2020

The International Year of the Nurse and Midwife and the COVID-19 Pandemic

A summary of the work of the International Council of Nurses
INTRODUCTION

When the World Health Organization (WHO) designated 2020 as the International Year of the Nurse and Midwife, the International Council of Nurses (ICN) looked forward to and planned for a year of celebration. We aimed to highlight the incredible work of nurses, raise the profile of the profession and call for governments to invest in nursing in order to address some of the challenges we face.
INTRODUCTION

We already knew that there was a critical shortage of nurses; we knew that nurses were undervalued and underpaid; we knew that many nurses around the world were working incredibly long hours in extremely difficult conditions. Against this background, the Year of the Nurse was to be a rallying cry for nurses to show the world what they can do when there are enough of them and they are given the resources – both human and material – that they need to do their jobs.

Then came the pandemic that changed everything. Suddenly, nurses were in the headlines for reasons we had not expected. We saw photographs of nurses sleeping on their desks or on the floor from sheer exhaustion; nurses with bruises around their eyes and noses from wearing masks for such long periods of time; nurses wearing garbage bags when they had no access to hazmat suits. Stories abounded of nurses holding up phones and iPads so that patients could say their last goodbyes to their loved ones; of nurses leaving their families to live closer to their workplaces in order to avoid public transport and keep others safe. All around the world, people took to the street and their balconies to thank and applaud nurses and other healthcare workers.
But sadly, we also read stories of nurses being attacked for fear they were carrying the virus; of nurses lacking gloves, masks and other protective equipment; of nurses receiving no compensation for the extra work they did and for putting themselves at risk. We even heard of nurses receiving no pay at all.

As the months went on and hospitals reach saturation point, nurses and other healthcare workers pleaded with governments and the public for help in fighting the pandemic. As healthcare workers continued to die at rates far higher than the general public, the mood began to change from gratitude for the public recognition to anger at the lack of investment and support from governments. As governments prioritised their economies over people’s lives, the burdens of exhaustion, grief and frustration were overwhelming.

Through it all, ICN spoke out on behalf of the nursing community. We wrote to governmental leaders, including the G20; we talked directly to the head of the WHO and its Member States; we held interviews and press conferences with the media; we shared stories from nurses on the front lines; we held webinars and virtual meetings to discuss nurses’ most pressing issues and lobbied for them to be resolved; and we counted the infections and deaths of nurses to make sure they were not forgotten.

This paper presents a summary of the work of the ICN during the COVID-19 pandemic and shares some stories about what nurses on the front lines endured.
In January 2020, WHO was investigating reports from Wuhan, China, of a cluster of atypical pneumonia cases. It released a comprehensive package of guidance documents, covering topics related to the management of an outbreak of a new disease. As cases began to appear outside China, WHO urged countries to be prepared for further spread of the virus. The outbreak was declared a Public Health Emergency of International Concern.
ICN wrote to its member association, the Chinese Nurses Association, on 28 January, expressing our concern for nurses dealing with the Coronavirus outbreak and offering our support.

By 31 January 2020, WHO COVID Situation Report there were 9,826 confirmed cases, the majority of which were in China, with just 106 in 19 other countries.
In early February, WHO began to hold daily briefings on the novel coronavirus, and by the end of the month it published guidance on the use of personal protective equipment in view of global shortages.
The 146th session of the WHO Executive Board was held on 3–8 February 2020. At this meeting, ICN President Annette Kennedy and its Chief executive Officer Howard Catton, spoke directly to WHO Director General Tedros Adhanom Ghebreyesus and WHO Chief Nursing Officer Elizabeth Iro about the Coronavirus (COVID-19) outbreak. ICN spoke about the urgent need for more personal protective equipment (PPE) to prevent the further spread of the virus and support the nurses who were working incredibly hard to manage the situation. Mr Catton assured Dr Tedros of ICN’s support of WHO’s global coordinated efforts to combat the virus and called on ICN members to show solidarity. ICN made a donation to the Chinese Nurses Association towards essential supplies of PPE, and asked its members to contribute as well.

By the end of the month, information from the Chinese Center for Disease Control and Prevention showed that more than 3,000 healthcare workers had been infected with the virus. ICN published a press release on the crucial need to gather more information on the groups of healthcare workers affected to further identify modes of transmission, and when and how they were being diagnosed, in order to manage and protect them and prevent the further spread of the virus. Howard Catton called for more information on the availability and supply of essential PPE, which appeared not to be reaching nurses and other healthcare workers exposed to COVID-19 in China.
“It is always humbling to see how our colleagues step forward when they are needed, even though they may be exposing themselves to dangers at work. I want to remind all nurses about looking after themselves and the importance of teaching their patients and colleagues about good infection control.”

