A NEW ERA IN GLOBAL HEALTH

NURSING AND THE UNITED NATIONS 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

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A New Era in Global Health
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A New Era in Global Health
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William Rosa, MS, RN, LMT, AHN-BC, AGPCNP-BC, CCRN-CMC

Editor
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Foreword

As a physician, I recognize I am an unusual choice to write the foreword for a book on global nursing. However, as a colleague in health care delivery, I have spent my career learning about the power of nursing, celebrating how our work—my own work—is profoundly enhanced by strong partnerships with nursing colleagues. Since medical school, I have been humbled by the experience, knowledge, willing vulnerability, and compassion of the nurses with whom I have worked. I have consistently relied on their wisdom and experience on difficult nights in the intensive care unit. Now, as cofounder and CEO of Seed Global Health, a nonprofit that invests in nursing and medical training in sub-Saharan Africa, I have continued to be empowered by my nursing colleagues, learning from them about the needs of nursing globally, global nursing education, and investing in nursing leadership to promote the health and well-being of all.

Nelson Mandela famously said, "Education is the most powerful weapon with which to change the world." This concept is central to the work we do at Seed. Our hope is to use education to help improve quality of health care delivery in some of the most challenging settings globally. Seed partners with the U.S. Peace Corps to send nurses, midwives, and physicians abroad for 1 year as visiting faculty in sub-Saharan Africa. These U.S. health professionals embed as faculty: teaching, providing clinical mentorship, collaborating on practice improvement, and role-modeling quality care. Our approach is to partner with local health professionals and their institutions, helping to support their education and delivery priorities. Seed brings expertise in nursing, midwifery, and medicine, and the Peace Corps draws on 50-plus years of experience sending U.S. citizens abroad in service in an integrated and culturally sensitive way. Further, we collaborate with academic partners, like the Massachusetts General Hospital, to provide academic resources and recognition for the volunteers’ work.

Nurses and midwives have been central to Seed’s vision since its inception. We have been committed to investing in the nursing profession and its leadership because nurses are the core of most health systems. Little known (and even less recognized) health professionals other than physicians provide the vast majority of health care globally. Most often, it is nurses.

Martha Geodert, a 2015–2016 Seed–Peace Corps Global Health Service Partnership volunteer, is an example of a global nurse on the front lines of providing care. She lived and worked for a year in central Tanzania. She was only a
visitor, working alongside her local colleagues who face tough challenges every day. Martha’s story illustrates the difficult but deeply critical role she and her local counterparts play in providing comfort and care.

At our Close of Service Conference in June 2016, Martha showed a picture of a woman and shared the following:

This was a woman that I’d cared for during labor and delivery. She’d come in with a single footling breach. I cried . . . for [two of my Tanzania-based Global Health Service Partnership OB/GYN colleagues] to be at my side—for any OB/GYN that would rapidly [intervene]. [This woman] was on our unit for 4 hours. I was trying to get this single footling breach delivered by caesarian section. The baby’s heart rate finally fell from 130 down to 70. I ran over to get one of the OB/GYNs and the baby’s femur was fractured during the process. [The infant] was transferred to the pediatric ward where we saw him the next day. The leg had not been set. The second day, the leg had not been set. Finally, the students and I set the leg. His pain was immediately decreased. And they saw for the first time, I think, that our role as nurse practitioners [and] nurse midwives is doing whatever needs to be done in consultation with our physician colleagues. And when there’s a gap, we fill it. And you all know that we have filled this gap in a way that we would never perhaps do in the United States, but it is a very important way of responding. This mother took my face in her hands and her face in my hands, you know that there’s a connection. When you come back day after day, she knows that she’s been cared for and she knows that the students that were with her are also with her [now].

Martha shares not only the power of collaboration across the profession but also the skill, sixth sense, and deep commitment to the patient and his or her well-being, which nursing embraces. She demonstrates firsthand the powerful advocacy nurses ensure for their patients and the deep bond that is formed. Despite the presence of many nurses like Martha, or her counterparts, nurses are often underutilized, unempowered, or simply excluded from important discussions about patient care, or even policy. To provide an example, I attended one meeting at the Ministry of Health in an African nation to discuss launching our program for nursing and midwifery in their country. The director of nursing for the Ministry of Health arrived late because no one had told her about the time. She then sat in a back row of chairs—not at the table—and was never asked for her input. We need strong global nurse leaders who will address these interprofessional inequities and inspire a collaborative and inclusive model of care delivery worldwide.

The American Nurses Association (ANA, 2016) defines nursing as “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.” Nurses are at the intimate frontlines of patient care, whether at the bedside or advocating at the population level. They must be at the table for any meaningful discussion about health care delivery, health system strengthening, or changing health outcomes for the better.
In *A New Era in Global Health*, William Rosa and his fellow contributors help outline this poignant and essential role of nursing. They articulate the incredible strength and diversity of the nursing profession to serve as a change agent for individual, population, global, and planetary health. In the vein of Mandela’s quote, *A New Era in Global Health* empowers us by archiving the profound ways that nursing can influence every aspect of our health, well-being, and wholeness.

This book is important. There remains today a paucity of literature on global nursing. Yet, nurses have been toiling on the front lines throughout all the dynamic shifts to health care and its systems in settings both resource rich and poor. In countries like the United States, for example, new practice systems have been implemented for quality improvement. In resource-limited settings like Tanzania, where Martha worked, new partnerships are blossoming to bolster nursing capacity, education, and numbers produced. Much more attention is required to explore these developments, their impact on health, and, ultimately, the field of nursing overall.

Mr. Rosa and his colleagues help close this gap. And they do so using a smart, salient approach by critically linking nursing to the United Nations 2030 Agenda, grounding the discussion in the Sustainable Development Goals (SDGs) and a greater transnational discourse. The SDG campaign has 17 all-encompassing goals, including reducing poverty, ensuring food security, improving health, and combating climate change, and 169 targets that create tangible benchmarks for which to both plan and strive. *A New Era in Global Health* brings nursing into the center of this effort, exploring the SDGs and also the profession’s unique and vital contribution toward their realization.

When all is said and done, *A New Era in Global Health* reminds us that nurses are at the frontlines of the human response to all of these issues. We must continue to support the work of global nursing and promote nurses’ involvement in practice, education, and policy arenas. This work guides us in understanding the potential impact of nursing across contexts and cultures—beyond paternalistic disciplinary scopes and limiting interprofessional hierarchies—in creating the safe and equitable world called for by the United Nations 2030 Agenda for Sustainable Development.

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Preface

We stand at a critical moment in Earth’s history. . . . To move forward we must recognize that. . . . we are one human family and one Earth community. . . . [I]t is imperative that we, the peoples of Earth, declare our responsibility to one another, to the greater community of life, and to future generations. (The Earth Charter Initiative, 2000)

It is a time for heightened and more universal considerations in the fields of global health and global nursing. It is, as the title of this book suggests, *A New Era in Global Health*, in which we, as human beings, are coming to truly understand—possibly more than ever before—our deep interconnectedness to nature and all people on the planet. We are currently witnessing firsthand the widespread consequences of our individual and collective choices on the planet, and beginning to see how the foundational premise of nursing—to preserve and protect human dignity in the promotion of good health and well-being—must now be expanded in order to create and sustain a more equitable and inclusive world. In this continually emerging age of technology, with the aid of media reporting, each one of us can now come face to face with the socioeconomic and political disparities that divide us and the violence and threats to safety that keep those without health, food, education, rights, or stability disproportionately disadvantaged. This new era is not about stand-alone theories or didactics, and it cannot be relegated to classroom and clinical settings. It is about taking informed and deliberate action—in real time and with a commitment to professional integrity—to improve the holistic welfare of all, and to expand and maximize the scope of practice for global nurses to include values-guided leadership, consistent and reliable advocacy, and outcomes-driven change agency in the transnational arena. The literature is overwhelmed by discourses on being a leader, advocate, and change agent; with haste and equipped with the necessary information, we must confidently put the discourses into action. The time is now and *A New Era in Global Health* is just one offering to help us get there.

On September 25, 2015, the United Nations General Assembly (UNGA) adopted the 2030 Agenda for Sustainable Development, a resolution that will continue to
change how the world addresses poverty, ensures environmental stability, and procures a peaceful, just, civil society for all human beings on the planet. The purpose of this book is threefold: (a) to identify the opportunities global nurses must leverage in order to achieve this agenda, (b) to explore the implications and personal–professional responsibilities we all share to each of the agenda’s 17 Sustainable Development Goals (SDGs), and (c) to create a vision for the future of global nursing that ensures health equity and improves the quality of life for all human beings on the planet.

Ultimately, the chapters throughout this text remind us that “global nursing” is not defined by working internationally or participating in mission trips, but requires a shift in consciousness and an evolving awareness regarding how our work contributes to outcomes not only in health sectors, but also in policy, education, economic relations, and environmental activism. Global nursing moves us toward a paradigm of shared humanity, a heightened understanding of healing and its meaning in an internationalized context, and the untapped potential of the profession to contribute wholly, intelligently, and courageously to each of the SDGs wherever, and in whatever context, we may find ourselves.

A New Era in Global Health arose from my experiences of living in East Africa and my personal–professional development while working in severely resource-constrained clinical and academic settings. Just after midnight on August 1, 2015—roughly 2 months before the UNGA adopted the Sustainable Development Agenda—I landed in Kigali, Rwanda. It would be a year that would change my understanding of the world and what it means to be of service. Over the next 12 months I would come face to face with my own frustrations about the dehumanizing impacts of poverty and confront the seemingly unending cycle of economic inequity that prevents men, women, and children from experiencing the quality of life they deserve. But I would also find myself celebrating the small moments of change and hope that spring forth from the resilience made possible through partnership. I would slowly come to surrender stingy and culturally impotent opinions regarding “the right way” to do things and “how it should be” in favor of contextually sensitive explorations and greater humility in my approach to human care.

I have come to realize firsthand the essential responsibilities global nurses have in forwarding the United Nations (UN) 2030 Agenda for Sustainable Development (2015; also referred to as the “Post-2015 Agenda” or the “2030 Agenda” for short). This transnational plan consists of 17 SDGs, also known as the “global goals,” with 169 targets and seeks to:

- End poverty in all its forms everywhere by addressing widespread inequality and promoting socioeconomic opportunities for development
- Protect the planet and all species, preserve the Earth’s natural resources, and combat climate change
- Create the possibilities of prosperous and fulfilling lives for all human beings worldwide while promoting a more harmonious existence with nature
- Foster peaceful, just, and inclusive societies that are free from fear and the threat of violence
And build partnerships among all people and nations that will address the needs of the most vulnerable populations on the planet and represent our global solidarity.

This agenda comes in the wake and achievements of the UN’s Millennium Development Goals (MDGs) that were adopted and implemented from 2000 to 2015 (see Chapter 2 for complete listings of the SDGs and MDGs, Chapter 3 for a brief history of the UN, and the Appendix for the complete resolution, Transforming Our World: The 2030 Agenda for Sustainable Development). The preamble states:

This Agenda is a plan of action for people, planet and prosperity. It also seeks to strengthen universal peace in larger freedom. We recognize that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development.

All countries and all stakeholders, acting in collaborative partnership, will implement this plan. We are resolved to free the human race from the tyranny of poverty and want and to heal and secure our planet. We are determined to take the bold and transformative steps which are urgently needed to shift the world on to a sustainable and resilient path. As we embark on this collective journey, we pledge that no one will be left behind.

The 17 Sustainable Development Goals and 169 targets which we are announcing today demonstrate the scale and ambition of this new universal Agenda. They seek to build on the Millennium Development Goals and complete what they did not achieve. They seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental.

The goals and targets will stimulate action over the next 15 years in areas of critical importance for humanity and the planet. (UN, 2015, p. 5)

These words lay the foundation for A New Era in Global Health.

Out of the Human Resources for Health Program experience in Rwanda and my personal immersion into the work of the 2030 Agenda came a collection for Springer Publishing Company’s blog, SpringBoard, titled The Public Health Nursing Series. The series explored nursing’s unique contributions to each of the UN’s 17 SDGs. As the series progressed and the idea for this book was birthed, I realized that developing these ideas into book form would involve taking public health nursing prerogatives and applying them to a transnational context, inviting heightened considerations for the health and well-being of the global village. It would also require translating the ideals and values of public health nursing that I had employed in the series and expanding them in relation to my vision for equitable and ethical global nursing practice.
This book is designed to raise the awareness of fellow nursing colleagues about the opportunities that exist for them in aiding governments and health infrastructures to obtain the targets established by the SDGs. Additionally, it provides ample opportunities for the profession to integrate global considerations into nursing curricula, research efforts, and practice initiatives right now. In my experience, nurses are not fully aware of the opportunities available to them regarding the Post-2015 Agenda and are focused primarily on SDG 3, “Good Health and Well-Being.” However, there are potential roles related to each of the 17 Global Goals that invite us to maximize the scope of global nursing and provide ample invitation to bring a nursing sensibility to interprofessional alliances. There exists a vast array of partnership options and innovative possibilities for nursing to define and pursue the future SDG health indicators (Benton & Ferguson, 2016).

This book is divided into three units. Unit I provides a background of emerging considerations in global nursing and global health for personal–planetary transformation, a brief history and future directions of the relationship between nursing and the UN, guidelines for global leadership and discussion of the importance of global citizenship, and ethics in the global health context. Unit I also identifies opportunities to create more inclusive models in education, research, and practice; explores ways to increase the role of international nursing organizations in realizing the 2030 Agenda; and provides exemplars of caring personal–professional relationships that are creating the peaceful and just societies mentioned earlier.

Unit II provides a primer on the 17 SDGs. Each of these chapters has been adapted from the original Public Health Nursing Series and expanded upon to include global considerations. Readers will find information about the SDG targets, options for how nursing can play direct and indirect roles in furthering the priorities of each goal, and the current initiatives under way that deserve global nursing’s input and partnership if they are to be truly effective.

