Nursing and midwifery advocacy to lead the United Nations Sustainable Development Agenda

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ABSTRACT

The United Nations 2030 Agenda for Sustainable Development was implemented on January 1, 2016 and is composed of 17 Sustainable Development Goals (SDGs) and further delineated by 169 targets. This article offers background information on the 2030 Agenda as it relates to nursing and midwifery, professional organizational initiatives currently advancing the SDGs, the ethos of global citizenship, the urgency to respond to dwindling planetary health, the salience of nursing and midwifery advocacy in SDG attainment, and the myriad opportunities for nurses to lead and collaborate toward realizing these Global Goals. A US-based perspective is employed to underscore the Agenda's relevance to the US nursing workforce and healthcare system. The SDGs, with their holistic bio-psycho-social-environmental approach to health, present enormous opportunities for nurses and midwives. The SDG framework is naturally aligned with the foundational philosophy and purpose of our professions.

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Nurses and midwives are primed to lead changes toward achieving health equity, environmental sustainability, and social justice toward a world of peace and an environment in which all can thrive. In September 2015, all 193 Member States of the United Nations (UN) General Assembly unanimously adopted a transnational initiative focused on improving and safeguarding the well-being of all persons, populations, species, ecosystems, and the planet at large. The UN 2030 Agenda for Sustainable Development was implemented on January 1, 2016 and is composed of 17 Sustainable Development Goals (SDGs) and further delineated by 169 targets (UN, 2016). More specifically, the SDGs, "otherwise known as the Global Goals, are a universal

Box 1. The 17 SDGs (UN, 2016).

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

call to action to end poverty, protect the planet, and ensure that all people everywhere enjoy peace and prosperity" (UN Development Programme [UNDP], 2018). The 17 SDGs (Box 1) and the vision they articulate truly reflect a new era in health at both local and global levels, and pave an expanded future landscape for the future of nursing science throughout the disciplinary arenas of practice, education, research, and policy (Rosa, 2017a).

A common and troublesome misconception is that the SDGs apply only to low- and middle-income countries (LMICs) confined by limited economic, structural, and human resources (Kroll, 2015; Lucas, 2016; Rowsome, 2017). High-income countries (HICs), such as the United States (U.S.), are crucial to realizing the SDGs' aspirational declaration of partnership, equity, and inclusivity, yet they have demonstrated an overall poor response to achieving the SDGs (UN, 2018). This article offers background information on the 2030 Agenda as it relates to nursing, professional organizational initiatives currently integrating the SDGs, and the ethos of global citizenship. Furthermore, we address the urgency of needed attention to dwindling planetary health and the deleterious consequences of climate change/damage, the salience of nurse advocacy in SDG attainment, and the myriad opportunities for nurses to lead and collaborate toward realizing these Global Goals. A U.S.-based perspective is employed to underscore the Agenda's relevance to the U.S. nursing workforce and health care system.

The 17 SDGs: The Time Is Now

The SDGs are designed to be achieved between 2015 and 2030 and come in the wake of the eight UN Millennium Development Goals (MDGs; 2000—2015; Box 2),

which represented an international commitment to "create the world we want" (UN, 2015a). Nursing historically focused on three of the MDGs — 4: reduce child mortality, 5: improve maternal health, and 6: combat human immunodeficiency virus/acquired immunodeficiency syndrome, malaria, and other diseases (Beck, 2017). Great successes related to the MDGs were boasted by 2015: the mortality rate of children under age 5 decreased by more than 50% since 1990 (MDG 4); maternal mortality declined by roughly 45% (MDG 5, though the goal was only partially met); and new human immunodeficiency virus infections fell by an estimated 40% with 37 million tuberculosis deaths averted by improved access to treatment and medication regimens (UN, 2015a). Building on both the successes and shortcomings of the MDGs, the SDGs include evolving areas of focus related to climate change and climate action, economic opportunity and inequities, innovation, sustainable production and consumption mechanisms, the preservation of biodiversity, and the pursuit of peace and justice among, within, and between nations (UNDP, 2018). Of note, the SDGs are inherently interconnected, "often the key to success on one will involve tackling issues more commonly associated with another" (UNDP, 2018). Table 1 provides a summary of details regarding the Agenda's major themes, vision, and means of implementation.

Box 2. Millennium Development Goals (UN, 2015a).

> MDG 1. Eradicate extreme poverty and hunger.
> MDG 2. Achieve universal primary education.
> MDG 3. Promote gender equality and empower women.
> MDG 4. Reduce child mortality.
> MDG 5. Improve maternal health.
> MDG 6. Combat HIV/AIDS, malaria, and other diseases.
> MDG 7. Ensure environmental sustainability.
> MDG 8. Global partnership for development.