ANNETTE KENNEDY — ICN PRESIDENT
ICN informed frontline nurses of the new WHO guidelines, which covered their rights and responsibilities, and gave advice on how to stay safe while dealing with the virus. ICN’s nursing associations were asked to give their feedback on the guidelines. Howard Catton talked about the “immense physical and emotional toll on nurses” and called for information on infections of healthcare workers.

As cases spread, ICN sent letters of support to its members.
I volunteered as one of the ten nurses from the Inner Mongolia Autonomous Region to join the emergency support team and go to Wuhan to take on the task of transporting severely ill COVID-19 patients. We arrived in Wuhan on 10 February and formed a small emergency team with a driver from Shanghai at the Wuhan Emergency Centre. After intensive professional training, we were ready to be on the road.

By 14 February, I had become more accustomed to the task of transporting patients. We could only see closed shops and empty streets through our ambulance window. Only our emergency teams kept going back and forth on the streets of Wuhan. Like the previous two days, I was sweaty after getting out of the ambulance, everything underneath my protective clothing was soaked. I suffered mild chest tightness, wheezing and dizziness from wearing layers of protective masks, and can only take a rest to relieve my discomfort while waiting for the patient in the parking lot.
There is an old lady on our second trip who is very weak and scared as she gets into the ambulance. I try to comfort her, but she is in too much stress to respond. As I am about to close the door, she grabs my hand and says in a weak voice, “Don’t leave me alone”. I say, “I’m here, I won’t leave you”. I hold her hands for the entire journey. Although she won’t respond much, I can feel that she is not scared anymore. When we arrive at the Huoshenshan Makeshift Hospital, the old lady refuses to let go of my hand, so I hold her hands and accompany her into the ward. I am so grateful and proud of what I do.

That evening, I share my thoughts and experiences from today with my team on social media:

“Departing at 13:00 and coming back at 22:20, the weather is 5°C and extremely cold. Put on some Heat Pad on your stomach and waist when you leave the car in this kind of weather, they are a lifesaver, especially for women.”

“I am so grateful and proud of what I do.

“Tie a yellow trash bag over the shoe cover when it rains, it will make your shoes more durable and waterproof.”

“Long working hours in the car will cause motion sickness, try slowly lowering your head, close your eyes and take a deep breath: standing for a while will also help.”

“After turning on the sterilisation lamp in the car on the way back, remember to close your eyes. Disinfect your protective clothing and the inside of the car.”

Before going to bed, I call my mum and tell her that the flowers in Wuhan are now blooming. Listening to my mother telling me to be safe in Mongolian, I feel loved and have more strength than ever before.
WHO declared the COVID-19 outbreak a pandemic on 11 March 2020. ICN wrote letters and sent videos of support to our members in the hardest-hit countries. Howard Catton recorded updates on ICN’s work in the fight against COVID-19 on 18 and 24 March in which he spoke about our collaboration with WHO on a range of issues. These included infection prevention and control, and the supply of PPE, as well as the importance of global solidarity and coordination.
ICN President Annette Kennedy urged our national nursing associations (NNAs) to share information and lessons learned, and support the WHO “Be Ready” campaign.

ICN stepped up its media relations to ensure that the nursing voice was being represented in the media around the world. This included live interviews on BBC World, CNN, NBC and Sky News. CCTV put out a video on the work of Chinese nurses against COVID-19, which featured the ICN President and CEO. Our communications efforts also included regular COVID-19 Updates published on the ICN website and shared on social media.

We shared reports from some of our most affected members. With figures showing that healthcare workers made up 9% of Italy’s COVID-19 cases, the Italian Nurses Association, in particular, warned of the grave consequences of a lack of enough PPE. At the request of the Korean Nurses Association, ICN wrote to the Minister of Health of the Republic of Korea concerning the lack of protection and the need for mental health support for nurses.
The ICN President met with the WHO Director General to discuss the development of the pandemic and to express ICN’s concerns about the lack of PPE. ICN shared this information via a COVID Update.

