

REPRINTED ARTICLE



International Council of Nurses
INTERNATIONAL NURSES DAY 2016

Resilience: The Capacity to Recover from Difficulties

Introduction

Wherever you are in the world it is very likely you will find that health and meeting health needs is a significant focus of public debate and concern. Indeed, it feels like health is always in the news. This may stem from a number of reasons, some predictable and others less so. For example, in many parts of the world, there are increasing health challenges related to the ageing population; a rise in chronic diseases and other long term conditions; growing citizen expectations for more and better health services; and technological progress, which continue to put an expectation of growth in funding for health services. Health systems in countries around the world are being challenged to respond by considering new ways of working and new models of care for their citizens.

The unanticipated impact of the global financial crisis on health systems continues to have implications for public finances. Equally challenging has been the evidence of the vulnerability of global health systems. The 2014 Ebola disease outbreak in West Africa showed that global action to protect health is essential; infections are able to cross borders and travel to all corners of the globe just as people can. Natural disasters and conflict do not respect country boundaries either and require responses from across the world. This global connectedness can be a difficult concept to consider without becoming rapidly overwhelmed by its complexity. The uncertainty and sense of powerlessness it produces is all too understandable. Where do we start? How can we make a difference? It is easy to feel very small. Yet the impact of globalisation continues to grow and affect our daily lives. We are all intimately connected and, as one of the largest workforces in the world, nurses have to work together to understand and ensure that globalisation is a positive force for good.

Definition of globalisation: a process of increasing global connections, interdependence and integration, especially in the economic arena, but also affecting cultural, social political, ecological and technological aspects of life." (Tuschudin and Davis 2008, p.4)

As documented in the Millennium Development Goals Report (UN 2015), the world saw substantive progress in achieving the Millennium Development Goals (WHO 2015a), saving millions of lives and improving conditions for many more. However, the report also acknowledges "uneven achievements", "shortfalls in many areas" and incomplete work. The disease specific approaches of the MDGs left many countries with fragmentation in care and weak service delivery systems. As a result, many of the countries that received development aid did not build health systems that can provide necessary essential services to all people in need.

* Reprinted with permission from the International Council of Nurses Kit: Nurses: A force for change: Improving health systems' resilience. ICN 3, place Jean-Marteau, 1201 Geneva - Switzerland
Tel.: +41 22 908 01 00, Fax: +41 22 908 01 01 - e-mail: icn@icn.ch - web: ICN - International Council of Nurses

As previously mentioned, the Ebola virus disease outbreak in western Africa clearly showed that without a health system capable of responding rapidly and effectively, an epidemic can spread rapidly across borders and cause tremendous problems (WHO 2014). (When hit by the outbreak, the most affected countries had a fragile health system with insufficient numbers of health care workers (WHO 2015b). As a result, the response was not timely; existing health services were disrupted and many health care workers who cared for affected people died (WHO 2015c), further threatening the health of the populations (David et al. 2015). In fact, a May 2015 preliminary report by WHO (2015c) on health workers infected with Ebola, stated that of the 815 health care workers who had been infected by the Ebola virus since the onset of the epidemic, more than 50% were nurses and nurse aides. Two thirds of the health workers who were infected had died. This outbreak raised many questions: How can you rapidly respond to a lack of health care workers due to illness or even death? How can you rapidly skill up a nurse workforce to deliver care in very different settings? How do you rapidly get access to the right equipment? How do you communicate to the public in an effective way? There is a clear need for health systems that can respond to such shocks in a timely and effectively manner while continuing to provide necessary health services.

“The resilience of a health system is its capacity to respond, adapt, and strengthen when exposed to a shock, such as a disease outbreak, natural disaster, or conflict.”

- Campbell et al (2014)

The complexity of this work includes pace of response needed, availability of resources in the right place at the right time and damaged infrastructure and a depleted health care workforce. Therefore, we need to be prepared before the next emergency comes, having in place emergency provisions, people that can be deployed with the right competencies and plans to divert resources.

In the busy life of most practising nurses, thinking about how we can support and strengthen the health system we work in is not a common activity. Yet the need to develop our thinking, planning and profile in this important area is all too evident. We are a vital force for the changes that the system needs.

