

International Council of Nurses  
**ICN Biennial Report**  
**2014-2015**

Representing nursing worldwide



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3, Place Jean-Marteau, CH-1201 Geneva (Switzerland)

ISBN: 978-92-95099-37-1

# The International Council of Nurses (ICN)

The International Council of Nurses (ICN) is a federation of more than 130 national nurses associations (NNAs), representing the more than 16 million nurses worldwide. Founded in 1899, ICN is the world's first and widest reaching international organisation for health professionals. Operated by nurses and leading nurses internationally, ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.

## ICN's Pillars

ICN has identified three key programmes areas as crucial to the betterment of nursing and health. These are known as ICN's Pillars and they are: Professional Practice, Regulation, and Socio-Economic Welfare. ICN's activities are focused in these areas.

## ICN's Strategic Intent 2014-2018

ICN's strategic intent is to enhance the health of individuals, populations, and societies by:

- championing the contribution and image of nurses worldwide;
- advocating for nurses at all levels;
- advancing the nursing profession; and
- influencing health, social, economic and education policy.

## ICN's Strategic Goals

- Global Voice
- Strategic Leadership
- Policy Impact
- Diversification

## ICN's Core Values

- **Visionary Leadership**  
Advancing and sustaining the nursing profession and its contribution to peoples' health and public policy.
- **Innovativeness**  
Being transformational, progressive, evidence orientated and solution focused.
- **Solidarity**  
Working to place nurses and nursing as key contributors and essential partners in formulating and implementing public policy, systems design and services delivery.
- **Accountability**  
Guaranteeing open, inclusive, transparent and informed decision-making and reporting.
- **Social Justice**  
Achieving equity and equality for society and the profession.





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# Message from the President

As we look back on the Millennium Development Goals and forward to the dawn of the new Sustainable Development Goals, it becomes very clear that only a strong and unified commitment from the international community can ensure the improvements in global health that the world needs.

Nurses, caring for all and concerned with the health and well-being of the total person, realise that good health is not only the absence of disease, but also a state in which a person may realise their full human potential. The overview of the work of the International Council of Nurses in 2014-2015, described in these pages, details the specific programmatic and policy steps ICN has taken to fulfil our goals of ensuring quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.

As nurses, we are always affected by the events and changes around us. A review of the past two years shows that the world has faced many new and re-emerging health challenges: a rising tide of non-communicable disease; an increase in malaria and tuberculosis, including multi-drug resistant TB; and the outbreaks of viruses such as Ebola, MERS and Zika. Nurses are also on the frontlines of wars, humanitarian crises and natural disasters. The ways in which ICN is working to address these challenges around the world can be found in these pages and I hope that it will give you a better understanding of the important work we are doing and how much more there is to do.

The report also highlights our work in leadership development, our support of the orphaned daughters of nurses in Africa and the other projects we have to support, care and advocate for nurses. ICN is a federation of national nursing associations, and it is through our members that we are able to achieve so much. The work we do is in honour of nurses from every region and every setting, whose commitment to quality care we salute. We look forward to moving ahead together in a new era for action.



Judith Shamian  
President

“

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-Judith Shamian, ICN President

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# ICN Board of Directors 2013-2017

## Members

- Marlen Calvo Solano (Costa Rica)
- Elsa B. Friöfnnisdóttir (Iceland)
- Sheuan Lee (Taiwan)
- Ioannis Leontiou (Cyprus)
- Elba Olivera Choque (Bolivia)
- Jürgen Osterbrink (Germany)
- Paul Pace (Malta)
- Peter Požun (Slovenia)
- Eva Reyes Gómez (Mexico)
- Marlene Smadu (Canada)
- Pierre Théraulaz (Switzerland)
- Jintana Yunibhand (Thailand)

## Officers



Judith Shamian (Canada)  
President



Masako Kanai-Pak (Japan)  
1st Vice-President



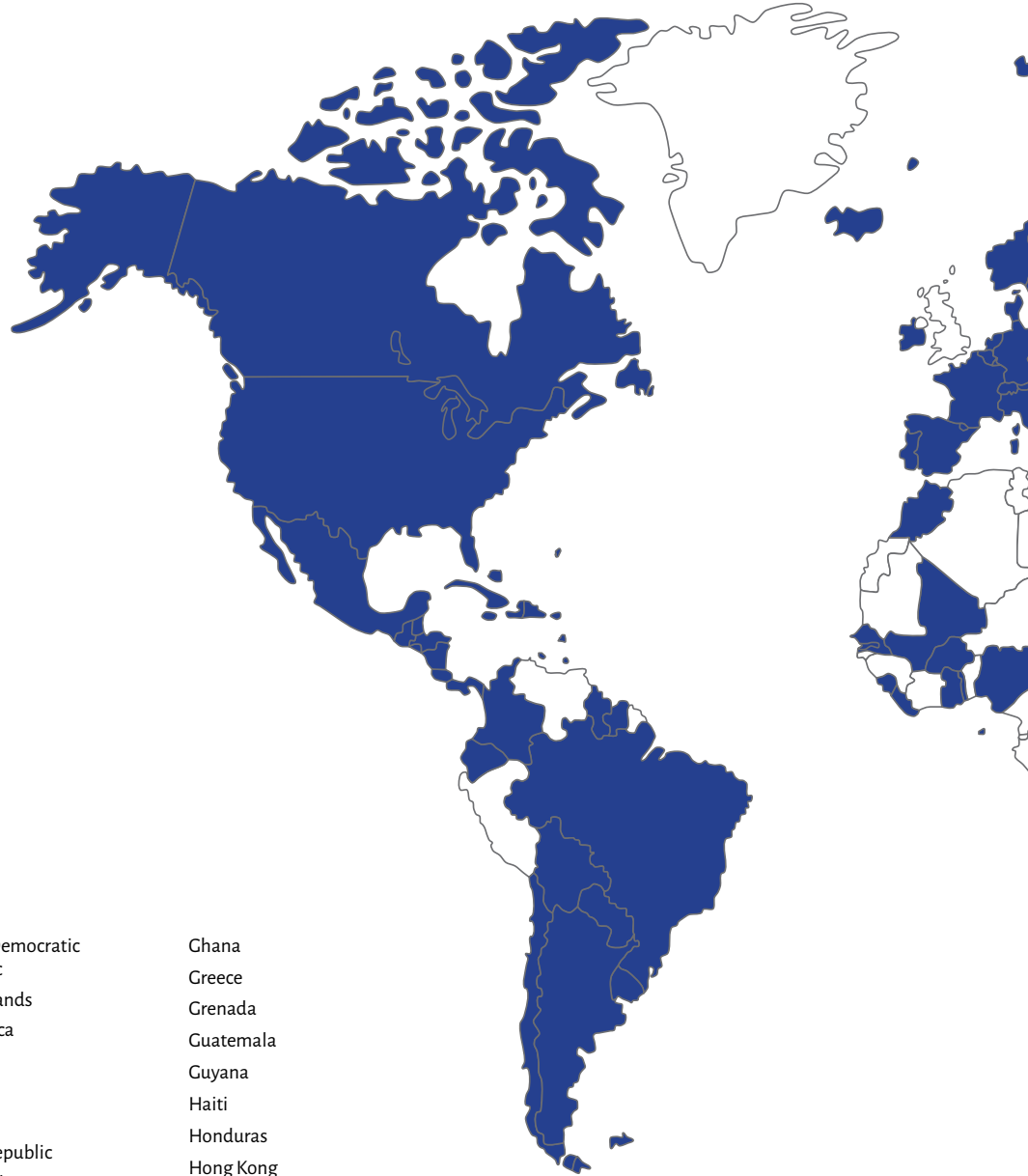
Bagooduth Kallooa (Mauritius)  
2nd Vice President



Annette Kennedy (Ireland)  
3rd Vice President




# Map of ICN Members 2014-2015



- |              |                                       |                          |            |            |
|--------------|---------------------------------------|--------------------------|------------|------------|
| Andorra      | Congo Democratic Republic             | Ghana                    |            |            |
| Angola       | Cook Islands                          | Greece                   |            |            |
| Argentina    | Costa Rica                            | Grenada                  |            |            |
| Aruba        | Croatia                               | Guatemala                |            |            |
| Australia    | Cuba                                  | Guyana                   |            |            |
| Austria      | Cyprus                                | Haiti                    |            |            |
| Bahamas      | Czech Republic                        | Honduras                 |            |            |
| Bahrain      | Denmark                               | Hong Kong                |            |            |
| Bangladesh   | Dominican Republic                    | Hungary                  |            |            |
| Barbados     | East Timor                            | Iceland                  |            |            |
| Belgium      | Ecuador                               | India                    |            |            |
| Belize       | Egypt                                 | Indonesia                |            |            |
| Bermuda      | Eritrea                               | Ireland                  | Kuwait     | Mauritius  |
| Bolivia      | Estonia                               | Islamic Republic of Iran | Lebanon    | Mexico     |
| Botswana     | Ethiopia                              | Israel                   | Lesotho    | Monaco     |
| Brazil       | Fiji                                  | Italy                    | Liberia    | Mongolia   |
| Bulgaria     | Finland                               | Jamaica                  | Lithuania  | Montenegro |
| Burkina Faso | Former Yugoslav Republic of Macedonia | Japan                    | Luxembourg | Morocco    |
| Canada       | France                                | Jordan                   | Macau      | Mozambique |
| Chile        | Gambia                                | Kenya                    | Malawi     | Myanmar    |
| China        | Germany                               | Korea (Republic of)      | Malaysia   | Namibia    |
| Colombia     |                                       |                          | Malta      | Nepal      |