ICN held two webinars with NNAs aimed at sharing lessons learned and information from our frontline nurses and the immense challenges they are facing. The first webinar featured our colleagues from the Korean Nurses Association and the Taiwanese Nurses Association, and the Chinese Nurses Association also provided a video. Their advice about preparedness and how to constrain the coronavirus was shared with nurses attending the webinar from more than 60 countries. With Europe declared as the new epicentre of the outbreak, the harrowing but highly informative presentations in the second webinar, given by Italy, Spain and Switzerland were well received. The two webinars attracted around 1,000 people from more than 70 countries, who also heard from experts from WHO.
ICN issued a joint statement with other members of the World Health Professions Alliance, calling on governments to prioritise support for healthcare workers in the front line against coronavirus, particularly through the supply of crucial PPE. The statement also called on manufacturers to increase supplies of protective equipment and highlighted the need for psychological support services for healthcare workers, as well as adequate breaks during shifts, and time off between shifts.

There were 750,890 confirmed cases around the world, with every region of the globe affected. By 31 March 2020, more than 36,400 people had died as a result of the virus. Travel bans, curfews and lockdowns are put in place in many countries.
On 2 April, global coronavirus cases passed the one million mark; by the end of the month there are one million cases in the United States alone.
The first State of the World's Nursing Report was launched on World Health Day. Dr Tedros Adhanom Ghebreyesus, WHO Director General says: “Nurses are the backbone of any health system. Today, many nurses find themselves on the front line in the battle against Covid-19. This report is a stark reminder of the unique role they play, and a wakeup call to ensure they get the support they need to keep the world healthy.”

On 9 April, ICN wrote to the G20 leaders calling for coordinated action to ensure the security of the supply chain of PPE for all healthcare workers. This letter was jointly signed with the World Medical Association, the International Pharmaceutical Federation, the World Confederation for Physical Therapy and the World Dental Federation. We also published a COVID-19 Call to Action based on the information and feedback received from NNAs and nurses on the front line fighting COVID-19. The Call to Action is made up of 12 priorities that every country should include in their response plans.

ICN transformed its International Year of the Nurse portal into a COVID-19 portal, in order to have an easily accessible place online for nurses to share their experiences, learning and advice from the front lines. Nurses around the world began to share their stories.

Howard Catton released a new Update Video, speaking about guidance, global solidarity and collaboration, and continuing the call for PPE. Seen as the global expert on nursing, ICN was interviewed on 31 March by the BBC in a report which included films provided by our NNAs. This helped to show people around the world the day-to-day reality of frontline nurses.
ICN was shocked and dismayed at the announcement by the government of the United States to suspend funding for the WHO at this incredibly critical time. ICN called for global solidarity and support for WHO in order to beat the virus.

In April, ICN hosted two webinars, one focused on Africa and one focused on Latin America, which aimed to update our activities on the latest developments on COVID-19 and share the priceless experiences, lessons and advice of our NNAs that have been hit the hardest by the virus. The webinars also included contributions from leading representatives from WHO.

ICN also took part in a webinar hosted by Women in Global Health and Women Deliver on Global Health Security: Delivered by Women During COVID-19 and Beyond, which aimed to shine a spotlight on women in the health workforce, and their vital contributions to health security and health for all. Howard Catton was invited to share his views on the nursing profession and women’s leadership, highlighting the actions and specific investments needed to ensure that women in the health workforce are recognised and supported during this pandemic.
In April, at the request of the Eswatini (formerly Swaziland) Nurses Association, ICN wrote to the Prime Minister of Eswatini about the many challenges facing Swazi nurses and asking for his support to protect and care for nurses in his country.


ICN shared a story from a nurse in Liberia on how the lessons learned from the Ebola epidemic were helping her to deal with COVID-19.

3,090,445 people had been infected and by 30 April 2020, 217,769 people had died.

Some countries began to ease lockdown restrictions as fears about the economic impacts of the pandemic grew.
People now call us “heroes”, but despite our continuous struggles, we were not recognised until a month ago. Did we need a virus to make people and institutions understand we are the backbone of our health system? Even though it is a sad situation, I think that this is the moment to show who we are, and after this pandemic, we will continue to fight for what we deserve: support, protection and investment.

Our lives now, in COVID ICUs and wards, are like continuous roller coaster rides: fatigue and anger, then joy at finally transferring patients from the intensive care with whom, despite the short time and protective clothing that barely allows us to breathe, we find time to talk and communicate to make them not feel alone. We are the only company they have, and it is impossible to smile with the mask, so we have learnt to talk and smile with our eyes.
It is not simple: we have had to change other wards into ICU wards; everyone is working to their highest competence in clinical skills or relational ones, to help. But then reality slams you in the face... The system is not protecting us and when we leave the COVID area we have to fight for a COVID swab; we have to fight for proper PPE and proper staffing levels. Italy has called in student nurses to help but they have no experience. I feel responsible for them; in this group of recent graduate nurses engaged in this emergency, one has already become infected after one week. We are sending unprepared nurses to the front, while we still have colleagues blocked from recruitment due to cuts to the healthcare system. We are also fighting for psychological assistance.

