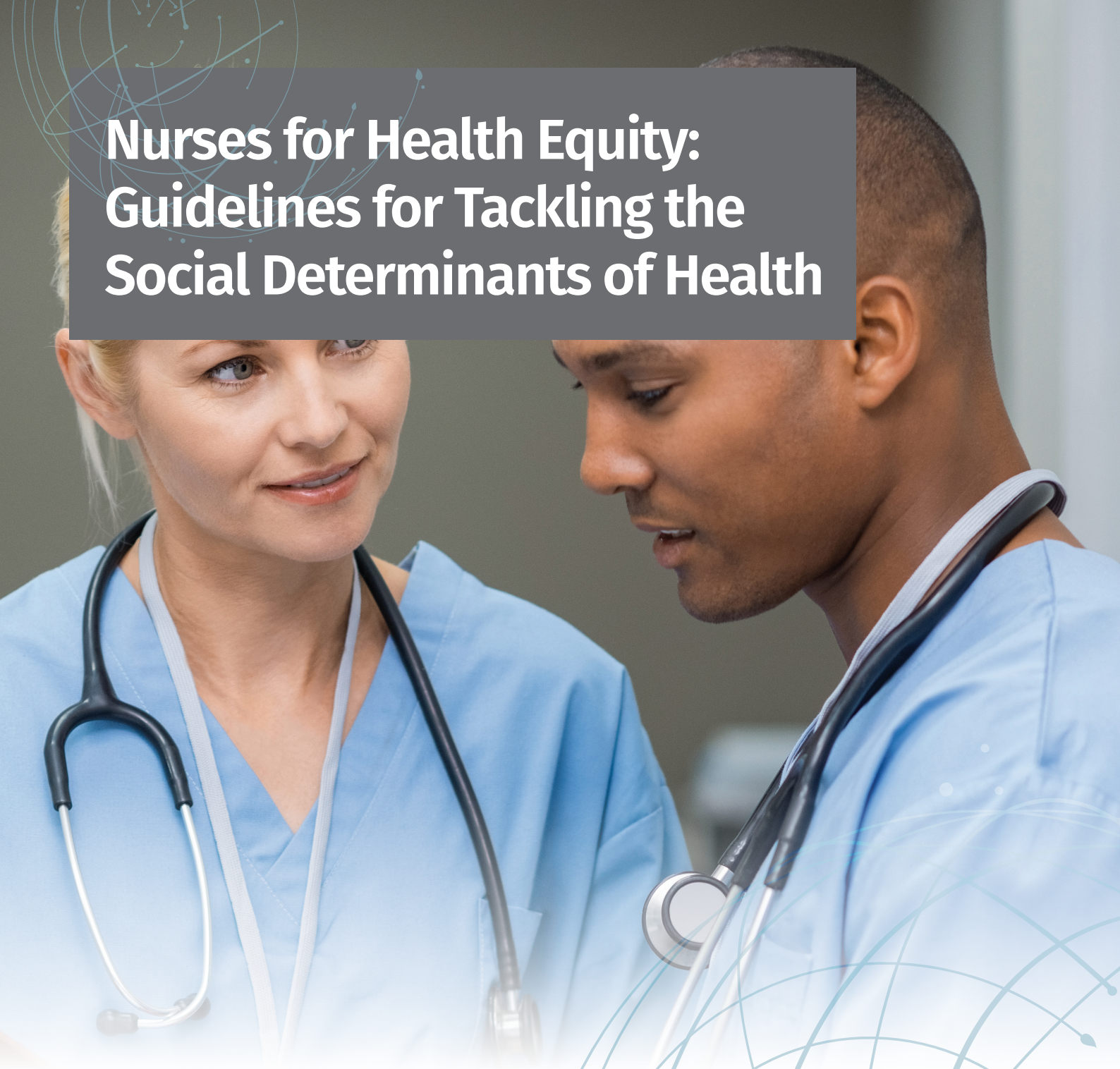
Nurses for Health Equity: Guidelines for Tackling the Social Determinants of Health



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مؤتمر القمة العالمي للابتكار في الرعاية الصحية
World Innovation Summit for Health

NURSES FOR HEALTH EQUITY

GUIDELINES FOR TACKLING THE SOCIAL DETERMINANTS OF HEALTH

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NURSES FOR HEALTH EQUITY: GUIDELINES FOR TACKLING THE SOCIAL DETERMINANTS OF HEALTH

FOREWORD– FROM THE CHIEF NURSING OFFICER, WORLD HEALTH ORGANIZATION

The guidance for action identified through this report is essential to navigating the world's health, now more than ever. The COVID-19 pandemic has urged us all to critically assess the ways social determinants of health influence health outcomes and how adverse social determinants exacerbate local, national and global health inequities in our work, in the health outcomes for the patients we treat and their families. More importantly, the ongoing consequences of this pandemic have called for us to see our health systems as part of the larger society in which we live, learn, work and play, and to take informed action and to do something more about the inequalities in our midst.

This report is in direct alignment with the values of the World Health Organization (WHO)—collaboration, caring for all people, integrity in practice, service to public health, and excellence throughout the health sector. The WHO's 2020 *State of the World's Nursing* report recommended continued investment in jobs, education and leadership opportunities for nurses and the support of inter-sectoral partners worldwide. We need to continue to translate these ideals into practice. The six domains for action articulated in this report begin to pave that path.

We have much work to do if Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) are to be achieved by 2030. With roughly 1.2 billion people living in extreme poverty, over 842 million suffering from hunger, and insufficient access to quality health and education services for many of the world's populations, there needs to be a global commitment from the health sector to assume a stronger role in social development by addressing the social determinants of health where there is a role to do so. Several of these roles for nurses are crystallised in this report: nurses understanding the context of people where they are, and bridges to contextualising health and social care services in deliberate ways.

The global status and profile of nurses have improved considerably with the support of international campaigns, such as Nursing Now, and the commitment of the WHO in designating 2020 as the Year of the Nurse and the Midwife. However, we will need strategic partnerships with all governments and policy makers to ensure we optimise and leverage the nursing workforce to achieve UHC and the SDGs. I encourage all governments, ministries of health, chief nursing officers and organisational bodies at local and international levels to advocate for investments in nurses and nursing to achieve our shared vision of health for all—leaving no one behind.

An estimated 28 million nurses account for nearly 60% of the professional global healthcare workforce. Nurses are essential for creating, planning, delivering and evaluating healthcare services. We must continue to invite them to all decision-making tables to honour their voices and integrate their vision. We must mature the nursing role to value them as the advocates, leaders, scientists, educators, researchers and clinicians they are trained to be. Nurses are the backbone of the healthcare system and the "hands on deck" to address health inequities in the social circumstances in which they exist.

We must come together—beyond disciplines, political views and economic divides—to invest and advance action. Population health and the welfare of our communities depend on it. I urge all partner stakeholders to advance this work and to continue to promote the leadership, autonomy and contribution of nurses to improve individual and public health outcomes worldwide.

Elizabeth Iro
Chief Nursing Officer
World Health Organization

FOREWORD– NURSES, SOCIAL JUSTICE AND HEALTH

This excellent report on nurses, social determinants of health and health equity, comes at a time when the world is reeling from the pandemic of COVID-19. If we have the openness to learn, there are several lessons from the pandemic that are highly relevant to nurses' vital role in society and conversely.

The first, and clearest, message is that everyone cares about health. The very reason that society has changed out of all recognition is the threat to health. Our lives during the pandemic are shaped not only by the risk to our own health but the risk we pose to others. Health is prized by individuals and a public good. Furthermore, in the United Kingdom, the advice was "stay at home, protect the NHS, save lives." In its way it is an extraordinary statement with its twin messages that social action will save lives and prevention will save the NHS from going under. Nurses selflessly placed themselves on the front line in caring for patients with COVID-19 when it was dangerous for all involved. However, the health of the population depends even more on what happens outside the hospital. Here, as this report lays out, nurses have a key role to play.

The second message flows from the UK government's advice. Actions of society influence the health of individuals and populations. Actions of society include early child development, education, working conditions, having enough money to live, housing, community environments and behaviours. Nurses cannot, on their own, change all of these, but they can work with others to improve the conditions in which people are born, grow, live, work and age. Crucially, they can be advocates for change. The report contains an example of intimate partner violence. Nurses, of course, have a role in tending to the mental and physical wounds of victims. However, they have a much broader role in recognising the problem and working with others to deal with all aspects from prevention to securing safe havens for women.

Florence Nightingale, rightly, makes an important appearance in this report. She recognised the importance of poverty for health and the necessity of taking action in the community. Her insights were germane to all six of the recommendations here: education and training, measuring the problem, seeing the patient in a broader perspective, employment conditions within the health sector, working in partnership, and advocacy.

This report is a fitting continuation of that pioneering tradition. Nurses are in a position to devote their efforts and use the considerable trust they enjoy from society at large to work for a fairer society. Here are the steps needed to create health equity.

Professor Sir Michael Marmot
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INTRODUCTION

In late 2017, a report titled "*Nursing and Midwifery: The Key to the Rapid and Cost-Effective Expansion of High-Quality Universal Health Coverage*" was commissioned by the World Innovation Summit for Health (WISH). The resultant report highlighted the role nurses and midwives currently play in delivering universal health coverage (UHC), as well as outlining where the talent and experience of nurses could be better used in future to build a sustainably healthier world.

The timing was no accident. Indeed, one of the report's lead authors, Lord Nigel Crisp, had lobbied hard for a WISH report on nurses and nursing to be produced in time to feature prominently during the next scheduled global meeting of the WISH community in November 2018. He had told us about the significant shortfall in nurses globally and about the challenges nurses face becoming part of the process of developing health policy despite playing such a vital role in healthcare delivery. He also told us about the ambitious plans for Nursing Now, and we were delighted to be at the Nursing Now launch event at St Thomas's Hospital in London in February 2018 when Lord Crisp announced that ours would be the first evidence-based report to be published as part of the new nursing-focused campaign.

By publishing our report, two things became clear.

First, that up until that point, we had been guilty at WISH of not putting enough focus on the tremendously important role that nurses play in delivering global health—a role that goes far beyond providing frontline care. When producing our report, it quickly became clear that nurses have more than earned their place at the decision-making table. It is easy to take nurses for granted, but as a global health initiative, we realised that we had a duty to listen closely to nurses and to support them in their efforts to have their voices heard and their professional and personal concerns addressed. As promoters of health innovation, we realised that nurses frequently offer a fresh perspective to finding innovative ways to improve the delivery of care. Our 2018 report was a good starting point for our efforts to shine a light on nurses and nursing. It suggested broad, actionable policy recommendations. However, it was only the start and it highlighted that there was a great deal of scope for delving deeper into specific areas of nursing-focused research.

Second, the findings and recommendations of the 2018 WISH report clearly laid out that, globally, UHC cannot be possible without investing in current nurses and attracting future ones. Nurses and midwives are all-too-often undervalued, yet the person-centred and holistic approach to health makes nurses particularly well suited to leading in the delivery of effective UHC, and also to lead at the policy-making level. This has to be delivered without putting an undue burden on individual nurses—there must be a focus on service quality and those delivering services, rather than only on finance and access to services.

