

Nursing And Health Policy Perspectives

The International Council of Nurses in the time of the COVID-19 pandemic

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International Council of Nurses President Annette Kennedy reviews the organization's contribution to nursing during the COVID-19 pandemic. She describes the Council's efforts to support nurses around the world and bring its National Nursing Associations together to share their experiences and best practices, and the lessons learned with other nations who are at different stages of the pandemic.

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The full story of the COVID-19 pandemic will not be known for years, but when it is finally written, nurses and nursing will run throughout its narrative as a golden thread that touched hundreds of millions of people and saved countless lives.

The International Council of Nurses (ICN) is proud of its role to date in supporting nurses around the world to do their jobs as safely and effectively as possible. We will continue to do so for as long as COVID-19 poses a threat, wherever and whenever that may be. From the outset, ICN was quick to recognize the potential harm the pandemic could do, and the unique part nurses would have to play if there was to be any chance that it could be contained and controlled.

It soon became clear that the virus was not contained where it originated and that it was moving around the globe at lightning speed, thanks to the ubiquity of international travel and the often slow efforts from governments to lock down their borders and restrict internal movements of people. Balancing the health of a nation with its economic well-being was always going to be an unenviable and delicate political

process, one which some governments managed far better than others.

Nurses did their best as many healthcare systems became overwhelmed by the sheer number of patients who required intensive care and treatment, and they often had to do so without adequate supplies of appropriate personal protective equipment (PPE) and other essential equipment. That was a scandal that should never have happened, and we can only hope that lessons will be learned, and that it will never happen again.

The International Council of Nurses was in contact with nurses in China in January 2020, expressing our concern at the new coronavirus outbreak and offering our support. At the time, there were fewer than 10 000 cases, 99% of them in China. In February 2020, ICN pledged its support for the World Health Organization's (WHO) global coordinated efforts to combat the virus and called for solidarity from our member National Nursing Associations (NNAs). That spirit of solidarity has continued throughout the pandemic, with NNAs sharing their experiences and best practice, and supporting

each other in the different WHO regions. By the end of February 2020, there were more than 85 000 cases in 54 countries.

By the time a pandemic was declared in March 2020, ICN had already sent messages of support to nurses in the hardest-hit areas, and we were working closely with the WHO on a range of issues, including infection prevention and control, the supply of PPE and the importance of international solidarity and cooperation. At the start of April 2020, there were one million cases worldwide, and by the end of the month, more than one million in the United States alone.

As the months went by, we increased our presence as the global voice of nursing in international print and broadcast media to ensure that the position and plight of nurses were included in the unfolding story of the pandemic. It was becoming clear that many nurses were being infected with the virus and sadly, some were dying. The dreadful toll of the pandemic on nurses continued and continues to this day, and our expectation is that when the final reckoning is made, tens of thousands of nurses will have lost their lives, and many more will be suffering long-term after-effects for years to come.

ICN periodically issued pandemic updates and guidance, and we held webinars to further disseminate best practice and to share nurses' sometimes harrowing stories about how the pandemic was affecting their particular countries. We worked with other members of the Health Professions Alliance to urge governments to priorities frontline healthcare workers for PPE and ensure that they would get the psychological support that it was apparent they would need to cope with the devastating situations they were working in.

When the State of the World's Nursing report (WHO, 2020) was launched in April, it revealed a global shortage of nearly six million nurses worldwide, but ICN's later work on older nurses showed that the true shortage of that figure, considering the number of nurses who are due to retire by 2030, is nearer to ten million. Our subsequent analysis suggests that the mass traumatization that nursing is experiencing throughout the pandemic could see a further two or three million nurses leaving the profession prematurely, which could have cataclysmic effect on the provision of health care globally if governments do not take immediate action to remedy the situation.

To help nurses communicate internationally, we converted the International Year of the Nurse pages on our website into a COVID-19 portal, which has enabled individual nurses and NNAs to share their priceless experiences, lessons and advice with a global nursing audience.

It became clear to us, thanks to information from our NNAs, that nurses in many countries were suffering from abuse, even violence. We intervened by writing to some

governments about zero tolerance of violence and aggression towards nurses, and we wrote to others demanding that they take action to end industrial disputes, which had left some nurses without pay for months.

In May 2020, ICN called on the WHO at its World Health Assembly to gather data on healthcare worker infections and deaths. These data would provide critical information about who get the infection and may reveal ways to halt its spread. Not having a standardized and centralized database of how many nurses have been infected and how many have died is completely unacceptable, and ICN continues to call for these data to be gathered long after WHO told its member countries that such data should be collected.