The reality is that we will continue to work with dedication and professionalism in this emergency, even at the cost of our lives. Before the pandemic, we were already exhausted; our salaries have been blocked for about 20 years and our staffing levels have been cut to the bone. But nurses have always, despite the increase in duties and the continued disappearance of rights, ensured that citizens maintain their health. The exhaustion and worry on our faces are the only visible part of the scars we have inside. Our attitude is to think and take care of people, and we are doing this as best we can.

The real problem will be when, at the end of this tragedy, we as nurses find ourselves in front of a mirror exhausted, unarmèd, unable to put order to the thoughts and feelings caused by the emotional shock and physical stress due to this period. Everybody will keep calling us heroes, but maybe these heroes just need to be considered and treated as the professionals we are.

I believe and hope that this crisis, when it is finally over, will be a turning point for this profession, which is not currently considered or properly recognised. Everybody is talking about our sacrifice, but we are doing the same things we have always done, with the same competence and dedication. It may be in more difficult conditions, but we are the same competent, resilient, hardy nurses we were before the pandemic. Nurses will always be here, caring for citizens, improving health and aware of our professional identity.
Everybody must know and understand, not only in moments of crisis, that without nurses there is no health. Maybe all these lives and all this sacrifice will serve to make us aware of who we are and what we can do. History has taught us that nurses are able to do the greatest things in the worst conditions. This is the right moment!
As global cases continued to rise, ICN continued to gather data on healthcare worker infections and deaths while calling on governments to collect this information themselves. At the 73rd WHO World Health Assembly, ICN called on member states to take urgent action to collect and share these data. The main item on the agenda focused on the COVID-19 response and the related draft resolution was adopted on 19 May. In his opening speech, WHO Director-General Dr Tedros praised the crucial work of nurses and, in their statements, at least 48 Member States acknowledged healthcare workers/nurses.
“This Assembly was intended to be a moment of recognition for the incredible contribution that nurses and midwives make every day in every country. The pandemic has robbed us of that opportunity, but it has only served to illustrate why nurses, midwives and all health workers are so important.”

DR TEDROS — WHO DIRECTOR GENERAL
ICN submitted a written statement on the response to COVID-19 and called for the immediate collection of data on infection and death rates in healthcare workers, and adequate supplies of appropriate PPE. It condemned attacks on nurses, expressed its support for the WHO in the pandemic response, and called for investment in nursing education, jobs and leadership as supported by the evidence in the *State of the World’s Nursing* report.

Sadly, news of violence against nurses began to make headlines, and we received messages from some of our members asking us to help. On 1 May, International Workers Day, ICN posted a statement and Howard Catton addressed the issue in a video, and during a webinar entitled “Protecting Health Workers Amid the COVID-19 Pandemic” organised by Physicians for Human Rights (PHR). ICN called for an end to the alarming abuse and stigmatising of nurses and other healthcare workers, and emphasised the need to protect health workers going forward.

Howard Catton also co-authored an article, published by *The Lancet*, calling on governments to act swiftly to protect frontline health workers from violence and abuse.
“Stigmatisation and violence against nurses and other health workers in some countries is shocking; the only response is zero-tolerance. The pandemic has seen frontline nurses rightly recognised as heroes, but they are also ordinary mothers and fathers with their own families to protect. They deserve to be able to work free from fear, whether because of a lack of PPE or because of harassment and attack.”

ANNETTE KENNEDY — ICN PRESIDENT
ICN President, Annette Kennedy, took part in a Gender and Power in COVID-19 webinar, organised by WomenLiftHealth, an organisation sponsored by the Bill & Melinda Gates Foundation that aims to accelerate the involvement of women in global health leadership. She spoke about the critical role nurses are playing during the pandemic, both on the front line tackling the pandemic, but also in continuing their normal jobs, albeit in different and difficult circumstances.

ICN shared a frontline story from a nurse in Ireland on changes to oncology services during the COVID-19 pandemic.

BY 31 MAY 2020,

THE NUMBER OF CONFIRMED CASES HAD RISEN TO

5,934,936

WITH

367,166 DEATHS.