 Members



- |             |                     |                 |                              |                          |
|-------------|---------------------|-----------------|------------------------------|--------------------------|
| Netherlands | Poland              | Seychelles      | St. Vincent & The Grenadines | Tonga                    |
| New Zealand | Portugal            | Sierra Leone    | Suriname                     | Trinidad & Tobago        |
| Nicaragua   | Romania             | Singapore       | Swaziland                    | Turkey                   |
| Nigeria     | Russia              | Slovakia        | Sweden                       | Uganda                   |
| Norway      | Rwanda              | Slovenia        | Switzerland                  | United Arab Emirates     |
| Pakistan    | Salvador (El)       | Solomon Islands | Taiwan                       | United States of America |
| Palestine   | Samoa               | South Africa    | Tanzania                     | Uruguay                  |
| Panama      | Sao Tome & Principe | Spain           | Thailand                     | Zambia                   |
| Paraguay    | Senegal             | Sri Lanka       | Togo                         | Zimbabwe                 |
| Philippines | Serbia              | St. Lucia       |                              |                          |



W3



Global Citizen, Global

June 19, 2017 - Olympic Gymnastics Arena

Argentina



# 1

## GLOBAL VOICE

Goal: To bring solidarity and cooperation across the profession in collaboration with other stakeholders.

# Building Leadership Capacity

## ICN Leadership in Negotiation (LIN)

The ICN LIN project has been adopted and implemented by more than 35 national nursing associations worldwide. It seeks to equip nurses with skills to help achieve safer working environments and fair levels of remuneration and be recognised as valued members of society. The project has facilitated the training of nurse leaders worldwide in problem solving, negotiation, communication, human resources development, occupational health and safety, association management, and marketing. At the same time, it sensitises participants to the impact of labour issues and the work environment on the delivery of care. The focus of this active-learning project is the personal and professional development of nurses, resulting in an effective voice in health sector decision-making bodies, improved workplaces and stronger professional organisations.

## ICN Leadership for Change (LFC™)

The ICN LFC Programme prepares nurses for management and leadership in health system reform. It provides participants opportunities to develop understanding of global health challenges, obtain insight into international leadership styles, and be exposed to and analyse change management in the context of health system redesign and transformation and health and social policy. The ICN LFC Programme has been implemented in more than 70 countries and over 40 of these countries have participated in the LFC Training of Trainers (TOT) programme.

## Case Study

### LFC in USA and North Pacific

In 2014, 17 senior nurse leaders and human resources for health executives from nine US-affiliated Pacific island countries and territories were selected to attend the first ever ICN LFC programme conducted in the USA. A collaborative partnership between ICN, the University of Hawai'i at Mānoa School of Nursing (UHMN), the Pacific Island Health Officers Association and the American Pacific Nursing Leaders Council, the first workshop took place from 23-27 June 2014 in Honolulu, Hawai'i on the campus of the University of Hawai'i at Mānoa. ICN is now working to ensure continued capacity building in the Training of Trainers phase of the ICN LFC Programme so that new LFC programmes can be implemented in the US-Affiliated Pacific Island countries and territories, led by the newly certified ICN LFC Trainers in collaboration with the UHMN.

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*We are delighted to join efforts with ICN and Myanmar to move forward the leadership capacity of nurses in our nations towards improved health care services and ultimately better population health. Special thank you goes to the ICN for its guidance, and to our government, the Ministry of Health and Welfare and the Ministry of Foreign Affairs for their financial support.*

”

- Kwua-Yun Wang, President of the TWNA and National Coordinator for the joint Taiwan-Myanmar LFC Programme launched in Taipei in 2015

### ICN-Burdett Global Nursing Leadership Institute (GNLI)

The ICN-Burdett Global Nursing Leadership Institute (GNLI) offers senior and strategic leadership development at the executive level for nurses from countries across all world regions. The programme draws on the expertise of international expert faculty, allowing participants to review and enhance their national and global leadership skills and behaviours within a collaborative and stimulating learning culture. The programme received generous funding from the Burdett Trust for Nursing, which has supported the GNLI since 2011. Additional funds were made available by Pfizer Inc., our founding sponsor, to support the programme and assist in developing continued leadership and management education opportunities for the GNLI alumni using web-based technologies.

In 2014, 35 nurse leaders from 30 different countries took part in the GNLI with the theme *Governance and Management*. In 2015, 30 senior nurse leaders from 24 countries, representing all regions of the world, took part in the 2015 GNLI. The theme for the 2015 GNLI was the *Future Work of Nurses*, in which the future of the global health architecture was debated.



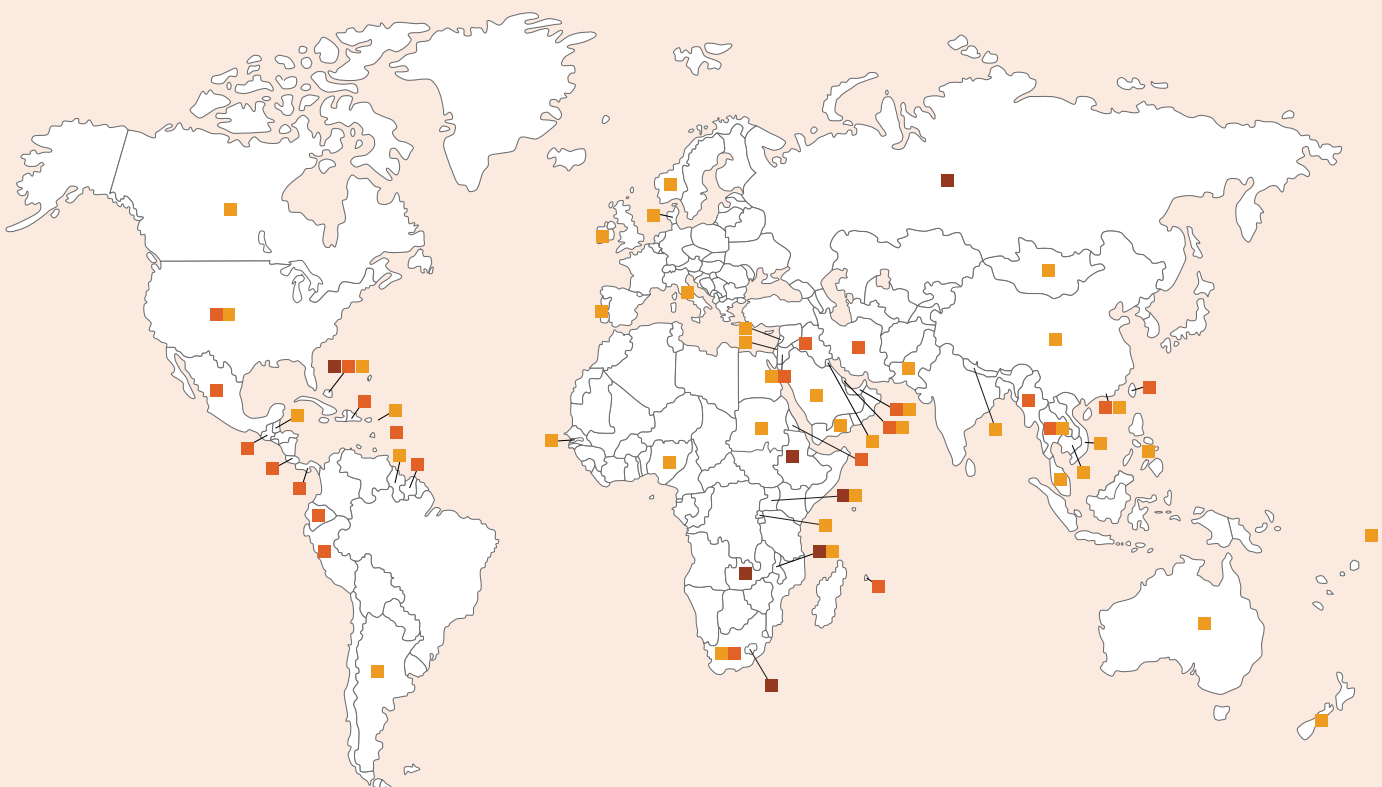
*The Burdett Trust for Nursing is proud to support the International Council of Nurses and the Global Nursing Leadership Institute. Funding from Burdett Trust ensures that nurses from low income countries could take part in this important programme through bursaries. We believe that the diversity of participants is essential to the programme's success as it contributes a greater understanding of global health care issues and a richer learning environment.*

- Jack Gibbs, Trustee of the Burdett Trust for Nursing



### Countries of origin for nurse participants in ICN's leadership projects

- Leadership in Negotiation (LIN)
- Leadership for Change (LFC)
- Global Nursing Leadership Institute (GNLI)



# Increasing Leverage with International Bodies

Building positive relationships internationally helps position ICN, nurses and nursing for now and the future. Our work with the specialised agencies of the United Nations system, particularly with the World Health Organization (WHO) and the International Labour Organisation, are important for nurses everywhere. In addition, we work closely with a range of international non-governmental organisations.

## World Health Organization

As one of the first seven non-governmental organisations to be accepted into official relations with the World Health Organization in 1948, ICN has worked with WHO for over 60 years to improve nursing's contribution to global public health. In 2014-2015, ICN brought the nursing voice to many WHO meetings, workshops and events including the Executive Board meetings, the regional committee meetings and the World Health Assembly.