All of this serves as the backdrop for the publication of this timely and important new report. "*Nurses for Health Equity: Guidelines for Tackling the Social Determinants of Health*" has been led by nurses. It recognises the importance of Sir Michael Marmot's 2016 "*Doctors for Health Equity*" report for the World Medical Association, while highlighting that this is an area where international and national nursing organisations and associations, as well as individual nurses, should be playing an active role and, in many cases, be taking the lead. On behalf of WISH, I would like to thank Dr William Rosa, Dr Catherine Hannaway, Professor Charlotte McArdle and Mary Frances McManus for the considerable effort they put into authoring this report, Dr Sanaa Alharahsheh from the WISH team in Doha, and Professor Sir Michael Marmot for his generous guidance and collaboration.

This report explicitly focuses on what can practically be done by nurses to reduce inequalities in health, offering clear areas where actions need to be taken by nurses themselves and identifying where investments need to be made in order to develop effective nursing leaders who can advocate for change as valued members of multisector and multidisciplinary teams.

We hope that this report will not only provide a compelling and insightful read but will also act as a springboard for future action.

Sultana Afdhal
CEO, World Innovation Summit for Health (WISH)

About WISH

The World Innovation Summit for Health (WISH) is a global healthcare community dedicated to capturing and disseminating the best evidence-based ideas and practices. WISH is an initiative of Qatar Foundation and is under the patronage of Her Highness Sheikha Moza bint Nasser, Qatar Foundation's Chairperson.

The inaugural WISH summit took place in Doha in 2013. The fifth edition of the summit was held in November 2020. Through international events and a range of ongoing initiatives, the WISH community is working hard to harness the power of innovation to overcome the world's most urgent healthcare challenges and inspire other stakeholders to action.

EXECUTIVE SUMMARY

The COVID-19 pandemic has amplified the central role nurses play across settings and systems in optimising health outcomes on a global scale. They are key players in providing high-quality clinical care of individuals, families and communities and make expert contributions across policy, education and research domains. Nurses are at the frontlines of health and social care services, merging their evidence-based, scientific and person-centred skills to meet the health and wellbeing needs of populations worldwide during times of both normalcy and crisis.

In this report, we contend there must be increased and rapid investment in nurses and nursing to strategically address the social determinants of health and move towards health equity in both systems and communities. Building on the existing social determinants science, we provide clinician-level, national and international guidelines across six key domains that need our collective attention and investment:

1. **Understanding the issue and what to do about it: education and training.** Health inequities will only be rectified through an approach that integrates awareness of and attention to the social determinants throughout nurses' professional training and preparation.
2. **Building the evidence: monitoring and evaluation.** Leveraging nurse expertise in research, scientific inquiry, monitoring and evaluation will strengthen the global understanding of the social determinants and provide implications for practice change in various settings.
3. **The clinical setting: working with individuals and communities.** Actionable and ongoing support of local, national and international organisations is required to advance policy and provide guidance for nurses to address the social determinants and expand their scopes of practice accordingly to meet individual and population health needs.
4. **The role of healthcare organisations as employers, managers and commissioners.** Investments are needed to develop and engage nurse leadership at decision-making tables and in full collaboration with all stakeholders in a multitude of contexts while promoting nurse safety, health and wellbeing.
5. **Working in partnership: within the health sector and beyond**. Multisector and multidisciplinary partnerships are critical components of advancing action on the social determinants at the point of care and in collaboration with communities.
6. **Nurses as advocates.** Nurses must be supported to fulfil their role as health advocates and lead change for health equity. Empowered nurse advocacy on health teams, in policy settings and as a part of health and social care organisations is fundamental.

Case studies are used throughout the report to highlight current nurse-led and partnership exemplars that are addressing the social determinants worldwide in the myriad domains identified above. In addition, nurse and policy leaders are cited throughout the report as key informants. They provide first-hand insight to help guide the health sector in ensuring that nurses can adequately tackle the social determinants for health equity.

The authors of this report picture a world where these guidelines inform practice for the world's 28 million nurses to meet the individual and population health needs of people everywhere. The guidelines offer measurable and pragmatic opportunities to advance the work of nurses and promote health equity throughout the lifespan. Adoption and actionable response to these guidelines will be needed on the parts of all stakeholders to achieve equitable and universal health coverage by 2030 and beyond.

NURSING AND GLOBAL HEALTH INEQUITIES: THE TIME IS NOW

> Why treat people and send them back to the conditions that made them sick?
>
> Professor Sir Michael Marmot (2015)[1]

The World Health Organization (WHO) designated 2020 as the "International Year of the Nurse and the Midwife"—a once in a generation opportunity to raise the profile of nursing and midwifery to achieve "Health for All" and make measurable contributions to the Sustainable Development Goals (SDGs).[2] Coronavirus Disease 2019 (COVID-19) has underscored the invaluable contributions that nurses make to health and social care needs in times of crisis.[3,4] This intersection of worldwide nursing recognition and the COVID-19 emergency is bringing about tangible system-wide change for how nurses are perceived and valued.

The time is now to develop guidelines and increase the impact that nurses are having on health equity at all levels of the system. *Nurses for Health Equity* aims to set out a comprehensive strategy to better incorporate the social determinants of health into nurses' clinical, academic, scientific and policy practices locally, nationally and globally.

The WHO defines social determinants of health as "the conditions in which people are born, grow, live, work and age" and states that there is "ample evidence that factors including gender, ethnicity, education, employment status, income level, housing and access to healthcare have a strong influence on a person's health."[5] There are wide disparities within and between all in the health status of different social groups.[6,7] The lower an individual's socioeconomic position, the higher their risk of poor health. A milestone report in the United Kingdom demonstrates that for the first time in over a century, life expectancy has not increased and for the poorest 10% of women, it has actually declined.[8]

There are many challenges facing health and social care systems around the world: an aging population, increased prevalence of non-communicable diseases, and rapidly changing health needs of populations exacerbated by COVID-19.[9,10] The WHO has identified UHC as a top priority, recognising that good health and access to safe, high-quality health services for all people is a fundamental human right. To address the challenges within health and social care systems, it is imperative to address the social determinants.

Fig 1 | The United Nations SDGs[11]

It is well-recognised that nurses make leadership contributions towards achieving national and global health targets related to a range of health priorities, such as UHC, emergency preparedness and response, patient safety, and the SDGs (fig 1).[12–19] Nurses improve health outcomes, promote gender equality, take climate action, reduce inequalities and support economic growth.[20–22]

For instance, there is substantial advocacy to engage nurses as integral partners in SDG attainment.[23–26] Promoting their participation in SDG action plans at institutional and community levels is a key step in addressing the social determinants for health equity and is particularly relevant in the face of global health emergencies, such as climate change, refugee crises, natural disasters and future communicable diseases beyond COVID-19. Importantly, the *Triple Impact* report called for increasing the quantity of nurses across international settings and scaling leadership development programmes to optimise their scopes of practice to meet the needs of global populations and realise the SDGs (specifically, SDGs 3, 5 and 8).[20]

Nurses in all specialty practice settings play critical roles in advancing UHC and the SDGs. For example, the global burden of serious health-related suffering requiring palliative nursing care will continue to increase exponentially over the next four decades.[27,28] COVID-19 has brought these needs to the forefront across nations and contexts.[29,30] Palliative care is a fundamental aspect of UHC as defined by SDG target 3.8.[31] Enhanced access to palliative nursing services will be needed to not only alleviate serious health-related suffering for all people, but to address health inequities throughout the serious illness trajectory, including at the end of life and into bereavement.[32–34]

As nurses, we have a significant role to play in addressing the social determinants of health and in achieving the Sustainable Development Goals. Thus, building a more equitable and sustainable world for all.

Mary Frances McManus
Nursing Officer, Public Health
Department of Health, Northern Ireland

The 2020 *State of the World's Nursing* report shows that nurses comprise over 59% of the professional health workforce around the world and make a unique contribution to improving health nationally and globally through many different roles in a wide variety of environments and practice settings.[22] However, they all share a combination of professional knowledge and skills, hands-on person-centred care, and humanitarian values that make them particularly well placed to help meet health and healthcare challenges of today and for future.[20]

Nurses respond flexibly to the needs of patients and communities, taking a holistic and biopsychosocial environmental view of health rather than purely a biomedical approach.[16,21,35] Of note, nurses often live in the communities they serve. This closeness with the community means they can provide support with

Fig 2 | Nursing leading innovation: new and innovative services[12]

health promotion, disease prevention and health literacy, identify community needs and initiate public health programmes, promoting social inclusion to help address the social determinants throughout the care continuum.

Nursing leadership must be developed throughout health systems and encouraged by interdisciplinary partners, policy makers and other stakeholders. Achieving health equity requires investment in innovative nursing services to ensure healthcare access, improve health promotion and prevention, improve quality, and integrate redesign and technology (fig 2).[12]

> Nurses are the most trusted group of people. Rightly so. They treat individuals with compassion and care and have great potential to improve the health of communities through action on the social determinants of health.
>
> Professor Sir Michael Marmot
> Nursing Now Champion

Health professionals - including nurses - can make a significant impact in advancing health equity.[36–39] A recent Pan American Health Organization social determinants analysis in the Americas made one overarching charge: equity in all policies.[37] In order for nurses to maximise their contribution, the greatest opportunity for development is within public and population health. In particular, nurses must be supported to fill key high-level advocacy roles, shape policies at all levels, partner and collaborate within the health sector and far beyond, and leverage their one-to-one interactions with patients and the communities they serve. A life-course approach is critical—starting at pre-pregnancy and early childhood through to adulthood and older age—using multisector partnerships to promote greater societal cohesion and wellbeing.[38]

The WHO report, *Time to Deliver*, recommends that nurses have significant roles in reducing health inequality, stating "primary health services should be strengthened, with an adequate and well-equipped multidisciplinary health workforce, especially including community health workers and nurses."[39]

> Health equity should be a priority because it goes to the heart of the kind of societies we want. It is unacceptable that the prospect of living a dignified, fulfilled, healthy life is unequally distributed in society … In order to make health equity a priority, you must make equity a priority.
>
> Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas (2019)[37]

As COVID-19 continues to impact health outcomes worldwide, the poorest and most at-risk groups among us are experiencing disproportionately negative outcomes.[40–45] Evidence-based recommendations for "flattening the curve" are not pragmatic for many of the world's populations.

Hand hygiene is elusive for those who lack clean water and sanitation, for example in the poorest areas of West and Central Africa. Social distancing in the Dharavi slums of Mumbai, India, is problematic when living elbow-to-elbow with neighbours relying on each other for interdependent survival. In addition, it may be easier for wealthier people, with presumably higher levels of access to education and technology, to adapt to home-based employment in response to governmental quarantine mandates, be better suited to home-schooling their children, and have opportunity for recreation in outdoor space.

While the pandemic has exposed some harsh truths about how we, as a global society, create and sustain health for ourselves, our families, and our communities, COVID-19 did not create the fault lines. Humanity has accomplished this feat of inequality on our own.

