/1, decision EB150(4)

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- (a) Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030
  - (b) Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets
  - (c) Draft global strategy on oral health
  - (d) Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies
  - (e) Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030

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<sup>1</sup> Including election of Vice-Chairs and Rapporteur.

- (f) Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health
- (g) Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage
- (h) Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority
- (i) Draft recommendations for the prevention and management of obesity over the life course, including potential targets
- (j) Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases

- Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control  
Document [A75/INF./4](#)

- 14.2 The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections

Documents [A75/10](#) and EB150/2022/REC/1, resolution EB150.R3

- 14.3 Global strategy for tuberculosis research and innovation Document [A75/10](#)

- 14.4 Road map for neglected tropical diseases 2021–2030

Document [A75/10](#)

- 14.5 Immunization Agenda 2030 Document [A75/10](#)

- 14.6 Infection prevention and control Document [A75/10](#)

- 14.7 Global road map on defeating meningitis by 2030 Document [A75/10](#)

- 14.8 Standardization of medical devices nomenclature

Documents A75/11 and EB150/2022/REC/1, decision EB150(10)

## 15. Human resources for health

- Working for Health: draft 2022–2030 action plan Document [A75/12](#)
- Global health and care worker compact Document [A75/13](#)
- WHO Global Code of Practice on the International Recruitment of Health Personnel Document [A75/14](#)
- Global Strategy on Human Resources for Health: Workforce 2030

Document [A75/15](#)

## Pillar 2: One billion more people better protected from health emergencies

### 16. Public health emergencies: preparedness and response

- 16.1 The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme  
Document A75/16

16.2 Strengthening WHO preparedness for and response to health emergencies Documents [A75/10](#), A75/17, [A75/18](#), [A75/19](#), A75/20 and A75/21

16.3 WHO's work in health emergencies

Document [A75/10](#)

16.4 Implementation of the International Health Regulations (2005) Document A75/22

## **17. Review of and update on matters considered by the Executive Board**

17.1 Influenza preparedness

Document [A75/10](#)

17.2 Global Health for Peace Initiative

Documents [A75/10](#) and EB150/2022/REC/1, decision EB150(5)

17.3 Poliomyelitis

- Poliomyelitis eradication

Document [A75/23](#)

- Polio transition planning and polio post-certification

Documents [A75/24](#) and [A75/INF.17](#)

## **Pillar 3: One billion more people enjoying better health and well-being**

### **18. Review of and update on matters considered by the Executive Board**

18.1 Maternal, infant and young child nutrition

Documents [A75/10](#), [A75/10 Add.7](#) and EB150/2022/REC/1, decision EB150(7)

18.2 WHO Implementation Framework for Billion 3 Documents [A75/10](#) and [A75/25](#)

- WHO global strategy for food safety

Documents [A75/10](#), and EB150/2022/REC/1, decisions EB150(8) and EB150(9)

## **COMMITTEE B**

### **19. Opening of the Committee<sup>2</sup>**

### **20. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan**

Document A75/26

## **Pillar 4: More effective and efficient WHO providing better support to countries**

### **21. Review of and update on matters considered by the Executive Board**

#### **Financial matters**

21.1 Financing and implementation of the Programme budget 2022–2023 Document A75/27

21.2 Scale of assessments 2022–2023

Documents [A75/10](#) and EB150/2022/REC/1, resolution EB150.R5

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<sup>2</sup> Including election of Vice-Chairs and the Rapporteur.

- 21.3 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

Document A75/28

#### **Governance matters**

- 21.4 Prevention of sexual exploitation, abuse and harassment Document [A75/29](#)

- 21.5 WHO reform

- Written statements: guidelines for Member States

Documents [A75/30](#) and EB149/2021/REC/1, decision EB149(3)

- 21.6 Global strategies and plans of action that are scheduled to expire within one year

- Global strategy and plan of action on public health, innovation and intellectual property

Documents [A75/10](#) and EB150/2022/REC/1, decision EB150(11)

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#### **Staffing matters**

- 21.7 Human resources: annual report Document A75/31

- 21.8 Amendments to the Staff Regulations and Staff Rules

Documents [A75/10](#) and EB150/2022/REC/1, resolution EB150.R8

- 21.9 Report of the International Civil Service Commission Document [A75/10](#)

#### **22. Budget and financial matters**

- 22.1 WHO programmatic and financial report for 2020–2021, including audited financial statements for 2021

Documents A75/32, A75/33 and [A75/INF./5](#)