## ICN-WHO-ICM Triad

The ICN-WHO-ICM Triad biennial meetings bring together government chief nursing and midwifery officers, representatives of national nursing and midwifery associations and nursing and midwifery regulatory bodies to address issues critical to the provision of safe, quality nursing and midwifery care, the development of the nursing and midwifery professions and the effective regulation of these professions.

In May 2014, representatives from 83 countries gathered for the 5th Triad meeting, which focused on strengthening the nursing and midwifery workforce to support universal health coverage (UHC) as a means to achieve health goals. A Communiqué was released following the meeting which stressed that the goal of UHC cannot be achieved without a strong focus on human resources for health, including the education and training, regulation, management, remuneration and continuing development of a quality nursing and midwifery workforce equitably deployed to meet population needs.

## Case Study

### WHO Global Strategy on Human Resources for Health

In September 2014, a high level planning meeting took place with WHO senior staff focusing on the unfolding developments of the Global Strategy on HRH 2030 which will culminate in a resolution at the 2016 World Health Assembly. In the interim period eight working papers were posted on the WHO/GHWA website and ICN encouraged NNAs to review these and comment on their content. ICN was very active in contributing to the development of the eight working papers and also providing evidence-based feedback to all the working papers and the synthesis document. The draft strategy formed the basis of a joint ICN-WHO policy discussion in June 2015 which stressed the key role of nurses in achieving the Sustainable Development Goals. ICN encouraged its members to participate in further consultations within their countries, at the WHO regional meetings, and in developing action plans for the implementation of the key HRH strategies. In addition, ICN stressed the importance of nurses being included in the country delegations to the World Health Assembly 2016 when the Global Strategy on HRH 2030 will be debated and decided. Under the ICN HRH project, we have developed policy briefs to inform our members of the issues at stake and we will continue to be engaged in providing direction on the Global Strategy on HRH 2030 to WHO and other international partners.

## International Labour Organisation (ILO)

HRH issues have increased among many of our member associations' agendas and threats to workforce conditions have become widespread. ICN attended many of the sessions at the 2014 and 2015 ILO assemblies in order to get a better understanding of the key issues being considered and the delegates most active in various fields. This enables us to reach out to key individuals and examine potential priorities for the future.

## World Bank

A two-day meeting organised by ICN and the World Bank was held in Toronto in 2014 in order to start a dialogue on Universal Health Coverage (UHC) regarding Community Health Workers in primary care delivery. In follow up, ICN joined the Primary Health Care to Communities (PHC2C) initiative led by IntraHealth International which brings together national and global partners to harmonize fragmented efforts and promote sustainable, integrated strategies that improve access to quality care with measurable results.

## European Federation of Nursing Associations

ICN worked with EFN to critically examine priorities on strengthening the development of the nursing profession at EU and global level. ICN and EFN issued a call to political leaders to champion an appropriately educated, supported and developed nursing workforce in the right numbers to deliver person-centered care and promote health in the EU and globally. In addition, we issued a joint call with EFN to prepare nurses for the safe and adequate care of Ebola patients stressing the need for full protection of the nursing workforce.



# Facilitating Partnerships to Improve Nursing Care

## ICN Tuberculosis / Multi-Drug Resistant Tuberculosis (TB /MDR-TB) Project

The ICN TB /MDR-TB Project aims to build global nursing capacity in the prevention, care and treatment of TB. This is achieved by training experienced nurses to cascade information to nursing colleagues and other health workers with the purpose of making improvements to patient care delivery. The practice-oriented nature of our training programme enables nurses to improve the implementation of policies and guidelines relating to TB and MDR-TB using a patient-centred approach. The project has been part of the Eli Lilly MDR-TB Partnership since 2005. The training courses are run in countries with a high burden of TB and MDR-TB where ICN has a strong working relationship with the national nurses association. Using this approach ICN has prepared 1,900 nurses in 18 countries in Africa, Asia, and Eastern Europe since 2005. These nurses have in turn rolled out the training to over 96,000 nurses and allied health workers.

In 2014-2015, the project carried out TB training for nurses in China, India, Lesotho, Philippines, Russia, Swaziland and Uganda. In 2015, ICN's TB work in China was recognised by the International Cooperation Award of China TB Control. The TB Project Director was selected as a member of the Global Drug-resistance Initiative (GDI) Core Group at the Stop TB Partnership.

## Case Study

### ICN TB/MDR-TB project in South Africa

*"Someone said to me "This hospital is a "Slagbal" (a slaughterhouse)", said Makhuzo Mbiko, a nurse working in a remote area in Eastern Cape, South Africa. "It upset me so much but I did not know what to do."*

Things had been very bad in Makhuzo's hospital since the TB manager there had died and the TB service was left with no replacement.

Makhuzo did not know much about TB but was worried about the situation in his hospital so when he was given the opportunity to take part in the training by the ICN TB/MDR-TB project, he grabbed it!

On his return to the hospital, he systematically trained all the nurses, encouraged the nurses in outpatient and accident and emergency departments to screen people for TB, and ensured that people were registered and started on treatment. He also increased awareness about drug resistant TB and ensured that people were tested and, if necessary, transferred to the hospital around 200km away to receive treatment. Once, after waiting for two days for an ambulance, he drove a patient there himself. *"This training saved people's lives," he said, "because I went back with knowledge and courage to help these people who were just left to die."*



# Case Study

## Wellness Centres for Healthcare Workers in Swaziland

A 2004 survey of Swaziland nurses, conducted to investigate the crippling rate of attrition from the country's health services, resulted in a surprising finding. *"We were shocked to learn that 80% of healthcare workers were leaving not for greener pastures"*, said Masitsela Mhlanga, Past President, Swaziland Nursing Association (SNA), *"but because they felt uncared for and undervalued in the work place"*. That same year an entire graduating class of 40 nurses left the country within a month of graduation. The prevalence of HIV/ AIDS was soaring and the hospitals were overflowing with extremely sick patients, while the number of health workers, especially nurses, was dwindling. The health care workplace was dangerous and morale was desperately low. Mr Mhlanga was a worried man when he came to ICN to ask for support in addressing what he called *"a dire and worsening situation"*.

Mr Mhlanga described many serious problems, but also presented an innovative idea – to provide dedicated and holistic health services for all health care workers. His timing was perfect. ICN had been working hard to attain priority access to HIV medicines for nurses and other health care workers, at a time when this treatment was priced out of reach for most. Mr Mhlanga and ICN shared the same goal: to tackle many of the barriers to wellness services faced by health workers, allowing for a strengthened health care workforce that would be better able to meet the health needs of populations in great need. We set out together to establish a dedicated health service for nurses and other health workers.

In 2006 the Swaziland Wellness Centre for Health Care Workers and their Families® became a reality. Its impact was almost immediate. Within 18 months more than 5,000 healthcare workers had walked through its doors to access services ranging from stress management, PEP, HIV counselling, testing and treatment to Hepatitis B vaccination, training opportunities and home-based care. A 'healing garden' was created to provide fresh food for clients and a resource centre established to support continuous professional development. The out migration of nurses plummeted and has now virtually stopped.

- Excerpt from an article in the International Nursing Review (2011).

### ICN Wellness Centres for Healthcare Workers

The ICN Wellness Centre for Healthcare Workers programme aims to strengthen health systems through the provision of quality comprehensive health services for all cadres of healthcare workers and their immediate families. The Wellness Centres are responsive to needs, managed by nurses and supported by inter-sectoral partnerships. They work to achieve a strengthened health workforce, better able to meet the population needs in the following countries: Ethiopia, Lesotho, Malawi, Swaziland, Uganda and Zambia.

The Wellness Centres are currently developing active TB screening and treatment services as part of the ICN TB Project. A Wellness Centre workshop was held in Malawi for NNA leaders, Wellness Centre Managers and lead nurses from Ethiopia, Lesotho, Malawi, Swaziland, Uganda and Zambia. Experiences were shared on activities and results were presented on healthcare worker screening. The Swaziland Wellness Centre was recognised as a Centre of Excellence and will be offering technical assistance to the other countries to support the expansion of their services and in particular their ability to screen healthcare workers for TB and care for any found to be suffering with the disease.



## Health Care in Danger (HCiD)

ICN is actively involved in the Health Care in Danger project, which ultimately aims to make access to health care in situations of armed violence more secure. The project, which is led by the International Committee of the Red Cross (ICRC), aims to improve security and delivery of impartial and efficient health care in armed conflict and other emergencies. The ethical principles of healthcare in times of armed conflict and other emergencies have been jointly developed by ICRC, ICN, WMA and other professional associations.

In 2014 & 2015, ICN took part in the HCiD expert workshop to discuss domestic regulatory frameworks for safeguarding health care, as well as a workshop on public health impacts of attacks against health workers and a HCiD Community of Concern meeting. An article on the initiative along with a podcast on the topic was published by the American Journal of Nursing.

ICN, along with the World Medical Association, the International Committee of Military Medicine and the International Pharmaceutical Federation have adopted the Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies, a first-of-its-kind code of ethics that provides a common core for these major international health care organisations. ICN was part of the panel at the public livestreamed conference to mark the launch of the Ethical Principles.