In many nations, the inequities are historically rooted and have myriad consequences in the health and social care arenas. For instance, the Black Lives Matter movement has raised global awareness of structural racism

and associated policies that have oppressed Black people for centuries. These systemic injustices have impacted countless social determinants of health for persons of colour, including education, economic, and health access and outcomes. Because health is overwhelmingly socially determined, it will take a social and professional reconfiguration of the nursing role in health services, policy and informed advocacy to address inequities at the system level and on a global scale.[46,47]

Nurses, and the teams they partner with, address health inequalities at a number of levels: through clinical care, patient advocacy, community engagement and influencing the wider political agenda.[48] Policy makers advocate community engagement to tackle the wider social determinants of health, but it is not something that the majority of nurses are equipped for, have time to pay attention to, or are motivated to do. Effective clinical practice requires all nurses to be aware of key demographic data pertinent to health inequalities and actively seek to address these gaps deliberately.

DO MORE, DO SOMETHING, DO BETTER

The *Doctors for Health Equity* report provided ways clinicians and professional associations can address the social determinants in myriad practice domains.[49] The report adopted the WHO's perspective on the social determinants: *do something, do more, do better.*[38] In alignment with previous work, the *Doctors for Health Equity* report called for action in six key domains (table 1).[36]

We use the six action areas listed in table 1 to advance the science of social determinants and make explicit the unique contributions of the nursing workforce to achieve health equity. Comprehensive empirical and policy analyses are needed to efficiently guide nurses, organisational leadership and policy makers with a reliable evidence base. Without efforts that integrate nurse action on the social determinants in all systems and at all levels, we—all of us—will continue to fall short of creating the fair and healthy world we want.

Table 1 | Six key domains to act on the social determinants of health (adapted)[49]
(1) **Understanding the issue and what to do about it: education and training**: Improve training/education for clinicians to teach practical social determinants competencies, address heath inequities and develop the social agency of clinicians
(2) **Building the evidence: monitoring and evaluation:** Utilise data at local and international levels to inform service development that meets individual and community needs while leveraging technology to optimise data capture
(3) **The clinical setting: working with individuals and communities:** Reconsider approaches to timing and format of consultations; ensure team is aware of social history; use social prescribing and care planning; build neighbourhood networks in the community setting
(4) **The role of healthcare organisations:** Promote equitable recruitment practices; good quality employment and attention to psychosocial conditions for all employees should be a priority; role model good practice throughout procurement chain
(5) **Working in partnership: within the health sector and beyond:** Forge partnerships inside and outside of the health system with a broad range of organisations; collaborate across sectors to ensure consideration of health implications across the policy trajectory
(6) **Health professionals as advocates:** Support health advances locally and globally at both the individual and community levels; improve working conditions for the healthcare team and promote students in thinking of themselves as advocates

DOMAIN 1: UNDERSTANDING THE ISSUE AND WHAT TO DO ABOUT IT: EDUCATION AND TRAINING

Our current nursing education system promotes silos, focusing content on discrete areas of practice including community health … It is time to ask ourselves if we can learn a new way of educating nurses that addresses inequity in a more contextual, meaningful way … I believe the power of partnerships with our healthcare colleagues across the globe can be a strong beginning. Addressing inequity begins with 'we'.

Michele J. Upvall, PhD, RN, CNE, FAAN
Vice-Dean, Nursing, College of Health Sciences
VinUniversity, Hanoi, Vietnam

Nursing has the power to make measurable improvements to health equity throughout the population health arena.[49–52] In fact, nurses are arguably the most influential professional in the field of population health and wellbeing due to their knowledge of partner communities and available assets, as well as their advocacy on various levels using a mixture of technical/clinical knowledge and strengths/asset-based engagement. Understanding community assets is the key to tackling inequalities through action on the social determinants to ensure continuity of care.[53]

Box 1: Case study: nurses echoing the silent cry of women and children to end violence—Jamaica[54]

Violence against women and children is a significant health, human rights and social problem affecting Jamaica and other societies, often unrecognised and unreported. It has become a national priority for Jamaica. As many as twenty four women are murdered annually by their intimate partners, many of them leaving children behind.

The local nurses' advocacy group started a project where they join the "Orange Day Campaign" aimed at raising awareness and ending violence against women and girls. We are now building on this theme and will be focusing on training nurses and midwives to identify victims of violence, among other strategies. We believe nurses have the potential to make a real difference.

Nurses and midwives represent 70%–80% of the healthcare workforce in Jamaica, providing 90% of the care patients receive. They are predominately women, are trusted by their communities, have a pivotal role and are in a position of power to effect change that could empower women and protect children. As frontline healthcare providers, with requisite training, nurses and midwives will be able to appropriately identify, treat and refer women and children who are being abused.

Nursing Now Jamaica has developed a programme of action to echo the cry and end violence among women and children and is currently planning and undertaking the following activities:

1. **Training nurses and midwives to identify violence-related abuse**
   - Train 20 "trainers of trainers" in violence prevention
   - Train 500 nurses and midwives over 2 years in violence prevention and conflict resolution strategies

   Future training will be conducted via virtual platforms as a result of the impact of COVID-19.
2. **Include a module relating to violence reduction strategies in the nursing training curriculum**
   - Identify learning institutions and sensitise regarding violence prevention
   - Develop an internship programme through chief nurse office
   - Commence discussions with Schools of Nursing for the inclusion of this module in the basic Nursing Curriculum.

3. **Develop a nursing communication strategy to increase awareness and forge partnership for the reduction of violence against women and children**
   - Strengthen existing communication protocols
   - Advertisement-bumper stickers, media article, interviews
   - Organise public march—one each year
   - Forge partnership with key stakeholders
   - Multiple conference presentations given or planned.

Raising awareness—Nurses as advocates

The United Nations Secretary General's Campaign *Unite to End Violence against Women* has proclaimed the 25th day of each month as "Orange Day," a day to raise awareness and take action to end violence against women and girls. November 25th is the International Day for the Elimination of Violence against Women.

The Nurses Association of Jamaica organised and led marches each year in June from 2016 to 2019. There are plans to host activities on the 25th day of four months annually recognising the importance of this day in the drive to end this scourge against our women and children. Target audience for this activity involves nurses, midwives, community members and leaders.

Presentations on the project were made, and fliers introducing the project were handed at churches on International Women's Day 2020.

Forging new partnerships to drive change

New partnerships are being developed by nurses with organisations that support victims of violence to include the United Nations Women, Institute for Gender and Development Studies (IGDS), PAHO/WHO, Jamaica Midwives Association (JMA), Nurses Association of Jamaica (NAJ), Women's Crisis Centre, Jamaica Constabulary Force, Church groups and the Nursing Council of Jamaica.

"Nurses are the backbone of every healthcare system in the world. Today, preparing nurses through the development of their knowledge and skills is an essential and needed component of nursing education. By incorporating the foundational concepts of population health, inclusive of the social determinants of health in nursing curricula, nurses can be prepared to better address the health needs of the populations they serve and develop the skills needed to evaluate, identify, advocate and contribute in addressing health inequity".

Sanaa T. Alharahsheh
Senior Associate of Research & Policy
World Innovation Summit for Health, Qatar Foundation.

Educators play a crucial role in fostering students' appreciation and understanding their communities. Interprofessional learning and collaboration must be embedded throughout the educational trajectory.[49,55,56] Educators must also nurture an interest for the determinants that influence health, wellbeing and happiness, including personal, economic, environmental, social and structural factors, as well as the intersectional relations between them.[56] Health equity is only possible in a culture of person-centeredness and rooted in collaborative environments that are safe and empowering for all involved.[57] Education is the starting ground for students and future nurses to learn the essential nature and value of integrating the social determinants throughout practice and advocacy initiatives.[58,59]

Guidelines for education and training
What international organisations and associations can do:
• Co-create a strategic nursing position statement on health equity led by the International Council of Nurses (ICN).
• Co-produce a global strategy for actions on the social determinants to recognise the lead role nurses play.
• Create and provide health equity learning tools relevant to all nurses, led by the ICN.
• Promote mandatory health equity education in all levels of nursing curricula.
• Increase nurses' opportunities to join country delegations to attend the World Health Assembly and encourage ministerial-level internships for nurses.
• Commission work to explore an internationally recognised definition of "population (public) health nursing" to maximise the opportunities and unique contributions of nursing.
What national organisations and associations can do:
• Support curricular objectives that reflect health equity, social justice and structural inequalities as a core nursing focus.
• Develop transdisciplinary learning opportunities and joint training for nurses and other health professionals.
• Prioritise fellowship programmes in public health departments and communities for nurses.
• Include quality improvement, leadership skills, systems thinking, advocacy, policy influence and interprofessional collaboration in all nursing programmes from undergraduate to postdoctoral study.
• Prioritise doctoral level nursing pipeline programmes to prepare future generations of nurses.
What nurses can do:
• Request education programmes that enable nurses to assess and act on social determinants at all levels—from novice to expert.
• Ensure educational content related to the social determinants, health equity, person-centred care and co-production are embedded in the training for all nursing specialties and adapted for all scopes of practice.
• Teach students to critically apply health equity concepts and evidence social determinants in care plans.
• All nurses and students should assume accountability to reflect on the social determinants in relation to all training, to ensure health equity is prioritised in current and future practice.

We tend to be focused on the clinical-medical model part of nursing and not really the preventative part, which is where social determinants exist. First, we need to think broader about clinical placements … For example, how do we teach students to appreciate climate [action]? When does a student go to work in environmental health with a specialist? Second, we need to engage other professionals within our training. Yes, it needs to be led by nurses … But we need to bring [a broad range of experts] to teach so students can develop relationships early….

Bongi Cristabel Sibanda, MSc, ANP
Advanced Nurse Practitioner
Chief Nursing Officer, APN Africa
London, United Kingdom and Zimbabwe

DOMAIN 2: BUILDING THE EVIDENCE: MONITORING AND EVALUATION

Florence Nightingale launched the profession of nursing through her quantitative research, showing that the introduction of nurses into British military hospitals saved many lives. Today researchers are advancing those same scientific methods, building the evidence-base documenting that nurses save lives and money, thus offering a high value investment in reducing health disparities. If we take action by implementing these findings to ensure that all receive the nursing care they need, great strides will be made toward health equity."

Linda H. Aiken, PhD, RN, FAAN, FRCN
Center for Health Outcomes and Policy Research
University of Pennsylvania School of Nursing, USA

Health inequity data capture, monitoring and evaluation is essential to building the evidence base and informing our understanding of the impact of social determinants on populations.[49] If we are to "*do something….do more…. do better*," we must position nursing science as a cornerstone of population health data science.

The WHO Global Health Observatory provides a gateway to a world of health-related data and statistics for 194 of its Member States.[60] As part of the Observatory, The Health Equity Monitor has a range of data products (e.g. Health Equity Assessment Toolkit) as well as a database, equity country profiles, and interactive visuals. Despite the availability of this data and resources, there are challenges for countries, their governments, and institutions, where a lack of advanced technical knowledge for measuring health inequalities and conducting health inequality monitoring at a national level can exist.[61]

I think nurses have many of the answers. We just don't take the time to develop those solutions within ourselves or within the profession. I often hear, 'I'm only a nurse.' Well, 'only a nurse' can only do so much. Look at Nightingale – the first woman ever inducted into the Statistical Society [now the Royal Statistical Society]. Here's a nurse … evidence-based practice and innovation… look what she accomplished … She was a woman of high-esteem and wealth and yet addressed the science of social determinants in everything she did.

