2020 TRIAD STATEMENT

International Council of Nurses – International Confederation of Midwives – World Health Organization

Over 600 government chief nursing and midwifery officers, leaders and representatives of national nursing associations and midwifery associations, together with the International Council of Nurses (ICN), the International Confederation of Midwives (ICM), the World Health Organization (WHO) and key partners, including WHO Collaborating Centers for Nursing and Midwifery, regulators, and the Nursing Now campaign, gathered virtually from more than 145 countries for the 8th ICN-ICM-WHO “Triad Meeting” on 16-18 June 2020.

The meeting occurred during a time of unparalleled significance, due to both the International Year of the Nurse and the Midwife and the COVID-19 pandemic. The dual spotlight underscores that midwives and nurses put their lives at risk to respond to the pandemic and provide essential health services. The Triad Meeting focused on how midwives and nurses can be protected, their leadership maintained and supported, and their contributions to emergency response, universal health coverage, and greater health and wellbeing maximized now and into the future.

As a result of the proceedings and deliberations of the meeting, the participants within their respective roles commit to supporting WHO Member States in the development and implementation of the following actions, as relevant to the national and local context:

1. Leverage the data, evidence and future directions in the State of the world’s nursing 2020 report to outline a forward-facing roadmap for policy dialogue and evidence-informed investment in countries. The third State of the world’s midwifery report (anticipated in 2021) will provide a similar resource for strengthening the midwifery workforce.

2. Implement effective human resources management in the context of COVID-19, including providing prompt remuneration with overtime and hazard pay where needed; ensuring occupational health and safety, avoiding any form of stigma and discrimination, and providing appropriate personal protective equipment; providing refresher training on infection prevention and control, diagnosis and clinical case management; and signing appropriate delegation of tasks and decision-making roles. Mentoring, supportive supervision, adequate rest periods and mental health support are paramount. Organizations should create funded surge positions to recruit additional midwives and nurses and re-distribute midwives and nurses from high to low incidence areas, while maintaining provision of maternal and newborn care and other essential health services. Organizations also should implement policy interventions at organizational and system-wide levels (by activating surge capacity, ensuring a manageable workload, providing adequate financing, streamlining regulations); developing new models to maintain service delivery in the community; and collecting standardized data on health worker COVID-19 infections, deaths and attacks.
3. Support nursing and midwifery leadership at all levels of the health system to contribute to health policy development and decision-making. Investing in national leadership development programmes for midwives and nurses builds leadership, stewardship and management capacity to the advance education, health, employment and gender agendas.

4. Ensure nursing and midwifery education and training programmes match health system objectives. This includes use of competency-based curricula, appropriate technology and adherence to the relevant educational standards for each profession. Strengthening connections between academic institutions and clinical practice sites can help address deficits of clinical supervision, preceptorship and mentoring for students and junior midwives and nurses.

5. Enable midwives and nurses to practise to the full extent of their education and training by updating relevant regulatory frameworks and providing appropriate workplace supports. Special efforts must be made to ensure that maternal and newborn care and community-based health services are adequately staffed and appropriately resourced even in times of unexpected crisis.

6. Eliminate all forms of discrimination based on gender, race, ethnicity, religion or other factors. Create and nurture gender-sensitive work environments, for example through flexible and manageable working hours that accommodate the changing needs of midwives and nurses as women, and gender-transformative leadership development opportunities. Address gender-based discrimination by prioritizing and enforcing policies to address and respond to sexual harassment, violence and discrimination. Eliminate the gender pay gap and ensure that policies and laws addressing the gender pay gap also apply to the private sector.

7. Deploy and manage midwives and nurses to maximize their roles as bridges to the communities they serve. Midwives and nurses who are dually credentialed and are deployed in both maternity and general health services must have formal and facilitated ways to maintain both sets of competencies according to applicable standards and their respective scopes of practice.

8. Address gaps in data elements essential to understanding the stock, demographics, practice settings, and working conditions of midwives and nurses. This requires participation across government bodies and engagement of key stakeholders such as regulatory councils, educational institutions, health service providers and professional associations.

9. Increase investments in countries affected by shortages to educate, employ, and retain midwives and nurses through domestic funding as well as appropriately-aligned development assistance. Engaging in intersectoral dialogue led by ministries of health, nursing and midwifery leaders, and stakeholders from the public and private sectors can catalyse the investments needed for resilient health systems, job creation, gender and youth empowerment.

10. Ensure decent working conditions and enabling environments for midwives and nurses. This includes adequate remuneration, social protection, reasonable working hours, occupational safety, safe staffing levels, and transparent and merit-based opportunities for career progression. Special efforts must be made to ensure safe, respectful and enabling workplaces for midwives and nurses operating in fragile, conflict-affected and vulnerable