Lastly, Unit III articulates a vision for the future of global nursing and global health, one that moves from the firsthand global wisdom of nurses who guide us to further the SDGs in countries around the world; requires us to be reflective as individuals, as well as with partners, groups, organizations, and communities, as we commit to sustainable development; creates a collaboration consciousness to engender unity and peace; and illustrates a Post-2030 Agenda, beyond the SDGs, for planetary health.

A New Era in Global Health is designed for any nurse who wants to be “in the world” and develop concrete action plans to contribute effectively to the safe and inclusive global society envisioned by the UN’s 2030 Agenda for Sustainable Development. It is more than a collection of chapters and case studies; it is a call to act on our leadership, advocacy, and change agency skills for the betterment of humanity and the planet. The breadth and depth of the Sustainable Development Agenda has an impact on the nursing care being delivered at bedsides in every nation around the world. It invites nursing to take its rightful place at the global and interprofessional tables that will determine the quality of future planetary health and well-being for all through policy development and cross-cultural partnerships. Nursing’s willingness to actively champion the SDGs and their associated targets will determine much more than patient outcomes; it will curtail the deleterious consequences of poverty, hunger, and inequality; influence economic infrastructures worldwide; impact climate and environmental sustainability; and be integral to the possibility of creating a peaceful and just world.
Ultimately, this book is a call to action for all of us—the entire global village—to confront and untangle the myriad factors that prevent health equity and identify the opportunities for nurses to lead and integrate impactful, long-term change for all populations everywhere. It speaks to our professional legacy, the courage to transform outdated systems and worldviews, and an ethical commitment to evolve how we deliver compassionate and effective care across settings and contexts. It reflects an empowered, fully expressed, and globally conscious profession, and our current and potential contributions to sustainable development. *A New Era in Global Health* is about the impact of global nursing and the future of planetary well-being, which we will both individually and collectively determine and be accountable for through our action, as well as our inaction. It is about nations, governments, and health care systems worldwide. It is about you and it is about me.

This is, indeed, *A New Era in Global Health*.

*William Rosa*

**REFERENCES**


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I wish to offer my first and humble thanks to the contributing authors who have helped to bring this book into existence. I share this accomplishment with each of you. Your wisdom and expertise are calls to action for all of us to become more globally conscious professionals.

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For all my interprofessional colleagues affiliated with the Human Resources for Health Program in Rwanda, I am so very thankful for your presence and contributions to my personal and professional life. Each one of you is ensuring the health and well-being of those we serve one day at a time. Thank you for expanding how I see and understand global health and for your contributions toward cocreating a safe and inclusive world. My deepest gratitude goes to Anne Jones and Patricia Moreland for being role models of compassionate global nursing and for being my dearest confidants and friends. You are both deeply loved and cared for.

For my closest friends and beautiful family, thank you for your support as I brought this work to life. You each give me countless reasons to be grateful and celebrate every day of my life.

Mom and Dad, I love you very much. Thank you for all that you do and all that you are. You always inspire me to remember that “No act of kindness, no matter how small, is ever wasted.”

Michael, you are whole, perfect, and complete and I love you just as you are. This is for you.
Share
A New Era in Global Health: Nursing and the United Nations 2030 Agenda for Sustainable Development
The nursing profession, that so-called “sleeping giant,” is actually wide awake and ready to race ahead in clearly defined strategic directions. You are waiting for the starting gun. Even more so, you are waiting for someone to let up the reins that hold you back, the constraints that keep you from performing with the full set of competencies for which you were educated, trained, and licensed. . . . Given the enormous complexity of health challenges faced as the world transitions to the post-2015 era, no one . . . dares to ignore the full contribution that the nursing profession can make . . . the starting gun has sounded. (Chan, 2015)

THE SUSTAINABLE DEVELOPMENT GOALS: A NEW ERA

The heart of the United Nations (UN) 2030 Sustainable Development Agenda are the 17 Sustainable Development Goals (SDGs), along with their 169 targets, which went into effect on January 1, 2016. These targets articulate the depth of each goal, provide an outline for how the efforts of all people and governments around the world should be focused, and identify the indicators that should be consistently evaluated to demonstrate progress and alignment with the agenda. While the complete 2030 Agenda can be found in the Appendix of this text, Box 2.1 lists the 17 SDGs: the Global Goals that have given rise to a new era in global health, and to emerging considerations for global nursing and interprofessional health partners worldwide.

The SDGs are discussed in great detail throughout this book. They build on the achievements of the UN’s Millennium Development Goals (MDGs), which addressed similar needs from 2000 to 2015 (see Chapters 3 and 4 for more information and history regarding the MDGs). Box 2.2 lists the eight MDGs.

The SDGs provide an integral and whole-person/whole-people plan to address all systems that threaten the welfare of human beings and their rights to health
Box 2.1  Sustainable Development Goals

Goal 1. End poverty in all its forms everywhere.

Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture.

Goal 3. Ensure healthy lives and promote well-being for all at all ages.

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Goal 5. Achieve gender equality and empower all women and girls.

Goal 6. Ensure availability and sustainable management of water and sanitation for all.

Goal 7. Ensure access to affordable, reliable, sustainable, and modern energy for all.

Goal 8. Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all.

Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization, and foster innovation.

Goal 10. Reduce inequality within and among countries.

Goal 11. Make cities and human settlements inclusive, safe, resilient, and sustainable.

Goal 12. Ensure sustainable consumption and production patterns.

Goal 13. Take urgent action to combat climate change and its impacts.*

Goal 14. Conserve and sustainably use the oceans, seas, and marine resources for sustainable development.

Goal 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.

Goal 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.

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.

*Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.

and well-being (see Chapter 7 for more on the rationale for integral worldview in achieving the SDGs). They create new mechanisms for partnerships that will strengthen global solidarity and guide all countries to see their individual possibilities for prosperity in the context of a globalized and unified world. A global village of safety and inclusivity will not simply appear “someday”; it will be the result of cross-cultural collaboration such as the world has never known, requiring a new paradigm in which to bring nursing to the forefront of issues that extend beyond the traditional practice scope of the bedside or the classroom. It calls us to be global in our thinking and planetary in our doing.

The SDGs and the transnational efforts being rallied to ensure their achievement remind humanity that we are, indeed, interconnected and reliant on each other not only for today, but also for tomorrow. In other words, we need each other if we, and our children and the many generations to come, are to survive. This knowledge carries with it the great responsibility to maximize nursing’s contributions beyond outdated and paternalistic systems to ensure the global betterment of humanity.

**Establishing a Context for Global Nursing**

The American Nurses Association (ANA, 2016) defines “nursing” as

> the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.

This explanation regarding the work of nurses and nursing identifies us as essential components in realizing the far-reaching and broad goals of global health initiatives. Global nursing requires us to take locally relevant concepts in our work and apply them in contextually relevant ways for partnering countries, the environment, and the planet as a whole.
Nursing, a profession that was referred to as a “must” by Nightingale (Dossey, 2010), is founded on three basic tenets: healing, leadership, and global action (Dossey, Selanders, Beck, & Attewell, 2005). Each of these concepts should be explored both personally and professionally in order to bring about the transformation envisioned by the SDGs. How do you integrate a healing perspective and intentionality into your work? What are the leadership skills and literacies you possess and can utilize right now? What are your opportunities for taking global action to raise awareness in your current position, with what you have right now, today?

The following is a list of recommendations (Beck, 2010; Beck, Dossey, & Rushton, 2014) that you can use not only to begin advancing your thinking toward a global paradigm, but also to start practicing nursing in a more globally inclusive and transculturally considerate manner:

- Prioritize health and the activation of positive health determinants in all human affairs and personal–professional efforts.
- Support the work of nurses and nurse caring so the collective may continue to achieve health goals worldwide.
- Invite interprofessional and cross-cultural collaboration to create contextually appropriate health care across communities.
- Think globally and promote health literacy at local levels for all people at all ages.
- Intelligently and responsibly utilize media to advance the global nursing and global health agenda.
- Promote the experience of health as holistic, integrative, and inclusive of all disciplines.
- Find your own calling; explore your own “must.”

Beyond the steps we can take to represent a more global approach to nursing practice, we must establish a context for how we deliver nursing and promote its values to those we serve in order to sustain effectiveness in the global health arena long term. The profession should be selective regarding the definitions employed to describe practice, education, and research efforts, and deliberate about which strategies will be relied upon to guide future development and sustainability initiatives.

From Public Health to Global Health

The appropriate allocation of terms such as public health, international health, and global health has been an ongoing and vibrant discussion in the literature for some time (Farmer, Kim, Kleinman, & Basilico, 2013; Fried et al., 2010; Koplan et al., 2009). It may be helpful to consider these categories in terms of their geographical reach and focus. For example, global health is centered on health-related issues that extend beyond national borders; international health addresses health-related issues in a country other than one’s own, and is particularly focused on low- and middle-income countries (LMICs); and public health tends to the population health issues of a specific country or community (Koplan et al., 2009). Koplan and colleagues (2009) further describe global health as a derivative of public and international health, which are outgrowths of hygiene and tropical medicine.
Global Health and Global Nursing: Emerging Definitions

In 2013, the Honor Society of Nursing, Sigma Theta Tau International (STTI) formed the Global Advisory Panel on the Future of Nursing (GAPFON) in order to create a future vision for nurses and midwives to effectively lead, contribute to, and advance global health (Klopper & Hill, 2015). Most recently, GAPFON conducted a literature review identifying the themes related to global health and global nursing in order to propose final definitions for both (Wilson et al., 2016).

Box 2.3 lists and describes the 13 themes identified by Wilson and colleagues (2016) related to the definition of global health. Based on the themes noted and the professional experiences of GAPFON members, the authors propose that global health:

... refers to an area for practice, study, and research that places a priority on improving health, achieving equity in health for all people (Koplan et al., 2009), and ensuring health-promoting and sustainable sociocultural, political, and economic systems (Janes & Corbett, 2009). Global health implies planetary health, which equals human, animal, environmental, and ecosystem health (Kahn, Kaplan, Monath, Woodall, & Conti, 2014) and it emphasizes transnational health issues, determinants and solutions; involves many disciplines within and beyond the health sciences and promotes interdependence and interdisciplinary collaboration; and is a synthesis of population-based prevention with individual holistic care. (Koplan et al., 2009; Wilson et al., 2016, p. 1536)

In their literature review related to the definition of “global nursing,” the GAPFON task force identified 11 themes listed and summarized in Box 2.4. Ultimately, Wilson and colleagues’ (2016) proposed definition of “global nursing” is as follows:

Global nursing is the use of evidence-based nursing process to promote sustainable planetary health and equity for all people (Grootjans & Newman, 2013). Global nursing considers social determinants of health, includes individual and population-level care, research, education, leadership, advocacy and policy initiatives (Upvall, Leffers, & Mitchell, 2014). Global nurses engage in ethical practice and demonstrate respect for human dignity, human rights and cultural diversity (Baumann, 2013). Global nurses engage in a spirit of deliberation and reflection in interdependent partnership with communities and other health care providers. (Upvall et al., 2014; Wilson et al., 2016, p. 1537)

In the end, global health and global nursing are all about communities—both local and global—striving to create a unified front for the sake of humanity. Wolf (2015) proposes that “global health action begins and ends in a community context . . . the collective expression of the health of individuals and groups . . .” (p. 86). The definitions proposed by the GAPFON task force assist nurses worldwide in locating their place and identifying their potential roles in global health and, more importantly, in regard to the UN 2030 Sustainable Development Agenda. Beyond these definitions are competencies that each global nurse can employ to effectively implement global health strategies and build innovative partnerships for the future of the global village.

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Box 2.3  Themes Related to the Definition of “Global Health”

- **One health or planetary health**: a holistic approach to health that moves beyond the sole focus on human health to include priorities related to diverse species and the environment toward overall planetary well-being. It requires multidisciplinary efforts in research, practice, and education and cross-cultural collaboration in improving the quality of life for all.

- **Transnational**: the transcendence of national geopolitical borders in creating links between social determinants of health and corresponding solutions worldwide.

- **Collaboration**: refers to multidisciplinary partnerships both within and beyond health care in order to heighten awareness of the priorities beyond human health.

- **Equity**: the promotion of social justice and eradication of global health disparities for the benefit of all.

- **Health promotion, protection, and disease prevention**: a key component of global health that includes the delivery of adequate and quality medical care, but also takes into consideration sociocultural factors, demographics, global burden of diseases, technology, etc.

- **Population health and public health**: an expansive and globally relevant view of public health that recognizes a host of strategies for health improvement and advancement.

- **Determinants of health**: exploration of the social, political, and economic determinants of health problems.

- **International health**: a movement beyond just a focus on low- and middle-income countries to include discussions regarding interdependence and transnational solutions.

- **Global health improvement/health for all**: concern for the entire global village in promoting health and eradicating health inequities.

- **Interdependence**: a focus on the interconnectedness between nations and sectors: consideration of all stakeholders and their common vulnerabilities in addressing global health challenges.

- **Complex and comprehensive**: address the dynamic and varied components of global health, including but not limited to an adequate health workforce, appropriate financial infrastructures, policy frameworks, and social scales.

- **Individual-level health care**: addresses the need for both individual and population-based interventions and initiatives.

- **Glocal**: the interdependence of global and local health: strengthening individual populations to converge on a global scale, ultimately improving global health for all.

