



Report from the International Council of Nurses (ICN)

Global Citizen, Global Nursing

A report from the international gathering of thousands of nurses exploring the importance of cross-cultural understanding and global cooperation in nursing.

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Report from International Council of Nurses (ICN) Conference,

Seoul, South Korea

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Being present for the ICN conference, 'Global Citizen Global Nursing' has thus far been the highlight of my time as Honorary President of IADNAM. It was a great privilege to be in Seoul, where I gained a deep appreciation of the role nurses play in health services all across the world.

The ICN began on Friday the 19th with an opening ceremony in the Olympic stadium attended by roughly 7000 nurses from over 120 different countries. The President of the Republic of Korea, Mrs Park, addressed all of the attendees, calling us 'guardian angels' who devote our lives to maintain the good health of people all over the world. The Korean nurses especially appreciated the presence of their President Park Geun-hye, whose government and its perceived slow reaction in providing leadership at the start of the ongoing MERS (Middle Eastern Respiratory Syndrome) crisis had angered many Koreans. Prior to the event the conference organisers had a very difficult decision to make- was it safe to proceed with such a large scale event, given the circumstances? A number of delegates, primarily from Asian countries, did in fact decide at the last moment not to attend. The cost of the current MERS outbreak has been very high: 180 deaths to date, over 2000 people in quarantine, many of whom are nurses, whilst the economic cost is estimated at \$15billion and rising.

At the opening ceremony, I was delighted and proud to see our own Annette Kennedy, who recently retired from the INMO as professional development officer, on the stage as a board member and Vice President of the ICN.

The President of the ICN, Dr. Judith Shamian, addressed the delegates speaking at length about the importance of impact and influence. She believes that we, as nurse leaders, need to be able to demonstrate the impact of our care, and we must be able to influence the health policy makers in our countries. She called this 'the science of nursing and the art of influence and impact.' She stressed that the health crises of our time cannot be solved without the involvement of nurses, saying that nurses 'could be and should be the great force for global health.' She spoke about the dangers nurses face fighting diseases like HIV, Ebola and MERS, and stressed the importance of solidarity with nurses in countries such as Liberia, Sierra Leone, where many have died in the line of duty. Since the outbreak of MERS, 11 nurses have contracted MERS due to poor quality protective clothing. She underlined the importance of cooperating, that solutions must be found on a global basis since infectious diseases spread so easily across borders.

The head of the Korean organising committee, Rep. Shin Kyung-Rim, spoke about the history of nursing in Korea. Margaret Edmunds, an American nursing pioneer, who travelled to Seoul in 1906 and began a training school for nurses. She spoke about the pivotal role nursing played in making Korea what it is today. Under Japanese colonial rule, nurses actively engaged in the independence movement and when foreign currency was desperately needed in the 60's and 70's, thousands of Korean nurses worked abroad and sent the highly sought after funds home.

On the second day, the key note address was given by Dr Margaret Chan, the Director General of the WHO. She talked about the contribution of nurses in the fight against infectious diseases such as Ebola from which, according to the latest WHO data, 11,184 deaths have occurred. This figure includes over 500 health care workers, most of whom were nurses. She described situations where nurses continued to provide care to the sick despite having only black bin liners, thus exposing

themselves to great risk and thereby demonstrating the measure of their dedication to the profession.

One of the most energising and charismatic speakers of the event was Dr Sheila Tlou, UNAIDS Regional Director for Eastern and Southern Africa. She stressed that nurses should play a larger role in politics as this would benefit the health of the world's population. As a former Minister for Health in Botswana, she knows all about political influence and believes that governments should recognise the work of nurses around the world, and should reflect their views when making health care policies. She believes the 20 million nurses worldwide should be a political force in democratic societies. In addition she stressed that the nurse's job of monitoring those in need is the foundation of any society and that the job needs far broader recognition. Furthermore if government policies implemented that which reflects the specific needs and concerns voiced by nurses, the public would be more conscious about health in general.