- 22.2 Special arrangements for settlement of arrears [if any]

- 22.3 Assessment of new Members and Associate Members [if any]

- 22.4 Amendments to the Financial Regulations and Financial Rules [if any]

#### **23. Agreement with intergovernmental organizations**

Document [A75/34](#)

#### **24. Audit and oversight matters**

- 24.1 Report of the External Auditor Document A75/35

- 24.2 Report of the Internal Auditor Document A75/36

- 24.3 External and internal audit recommendations: progress on implementation Document A75/37

#### **25. Appointment of representatives to the WHO Staff Pension Committee**

Document [A75/38](#)

**26. Collaboration within the United Nations system and with other intergovernmental organizations**

Document A75/39

**27. Updates and future reporting**

27.1 Availability, safety and quality of blood products Document [A75/40](#)

27.2 Human organ and tissue transplantation Document [A75/41](#)

27.3 Traditional medicine

Document [A75/42](#)

27.4 Public health dimension of the world drug problem Document [A75/43](#)

**28. Matters for information**

28.1 Progress reports

Documents [A75/44](#) and A75/44 Add.1

**Pillar 1: One billion more people benefiting from universal health coverage**

- A. Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage (resolution WHA72.4 (2019))
- B. Primary health care (resolution WHA72.2 (2019))
- C. Strengthening integrated people-centred health services (resolution WHA69.24 (2016))
- D. Improving access to assistive technology (resolution WHA71.8 (2018))
- E. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12 (2004))
- F. Eradication of dracunculiasis (resolution WHA64.16 (2011))
- G. Global vector control response: an integrated approach for the control of vector-borne diseases (resolution WHA70.16 (2017))
- H. WHO strategy on research for health (resolution WHA63.21 (2010))

**Pillar 2: One billion more people better protected from health emergencies**

- I. Smallpox eradication (resolution WHA60.1 (2007))

**Pillar 4: More effective and efficient WHO providing better support to countries**

- J. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007))

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**ICN DELEGATE PACK**

**75<sup>TH</sup> World Health Assembly**

**22-28 May, 2022**



#### **14.1 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 ([A75/10](#), [Add.1](#), [Add.2](#), [Add.3](#), [Add.3Corr.1](#), [Add.4](#), [Add.5](#), [Add.6](#), [Add.8](#))**

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

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

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

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

#### **World Health Assembly Action**

The Health Assembly is invited to note the revised Annexes 1, 3, 4, 5 and 7, and the additional Annex 11 on the preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of NCDs in 2025 and Annex 12 on the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course.

#### **ICN Key Messages**

- The nursing workforce has an enormous contribution to make in the promotion, prevention and control of NCDs and needs to be a central part of any NCD strategy.
- Nurses are increasingly taking on the management of NCDs and providing high quality, accessible and cost-effective services.
- Nurses use every contact and every opportunity for health promotion, disease prevention and early detection.



- Countries must enable nurses to work to their full scope of practice and support the development of advanced and specialist roles. This may require modernising regulatory frameworks to support nurses' broader decision-making authority.
- High-level policy and planning decision-making must include and strengthen the contribution of nursing leaders. This includes appointing nurses to senior positions within the health system.
- The availability of safe, effective, and quality diagnostics, medicines, vaccines, technologies, and palliative care must be ensured.
- Nurses are local people who can work with local communities on improving health and help make community health workers more effective by providing support, supervision and a point for referral.

## **14.2 THE GLOBAL HEALTH SECTOR STRATEGIES ON, RESPECTIVELY, HIV, VIRAL HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS ([A75/10](#))**

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

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

EB150 submitted draft resolution [EB150.R3](#), to the 75<sup>th</sup> WHA for adoption which asks the Health Assembly to:

- adopt the three global health sector strategies
- request the Director-General to report on the progress made in the implementation of the global health sector strategies to the Health Assembly in 2024, 2026, 2028 and 2031, noting that the 2026 report will provide a mid-term review based on the progress made in meeting the strategies' 2025 targets and the progress made towards achieving the 2030 goals.

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

### **World Health Assembly Action**

Following further informal consultations, the Health Assembly is invited to adopt the resolution recommended by the Executive Board in resolution EB150.R3

### **ICN Key Messages**

- The health sector response to the continuing global epidemics of HIV, viral hepatitis and sexually transmitted infections is critical to achieving the SDGs and making progress towards achieving UHC.
- ICN believes that strategies and services must be integrated and people-centered, organised around people's needs rather than around diseases and be evidence-informed.