*Source*: Identified by Wilson et al. (2016).
Box 2.4 Themes Related to the Definition of “Global Nursing”

- **Interdependence**: the ability for nurses to contextualize care and gain a comprehensive understanding of diverse and complex societies.
- **Collaboration**: refers to nursing’s role in collaborating across disciplines and specialties, both within and beyond health care, to address more far-reaching global concerns to the populations being served.
- **Glocal**: challenges nurses to think and act locally and globally and to become avid contributors to the global agendas of the United Nations.
- **Advocacy**: the goal of ensuring quality health for all, at both local and global levels through attention to education and the demonstration of respect for all clients and their needs.
- **Caring**: identifies caring as foundational to the nursing profession and in alignment with the legacy of Florence Nightingale.
- **Cultural competence**: a core competency in professional nursing in ensuring that care delivered is individualized, culturally sensitive, and inclusive of social determinants of health.
- **Respect for diversity**: an honoring of diversity and shared humanity through meaningful inclusion.
- **Partnerships**: presents nurses as equal partners in global health initiatives with colleagues across disciplines.
- **Equity**: brings a focus to the ethical responsibilities of nursing to create equitable and socially just environments for all people.
- **Holistic**: an inclusion of myriad perspectives in developing client-sensitive care, including but not limited to cultural, social, psychological, economic, and spiritual concerns that honor the whole person.
- **Sustainable**: refers to not only sustainability of the planet and ecosystems but also to the future directions of the nursing profession itself.

*Source*: Identified by Wilson et al. (2016).

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**Global Health Competencies: The Backbone of Implementation**

But how to enact these concepts? How to put these broad-spectrum, evidence-based definitions into practice? Several global health competencies have been identified for nursing and their interdisciplinary partners (Warren, Breman, Budhathoki, Farley, & Wilson, 2016; Wilson et al., 2014). A list of global health competencies with their definitions, compiled by Clark, Raffray, Hendricks, and Gagnon (2016), appears in Table 2.1. These competencies are resultant of a systematic review that analyzed 15 articles related to global health and subsequently grouped the competencies into 12 diversely encompassing categories. By beginning to inform and educate self and others about the responsibilities regarding these competencies,
global nursing practice can begin to mold itself to meet the health requisites of the SDGs’ targets and anticipate the related health care needs of global populations at large.

The competencies addressed in Table 2.1 will be recurrent themes throughout this text and all initiatives that seek to further the Post-2015 Agenda (see Chapter 32 for more information on integrating global health competencies into a global health practice).

Throughout this book, you are encouraged to recontextualize your practice and worldviews to the global scenario. As you move through the following sections and identify how you can become a vital component of global nursing, and more specifically to the realization of the SDGs, I invite you to consider:

<table>
<thead>
<tr>
<th>Global burden of disease</th>
<th>Understand the major causes of morbidity/mortality, epidemiology, relevant GH statistics, and major disease conditions/health problems.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel and migration</td>
<td>Recognize the effects of travel and migration on health status.</td>
</tr>
<tr>
<td>Determinants of health</td>
<td>Identify the social, economic, political, environmental factors that affect health status, including historical context and north–south dynamics.</td>
</tr>
<tr>
<td>Environmental factors</td>
<td>Include access to clean water, sanitation, population factors, environmental resources; as well as cost of global environmental change, urban overcrowding, and pollution as factors that affect health.</td>
</tr>
<tr>
<td>Cultural competency</td>
<td>Operate with sensitivity and respect in a diverse world and respect the history, context, values, and culture of communities.</td>
</tr>
<tr>
<td>Communication</td>
<td>Have comprehensive knowledge of languages, writing skills and the ability to communicate effectively across cultures and possession of consultation/advisory skills.</td>
</tr>
<tr>
<td>Health systems/delivery</td>
<td>Pay attention to low resource settings, and the effects of globalization and health policy on the delivery of health care and the evolution of health care systems.</td>
</tr>
<tr>
<td>Social justice/human rights</td>
<td>Base knowledge in the belief in a human right to health care. Acknowledge disparities in availability, accessibility, affordability, and quality of health care globally. Acknowledge the effect of legal systems on the just distribution of resources.</td>
</tr>
<tr>
<td>Partnership/collaboration</td>
<td>Foster empowerment and the creation of sustainable programs/partnerships. Encourage multidirectional sharing and exchange of experiences, with objectives aligned among partners, and an emphasis on teamwork and solidarity.</td>
</tr>
<tr>
<td>Management skills</td>
<td>Emphasize policy planning as well as program design, implementation, evaluation, management, problem solving, and critical thinking skills.</td>
</tr>
<tr>
<td>Key players</td>
<td>Know the key players in global health governance; the effects of nongovernmental organizations on health and health care; and the effects of multiagency policy making.</td>
</tr>
</tbody>
</table>

Source: Reprinted from Clark et al. (2016) with permission.
• In what ways does my current role relate to global health? If it does not, in what ways can I expand the definition of my role to incorporate a sense of community and global health considerations?
• How does global nursing determine and influence the quality of global health delivery? How does global health delivery determine and influence the quality of global nursing?
• By the nature of my profession, how do I see myself as an integral contributor to the SDG journey?
• Right now, with the knowledge and resources within reach, how can I more strategically promote the tenets of global health and global nursing as defined by GAPFON?
• Where and why am I resistant to transforming my nursing practice into one of global significance? What support do I need to make the paradigm shift?

A UNIFIED FRONT FOR NURSING: EMERGING DIRECTIONS

Since 2000, the World Health Organization (WHO) has been creating and continually revising its global plan to strengthen and empower nursing and midwifery in meeting the health needs of people and nations worldwide. The WHO’s (2016a) recent document, Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020, builds on the 2002 and 2011 strategic directions reports (WHO, 2002, 2011), as well as countless other worldwide initiatives by the WHO to improve human resources for health (WHO, 2016b), transform health professionals’ education and training (WHO, 2013a), ensure and monitor universal health coverage (UHC; WHO, 2013b, 2015a), and provide quality care delivery to improve the health and well-being of populations (WHO, 2013c, 2014, 2015b, 2015c).

The 2016 to 2020 Global Strategic Directions urge the profession of nursing to implement systems and frameworks that will help all countries achieve UHC and the SDGs by 2030 (WHO, 2016a). This document helps nurses to operationalize the definitions and themes of global health and global nursing identified by the GAPFON task force. Following, by permission of the WHO, you can find the Background, Overview, and Thematic Areas identified by the WHO’s (2016a) report. For further implementation strategies, as well as monitoring and evaluation criteria, you can access the full document online (www.who.int/hrh/nursing_midwifery/global-strategic-midwifery2016-2020.pdf?ua=1).

EXCERPTS FROM THE WHO’S (2016) GLOBAL STRATEGIC DIRECTIONS REPORT

Since the first Strategic Directions for Strengthening Nursing and Midwifery Services 2002–2008, there has been continued progress, as evidenced in the WHO nursing and midwifery progress reports, 2008–2012 and 2013–2015 (WHO, 2013d, 2015e), the WHO 2015 Executive Board report on health workforce and services (WHO, 2015f), and the Global Strategy on Human Resources for Health: Workforce 2030 (WHO, 2016b). However, more still needs to be done. The issues highlighted in this chapter are closely linked to those of the Global Strategy on Human Resources for
Health: Workforce 2030—being the overall framework for health workforce development—and they constitute the basis for the development of the thematic areas of the Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020.

The Availability, Accessibility, and Quality of the Nursing and Midwifery Workforce

There is a continued global shortage of human resources for health. The implementation of various global strategies, such as the Global Strategy for Women’s, Children’s and Adolescents’ Health 2016–2030 and the Mental Health Action Plan 2013–2020, will also depend to a large extent on the health workforce capacities of the nursing and midwifery workforce. The social determinants of health, including laws, policies, human rights, gender equity, and governance mechanisms, can influence health risks and access to services. It is of utmost importance that the most marginalized and vulnerable populations have equitable access to quality care. The mere availability in numbers of the nursing and midwifery workforce is not sufficient. They must be equitably distributed, accessible by the population, and possess the required competencies and motivation to deliver quality care that is appropriate and acceptable to the sociocultural contexts and expectations of the served population.

The Vital Role of the Nursing and Midwifery Workforce in Building the Resilience of Communities to Respond to Diverse Health Conditions

Universal health coverage can help to ensure the availability of a sufficient, well-educated and motivated nursing and midwifery workforce to provide the required health services. The universal health coverage approach aims to promote strong, efficient, well-run health systems through the promotion of people-centered care, while applying a broad range of interventions related to health promotion, disease prevention, rehabilitation, and palliative care (WHO, 2012). This implies provision of a continuum of health interventions throughout the life course. Therefore, the agenda of universal health coverage places the nursing and midwifery workforce at the core of the health response. It is therefore critical to invest in all areas of nursing and midwifery workforce development.

Notable Achievements Have Been Made

Although progress has been made, political will and other resources are still needed to sustain and expand efforts. Two WHO progress reports on nursing and midwifery (2008–2012 and 2013–2015) highlight some major achievements in nursing and midwifery development. A summary is presented in Table 2.2.

In spite of these achievements there are major constraints, and more needs to be done at global, regional, and country levels in order to address policy levers that shape education, the health labor market, and the delivery of appropriate services.

The Nursing and Midwifery Workforce: Enablers for Health Service Delivery Priorities

There is demonstrable evidence substantiating the contribution of the nursing and midwifery workforce to health improvements, such as increased patient satisfaction, decrease in patient morbidity and mortality, stabilization of financial systems
through decreased hospital readmissions, length of stay, and other hospital-related conditions, including hospital-acquired infections (Cho et al., 2014; Howard & Papa, 2012; Kendall-Gallagher, Aiken, Sloane, & Cimiotti 2011; Pintar, 2013), which consequently contributes to patient well-being and safety. The utilization of the nursing and midwifery workforce is cost-effective. Nurses and midwives usually act as first responders to complex humanitarian crises and disasters; protectors and advocates for the community; and communicators and coordinators within teams. They provide services in a broad range of settings and needs, including in underserved populations. Nurses’ interventions and informed decision making in treatment of HIV, tuberculosis, and other chronic conditions have stimulated

<table>
<thead>
<tr>
<th>Area</th>
<th>Achievements</th>
</tr>
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</table>
| Primary health care and people-centered care | Primary health care models of care led by nurses and midwives such as (community/family) women-centered care and the midwifery model of care (Devane et al., 2010; Walsh & Devane, 2012)  
Meeting the needs of people with disabilities, chronic conditions and noncommunicable diseases, including the needs of those in need of palliative care  
Core competencies in primary health care being assessed  
Capacity building in areas of emergency and disaster responses, infection control, mental health, and substance abuse  
More involvement in community health services  
Nurse-led multidisciplinary and multiprofessional team growth |
| Workforce policy and practice             | National strategic plans for nursing and midwifery  
Greater commitment to regulation, legislation, and accreditation  
Regulation, education, and practice standards  
More commitment to establishing reliable nursing and midwifery databases |
| Education                                 | Adoption of competency-based training at preservice, continuous education, and faculty levels  
Progress toward advanced nursing and midwifery practice |
| Career development                        | Gradual improvement in developing upgraded bridging program  
Leadership, skill development, and presence in leadership positions |
| Workforce management                      | Agreements reached on needs to increase recruitment, retention, motivation, and participation supported by global initiatives on retention  
Implementing better technology and communication platforms for nursing and midwifery  
Workforce capacity building and dissemination of good and best practices |
| Partnerships                              | Move toward strengthening collaboration with donor partners and nongovernmental organizations to address challenges  
Much more synergy among WHO collaborating centers for nursing and midwifery development and other stakeholders, such as the International Council of Nurses and the International Council of Midwives  
Enhanced faculty development and fellowships being awarded through North–North and North–South partnership collaboration |

WHO, World Health Organization.  
Source: Adapted from WHO (2013d).
improved patient adherence to treatment and reduced waiting times and the number of missed appointments at health care clinics (Lloyd et al., 2013; Patel, Yotebieng, Behets, Driessche, Nana, & Van Rie, 2013; Purssell, 2014). Studies also show that midwifery, including family planning and interventions for maternal and newborn health, could avert a total of 83% of all maternal deaths, stillbirths, and neonatal deaths (Ten Hoope-Bender et al., 2014).

In addition, recent studies show that midwives can provide 87% of the needed essential care for women and newborns, when educated and regulated to international standards (Homer et al., 2014). It is also documented that educated, regulated, and supported midwives are the most cost-effective suppliers of midwifery services. However, limitations in the scope of practice for midwives, and gaps in inclusion of maternal health indicators in national data systems, have impeded efforts to scale up programs nationally (Smith, Currie, Cannon, Armbruster, & Perri, 2014). Substantial reductions in child deaths are possible, but only if intensified efforts to achieve intervention coverage are implemented successfully (Universal Health Coverage Post-2015: Putting People First, 2014).

**Persistent Nursing and Midwifery Challenges Require Innovative and Transformative Strategies and Actions**

There is continued need for quality nursing and midwifery education and competent practitioners. Responding to unhealthy lifestyle choices, risk factor reduction, and provision of a broad range of interventions in various practice conditions are critical in order to address natural and anthropogenic disasters and emerging and reemerging infections and diseases, including noncommunicable diseases. Governments and relevant stakeholders should ensure that the nursing and midwifery workforce is appropriately prepared and enabled to practice to their full scope. Nursing and midwifery education and practice are taking place in an era of progressive technological advancement, and its promotion is an important element for the future. Technology advances can support transformational outcomes of safe, integrated, high-quality, knowledge-driven, evidence-based care and educational approaches. Future approaches should embrace interprofessional education and collaborative practice, as was noted in resolution WHA64.7 (WHO, 2011) on strengthening nursing and midwifery, for which the integration of increased availability and growing capabilities of information and communication technologies was an imperative. In responding to nursing and midwifery workforce challenges, robust leadership, governance, and accountability are essential. Strategic planning based on collecting and monitoring data and indicators on country profiles can contribute to effective education, recruitment, deployment, retention (WHO, 2010), and management of the nursing and midwifery workforce. It is on this premise that the WHO Global strategic directions for strengthening nursing and midwifery 2016–2020 are built.

**OVERVIEW OF THE GLOBAL STRATEGIC DIRECTIONS FOR STRENGTHENING NURSING AND MIDWIFERY 2016–2020**

The Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020 provide a framework for WHO and various key stakeholders to develop, implement, and evaluate nursing and midwifery accomplishments to ensure available, accessible, acceptable, quality, and safe nursing and midwifery interventions at
global, regional, and country levels. The global strategic directions enable all involved to demonstrate commitment, be accountable, and report progress on essential elements. Optimizing leadership, strengthening accountability and governance, and mobilizing political will for the nursing and midwifery workforce is key for their effective contribution to the SDGs and universal health coverage. The global strategic directions embrace strategic partnerships with key stakeholders at all levels as essential for their implementation.

