

VIEWPOINT ARTICLE

Two years into the pandemic massive investment in nursing is more urgent than ever

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Abstract

The COVID-19 pandemic has taught us some very painful lessons about underinvestment in healthcare and the lack of adequate preparation for a pandemic. In this article, ICN Chief Executive Officer Howard Catton examines the World Health Organization's review of global preparedness and looks to the future and how nursing can contribute to better planning and health outcomes for all.

KEYWORDS

Global health policy, international issues, nursing policy, pandemics, policy, World Health Organization

With the COVID-19 pandemic, now in its third year, it seems appropriate to examine how prepared we were for it, and what we need to do now to manage the next such crisis when it inevitably arises.

Perhaps the best place to start is with the high-level investigation of the world's response to the pandemic, set up by the World Health Organization (WHO) in the form of the Independent Panel for Pandemic Preparedness and Response (IPPPR). Co-chaired by former New Zealand premier, Helen Clark, and former president of Liberia, Ellen Johnson Sirleaf, the panel's 'COVID-19: Make It the Last Pandemic' report contained findings and recommendations for actions to curb the current pandemic and ensure that future infectious outbreaks do not develop into other similarly catastrophic pandemics (The Independent Panel for Pandemic Preparedness & Response, 2021).

The nurses that ICN has spoken to would agree with the IPPPR, that the pandemic has been the worst combined health and socioeconomic crisis in living memory, and a catastrophe at every level. As the report says, COVID-19 is this century's 'Chernobyl moment' because it has shown the gravity of the threat to the health and well-being of everyone on the planet.

The final IPPPR report notes that experts had been predicting for years that a deadly pandemic would come. They urged major changes in the way countries protect their people against outbreaks, but as memories of the SARS, MERS and Ebola outbreaks faded, so did any plans to prepare for the next crisis.

To avert further similar crises, the IPPPR recommended the creation of a complete pandemic preparedness and response

system upon which citizens can rely to keep them safe and healthy (The Independent Panel for Pandemic Preparedness & Response, 2021)

The recommendations are to:

- elevate leadership to prepare for and respond to global health threats to the highest levels to ensure just, accountable and multisectoral action;
- focus and strengthen the independence, authority and financing of the WHO;
- invest in preparedness now to create fully functional capacities at the national, regional and global levels;
- establish a new international system for surveillance, validation and alert;
- establish a pre-negotiated platform for tools and supplies;
- raise new international financing for the global public goods of pandemic preparedness and response;
- ensure that countries establish the highest level national coordination for pandemic preparedness and response.

This list of recommendations is very helpful, but what is important is how it is going to be put into action.

We know that pandemic preparedness plans were in place in many countries, but they must not have been rigorously tested; otherwise, they would have been found to be inadequate. Having nurses involved in testing such plans in the future is vital if they are to be realistic and bring about the changes needed for proper preparation. Looking back, it seems that some of the countries that were best prepared for COVID-19 were those



that had experienced previous outbreaks of SARS and MERS, which had given them real experience to draw on (Lee, 2020; Webster, 2020).

Clearly, the pandemic exposed fault lines in our healthcare systems. Problems such as the global nursing shortage, that nurses have been talking about for years, reached crisis levels. Inequalities in care and the basic human right to health and healthcare were exacerbated during the pandemic. They must not be allowed to continue in the post-pandemic world that we should all be planning for now.

Ms Clark heard directly about the pandemic from nurses in a webinar hosted by ICN in December 2020. During the webinar in which she mentioned in the IPPPR's first interim report, Ms Clark acknowledged the contribution of nurses and the terrible toll the pandemic had had on nurses' health and well-being. Ms Clark said: 'If you are going to have any preparedness, nurses' voices have to be part of the whole design of it... There is no health system without nurses, so they need to be looked after, they need the protection, the gear [and] the training' (International Council of Nurses, 2020).

Nurses understand first-hand the deadly effects of the pandemic, and the impacts it has had on their patients, themselves, their colleagues and the nursing profession as a whole. They are in a very strong and authoritative position to comment on how to prepare against future pandemics.

THE FUTURE OF HEALTHCARE

In last year's International Nurses Day toolkit, ICN set out its vision for the future of healthcare, in which the nursing profession is actively engaged at the heart of health system decision-making at every level, everywhere (International Council of Nurses, 2021).

This requires the huge investment in nursing jobs, education and leadership that was laid out in the State of the World's Nursing report in 2020.