Franklin A. Shaffer, EdD, RN, FAAN, FFNMRCSI
President and CEO, CGFNS International,
Philadelphia, PA, USA

Monitoring of inequalities alone is not enough. With capacity building in a range of innovative research methodologies, nurses can augment the monitoring data with translational research evidence, providing a greater understanding of why inequalities occur and how we can take action.[62] The unique lens and intersectional action that informs nurse science and practice has the utility to optimise multi-level outcomes, as part of a global response to the challenge of health equity.[20,63] However, nurse contribution to data capture and monitoring alongside the co-production, implementation and evaluation of health equity enhancing interventions, with subsequent translation of the evidence base into policy, continues to be underinvested, underdeveloped and, where it is present, is underutilised.

A reconceptualization of nursing scope of practice … is needed. Leadership skills need to be strengthened and mentoring should be provided early on in nurses' careers. All of this requires strong evidence and research to support the effectiveness and efficiency of new models … foster a culture of research and curiosity among nurses and find, develop, and use evidence to improve practice and participate in policy dialogues that will strengthen health and the nursing profession.

Arwa Oweis, DNSc, RN
Professor of Nursing, Jordan University of Science and Technology, Irbid, Jordan, and Regional Adviser for Nursing, Midwifery and Allied Health Personnel
World Health Organisation Regional Office of the Eastern Mediterranean

Box 2: Case study: Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing (Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing, Unpublished case study)—United States

Established in 1989 as one of the first centres to scale up rigorous research on the impact of nursing on patient outcomes, the Center uses evidence to inform policy and produces the next generation of scientists. Center researchers have created a robust evidence base showing the impact of nursing resources on patient outcomes across different healthcare delivery settings (hospitals, nursing homes, home care, primary care), diverse populations and countries.

While better nursing resources benefit all patients, underserved minorities and low-income patients benefit even more from nursing but tend to have less access to high-quality nursing resources. The Center's body of research suggests that investments in nursing resources return high value to institutions and countries by producing better patient outcomes at the same or lower costs compared to constraining nursing resources.

Good return on investments in nursing results from avoided expensive complications such as infections, avoided days of expensive intensive care and hospital readmissions, and shorter stays.

The Center's aims are to produce research evidence to improve access to affordable, high-quality healthcare and reduce health disparities by harnessing the expertise of nurses. We explore the nursing workforce; nursing's contribution to reduce racial, ethnic and socioeconomic disparities; policies such as scope of practice and nurse-to-patient ratios; nursing inputs such as education, skill mix and work environment; and how these factors impact patient outcomes.

History at a glance:

85 nurse PhD graduates since 1997

— 90% currently serving at research-intensive institutions

— 80% successfully competing for research funding

60 interdisciplinary senior fellows

— Faculty, colleagues, research partners and alumni in 30 countries with an established or emerging record of research on topics directly connected to our work

400 published papers (many with special awards)

— Top Influential Papers in *Health Affairs*

— Three American Academy of Nursing Media Awards

— John P. McGovern Award

— AcademyHealth Article of the Year Award

100 million research dollars (150 funded projects)

— National Institute of Nursing Research (NINR)

— American Nurses Foundation (ANF)

— Agency for Healthcare Research and Quality (AHRQ)

— National Institute on Minority Health and Health Disparities (NIMHD)

— The Robert Wood Johnson Foundation (RWJF)

50 major research prizes

— Christiane Reimann Prize, ICN

— Nell Watts Lifetime Achievement of Nursing Award, STTI

— Gustav O. Lienhard Award, National Academy of Medicine

— Anvar and Pari Velji Global Health Project of the Year

— William B. Graham Prize for Health Services Research

— AcademyHealth Distinguished Investigator Award

— Individual Ernest A. Codman Award, Joint Commission

30 partnering countries spanning six world continents

— Africa

— The Americas

— Asia

— Australia

— Oceania

— Europe

Well-documented research from CHOPR investigators spanning three decades has demonstrated persistent disparities in outcomes for racial and ethnic minorities, particularly in settings with insufficient nursing resources. From the most vulnerable infants to older African American/Black patients, the alarming and unprecedented COVID outbreak is shining a bright light on health disparities that have been apparent for some time. The Center's research documents fewer nursing resources in hospitals caring for large numbers of COVID minority patients, thus identifying a contributing factor in higher death rates among minorities. The Center's pioneering research on improving care environments and nurse staffing is featured in several places throughout the ICN's special publication, *Nursing the World to Health*, celebrating the International Year of the Nurse and Midwife.

The Magnet4Europe Initiative and the associated US Clinician Wellbeing Study, led in part by Dr Linda H. Aiken and Dr Matthew D. McHugh**,** exemplify how researchers globally collaborate to harness the power of evidence as a catalyst for nurse-led healthcare redesign. With colleagues in Europe, they have recruited over 60 US Magnet® recognised hospitals that have pledged to partner with 60 hospitals in six European countries to redesign work environments to improve the mental health and wellbeing of nurses and physicians and improve patient safety. Each US hospital will participate in both initiatives: pairing up with an EU interventional hospital to assess and redesign workplace environments in Magnet4Europe and opening their doors to a large-scale evaluation of how the mental health of their nurses and physicians can be improved for the Clinician Wellbeing Study. These hospitals have the unique opportunity to improve their own workplace environments by utilising findings from the Clinician Wellbeing Study and pay it forward by collaborating to improve the workplace environment of a mentee hospital in the EU through Magnet4Europe.

Using low- and middle-income countries as an example, the *State of the World's Nursing 2020* report points to the need for the collation of evidence of nursing interventions and nursing science to position a research agenda informed by relevant local experience and context and driven by nurses.[22] At the forefront of health equity centred care delivery, nurses are well placed to ensure that monitoring and evaluation plans of social determinants interventions are embedded at the outset. Sharing good practice and evidence of outcome and impact enables practitioners, service providers and policy actors to identify priority areas and plan effective allocation of resources. The WHO Collaborating Centres for Nursing and Midwifery are prime examples of how to provide a global vehicle enabling the dissemination of evidence at macro, miso and micro-levels.[64]

Guidelines for monitoring and evaluation
What international organisations and associations can do:
• Promote advanced health informatics knowledge and skills training for nursing supported by WHO and ICN.
• Foster global partnerships between WHO Nursing and Midwifery Collaborating Centres to promote health equity research capacity building and support evidence-informed policies.
• Call for nursing to be recognised as a STEM profession.
• Encourage multisector stakeholders to increase nurse scientist representation at all policy levels and inform health equity decision making.
What national organisations and associations can do:
• Influence governments to integrate social determinants indicators to monitor at-risk populations and improve health outcomes throughout their strategic plans.
• Call for access to national-level health and socioeconomic data to conduct health inequality monitoring at all levels.
• Develop a centralised open access repository for collaboration and sharing of social determinants evidence.
What nurses can do:
• Use social determinants as indicators to prioritise and monitor at-risk populations and improve health outcomes.
• Collect information to inform population health needs assessment, person-centred care, programme design, commissioning, policy decisions and improved population outcomes.
• Embed evaluation frameworks into health systems and advocate for increased funding for health equity research.
• Promote community coalitions to develop health equity interventions and translate evidence to improve policies and health outcomes.

DOMAIN 3: THE CLINICAL SETTING: WORKING WITH INDIVIDUALS AND COMMUNITIES

The social links and determinants are what nurses address instinctively. It is how we see the world. Nurses look at the human being in totality… this is how we come to understand the health of the community where very often nurses are the ones who are there.

Judy Khanyola, MSc, RCHN
Chair, Nursing and Midwifery
University of Global Health Equity
Kigali, Rwanda

Health equity begins and ends with the idea that every life has equal value and the care of all individuals must be approached with respect and inclusion. The relationship between individuals and nurses is crucial to promote an environment of safety, trust and transparency so that social determinants can be readily assessed and considered. These considerations include ensuring adequate consultation time with a partnership approach; a full social history reflective of cultural, spiritual, economic and community needs; willingness to co-create plans of care while valuing the individual, family and/or community as expert in their own wellbeing; and an assessment of non-clinical needs and concerns that impact health.[41] There will be vital opportunities for health promotion for both individuals and communities post the COVID-19 pandemic because health and care systems cannot deal alone with many of today's major health problems, such as loneliness, stress, obesity, poverty and addictions. The current systems can only react, doing the repairs but not dealing with the underlying causes.[65] Nurses are actively creating, partnering with, and supporting innovative solutions in workplaces, schools, clubs, individual homes and so on: the places where health is created.

Both nurses and advanced practice nurses, such as nurse practitioners (NPs), are critical to ensuring health equity in the clinical setting. NPs have consistently demonstrated high-level, high-quality care for individuals in acute and community-based settings, improve quality measures while decreasing cost expenditures, and show high rates of individual's satisfaction matched by an increased number of return visits when compared with other primary care providers.[66–70] Their biopsychosocial approach to patient and community care, in conjunction with their advanced training, make them an ideal workforce population to act on the social determinants through evidence, intensive clinical experience, and the skills needed to track and improve health outcomes.

At the community level, nurse clinicians must consider neighbourhood- or community-centred interventions and relationship-building to understand social dynamics and determinants at the root of health.[49] Fostering long-term, sustainable, respectful and mutually beneficial relationships with community members promotes community engagement at all levels of care. Nurses establishing academic and clinical partnerships across contexts should demonstrate understanding of the history and appreciation for cultural differences in learning, social norms and communication.[71–73]

Digitalisation has a huge role to play in improving clinical health outcomes, with nurses in a unique position to raise awareness to help mitigate the impact on inequalities in healthcare access and outcomes, as a result of the shift towards virtual access to services (as highlighted by COVID-19), and healthcare points that require computer literacy and equipment availability (e.g. Roma, migrants, those living in poverty or with disability).

Box 3: Case study: meeting people where they are: COVID-19 and health equity in the community—Qatar (Hamad Medical Corporation Community Services, Unpublished case study)

Hamad Medical Corporation (HMC) Community Services, including Home Healthcare Services (HHCS), have been working with other healthcare providers and ministries to face the unprecedented challenge associated with COVID-19.

HHCS is a nursing-driven service promoting frontline nurse professionalism, expertise and commitment to Qatari citizens during the pandemic. Currently, HHCS has 2500 persons in their care of different nationalities who receive free multidisciplinary services based on healthcare needs. Nurses visit individuals and their families according to a tailored plan of care and the individual's health needs.

To help with the crisis, HHCS nurses have been divided into multiple teams, including a team to triage individuals, a team making home visits to prevent hospital crowding during COVID-19, and another group to care for confirmed or suspected COVID-19 individuals. A further group of nurses is collaborating with different HMC hospitals and long-term facilities to design safe and strategic discharge plans for eligible persons to transition towards home-based care and alleviate the burden on hospitals during the pandemic.

As nurses, we have a moral and ethical obligation to be collective partners in achieving health equity … Translating the goals of health equity will require a cadre of public health and nursing leaders who have a collective passion, commitment to unite science, practice, political will, and the greater community to achieve 'health for all'.