- ICN firmly believes that strategies and services must be human-rights based and free from stigma and discrimination. Nurses play an important role in addressing stigma, discrimination, and inequalities to uphold human rights and to increase access to prevention and care.
- Nurses are key to delivering people-centered care that supports and empowers individuals and communities to be active participants in their own care.
- Particular attention must be paid to key populations who disproportionately carry the burden of disease yet who face multiple barriers to accessing services and have worse health outcomes. These key populations include transgender people, people in prison, sex workers, people who inject drugs and men who have sex with men.
- The majority of care delivered to people with HIV is by nurses and throughout history, nurses have been at forefront of caring and advocating for people who are disempowered and marginalized.
- ICN supports the urgent reenergizing and reframing of the global response to sexually transmitted infections after year of neglect and a lack of political commitment and funding.
- ICN aligns itself with the WHO's definition of sexual health including that it requires a positive and respectful approach to sexuality and sexual relationships and should be free of coercion, discrimination and violence. Furthermore, for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

### 14.3 GLOBAL STRATEGY FOR TUBERCULOSIS RESEARCH AND INNOVATION ([A75/10](#))

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

The 150<sup>th</sup> Executive Board noted the [report](#) on the [global strategy](#) for tuberculosis research and innovation, adopted in 2020. EB150 underscored the impact of the COVID-19 pandemic on the fight against TB and the importance of restoring essential TB services as quickly as possible. They called for more domestic and international resources to be mobilized in order to accelerate the implementation of the global strategy and achieve faster progress towards global TB targets.

#### **World Health Assembly Action**

#### **ICN Key Messages**

- 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/DR-TB have the knowledge and tools they need to identify, diagnose and successfully treat patients.
- Countries must invest in human resources for health to ensure an adequate number of well-educated healthcare professionals for TB prevention, treatment and delivery of quality person-centred care as part of integrated health services in line with UHC targets.

- Healthcare professionals are at high risk of TB/MDR-TB and a sharp focus on health worker safety and wellbeing is needed in order to protect the health workforce.
- Countries must develop and introduce legislation, regulation and policies that support optimal use of the nursing workforce in its delivery of TB and TB/HIV programmes.
- TB negatively impacts global social and economic development by disproportionately affecting poor and marginalised communities and those in the productive age group. Nurses create solutions that reduce exposure of vulnerable populations and are a critical source of public health information in educating communities about prevention of TB.

## 15. HUMAN RESOURCES FOR HEALTH

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

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

### **Working for Health: draft 2022-2030 action plan** ([A75/12](#))

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

The WHA75 report presents the updated [Working for Health: draft 2022–2030 action plan](#) and implementation mechanism.

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

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

ICN was consulted on this draft action plan.

## **Global health and care worker compact ([A75/13](#))**

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

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

The [care compact](#) sets out complementary management and policy actions structured around four domains: preventing harm, providing support, inclusivity, and safeguarding rights.

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

## **WHO Global Code of Practice on the International Recruitment of Health Personnel: fourth round of national reporting ([A75/14](#))**

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

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

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

Key actions:

- The Secretariat will establish a process, engaging expertise from Member States, for assessing implications of the emigration of health personnel; The Expert Advisory Group on the Relevance and Effectiveness of WHO’s Global Code of Practice on the International Recruitment of Health Personnel will be re-convened.
- In the interim, all Member States and relevant stakeholders are guided to apply the precautionary principle in international recruitment and encouraged to renew their individual and collective efforts to implement the Code, engage in technical cooperation and file reports; without such efforts, market-led and/or pandemic-driven economic demand for international health personnel may have direct or inadvertent consequences on access to health in other countries.
- The Secretariat will respond to the requests for technical support from 58 Member States, develop evidence and guidance on bilateral agreements, and review ethical governance models with private recruitment agencies.

## Global strategy on human resources for health: workforce 2030 ([A75/15](#))

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

### World Health Assembly Action

The Health Assembly is invited to:

- Note report A75/12 and to provide guidance on the Working for Health: draft 2022–2030 action plan
- Note report A75/13 and to encourage Member States and all relevant stakeholders to utilize, where relevant, the global health and care worker compact as a benchmark to inform national review and action, including implementation, within the Working for Health: draft action plan (2022–2030).
- Note report A75/14
- Note report 75/15 and to encourage all Member States to continue in their efforts to implement, as relevant to their context, the provisions of the Global Strategy and the related resolutions; and to report their national data on human resources for health through the national health workforce accounts online platform.

