



NCSBN
Leading Regulatory Excellence

2021 NCSBN Annual Meeting - The Pandemic and Lessons Learned from the WHO Video Transcript

©2021 National Council of State Boards of Nursing, Inc.

Event

2021 NCSBN Annual Meeting

More info: <https://www.ncsbn.org/15915.htm>

Presenter

Elizabeth Iro, MHSc, MBA, RN, RM; Chief Nursing Officer, World Health Organization (WHO)

Greetings everyone, and thank you to David Benton and your team at the National Council of State Boards of Nursing for inviting me to join you. It's a great honor to be here and to speak at your conference today. First of all, I want to thank you all for your tremendous commitment and courage leading our profession during the last year.

It has been an unimaginable difficult time, and I recognize that every one of you will have faced challenges and have made sacrifices as a result of the pandemic. The fight against COVID-19 has tested us all as a profession across the world, as a community, and as individuals. The world has needed us more than ever before, and I could not be more proud of our global response.

If we carefully emerge from this crisis, we must ensure that we take care of each other and of our own well-being and mental health at the same time as we provide support for a vast number of health and care workers who we know are at risk of burnout and depression. The COVID-19 pandemic has dominated our world for 18 months and despite the challenges and disruptions we have all experienced, as leaders, we have a responsibility to reflect on our work, learn lessons from the recent past, and find opportunities to strengthen our profession, particularly in the areas where we have struggled the most.

As we slowly move forward at different paces and in different ways, we take with us shared experiences and stories that will inform and influence not only our way of life but our practice as nurses for many years to come. Some of the systems and practices on nursing that have evolved and changed in response to COVID-19 crisis will never return to the pre-pandemic models.

It is vital that we share these changes and initiatives. Listen and learn from each other and seize opportunities where we can, not only to grow as a profession but to harness the support of those we need around us who will help us to position nurses at the tables where we are needed and need to be. Nurses have played a central role during the COVID-19 pandemic.

Whilst they have always been at the forefront of healthcare service delivery, this pandemic has made the profession and the work that nurses do even more prominent and more visible. As we pause to reflect

and regroup, it is clear that we now have an opportunity to influence healthcare strategy, a mandate to lead in government and make the necessary shifts in policy and action.

To act as agents of change, we must ensure that our guidance, our strategies, and programs of transformation are informed by high-quality, accurate and current data. Another source of data becomes the evidence for change. This was evident in May this year when there was a historic moment with nursing when all member states endorsed a resolution at the 74th World Health Assembly.

The resolution was informed by the Global Strategic Directions for Nursing and Midwifery 2021 - 2025. Its policy priorities in four major areas, education, jobs, leadership, and service delivery will strengthen both nursing and midwifery and I hope it will ensure the further development of nurses as leaders at the most senior level in governments.

We know there is varying presence of nursing leadership in senior national posts, and our voice is often absent or quiet. This must change. Our management during the pandemic has highlighted the crucial position we hold in effective management of the national nursing workforce, so that its contribution to population health is realized.

This perspective must now be incorporated into health policies and decision making. From the state of the world's nursing report, we know that the presence of a government chief nursing officer and national nursing leadership programs are associated with a stronger regulatory environment, a more educated and better governed workforce and safer patient care. The varying responses to managing the COVID-19 pandemic has demonstrated more than ever the importance of good governance.

It has highlighted the weak and rigid public financial management systems which do not allow for sufficient and flexible financial allocations. It challenged current models of service delivery. In many countries, public health services were not prepared for triage and contact tracing. Hospitals became overcrowded and struggled to provide care for everyone who needed it. Some emergency responses were impaired by difficulties around distribution and use of medicines and medical products and PPE.

It resulted in an increased workload, and in many situations, staff were overwhelmed. Whilst many countries around the world had to import PPE to supplement their existing stock, some countries reported quality issues with the products received, some of which was unusable. As nurses, we have been exposed and affected by the consequences of inadequate planning, and as nursing leaders, we must contribute to the strategies that ensure we are never in this situation again.

Part of the solutions must be to embrace technologies and digital solutions that work in partnership with the traditional skills of our profession and a more inclusive inter-professional teamwork. The adoption of innovative learning and working strategies is essential for new health professionals to acquire the skills needed for modern healthcare delivery.

The use of telehealth technology is an approach that is both patient-centered and protects patients, health workers and communities. It will require reforms in the systems for training and education of nurses. And as leaders, we must support the opportunities that technological advances offer for safer and more patient-centered care.