Responding to new challenges

The nurse workforce has a long history of responding to the changing needs of society. We have developed our practice to tackle public health challenges and to ensure the provision of high quality care. Throughout the 20th century and into the 21st century, significant gains have been made in increasing life expectancy and reducing many of the risk factors associated with child and maternal mortality. Nurses have made significant contributions to improving child survival and their impact is well documented (Awoonor-Williams et al 2013). Major progress has been made in increasing access to clean water; improving sanitation; reducing malaria, tuberculosis, and polio; and decreasing the spread of HIV (Marmot et al 2012). Nurses have been at the forefront of many of these gains (ICN 2013) but we would all acknowledge that more can be done. On top of known health problems, we face emerging global threats such as antimicrobial resistance, new pandemics, emerging infections, natural disasters, global climate change, armed conflicts and migrants. What might this mean for us?

There is much evidence of nurses' responsiveness and the important role we play in contributing to population health which has

been increasingly acknowledged by governments and recognised by the World Health Organization (WHO 2003, 2015d). Indeed, the nursing workforce is increasingly well educated and able to connect with citizens, communities, policy makers and each other. However, the need to adapt and change more quickly is evident and the challenges set out in the next 15 years will require a new generation of innovation and leadership. As nurses gain a higher profile in the development of local, national and international responses, we need to have confident well-informed leaders who understand their role in developing a workforce to meet new challenges.

Investing in the health workforce to strengthen health systems. The increase in demand on our health systems has been associated with an increased expectation of funding and it is now apparent that there is a strong link between the economic and the general health of a population. However, expecting and receiving a bigger share of public finances at times of economic crisis are two different things; the ability to constantly find more funding is a real challenge at all levels, from individuals to governments. In some cases, as governments seek short-term savings, we have seen real reductions in health expenditure (Karaniolos 2013) leading to both short- and long-term consequences. If not borne by governments, the cost of health care to individuals can lead to increased poverty. A WHO and World Bank Group report (2015) shows that 400 million people do not have access to essential health services and 6% of people in low- and middle-income countries are tipped or pushed further into extreme poverty because of personal health spending. However, as health has a value in itself, as well as being a precondition for economic progress, improvements in health and economic conditions are mutually reinforcing.

The Lancet Commission report “Global Health 2035: a world converging within a generation” (Jamison et al 2013) makes a strong economic case for greater prioritization of health by economic ministers, stating “The returns on investing in health are impressive. Reductions in mortality account for about 11% of recent economic growth in low and middle income countries as measured in their national income accounts.” (Jamison et al. 2013, p.1898).

The report describes the possibility of a “grand convergence” in health, which is achievable within our lifetime. It presents a detailed analysis that shows that with enhanced investments to scale up health technologies and improve delivery systems it will be possible to reduce child and maternal mortality rates as well as mortality rates from infectious diseases to low levels universally. In most low-income and middle-income countries these rates would fall to those presently seen in the best-performing middle-income countries. As Jamison et al. (2013) write, “Achievement of convergence would prevent about 10 million deaths in 2035 across low-income and lower-middle-income countries...” (p.1898)

Additionally, the report notes that employment in the health sector can strengthen local economies. The health care workforce is significant and employs a lot of women. Well-educated nurses are, therefore, good for the economic health of a country.

New Goals: From MDGs to SDGs

There is now a global recognition that whatever the nature of the challenges, staying focused on ensuring healthy lives and promoting well-being for all at all ages is essential to sustainable development. The

need for strong and resilient health systems, able to respond to rapid change, is at the heart of the United Nations Sustainable Development Goals (SDGs).

The 17 SDGs (see Box 1) and 169 targets were adopted by Member States of the United Nations General Assembly in September 2015 (UNGA resolution 70/1). Building on the MDGs, the SDGs are relevant to all countries and cover the economic, environmental and social pillars of sustainable development with a strong focus on equity addressing the root causes of poverty. They are all interlinked underlining the fact that sustainable development in any country requires many parts of the system to work together.

The third goal, which is the most specific to health and well-being, has 13 targets (3.1-3.9) and enablers (3.a-3.d). (see Box 2)

It is expected that this will be associated with a range of activities and action plans throughout health systems. While most activities will be focused on Goal 3, many of the other goals will also require action from the nursing workforce and nurse policy makers have a lead role to play in this. One of the targets (3.8) is Universal Health Coverage (UHC), which has received much attention as a key enabler to sustainable development.

Universal Health Coverage (UHC)

The goal of UHC is to ensure that all people can use the promotive, preventive, curative, rehabilitative and palliative health services that are of sufficient quality, while at the same time ensuring that the use of these services does not cause financial hardship to the consumers (WHO 2013).