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*We welcome the decision of such a prestigious organisation as the ICN to join the project. ICN will be able to help make and communicate recommendations enabling health-care workers to cope with dilemmas they may face in conflicts and other emergencies.*

- Pierre Gentile, Health Care in Danger project coordinator, ICRC

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## Case Study

### Bombing of MSF Hospital in Afghanistan

In October 2015, the Médecins Sans Frontières (MSF) Trauma centre in Kunduz, Afghanistan was hit several times during sustained bombing and was very badly damaged. MSF doctors, nurses and other staff were killed as they worked. ICN supported the Safeguarding Health in Conflict Coalition's statement which calls for the International Humanitarian Fact Finding Commission to investigate the US attack. One of the key ways attacks and interference with health care services can be prevented is to thoroughly investigate violations that occur, both to understand the circumstances of the attack and to promote accountability.



## Safeguarding Health in Conflict Coalition

ICN is a founding member of the Safeguarding Health in Conflict Coalition, whose purpose is to promote respect for international humanitarian and human rights laws that relate to the safety and security of health facilities, health workers, ambulances and patients ensuring they are safe and secure during periods of armed conflict or civil violence. Through this effort, the Coalition promotes the effective functioning of health services, the protection of health infrastructure, and the safety of health workers during periods of armed conflict.

In July 2014, ICN signed a joint statement by the Safeguarding Health in Conflict Coalition to call for the government of Israel, Hamas and armed groups to respect and protect health facilities, transports and personnel and to make health services available to all people in need of care. In 2015, the Coalition also submitted recommendations for the Global Strategy on Women's, Children's and Adolescents' Health that the need to protect health workers and services from violence needs to be articulated in order to ensure the issue is recognised as an indispensable component of any strategy designed to accelerate progress in achieving maternal, child, and adolescent health goals.



## Consensus Framework for Ethical Collaboration

In January 2014, ICN along with the International Pharmaceutical Federation, the International Alliance of Patients' Organizations, International Federation of Pharmaceutical Manufacturers & Associations and the World Medical Association established a Consensus Framework for Ethical Collaboration to support partnerships that will aim to deliver greater patient benefits and support high quality patient care. The Consensus Framework aims to complement the various national, regional and global codes and guidelines and to serve as a model for similar joint initiatives between patients' organizations, healthcare professionals and pharmaceutical industry associations at the national level. In January 2015, the International Hospital Federation and the International Generic Pharmaceutical Alliance joined the founding partners to promote common ethical principles worldwide when delivering solutions to address patients' needs.

## World Health Professions Alliance (WHPA)

The World Health Professions Alliance (WHPA) is a partnership between the global organisations representing the world's dentists, nurses, pharmacists, physical therapists and physicians which speaks for more than 26 million healthcare professionals in more than 130 countries. WHPA works to improve global health and the quality of patient care and facilitates collaboration among the health professions and major stakeholders. Notably, we have worked together on non-communicable disease, counterfeit medicines and positive practice environments. We issue joint statements and make interventions at the World Health Assembly and we hold a World Health Professions Conference on Regulation which brings together policy makers, health system managers, researchers, scientists and leaders in the health professions to explore the future of the health care system regulation and the role of the health professions in regulation for improvement in health care to the benefit of patients.



## Immunisation

Immunisation is one of the most successful and cost-effective public health interventions and nurses have an important role to play in their success. ICN has a number of resources on nursing care for the older person and on vaccinations. In 2015, we launched a new **e-learning module on Vaccinations and Older Adults**, which was created by ICN with an unrestricted grant from Merck. The module is designed around adult learning principles and is on the ICN website.

## Leprosy

In January 2015, ICN announced its support for the Global Appeal 2015 to End Stigma and Discrimination Against People Affected by Leprosy at a ceremony hosted by The Nippon Foundation in Tokyo, Japan. As part of the Global Appeal, ICN affirms the right of people affected by leprosy to receive treatment and care, and calls for an end to the discrimination they and their families face. ICN supports the right of people affected by leprosy to live in dignity as full members of the community, enjoying equal access to all their human rights. ICN was represented at the Symposium on Leprosy and Human Rights: Principles and Guidelines for the elimination of the discrimination against peoples affected by leprosy and their family members collaboratively organised by the Nippon Foundation and the Graduate Institute Geneva.

## Maternal, child and adolescent health

ICN has joined forces with the International Confederation of Midwives (ICM), the International Federation of Gynaecology and Obstetrics (FIGO) and the International Paediatric Association (IPA) to raise awareness of the key interventions for maternal, child and adolescent health and to work as one to tackle this unfinished agenda. ICN is a member of the Partnership for Maternal Newborn & Child Health and worked with Jhpiego on the Helping Mothers Survive training initiative.

## Disasters

ICN is a member of the **Inter-Agency Standing Committee of the Global Health Cluster (GHC)** which focuses on disasters in various countries. Under WHO leadership, the GHC brings together United Nations agencies, the Red Cross-Red Crescent Movement, non-governmental organisations, donor organisations and academic centres and institutions committed to responding to health needs emergencies. At the global/regional level, health partners work to strengthen their individual and collective capacities to respond better and faster. ICN took part in the 3rd International Conference of the World Society Disaster Nursing in China in 2014, and the UN World Conference on Disaster Risk Reduction in 2015.

## Partners in Development Award

Every four years, ICN gives a special award to a foundation, corporation, non-governmental organisation or other group that has demonstrated outstanding leadership and investment in nursing and health care capacity building, bringing benefit to the health of populations.

In 2015, the ICN Partners in Development Award was given to Eli Lilly and Company, a leading innovation-driven pharmaceutical corporation that has worked with ICN since 2003 to strengthen the global nursing capacity in the prevention, detection, care and treatment of TB and M/XDR-TB in countries with high burdens. See more on the ICN TB project page 12.



# 2

## STRATEGIC LEADERSHIP

Goal: To provide strategic leadership to empower nurses and nursing organisations to advance nursing worldwide through coherent, efficient, effective and judicious advocacy by and for nurses, nursing and health.

# Participating in Policy Development

## WHO and HRH global strategy

In June 2015, ICN co-hosted with WHO the first professional consultation on the Global Strategy on Human Resources for Health 2030 that will be on the agenda of the WHO Executive Committee in January 2016 and then to the World Health Assembly in May 2016. The Consultations provided a forum for discussion of the draft Global Strategy on HRH 2030 & the Nursing and Midwifery Strategic Directions (2016-2020). See page 10 for more information.

## Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC)

A set of new global development goals to end poverty by 2030 and pursue a sustainable future was adopted by the United Nations in September 2015. Although nurses' main contributions are to Goal 3 on health and wellbeing, ICN believes that health must be considered in many of the other goals. In September 2015, ICN submitted comments highlighting the essential importance of investing in the nursing workforce to achieve UHC as well as the importance of considering health in non-health goals. UHC cannot be achieved without a sufficient number of appropriately trained healthcare workers. ICN is actively lobbying for investment in strengthening nursing as an essential component to achieving UHC.

## Antimicrobial resistance

In May 2014, the World Health Assembly (WHA) called for WHO Secretariat to develop a Global Action Plan to combat antimicrobial resistance to be submitted to the WHA in May 2015 for approval. At the international level, ICN has been active in this area through our collaborative work on 'Fight the Fakes' (see page 21) and via our TB project (see page 12). In preparation to participate in the Global High Level Member States consultation on responsible use of antimicrobials to support the Global Action Plan for Antimicrobial Resistance in November 2014, ICN consulted our member associations and other contacts on the role of nurses in combatting antimicrobial resistance. ICN was at the consultation in Norway which resulted in 18 recommendations which can be found here:

[www.who.int/drugresistance/events/Oslomeeting/en](http://www.who.int/drugresistance/events/Oslomeeting/en)

## Strategic directions on nursing and midwifery (2016-2020)

ICN spoke at the technical briefing at the 64th session of the WHO Regional Committee for Europe in September 2014. The purpose of the briefing was to promote debate among Member States and relevant stakeholders on how to strengthen nursing and midwifery in order to maximise their potential and enable their full contributions for supporting Health 2020 implementation.

## Guidelines on the use of safety engineered syringes

ICN was part of the WHO guidelines development group to develop guidelines on the use of safety engineered syringes. The guidelines were released in 2015.

## International Centre for Human Resources in Nursing (ICHRN)

ICN's International Centre for Human Resources in Nursing (ICHRN), established in 2006, is dedicated to strengthening the nursing workforce globally through the development, ongoing monitoring and dissemination of comprehensive information, standards and tools on nursing human resources policy, management, research and practice. ICHRN is a unique, online resource serving policy makers, planners, educators, associations, employers, regulators, researchers and practitioners in the field of nursing human resources.



*The partnership between CGFNS International and ICN represents a great example in the world of nursing. Our organizations are committed to best practices adopted from the WHO Global Code [of Practice on the International Recruitment of Health Personnel] for those seeking employment beyond their borders.*

- Franklin A. Shaffer, Secretariat for ICNM and Chief Executive Officer of CGFNS International



## International Centre for Nurse Migration (ICNM)

The International Centre for Nurse Migration (ICNM) was created by CGFNS International (CGFNS) and ICN as a global resource for the development, promotion and dissemination of research, policy and information on nurse migration. The ICNM plays a key role in addressing the establishing dynamic, effective global and national migration policy and practice that facilitate safe patient care and positive practice environments for nurse migrants. In 2015, ICNM launched a new website which features a bold, user-friendly web interface to easily access news, resources, and ICNM publications. eSource, a new website feature, offers a platform for new and experienced researchers to share articles, reports, papers or presentations on migration related issues with other researchers and the public.