Deborah White, PhD, RN
Dean and Professor, University of Calgary
Doha, Qatar

Guidelines for the Clinical Settings Working with individuals and communities What international organisations and associations can do:
• Promote person-/community-centred care as a fundamental component of nursing to ensure informed action on the social determinants.
• Equip nurses globally with the skills needed to integrate social determinants in holistic assessments and care planning.
• Actively support nurses globally to facilitate care that enables individuals and communities to take control of their own health priorities.
• Promote international commitments to support nurses in practicing to the full extent of their education, qualifications and expertise to optimise action on the social determinants.
What national organisations and associations can do:
• Ensure that nurses are equipped with the clinical skills, time and resources necessary to understand and attend to the social determinants.
• Share evidence to promote clinical practices that reduce health inequalities and take strategic action to address the social determinants.
• Call for local and national policy makers to allocate financial and clinical resources needed to decrease health inequalities.
• Identify the challenges faced by at-risk individuals and communities to promote sustained inclusion, respect and partnership.
What nurses can do:
• Consistently take social histories to inform clinical decision making and treatment plans.
• Provide clinical and community-level interventions based on the unique and cultural needs of individuals and communities.
• Raise awareness and mitigate impact on inequalities in healthcare access and health outcomes, as a result of the shift towards virtual access to services that require computer access and literacy.
• Advocate to organisations, associations and policy makers to ensure access to clinical resources and education needed to take action on the social determinants.
• Reflect on individual- and system-level practice to identify specific barriers to the provision of equitable, person- and community-centred care.
• Address explicit and implicit bias, prejudice and acts of discrimination within the profession and in the clinical setting.

DOMAIN 4: HEALTHCARE ORGANISATIONS AS EMPLOYERS, MANAGERS AND COMMISSIONERS

Although nurses recognize the power and influence of social determinants, they do not always have the power to address these factors - specifically through allocation of resources. The highly feminized nature of our profession has limited our engagement and ownership of power and as a consequence, recognition of and ability to access resources.

Patricia M. Davidson, PhD, RN, FAAN
Vice Chancellor Designate
University of Wollongong
Australia

The need to sustain the health and welfare of the nursing workforce has been critical throughout the COVID-19 pandemic. In the context of increased individual and community suffering, economic and fiscal fallouts, and sparse resource distribution amid a global public health emergency, it is clear that the mental health and emotional wellbeing of our frontline nurse clinicians deserve safe, transparent and consistent attention. Healthcare organisations—as employers, managers and commissioners of services—have an obligation to demonstrate equitable practices in recruitment, workforce sustainability and procurement of services that take into consideration social inequalities and psychosocial wellbeing for all involved.[49] For instance, the global move to privatise hospital support services (e.g. housekeeping) hinders opportunities for employees to move up through the ranks and receive training to enter the healthcare professions.

Box 4: Case study: a nurse-led, community-based palliative care team—Liberia, West Africa (Partners In Health Liberia, Unpublished case study)

The mission of Partners In Health (PIH) is to provide a preferential option for the poor in healthcare. Through long-term relationships with partner organisations in the settings of poverty, PIH works towards the achievement of two major goals: to bring the benefits of modern medical science to those most in need and to serve as an antidote to despair. Currently working in over a dozen countries, PIH promotes local leadership training and capacity development and role models caring relationships for all workers, providing equal career opportunities and healthy work environments for employees.

In Harper, Maryland County, Liberia, Viola Karanja, a nurse and midwife, serves as the first African woman Deputy Executive Director of PIH on the continent. Karanja and nurse Julius Kpoeh witnessed that follow-up for individuals discharged from the local hospital was difficult. Despite a lack of access to necessary symptom and pain management medications and palliative care policies, PIH along with nurse leadership partnered to deliver a palliative care training and establish ongoing academic partnership for the ten nurses working across Maryland County with local communities. Competencies in psychosocial support, pain and symptom management, advance care planning, communication, ethical considerations, end of life, bereavement, scholarly writing and cultural humility were provided. This is just one example of the countless education programmes supported by PIH to support local “on-the-ground” priorities, staff and leadership.[74]

PIH is invested not only in uplifting the communities in which it works but the staff in their service who deliver care worldwide. These efforts continue today as the capacity of the palliative care team continues to evolve.

A number of nursing staff also come from the most economically deprived groups. For many of them there is overlap between their professional position and their socioeconomic position. [It means] they can empathize. We need to teach them to translate that empathy into professional practice. We have to acknowledge there is an amazing and shocking invisibility about nursing, which is partly about the profession being predominantly female. We have a lot of the knowledge, understanding, and passion to get things to change but their voices are not heard enough. We have to change that.

Christine Hancock
Director, C3 Collaborating for Health
Former CEO, Royal College of Nursing, United Kingdom

In the WHO's *State of the World's Nursing 2020* report, recommendations are clear that healthcare organisations should create healthy work environments to support nurses across all settings.[22] Measures include promoting protection from gender-based discrimination and creating decent work environments for nurses globally (e.g. sufficient remuneration, social protection, fair working conditions, reasonable working hours, occupational safety, non-financial incentives for performance, and equitable, merit-based career progression opportunities). Similarly, in order to provide available, accessible, acceptable and high-quality nursing services across all nations and contexts, the workforce must be supported by multidisciplinary stakeholders in government, civil society, financial institutions, research, education and professional associations, among others.[12,21,39] Transparent monitoring of international nurse mobility should be integrated into governmental priorities to enhance the domestic production of nurses and decrease reliance on nurse migration.

Guidelines for healthcare organisation as employers, managers and commissioners
What international organisations and associations can do:
• Advocate to governments and professional associations for high-quality, safe and decent work conditions that support nurse's wellbeing.
• Support policies that ensure nursing staff are treated with respect, enabled to live with dignity, receive adequate remuneration and have the opportunities to advance their careers through transparent and merit-based pathways.
• Promote health systems free of gender, racial and all types of bias to support health equity among nurses worldwide in support of the SDGs.
• Strengthen nursing workforce integrity by ethically managing international career mobility and nurse recruitment strategies in alignment with the positions of the ICN and WHO.
What national organisations and associations can do:
• Diversify the workforce by creating opportunities for training and employment for nurse candidates from historically disadvantaged and underrepresented backgrounds.
• Promote safe working environments to ensure nurses can ethically and holistically act on the social determinants of individuals and communities.
• Take all necessary steps to avoid nurse exploitation by ensuring resources are adequately procured and nurse wellbeing is prioritised throughout workforce strategic planning.
What nurses can do:
• Advocate for healthy and safe work conditions for all nurses, ensuring the voices of all workers are included, particularly those from diverse and underrepresented backgrounds.

• Co-produce the planning and delivery of services based on social equity and strong partnerships with parties invested in the wellbeing of those being served.
• Co-create budgets and initiatives while considering health equity, social status of the population being served, and ensuring expert guidance from diverse groups.

DOMAIN 5: WORKING IN PARTNERSHIP: WITHIN THE HEALTH SECTOR AND BEYOND

Nurses have a holistic view of health and are well placed to work with people from different sectors, particularly housing associations, employers, and schools, amongst others. Many are grounded in the day-to-day reality of health and wellbeing and have the capability of bringing real life to the decision-making table.

Lord Nigel Crisp KCB
Co-Chair, All Party Parliamentary Group on Global Health, United Kingdom
Co-Chair, Nursing Now Global Campaign

Working in partnership is a key guiding principle for strengthening nursing in alignment with the principles of the *Global Strategy on Human Resources for Health: Workforce 2030* and SDG 17.[21,75] Nurses must look beyond traditional partnerships within health and social care to explore new ways of working with other government departments and non-governmental organisations, including the voluntary and community sectors, communities and service users. Using an "assets-based" approach, building on the strengths of communities, and developing a common language with shared understanding, is important for establishing such collaborations.[76]

Being the most trusted professions, there is a huge opportunity to make significant differences to our local communities. We have transferable skills and abilities to apply to partnerships, shared decision-making, educating people, working from where they are at and not what is most important to us. Nurses are very capable to work in that co-produced model because that is person-centred care. But we need to make the connections…. We need to help nurses understand how they are shaping the broader agenda everyday – how they are impacting the SDGs and UHC – that understanding opens up a whole new world.

Charlotte McArdle, MSc, PG Cert, RGN, FFNM RCSI
Chief Nursing Officer, Department of Health Northern Ireland

The "Health in All Policies" (HiAP) approach has gained momentum around the world, integrating social determinants known to influence health into public policies.[77,78] The HiAP collaborative partnership approach to improving population health is a "call" to incorporate health considerations into the policy-making process. HiAP cannot be effectively delivered without involvement of the nursing profession. For instance, in Northern Ireland, an initiative managed by the Belfast Health and Social Care Trust, "The Homeless Hub," with nurses taking a lead role illustrates how working in partnership, health and care services can enhance care and increase accessibility while reducing hospital and emergency room attendances and admissions.[79]

There are many obstacles and challenges for nurses to effective partnership working, including separate budgets, different information technology systems, organisational and professional cultures, professional power-imbalance and so on—all of which amplify the need for strengthening their leadership skills to effectively navigate through partnership negotiations. Acknowledgement that historically it has never been a level-playing field for nurses in terms of professional power is crucial, mostly due to gender inequalities affecting the nursing profession, heavily dominated in number by women.[80]

Knowing that nurses are often the only health professionals that an individual, particularly in remote or rural areas, might come in contact with and acknowledging the closeness they have to local people and communities, they should be central to screening individual's and population needs, and advocating on their behalf the effects of the environments they are part of.[12]

Box 5: Case study: reforming mental health in commonwealth countries—Botswana, Seychelles and The Bahamas (Commonwealth Nurses and Midwives Federation, Unpublished case study)

In 2012–2013, a research team from the Indian Law Society Centre for Mental Health Law and Policy (ICMHLP) examined the mental health legislation of 46 Commonwealth countries to assess its compliance against the United Nations Convention on the Rights of Persons with Disability (CRPD). The major findings of the research were that mental health legislation in most Commonwealth countries is not compliant with the CRPD; is based on an outdated understanding of mental disorders; ignores advances in the care and treatment of mental disorders; and denies the capacity of persons with mental disorders to manage their lives.

The Commonwealth Nurses and Midwives Federation (CNMF), with grant funding from the Commonwealth Foundation, worked with Commonwealth countries, including the Seychelles, Botswana and The Bahamas, to undertake a detailed analysis of their mental health and other related legislation against the CRPD and make recommendations to enhance compliance. The overall aim of the project was that the human rights of people with mental ill health are respected within legislation, which empowers them, protects them and cares for them.

The project had three main strategies:

1. A commitment by government to participate in the project and the establishment of an inclusive National Mental Health Advisory Committee (NMHAC) to oversee the project in-country.
2. The assessment of the country's dedicated mental health and other related legislation (such as employment, property, marriage and criminal) against the CRPD and action on the recommendations.
3. The development and implementation of a communication strategy to educate politicians, bureaucrats, health professionals, relevant stakeholders, the media and the general public about mental health issues particularly in relation to human rights.