In the northern summer, we published a report into the international supply of nurses during the pandemic, which highlighted the serious problem of countries not being self-sufficient in creating their own nurses. Historical reliance on recruiting nurses from overseas to fill gaps in countries' supplies of nurses cannot work in a pandemic, for obvious reasons. But neither should it be relied on in the future, because of the important negative effects it has in so-called 'donor' countries.

By the end of July 2020, there had been more than 17 million cases and two-thirds of a million deaths from COVID-19. As waves of the pandemic surged around the globe, some countries were lifting their restrictions, sometimes prematurely, while others were going into the first or even their second lockdowns in attempts to quell the viruses' deadly journey.

In September, we surveyed our NNAs and revealed that approximately 10% of all cases worldwide were among healthcare workers, and ICN contributed to events on World Patient Safety Day, which specifically linked the safety of healthcare workers to patient safety as two sides of the same coin. In October, ICN participated in and intervened in a special session of the WHO Executive Board looking at the COVID-19 response. We also highlighted the mental health effects of COVID-19 for nurses and released a new position statement on mental health, which called for extra efforts to mitigate the psychological effects of the pandemic on the public and on nurses.

By the end of October, there had been more than one million deaths and nearly 45 million cases of COVID-19, and we were able to point out that, according to reports from our NNAs, more nurses had died during the pandemic than died during the First World War (1914-18). There were still no official statistics on healthcare worker deaths and infections, and at the time of writing this in April 2021, there still are not.

In November 2020, ICN lent its voice to those, including the WHO, who were calling for vaccine equity. It was clear that as vaccines would come online, the richer nations would

have the earliest and easiest access to the vaccines, and so that has proven to be. The moral question, raised by WHO Director-General Dr Tedros, about giving vaccines to healthy younger people in rich nations before older and vulnerable people in low- and middle-income countries has yet to be adequately answered.

Since the end of 2020, the world has continued to battle the virus as it mutates and migrates around the planet. Some nurses are working in countries that have successfully managed the pandemic and where life is virtually back to normal. But others are in the midst of surges that are threatening to overwhelm the healthcare systems they work in. 2020 was designated by the WHO as the International Year of the Nurse and Midwife, but it was overshadowed by the spread of the pandemic, which did more to raise the profile of the nurse than any of the celebratory plans we had made could ever have done. COVID-19 revealed to the world the technical expertise, kindness, care and courage of nurses, 90% of them women, and who were a unique and powerful force for good. But our raised profile in the eyes of the public has come at a cost to the profession and to individual nurses and their families. Thousands of nurses have died, and we must never forget their sacrifice. And many thousands more are suffering and will continue to suffer from the effects of COVID-19, both in terms of their physical health and the mental scars that many will carry from the things they have seen.

The painful truth is that most countries went into the pandemic with weak health systems. Despite continuous warnings about pandemics over two decades, they were unprepared for and unable to protect their already over-burdened nurses. Billions of dollars have now been spent by national governments on efforts to curb the virus and save their economies, but had investments been made in pandemic preparedness, many lives could have been saved and economies could have weathered the storm more successfully.

Pandemics and other natural and man-made disasters will recur, and the world needs to learn quickly from the dreadful

lessons this pandemic has taught us. So, what should the future be like?

Despite the billions already spent, there will need to be massive investments in future pandemic preparedness measures, not least to protect and support nurses. Nurses have a human right to safety at work and their employers owe them a duty of care – this must never be forgotten.

Health systems of the future need to be strong and resilient. They need to focus on healthcare demand, with investment in particular areas, including public health systems, infection control and prevention and primary care. All of these areas are settings where nurses can make an enormous difference. Crucial to preventing, or at least ameliorating future disasters, will be massive investment in building appropriate health systems, which requires investment in the nursing workforce, building capacity and self-sufficiency, and creating incentives to retain, protect and support the current workforce, especially its ageing cohort. Investing now in health care will lead to healthier populations, protect against future pandemics and create healthier, more robust economies. And, of course, having nurses involved in all areas where decisions about health care are made, including at the governmental level, is an essential first step to the success of health systems of the future.

The International Council of Nurses will continue to advocate for the profession in the years to come and continue on its mission to represent nursing worldwide, advance the nursing profession, promote the well-being of nurses and advocate for health in all government policies. It is a proud tradition that will continue as we lobby international communities and governments to recognize, support and invest in nurses and nursing so that, one day, the goal of health for all will finally become a reality for everyone everywhere.

Reference

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