The *Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020* present a vision, guiding principles, and four broad themes to guide growth of capabilities and maximize the contributions of the nursing and midwifery workforce to improve global health. The vision and the principles presented in this document reassert the Global Strategy on Human Resources for Health: Workforce 2030. Furthermore, the four themes reinforce the WHO Global Strategy on Human Resources for Health: Workforce 2030. Themes 1 and 2 are aligned to objectives 1 and 2 of the Global Strategy, while theme 3 is aligned to objective 3 of the Global Strategy, and theme 4 is aligned to objective 1. Figure 2.1 shows the conceptual framework for the *WHO Global strategic directions for strengthening nursing and midwifery 2016–2020*.

**Vision**

**Vision:** Accessible, available, acceptable, quality, and cost-effective nursing and midwifery care for all, based on population needs, in support of universal health coverage and the SDGs.

**Figure 2.1** *WHO Global strategic directions for strengthening nursing and midwifery 2016–2020: conceptual framework.*

<table>
<thead>
<tr>
<th>Vision</th>
<th>Thematic areas</th>
<th>Principles</th>
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<tbody>
<tr>
<td>Accessible, available, acceptable, quality and cost-effective nursing and midwifery care for all, based on population needs and in support of UHC and the SDGs</td>
<td>Ensuring an educated, competent, and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings</td>
<td>Ethical action</td>
</tr>
<tr>
<td>Optimizing policy development, effective leadership, management, and governance</td>
<td>Working together to maximize the capacities and potentials of nurses and midwives through intra- and interprofessional collaborative partnerships, education, and continuing professional development</td>
<td>Relevance</td>
</tr>
<tr>
<td>Mobilizing political will to invest in building effective evidence-based nursing and midwifery workforce development</td>
<td></td>
<td>Ownership</td>
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<td>Partnership</td>
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<td></td>
<td>Quality</td>
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</tbody>
</table>

SDGs, sustainable development goals; UHC, universal health coverage; WHO, World Health Organization.
This vision is in line with the Global Strategy on Human Resources for Health: Workforce 2030, which seeks to accelerate progress toward universal health coverage and the UN SDGs by ensuring the universal accessibility, availability, acceptability, quality, and cost-effectiveness of nursing and midwifery care for all, based on population needs.

**Thematic Areas**

1. Ensuring an educated, competent, and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings
2. Optimizing policy development, effective leadership, management, and governance
3. Working together to maximize the capacities and potentials of nurses and midwives through intra- and interprofessional collaborative partnerships, education, and continuing professional development
4. Mobilizing political will to invest in building effective evidence-based nursing and midwifery workforce development

**Guiding Principles for Implementation**

The guiding principles of the WHO *Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020* are in alignment with the previous versions and with the principles of the Global Strategy on Human Resources for Health: Workforce 2030. They are essential to guide individual and collaborative application of the 5-year WHO strategic directions for nursing and midwifery in different contexts. They are as follows:

- **Ethical action.** Planning, providing, and advocating safe, accountable high-quality health care services based on equity, integrity, fairness, and respectful practice, in the context of gender and human rights
- **Relevance.** Developing nursing and midwifery education programs, research, services, and systems guided by health needs, evidence, and strategic priorities
- **Ownership.** Adopting a flexible approach that ensures effective leadership, management, and capacity-building with active ownership, accountability mechanisms, engagement, and involvement of all beneficiaries in all aspects of the collaboration
- **Partnership.** Working respectfully together on common objectives, acting collaboratively with relevant stakeholders, and supporting each other’s efforts
- **Quality.** Adopting mechanisms and standards based on evidence for best practice that promote relevant education and research, competent practice, effective professional regulation, and dynamic leadership

**Target Audience**

This document has been developed primarily to provide a framework for nursing and midwifery interventions within a WHO operational context. The main target
audience includes WHO headquarters, regional and country offices, WHO collaborating centers for nursing and midwifery development, and key partners. However, it is envisaged that this framework can be used by any entity working on nursing and midwifery. In addition to existing global strategies and mandates, the development of this document has considered current regional strategic directions to ensure relevancy and consistency in approach. These WHO Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020 are not exhaustive. Partners can implement activities on nursing and midwifery based on their mandates. The specific interventions indicated here are in support of the implementation of the WHO global strategic directions. It is envisaged that partnership collaboration will be cross-cutting.

THEMATIC AREAS OF THE GLOBAL STRATEGIC DIRECTIONS FOR STRENGTHENING NURSING AND MIDWIFERY 2016–2020

Theme 1. Ensuring an Educated, Competent, and Motivated Nursing and Midwifery Workforce Within Effective and Responsive Health Systems at All Levels and in Different Settings

In order to ensure that health services are accessible, acceptable, available, and of good quality, investing in the nursing and midwifery workforce is critical. The planning should involve not just increasing the quantity of providers but investment in improving their quality and relevance. This also entails ensuring enabling work environments, including through provision of adequate equipment and resources; decent working conditions; and fair compensation to help enhance recruitment and retention, as supported in the International Labour Organization (ILO) Nursing Personnel Convention, 1977 (No. 149), and the Nursing Personnel Recommendation, 1977 (No. 157); see ILO Nursing Personnel Convention (1977); ILO Nursing Personnel Recommendation (1977). Quality care also requires up-to-date, evidence-based education, regulation, and practice standards for nurses and midwives. Education includes continuing professional development to help maintain competence and advance practice.

Objective
To educate, recruit, deploy, and retain the right number of nursing and midwifery workforce with appropriate competencies, equipped with the necessary resources and governed by professional regulation.

Strategy
Align investments and coordinate plans for development of nursing and midwifery in workforce management; in pre- and in-service education; in regulation; and in guaranteeing positive practice environments.

Strategic Interventions
COUNTRIES
In alignment with national health priorities and workforce plans:

- Develop national costed plans for nursing and midwifery development with a minimum cycle of 4 to 5 years and an in-built monitoring and evaluation system.
Integrate minimum data sets into national human resources for health observatories as a source of evidence-based decisions for the nursing and midwifery workforce.

Develop and adopt, and support and monitor, quality management systems for nursing and midwifery services.

Establish or strengthen and maintain national accreditation standards for nursing and midwifery education.

Conduct a task analysis of the various cadres providing nursing and midwifery services to clarify their roles and scopes of practice.

Review and implement competency-based curricula for educators, student nurses and student midwives, and preclinical teachers, taking into account quantity, quality, and relevance of the nursing and midwifery workforce to meet local and national changing health needs.

Develop and implement a plan on improving working conditions to ensure positive practice environments.

Consolidate evidence or update data on educational institutions, regulatory bodies, and regulatory information on licensing, registration, and scopes of practice to establish a baseline for the nursing and midwifery workforce.

Support the establishment of a minimum data set for the nursing and midwifery workforce for regional human resources for health observatories, where applicable.

Provide technical support to countries to develop key service indicators to assess nursing and midwifery care.

Develop or disseminate competency-based prototype curricula for nursing and midwifery programs.

Provide support to countries for the development and adoption of guidelines on establishing registration, licensure, education, and nursing and midwifery service delivery.

Invest in the nursing and midwifery workforce, including through building capacity and ensuring appropriate skills and strategies for developing positive practice environments.

Develop a scope of practice framework for nursing and midwifery with the relevant skills mix to help achieve universal health coverage and the SDGs.

Work with relevant WHO departments, teams, and partners to ensure that data are generated based on minimum data sets and are compiled and disseminated on actual supply, geographical distribution (numbers, skills mix, and competencies), and the population’s demand for health services.

Establish a template for assisting countries in developing and implementing national nursing and midwifery workforce plans through nursing and midwifery structures, for example, directorates and units.
• Develop composite indicators for measuring the overall development of nursing and midwifery in each country.

• Work with relevant WHO departments, teams, and partners to advocate the development of coordinated plans for investment in nursing and midwifery in line with the overall Global Strategy on Human Resources for Health: Workforce 2030.

• Disseminate the WHO nursing and midwifery educator competencies and promote their application at regional and country levels for preparing nursing and midwifery educators or to guide the development of new programs.

PARTNERS

Work in collaboration with educational and practice institutions, including regulatory bodies and nursing and midwifery associations, to:

• Implement, monitor, and evaluate the quality of education and training programs and practice in support of the WHO global strategic directions.

• Advocate and support the implementation of an enabling work environment.

• Coordinate investments to strengthen nursing and midwifery.

• Engage and support nursing and midwifery professional associations in planning and implementation of nursing and midwifery development.

Theme 2. Optimizing Policy Development, Effective Leadership, Management, and Governance

Health systems are dynamic and are undergoing rapid changes globally. In the midst of these changes, nursing and midwifery leaders act as positive change agents in creating effective and responsive health systems as they engage in policy formulation across the different sectors, including education, workforce management, data collection and management, and research. Consequently, leaders will be required to plan and manage health services and education and regulatory systems, and to establish sound governance structures.

Objective

To engage and have active participation of nursing and midwifery leaders at every level of policy formulation, program-planning development and implementation, including evidence generation for the purpose of informed decision making.

Strategy

Prepare nursing and midwifery leaders to meet the challenges of dynamic health systems by ensuring their competence in all aspects of nursing and midwifery development, including policy development, management, and evidence generation, in order to improve the quality of education and nursing and midwifery service delivery.

Strategic Interventions

COUNTRIES

In alignment with national health priorities and workforce plans:
Advocate and set up mechanisms to raise the level of involvement of nurses and midwives in policy and decision making across the major sectors of service planning and management, education, and management of human resources.

Engage professional associations of nurses and midwives in policy discussions and development.

Obtain resources, and where necessary use regional support from WHO and competent national bodies, to update or establish programs for leadership preparation in all sectors of nursing and midwifery responsibility.

Advocate effective systems of professional regulation, and strengthen and support the legislative authority to implement them.

Establish and maintain robust systems for assessing the appropriate implementation of nationally agreed nursing and midwifery practice standards in health care delivery systems.

Work to implement data collection and information systems to enable reliable reporting on the nursing and midwifery workforce status as relevant to local contexts, and to inform the national health workforce accounts.

 Regions

Promote and provide technical assistance to countries to support the establishment of a national nursing and midwifery department, headed by a nurse or midwife prepared in leadership and policy development roles.

Review the relevance, adequacy, and effectiveness of professional regulatory systems and offer technical assistance to reform or introduce regulation where it does not exist.

Invest in training to enhance policy formulation and set up a mentoring system to prepare and support nurses and midwives who are currently holding policy development responsibilities, or are seeking to enter this field across various areas of nursing and midwifery.

Provide support and guidance to adapt, develop, and implement competency-based, action-oriented leadership preparation programs that deal with service planning and delivery, policy formulation, strategic planning, human resources management, materials and financial management, and communication and advocacy.

 Global

Sustain the WHO Global Forum for Government Chief Nursing and Midwifery Officers to enhance the leadership capacity of the nursing and midwifery workforce in countries.

Engage governments through the WHO Global Forum on Government Chief Nursing and Midwifery Officers to share the evidence in support of nursing and midwifery workforce development.
• Review and analyze models of current governments’ chief nursing and midwifery roles and promote context-sensitive approaches to introduce or strengthen these roles.

• Develop a competency framework for leadership roles in the various aspects of nursing and midwifery.

• Identify the best practices for good governance and develop a tool to enable countries to evaluate the status of their nursing and midwifery governance systems.

PARTNERS

• Seek participation from partners in monitoring and evaluating the implementation of the national nursing and midwifery development strategic plan.

• In collaboration with partners, promote and disseminate successes and lessons learned to all stakeholders, including politicians and key civil society groups, to strengthen perceptions of and raise commitment to supporting nursing and midwifery leadership development.

Theme 3. Working Together to Maximize the Capacities and Potentials of Nurses and Midwives Through Intra- and Interprofessional Collaborative Partnerships, Education, and Continuing Professional Development

The nursing and midwifery professions continue to evolve as their roles and responsibilities are influenced by local, national, regional, and global challenges. These challenges require nurses and midwives to enhance professional collaboration within and outside the health sector. Educational institutions along with regulatory and professional associations must also foster intra- and interprofessional learning in both their preservice and continuing professional development programs.

Objective

To optimize the nursing and midwifery impact on health systems at all levels through intra- and interprofessional collaboration and partnerships.

Strategy

Delineate, monitor, and evaluate roles, functions, and responsibilities of the nursing and midwifery workforce to advance collaborative education and practice.

Strategic Interventions

In alignment with national health priorities and workforce plans:

• Formulate, strengthen, and reinvigorate interdisciplinary and multisectoral technical working groups on interprofessional education and collaborative practice based on evidence.
• Strengthen collaborative practices at policy level to maximize effective nursing and midwifery input on health care.

• Develop or strengthen national nursing and midwifery strategies on interprofessional education and collaborative practice.

• Create interprofessional networks facilitated through web-based communities of practice to improve the quality of education, safety of practice, and capacities of the nursing and midwifery workforce.

REgIONS

• Develop tools and provide technical support to improve partnerships and work environments among health services, departments of health, professional associations, research and educational institutions, and communities.

• Develop a nursing and midwifery implementation research agenda responding to the needs of the region in collaboration with WHO collaborating centers, government nursing and midwifery leaders, nursing and midwifery associations, regulators, and nursing and midwifery educational institutions.

GLOBAL

• Identify key partners, including service users, through the development of a database of experts to support and build the capacity of the nursing and midwifery educational system and workforce to contribute to universal health coverage and the SDGs.

• Develop and disseminate an implementation toolkit for the WHO Framework for Action on Interprofessional Education and Collaborative Practice and other educational tools.

• Develop models for joint planning, implementation, monitoring, and evaluation of sustainable nursing and midwifery educational programs and services, including continuing professional development.