EUROPE AND THE AMERICAS WERE SUFFERING FROM THE HIGHEST NUMBER OF CASES.
The Global Nursing and Midwifery Triad meetings, organised on a tripartite basis with WHO and the International Confederation of Midwives (ICM), were held virtually, 16–19 June 2020. The focus of the meetings was on COVID-19, leveraging the findings from the State of the World’s Nursing report for policy dialogue and workforce strengthening, and developing the next strategic directions for nursing and midwifery 2021–2030.
ICN expressed its dismay and sadness of the news that the United States had confirmed it was withdrawing its funding from WHO.

The United Nations invited ICN President Annette Kennedy to be a panellist in an online event and panel discussion to honour the work of public servants during the COVID-19 pandemic. The panel discussion brought together representatives from WHO and cities/countries that have been particularly badly hit by the pandemic, and focused on governance responses to the crisis and the role of frontline public servants.

The President also took part in a webinar entitled Test to Exit COVID-19 – Engaging women political leaders as champions for testing, organised by the G20 Health and Development Partnership, Women Political Leaders (WPL), and FIND, convener of the global testing community. She was quoted in a press release on the same subject.

ICN continued its call on governments to record the number of infections and deaths among healthcare staff, and take whatever measures are needed to protect nurses from COVID-19.
At the request of the Colegio Nacional de Enfermeras (CNE) in Mexico, ICN President Annette Kennedy wrote to the Mexican President, Andrés Manuel López Obrador to ask for his immediate attention and quick action to ensure the safety of the nurses of Mexico. In addition to a shortage of PPE putting nurses at risk, a group of nurses had been viciously harassed, extorted and tortured. We also published a press release calling for immediate government action to end violence against nurses on all fronts, underlined by the heinous attack in Mexico.

**BY 30 JUNE 2020,**

THE NUMBER OF CONFIRMED CASES HAD ALMOST DOUBLED IN A MONTH WITH

10,185,374 CONFIRMED CASES AND

503,862 DEATHS.
JULY 2020

ICN released a new report on the COVID-19 pandemic and the international supply of nurses. Written by Professor James Buchan and ICN CEO, Howard Catton, the report revealed the perilous state of the global supply of nurses and how it has left so many poorer states with fewer nurses than they need. It argued that high-income countries must train enough nurses to meet their own needs if low-income countries are to have a chance of coping with the pandemic.
Howard Catton wrote to the President of Zimbabwe, Emmerson Mnangagwa, calling on him to address the urgent concerns of frontline nurses facing the intense pressures of COVID-19 pandemic. Zimbabwe nurses, including the Zimbabwe Nurses Association (ZNA), had felt forced to withdraw their labour as a result of potentially dangerous working conditions during the COVID-19 pandemic and other concerns about their salaries and terms and conditions of service. ZNA had reported that many nurses had been removed from the payroll in an attempt by their employers to force them back to work. The association also said those nurses in self-isolation because of suspected COVID-19 infection could not afford decent food on their meagre salaries, underscoring the lack of respect shown by their employers to the health workforce.

ICN Board Member Fatima Al-Rifai was a panellist on the Global Climate and Health Alliance’s webinar on A Healthy Recovery: Charting the path forward. The webinar provided an overview of COVID-19 government response packages, how these investments can support our future health and well-being from the perspective of health, economic, and sustainability, and key steps governments should be taking to deliver a Healthy Recovery.
ICN attended the first of a series of ACT-A Vaccine Pillar (COVAX) Civil Society Dialogues. The event, which was called by WHO, the Vaccine Alliance (Gavi) and the Coalition for Epidemic Preparedness (CEPI), aimed at providing regular opportunities to dialogue with communities and civil society, boosting collective efforts to accelerate the development of, and equitable access to, COVID-19 vaccines.

ICN called for nurses to be prioritised once COVID-19 vaccine becomes available 🌐.

On 31 July, ICN and CGFNS International held a joint webinar on the impact of COVID-19 on nurses and nursing globally. It addressed key topics, including infection and deaths of nurses, and violence against nurses, and drew from the recommendations of the State of the World’s Nursing report and the new ICN report on COVID-19 pandemic and the international supply of nurses ⬇️ to address concerns regarding migration and mobility, supply and demand, retention and recruitment.
With many countries lifting lockdown restrictions but cases continuing to rise, ICN President Annette Kennedy reminded the public of the basic guidelines for handwashing, social distancing and wearing of face masks.
As nurses continued to fight on the front lines, a horrific explosion occurred in Beirut, killing at least 135 people, including nurses, and injuring 5,000. Three hospitals were destroyed adding more pressure to the already over-burdened and underpaid health workforce. ICN wrote to the Order of Nurses in Lebanon and coordinated support through our Disaster Fund.