Announcing the results of the Millennium Development Goals, (MDGs) Dr Tlou said the positive outcome was not possible without nurses. The 50% decrease in child mortality under 5, the decrease in maternal mortality and an increase in the use of contraceptives by women is all thanks to the work of nurses. The concept of working in the community to make people actively engage in self care is another fundamental role of the nurse or midwife. However on the issue of maternal mortality, she was highly critical of the lack of conviction in the goal to reduce maternal mortality to 70/100,000. She questioned why the WHO was not striving to end maternal mortality with more vigour.

She also spoke at length about HIV and the extent of the spread of the virus, despite the progresses made since the 1990s. Currently 35 million people are living with the disease. The Millennium goal 6 was to eradicate the spread of HIV by 2015; however 2.1 million new cases were reported this year alone, mostly in young teenagers. 15 countries make up 75% of the global burden of HIV, nine of which are in Africa. The key aims for those working to defeat this problem are to end child labour and child sex workers and to keep girls in school. Education, she believes, is the only way to improve the health and welfare of the entire community. Contraception is vital for sustainable development and she joked that if it's possible to get a can of coke into the farthest corner of the desert, it should also be possible to get a condom there.

The WHO is now developing Sustainable Development Goals which range from ending poverty, improving nutrition, ending epidemics of TB, malaria, HIV, Ebola, to the promotion of gender equality. The socio-political culture that perpetuates the neglect of nurses and poor treatment of women in general was something that Dr Tlou and many other speakers reiterated during the week, as was the issue of poor pay and working conditions for nurses, particularly in developing countries.

She concluded her talk by reminding nurses of their role in monitoring the implementation of global, national and regional commitments. She urged us to be advocates for change, to become political, to hold politicians and policy makers to account for the benefit of our communities.

The Executive Director of the Global Health Workforce Alliance and Director of the WHO Health Workforce Department, Dr Jim Campbell gave an inspiring address entitled 'Unifying Nurses to improve migration, socio economic status and working conditions.'

He talked about this time as an agenda-setting opportunity to influence the future of health care. The three main topics he covered were migration, education and working conditions for all health care workers, but nurses in particular. Some of his statistics are extremely interesting in relation to education of migrant health care workers. Thanks to labour market conditions there has been a 40%

increase in migrants in the OECD countries in the last 10 years and a 70% increase in tertiary level graduates. He also spoke about the issue of the brain drain from low income countries, a topic that really resonated with me since all Irish Directors of Nursing and Midwifery have travelled to India and the Philippines seeking nurses and midwives in the last decade. There was a lot of discussion about the issue of compensating low income countries in relation to the cost of educating the graduates who were leaving, until finally the WHOI code was published in 2010. There is an estimated deficit of 4 million health workers in Africa. The positive impact of migration was recognised by Dr Campbell, but he highlighted the negative consequences on low income countries.

He too referred to the Sustainable Development Goals but in relation to education, recruitment and retention of health care workers. The main recommendations include maintaining graduates in the workforce to maximise return on investment in students, and creating advanced practice career ladders and pathways. However he did acknowledge that there are multiple issues involved: interprofessional education, regulation, scope of practice of different types of health workers, subsidised education, financial incentives, professional and personal support, and better living conditions. Such a list makes this a very complex issue.

He described the global strategy of Human resources for health and its four key objectives:

1. Optimise existing workforce
2. Anticipate future workforce requirements
3. Strengthen individual and institutional capacity
4. Strengthen data, evidence, knowledge, minimum data set and national health workforce accounts

Dr Campbell quoted Ms Christine Lagarde from the IMF, when she urged countries to invest in women, as it provides the best rate of return economically and socially for the future, (Africa rising, May 2014 speech). He concluded by restating that our health service is a return on investment, and that nurses and midwives will make the ambition of SDGs and UHC possible.