• Disseminate models of effective and sustainable partnerships at global, regional, and country levels.

PARTNERS

• Implement multiyear plans for strengthening the capacity of nursing and midwifery education and services developed for each region, coordinated by WHO with partner organizations taking the lead on specific objectives and activities identified in the plan.

• Create leadership opportunities and positions for interprofessional education and collaboration for nurses and midwives and mechanisms for involvement in leadership roles.

Theme 4. Mobilizing Political Will to Invest in Building Effective Evidence-Based Nursing and Midwifery Workforce Development

Building effective development of nursing and midwifery services and generating political commitment will require the involvement of governments, civil society, and other allied professions to ensure relevant education and research and evidence-based safe practice. Regulating health care professional practice and setting
standards for education and practice can help to improve nursing and midwifery educational practice. As responsible and accountable stakeholders in the delivery of care, nurses and midwives must engage with the forces that drive health care and become more committed in policy making.

**Objective**

To establish structures that enable nurses and midwives to be empowered in order to achieve effective engagement and contribute to health policy development in order to increase nursing and midwifery workforce quantity and quality of service delivery.

**Strategy**

Build political support at the highest level of health systems and within civil society to ensure that the policies created to achieve universal health coverage and the SDGs encapsulate people-centered nursing and midwifery services.

**Strategic Interventions**

**COUNTRIES**

In alignment with national health priorities and workforce plans:

- Formulate and implement nursing and midwifery policies that ensure integrated people-centered services that are in line with universal health coverage and the SDGs.
- Establish a multisectoral group to support the development of nursing and midwifery policies.
- Develop and support nursing and midwifery interventions that lead to improved access to health care services through the creation of links among the public, nongovernmental, and private sectors to minimize barriers obstructing access to health services for vulnerable populations in urban, rural, and remote areas.
- Update nursing and midwifery curricula and ensure that nursing and midwifery students acquire effective leadership skills, including assertiveness, negotiation and advocacy, and ability to develop and influence health policy.
- Develop and implement national advocacy plans targeting policy makers and organizations.

**REGIONS**

- Engage ministries of health through regional committees to make commitments that support nursing and midwifery in their respective countries.
- Follow up on the commitments made by ministries of health in countries through periodic reviewing and reporting.

**GLOBAL**

- Disseminate existing global mandates and frameworks as reference materials for regional and country interventions for both health and nonhealth sectors.
• Develop frameworks for regional and country reporting on achievements in line with the global strategic directions.
• Support governments in strengthening the capacity of chief nursing and midwifery officers.
• Work with partners to develop advocacy and communication strategies and tools, for example, media packs.
• Collaborate with relevant partners to compile existing evidence in workforce development, with emphasis on evidence specific to nurses and midwives.

PARTNERS

• In support of the global strategic directions and with a view toward strengthening nursing and midwifery education and services, mobilize financial, human, and material resources and increase awareness and advocacy on priority issues.
• Collaborate with WHO to assist governments in the implementation of global mandates and the resolutions of WHO regional committees.

Source: Reprinted with permission from the WHO (2016a).

A SHIFT IN CONSCIOUSNESS AS STARTING POINT

Global nursing is not something that is happening “out there”; it is a “right here” conversation that demands “right now” conversations and “real time” solutions. This dialogue is the sounding gun referred to by Chan (2015) at the start of this chapter. The prior discussions on the SDGs and global health competencies, as well as the emerging definitions of global health and global nursing and the Global Strategic Directions for nursing and midwifery, provide countless reflection opportunities for every nurse to expand how they perceive their role as change agents and leaders in the transnational context. It is not only for nurses working in LMICs, but for every nurse making contributions to practice, research, and educational arenas to consider the cross-cultural, broad-spectrum implications of their daily work. It is a reminder for those seasoned global health professionals to be resolute in their determination to maximize the contributions of nurses in promoting positive advances for the profession and delivery of health care, and in advocating for human dignity. And it is also a spotlight on how nurses are redefining themselves and becoming global advocates for human betterment, beyond the bedside and the boardroom, on a transnational platform, through their ongoing collaboration with international affiliates committed to achieving the SDGs.

Colleague and member of the UN NGO/DPI Executive Committee (2014–2016), Holly K. Shaw, PhD, RN, shares,

For me, the most important issue is that global nursing is not about mission trips or international travel. Global nursing involves every nurse everywhere: at home and abroad, in our own indigenous villages in...
Uganda, Cambodia, New York, and Indiana. It is a (new) lens through which we view ourselves, our communities, our patients, our colleagues, and our students. (H. K. Shaw, personal communication, September 1, 2016; see Chapter 4 for more on Shaw’s perspectives on global nurse citizenship)

This work requires clarity of vision and purpose and a humble acceptance that, at the end of the day, we are truly in this together. Beyond the surface differences that sometimes appear prominent, we share one world and one chance to get it right.

In 2007, Dr. Monica Sharma published an article for *Kosmos Journal* entitled, “Personal to Planetary Transformation,” which is reprinted in full here. In it, she details the shift in consciousness required at both personal and planetary levels so that global initiatives seeking to build peaceful, just, safe, and inclusive societies, such as the 2030 Sustainable Development Agenda, can be achieved with integrity and compassion for all human beings everywhere. Sharma’s (2007) platform interweaves seamlessly with the SDGs and their associated targets in a way that promotes human dignity and honors our global interdependence. The SDGs outline who needs to be accountable and what needs to be accomplished to improve quality of life for all; Sharma shows us how we can get there through a shift in consciousness and why it matters. Sourcing from Sharma’s (2007) wisdom, one understands that it is not only possible to create a world that works for everyone but, in fact, it becomes an ethical obligation as global nurses to strive toward such a vision.

**PERSONAL TO PLANETARY TRANSFORMATION**

**Our World**

We are living in a time of whole system transition on a personal and planetary scale that affects every aspect of life as we know it. Patterns of possibility are emerging that have never before been available to all the earth’s people and to the whole planet. Two million organizations are working toward ecological sustainability and social justice, according to Paul Hawken. Millions of individuals are self-organizing to make a better world in spite of the negative factors that threaten to destroy us. Technological innovations and collective wisdom have created unprecedented opportunities for change. The revolution in communication technologies and the Internet have made it possible to connect all people in the world for the first time in human history. The new science of consciousness is revolutionizing our attitudes and worldviews, and the interdependence of all life is now an established scientific fact.

Yet, in 2007 three billion people barely manage to eke out an existence. Poverty, malnutrition, lack of employment, and inadequate shelter, combined with an ever-widening gap between the rich and the poor, have resulted in human suffering and violence on a massive scale.

Almost a billion people live on less than a dollar a day. Each day is a life-and-death struggle for those faced with chronic hunger, illness, and environmental hazards in a world that has enough food to feed everyone, the money to tackle disease, and the power to make decisions to create a hazard-free environment. Over 40 countries are scarred by violent conflict. Three million people die of AIDS...
every year, and 40 million live with the virus. Some 115 million children of primary school age are denied schooling. At least 180 million children are engaged in the worst forms of child labor; there are some 300,000 child soldiers; 1.2 million children are trafficked every year—that is more than 3,000 a day; and 2 million children, mostly girls, are exploited in the sex industry.

We have the technology and the resources: so what is missing? Too few see how limited our current responses are for the enormity and complexity of global problems that ultimately affect human well-being. In explaining the causes of our global crises, we generally focus on economic, social, and political forces. Governments, corporations, the UN, civil society, and other institutions focus on financial and monetary parameters, technological (e.g., medical, educational, informational), political, administrative, military, diplomatic, legal, and economic resources, measures, and approaches. These approaches are necessary, but partial. Not until we see the global problematique as symptoms of a more fundamental, deeper rooted crisis can we begin to mount a more integral and profound response that is likely to move us forward in a more sustainable way. That crisis is in our individual and shared mind-sets, where psychological and cultural factors and forces reign. That crisis challenges all of us, in the Northern countries and in the Southern countries alike!

**New Paradigm Design Sourced in Wisdom**

The world we have made as a result of the level of thinking we have done thus far creates problems that we cannot solve at the same level at which we have created them. . . . We shall require a substantially new manner of thinking if humankind is to survive. (Albert Einstein)

Evidence indicates that sourcing action from wisdom works. Wisdom is sourcing action from the deepest place within ourselves and generating appropriate action for meeting challenges. For example, extraordinary results were generated by the Leadership for Results Programme on HIV/AIDS of the United Nations Development Programme (UNDP). It reached 130 million people; over five thousand breakthroughs in 40 countries were reported. The corporate world offers examples of innovations sourced from transformational leadership that have successfully addressed the triple bottom line—profit, people, and planet. There are a few examples in civil society organizations, such as the Ashoka Foundation, where personal transformation manifests in significant transformation, and where interior deeper rooted forces are addressed along with systems and technological approaches. However, most of our responses are aimed at solving specific problems rather than whole systems.

We are not yet able to identify, distinguish, design, and generate responses that integrate the different domains related to the entangled hierarchies of any given situation. Three major impediments stand in the way. First, most of us do not even recognize the new generative patterns of response and therefore do not act upon them or support them. Second, our spirituality has been a personal matter that is often equated with religious practice. Most of us do not know how to provide the opportunity for “secular, sacred, strategic action.” Third, the large-scale successes of leaders at the top have been based on narrowly focused interventions such as
smallpox eradication or wealth creation. This was appropriate. But they have little experience in innovations that foster the expression of individual and collective wisdom in action. Considering the urgency of today’s crises, interdependence and global complexity, we have no option but to learn to do things differently.

Figure 2.2 illustrates personal transformation manifesting in planetary transformation, where individual leadership uses appropriate technology and addresses systems transformation. This approach overcomes fragmentation and leads to synthesis. It includes the recognition that (a) the source of all strategies and action is wisdom—personal awareness and transformation; (b) global complex systems generate tangible consequences for people and our planet that must be addressed; (c) the use of technologies must be placed in the context of large-scale systems; and (d) the transformational approach must be sourced from wisdom for sustainable change. A few thoughtful people from governments, business, and civil society are now designing programs that incorporate these principles. They are asking piercing questions:

Why are so many people poor and hungry when we have the technology and resources to prevent this? There are so many “good” people with “good” intentions, yet we don’t seem to make a dent in the world’s problems. Why?

These questions became so urgent for me that I began to reach out to others for effective responses. For 15 years, I held hundreds of conversations on every continent with people who formulate policy, design programs, and generate breakthroughs. I designed and implemented two successful large-scale programs: (a) UNDP’s ongoing Leadership for Results Programme with several organizations in 40 countries; and (b) United Nations Children’s Fund’s (UNICEF) earlier maternal mortality reduction program in six countries in South Asia. What have I learned? We have been trying to solve complex societal problems at a surface level while neglecting the deeper dimensions of the problematique; and it is possible to design and implement programs differently.

Then I began to design a program based on the emergence of a new paradigm: the UN’s current Leadership and Capacity Development Initiative for 60 countries. The basic assumption of the design is founded on the new sciences of psychology, neuroscience, and cosmology as well as successful applications in organizational development. New evidence in the science of consciousness is revealing our potential for deeper and higher states of consciousness that reveal our essential Oneness in an interdependent universe. Our “Oneness” can be the springboard for all action for humanity and the planet. Given the scientific, technological, and social tools at hand, in concert with the dramatic revolution in consciousness research and its applications, we have an opportunity never before available in human history to manifest a new paradigm for our planet and humanity.

Personal to planetary transformation is a unique design because it sources all action from the creative and sacred space of wisdom. It addresses immediate, systems, and root causes of a problem or condition. For example, in designing our responses to address HIV/AIDS, we made technical solutions available—condoms for safe sex, treatment for those with AIDS, safe blood for transfusion services, and clean instruments. We addressed systemic issues by including people living with HIV/AIDS in every planning session. But most importantly, we began our
work by looking within toward our attitudes, our worldviews, and the spirit that informs our decisions even in the face of opposition. We asked: How can we provide services and care without stigma and discrimination? Or allocate resources for those in need who do not have a voice? How can we make love in a deeply respectful way, ensuring the safety of our partner? We understood that HIV/AIDS is more than a virus. It is about power relations in the bedroom and boardroom!

It is an art to simplify without being simplistic especially in the midst of complexity. We design our responses to diverse conditions to help people innovate, generate breakthroughs, and sustain the specific change that is needed. I have distinguished seven ways in which we act and organize ourselves for the best results, illustrated in Figures 2.2 and 2.3.

Figure 2.2 illustrates the first approach, and reflects the emerging paradigm we need for sustainable change. It uses approaches for personal transformation manifesting in planetary transformation (outer, middle, and inner circles as one seamless whole). The new paradigm must design and generate responses that integrate the different domains that are related to the entangled hierarchies of any given situation and that source from our individual and collective wisdom, addressing immediate, systems, and root causes.

Figure 2.3 reflects the six other ways we embark on strategic action:

1. Identify immediate causes and offer specific solutions with available technologies (inner circle). Examples are bed nets to deal with malaria, immunization to eradicate polio, roads to connect villages, reduced
sources of carbon emission to deal with global warming, and clinics to treat illness. However, when strategies are limited primarily to technological solutions for a specific problem, only the specific problem is resolved.

2. Identify the factors and structures that empower or disempower, and define ways to address systemic causes (middle circle). We formulate ethical norms, promote democracy, and encourage activists to fight for social justice. We establish rules and systems for financing, intellectual property rights, trade, health care, education, and so on. Much of what we have done in these areas heretofore has benefitted a few while depriving many.

3. Embark on a journey of self-discovery (outer circle). Over the past two decades, numerous consciousness-based training programmers have been initiated, and books on personal self-awareness have proliferated. They have paved the way for different perspectives and actions. However, self-discovery alone will not transform the planet unless we also respond to larger challenges.

4. Promote social justice with concrete actions (inner and middle circles). In these cases, the “DNA” or the policy of the organization sources itself from principles related to human rights or healthy ecosystems. The Earth Charter and Amnesty International are examples.