The recent report "Tracking universal health coverage: First global monitoring report" (WHO & World Bank Group 2015) shows that we are a long way from its achievement. The report, which is the first of its kind to measure health service coverage and financial protection to assess countries' progress towards UHC, looked at global access to essential health services in 2013 including family planning, antenatal care, skilled birth attendance, child immunization, antiretroviral therapy, tuberculosis treatment, and access to clean water and sanitation. As previously mentioned, the report found that at least 400 million people lacked access to at least one of these services, and that many people were being tipped or pushed further into extreme poverty because they had to pay for health services out of their own pockets.

WHO and the World Bank Group (2015) recommend that countries pursuing UHC should aim to achieve a minimum of 80% population coverage of essential health services and that everyone everywhere should be protected from catastrophic and impoverishing health payments.

Nurses play a central role in achieving UHC and there are numerous examples of nurses expanding access to essential health services (ICN 2011, 2015a). Some of ICN's initiatives to expand access include the ICN's Wellness Centres for Health Care Workers (see www.icn.ch/what-we-do/wellness-centres-for-health-care-workers/) and the ICN TB/MDR TB project (www.icn.ch/tb-mdr-tb-project/welcome-to-theicn-tb-mdr-tb-project.html).

Box 1. The 17 Sustainable Development Goals

- 1 End poverty in all its forms everywhere
- 2 End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- 3 Ensure healthy lives and promote well-being for all at all ages
- 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- 5 Achieve gender equality and empower all women and girls
- 6 Ensure availability and sustainable management of water and sanitation for all
- 7 Ensure access to affordable, reliable, sustainable and modern energy for all
- 8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- 9 Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- 10 Reduce inequality within and among countries
- 11 Make cities and human settlements inclusive, safe, resilient and sustainable
- 12 Ensure sustainable consumption and production patterns
- 13 Take urgent action to combat climate change and its impacts (acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change)
- 14 Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- 15 Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- 17 Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

"The world's most disadvantaged people are missing out on even the most basic services... A commitment to equity is at the heart of universal health coverage. Health policies and programmes should focus on providing quality health services for the poorest people, women and children, people living in rural areas and those from minority groups".

- **Dr Marie-Paule Kiemy**, Assistant Director-General,
 Health Systems and Innovation, WHO (WHO & World Bank 2015)

New Expectations of the Workforce

Sustainable Development Goal 3, Ensuring healthy lives and promoting the well-being for all, at all ages, is essential to the achievement of the other SDGs. UHC means not only reaching everyone in need, but also delivering quality health care services that are people-centred. This requires a well-performing health system with a

Box 2. *The 13 health targets in Sustainable Development Goal 3 – Ensure healthy lives and promote well-being for all at all ages*

- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births
- 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases
- 3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being
- 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
- 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination Enablers
- 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- 3.b Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
- 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least-developed countries and small island developing States
- 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

sufficient number of well-trained motivated health workers. It is projected that there will be a shortfall of 10.1 million skilled health professionals (nurses, midwives and physicians,) by 2030 (GHW 2015). Many of those countries which struggled to achieve the MDGs face shortages and misdistribution of health workforce (ICN 2014). Scarcity of qualified health personnel, including nurses, is highlighted as one of the biggest obstacles to achieving health system effectiveness (Buchan and Aiken 2008). Workforce investment remains low and it is still the case that future projections demonstrate that low income countries will face a widening

gap between the supply and the demand for health workers (Tangcharoensathien et al 2015). There is a growing expectation that rich and poor countries alike build national self-sufficiency to manage their in-country supply and demand for human resources for health through appropriate health human resources planning (ICN 2014).

In this regard, the WHO has developed the Global Strategy on Human Resources for Health (HRH): Workforce 2030 which is expected to be submitted to the World Health Assembly (WHA) in May 2016 for adoption.

ICN has long recognised the importance of better planning with regards to the nurse workforce (ICN 2014) and has supported the development of this strategy. Once adopted by the WHA, there will be an expectation of local action, and there is a value to National Nurse Associations (NNAs) in starting to work towards these objectives and targets now.

Why should nurses engage in health system strengthening?

We can all acknowledge that the world has never possessed such a wide range of interventions and technologies for curing disease and increasing life expectancy. Yet the gaps in health outcomes continue to widen (Crisp & Chen 2014). The positive impact of existing interventions is not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way and on an adequate scale.

The role of public health in building and strengthening health systems and increasing their resilience is clearly a priority for all nurses. Investing in health promotion and illness and disease prevention can have a positive impact by potentially relieving demands made on the health system by those in ill health as well as contributing economically to society through healthy and productive citizens. (Jamison et al 2013). As Tangcharoensathien et al (2015) state in their article on UHC and the SDGs. "Primary health care, which the majority of poor can access, acts as a major hub in translating UHC intentions into practice."

All of the policy recommendations detailed in the SDGs and the HRH proposal make clear that action on the social determinants of health should be a core part of health professionals' business, as it improves clinical outcomes, and saves money and time in the longer term. But, most persuasively, taking action to reduce health inequalities is a matter of social justice.'

What is social justice?

"Social justice means the fair distribution of resources and responsibilities among the members of a population with a focus on the relative position of one social group in relationship to others in society as well on the root causes of disparities and what can be done to eliminate them (CNA 2009)

When social justice is applied to health and health care, the term

“resources” means more than access to health services. It also includes access to others features such as housing, sanitation, transport, work and education. Collectively, these are referred to as the social determinants of health. Taking action for social justice means action to reduce differences and promote equal access. As most nurses on a daily basis see examples of inequity, it is evident that nurses have a significant role to play in contributing to strong systems in their daily practice. At the core of promoting health and well-being, a fundamental for all nurses is the notion of social justice (CNA2009, Sheridan 2011 PJN 2013, ICN 2011).

Box 1. Global Strategy on Human Resources for Health: Workforce 2030 - Draft 1.0 submitted to the Executive Board (138th Session) (WHO 2015e)

Vision: Accelerate progress towards universal health coverage and the UN Sustainable Development Goals by ensuring universal access to health workers

Overall goal: To improve health and socioeconomic development outcomes by ensuring universal availability, accessibility, acceptability and quality of the health workforce through adequate investments and the implementation of effective policies at national, regional and global levels

Principles

- Promote the right to health
- Provide integrated, people-centred health services
- Foster empowered and engaged communities
- Uphold the personal, employment and professional rights of all health workers, including safe and decent working environments and freedom from all kinds of
 - discrimination, coercion and violence
- Eliminate gender-based violence, discrimination and harassment
- Promote international collaboration and solidarity, in alignment with national priorities
- Ensure ethical recruitment practices in conformity with the provisions of the WHO Global Code of Practice on the International Recruitment of Health Personnel
- Mobilize and sustain political and financial commitment and foster inclusiveness and collaboration across sectors and constituencies
- Promote innovation and the use of evidence

Objectives

1. To optimize performance, quality and impact of the health workforce through evidence-informed policies on human resources for health, contributing to healthy lives and well-being, effective universal health coverage, resilience and health security at all levels.
2. To align investment in human resources for health with the current and future needs of the population taking account of labour market dynamics, to enable maximum improvements in health outcomes, employment creation and economic growth.
3. To build the capacity of institutions at sub-national, national and international levels for effective leadership and governance of actions on human resources for health.
4. To strengthen data on human resources for health, for monitoring of and ensuring accountability for the implementation of both national strategies and the Global Strategy.

Every health professional has the potential to act as a powerful advocate for individuals, communities, the health workforce and the general population, since many of the factors that affect health lie outside the health sector, in early years' experience, education, working life, income and living and environmental conditions health professional may need to use their positions both as experts in health and as trusted respected professional to encourage or instigate change in other areas.

Institute of Health Equity (2013), p.5

The ICN Code of Ethics for Nurses clearly states nurses' responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations (ICN 2012a). The role of the nurse as an advocate for equity and social justice appears in the guidance of many National Nursing Associations and there are also examples of health professionals working together to have greater influence on policy makers to improve opportunities in this area (Allen et al 2013).

Definition of Nursing

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (ICN 2002)

As Tomblin-Murphy and Rose (2015) note in their summary of relevant literature concerning nursing leadership in strengthening primary health care to support the SDGs and Universal Health Coverage worldwide, nurses are educated with a holistic lens so that all facets of a person's health and well-being are considered when planning and delivering care. They note that there is an increasing focus on the determinants of health, but stress that the current models of health delivery still tend to focus primarily on the treatment of illness. They stress the importance of primary care in remote communities and/or in low-middle income countries where much of the care delivered at the local level depends upon the expertise of community health workers or nursing assistants. The role that nurses and nursing play in supporting their colleagues in communities through advocacy, mentorship, collaboration and recognising the important contribution of nursing assistants and community health workers in maintaining local services is key to future development (Dick et al. 2007).

Reflection

There is recognition that in many health systems, health is defined by an "illness system" with a primary focus on individuals and their diseases (WHO 2007), and this focus has produced a health system that poorly serves the need of a wider society. Do you agree and what can we do to change this?



Research shows that the more divided a society is, the less likely it is to adopt public health policies. How can we work to improve cohesion in the communities we seek to serve? (McKee and Mackenbach 2013)