Our workforce is fragile. As a result of the pandemic, we know many are suffering from burnout. We must pay special attention to protect and retain our nurses and pay ethical considerations for migration of these professionals. The countries that recruit nurses from abroad should follow ethical recruitment

principles, ensure working conditions are compatible with individual nurse's qualifications, their skills and experience, and provide family-friendly contracts that allow nurses the freedom to return home or bring their families with them.

Alongside ethical recruitment principles, full implementation of the WHO's Global Code of Practices on the International Recruitment of Health Workers is needed to realize the global vision of building a healthier world together. As nurse leaders in government ministries and private sectors, we must lead change that builds a program of education and recruitment to foster self-sufficiency by making nursing a more desirable and valued career choice.

As we move forward, we have learnt the importance of having senior nursing leaders at the tables where decisions around strategy and planning are made. Healthcare services rely on nurses, so nurses must be involved in the decisions around how they are delivered. To do this, well, we must step outside our own spheres of expertise and engage with those whose stage we share.

We need to work alongside economists, lawyers, environmentalists, and politicians. And if we want them to hear what we have to say, we have to understand the world that they work in and the language that they speak. This is particularly important when we look at the role of nurses in the delivery of vaccines. Nurses have always been a key part of vaccine campaigns, not only in public health campaigns, vaccine distribution and administration, but by providing information and support for communities and individuals who are hesitant and unsure about the safety of vaccine.

We have had many examples of the nurses' role in vaccine distribution since the very first cholera vaccines were administered in the late 1880s. Prior to the discovery of the polio vaccine in the 1950s, nurses were specialized in the care of patients with the severe but debilitating disease.

But once the vaccine became available, their skill shifted to provide vaccine clinics and to care for people with post-polio syndrome. Childhood immunization programs across the world have been led by nurses and midwives, and as a profession, we are no strangers to the operational planning that comes with the distribution, safe storage of vaccine, and education.

[inaudible] nursing communities exist across the world with vast insight, knowledge, and skills in leading vaccine programs. This is not new. But as the world is facing one of its biggest challenges ever, to vaccinate as many people as possible against COVID-19, we must ensure that our knowledge, our expertise, and leadership is built into the infrastructure of all vaccination programs in order to ensure they are sustainable and safe.

The first COVID-19 vaccine was administered over seven months ago. Since that time, more than 12 different vaccines have been created. And as of the beginning of July, WHO have reported that almost 3 billion vaccines have been administered across the world, with just under 1.2 billion people having received at least their first dose.

COVAX is a partnership of four global organizations. It's the only worldwide initiative that is working with governments and manufacturers to ensure COVID-19 vaccines are available to both higher-income and lower-income countries. It has committed to distributing two billion doses of vaccine by the end of the year, and the WHO Director General has called on leaders to vaccinate at least 10% of people in all countries by the end of September.

Dr. Tedros has said that this would protect health workers and those in most risk, effectively ending the acute stage of the pandemic and saving a lot of lives. Also, it is not the role of the WHO to make vaccines mandatory amongst healthcare workers. I encourage those who are hesitant or anxious about having a vaccine to make informed decisions based on to update evidence from WHO.

By early July, WHO recorded that 540,260,775 people were fully vaccinated. That is 6.84% of the entire 7.9 billion world population. This includes 99.7 per 100 people in the USA, 113.5 per 100 in the UK, 45 per 100 in Brazil, 87 per 100 in Germany, and 0.8 in Zambia, only 0.17 per 100 in the Democratic Republic of Congo who are the least vaccinated countries in the world.

While this shows us that it is possible to vaccinate entire countries in a short space of time, it also highlights the huge inequalities that exist in the healthcare delivery between high and low income populations. Not only access to vaccines, but access to good healthcare must continue to be our goal as we learn our lessons from the pandemic and as we build our strategies around the Global Strategic Directions for Nursing and Midwifery.

We have learned that we need to strengthen our numbers, that we need to provide an educated and regulated profession, and that we need to lead the design and the delivery of healthcare services that can react and respond to whatever challenges we face in the years to come. Health for all must be our objective for those we care for and for us, the carers.

We can maximize on the advancing technologies available for education and training and for continuing professional developments for networking and enable a support system for each other. I am pleased to be able to say that in the next few weeks, my office will be launching a global community of practice for nurses and midwives.

This is an exciting new initiative to support work in countries to spread the nursing and midwifery and create opportunities for you to network with one another through a virtual platform. It will offer resources, masterclasses, webinars, and mentorship opportunities supported by my office at the World Health Organization. I look forward to welcome you all to the community of practice in due course.

The recent nursing and midwifery resolution at World Health Assembly has given us a clear message that we need to invest in nursing and midwifery and our reflections from the past year tell us loud and clear that if we wait until COVID-19 is over to make this investment, it will be too late. I thank you.