ICN took part in a virtual meeting with WHO and NNAs to discuss the next steps of the State of the World’s Nursing report in the light of the COVID-19 pandemic. We called for the prioritisation of nurses when a vaccine is available.

By 08 August,

WHO Epidemiological Update

Numbers were still climbing with over 1.8 million new COVID cases and 38,000 new deaths in just one week.

Cumulative cases reached 24,854,140 and 838,924 people had died.

The United States, Brazil and India were the worst affected countries.
I never imagined being faced with the possibility of battling a deadly virus and the amount of stress this would incur. One of my greatest fears was placing family members at risk of contracting the virus because of my possible exposure to COVID-19 in the workplace. The limited amount of personal protective equipment available made me feel vulnerable and infuriated during the first wave of the COVID-19 pandemic, particularly because of limited training and knowledge of the transmission of COVID-19 during that time.

I am the “go-to” person, problem solver, counselor, advisor and caretaker. Providing mentorship, and a sense of humour is what I do best to help patients and colleagues deal with stressful situations. Junior Nurses, other staff members and colleagues rely on me to advocate on their behalf and to provide that strong leadership support to help alleviate their fears. Many frontline workers have minimal protection. Interacting with patients with multiple illnesses, not knowing if an asymptomatic patient is COVID-19 positive, causes a lot of stress.

The heartbeat of a warrior nurse lies within each of us.
It was reported by the Bahamian health officials during the second wave of COVID-19 during the month of August 2020 that more than 400 healthcare workers were potentially exposed to this deadly coronavirus. I was one of them. After exposure to a patient who tested positive for coronavirus, I was placed on quarantine at home for 14 days. Luckily, I tested negative for COVID-19, but my brother was not so lucky. He struggled for survival in a critical care unit facility assigned to manage critically ill COVID positive patients. During his stay in hospital, he experienced acute respiratory distress syndrome, renal failure, elevated blood pressure, and high blood glucose levels. With expert care from the team of committed and dedicated physicians specialists, professional nurses, and other healthcare professionals, and family support, he survived his ordeal after over four weeks of hospitalisation. One of his attending physicians referred to him as a miracle.

The heartbeat of a warrior nurse lies within each of us. Guided by our instinct between the art and science of nursing, the future of nursing will be determined by our collaborative approach to scientific data collection, sharing of information and experiences, making critical decisions based on science that will influence national health policy and revision of the Sustainable Development Goals. Nurses are powerful and resilient as we continue to work on the front line and advocate for increased investment in nursing and midwifery.
ICN published a report on its survey of NNAs to examine the data on nurse deaths and healthcare worker infections since the start of the COVID-19 pandemic. We reported that approximately 10% of all cases worldwide are healthcare workers, and in some countries a worryingly large proportion of those are nurses. The report provided useful insights into the major challenges that nurses had been facing during the COVID-19 pandemic and presented ICN’s recommendations on what steps needed to be taken to protect nurses and other healthcare workers. ICN also called for COVID-19 to be classified as an occupational disease.
Prior to the launch of the report, ICN held a Zoom meeting with NNA members who participated in the survey, during which Howard Catton presented the main findings and moderated a discussion on the topic.

To mark World Patient Safety Day ICN participated in a WHO-organised Global Virtual Event on 17 September entitled *One world: Global solidarity for health worker safety and patient safety*. The event gathered international organisations and partners from around the world showcasing initiatives and programmes in the area of health worker safety and patient safety, as well as testimonies and stories from regions, countries, health workers and patients. ICN urged governments to sign the WHO Health Worker Safety Charter.
Howard Catton was a panellist in a virtual forum organised by the United Arab Emirates’ Ministry of Health and Prevention on the theme *Envisioning the Nursing Profession after the COVID-19 Pandemic*. He shared ICN’s perspectives on the challenges faced by the nursing profession in responding to the pandemic, the immediate actions required and long-term strategies to address them.

ICN took part in the COVAX Coordination Meeting, which was concerned with the development of COVID-19 vaccines. ICN played an essential role in the development and implementation of the COVAX aspect of the ACT Accelerator and the deployment of successful vaccines.

On 24 September, ICN, WHO, Nursing Now and Sigma hosted a free webinar illuminating multiple perspectives on leadership during COVID-19.

**BY THE END OF SEPTEMBER 2020,**

The Region of the Americas accounted for 38% of all new cases and 52% of all new deaths.

Cumulative cases had reached 32,730,945 and deaths had reached 991,224.