### ICN Key Messages

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

## 14.5 IMMUNIZATION AGENDA 2030 ([A75/10](#))

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

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

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

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

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

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

### **World Health Assembly Action**

#### **ICN Key Messages**

- ICN strongly believes that immunization is a powerful tool for global health and sustainable development, ending the COVID-19 pandemic and preventing future pandemics.
- The nursing workforce is central to immunization strategies and the main clinical provider of vaccines to billions of individuals.
- The strong involvement of nurses at all stages—planning, design, implementation and delivery—is essential for the success of this agenda.
- ICN calls for active involvement of nurses in regional and national operational planning, monitoring and evaluation, mechanisms for ownership and accountability, and communications and advocacy strategies and believes this is essential to progress the IA2030 goals.
- Nurses offer valuable expertise in behavioural and social strategies to address under-vaccination, support effective communication, increase health literacy, and build public confidence in immunization. Nurses have been particularly active in providing information and support to the development of education resources and tools on the importance of vaccination.

- National Nurses' Associations offer important contributions to national strategies on immunization and are able to swiftly mobilise the nursing workforce. These associations have established relationships with policy makers, service leaders and regulators so are important agents in facilitating planning and execution of mass immunization.
- Strengthening and investing in the nursing workforce, to ensure that it is appropriately resourced to effectively and efficiently support implementation of the IA2030 is essential for maximum impact.
- Vaccine equity and prioritisation of nurses and healthcare workers is a fundamental issue of morality, ethics and human rights and should be non-negotiable.

## **16. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE**

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

### **16.1 THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME ([A75/16](#))**

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

The Annex to this document contains the tenth IOAC report is the annual review of progress of WHO's work in health emergencies from May 2021 to April 2022. Whilst there is a major focus on the progress of WHO's response to COVID-19 since the last report, this report also highlights recurring issues observed since the Committee's inception in 2016.

The IOAC's findings and observations are summarized in three parts: an overview of progress on persistent issues impacting WHO's performance in emergencies; WHO response to the COVID-19 pandemic and lessons learned; and the future direction of the WHE Programme and vision for WHO.

### **16.2 STRENGTHENING WHO PREPAREDNESS FOR AND RESPONSE TO HEALTH EMERGENCIES ([A75/18](#))**

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

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



response capacity, including through strengthening, as appropriate, WHO's Health Emergencies Programme."

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

### **16.3 WHO'S WORK IN HEALTH EMERGENCIES ([A75/10](#))**

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

#### **World Health Assembly Action**

The Director-General has submitted a draft proposal for amendments to the International Health Regulations (2005) for its consideration. The World Health Assembly is invited to consider the proposed amendments to the International Health Regulations (2005).

#### **ICN Key Messages**

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

## 17.2 GLOBAL HEALTH FOR PEACE INITIATIVE ([A75/10](#))

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

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

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

Priorities for the Initiative over the next two years:

- Updating WHO's global strategy in respect of the Health for Peace approach
- Generating additional evidence on the impact of Health for Peace projects
- Developing awareness and capacities to implement the Health for Peace approach
- Engaging with Member States on the Initiative

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

### **World Health Assembly Action**

The Health Assembly is invited to adopt the decision recommended by the Executive Board in decision EB150(5).

### **ICN Key Messages**

- ICN believes that health and wellbeing are the bedrock to safety and security and that peace and health are inseparable.
- Nurses work on the frontlines in fragile, conflict-affected, and vulnerable settings and deliver care that is centered on neutrality, reconciliation, and healing.
- Engaging nurses in this Initiative would be highly beneficial for mainstreaming the Health for Peace approach as they already work as influencers of peace in their day-to-day activities from frontline service delivery to advocacy and policy making. Examples, as outlined in the ICN Code of Ethics for Nurses, include:
  - The values of the nursing profession such as justice, respect, equity, human rights, and compassion are all foundations of peace, and by upholding these in everyday practice, nurses are influencers of peace, peace diplomacy and peace building.

