

WHO Independent High-level Commission on NCDs

ICN RECOMMENDATIONS FOR TECHNICAL CONSULTATION (GENEVA, 21-22 MARCH 2018)

From	Professor Joanne Bosanquet, Deputy Chief Nurse, Public Health England and representing the International Council of Nurses
Area of impact	Health systems – strengthening and empowering the health workforce Ambition: By 2030 registered nurses are the main health care professional in prevention, supported 'patient' self-management and clinical management of (stable) NCDs
Recommendation	<p>By 2030</p> <ol style="list-style-type: none"> All registered nurses include prevention of NCD in their practice and NCD nursing/clinical management roles are developed in Primary and Community Care: this will require access to quality education and training at both the undergraduate and post graduate levels to provide improved interventions in the prevention, promotion, early detection and control of NCDs There is a strengthened contribution of nursing leadership in policy and program decision making. This will require investment in nurse leadership and in nursing research related to NCDs, including efficacy and cost-effectiveness of interventions, and translation of knowledge into evidence-based practice (Nursing Now provides an opportunity) NCD supported self-management and nurse led clinical management maximises the use of technology. This will require Investment in sufficient numbers of registered nurses with skills and access to appropriate infrastructure and technologies within Primary Health Care to provide optimal care for the community
Rationale	<p>Registered Nurses are increasingly taking lead roles in the prevention, early detection and management/treatment of NCD. Accelerating this is vital to managing the escalating rates of NCD globally</p> <p>Prevention of NCD and supporting self-management to maintain people in best possible health requires bio-medical knowledge, skills in behavioural change within a trusted relationship and understanding of the community/social context in which individuals manage their health and NCD/s. Registered Nurses are the professional group whose training does or can equip them for this work.</p> <p>The profession has steadfast commitment to holistic person centred care, committed to improving quality and safety and improving health and wellbeing outcomes. Nursing is the largest health profession in the world with more than 20 million nurses. Harnessing this precious resource can have a dramatic effect on reducing the burden of NCDs and improving health outcomes.</p> <p>However, there are numerous barriers that prevent nurses from being able to effectively respond to the health and wellbeing needs of communities. This includes, but not limited to, fragmentation of health systems; insufficient workforce and high turnover; varying level of skills mix and entry to practice; confusion over the roles and responsibilities of nursing;</p>

	<p>geographical challenges; and policies and regulations that limit nursing’s full potential and scope of practice.</p> <p>Across the world, there is significant variations in the entry to practice for registered nurses. Care within hospital and community settings is increasingly complex and nurses are required to make critical decisions associated with the health and wellbeing of individuals in an environment where people are sicker, frailer and where there are rapid changes to treatments and technologies. Nurses often stand in the gap as the primary provider of health services to entire communities. To respond to these challenges, nurses must have reform and access to quality ongoing education.</p> <p>As professionals, nurses with appropriate continuing professional education have the expertise to build on the strengths of individuals and communities to improve health outcomes. This expertise is vital to address and manage the complex risks that contribute to the global burden of noncommunicable diseases. Nurses, along with other care professionals, must be directly engaged in reducing risk factors. Nurses with the appropriate skills, will prevent disease, improve health recovery, and promote health advocating for and utilising the strengths of individuals and communities. There is clear evidence supporting this approach as can be seen in the successes that has been achieved in the management and control of TB and HIV/AIDS in LMIC. (E.g. International Council of Nurses Leadership for Change Programme)</p> <p>Nurses are instrumental in developing evidence-based practices to reduce the four key identified risk factors for NCDs: tobacco use, harmful use of alcohol, physical inactivity and unhealthy diets. Nurses and midwives are at the forefront of developing the best strategies to improve evidence-based practice, from prevention to health systems changes that improve access to and quality of care provided throughout the life continuum. (World Health Organization, 2012). This could be further optimised through the development of WHO Public Health Collaborating Centres in all regions of the world where research can be appropriately tailored to regional health needs.</p> <p>The holistic approach of registered nurses and midwives to health care is often mirrored in nursing research. Interventions often target multiple behaviours and co-morbidities to improve overall health. For example, interventions addressing diet and physical activity in mother and-child health settings are often linked. Therefore, nurses are well positioned to assist in implementing the “best buys” identified by WHO. (World Health Organization, 2012)</p> <p>There are numerous stories and papers that describe the positive impacts nurses can have on people with one or more NCDs. Examples of the stories can be found in ICN’s International Nurses Day Publication <i>A Voice To Lead</i>. (International Council of Nurses, 2018).</p>
<p>Primary responsibility</p>	<p>World Health Organization - Establishment of WHO Nursing and Midwifery Public Health Collaborating Centres in each region of the world (there is such a WHO CC in European region) to lead the global effort in research and translation of research into practice to optimise the role of nurses in NCD, mental health and support delivery of <i>Human Resources for Health 2030</i></p>