*WHO Epidemiological Update*
On 2 October, ICN attended a webinar entitled Promoting the health and well-being of young people during the COVID-19 pandemic: Leveraging youth engagement in participatory governance. As a group that is highly affected by the pandemic and the subsequent restrictive measures, it is essential for young people to not only be beneficiaries or stakeholders, but also to be centrally involved as the designers and implementers in the global action for COVID-19 prevention and control. The session highlighted opportunities for youth to be engaged in planning and decision-making processes to create a sustainable response that leads to more robust health systems.
ICN also participated in the WHO Executive Board: Special session on the COVID-19 response. The Director-General called for the special session on COVID-19 in response to the WHA73.1 resolution approved by Member States earlier in May. The meeting provided an opportunity to discuss with Member States, and seek their guidance on the developments around the efforts to implement the strategic preparedness and response plan, as well as the actions taken to initiate the review by an independent panel. ICN submitted an intervention on the WHA73.1 resolution and Howard Catton gave a video report on the meeting.

ICN took part in the Queen’s Nursing Institute annual conference with the theme “Healthcare in the community: Learning from the Pandemic”. Howard Catton shared the ICN perspective on the global challenges faced by nurses and nursing leaders responding to the pandemic.

On World Mental Health Day, 10 October, ICN released a video statement on mental health and the psychological burden nurses are working under during the pandemic. We also released a revised Position Statement on Mental Health. The timing of the revision of this position statement is important considering the effects that the COVID-19 pandemic is having on the mental health and well-being of nurses, individuals, families and communities, and the pressing need to prevent and mitigate the impacts of this crisis.
ICN President Annette Kennedy took part in the World Health Summit on Nursing in the Time of COVID-19 on 25 October in Berlin. She spoke about the ICN survey on nurses' infection and death rates from COVID-19, and led a discussion on why global health leaders should prioritise and protect health workers.

By the end of the month, ICN reported the results of our latest analysis which showed an increase in the number of nurses who had died from COVID-19. In just 44 countries, 1,500 nurses had died after contracting COVID-19. The announcement garnered coverage from major media outlets such as CNN, the Independent and Euronews.

WE HAD SADLY REACHED OVER a million DEATHS DUE TO COVID-19.

CUMULATIVE CASES WERE AT 44,888,869.
“The fact that as many nurses have died during this pandemic as died during World War I is shocking. Since May 2020 we have been calling for the standardised and systematic collection of data on healthcare worker infections and deaths, and the fact that is still not happening is a scandal.”

HOWARD CATTON — ICN CEO
I can remember the specific moment that I realised how serious the pandemic was and how it wasn’t going to be a “quick fix”.

The era of Covid-19 is a very scary and trying time. When it all started, I was about to finish nursing school and I was working as a float team orderly every weekend. When it first started to rise, I remember being worried but not quite realising how serious and scary it was: one could say I was in denial. When quarantine had started and school had been put on hold, I followed the rules of quarantine very strictly. The only time I would leave the house was for work.

I can remember the specific moment that I realised how serious the pandemic was and how it wasn’t going to be a “quick fix”. I called in before my shift to see where I was going to work that day. I was told that I was going to be a sitter for a confused patient in the red zone of the ER. When I arrived at the office to receive my assignment, I was told that I would not be provided with PPE as I was a float orderly and they only had enough for the ER staff. As part of the float team, I was used to being treated differently, but it was never life-threatening like this situation. Being that I was still so new to the health care system I rarely stood up for myself but in this situation, I stood up for not only my safety but for the safety of the people living with me. It was only after refusing to work if I wasn’t provided proper ocular protection that they finally gave me the proper PPE.
With the proper PPE I was able to provide the proper care for this woman, giving her bed baths and making sure she wasn’t getting up out of her bed without assistance. As the day progressed, we had gotten news that she was COVID-19 positive. Suddenly the poor fearful woman was transferred to a negative pressure room. It was so heart-breaking to see her make the call to her family that she was diagnosed with COVID-19 and that she was not doing well.

After providing care and emotional support, I went for my break. I finally had a minute to realise what had happened and I broke down. So many thoughts were racing in my head. What would’ve happened if I hadn’t pushed to get the PPE? What is going to happen to this sweet woman? Should I be going on public transit to go to work and possibly exposing everyone? Should I try to get a hotel to live in during the pandemic so that I don’t expose my family? I was so fearful, but mostly I was filled with guilt for all the people I was possibly exposing. I knew I had to go to work because we were becoming so understaffed and the healthcare system was struggling.