- Nurse educators and researchers, educate and research for peace diplomacy and peace building in communities and globally.
- National Nurses' Associations collaborate with nursing regulatory bodies, voluntary organisations, and global agencies to develop position statements and guidelines that support human rights, environmental justice and international peace.
- Collaborate globally, nationally and regionally with governments and nursing agencies to further the ends of global peace and justice and ameliorate the causes of illness.
- As one of the most trusted healthcare professionals in the health workforce, the nursing workforce can greatly contribute to the strengthen and operationalize the link between health, social cohesion and peace.
- To show our solidarity with nurses in Ukraine, ICN has launched the #NursesforPeace campaign to call for peace, condemn attacks on healthcare, and support nurses on the frontlines. Nurses around the world have supported and engaged in this campaign.
- Nurses and other healthcare workers deliver care and treatment to all patients without fear or favour: they must be allowed to do their work protected from threats and violence, and the healthcare facilities they work in must be shielded from harm.
- Civil society organisations are important partners in increasing capacities and support for the Initiative.

## **27.2 HUMAN ORGAN AND TISSUE TRANSPLANTATION ([A75/41](#))**

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

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

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

Through supporting efforts to enhance tissue services, a range of wider health systems and recipient needs can

be addressed. For example, eye health and vision have an important implication on all aspects of life, health, sustainable development, and the economy. The WHO is seeking to develop a Global action framework to advance universal access to safe, effective and quality-assured human tissues for transplantation. This will provide strategies and recommendations to Member States.

### **World Health Assembly Action**

The Health Assembly is invited to note the report and request the Director-General to continue to report to the WHA every two years on progress of resolution WHA63.22(2010).

### **ICN Key Messages**

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

ICN calls on Member States to:

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

## **27.4 PUBLIC HEALTH DIMENSION OF THE WORLD DRUG PROBLEM ([A75/43](#))**

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

With around 275 million people using psychoactive drugs in 2020 and an expected rise by 11% worldwide by the year 2030, and with an estimated 36 million people with drug use disorders and only small minority of them having access to effective treatment and care, the scope of public health problems related to drug use, drug use disorders and related health conditions continues to be very high. Injection drug use leads to 20% of HIV infections outside sub-Saharan Africa and contributes significantly to the epidemics of hepatitis B and C in all regions. Since 1999 more than 600,000 people in the USA and Canada have died from opioid overdose and a staggering 1.2 million more are estimated to die due to overdose by 2029. At the same time, opioid analgesics and psychotropic medicines under international control are indispensable for the provision of essential health care services, including for palliative care, pain management and treatment of mental, neurological and substance use disorders. 75% of the world's population lacks access to pain relief and palliative care causing needless suffering to millions of patients and their families.

Achievement of target 3.5 (Strengthen the prevention and treatment of substance abuse) and other health-related targets of the Sustainable Development Goals, within WHO's mandate, requires enhanced and sustained WHO actions aimed at promoting and supporting prevention, early identification and effective management of substance use disorders; improving access to controlled medicines; reducing the burden of drug-related infectious diseases and prevention of the harms associated with drug use; effective monitoring of the health consequences of drug use, as well as public health policy and programme responses; and promoting

a public health approach to the world drug problem. Work has begun on updating the recommendation on the identification and management of drug use disorders in primary health care, included in the mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings.

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

### **World Health Assembly Action**

The Health Assembly is invited to note the report and to consider the following draft decision:

The 75<sup>th</sup> WHA decided to request the Director-General to continue to report to the Health Assembly every two years until 2030 on WHO's activities to address the public health dimensions of the world drug problem and progress made in the implementation of decision WHA70(18) (2017).

### **ICN Key Messages**

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

## **Provisional agenda item 14.6**

### **Infection prevention and control**

Infection prevention and control (IPC) is fundamental to protecting patients and health personnel from health care-associated infections. Nurses play a crucial role in educating patients and their families, leading IPC teams and initiatives, and supporting the multidisciplinary team to apply IPC principles and best practices across health care settings, including efforts to combat antimicrobial resistance.

The International Council of Nurses (ICN) recognizes the importance of IPC nurse specialists and their dedicated role in implementing IPC core components and integrating IPC with health care delivery. We call on Member States to support and protect nurses and other health personnel by ensuring safe staffing levels, providing sufficient personal protective equipment and regular IPC training, and ensuring access to vaccines for infection prevention. ICN will continue to contribute and direct its work to achieve safe care delivery and health security.