# Profiling Evidence to Protect the Public

ICN produces regular bulletins for our nursing networks. These networks include:

- Disaster Response Network
- HIV-AIDS Network
- Leadership For Change Network
- Nurse Practitioner /  
Advanced Practice Network
- Nursing Education Network
- Regulation Network
- Research Network
- Rural and Remote Nursing Network
- Socio-Economic Welfare Network
- Student Network
- Telenursing Network

## Counterfeit medicines

ICN is very concerned with the growing problem of counterfeit medicines and the negative consequences on the prevention and treatment of disease, which can include poor treatment outcomes or failure of treatment, loss of confidence in health care, resistance to antibiotics and poisoning due to harmful ingredients. ICN supports international initiatives to combat counterfeiting and urges nurses and national nurses associations to collaborate with pharmacists, physicians and others to disseminate accurate information on detection and elimination of counterfeit medicines. ICN works with colleagues from the World Health Professions Alliance to advocate for appropriate investments in the education and capacity building of health professionals to detect counterfeits and to safely inform colleagues and patients. In addition, we have joined forces with the Fight the Fakes Campaign to raise awareness of the dangers of fake medicines. ICN was part of a United Nations Office on Drugs and Crime expert working group in December 2014 to draft template legislation for governments in relation to implementing provisions for the fight against falsified medical products. This has resulted in a request from the European Directorate for the Quality of Medicines for nursing input into their work.

## Case Study

### Counterfeit Cancer Drugs

In February 2012, Swiss pharmaceutical company Roche discovered that their cancer drug Avastin had been counterfeited and that 19 cancer clinics in the USA had received a cocktail of salt, starch, acetone and a variety of other chemicals, instead of a vital chemotherapy medication they were expecting (The Partnership for Safe Medicines 2012).

In 2009, in Nigeria at least 84 children died after taking a syrup for teething pain that contained diethylene glycol, an industrial solvent and an ingredient in antifreeze and brake fluid (The Partnership for Safe Medicines).

# Providing Quality Resource Documents

## Publications

ICN produces position statements, fact sheets, monographs, guidelines and toolkits on a variety of topics. These publications are available from the ICN website ([www.icn.ch](http://www.icn.ch)) and the ICN eshop: [www.icn.ch/shop](http://www.icn.ch/shop)

In 2014, ICN published a Regulatory Board Governance Toolkit which is available in English, French and Spanish. This new toolkit provides information, and promotes discussion and self-assessment for regulatory structures in all stages of development. It identifies and describes effective models of regulation and regulatory board governance, and also explores the core functions of a regulatory authority. It addresses such areas as board size and composition, performance measurement, codes of conduct and conflict of interest.

## Website

[www.icn.ch](http://www.icn.ch)

ICN continually updates its website content to ensure that the latest information is available. A special password protected member associations' area is available for all ICN's member associations enabling them to access pertinent information on official ICN activity, advanced notice to events, and governance issues.

# Providing Nursing Input on Policy Documents

## Family Planning

In January 2014, ICN, along with other organisations, issued a Joint Consensus Statement on Postabortion Family Planning. The statement commits the endorsing organisations to ensure that voluntary family planning counselling and services are included as an essential component of postabortion care in all settings, empower and serve postabortion women of all ages to prevent unintended pregnancies and further abortions, and provide information on optimal pregnancy spacing for those women who want a pregnancy. It lays out the rationale for offering family planning to women in such circumstances and reviews the intervention approaches that can be followed.

## Midwifery

ICN was part of the steering group for, and brought the perspective of the nurse-midwife to the June 2014 released report: *The State of the World's Midwifery 2014: A Universal Pathway, A Women's Right to Health*.

## Palliative care

ICN has endorsed the Prague Charter to support the right to access palliative care. The Charter urges governments to ensure that patients and their families can realise the right to access palliative care by integrating such care into healthcare policies, as well as ensuring access to essential medicines is assured.

## HIV/AIDS

Over the years, ICN has worked on many aspects of HIV/AIDS including prevention and education, stigma and the impact on the health workforce. In 2014, ICN served as a member of the technical working group for the development of the International AIDS Society Code of Conduct for HIV and Health and Professionals: Strengthening Human Rights Approach to Health. The aim of the Code is to accelerate access to comprehensive HIV treatment, prevention, care and support for all people living with HIV, at risk or affected by HIV by using human rights as a framework and HIV professionals as the means to achieve this. In June 2015, ICN responded to the online consultation on the Global Health Sector Strategies for HIV / Viral Hepatitis / Sexually Transmitted Infections, 2016-2021. In addition, we were involved in the Zero HIV-related Stigma and Discrimination in Healthcare Settings, co-hosted by UNAIDS and GHWA; the UNAIDS informal discussion on zero discrimination in healthcare; and the International AIDS Conference.

## Malaria

ICN has contributed to the fight against malaria through our Wellness centres, Mobile libraries and other projects. In 2014 ICN commented on the Draft Post-2015 Global Technical Strategy for Malaria: Accelerating Progress Towards Elimination. We believe that capacity building for a strong health workforce is fundamental to ensuring that the vision and milestones in this draft strategy are achieved and we welcome the use of the malaria response to strengthen health systems including health information systems. Nurses have an essential role in integrated, people-centred community services, therefore ICN recommends active involvement of nurses and national nurses associations in policy and programme development process and its implementation.

## Childhood Obesity

ICN responded to the online consultation on the Interim Report Commission on Ending Childhood Obesity in June 2015. The report identifies key issues such as the importance of a life-course approach to address the risk factors for childhood obesity and outlines potential policy options that governments could consider to reduce the intake of unhealthy foods and non-alcoholic beverages, increase the intake of healthy foods and promote physical activity in children and adolescents.

## People-centred care

ICN responded to the public consultation on people-centred and integrated health services Interim report in July 2015. Nurses are holistic providers of person-centred healthcare, looking at every aspect of the person as well as the social determinants of health. In 2014 & 2015 ICN took part in the annual Geneva conferences on person-centred medicine.

## Mo-Im Kim Innovation and Policy Impact Award

In 2015, ICN established a new award which will be granted once every two years to a nurse who has demonstrated policy innovation and impact. The awardee will receive a US \$10,000 grant for advancing an innovative policy project focused on a key global issue. The first award recipient will be announced at the ICN Congress in 2017.

# Providing Expertise at High Level Events

## World Health Professions Regulation Conference

Hosted by the World Health Professions Alliance, of which ICN is a founding member, the World Health Professions Regulation Conference brings together leaders in nursing, medicine, pharmacy, dentistry and physical therapy and provides a forum for discussion of different models of regulation, the governance and performance of regulatory bodies and the implications of trade in service. It aims to provide participants with insights to the latest perspectives and to stimulate discussion about issues relevant to the challenges facing health professional regulation. At the 2014 regulation conference, senior physicians, nurses, dentists, physical therapists and pharmacists from 45 countries gathered to consider how different systems of professional regulation protected the public interest and promoted their health. Key speakers explored the lessons learned from the evolution of competence based approaches to regulatory functions and best practices in regulatory governance and performance. The programme focused on three major areas: challenges facing health professional regulation; lessons from the evolution of competence based approaches to regulatory functions; and contrasting regulatory models to promote best practices in regulatory governance and performance.

## Workplace Violence

ICN condemns acts of abuse and violence perpetrated against any person, including other healthcare professionals, patients, children, the elderly and other private citizens. However, within the employment sector, nurses are a category of worker particularly at risk and, thus attention must continue to be placed on eliminating all forms of abuse and violence against nursing personnel. ICN promotes and assists in the development of policies that reflect a "zero tolerance" of violence.

ICN attended a workshop February 2014 aimed at the formation of a UN resolution on preventing violence against health workers. In October 2014, ICN attended the 4th International Conference on Violence in the Health Sector in Miami, Florida; and in March 2015 ICN hosted a steering committee planning meeting for the 6th International Conference on Violence in the Health Sector.

## Ebola

In 2014, an outbreak of the Ebola virus in West Africa was declared a public health emergency of international concern by the WHO. In order to ensure the most targeted and practical response to the 2014 Ebola epidemic, ICN's first step was to gather information from our members in the areas affected to discover their most pressing needs. In response to this, ICN held a high-level nursing colloquium on Ebola in order to analyse the global situation and exchange experiences, lessons to be learned and changes that could be introduced to minimize risk associated with the care and treatment of infected individuals. In addition, the ICN Board issued a statement calling on authorities to provide a safe working environment for nursing personnel working in the locations where the Ebola virus has spread. ICN and the EFN also issued a statement calling for full protection of the nursing workforce and zero tolerance towards circumstances that result in staff infection. A partnership was formed with CapacityPlus and a Teaming Agreement signed with IntraHealth International to participate in the development and submission of a concept note proposal to the USAID Ebola Broad Agency Announcement.

ICN's call for increased support of and safer working environments for nurses and other healthcare workers on the frontlines of healthcare was reissued in May 2015 following the publication of a preliminary report issued by the WHO which stated that of the 815 healthcare workers who have been infected by the Ebola virus since the onset of the epidemic, more than 50% were nurses and nurse aides. Two thirds of the health workers who have been infected have died.