5. Open our hearts and engage in charity or philanthropy (inner and outer circles). People often give support and resources generously, but
do not engage with systems issues. Their actions benefit some people, but do not address systemic causes—for example, providing a clinic without looking at the medical or health system or the pharmaceutical industry.

6. Open our hearts and engage in systems change (outer circle for self-discovery, middle and inner circles for action). Leaders are often deeply spiritual, offer themselves generously, and engage with systems issues. Their actions benefit people, and address systemic causes—for example, Mahatma Gandhi and the freedom movement in India. However, the strategy for change does not provide a platform for everyone to source action from deep within, so over time the actions fall short of the potential for significant sustainable change.

While working in the field, I observed that policy makers and program managers have discovered that integrating transformative practices actually strengthens the “technological” response. Hitherto, professionals engaged in development argued that time-bound results can be achieved only if the interventions are focused and specific. On the contrary, if technology and systems actions are skillfully synthesized with transformational approaches, not merely applied sequentially or separately, we can address the different factors needed for development simultaneously and hence much more effectively.

Emerging new leaders will understand both the visible and hidden sources of action and inaction, and the attitudes that determine them. They will understand factors and forces that create and legitimize structures, and the systems and cultural norms that inhibit or enhance progress. They will enhance their own personal awareness, realizing that this is the most critical element of social transformation. They will keep informed of the complex emerging global systems, and have courage to take action that creates a better world for everyone.

Global Architecture for Personal to Planetary Transformation

Today, the most urgent and sustainable response to the world’s problems is to expand solutions for problems that are driven solely by technology, to responses that are generated from personally aware leadership. Evidence shows this is possible in business and in development, and a few large-scale initiatives are now under way.

The Leadership and Capacity Development Initiative of the UN is one of these expanded approaches that I am directing. This initiative builds on successes, and works with a worldwide constellation of like-minded organizations and individuals. The purpose is to foster sustainable transformation at every level of society. A pregnant space for emergence enables actions that are sourced from deep within. Key components and systems are in concert and are aligned to the larger purpose. All strategies and actions embody wisdom, courage, and compassion. This strategic resonance has the potential to generate a planetary paradigm shift. It has attracted hundreds of leading-edge individuals and organizations, and corporations and governments. We have identified the key players and organizations; and in this constellation we are working as universal partners for large-scale planetary change. The 11 components of our business plan follow.
1. Implement Transformational Leadership Programs for Change

The transformational leadership development programs are currently being implemented in 20 countries and are expanding rapidly. Transformation is the powerful unleashing of human potential to commit, care, and effect change for a better life. Using the best science, the programs are designed to apply at scale some 40 distinctions, frameworks, and conversations, woven into a unique methodology. Technologies for achieving the MDGs (and now the SDGs) and establishing businesses are integrated with technologies for leadership development and systems transformation. Effective, results-oriented stakeholder partnerships among government, civil society, and private sector support country-specific issues related to youth, women, and marginalized groups. The theme of the program is selected locally according to need. For example, last year Cambodia worked in the education sector, providing a platform for how my being, my essence, my stand, is the source of my action. Coaching and education programs are under way in 15 countries. Capacity is being developed in-country to “coach” transformational approaches with people who have generated breakthroughs and who have a stake in the future of their own country and society.

2. Support the New Archetypal Leaders

New archetypal leaders are emerging. Largely unnoticed, they are more like midwives giving birth to other people’s ideas than “stars” of the show. They invest in their own spiritual (not necessarily religious) growth; they proactively inform themselves about the state of the world; they see patterns in addition to events; they have the courage to take on difficult issues; they act from a source of wisdom, compassion, and empathy, rather than charity and “doing good.” They do not reflect the traditional sage, hero, or savior archetypes. They are informed sages, wise in the ways of the world; they are courageous nonviolent heroes with a cause; they are compassionate saviors, grateful to be able to serve . . . We are actively connecting with and supporting such sage–hero–saviors.

3. Source Deeper “Corporate Social Responsibility Plus”

Five corporations are in conversation with us, and more are engaging. They feel the urgency for renewal and increased effectiveness. They provide platforms for developing leadership competencies for their staff and managers; encouraging innovations and breakthrough initiatives through employees or members; developing capacity by using transformational approaches. Through individual insights and generative conversations, people set new pathways to address systems issues beyond the company, encouraging mechanisms that impact our planet positively and challenging those that impact negatively. Community service is not a matter of better “PR” for companies, but the source of employee engagement; partnership is not a matter of “technical support” for local civil society organizations, but the opportunity for one’s own growth and contribution. Our intention is to deepen corporate engagement for social transformation with more corporate leaders.

4. Empower Grassroots

We are designing programs with six groups who have global presence and who aspire to touch the lives of three to five hundred million people—and eventually
a billion. Our mutually reinforcing objectives using transformational leadership programs include strengthening grassroots voices and governance, addressing issues and concerns related to ecosystems, innovative strategies for education, and creating entrepreneurial opportunities.

5. Generate Financing
The purpose of this initiative is to create an understanding of, demand for, and subsequent funding by development partners, donors, and financiers, of transformational leadership as an integral and critical component of development and business. We encourage UN organizations, international financial institutions, multilateral and bilateral aid organizations, large international nongovernmental organizations (INGOs), and big foundations to embark on transformational leadership development in their own organizations. Specifically, donors, development agencies, and financiers could earmark funds for projects that include leadership development, and establish units within their organizations to learn, design, and implement transformational development and business. Currently, we are working with three multilateral organizations, a large umbrella INGO, and potentially two bilateral organizations. Concurrently, we seek additional partners. As we find leadership that recognizes and promotes the importance of this approach, the outcome will be massive and sustainable, a paradigm shift from “charity” to universal partnership. Shifting from promoting technologies as the major solution to current problems, we will build leadership competencies that draw upon the power and wisdom of people and politicians. There will be a new appreciation for humanity in current corporate philanthropy and donor support. In addition, financing will be available for new leadership to manifest social and planetary transformation.

6. Support Champions of Change
Influential people and institutions from civil society and business, development partners, and governments that distinguish the strategic nuances of programs where personal transformation manifests in planetary and social transformation, are actively championing this emerging paradigm. They articulate and promote the new paradigm and distinguish it from traditional ways of doing business. We are connecting individuals and institutions worldwide. Together we are actively supporting the numerous innovative risk-takers who change the status quo in order to create a new and positive future.

7. Connect Through Information Technology
With our partners in the constellation, we will link together the innovators of change who participate in this global effort to form a worldwide interconnected and collaborative group to share expertise in transformation. They will implement programs designed to generate measurable results using transformational approaches. We are seeking partnerships with groups who design and implement innovations, using cutting-edge information technology and transformative approaches.

8. Foster Change With Media Leadership
We are forming coalitions with media as well as working with individuals so that they can become influential leaders. Media activities in eight countries we are currently
working with aim at scaling up social transformation by creating new icons and metaphors of leadership; voicing unvoiced questions about the root causes of underdevelopment; acknowledging women and men as leaders; shifting the cultural response paradigm from despair to courage, commitment, and positive lives. They are writing new stories of wisdom–courage–compassion in action from around the world.

9. Create Transformation Through Art
It is in art that our stories, songs, music, dance, and paintings reside and our renewal is expressed and created. Using transformational approaches, we have created a space for the emergence of artists to lead “possibilities and peace.” We have identified artists in several countries who are poised to create a worldwide movement, using transformational art with a shared global vision of world development. Critical to these initiatives is overcoming the present culture of war and violence, and replacing it with the dynamics and directives of the culture of peace based on a sustainable and empowering development paradigm.

10. Identify Global Patterns and Share the Information
Often decisions are made on the basis of incorrect or incomplete information. This has become an increasingly critical problem in the era of “globalization.” People need information on global and local patterns and systems, distinguishing between those that empower and those that disempower. Having access to correct and complete information, in a simple way, allows people to make choices. We are seeking partnerships with organizations that are making information on global patterns readily available in a coherent, understandable, and actionable way.

11. Measure for Momentum and a Paradigm Shift
Personal transformation manifesting in social and planetary transformation requires appropriate indicators and an evolving system of measurement. The current set of indicators used for most development efforts tells an incomplete story. It often omits stories of innovation, courage, transformation, and profound change. We are now partnering with eminent persons to see how national indices of progress can include the wisdom and contribution of people as an asset. We are looking at the vast body of knowledge to distill indicators of empowerment and planetary well-being sourced from wisdom, and then to promote our findings worldwide.

A World That Works for Everyone
The next 50 years will show whether the world as a whole can come together as one, resolving the many seemingly intractable problems we now face. Or will we continue to muddle through, from crisis to crisis, never solving the problems of humankind in a definitive and sustained way? Yesterday, we were engaged in resolving a crisis: HIV/AIDS. Today, we are focusing on global warming. Tomorrow, we may focus on nuclear waste. What remains constant in this changing world is the power of human wisdom.

There are challenges to overcome if personal transformation is to become an inherent part of whole systems change. If you say yes to any of the following questions, please step forward.
• Are you a champion of the emerging paradigm? Are you more like a midwife than a “star?” Can you distinguish the strategic nuances of programs where personal transformation manifests in planetary transformation? Do you promote new leadership?

• Do you have influence and resources to support the unknown risk-takers who are sourcing from a creative and sacred place? Are you supporting courageous activists who promote empowering systems and challenge disempowering ones?

• Risk-takers are innovating and changing the status quo in order to create new possibilities for a positive future. They need you. Will you respond?

• Are you a pioneer who dares to speak up and challenge the reliance on the “technology-only” paradigm? Are you willing to source all action from creative and sacred wisdom, despite the ridicule by experts?

• Are you a new architect who knows how to design large-scale programs that source from wisdom? Can you address simultaneously the practical problems embedded in complex world issues?

• Are you a corporate leader who generates innovation sourced from the creative and sacred space of the people you lead and the processes you change? Do you speak out in the world of business and commerce for changing systems and products that do not help humanity and the planet? Do you promote the practices that work for everyone?

• Are you a “consciousness scholar or teacher” who can stretch beyond our brand identity and serve selflessly from a space of wisdom?

• Are you willing to examine yourself deeply to understand how you are contributing to the global problematique? Do your actions and decisions subtly perpetuate gender, class, and ethnic inequalities resulting in the intolerable situation of 30% of us who cannot “make it?”

Never before in history have both opportunity and need been so great. Never before has “grow or die” been more apparent. And never before have the means existed to effect planetary transformation. Indeed, this is the time to pioneer results-oriented designs that can then be applied across the urgent and significant issues of our time. This is the time for mind-sets that foster the culture of peace. This is the time for a world that works for everyone.


FINAL THOUGHTS: PERSONAL–PROFESSIONAL OBJECTIVES FOR TRANSFORMATIVE OUTCOMES

As nurses, we need to establish a context of globally informed and globally relevant ideals if we are to be effective in contributing toward the achievement of the SDGs. This includes being selective in the language and definitions we employ, the paradigms we adopt, and challenges us to become increasingly conscious of our choices and their widespread implications in the areas of education,
practice, research, advocacy, leadership, collaboration, and relationship building. Understanding that personal choices impact planetary outcomes can aid global nurses in fostering more satisfying, socially respectful, and culturally inclusive personal–professional endeavors. In doing so, nurses maximize their disciplinary-specific contributions to global health while remaining true to the caring ethic and scientific inquiry central to the profession. Table 2.3 offers objectives related to personal and professional development for personal and planetary transformation identified by this author. Each of these objectives is based on the business plan components of the UN Leadership and Capacity Development Initiative, as noted by Sharma (2007). These objectives urge us to use both individual and collective forces to keep our work as global nurses ethically grounded and focused on transforming both self and systems.

Table 2.3  Personal and Professional Objectives for Nurses and Nursing Related to the Business Plan Components of the United Nations Leadership and Capacity Development Initiative

<table>
<thead>
<tr>
<th>Components (Sharma, 2007)</th>
<th>Personal Objectives: Individual</th>
<th>Professional Objectives: Collective</th>
</tr>
</thead>
</table>
| 1. Implement transformational leadership programs for change | • Define transformation for self in relation to personal and professional life  
• Create action plans for individual leadership initiatives in current context  
• Understand individual role in promoting unity among government, civil society, and private sector stakeholders | • Drive organizational priorities toward principles based on safety and inclusivity  
• Promote colleagues’ full self-expression for widespread professional advancement and overall well-being  
• Delineate outcome measures for transformational programs committed to leadership and capacity building |
| 2. Support the new archetypal leaders | • Investigate personal intentions for being of service  
• Reflect on the meaning of spiritual growth and its role in self-development  
• Seek opportunities to see the larger patterns of humanity and include global considerations in personal decision making | • Support leaders who are ethically rooted, compassionate, and invested in contributing toward a unified planet  
• Create interprofessional alliances that inspire and nurture new sources of collective wisdom  
• Reframe professional mission and vision statements in terms of courageous and humanistic values |
| 3. Source deeper “Corporate Social Responsibility Plus” | • Expand individual role in organizational well-being  
• Use personal influence for the betterment of colleagues and civil society  
• Engage with like-minded people across the spectrum regardless of position | • Invite partnerships with similarly invested organizations  
• Expand the corporate mind-set to include vulnerability and transparency through education and outreach  
• Broaden goals of service to include partnerships with communities and populations |