The President of the Brazilian Society of Health Informatics, Dr Heimar De Fatima Marin, Professor at the Federal University of Sao Paulo, Brazil, spoke next. She presented the Virginia Henderson Lecture and was extremely interesting and thought provoking. She spoke of the incredible influence of Virginia Henderson on nursing and her model of nursing care. Whilst she acknowledged the importance of using technology wisely and responsibly, she emphasised that we must never forget the human ability to communicate, to be kind and have a caring touch. This, she believes, cannot and must not be replaced by technology.

She referred to Maslow's hierarchy of needs but added two new ones; wifi and battery! She described nurses as the batteries of the system. After 15 years of rapid growth in technology, nurses need to be aware of the developments and the potential to improve communication and health related information for their patients. However she warned that 95% of new apps for health care have no scientific or research basis. Dr Heimar showed wonderful images of new technologies and talked of the potential of 3D bio-printing to reproduce human organs, limbs and so forth. She spoke about the invasion of technology which has brought new challenges to our scope of practice. It's a global issue, but as she spoke about technological developments in our health system, I was acutely aware of how it's a first world problem. Seated around me were nurses from 22 African countries and India and Pakistan. I wondered about their views as they watched those images of tiny

premature newborns attached to equipment worth millions of dollars. What was *their* view of the potential for technology in *their* world?

Dr Heimar quoted Pope John Paul 2nd, who said that “stupidity is a gift from God, one must not misuse it” She showed a wonderful image to illustrate the quote- when the machine is used by the man, the man humanises the machine. When the machine replaces the man, the machine destroys the man. The final slide included a memorable quote from Virginia Henderson, “The nurse is temporarily the consciousness of the unconscious, the love of life for the sad, the limb of the amputee, the eyes of the blind, the knowledge and confidence of the young mother, the voice of those too weak to speak.” It was an inspired speech.

One of the other most enjoyable sessions was a debate about Universal Health Care, Dividend or Disaster? The speaker supporting the motion was Dr Sheila Tlou, Director of UNAIDS in Southern and Eastern Africa. The opponent was Dr Agnes Soucat, Economist with the World Bank, New York. Over the next thirty years the only continent with a growing young population is Africa; Europe and the USA have an ageing population. The challenges of providing universal health care are immense but of particular concern is the area of health care workers. The African country Togo was used to illustrate the point. Its population is 8 million people, yet there are only 900 doctors in the country. There is a requirement of 10 times more staff than currently available. Some countries have achieved better scale using the private sector. Ethiopia, Iran, Brazil were quoted as examples of where this has happened effectively. However an international policy framework would be needed to achieve universal health care. By demonstrating the challenges of productivity and costs of the introduction of universal health care in African countries in particular, Dr. Soucat successfully convinced the audience that it was not affordable. However the audience unanimously agreed that the policy of providing universal health care was something that nurses should influence, as it is the right direction for civil and just societies.

A very worthy initiative that the ICN has established is the Florence Nightingale Foundation Girl Orphan scholarship fund, the aim of which is to support female children of nurses who have died in sub Saharan Africa. During the conference, Mercy, a young Kenyan student spoke of how, thanks to this scholarship, she had been able to stay in school and then fund her place in university. She is now studying computer science in Seoul, Korea, and due to graduate soon. It was very inspiring to see all that she was achieving further to being given this opportunity.

Overall the conference was a wonderful opportunity to meet nurses and midwives from around the world, and provide the opportunity to reflect on the values of our profession. Personally it was a chance to gain perspective, to appreciate that the problems we face as DON/Ms in Ireland - issues about choice, quality of care, models of care, patient centeredness, scope of practice, patient expectations - are all first world problems. Some countries in the developing world are struggling to provide sufficient health care workers to have any level of health care, which is, or should be, a basic human right.

Fundamental to our health services is the need for appropriately educated nurses, midwives and health care workers. In order to retain these key health care workers in our services, whether in a modern European hospital or an African community hospital, the nurse or midwife must be valued; working conditions must be protected and enhanced.

The key message I took away from the conference was the vital need for nurses and midwives to be able to measure the impact of their care and to influence health policy direction in their countries.



Mary Brosnan and Seoul guide at the ICN Conference, June 2015