The assessment of the mental health and related legislation of both countries found that the current mental health legislation was not compliant with the CPRD. The assessment report concluded that it would be extremely difficult to amend existing mental health legislation to bring it into line with international conventions and standards as the legislation was premised on a custodial solution and exclusion of persons with mental illness rather than a rights-based approach to care and treatment. It was considered easier to draft new legislation compliant with the CRPD. This recommendation was accepted by government, and drafting instructions for new legislation were developed. Multiple stakeholder meetings were held in both countries to brief them about the assessment of the legislation, to gain support for the development of new mental health legislation and to gain input into the drafting instructions for new legislation. As an outcome of the project, new mental health legislation has been drafted and is before parliament in those countries.

A number of advocacy bodies promote multisector and interdisciplinary partnerships to advance healthcare. For example, the American Academy of Nursing's Expert Panel on Informatics and Technology recommends that "nurses, physicians, and other clinicians work in partnership to advocate to ensure that screening for the social determinants becomes standard practice, serving as a foundation to develop individualised plans of care across the continuum of both prevention and care."[73] It is important that nurses understand the process and are also part of health needs assessments in order that population-level interventions to tackle inequalities are initiated, alongside individual interventions.

Guidelines for working in partnerships
What international organisations and associations can do:
• Promote inclusive partnership working between government, non-government organisations, nurses and the general public to build healthy and health creating societies.
• Drive for investment in planning, delivering and evaluating programmes involving partnership working including nurses.
• Drive globally for a “Health in All Policies” approach that always includes and involves nurses as key stakeholders.
• Call for nurse leadership in community-based partnerships that respond to health inequalities worldwide.
What national organisations and associations can do:
• Creatively redesign partnership working arrangements, focusing on up-stream health promoting and care interventions, making nurse-led services the norm in community and primary care settings.
• Involve nurses in co-creating and commissioning services addressing the social determinants beyond information sharing, to outcome-focused, measurable improvements.
• Include nurses in stakeholder mapping and analysis at all levels, ensuring their involvement from the early planning stages of local needs/assets-based initiatives.
• Partner with nurses in screening for social determinants at both individual and population levels, to ensure a focus on at-risk groups at every stage of the commissioning cycle throughout the lifespan.
• Ensure nurses engage individuals and communities as partners, including entrepreneurial opportunities where health is “created,” and using a community assets-based approach in efforts to identify local priorities and address social determinants.
What nurses can do:
• Collect and collate community profiling and health needs assessment data to influence approaches to care and health promotion, at individual and population levels.
• Commit to personal development opportunities in leadership, partnership working, advocacy, assessment, negotiation and policy-making skills.
• Actively seek opportunities for partnership working, including advocating for and involvement in “Health in All Policies.”

DOMAIN 6: NURSES AS ADVOCATES

No global health agenda can be realized without concerted and sustained efforts to maximize the contributions of the nursing workforce and their roles within inter-professional health teams. To do so requires policy interventions that enable them to have maximum impact and effectiveness by optimizing nurses' scope and leadership, alongside accelerated investment in their education, skills and jobs.

State of the World's Nursing Report
World Health Organization (2020, p. xii)[22]

Advocacy is a core tenet of the nursing profession. Nursing health advocacy through active leadership and on behalf of individuals and communities is foundational to the work of these clinicians working across all settings and levels. Their advocacy occurs at the individual and community level and through education, research, policy making and forging inter-sectoral partnerships.

We need to rethink our language and the skills we have as advocates to flip [the illness model] on its head and begin to talk about human health and wellness within the realities of society. In our core being we are advocates. Nurses consistently think about care where the person, family, community, or population is in the middle – you need to personalise care or it just becomes a load of words. And social determinants then become someone else's problem … but nurses have all the skills and abilities within our profession to re-humanise care, we just have not been socialised to do it.

Joanne Bosanquet, MBE
Chief Executive Officer, Foundation of Nursing Studies
London, United Kingdom

Consistent nursing advocacy capable of realising health equity requires a number of interventions. These include (1) redesigning current services in acute care and community-based settings to promote nurse innovation and encourage nurses in leadership roles; (2) investing in all aspects of nursing practices and ensuring their involvement in health promotion and management across the lifespan; (3) advancing legislation and regulations to expand advanced practice authority and redefine scopes of practice to optimise nursing contributions; and (4) raising the profile and status of nurses at local and global levels.[12,82]

Strengthen nursing leadership and ensure that nurses are well represented at all levels of decision-making and have a voice in influencing health and public policy. There is a pressing need to cultivate a critical mass of nurse leaders who are policy competent to enable them to engage in health policy and political discussions to improve health, ensure quality of service delivery, and reduce inequalities in health and contribute to stronger economies and communities.

Rowaida al Maaitah, DrPH, RN
Professor and Advisor for Her Royal Highness
Princess Muna El Hussein
For Health and Social Development
Jordan University of Science and Technology
Irbid, Jordan

The societal mandate for nursing advocacy and leadership is embedded in the strategic mission, vision and work of international professional associations worldwide.[83–85] For instance, the ICN choose a theme each year for International Nurses Day focused on the idea of "*Nurses: A Voice to Lead*." Over the past three years, the themes have focused on UHC, health as a human right, and achieving the SDGs.[13] The aim is to raise awareness among nurses globally, share stories of advocacy and leadership and inform the public, governments and policy stakeholders of the nursing role in health procurement for all.

Nurse advocacy and increased leadership roles throughout the health system and communities in future requires investments in the next generation of nursing leaders, practitioners and advocates. The evidence continues to suggest that nurses will require commitments to interdisciplinary training and collaboration, as well as further skill development regarding the social determinants, in order to effectively address the broader societal issues influencing health outcomes as both clinicians and advocates.[86]

Box 6: Case study: the 2020 Nightingale Challenge[87]

The purpose of the 2020 Nightingale Challenge is to help develop the next generation of young nurses and midwives as leaders, practitioners and advocates in health and to demonstrate both are rewarding careers. The "Challenge" asks every health employer worldwide to provide leadership and development training for a group of their young nurses and midwives during 2020/21, with an aim to have at least 20 000 registered nurses/midwives aged 35 years and under benefitting.

Nightingale Challenge nurses and midwives are encouraged to develop leadership skills through policy change, advocacy, involvement in research and interdisciplinary partnerships. Attention to the social determinants can be integrated throughout this programme in keeping with employer goals and resources. This "Challenge" has the potential globally to transform how nurses and midwives view themselves as advocates of the social determinants as they build confidence, networks and skills.

Across Northern Ireland, one of the most comprehensive country-wide Nightingale Challenge Programmes in the world has been developed, with all Health and Social Care Trusts running Nightingale Challenge leadership development programmes, alongside a unique 18-month accredited "Nightingale Challenge Northern Ireland Global Leadership Development Programme" led by the Department of Health, Northern Ireland, for 30 young registered nurses and midwives from all across the country. Along with workshops, mentoring, personal development tools, on-line learning modules, exposure to global experts and undertaking and presenting a quality improvement project, the most unique feature of the global programme is the opportunity of learning much more about global health, leadership, advocacy, the SDGs and UHC, and policy making through global networking and potentially international travel.

Social media groups have been created, one bringing together all the Nightingale Challenge nurses and midwives across Northern Ireland; the other called the "Nightingale Challenge Northern Ireland Goes Global" is open to young nurses and midwives all around the world for networking and sharing (currently stands at around 500 participants). The use of video conferencing, alongside a "Nightingale Challenge Northern Ireland Global Associates Programme," uniquely gives an opportunity for an additional 30 young nurses and midwives from across the globe (particularly low-/middle-income countries) to join in the Northern Ireland activities mainly through the use of technology, workshops, e-learning resources and forming peer-mentoring relationships.

As of January 2021, 31 210 young nurses and midwives from 802 employers in 79 countries had accepted the Nightingale Challenge.

Guidelines for nurse advocacy
What international organisations and associations can do:
• Continue to build on the current social determinants evidence and advance health equity by addressing them in all publications and health advocacy efforts.
• Align with international efforts that take action on the social determinants and health equity.
• Collaborate with national nursing associations to advocate for strategic action on the social determinants globally.
• Advocate for the integration of the social determinants into nursing education, research, clinical practice and policy priorities.
What national organisations and associations can do:
• Advocate for national integration of the social determinants into required education.
• Call for policy change to address the social determinants.
• Promote healthy and sustainable work standards for all nurses.
• Advocate for the “Health in All Policies” approach locally and nationally.
• Seek to improve quality of life for individuals and communities through attention to the social determinants and health equity advocacy.
What nurses can do:
• Use strong evidence to educate individuals, communities, partners and policy makers about why the social determinants matter.
• Advocate for organisational, local, regional and national health policies that decrease inequalities for individuals and communities.
• Advocate that knowledge of the social determinants be integrated into education and practice settings.
• Insist that nursing associations advocate for action on the social determinants at all levels through multilateral partnership building.
• Advocate on behalf of individuals and communities to improve social conditions and health outcomes.

We must invest in, value, encourage, mentor and develop the next generation of nursing and midwifery leaders in ways we have never done before – it is they who will change health and health care as we know it - all around the world.

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CONCLUSION

> In watching diseases, both in private homes and in public hospitals, the thing which strikes the experienced observer most forcibly is this, that symptoms or the sufferings generally considered to be inevitable and incident to the disease are very often no symptoms of the disease at all, but of something quite different – of the want of fresh air, or of light, or of warmth, of quiet, or of cleanliness, or of punctuality and care in the administration of diet of each or of all of these.
>
> Florence Nightingale (1860)[80]

In keeping with the *Doctors for Health Equity Report*[41], we believe that the areas primed for action include the following:

(1) Integrating knowledge of the social determinants explicitly across training and university degree programmes, as well as into continuing education and professional development opportunities. As informed nurses increase awareness of the social determinants, the workforce will become increasingly equipped to address individual and community-level needs accordingly.
(2) Employing all nurses in ongoing monitoring and evaluation processes to continue to build the evidence. This may include using frontline clinicians to collect and organise dataand optimising the skills of those with advanced methods training to synthesise knowledge and conduct research.
(3) Nurses are historically the most trusted of professions. In their work with both individuals and communities, they are well-positioned to promote culturally respectful, contextually relevant and patient-centred care while individualising patient, family and community services.
(4) Healthcare systems must continue to promote healthy and supportive interdisciplinary work environments to dismantle outdated models that constrain the leadership capacities of nurses. Role parity among healthcare professionals will promote cohesive community-based services that support local outreach, equity initiatives and social betterment.
(5) Nurses must focus on creating sustainable, mutually beneficial and inclusive partnerships with healthcare, communities, policy and other multisectoral stakeholders. This will encourage a holistic approach to engaging the social determinants and emphasise engagement throughout the trajectory of care.
(6) The world's nurses must continue to receive leadership and advocacy training at all stages to equip them in their work for policy and social change at local, national and international levels. Employers must invest in the professional advocacy development of their nurses to raise the quality of care throughout the lifespan and across systems. The world's social welfare will undoubtedly improve as nurses—the largest component of the professional healthcare workforce—are empowered and supported to advocate at all levels of the system.