(continued)
<table>
<thead>
<tr>
<th>Components (Sharma, 2007)</th>
<th>Personal Objectives: Individual</th>
<th>Professional Objectives: Collective</th>
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</table>
| 4. Empower grassroots    | • Identify strengths and weaknesses related to communication strategies and self-marketing  
                           • Create opportunities to demonstrate leadership in multisector initiatives for improved environmental and organizational well-being | • Promote a culture of “grassroots” innovation by respecting all ideas and inviting creative solutions  
                           • Generate system-wide goals inclusive of other sectors and global initiatives |
| 5. Generate financing    | • Investigate personal financing to ensure responsible and globally considerate investments  
                           • Support financial donors and agencies interested in building partnerships across socioeconomic divides | • Draw on the wisdom of shared humanity as a mechanism for attaining responsible, ethical philanthropy and donor support  
                           • Invest in initiatives geared toward social and planetary transformation |
| 6. Support champions of change | • Reflect on personal comfort with risk-taking  
                               • Redefine the status quo through self-expression and commitment to transformative practices  
                               • Advocate from a stance of inclusiveness | • Invite new and innovative leadership strategies  
                               • Create opportunities to hear all colleagues’ voices and views  
                               • Restructure governing bodies to become safe forums and explore new paradigms of social development and progress |
| 7. Connect through information technology | • Utilize social media responsibly and with consideration for the global village  
                                           • Use technology to create new partnerships with innovators and visionaries around the world | • Create technology programs that return the profession of nursing toward its humanistic heritage  
                                           • Seek partnerships to convey nursing’s unique contributions to global health and well-being through technologically responsible mechanisms |
| 8. Foster change with media leadership | • Engage with media outlets to promote a global dialogue of courage and positivity  
                                          • Tell personal stories of accomplishments toward a transformative paradigm of health and well-being | • Invite media partners to be involved in nursing initiatives  
                                          • Promote widespread dissemination of nursing advocacy, policy, practice, research, and education |

(continued)
Table 2.3 Personal and Professional Objectives for Nurses and Nursing Related to the Business Plan Components of the United Nations Leadership and Capacity Development Initiative (continued)

<table>
<thead>
<tr>
<th>Components (Sharma, 2007)</th>
<th>Personal Objectives: Individual</th>
<th>Professional Objectives: Collective</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Create transformation through art</td>
<td>• Make time to self-express in a way that positively contributes to self and community &lt;br&gt; • Share individual perspectives through creative expression &lt;br&gt; • Align with like-minded artists, leaders, and professionals through community empowering art</td>
<td>• Promote the inclusion of art and creative expression as a professional priority &lt;br&gt; • Create art initiatives that seek to translate professional ethics and values into varied modes of expression &lt;br&gt; • Foster sensitive and empathic infrastructures that respect individual ideas and artistic expressions</td>
</tr>
<tr>
<td>10. Identify global patterns and share the information</td>
<td>• Identify individual opportunities to expand “global thinking” and “global doing” &lt;br&gt; • Share information that highlights the interdependent nature of a globalized world</td>
<td>• Incorporate global developments in institutional and organizational work &lt;br&gt; • Identify opportunities to connect professional goals to global solidarity</td>
</tr>
<tr>
<td>11. Measure for momentum and a paradigm shift</td>
<td>• Consider individual knowledge and wisdom as assets in planetary transformation &lt;br&gt; • Evolve harmful practices that hinder self-growth and development toward a more peaceful paradigm for positive change &lt;br&gt; • Empower self and others through compassionate ways of being</td>
<td>• Recalibrate outcome measures to include humanistic and qualitative data &lt;br&gt; • Ensure professional practices reflect empowerment of the whole &lt;br&gt; • Celebrate all accomplishments toward a unitary paradigm while continuing to envision profound change sourced in wisdom</td>
</tr>
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In closing, I challenge you to read the following words closely, while considering what the world will need for personal to planetary transformation and how global nursing can partner to create and implement solutions through a commitment to the Global Strategic Directions (WHO, 2016a) and SDG attainment. The following are the UN Secretary-General, Ban Ki-moon's, remarks at the Summit for the Adoption of the Post-2015 Agenda:

Esteemed co-Chairs of this post-2015 Summit, Mr. President of the General Assembly, Distinguished Heads of State and Government, Excellencies, Distinguished guests, Ladies and Gentlemen, <br>We have reached a defining moment in human history. The people of the world have asked us to shine a light on a future of promise and opportunity.
Member States have responded with the 2030 Agenda for Sustainable Development.
The new agenda is a promise by leaders to all people everywhere.
It is a universal, integrated and transformative vision for a better world.
It is an agenda for people, to end poverty in all its forms.
An agenda for the planet, our common home.
An agenda for shared prosperity, peace and partnership.
It conveys the urgency of climate action.
It is rooted in gender equality and respect for the rights of all.
Above all, it pledges to leave no one behind.

Excellencies,
Ladies and Gentlemen,
The true test of commitment to Agenda 2030 will be implementation.
We need action from everyone, everywhere.
Seventeen Sustainable Development Goals are our guide.
They are a to-do list for people and planet, and a blueprint for success.
To achieve these new global goals, we will need your high-level political commitment.
We will need a renewed global partnership.
The Millennium Development Goals showed what is possible when we work together.
The Addis Ababa Action Agenda has given us a solid financing framework.
Let us build on these foundations.
To do better, we must do differently.
The 2030 Agenda compels us to look beyond national boundaries and short-term interests and act in solidarity for the long-term.
We can no longer afford to think and work in silos.
Institutions will have to become fit for a grand new purpose.
The United Nations system is strongly committed to supporting Member States in this great new endeavour.

Excellencies,
Ladies and Gentlemen,
We need to start the new era on the right foot.
I call on all governments to adopt a robust universal climate agreement in Paris in December.
I am encouraged that several countries are already working to incorporate the 2030 Agenda into their national development strategies.
But no-one can succeed working alone.
We must engage all actors, as we did in shaping the Agenda.
We must include parliaments and local governments, and work with cities and rural areas.
We must rally businesses and entrepreneurs.
We must involve civil society in defining and implementing policies—and give it the space to hold us to account. We must listen to scientists and academia. We will need to embrace a data revolution. Most important, we must set to work—now.

Excellencies,
Ladies and Gentlemen,
Seventy years ago, the United Nations rose from the ashes of war. Governments agreed on a visionary Charter dedicated to “We the Peoples.” The Agenda you are adopting today advances the goals of the Charter. It embodies the aspirations of people everywhere for lives of peace, security and dignity on a healthy planet. Let us today pledge to light the path to this transformative vision. Thank you. (UN, 2016. Reprinted with permission.)

REFLECTION AND DISCUSSION

- What are the connections between the GAPFON task force definitions of “global health” and “global nursing” and my current work?
- How are the thematic areas identified by the WHO’s (2016a) Global Strategic Directions applicable to my local community of nurses and nursing?
- What beliefs and values need exploration in order to shift toward a more planetary consciousness in my personal and professional life?
- What are my own objectives for personal growth and development in regard to social progress?
- In what ways am I an integral component of the transformative vision articulated by the Sustainable Development Agenda?

REFERENCES


Nursing Education Imperatives and the United Nations 2030 Agenda

Tamara H. McKinnon and Joyce J. Fitzpatrick

Be a global citizen. Act with passion and compassion. Help us make this world safer and more sustainable today and for the generations that will follow us. That is our moral responsibility. (Ki-Moon, 2015)

Nurses are the largest group of health professionals in every country, providing care to individuals, families, and communities everywhere. The increased complexity of our world, including technological advances, global financial challenges, climate changes, natural and human-initiated disasters, and inequities in health within and across nations demand that nurse educators and students are prepared to address the interconnectedness between local and global health challenges. Nurses must be prepared to contribute to the development and implementation of solutions to world challenges, most especially those included in the United Nations (UN) 2030 Agenda for Sustainable Development.

We propose a Knowing, Valuing, and Acting (KVA) framework as the basis for change in nursing curricula to best prepare students as global citizens, equipped to address the UN 2030 Agenda for Sustainable Development and the 17 Sustainable Development Goals (SDGs; see Chapter 4 for more information on global nurse citizenship). Using this KVA framework, we present resources and crucial questions for nurse leaders, educators, and students, and recommendations for curricular innovations.

Integration of content related to SDGs is an ethical imperative and presents a call to action within nursing education. Nurses are global citizens and, as such, have a responsibility for the promotion of health around the corner and across the globe. Schools of nursing, therefore, are faced with the opportunity to integrate SDGs throughout the general and specialist nursing curricula and also specifically within global and community health coursework. Such integration is necessary to prepare professional nurses to take local, national, and global action toward accomplishment of SDGs.
KNOWING, VALUING, AND ACTING

Knowing (Understanding)

“The world is really just a village, and the nursing workplace has become the globe” (Hern, Vaughn, Mason, & Weitkamp, 2005, p. 34).

The UN Sustainable Development Agenda is broad: “This Agenda is a plan of action for people, planet and prosperity” (UN, 2015, p. 1) and has far-reaching implications: “We pledge to foster intercultural understanding, tolerance, mutual respect and an ethic of global citizenship and shared responsibility” (UN, 2015, p. 10). While SDG 3: Ensure healthy lives and promote well-being for all at all ages (UN, 2015, p.16) is the goal most directly related to health and well-being of the world’s citizens and the goal that mobilizes and empowers professional nurses to engagement and action, it is important to integrate knowledge of all of the SDGs into nursing curricula.

Academia is cited as a critical partner in operationalizing implementation of the SDGs (UN, 2015, p.11). Nurses not only comprise the majority of health care providers internationally (UN, 2015), they also are the professionals at the direct point of care and service provision throughout the world, in every community and health care organization. Professional nurses are expected to be aware of and respond to the health issues of their communities and the people they serve, in order to achieve the goal of health for all. Further, they are expected to become global citizens. “Becoming global citizens however does not imply that we privilege the global over the local, but that we recognize the interconnectedness between the local and the global” (Mill, Astle, Ogilvie, & Gastaldo, 2010, p. E9).

The following key components of SDG 3 are currently integrated within nursing curricula, yet are often not presented within the global context: maternal mortality; neonatal mortality; epidemics (AIDS, tuberculosis, and malaria); noncommunicable disease mortality; substance abuse; traffic accidents; sexual and reproductive health services; universal health coverage; environmental exposures; tobacco; vaccine and medicine development; and health financing (UN, 2015). Expanding the perspective to include a global lens is the first step in enhancing nurses’ knowledge of global health issues and linking nursing work to the SDGs. While this knowledge integration can begin with SDG 3, which is directly related to health and well-being, an expansive view of health as related to economic, sociocultural, political, and environmental components would lead educators to embed knowledge of the additional SDGs into nursing education curricula. Examining the relevance of all SDGs to nursing curricula at all levels is the first step toward knowing and understanding.

Activity #1: Knowing (Understanding)

The following crucial questions provide an opportunity for nurse leaders, educators, and students to assess their understanding of the SDGs and the implications for nursing education. The activity may be performed individually or in a group. Responses lead to a discussion of valuing SDG curricular integration. Using the resources listed at the end of this chapter will assist in developing a more comprehensive response.
Review the SDGs found in the Sustainable Development Agenda in the Appendix of this book and respond to the following questions:

**Nurse Leaders**

- What is nursing’s history with SDG development?
- Who are the critical stakeholders in the integration of SDGs into nursing curricula?
- What have nurse leaders said about integration of SDGs into nursing curricula?
- What are the consequences if nursing education does not integrate SDGs into the curriculum?
- What resources will you use to increase your knowledge and understanding of this topic?

**Nurse Educators**

- What content areas from SDG 3 are relevant for nursing education?
- Does nursing education play a critical role in the preparation of nurses who are equipped to work toward SDG achievement?
- What are the educational implications and imperatives?
- What happens if nursing education does not integrate SDGs into the curriculum?

**Students**

- Consider a specialty area of nursing in which you may be interested. Do you see that reflected in the SDGs?
- On a broader level, what is the relevance of the SDGs to your future career as a nurse?
- How are local and global practices reflected in the SDGs?

**Valuing (Attitude)**

“If the indicators chosen are not sensitive to the work of the largest sector of the health workforce many of the health outcomes (positive or negative) for the country risk invisibility for the 15 years span, 2016–2030” (International Council of Nurses [ICN], 2015, p. 2).

The ultimate goal for all nurse faculty is to prepare nurses as global nurses and global citizens (Dawson, Gakumo, Phillips, & Wilson, 2016). Responses to the crucial questions related to Knowing and Understanding provide perspective for the conversation about Valuing SDG integration into curricula. The value of SDG integration emanates from nursing’s core values. These values are reflected in the American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and in the American Nurses Association (ANA) *Code of Ethics for Nurses With
Interpretive Statements (ANA, 2015). Both documents support the ethical imperative for nursing education’s integration of SDGs into curricula and reflect common themes that include global citizenship, globalization of curricula, and social responsibility.

The AACN Essentials of Baccalaureate Education for Professional Nursing Practice includes the following statements that support SDG integration into nursing education curricula:

- “The environments in which professional nurses practice have become more diverse and more global in nature” (AACN, 2008, p. 5).
- “Increasing globalization of healthcare and the diversity of this nation’s population mandates an attention to diversity in order to provide safe, high quality care. The professional nurse practices in a multicultural environment and must possess the skills to provide culturally appropriate care” (AACN, 2008, p. 6).
- “Liberal education is critical to the generation of responsible citizens in a global society. In addition, liberal education is needed for the development of intellectual and innovative capacities for current and emergent generalist nursing practice” (AACN, 2008, p. 11).
- “A liberal education for nurses forms the basis for intellectual and practical abilities for nursing practice as well as for engagement with the larger community, both locally and globally” (AACN, 2008, p. 11).

The ANA Code of Ethics for Nurses With Interpretive Statements (ANA, 2015) states that “the nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities” (Provision 8, p. 31) and that “the profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy” (Provision 9, p. 35).

Each country is responsible for knowing about SDG accomplishment within its own nation and can also be expected to respond to the needs of partners abroad (United Nations, 2015). This responsibility highlights the importance of integration of SDG concepts across nursing curricula to prepare nurses to live and work as global citizens. According to Wilson and colleagues (2012), increasing global mobility and technological advances lead to enhanced global interdependence and potential global collaborations.

These opportunities also present new challenges for health care. It is no longer possible for students in any health discipline to remain focused on local or national health care problems: They must be prepared to face health issues in any setting. (Wilson et al., 2012, p. 213)

Activity #2: Valuing (Attitude)
The following crucial questions provide an opportunity for nurse leaders, educators, and students to explore the value that they place on the SDGs and their implications for nursing education. The activity may be performed individually or in a group. Responses lead to a discussion of actions needed to operationalize
SDG curricular integration. Using the resources listed at the end of this chapter will assist in developing a more comprehensive response.