The only way I was able to get through that very difficult time was with the frequent phone calls to my mom. She too started her nursing career during a pandemic, the HIV pandemic. I was able to talk through my feelings of guilt, the fear I had coming home, the feelings of isolation I had since I only stayed in my room, and the horrors I saw when being sent to a residential and long-term care centre. I was getting so burnt out and I truly don’t know how I would’ve made it through that period of my life without the frequent calls with my mom. Through this whole experience, I learned not only the importance of standing up for myself, especially in the workspace, but also the importance of support from my loved ones.
As November started, many countries went back into lockdown and Europe was once again declared as the epicentre of the pandemic. On 8 November, there were over 50 million coronavirus cases worldwide.
The ICN President took part in the International Hospital Federation’s virtual event entitled *Learning from COVID-19, Transforming Health Services*. She spoke in a panel on “People at the forefront in fighting COVID-19”, highlighting the need to invest in nursing education, jobs and leadership, keeping the healthcare workforce safe, including our ‘call to action’ points, and the importance of capitalising on nursing leadership and expertise.

On 12 November, following the encouraging news from the third phase of a large vaccine study, ICN called on governments to ensure nursing leaders are at the heart of the planning and delivery of any proposed mass vaccination programme.
Howard Catton gave an address at the masterclass organised by the Irish Nurses and Midwives Organisation (INMO) for their Directors and Assistant Directors of nursing and midwifery members. He shared the ICN perspective on the global situation related to the nursing profession including ICN’s work to respond to the pandemic, the Year of the Nurse and the State of the World’s Nursing report.

ICN spoke on healthcare workers’ challenges in response to the pandemic as part of the Asia Pacific Action Alliance on Human Resources for Health Webinar Series 2020 Addressing Health Care Workers’ Challenges in Response to COVID-19: sharing experiences and drawing countries’ lessons. ICN also participated in the media tele-briefing event organised on 19 November by the NCD Alliance on health workforce, noncommunicable diseases and COVID-19. It provided the opportunity for media to hear the perspectives of nursing organisations, and doctors and nurses currently working in COVID-19 wards.
Howard Catton gave a keynote lecture on *Nursing Care during the Pandemic: Lessons Learned during the International Year of the Nurse* at the IV International Congress Bicentenary of Florence Nightingale: Challenges, Emerging Perspectives and Innovation in the Field of Nursing organised by the Faculty of Nursing of the National University of San Agustin de Arequipa-Perú. The event was supported by the College of Nurses of Peru.

On 20 November, prior to the virtual summit meeting of G20 leaders, ICN called on the G20 to prioritise and protect nurses for the good of humanity. The G20 communique at the end of the summit pledged to “spare no effort to ensure their affordable and equitable access for all people” but gave no firm commitment to prioritise health workers.

**BY 30 NOVEMBER 2020,**

OVER 17,000 MORE PEOPLE HAD BEEN INFECTED, TOTALLING 62,195,274 CONFIRMED CASES SINCE THE BEGINNING OF THE PANDEMIC.

DEATHS FROM COVID-19 WERE AT 1,453,355.
At the beginning of December, ICN called on governments to establish health, education and retraining (HERO funds) to increase health education and retraining opportunities in order to address both the severe nursing shortage and the mass unemployment due to COVID-19.
“We owe it to those nurses who died, and to society at large, to build on the visibility we have achieved this year during the pandemic. We have to be part and parcel of every policy-making decision, we have to be central to the strategy and the task forces. We have to advise the decision makers to have a better future, a better society and a better world of healthcare.”

ANNETTE KENNEDY — ICN PRESIDENT
ICN welcomed a report by WHO on the healthcare workforce during the pandemic that included the need to collect data on the infections and deaths of healthcare workers, something that ICN has been calling for since the start of the pandemic.

ICN called on the public to embrace properly tested and regulated COVID-19 vaccines as soon as they become available.

On 15 December 2020, ICN and Nursing Now collaborated on a webinar to share nurses’ experiences of working on the front lines of the COVID-19 pandemic.
The webinar, set up by the Co-Chair of the Independent Panel for Pandemic Preparedness and Response, former New Zealand prime minister the Rt Hon. Helen Clark, contributed to a review of the world’s response to the COVID-19 pandemic, including that of WHO. More than 250 nurses from around the world joined the webinar, and frontline nurses and NNAs contributed directly during the discussion.

Howard Catton spoke with US Congresswoman and nurse, Lauren Underwood, about the effect of the COVID-19 pandemic during the Year of the Nurse and Midwife.
WE STAY @ WORK FOR YOU
PLEASE STAY AT HOME FOR US!
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