We know that the expertise of government-level chief nurses (GCNs) informs the development of health policies that improve the health systems' service delivery to best meet the needs of the population it serves, by ensuring the optimal use of the nursing workforce. But we also know that half the countries on the planet do not have a fully functioning GCN position, which is a necessary first step to achieving the progress that is needed.

And as ICN has said time and again, wherever healthcare policy is discussed, nurses should be equal partners in the discussion (International Council of Nurses, 2020). Nurses need to be well-respected, fairly paid, and be considered essential and equal partners in care teams as well as clinicians in their own right. They need safe and supportive working environments, which can attract and retain qualified and committed professional nurses, provide quality care and deliver cost-effective, people-centred healthcare services for everyone who needs them.

For just about all the problems that healthcare services face, nursing has the answer. Nurses are a trusted, adaptable and willing workforce that is more than ready for further

expansion and development. Nurses in advanced practice roles are already initiating and delivering nurse-led services that provide popular cost-effective services to people whose access to mainstream healthcare services is marginal at best.

But none of this can happen without the political will of governments to invest in preventive measures now, before the next similarly devastating global health crisis arises. Alongside such global threats are the looming effects of climate change that pose the greatest challenge of all to the future of humanity.

The world needs millions more nurses if we are to make healthcare for all a reality, and that is going to require a re-think by health service administrators and the general public and will require a large investment of money and effort from governments everywhere (World Health Organization, 2020).

However, there is a real problem in terms of political priority. Any serious discussion about the massive investment in healthcare that is needed is being overwhelmed or ignored because of the current perilous geopolitical circumstances and the perception that spending on defence will keep us safer than spending on healthcare. This is flawed thinking. The pandemic has revealed the intimate link between our social and economic well-being and our health, a link that should never be underestimated.

The IPPPR report called for greater authority and bigger budgets to be given to WHO. Global pandemics require a coordinated global approach, one that is strongly influenced by nurses in its design and implementation. We have seen in the past two years that country-centred approaches increase international inequities and prolong the agony of a pandemic, increasing the number of people who become ill and the number of deaths. Much is said about good multilateral approaches to this problem, but an effective system is yet to be delivered. Adversity can bring strength and unity, as we are seeing in the current geopolitical situation. The pandemic has been terrible, but for the good of us all, it must also be used as an opportunity to strengthen WHO and cooperation between nations.

GCNs can influence policymaking at the highest level, and nurse leaders everywhere have a duty to make the arguments to their governments and health systems, for putting proper pandemic preparedness measures in place now, before it is too late.

CONCLUSION

Threats to our health come in all shapes and sizes, and whether they are huge issues like global warming, or minute organisms like the coronavirus, they all have to be dealt with.

We have all paid the price for the lack of global investment in building the resilience needed to prevent a pandemic. Securing the required investment now is going to be even harder because of the perilous geopolitical problems that exist. We now realise that the pandemic is only a small part of the challenges we are facing, such as climate change, infectious diseases, natural and human-made disasters, conflicts and war, and therefore an urgent and greater need exists for such investments.

All nurses are leaders, and each of us should be using our influence at local and national, organisational and government levels to inform administrators and politicians of their duty to safeguard the health of their people by being ready for the next to challenge to the health and well-being of our nations.

Nurses, with their unique set of knowledge and skills, can lead beyond health towards a more peaceful and equitable future for all.

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and advocates for health in all policies. Throughout his

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career Howard has worked and written extensively on issues relating to the Nursing and Healthcare Workforce and he co-chaired the first ever State of the World's Nursing Report. He has led ICN's work to respond to and support nurses globally during the pandemic and has been at the forefront of advocating for the protection of and investment in the nursing profession. Howard joined ICN in April 2016 as the Director, Nursing, Policy and Programmes. His team led the development of ICN policy and position statements. He also co-ordinated ICN Programmes and projects and oversaw the development of scientific programmes for ICN events. Howard qualified as a Registered Nurse in 1988 and held a variety of nursing posts in England and the United States and worked for the New Zealand Nurses Organisation. He studied Social Policy at Cardiff University (BSc Econ Hons) and Industrial Relations at Warwick University (MA) and then worked as a Personnel and Organisational Change Manager in the National Health Service in the UK. For 10 years Howard was Head of Policy & International Affairs at the Royal College of Nursing in the UK.

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