## **Provisional agenda item 16.2**

### **Strengthening WHO preparedness for and response to health emergencies**

The International Council of Nurses (ICN) continues to receive reports and collate evidence from 28 million nurses around the world of significant challenges they face in their working conditions, access to vaccines and therapeutics, mental health and psychological support. It is nurses and healthcare workers who have had to directly deal with the consequences of a lack of pandemic preparedness and why ICN strongly supports the development of a new international instrument on pandemic preparedness and response in accordance with IPPPR recommendations. ICN also calls on governments to invest in strengthening their nursing workforce as an essential part of preparedness for and response to health emergencies. Furthermore, nurse leaders and government chief nurses must be involved in the decision-making for concrete actions to prepare for future pandemics.

ICN is also extremely concerned by the increasing incidents of violence against healthcare in many countries and emphasizes that health personnel must be protected from threats and violence in all settings of healthcare delivery. Nurses and health care workers' rights are also human rights that must be respected.

## **Provisional agenda item 15**

### **Human resources for health**

The International Council of Nurses (ICN) believes that the greatest threat to global health is workforce shortages. The COVID-19 pandemic has caused immense damage to individual nurses and the nursing workforce. ICN's recent report 'Sustain and Retain' shows high levels of nurse burnout and increased turnover. The evidence identifies a very high risk that shortages will be exacerbated by the pandemic which is extremely concerning.

The need for rapid growth of nurse supply is increasing international recruitment. To protect health workforces in low- and middle-income countries, governments are urged to monitor and report on recruitment practices and ensure compliance with the WHO Code of Practice and invest in nursing education with the aim of greater self-sufficiency in the supply of nurses.

To sustain and retain the nursing workforce, ICN urges Member States to implement and monitor the policy priorities of the Global Strategic Directions for Nursing and Midwifery with a sharp focus on health worker safety and wellbeing. We urgently need Member States to take practical actions to support, protect and invest in nurses and all health workers.

## **Provisional agenda item 27.2**

### **Human organ and tissue transplantation**

The International Council of Nurses (ICN) acknowledges and supports the WHO report on 'Human organ and tissue transplantation.'

ICN represents the many nurses working in the end-of-life donation field, eye and tissue banking sector and recipient transplant services and advocates on behalf of patients. We call on Member States to:

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

These recommendations will improve access to organ and tissue transplantation services across the world. We look forward to working with you on this important program.

## **Provisional agenda item 27.4**

### **Public health dimension of the world drug problem**

The world drug problem has multiple public health dimensions that have a significant impact on individuals, families, and communities. Around half of individuals with mental health disorder will also experience a substance use disorder – prioritising mental health means addressing substance use disorders.

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

As is espoused in the ICN Code of Ethics for Nurses, nursing practice treats all people with respect, dignity and compassion. As such, ICN supports a harm reduction approach to reducing the harmful health, social and economic consequences of substance use, emphasizing a human rights approach.

## **NON-STATE ACTOR CONSTITUENCY STATEMENT**

### **Provisional agenda item 14.1**

#### **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 (a) Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030**

Honourable Chair, Distinguished Delegates,

I represent a constituency of organisations of health professionals and students, representing millions of pharmacists, nurses, physicians, physiotherapists among others.

We support the NCD implementation roadmap, which aligns tools to PHC and UHC frameworks, and we urge Member States and WHO to work closely with health professionals to ensure its successful implementation.

NCDs share social determinants and multiple environmental, educational and lifestyle risk factors that are largely preventable. They are responsible for the majority of the world's deaths and disease burden, with tremendous implications for individuals and communities, health system expenditure, and sustainability.



We are concerned by the inadequate access to quality NCD care and its insufficient inclusion in essential health benefit packages. 122 countries reported a disruption of NCD care due to the COVID-19 pandemic in a survey to WHO. If the burden of NCDs is to be effectively addressed, it is imperative to adopt a collaborative, interprofessional, community-based and person-centred approach.

UHC based on a robust PHC system should provide effective NCD care with a focus on integrated and longitudinal care. This includes prevention, risk-factor identification and mitigation, early screening and diagnosis, and care of people living with NCDs, including disease state management, optimal adherence to treatments and rehabilitation. This can only be achieved through the integrated and complementary roles of a multi-disciplinary health care team consisting of general practitioners and specialist medical doctors, nurses, pharmacists, dentists, physiotherapists and other health and social workers. Building an NCD-ready workforce will require the protection, resourcing, training, career development and fair remuneration of healthcare professionals.

Increased public investment in prevention strategies is critical, including public health campaigns and programmes delivered and supported by the full range of health professionals for adult vaccination, tobacco cessation, the adoption of healthier dietary behaviours and physical exercise.

Finally, we strongly agree with Member States that mental health should be discussed as a separate issue considering the global emergency in mental health.