	<p>Government</p> <ol style="list-style-type: none"> 1. Develop and support appropriate mechanisms to appropriately regulate health professionals - Registration provides greater protection for the public. Members of the public can have confidence in knowing that a professional's standing and qualifications have been independently verified. 2. Develop workforce plans to ensure sufficient numbers of staff working in right areas 3. Investing in nursing resources and supporting nursing leadership, particularly in Governments and policy development at all levels. 4. Support nursing education for entry to practice, specialty/advanced nursing and continuing education. <p>Education providers</p> <ol style="list-style-type: none"> 1. Support the development of appropriate curricula for undergraduate and post graduate education related to prevention, social determinants, NCDs and mental health. 2. Increase ability for specialist nursing education related to mental health and NCDs. <p>Health System</p> <ol style="list-style-type: none"> 1. Support nursing practice pathways including Advanced Practice Nurses 2. Implement supportive policies to improve coordination of care and supporting the nursing workforce to work in all areas of the community 3. Ensure that there is executive nurse leadership 4. Increase nursing access to continuing education programs related to NCDs and mental health <p>Professional Nursing Organizations</p> <ol style="list-style-type: none"> 1. Development of a Professional Practice Framework for Nursing to promote a common understanding and describe the practice expectations for Registered Nurses across the world. It outlines the prerequisites and basic building blocks for the promotion of safe, competent and ethical nursing practices. It highlights the core components of nursing that are held or being aspired to across the world 2. Support the implementation of Continuing Education for nurses in the area of NCDs and Mental Health. Key examples include <i>Leadership for Change; All Our Health</i>
Expected change	<ul style="list-style-type: none"> • Millions of nurses could have improved access to quality education regarding NCDs by 2025 using technology. • Nursing becomes a key point of contact between the health system and the community for the prevention, promotion and control of NCDs (including advocacy and navigation through the health and care system). • Improved community awareness, understanding, response and management of NCDs and mental health issues. • An accessible, agile and responsive health system enabled by technology providing care that is better equipped to meet community expectations.
Time frame	<p>Immediate</p> <ul style="list-style-type: none"> • Implementation of a Continuing Education Program on NCDs (improve access through technology and existing programs) • Improved access to and development and application of new nursing research

	<p>through WHO Public Health Collaborating Centres</p> <p>3 - 5 years</p> <ul style="list-style-type: none"> • Optimal practice for Registered Nurses <p>> 5 years</p> <ul style="list-style-type: none"> • Implementation of Advanced Practice Nurses in NCDs and Mental Health
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Guidance to complete the table

- The remit of the Commission includes identifying options for political choices, governance, science and technology innovations, financing for NCDs, international cooperation, accountability mechanisms, commercial determinants, and modalities for integrating mental health within the NCDs framework.
- Minimum 1 and maximum 3 recommendations
- Area of impact- indicate the primary area - policy coherence, domestic financing, international financing, health systems, national capacity, accountability and commercial determinants.
- Recommendation- specific and actionable, with high impact and feasible in all settings. If there are conditions for implementation, then that can be mentioned.
- Rationale- Please provide a strong rationale for the recommendation, based on evidence or experience.
- Primary responsibility-indicate as to who is responsible for this action- relevant ministry in the government, private sector, civil society etc.
- Expected change- What is the change that is expected from this recommendation.
- Time frame- Indicate the time frame for the action and to see the impact.

References

- International Council of Nurses. (2018). Nurses: A Voice to Lead. Retrieved from <https://www.icnvoicetolead.com/>
- World Health Organization. (2012). *Enhancing nursing and midwifery capacity to contribute to the prevention, treatment and management of noncommunicable diseases*. Retrieved from Geneva: