



## ***Past Event: 2023 NCSBN Annual Meeting - Keynote: WHO Regulatory Guidelines Video Transcript***

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### **Event**

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More info: <https://www.ncsbn.org/past-event/2023-ncsbn-annual-meeting>

### **Presenter**

Jim Campbell, MPH, MSC, Director of the Health Workforce, World Health Organization

- [Jim] I've flown 14 hours to be here, and some of it in the airports, from Switzerland in Geneva to come to the Zurich room in the Swiss hotel. It's a bit of a thing and here we go. And we've got all the...similar to WHO, we've got all the country flags, the delegations, and everything else coming together.

So, it really is good to sort of feel as if I haven't really moved accordingly. And what I'm going to do is tell you a bit of a story if I may. You've had a lovely lunch, champagne, you have sweet desserts, so I'm going to try and keep the story entertaining as well. And there is no question mark at the end of the who here.

It's an update from WHO, it's not an update from who. Just to try and get...the story that I want to share with you is around some of the discussions that we're having in Geneva and in New York, including with your secretary Xavier Becerra, including with the American administration, around the sustainable development goals and the progress we're making.

I want to talk to you a little bit about that and the evidence base, and then bring it back to the field of regulation. Looking at the latest evidence that we have on regulation of all occupations, including the field of traditional and complementary medicine. Then bring that story to the nurses, which is your endeavor, and particularly then to bring it back to what you as nurse regulators in the United States could be doing to support this global agenda.

So, that's what we're going to be trying to do in the time that we have. And then hopefully, we'll get an opportunity to come through with a few questions and answers to come together. So, we heard the President talking about the history of the National State Boards of Nursing. Forty-five years ago in WHO, the discussion was the declaration of Alma-Ata, primary health care, and the commitment to health for all.

So, all people, irrespective of age, race, ethnicity would have access to health care without having to suffer financial hardship. That message is a core message still today as part of the principle of the

Sustainable Development Goals, Goal 3 on health and well-being, and the target in particular for universal health coverage and the commitment to that.

And the universal health coverage has two elements, it's care, access to care, with financial protection to come further forward. And WHO has a mandate globally to measure that progress, what are we doing and how are we getting to it?

So, on the first of July, just a few weeks ago, with some people may have been on holiday already, we celebrated the halfway point of the Sustainable Development Goals. So, what progress have we been making from 2015 to 2023? And what do we need to be doing differently in the second half of this 15-year period? Now, the first half, as you all know, dominated by public health emergencies of international concern.



But we picked this work up again in 2021 and looked at it and said, "Right, now we've got a bit more capacity again, what are the issues? What we don't do?" So, we have four major objectives, to look at what is documented in the evidence around the different models, the diversity that's happening around the world. Looking for those innovations, what's happening out there which is giving us this 1%, 2%, 3% improvement?

What's happening out there, which is protecting people, but giving us these co-benefits? Trying to see whether those innovations have been measured and studied, and we could look at the sort of cost implications of some of those issues. Because as WHO, we're trying to collect experience from around the world to give guidance to our member states to the regulators about what could be the key considerations that you could then look at and say, "Okay, here's the evidence base, can I translate that evidence base into practice in Arizona?"

Wherever you may be, will that work here accordingly to do it? And to get member states invested in that evidence base. To do that, WHO is a weird and wonderful organization, it's 100...how many members in your...fifty-one, I presume? Fifty-nine?

Okay. I

And then we added to that country case studies and we added a much more broader discussion, looking at the experts from around the world, to bring that basis in. And just as David was saying in terms of his Space Odyssey, regulatory Odyssey, you know, very hard to do justice in a PowerPoint in a few minutes.

But this is the work of, you know, a whole group of people, a testimony to their engagement with WHO over several years and we're trying to condense that down into about six slides. The publication, you're getting an advanced notification of this, the publication will be available in November when it will be fully published online as WHO.

But just some heads up on the emerging themes and the emerging policy considerations. What we're seeing is some issues around definitional ambiguity, uncertainty around the world, the maturity of systems, some of the things has got 45 years of experience in the anglophone culture as against something from a lusophone or a Hispanic trend, maybe a colonial influence in a low and middle-income country.

So, very differences around the world, first and foremost, when we look at some of these issues, and that's normal when you're looking at a global perspective. But then we do see that the types of systems and issues, whether that's coming from a professional-led perspective, whether it's emerged out of what may have been hierarchical medicine first and then other occupations as they were professionalized coming forward has an impact.

We're seeing that very little is being done from a global perspective. We're seeing that very little is being done from a global perspective.





physicians, they want to double the number of nurses to try and catch up with the problems that they've had exposed and exacerbated by COVID-19.

But they're also bringing in new scopes of practice for physician assistant, for advanced practice nursing, for different roles and already there's an outcry. If you go in the newspapers, the social media, if you go to different interlocutors, there's an outcry already about territory, how this is not going to serve quality to the patient because it's very much a professional scope or turf coming further forward.

And yet, the reality is, these are what governments are considering and they're calling on the regulators to help them enable them to come further forward as well. The issue also becomes how do you look at promoting the safety and the competence in the scope when today's practitioner, today's nurse, today's physician is likely to have many different jobs in many different jurisdictions.

You know



So, how do we get further forward on that? Which now I'm going to pivot from that evidence base into this particular practice perspective from nursing. Because WHO...I saw Stephanie Ferguson at lunchtime, I haven't seen her since the COVID hit. Hey.

Stephanie, another person who's worked with WHO for many, many years on this nursing/midwifery agenda. We've really tried to...I said I've been working with David for 15 years, we've been doing work on nursing and midwifery together, looking at the evidence base for all of the MDG period and the SDG period.

And we've really looked at...and partly through David's influence as a particular regulatory specialist, we've tried to make sure that this regulatory discussion is part of everything WHO in Geneva does with all the healthcare professions. Whether in the International Year of the Nurse and the Midwife that we