In 2014, ICN attended the European Commission's Directorate General for Health and Consumer Protection on Ebola infection prevention and control and the 2nd Workshop on prevention of transmission of Ebola virus in health care setting: from the first point of contact to the treatment of the patient. In 2015, ICN attended the WHO Executive Board Special session in January which considered ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences. The resulting communiqué called for, among other things, the assurance that that health workers are provided with adequate training and protective gear necessary to minimize their risk of infection from disease. ICN made an intervention at the WHO Executive Board meeting in February 2015 highlighting the importance of protection of healthcare workers and the need to address longer-term consequences including social security for those children who have lost their parents to Ebola.



# Case Study

## The Grow Your Wellness global survey of nurses' personal and workplace health: More stress can result in less – for nurses and their patients

The results of an extensive attitudinal research conducted by ICN and Pfizer in 2015, through ICN's Grow Your Wellness website ([www.growyourwellness.com](http://www.growyourwellness.com)), indicated that workplace challenges including aggression from patients and co-workers, insufficient staffing, unwanted overtime and lack of safety equipment put their personal health at risk, and impacted patient care. The research included more than 4,000 nurses from nine countries\*.

Highlights include:

- Stress is the leading cause of work-related sick leave, ahead of workplace injury and illness.
- Aggression is widespread.
- Time constraints make it difficult for nurses to complete their work or to support patients.
- Insufficient staffing was reported in all countries.
- Unwanted overtime contributes to poor work-life balance.

The research also revealed that nurses' self-reported health is often not consistent with their reported BMI scores and cholesterol levels, which are frequently high. These are key risk factors associated with non-communicable diseases. Tobacco use and alcohol consumption rates were low.

\*Canada, Denmark, India, Korea, Malaysia, Swaziland, Uganda, USA and Zambia.

## Non-Communicable Diseases (NCDs)

As the world faces a massive increase in the levels of death and disability resulting from chronic disease, there is an urgent need for nurses everywhere to engage with their colleagues, communities and all sectors to address this growing threat to global health and development.

ICN's **Grow Your Wellness** is an online resource centre which provides a variety of educational, assessment, intervention and advocacy materials to support health professionals engaging in health and wellness activities. Created in collaboration with Pfizer, the website provides resources for nurses addressing NCDs and healthy ageing. Jointly developed by ICN and Pfizer, the Grow Your Wellness Speaking Books provide access to essential information for low literacy populations including children.

As part of ICN's overall commitment to the prevention and control of NCDs, ICN has partnered with the Dialogue on Diabetes and Depression and the Association for Improvement of Mental Health Programmes to implement the **African Nurse Training Programme** to improve awareness, recognition and management of co-morbid diabetes and depression. As part of the planning to expand the programme in other regions of the world, ICN observed the Diabetes and Depression Comorbidity Skill Training in November 2014 to determine its applicability to nurses.



# Advocating for Nurses and Patients

ICN's extensive network of contacts in key leadership positions across sectors, and its capacity to mine and provide factual, accurate and reliable information on a broad range of issues, make the organisation an active and effective advocate on key issues.

In 2014-2015, our advocacy work included:

- Defense of the rights of a nurse working at Guantanamo Bay detention centre who refused to force-feed prisoners.
- Condemnation of the attack on the Palestine Red Crescent branch in northern Gaza when a dozen staff and volunteers were wounded and three ambulances destroyed.
- A letter to the Government of Punjab in Pakistan urging investigation of violence against nurses who were peacefully demanding regularisation of their services, and assurance that nursing services are adequately regulated.
- A letter to the Prime Minister of the Republic of Iraq to request the removal of barriers to accessing health care for the residents of Camp Liberty, in Baghdad.
- A letter to the French government to express our concern about the proposal to disband the French Order of Nurses, stressing the importance of the Order of Nurses to protect the public.
- Support for the implementation of a new nursing law in Uruguay to protect the citizens of Uruguay and to enable the government to achieve health objectives through well prepared nurses.
- A call to the main political parties in Portugal to implement the Portuguese Competence Certification System which is critically important in ensuring high quality nursing services to the citizens of Portugal.
- A call to the Government of Chile to reconsider legislative changes which would limit the scope of practice of nurses in relation to the care of the neonate and expand the scope of practice of the midwife to encompass nursing skills.
- A meeting with government officials in the Democratic Republic of the Congo to discuss the importance of regulation and nurses' contribution to the health system.

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*The WMA fully supports the ICN on the rights of health professionals to refuse to force feed prisoners. Our position on force feeding is quite clear. It is violent and against the principle of individual autonomy and no physician or nurse should be forced to take part in the practice. Quite apart from being an entirely unsuitable approach to save lives, the practice is a degrading treatment, inhumane and might amount to torture.*

- Dr. Xavier Deau, President of the WMA

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# 3

## POLICY IMPACT

Goal: To influence the design and implementation of policy in health and in other related areas to achieve better health outcomes.

# Strengthening Nursing Presence

## World Health Assembly

ICN believes that nurses' involvement in the current debate and policy setting in national, regional and international forums will enhance the range of robust and practical solutions coming forward. Nurses are an important partner in setting and enacting health policy and, over the years, we have seen the benefits of nursing input in the deliberations of the World Health Assembly. ICN successfully advocates for the inclusion of nurses in national delegations to the World Health Assembly and provide briefings and information material to its members who are part of their country delegations or the ICN delegation to the assembly.

We also hold a briefing for all nurse delegates to the WHA on topics of importance to the profession.

In 2014, ICN made interventions on a number of key agenda items at the 67th World Health Assembly, including the prevention and control of NCDs; renewed commitments towards universal health coverage; multisectoral action for a life course approach to healthy ageing; MDGs, and counterfeit medical products. In 2015, at the 68th World Health Assembly, ICN delivered interventions on: antimicrobial resistance; the Ebola virus disease outbreak; NCDs; childhood obesity; health in the post-2015 development agenda; WHO Global Code of Practice on the International Recruitment of Health Personnel; health and the environment; the Framework of engagement with non-State actors; and counterfeit medical products.





# Identifying Nursing and Healthcare Trends

## Workforce Forums

ICN's workforce forums aim to stimulate thinking, enhance learning and ultimately to develop proactive strategies. The Forums also assist to maintain the relevance of ICN programmes and support international work.

In 2014, the 20th **ICN International Workforce Forum** was held in Sydney Australia. Following the meeting, a communiqué was issued which called for governments to invest in nursing for quality healthcare. The Communiqué called on government to recognise and reaffirm the value of nursing in the delivery of quality health care, and to recognise that quality healthcare will only be delivered by a sustained investment in the nursing profession at all levels. The 21st ICN International Workforce Forum was held in September 2015 in Helsinki. Topics of discussion included: bullying; safe staffing; retention of nurses; lobbying strategies and skills; the ILO Nursing Personnel Convention; and a training session on negotiating agreements. Two priority areas for ICN, Universal Health Coverage and the WHO Global Strategy for Human Resource for Health 2030, were also on the agenda.

In November 2014, the 14th **Asian Workforce Forum** was held in Tokyo, Japan. Topics discussed included: working conditions, wages, changing scopes of practice; impact of multiple generations in the workforce; occupational health and safety; promoting positive practice environments; and disaster response and preparedness. In November 2015, the 15th Asian Workforce Forum was held in Singapore. On the agenda were the following topics: Advanced Practice Nursing; the ILO Personnel Convention; nursing education; nursing ratios and staffing; and policy influence and impact particularly concerning Universal Health Coverage and the WHO Global Strategy for Human Resource for Health 2030.

The **2nd Latin American Workforce Forum** was held in April 2014 in Havana, Cuba with over 50 participants from 18 countries. A training session on "*Working together in the development of human resources in Latin America*" was held by the Federación Panamericana de Profesionales de Enfermería (FEPPEN) and there was a panel discussion on the "*Development and training of human resources in nursing*". A statement was issued and widely disseminated on the education and professional practice of nursing human resources in the Spanish-speaking countries of Latin America and the Caribbean. ICN, FEPPEN and delegates of the NNAs expressed concern and put forward proposals regarding sustainability of the health systems in the region; patient protection through the adequate regulation of training and practice; and professional development frameworks and conditions of nursing services.

## ICN Credentialing and Regulators Forum

The ICN Credentialing and Regulators Forum serves as a vehicle for countries with an interest in developing dynamic regulatory processes and credentialing programmes to communicate, consult, and collaborate with one another on trends, problems and solutions.

In 2014, the Forum took welcomed 51 participants from 23 countries to discuss mechanisms for recognition of nurse specialisation; assessment of internationally educated nurses and midwives for practice; a debate on the importance of entry-to-practice licensure exams; and the role of regulation and credentialing in relation to the nursing and midwifery workforce's contribution to Universal Health Coverage. The 2015 ICN Credentialing and Regulators forum took place in Dubai, UAE with 53 representatives from 20 countries. Agenda items discussed included: advanced practice nursing and evolving scopes of practice; impact of innovations and technology on education and regulation; the Global HRH strategy; mechanisms for the assessment of credentials for internationally educated nurses, and the impact of conflict and disasters on nurses capacity to provide care.

## NNA Meetings

Every two years, ICN hosts a meeting of its member organisations in Geneva in advance of the World Health Assembly in order to discuss relevant topics. The NNA meetings held in May 2014 highlighted the critical issue that the goal of Universal Health Coverage cannot be achieved without a sufficient health workforce, adequately trained, appropriately remunerated and working under decent conditions. With 91 representatives of ICN's national nursing association members present, the meeting focused on strengthening NNAs and policy influence as well as addressing key challenges of UHC.