This report is an initial step in collating available evidence and recommending guidelines to promote nurse-led initiatives that address the social determinants worldwide. During this WHO 2020 Year of the Nurse and the Midwife, much international attention has been focused on how to leverage, develop and advance these professions to achieve the SDGs and UHC. Throughout this report, informative case studies, key informant expertise and rigorous evidence illustrate that when nurses are at the forefront of leading change related to the social determinants, health and social care systems can make a measurable and impactful step towards health equity to make a real difference.

APPENDIX A: ADDITIONAL KEY INFORMANT QUOTES

Howard Catton CEO, International Council of Nurses	"*Nurses see the impact of social and economic inequality on the health of the people they care for every day. Non-discrimination and respect for human rights are at the heart of nursing practice and that includes advocating for justice and fairness.*"
Lauren Curran Nightingale Challenge Global Leadership Development Programme Participant Health Visitor, South Eastern Health and Social Care Trust, Northern Ireland	**Partnership working** "*It is an essential for nurses to be able to develop trusting, supportive and effective relationships with patients and communities. The beauty of the nursing profession is that it is not bound to one location or setting. Nurses can bring their expertise deep into communities and homes, enabling them to reach and improve the health of many individuals. Investment in community/outreach nursing globally is needed if we want health equity to become reality in the future.*"
Professor Aisha Holloway Professor of Nursing Studies, The University of Edinburgh Research Lead Nursing Now Global Campaign	**Building the evidence** "*Evaluation for Evidence. Evidence for Equity. Nurse scientists must be positioned as the drivers of data to build the evidence of the impact and outcomes of embedded Social Determinant of Health Interventions, informing and shaping policy for health equity change.*"
Patricia Ingram-Martin Chief Nursing Officer, Ministry of Health and Wellness, Jamaica	**Partnership working** "*It is extremely important for nurses and midwives to be involved in addressing health equity through the social determinants of health. They are centrally placed and are pivotal to providing health interventions and empowerment to create change among the under-served groups, as a means of ensuring health equality and universal health coverage.*"
Phalakshi Manjrekar, PhD Director—Nursing, P. D. Hinduja Hospital and Medical Research Centre, India	**Advocacy** "*Each nurse is a leader and a decision maker in her healthcare setting. Nursing advocacy needs to be practiced globally to see the changing façade of the healthcare delivery recognised. This era of change in the current nursing scenario may be exercised unambiguously, more so in the under-developed and developing countries. Each nurse is a nation builder and can make a difference that collectively reflects nationally and globally.*"
Professor Kathleen McCourt President, Commonwealth Nurses and Midwives Confederation	"*I am proud to be a nurse. It is a truly wonderful global profession. Nurses across the world share the same values: dedication, hard-working, and caring. Nurses understand only too well the tragedy of health inequity and are the ones to be found in the hardest to reach places, caring for the hardest to reach people. The world needs health equity now, more than ever before. Let nurses show the way.*"
Dr Nicola Ryley Chief Nursing Officer, Hamad Medical Corporation, State of Qatar	**Advocacy** "*If we want health equity we need to stop talking and start listening because it will only be realised through all health professionals, communities and partner agencies actively cooperating in the designing of health systems and services. Working as the patients' advocate at every level in every health setting, nurses are uniquely placed to play a major role in making health equity a reality.*"

APPENDIX B: ORGANISATIONAL STATEMENTS OF COMMITMENT TO HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH

B.1: Commonwealth Nurses and Midwives Federation

B.2: International Council of Nurses

B.3: Jhpiego

B.4: Nursing Now

B.5: Partners In Health

B.6: Sigma Theta Tau International Honor Society of Nursing

B.7: World Health Organization

APPENDIX B.1: COMMONWEALTH NURSES AND MIDWIVES FEDERATION

Social inequities lead inevitably to health inequities, and it is a tragedy of the 21st century that where you are born, where you grow and where you live largely determines how healthy you will be and how long you will live. And yet, in this enlightened and privileged age, there is a lack of political and social will to change what we know needs to be changed to achieve an equitable world: a world where you have the same opportunities regardless of the country in which you are born.

Health equity will never be achieved unless globally there is a commitment for all global citizens to have equitable access to a healthy environment; clean water; sanitation; safe and healthy housing; education; employment with a living wage; and equitable access to quality healthcare services. Social inequities must be addressed for health inequities to be eradicated. Globally, nurses and midwives intuitively understand this. In the civilised and interconnected world in which we live, this should be possible; however, it has never seemed so unattainable.

The Commonwealth Nurses and Midwives Federation (CNMF) is a federation of national nursing and midwifery organisations in Commonwealth countries; regional nursing, midwifery and health organisations; and individual members. The purpose of the CNMF is to influence health policy throughout the Commonwealth; develop and strengthen nursing and midwifery networks; enhance nursing and midwifery education; improve nursing and midwifery standards and competence; and strengthen nursing and midwifery leadership. The CNMF works in partnership with other international, regional and national organisations to achieve its purpose. The major goal for the CNMF is to support nurses and midwives across the Commonwealth so that they can provide the nursing and midwifery care they have been educated to provide, equitably to the citizens of their countries and between their countries.

The Commonwealth is a voluntary association of 54 independent and equal countries and includes both advanced economies and developing countries. The Commonwealth is home to 2.4 billion people, a third of the world's population. Thirty two of Commonwealth member states are small states including many island states. Commonwealth member governments have agreed to shared goals of development, democracy and peace and the values and principles expressed in the Commonwealth Charter. However, across the Commonwealth, vast inequities exist in health access and health outcomes for Commonwealth citizens.

Nurses are the most numerous of health professionals. However, in nursing, there are vast inequities in the number of nurses per 1 000 population in Commonwealth countries. How is this possible, and how is it possible that nothing has been done in decades about this known fact? Within the Commonwealth, Australia has 12.4 nurses for every 1 000 population, New Zealand 12.4, Canada 9.9 and the United Kingdom 8.2. Compare that to Cameroon 0.9, Pakistan 0.7, Tanzania 0.6, Papua New Guinea 0.5, Bangladesh 0.4, Malawi 0.4 and Sierra Leone 0.2. How are these countries to achieve health equity when they do not have the number of nurses they need to contribute to that goal?

Nurses and midwives are the ones who are always there for the citizens of their countries, especially for those in hardest to reach and those in hardest to reach areas. However, in most countries, nurses are taken for granted; they are undervalued, unappreciated, unrewarded and underpaid. As much as we need health equity, we need equity for nurses and midwives also: equity in numbers so that they can do the work they are dedicated and educated to do, and equity in their recognition, their status, their working conditions and their remuneration.

The WHO has estimated a global shortfall of 9 million nurses by 2030 with 89% of that shortage concentrated in low- and lower-middle-income countries. According to the recently released *State of the World's Nursing Report,* addressing this shortfall is a practical strategy that every government is capable of achieving. As individuals, nurses can do little to redress social inequities except as members of organised associations to use their numbers and their voice to lobby governments and global leaders to address both social inequities and health inequities. However, nurses and midwives, and nursing and midwifery organisations, are playing their part, despite the odds, to redress health inequities, and the CNMF pays tribute to their dedication and affirms its commitment to stand with them to achieve health equity for all the citizens of our planet.

APPENDIX B.2: INTERNATIONAL COUNCIL OF NURSES

The International Council of Nurses (ICN) is a federation of more than 130 national nurses associations (NNAs), representing more than 20 million nurses worldwide. Founded in 1899, ICN is the world's first and widest reaching international organisation for health professionals. Operated by nurses and leading nurses internationally, ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce. Through global impact, membership empowerment, strategic leadership and innovative growth, the ICN seeks to nurture a global community that recognises, supports and invests in nurses and nursing to lead and deliver health for all.

The ICN is committed to taking actions that identify trends related to the Social determinants to inform the current and future direction of nursing across practice settings. In response, ICN is able to assist in the provision of relevant nursing expertise in education, clinical care delivery, research and policy domains related to the healthcare of individuals and communities. A number of organisational position statements in recent years have made explicit the ICN's commitment to the highest commitment to the social determinants. For example, our published statements address health for migrants, refugees and displaced persons; nurses' role in the care of detainees and prisoners; the nursing perspective in armed conflict; advocacy for human rights; nurses' ethical mandates to address climate change and health; and nurses' obligation to ensure disaster risk reduction, response and recovery, among others.

In addition to ICN's self-motivated advocacy, we have released a number of joint position statements with leading affiliates, such as the WHO, Nursing Now and Sigma Theta Tau International to address key social determinants issues related to primary care, UHC and the SDGs. Our official journal, *International Nursing Review*, has a readership in more than 130 countries and focuses on advancing the profession and shaping health policy. Our attention to policy supports a nursing workforce that are leaders in the clinical environment but also at decision-making tables where their advocacy can lead to measurable change to achieve health equity. Our inclusive global perspective in publication ensures visibility of the social determinants through peer-reviewed research and implications that extend to all contexts and nations.

Not only are we invested in addressing the social determinants of individuals and their families and communities, but we are also deeply committed to ensuring the socioeconomic welfare of nurses worldwide. As the largest profession in healthcare, the ICN understands that the health and wellbeing of nurses translates to improved service delivery at the point of care. We provide a number of resources to promote a healthy, empowered and economically sustainable workforce capable of delivering person-centered care in the long term. We maintain that nurses have the right to take industrial action if they work in unsafe conditions or are unfairly compensated, must be supported with evidence-based staffing to support patient and staff safety and should work in environments free of workplace violence.

This current WISH report reflects the ethics and values of the ICN. We are committed to helping to realise a health system rooted in health equity by addressing the social determinants. We look forward to collaborating with relevant stakeholders worldwide to realise a world where all people matter and all people know the experience of health as a human right.

APPENDIX B.3: JHPIEGO

Jhpiego is an international NGO affiliated with the Johns Hopkins University that has active programmes in over 35 countries around the world. Our mission is to create and deliver transformative healthcare solutions that save lives. In partnership with national governments, health experts and local communities, Jhpiego builds health providers' skills and develops systems that save lives now and guarantee healthier futures for women and their families. Jhpiego, from its beginning, has recognised that nurses form the backbone of the health systems that we support. Our teams, including the thousand plus nurses around the world, are actively striving to ensure that a strong nursing profession is a vital component of our interventions.

Jhpiego believes that a robust nursing workforce is key to meeting global goals for UHC and sustainable development. Our national efforts aimed at supporting the nursing profession include improvements to nursing education, support to regulators and national nursing associations. In addition, Jhpiego country offices ensure that nurses are front and center in our efforts to improve maternal and newborn health, increase access to family planning and prevent or improve the lives of people living with infectious and non-communicable diseases.

Jhpiego recognises the importance of collaboration with nursing leaders globally and regionally. At the global level, we are pleased to have actively supported the Nursing Now campaign and have been part of the Steering Committee for the first-ever *State of the World's Nursing* report. We are proud to collaborate with the ICN. We recognise the importance of regional nursing associations like the East, Central and South College of Nurses (ECSACON) and the West African Nurses Association (WACN) and encourage Jhpiego nurse leadership in them.

Finally, Jhpiego recognises the profoundly important link that nurses on the frontline play in connecting communities to the health system and believe that this role is critical to addressing health equity and the social determinants of health. Our success will be dependent on our continued collective efforts to respond to the recommendations of the recent State of the World's Nursing Report. This includes eliminating gender inequities within nursing, promoting nursing leadership as well as strong nursing education and regulation.