Review the SDGs found in the Sustainable Development Agenda in the Appendix of this book and respond to the following questions:

**Nurse Leaders**

- Place a copy of the SDGs next to the documents guiding professional nursing practice.
- Do the SDGs reflect the core values of the profession of nursing?
- What is your opinion about inclusion of SDG-related content in nursing education curricula?
- Do you see this as a value upheld by other nurse leaders? Why? Why not?

**Nurse Educators**

- Place a copy of the SDGs next to the mission and vision statement of your school of nursing.
- Do the SDGs reflect the mission, vision, and values of your school?
- Are you committed to developing experiential learning for students that strengthens their commitment as global citizens?

**Students**

- Think about the trajectory of your career as a nurse.
- Do you see yourself having an impact on the achievement of SDGs (locally and/or globally)?
- What educational preparation will be required to prepare you to work in a global environment?
- How can you view your clinical experiences in alignment with better understanding of the SDGs?

**Action**

“Between saying and doing, many a pair of shoes is worn out” (Italian proverb).

Curricular innovations required by SDG integration are ambitious and challenging, as well as necessary and possible. Effecting curricular change requires reframing educators’ understandings of what they often consider an already “packed” curriculum. Meaningful, sustainable curricular change will vary among schools of nursing but will be driven by both a bottom-up and a top-down approach to change. Academic administrators and professional organizations with an educational mission must commit to the goals of global citizenship. Accrediting bodies
could add to the integration goal by requiring the attention to a global perspective in nursing education and direct integration of the SDG content. Educators must make both incremental and substantive overall changes in curricula to ensure sustainable success. Recommended initial steps include the following: Develop an action plan that includes a realistic assessment of available resources; elicit support from all stakeholders; use readily available, open-access resources (refer to the resource section in this and other chapters); form alliances; and seek help from interprofessional colleagues.

As schools of nursing consider integration of SDGs into the curriculum, there is a risk of “pigeonholing” or creating yet another silo in nursing and nursing education by assuming that the SDGs have relevance only for the curricular area of global health. Careful consideration of the SDGs reveals two important facts for nursing:

- Global is local and local is global. The UN 2030 Agenda and call to action is as relevant for nursing practice “around the corner” as “across the globe.” SDGs have implications for nurses regardless of geographic boundaries.
- SDG-related concepts can be found throughout the curriculum and must not be relegated solely to coursework pertaining to global health. Examples of relevant concepts and content include, but are not limited to, care of vulnerable persons; care of those from other cultural groups; health inequities; health policy; leadership; evidence-based practice; community health; social determinants of health; interprofessional communication; cultural competency; and global citizenship.

While SDG curricular content is linked to that of global health, the two are not synonymous. SDGs are closely related to social determinants of health, which are increasingly viewed as critical components of nursing curricula. Clark and colleagues conducted a review of the literature related to global health competencies in nursing education and identified 12 categories including “global burden of disease; travel and migration; determinants of health; environmental factors; cultural competency; communication; health systems/delivery; professionalism/ethics; social justice/human rights; partnership/collaboration; management skills; and key players” (Clark, Raffray, Hendricks, & Gagnon, 2016, p. 177). Yet as recently as 2012, a survey of schools of nursing revealed that less than half integrated global health topics throughout the undergraduate curriculum (Wilson et al., 2012, p. 214). This study also indicates that most often, schools of nursing include global health content in the community health curriculum (Wilson et al., 2012).

Integration of these content areas into a nursing education curriculum would provide a platform upon which to begin SDG integration. Yet the fact that not all schools of nursing include this content, along with the fact that SDGs have implications across the curriculum (not solely community health), indicate the need for large-scale curricular innovations. Given the breadth of its scope, SDG content must be integrated across the curriculum. Research on SDG-specific nursing competencies is needed along with clarification of nurses’ roles within the interprofessional health care team as it relates to SDG goal attainment.

Activity #3: Action
Knowledge and value precede action. Consider the following questions related to curricular changes necessary to integrate SDGs.
What must be done?
How will it be done?
Who will do it?
How will it be sustained?

Using the resources listed at the end of this chapter will assist in developing a more comprehensive response.

**Nurse Leaders**

Whom do you see as the supporters and detractors of curricular innovation related to SDGs?
How will you capitalize on the support and address the critics?
What resources are available to support nursing educators to move forward?
What additional resources are needed?
How can the accrediting and regulatory bodies for nursing education become partners in the quest for integration of SDGs into nursing curricula?

**Nurse Educators**

Do you commit to the curricular innovations required to prepare nurses to work toward SDG achievement?
Whom do you see as the supporters and detractors of curricular innovation related to SDGs?
How will you capitalize on the support and address the critics?
How will these be integrated into school of nursing curricula?
Who are the critical stakeholders?
What steps will be taken to move forward?

**Students**

You have the power to drive curricular changes that will prepare you to become active participants in the realization of SDGs both locally and globally. How will you act on the call to action for global citizenship?

To enhance the understanding of the call to action for both global citizenship and integration of the SDGs into nursing curricula, we have included commentaries by two key nurse leaders who have championed these curricular changes. Lynda Wilson, PhD, RN, professor emerita, University of Alabama at Birmingham School of Nursing, comments:

Twenty-first century nursing educators have a responsibility to prepare students as global citizens who can contribute to the achievement of the
SDGs. Because achieving these goals will require collaboration across disciplines, geographic borders, and socioeconomic divides, it is imperative that students have opportunities for interprofessional and interdisciplinary collaboration, and for exposure to diverse perspectives and challenges. The first strategy for integrating SDGs into nursing curricula is to ensure that students are aware of global developmental challenges and the SDGs that have been proposed to meet those challenges. This content could be introduced during an introductory cross-disciplinary required course for all university students during the freshman year (e.g., Global Citizenship 101). During this course, students could read about the SDGs, develop projects aimed at proposing strategies to address these goals, and perhaps collaborate online with students in other countries and settings to learn about diverse approaches to achieving the goals.

Within the nursing curricula, faculty in each course could be encouraged to integrate one or more SDGs into course assignments. For example, students in a medical surgical nursing course could be asked to identify strategies to achieve target 3.4 (By 2030, reduce by one-third premature mortality from noncommunicaible diseases through prevention and treatment and promote mental health and well-being) in a specific country. Students in a maternal-child nursing course might be asked to identify strategies to address target 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 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births; see Appendix for all SDG 3 targets).

To increase awareness about SDGs, schools might consider setting up a display highlighting the SDGs in a prominent location, and inviting students, faculty, staff, and visitors to share their ideas about addressing SDGs on cards that could be posted. They might also organize cross-campus case competitions in which interdisciplinary groups of students are asked to propose innovative solutions to meet one of the SDG targets.

Achieving the SDGs will require innovative and creative strategies and collaboration between educators, policy-makers, and practitioners. Nursing faculty have exciting opportunities to make a difference and to prepare graduates who are global citizens who can make a difference! (L. Wilson, personal communication, August 19, 2016)

Carol Huston, MSN, DPA, FAAN, professor emerita, School of Nursing, California State University, Chico, past president (2007–2009), Sigma Theta Tau International Honor Society of Nursing, comments:

No one country alone has all the answers to the global health care dilemmas we face today, including: hunger; a lack of access to basic sanitation and clean drinking water; gender inequities; preventable communicable and
noncommunicable disease; violence and exploitation; and inadequate workforce capacity. In addition, efforts to address social and economic inequality within and among countries and the sustainable use and conservation of precious, finite resources have historically lacked focus and coordination. The 2030 Agenda for Sustainable Development with its 17 SDGs and their associated 169 targets, form a blueprint, however, for addressing these global health care dilemmas.

Professional nurses globally will be challenged to take on key leadership roles in achieving these SDGs. Nursing schools then must prepare graduates who have a global mindset; who understand that global health care issues ultimately impact local, regional, and national health care planning; and that the health threats faced by any one country are ultimately faced by all countries. Ensuring global competence in graduates, however, will require a paradigm shift in nursing education. Global sustainable development, examined from social, economic, and environmental contexts, must become a foundational core of professional nursing curriculums. Only then will professional nurses fully understand the complexity of the goals the UN has laid out for the world and be able to successfully work toward their achievement. (C. Huston, personal communication, August 21, 2016)

RESOURCES FOR CURRICULAR INNOVATION AND INTEGRATION

In addition to the SDGs, there are several resources that can assist nurse educators in initiating curricular innovation and integration of the SDGs throughout the curriculum. While some of these resources are specific to global health (e.g., the Consortium of Universities for Global Health [CUGH]), others more generally address the values inherent in global health (e.g., health as a human right).

The Consortium of Universities for Global Health (www.cugh.org)

CUGH builds interdisciplinary collaborations and facilitates the sharing of knowledge to address global health challenges. It assists members in sharing their expertise across education, research, and service. CUGH is dedicated to creating equity and reducing health disparities everywhere. CUGH promotes mutually beneficial, long-term partnerships between universities in resource-rich and resource-poor countries, developing human capital and strengthening institutions’ capabilities to address these challenges. CUGH is committed to translating knowledge into action.

An extensive database is available on the CUGH website. To access links for topic-specific curricular content, follow the links on the home page from Resources to Training Modules.

Global Health Training Module Topic Areas

Non-Communicable Diseases, Injuries, & Related Infectious, Parasitic and Communicable Diseases
Priority and Vulnerable Populations
Global Child Health (GCHEMP)
Health Systems, Services, Resources, & Programs
Working & Visiting in Low Resource Countries
Global Health: Priorities, Problems, Programs, & Policies
General
Methods, Tools, Skills, & Related
Public Health

Unite for Sight (www.uniteforsight.org), Global Health University: Excellence in Global Health Education

Unite for Sight is a nonprofit organization committed to excellence in global health. Unite for Sight’s Global Health University is designed to develop and nurture current and future global health leaders. Global Health University helps to effect widespread innovative change in global health through comprehensive webinars and training workshops, Global Health Certificate Programs, social enterprise consulting, and fellowship and internship opportunities in the United States and abroad. Global Health University offers free webinars with leading experts in global health and social entrepreneurship. More than 20 Online Certificate Programs are also offered. These include a Certificate in Global Health, Certificate in Global Health Research, and Certificate in Responsible NGO Management, among others. More than 70 online courses can also be viewed separately.

Association of American Colleges and Universities (AACU; www.aacu.org), Shared Futures: Global Learning and Social Responsibility

Shared Futures: Global Learning and Social Responsibility is a multiproject, national initiative of AACU. The initiative was built on the assumption that we live in an interdependent but unequal world and that higher education can prepare students to not only thrive in such a world but also creatively and responsibly remedy its inequities and problems. A quality liberal education in the 21st century provides students with opportunities to work collaboratively, to examine the world’s human and natural systems from multiple perspectives, and to integrate learning across the curriculum by following the threads in an increasingly complex reality. Such an education, often referred to as “global learning,” intentionally wrestles with questions of diversity, identity, citizenship, democracy, power, privilege, sustainability, and ethical action.

By building a network of educators dedicated to this integrative work, Shared Futures facilitates curricular change and faculty development on campuses nationwide. It is the goal of the Shared Futures initiative that these networks of educators lead to collaboration on course design and pedagogy, shared strategies for curricular renewal and globalization of general education, and a fluid, decentralized exchange of resources that opens new opportunities for partnership and learning.
AACU’s latest Shared Futures project, General Education for a Global Century, is funded with a generous grant from the Henry Luce Foundation.

Additional Resources
The International Council of Nurses (ICN; www.icn.ch)
ICN is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Founded in 1899, ICN is the world’s first and widest reaching international organization for health professionals. Operated by nurses, and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally. See Chapter 10 for more information about ICN and their global initiatives.

National League for Nursing (NLN) Center for Diversity and Global Initiatives (www.nln.org)
To increase diversity in nursing, promote global leadership development, and cocreate initiatives, the Center seeks collaborative opportunities with organizations here and abroad. NLN’s presence in the global arena includes leadership in the ICN Education Network. The Center will secure funding to advance global health and nursing education, generate publications and research, and support efforts to increase nurse educator and student diversity and inclusivity.

Honor Society of Nursing, Sigma Theta Tau International (STTI; www.nursingsociety.org)
The mission of the Honor Society of Nursing, STTI is advancing world health and celebrating nursing excellence in scholarship, leadership, and service. STTI’s vision is to be the global organization of choice for nursing. See Chapter 2 for more information on STTI and the Global Advisory Panel on the Future of Nursing.

The Global Fund (www.theglobalfund.org/en)
United States Agency for International Development (www.usaid.gov)
World Health Organization (www.who.org)
UNICEF (www.unicef.org)

CONCLUSION
This chapter explored the integration of SDGs into schools of nursing curricula through the KVA framework. Critical questions related to these areas allowed the reader to consider his/her role as it relates to each of these areas. Evidence supporting SDG integration as an ethical imperative presents a call to action for nurse leaders, educators, and students. Nurse educators will face obstacles in moving this agenda forward; the changes will not be simple; and they will call upon the innovative spirit of professional nurses from every arena. Greater consequences will be faced if nurses choose to do nothing. We will pass up the opportunity to ensure that every nurse is educated in a way that prepares him or her to work toward achievement of the SDGs. Nursing is ready for this challenge, realizing the changes required will impact nursing and, by extension, will impact the world.
REFLECTION AND DISCUSSION

• How do I see the Sustainable Development Agenda as integral to nursing education and preparation?
• What are my first steps in advocating for nursing education that is inclusive of the SDGs and their related targets?
• In what ways do my responsibilities as a global citizen inform how I know, value, and act?
• How do I believe nursing practice would change at both local and global levels as a result of SDG-informed curricula?
• What are my current obstacles to raising awareness and gaining support for promoting the SDGs as a requisite for nursing education?

REFERENCES