## Observatory on Registration and Licensure

ICN's Observatory on Licensure and Registration usually meets annually with the aim of helping ICN anticipate and respond to international regulatory developments. By tracking emerging trends in regulation, the Observatory provides ICN with advice on the types of initiatives to be undertaken and the policy strategies to be considered. In 2014, the Observatory meeting was held in Geneva. Topics included: regulation approaches in different regions; revising nursing legislation; revisions to the ICN Model Nursing Act Toolkit; bringing the patient's voice to nursing regulation; regulation of Advanced Practice Nursing; and dialogue on the global health human resource, education and regulation agenda.

# Promoting Nursing's Contribution to Policy Change

## International Nursing Review

The International Nursing Review (INR) is the official journal of the International Council of Nurses (ICN). It is a quarterly, peer-reviewed journal that focuses predominantly on nursing and health policy issues of relevance to nurses and has an increasing impact factor. INR welcomes original articles that help to forward ICN's global mission by representing nursing, advancing the profession and shaping health policy. INR also contributes to the ongoing development of nursing internationally with its regular section on International Perspectives. The diverse international readership of INR is located in more than 130 countries. Published both in hard copy and on-line, INR is a key resource for nurses worldwide.

## Case Study

### ICN urges politicians to support and develop nursing

Leaders from ICN and the European Federation of Nurses Associations met in Brussels in January 2014 to critically examine priorities on strengthening the development of the nursing profession at EU and global level. Although research, evidence based policy-making and credentialing were highlighted as central to professionalism and the longer term development of nursing, both EFN and ICN recognised that there were more urgent and pressing needs to be addressed. While many economies are now recovering, many nursing posts have been cut and the terms and conditions of nurses have been eroded. Such actions threaten the sustainability of health systems. The recruitment and retention of a highly educated, skilled nursing workforce is a critical requirement to the delivery of high quality, efficient and effective health care. As the largest group of health professionals, and the closest and often only available health workers in many communities, nurses are essential to the health of the world's population.

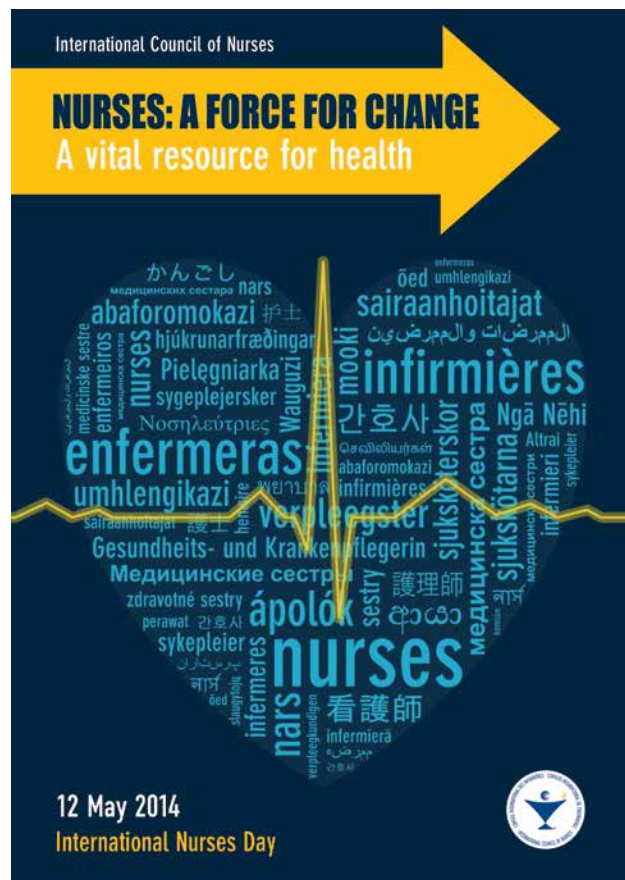
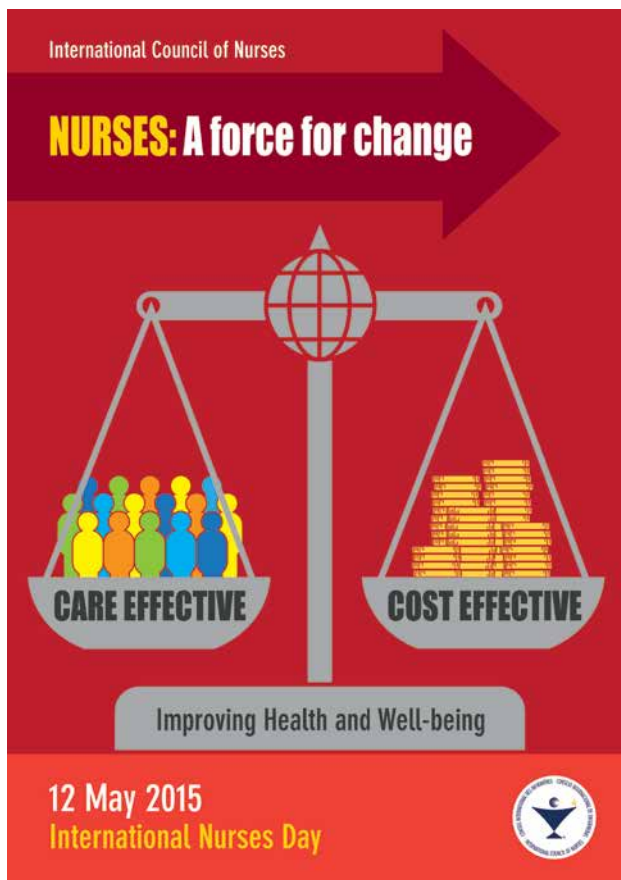
The EFN and ICN called on political leaders to: revisit, within the context of the improving economic circumstances, working conditions and numbers of nurses needed to deliver high quality and safe care; reassess short and longer-term workforce needs utilizing both quantitative and qualitative forecasting to secure an adequate and appropriately qualified nursing workforce; strengthen nursing curricula and fully align content with contemporary patient and public needs; and engage nurses in the political and policy decision-making process.

# Promoting International Nurses Day

Celebrated around the world on the anniversary of Florence Nightingale's birth, International Nurses Day is an excellent occasion for nurses and their associations to inform and remind the public and policy makers about the role they play in promoting the health of communities and nations. ICN commemorates this important day each year with the production and distribution of the IND Toolkit, aimed at national nurses associations, health ministries and health institutions worldwide.

The theme of the 2014 IND kit, *Nurses: A Force for Change—A vital resource for health*, highlighted the key role of nurses in improving and impacting health for all, and called on all nurses to “change the picture” and to demonstrate to governments, employers, and society that nurses are a vital resource for health.

In 2015, the theme was *Nurses: A Force for Change: Care Effective, Cost Effective* to reinforce the fact that global health cannot be achieved without nurses’ participation at all levels of the healthcare system. As the single largest group of health professionals, and those closest to people in all settings, nurses can have an enormous impact on reducing health costs and increasing quality of care. Drawing upon examples from around the world, the toolkit examines the current issues around health system financing and the value of nursing. It provides guidance for nurses and policy makers on how to best achieve equitable access to effective and affordable healthcare services.





# 4

## DIVERSIFICATION

Goal: To identify, secure and diversify business and revenue generating opportunities to attain ICN goals.

# Advancing Nurses' Knowledge of eHealth

ICN believes that information and communication technology must be used, even exploited, in healthcare to bring scientific knowledge and well-informed practice to individuals, families and communities with health related needs. The goals of the ICN eHealth Programme are to support eHealth practice, to be recognised as an authority on eHealth, and to be positioned centrally in the eHealth community. With policies and strategies applicable throughout the work of ICN as well as external partnerships, the ICN eHealth programme seeks to advance nurses' knowledge of and involvement in eHealth worldwide.

## International Classification for Nursing Practice (ICNP®)

For the past 25 years, ICN has led the development of an international standard for the description and comparison of nursing practice locally, regionally, nationally and internationally. ICN believes, as nursing is central to care delivery, it is essential that healthcare documentation includes all that we do and the impact that we make. A common language to describe practice improves communication; facilitates comparison of nursing data; projects trends in the provision of nursing care and allocation of resources according to patient needs; stimulates research; and provides data to influence health policymaking. ICNP® provides nurses with content for paper and electronic health records as well as for knowledge management.

The 2015 release of the International Classification for Nursing Practice (ICNP®) was launched at the ICN Conference in Korea in June. A new and improved multi-lingual browser was made available on the ICN website, which is intended to showcase ICNP® and support translators and developers of applications. A main session on Global eHealth for Citizens and Nurses was held at the ICN Conference, with over 1,000 nurses in attendance. This demonstrates the growing importance of, and global interest in, this exciting area of nursing practice.

## ICN eHealth Collaborations

ICN has partnerships in relation to ICNP® with the following organisations:

- Saba Care (for harmonisation with Clinical Care Classification)
- International Health Terminology Standards Development Organisation (for harmonisation with SNOMED-CT)
- US National Library of Medicine (for integration within UMLS)
- WHO-Family of International Classifications (for harmonisation with ICHI, ICF, ICD)
- International Society for Telemedicine and eHealth (ISfTeH) (for advancing an interdisciplinary approach to telemedicine and eHealth)

## Case Study

### ICNP® in practice

An estimated 90% or more of nurses working in hospitals and health centres in Portugal use ICNP® on a daily basis within electronic health record systems to support their practice. Other countries are also actively pursuing nationwide use of ICNP®.