APPENDIX B.4: NURSING NOW

Nursing Now is a global campaign to improve health by raising the status and profile of nursing. The campaign launched in 2018 and has grown into a social movement with over 660 groups in 121 countries (as of May 2020). Nursing Now is a programme of the Burdett Trust for Nursing run in collaboration with the WHO and the ICN. We work to empower nurses to take their place at the heart of tackling 21st century health challenges. By influencing global policy and supporting local action, we want to achieve increased investment in nursing; changes in global policy; strengthened nurse leadership and influence; better evidence of impact; and sharing of effective practice.

Nursing Now collaborated with WHO and ICN in the preparation of the first *State of the World's Nursing* report, published in April 2020. This seminal report sets out the current roles of nurses worldwide and the future potential of nurses, if supported by policy and legislation, to meet the triple billion goals of WHO and achieve the SDGs and UHC. The *State of the World's Nursing* report also points out the critical role that nurses have in ensuring health and wellbeing of populations as they are often placed in communities to provide care at home and to support families during times of crisis. In addition, nurses promote health through their nursing practice—all nursing interventions designed to restore people to full functioning and the best possible health.

Enhancing the wellbeing of populations requires nurses to address the social determinants of health in their everyday practice, and Nursing Now, with its partners, has advocated for nurses to be integral to the development of national policies and strategies that promote health through stronger health systems. Nurses bring a unique perspective: they are often the only health worker who cares for an individual or family at home on a long-term basis, and so see first-hand the impact of the social determinants on physical and mental health. In the 2018 report for WISH, the authors highlight the examples of nurses directly confronting the social determinants in their practice by tackling housing issues, or the availability of food, clean water and education, or confronting violence against women. Among the global Nursing Now groups, there are those who have expressly chosen to focus on social determinants, such as in Jamaica, where the Jamaican Chief Nursing Officer and her department have joined with local people in tackling violence against women.

Nursing Now has continued to share and promote the important role that nurses have globally in both understanding and taking into account the social determinants when planning treatment. We support nurses, especially young nurses, to become influential leaders in advocating for equitable health systems globally, so UHC becomes a reality. We therefore look forward to being able to advocate for nurses having a visible presence in developing health systems that take account of social determinants in planning care pathways.

APPENDIX B.5: PARTNERS IN HEALTH

Partners In Health (PIH) was founded in 1987 and works in 10 countries on 4 continents with a mission to provide a preferential option for the poor in healthcare. By establishing long-term relationships with sister organisations based in settings of poverty, PIH strives to achieve two overarching goals: to bring the benefits of modern medical science to those most in need of support and to serve as an antidote to despair. We draw on the resources of the world's leading medical and academic institutions and on the lived experience of the world's poorest and sickest communities. At its root, our mission is both medical and moral. It is based on solidarity, rather than charity alone. PIH seeks to support the advancement and access to high-quality, patient-based care through our global health service delivery and accompaniment model, training, capacity building and research efforts, and our partnerships with national Ministries of Health in the places where we work.

PIH was formed to support the work begun in Cange, a small, rural community in Haiti's Central Plateau. From there, it expanded across the country, then to Peru, Russia and Kazakhstan, across Africa, and on to Mexico and the Navajo Nation. Through it all, PIH has kept patient care at the center of its work and fought for healthcare as a human right—both within individual countries and the halls where global health policy is created. Currently, 50% of PIH's clinical staff are nurses, and about 75% of clinical care is delivered by nurses, which has fostered the expansion of coverage especially related to maternal and child health, mental health and both communicable and non-communicable disease. PIH recognises that its nurses, who are the frontlines of healthcare, are uniquely positioned to assess for social determinants of health and positively address health equity. Nurses' ability to address specific social determinants that may impact patients and then connect them with specified services has proven to not only improve patient outcomes, but also has the potential to reduce healthcare costs. More than ever, nursing must be ethically obligated to promote health equity in the 21st century and will require nursing care that is more acutely focused on the social determinants.

PIH promotes nursing as an integral part of delivering comprehensive, high-quality and patient-centered care. Nurses, physicians and allied health professionals work together to provide team-based care at PIH's sites around the world. This requires investing in nurses, improving the settings in which they work and accompanying national Ministries of Health to do the same for nurses in the countries where we work. The PIH nursing programme aims to (1) develop best practices of global nursing care in resource-limited settings by integrating service delivery, training and research, (2) strengthen nursing education and specialty expertise, which also provide professional development opportunities, and (3) identify and support nursing leaders to improve training and enhance patient care. In Haiti and Rwanda, PIH's nurse educators and mentors work alongside nursing staff to improve patient care. In Haiti, several of our nurse educators focus on key specialties such as maternal health, paediatrics, mental health and surgery, which ultimately allows for the expansion of workforce and patient-care capacity. PIH and its Haitian sister organisation, Zanmi Lasante, also recently established a Nursing Center of Excellence based at University Hospital in Mirebalais, which supports nurses throughout the PIH/ZL healthcare system. The Center aims to codify nursing practices, build the capacity of the healthcare workforce and meet the region's urgent needs for specialised care.

In addition, PIH continues to advance advocacy efforts on behalf of nurses and patients. Nurses are regarded as key actors in health promotion, disease prevention, treatment and rehabilitation through a wide range of nursing activities in different areas and levels; for example, management and participation in many government technical teams at the national, departmental and local level. PIH seeks to raise the awareness and visibility of what nurses achieve in resource-limited settings, advocate for nursing leadership positions at every site, provide appropriate career development and paths for expert clinical nurses and place nurses in key national leadership

positions to work with Ministries of Health to influence advocacy and policy change. For example, PIH Liberia was able to address the escalating global burden of serious health-related suffering in a low-income, resource-constrained setting by implementing a training for a nurse-led, community-based palliative care programme in Harper, Maryland County. The training fell under a broader non-communicable disease capacity building programme instituted through a collaboration between PIH and the Ministries of Health. An emphasis was placed on communication and therapeutic presence to support health workers in creating a caring environment when medications are unavailable and effective symptom control is elusive.

PIH is committed to helping realise a health system rooted in health equity by addressing the social determinants. This commitment to social justice and health equity is embedded in the nursing profession's ethical foundations and in nursing's advocacy for at-risk populations that bear the disproportional burden of disease, morbidity and mortality related to socioeconomic and environmental factors. We look forward to collaborating with relevant global stakeholders to realise a world where all people matter and all people know the experience of health as a human right.

APPENDIX B.6: SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING

Sigma Theta Tau International Honor Society of Nursing (Sigma) is an individual membership organisation of nurse leaders, with more than 135 000 members from more than 100 countries. Sigma was founded in 1922 by six student nurses in Indiana, USA, to recognise excellence in leadership, scholarship and service. Sigma is led by nurses with a mission of "developing nurse leaders anywhere to improve healthcare everywhere." Our vision is "connected, empowered nurse leaders transforming global healthcare." Our programming in support of our mission and vision includes leadership development activities across a nurse's career and regardless of where the nurse works, two scholarly journals, annual events focused on research and scholarship, a free open access repository to house nursing scholarly products, online continuing professional development and official status at the United Nations as an NGO, among other activities. The Sigma Foundation for Nursing also provides funding for research grants for nurse scientists, with the first grant awarded in 1936.

Each of our more than 550 chapters is asked to report each year on what they have done relative to the SDGs. Chapters report activities such as chapter-led programmes about the SDGs and using the SDGs to inform their local service activities. As part of this chapter-based programming, the social determinants of health are identified as part of the issues driving both the need for and the activities in response to the SDGs. For example, the chapter based in England had a presentation on the Importance of Narrative in Nursing with a focus on the impact of the social determinants.

Many of our event sessions include a focus on the social determinants with presenters who speak to nursing student perceptions of the social determinants, with clinical populations like women with breast cancer, or in other settings like Papua New Guinea. The Sigma Research grants also include the social determinants with a recent (2020) grant awarded to Jiepin Cao from Duke University, USA, for a study titled "Understanding Intimate Partner Violence among Chinese: From the Lens of Social Determinants of Health and Intersectionality."

The Sigma journals, *The Journal of Nursing Scholarship* and *Worldviews on Evidence-Based Nursing*, both have published multiple articles and editorials on social determinants with a recent editorial by Sullivan-Marx and McCauley focused on the intersection between climate change, global health and nursing scholarship noting the role of social justice and the disparities caused by the social determinants. Other nurse scientists have addressed the social determinants through the built environment, for example.

Finally, the social determinants have been addressed in Sigma's statements at the United Nations. For example, in 2019, Sigma provided a statement at the UN High Level Political Forum, discussing nursing's contributions to the SDGs and the interaction of the SDGs with the social determinants. Also, in 2019, Sigma provided a statement to the Interactive Multi-Stakeholder Hearing in preparation for the September 2019 High Level Meeting on Universal Health Coverage. In that statement, Sigma identified the key role of nurses in achieving UHC as well as how nurses address the social determinants routinely in their practice.

These contributions exemplify nursing's recognition and contribution to the importance of the social determinants. Nursing globally has long had a commitment to the underserved and those without access to care. In many cases, over a long period of time, it has been nurses who have stepped up and led the initiatives to address the social determinants. Sigma's commitment to support for the social determinants will continue with our programming, funding of research, scientific dissemination and events. Nurses are critical to addressing the social determinants and improving health globally.

APPENDIX B.7: WORLD HEALTH ORGANIZATION

The WHO has been integral to advocating for worldwide investment in addressing health equity through the social determinants of health. In collaboration with regional initiatives worldwide, the WHO has advanced the science surrounding the social determinants and in measuring health systems' strides towards the achievement of UHC and the SDGs. As the WHO celebrates 2020 as the International Year of the Nurse and the Midwife, we recognise the integral roles that nurses play as leaders across areas of clinical practice, education, research and policy.

The WHO Commission on Social Determinants of Health's final report (2008)[89] and the Rio Political Declaration on the Social Determinants of Health (2011)[90] called for the strengthening of capacities of the health workforce to deal with the social determinants of health and health equity. In recent years under the 2030 Sustainable Development Agenda, WHO has accelerated capacity strengthening. Key examples are skills in public policy making through Health in All Policies (WHO, 2015)[91]; public health programme evaluation through the Innov8 Approach (WHO, 2016)[92]; mainstreaming of social determinants of health in the Primary Health Care approach (Declaration of Astana 2018)[93]; health equity measurement trainings (WHO, 2019)[94]; evidence (Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas, 2019)[95]; and integrating the social determinants of health and health equity into education and training (WHO, forthcoming)[96–99].

In collaboration with the global campaign *Nursing Now*, the ICN and other stakeholders, we produced the first-ever *State of the World's Nursing* report in 2020—calling for increased investment in education, jobs and leadership to leverage the nursing workforce and achieve health for all. Nurses' unique training at the intersection of biopsychosocial care and scientific expertise positions them to act with autonomy and confidence on the social determinants to improve health and social care access for all.

The WHO remains committed to supporting countries in strengthening the nursing workforce and the health workforce overall in addressing health equity through the social determinants of health.

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