*As telehealth technology is bringing important changes to medicine and health care it is incumbent upon all of us to collaborate across disciplines to ensure that people with health needs receive timely and optimal care that will lead to best quality outcomes. We look forward to continuing our strong collaboration with the ICN.*

- Andy Fischer, President of ISfTeH



## Case Study

### Using the ICN eHealth Programme to support national policy change

The most recent application for accreditation as a centre for ICNP® R&D has come from Dublin City University in Ireland, with strong endorsement from the Irish Nurses and Midwives Organisation, and with a mission to establish a national user group for nursing terminology in the Republic of Ireland, to advance the profession of nursing and influence health and social care policy at a national and international level.

## Case Study

On International Nurses Day (IND) 2015, Connecting Nurses presented the key learnings of a worldwide survey of 1500 people across 13 countries. The objective of the survey was to better understand people's perceptions of nurses.

A successful live webcast involving ICN's eHealth Programme Director drew on a strong social media approach to engage a range of communities and to amplify positive messages from the survey around reputation, trust and satisfaction:

- 15 000 page views on the dedicated IND digital platform
- 15 000 tweets with the hashtag #IND2015
- Approximately 1.7M twitter accounts reached

### ICN-Accredited ICNP Research & Development Centres

An ICN Accredited Centre for ICNP® Research & Development is an institution, faculty, department, national association, or other group that meets ICN criteria and has been designated by ICN as a Centre for Research and Development. An ICN Centre may provide resources and outcomes in terms of information, services, research and training. All Centres have a formal collaboration with the relevant National Nurses Association. There are currently 12 ICNP Research & Development Centres, three of which were re-accredited in 2014 for three years: Two new ICN-Accredited ICNP® Research and Development Centres have recently been approved in Italy and Canada.

### Connecting Nurses

Connecting Nurses, an initiative supported by Sanofi in partnership with a number of nursing organisations including ICN, seeks to bring together nurses online and in real time. Under the Connecting Nurses umbrella, Care Challenge is a recognition programme that highlights nursing innovations. InformationShareapy, another initiative of Connecting Nurses, continues to grow in content and users. InformationShareapy is a prototype of a patient education service for nurses to share health web links, from nurse to nurse, and to patients.

### eHealth meetings

ICN attended the following eHealth-related meetings in 2014-2015

- WHO Family Development Committee - International Classification of Health Interventions Meeting.
- WHO Family of International Classifications Network Meetings.
- American Telemedicine Association 2014 Annual Meeting.
- International Society for Telemedicine and eHealth Conferences.
- American Medical Informatics Association 2014 & 2015 Annual Symposiums.
- SNOMED CT Expo.
- Healthcare Information and Management Systems Society AsiaPac 2015.
- Big Data Research for Transforming Healthcare Conferences.

# Increasing Membership

ICN is a federation of over 130 national nurses associations, representing millions of nurses worldwide. We work directly with these member associations on issues of importance to the nursing profession. There is no individual membership to ICN. Nurses who are part of their national nurses association are automatically part of ICN.

In 2014, ICN welcomed the Order of Nurses, Midwives and Medical Assistants in Romania as the second traditional member in that country. In 2015, the Federación Mexicana de Colegios de Enfermería joined ICN as a second traditional member in Mexico.

In 2015, ICN established a new affiliate status for Educational Institutes.

## Membership Awards

At each ICN Congress, we award those of our members who have increased their representation within their own country. The ICN Membership Growth Award acknowledges the NNA achieving the most significant growth in the recruitment of nurses into membership of the association. In 2015, this award was given to the Korean Nurses Association and the Nursing Association of Nepal.

The ICN Membership Inclusiveness / Representativeness Award acknowledges NNAs' improvement in the NNA coverage to demonstrate inclusiveness and representativeness. In 2015, this award was given to the following ICN members:

### Gold (the NNA represents more than 75% of nurses in the country):

- Bulgarian Association of Health Professionals in Nursing
- National Association of Nurses of El Salvador
- Association of Health Workers of Serbia
- Nurses and Midwives Association of Slovenia

### Sliver (the NNA represents more than 50% of nurses in the country):

- Irish Nurses and Midwives Organisation
- Cyprus Nurses and Midwives Association
- Canadian Nurses Association

### Bronze (the NNA represents more than 25% of nurses in the country):

- Nurses Association of Macau
- Order of Nurses in Lebanon
- Barbados Nurses Association Inc
- Guyana Nurses Association
- Nurses Association of the Commonwealth of the Bahamas
- National Association of Nurses of Panamá





# Increasing and Diversifying Income Sources

## ICN Congresses and Conferences

ICN holds an international gathering of nurses every two years, hosted by one of our members associations. These conferences enable us to offer the latest information on a rich array of subjects and feature inspiring plenary speakers. They are a fantastic opportunity for nurses to build relationships and to disseminate nursing knowledge and leadership across specialities, cultures and countries.

The 2015 ICN Conference was held 19-23 June in Seoul, Republic of Korea, co-hosted by the Korean Nurses Association. Her Excellency Park Geun-hye, President of the Republic of Korea and Dr Margaret Chan, WHO Director General were the keynote speakers at the opening ceremony. The scientific programme of the ICN Conference included a keynote speech by Dr Margaret Chan as well as four plenary sessions, 17 main sessions, 11 network meetings, seven workshops, 116 concurrent sessions, 42 symposia and 424 posters. The conference welcomed over 5,000 participants from 116 countries.

## International Continuing Nursing Education Credits

ICN awards International Continuing Nursing Education Credits for participation in ICN approved continuing education activities. ICNECs provide formal recognition of participation in quality educational activities. This is particularly important for nurses who have embraced the concept of lifelong learning and are seeking ways to demonstrate their continuing professional development and competence. They can also be used to support career development and as part of a portfolio to meet the requirements of periodic re-registration or re-licensing.

## Case Study

### ICNECs in Cyprus

The Cyprus Nurses and Midwives Association (CYNMA) has utilised the ICNEC system for a number of years to attain continuing education credits for nurses attending their national conference and other events. This process however was labour intensive for CYNMA as all documentation, developed in Greek, had to be submitted to ICN in English for review. Working with ICN, CYNMA was able to submit a proposal to ICN to show that they would have the capacity to set and enforce the same high standards for review of events for credits as ICN had put in place. ICN reviewed the information and documentation provided and was able to grant CYNMA the capacity to award ICNECs on ICN's behalf, saving both time and effort for both organisations. A similar approach has now been approved for the Hellenic Nurses Association in Greece.

# The Florence Nightingale International Foundation

The Florence Nightingale International Foundation (FNIF) is ICN's premier foundation; it supports and complements the work and objectives of ICN. Its purpose is to support the advancement of nursing education, research and services for the public good. Its signature project is the Girl Child Education Fund (GCEF).

## Case Study

### The GCEF in Kenya

Claire grew up in a rural part of Kenya. She is the second of nine siblings. Her mother, a nurse, passed away when Claire was just 10. Claire, a self-confessed “melancholy” child, was driven to work hard at school in order to give back to society. She excelled in her primary school exams and was admitted to high school but her father, though proud of her achievements, didn't know how he would pay the fees. He managed to pay the fees the first year but, after that, Claire spent more time out of school than in and she lost hope that she would ever be able to complete high school. Then her mother's former colleague told Claire about the Girl Child Education Fund. She sent her application in to National Nurses Association of Kenya and was accepted! The GCEF paid for her tuition, school books, shoes and other necessities and put her in contact with a nurse volunteer who helped her through the difficult times. Claire sees a bright future for herself: *“I see light at the end of the tunnel. A girl child rights activist in the making. A woman who will not rest until all the girls within her reach are given a voice even if only through education which is the fortress of every strength. One who would do everything in her capacity to all life into days not just days into lives. Giving people a chance to exploit their talents and maximize their potential.”*

### The Girl Child Education Fund (GCEF)

The **Girl Child Education Fund (GCEF)**, a signature initiative of the Florence Nightingale International Foundation (FNIF), supports the primary and secondary schooling of girls under the age of 18 in developing countries whose nurse parent or parents have died, paying for fees, uniforms, shoes and books. Nurses are at the forefront of care, risking their lives to diseases such as AIDS, tuberculosis, malaria and viruses such as Ebola. Their premature deaths leave behind orphaned children, and many of these, particularly the girls, will be taken out of school unless we can help. Since the initiation of the programme 385 girls have been enrolled in the GCEF. Donations to the GCEF can be made on [www.gcef.ch](http://www.gcef.ch)



## Florence Nightingale Endowment Fund

The Florence Nightingale Endowment Fund was launched in to enable us to sustain, enhance and grow the Girl Child Education Fund in perpetuity, reaching a level of 500 girls a year in various countries.

## FNIF Luncheon

In 2014-2015, FNIF activities included a fundraising luncheon at the ICN Conference in Korea with Mercy Katindi, a GCEF graduate currently studying computer science in university in Korea, as keynote speaker; the launch of the new FNIF Endowment Fund, and the presentation of the International Achievement Award to Dr. Subadhra Devi Rai, a nurse and senior lecturer at the School of Health Sciences (Nursing) at Nanyang Polytechnic in Singapore. Dr Rai was selected as the recipient of this award for her outstanding work in the health of women and refugees. The award accords worldwide recognition of the recipient's achievements and contribution to nursing internationally.





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