Table 1 – Summary of the UN 2030 Agenda's Themes, Vision, and Means of Implementation (as identified by UN, 2016)		
Themes	Vision	Means of Implementation
People • Determined to end poverty and hunger in all forms and dimensions • Ensure human fulfillment of potential of dignity and equality in the context of a health environment Planet • Determined to protect planet from degradation • Improve sustainable consumption and production • Sustainably manage natural resources • Take urgent action on climate change Prosperity • Determined to ensure all people can enjoy lives of prosperity and fulfillment • Promote economic, social, and technological advancement in harmony with nature Peace • Determined to foster peaceful, just, and inclusive societies free from fear and violence • No peace without sustainable development and vice-versa Partnership • Determined to mobilize the means to implement the SDGs through a revitalized Global Partnership for Sustainable Development • Based on strengthened spirit of global solidarity • Focused on needs of the poorest and most vulnerable with all country, all stakeholder, and all people participation	Ambitious and transformational • Envisage a world free of poverty, hunger, disease, want, fear, and violence • … where all life can thrive; with universal literacy; universal access to quality education, health care and social protection • … a recommitment to the human right to safe drinking water and sanitation, improved hygiene; where food is sufficient, safe, and affordable • … where human habitats are safe, resilient, and sustainable with universal access to affordable, reliable, and sustainable energy Universal respect • Envisage a world of universal respect for human rights and human dignity, the rule of law, justice, equality, and nondiscrimination • … respect for race, ethnicity, and cultural diversity with equal opportunity to permit full realization of human potential and shared prosperity • … investment in children and in their growing up free from violence and exploitation; where every woman and girl knows full gender equality and the removal of all barriers to their full empowerment • … a just, equitable, tolerant, open, and socially inclusive world where the most vulnerable people's needs are met Sustainability • Envisage a world where every nation enjoys sustained economic growth and decent work for all • … where production, consumption, and use of natural resources are sustainable • … where democracy, good governance, and rule of law drive social and environmental progress and development • … where technology is climate-sensitive, respectful of biodiversity, and is resilient • … where humanity lives in harmony with nature and wildlife and all species are protected	Revitalized global partnership • Work in the spirit of global solidarity, in particular with the poorest and in the most vulnerable situations • Facilitate intensive global engagement in support of implementation of all SDGs and their targets • Merge governments, private sector, civil society, the UN system, and all other stakeholders to mobilize available resources • Promote attainment of all targets related to SDG 17 in order to accomplish all other SDGs • Enact concrete policies and actions to finance sustainable development as outlined by the Addis Ababa Action Agenda (UN, 2015b) In-country ownership and accountability • Support each country toward its own primary responsibility for national economic and social development • Mobilize financial resources and capacity building and transfer of environmentally sound technologies to resource-poor nations based upon mutually agreed terms • Acknowledge the role of domestic and international public finance in to provide services, public goods, official development assistance, and catalyze other financial sources • Promote a diverse private sector, as well as that of civil society and philanthropic organizations Financial institutions, parliaments, and the UN • Acknowledge importance of international financial institutions to support each nation's policy space • Broaden and strengthen the voice and participation of resource-poor countries in economic decision-making, norm-setting, and global economic governance • Support national parliaments to enact legislation and adopt budgets accountable for in-country attainment of the SDGs • Underscore the need for an adequately resourced, relevant, coherent, efficient, and effective UN system

Health and Partnerships: The Main Threads

There are arguably two Global Goals most intimately tied to the success and status of all the others – the "main threads" of the Agenda. The first is health. It has been noted that at least 10 other goals relate directly to health issues with more than 50 SDG indicators measuring health outcomes (WHO, 2018a,2018b). However, the existence and quality of health is influenced by all of the 16 other SDGs, as illustrated in Figure 1. Therefore, universal health coverage (UHC) for all peoples and populations is a major factor in advancing the SDGs. Major challenges to tracking the expansion and delivery of UHC include: (a) attaining precise measurement of the population in need of services; (b) determining service coverage effectiveness or the extent to which health services improve health; and (c) monitoring equity in the access to quality health services (Victora, Fenn, Bryce, & Kirkwood, 2005; WHO, 2018a).

The second main thread is reflected by SDG 17: partnerships. Figure 2 illustrates how partnerships are at the heart of achieving all the SDGs whether addressing the economy, society, or the biosphere.

Partnerships include those within and between professions, nations, communities, populations, governments, philanthropies, nongovernmental organizations (NGOs), financial institutions, and civil society. Knowledge and application of partnership science is essential.

Scholarly and Organizational Support for the SDGs

The nursing and related-health care literature reflects a growing awareness of the SDGs as they relate to the foundational principles and future development of the profession (Crisp, Brownie, & Refsum, 2018; Rosa, 2017a; WHO, 2016); our disciplinary heritage and the holistic stance of Nightingale as the foundress of modern nursing (Beck, Dossey, & Rosa, 2018; Dossey, Rosa, & Beck, 2019); paradigmatic shifts in nursing theory, education, and practice (Rosa, 2017b, 2019; Rosa & Upvall, 2019a); the role of nurse advocacy for the SDGs, particularly in uncertain times (Rosa, Upvall, Beck, & Dossey, 2019; Shamian, 2015); and the integration of the SDGs into global and planetary health initiatives (Kurth, 2017; Lilienfeld, Nicholas, Breakey, & Corless, 2018; Rosa & Upvall, 2019b; Rosa, Upvall, & Andrus, 2019).

Figure 1 – Health in the SDG Era (WHO, n.d.). Reprinted from WHO (n.d.). (https://www.who.int/topics/sustainable-development-goals/test/sdg-banner.jpg?ua=1) with permission.
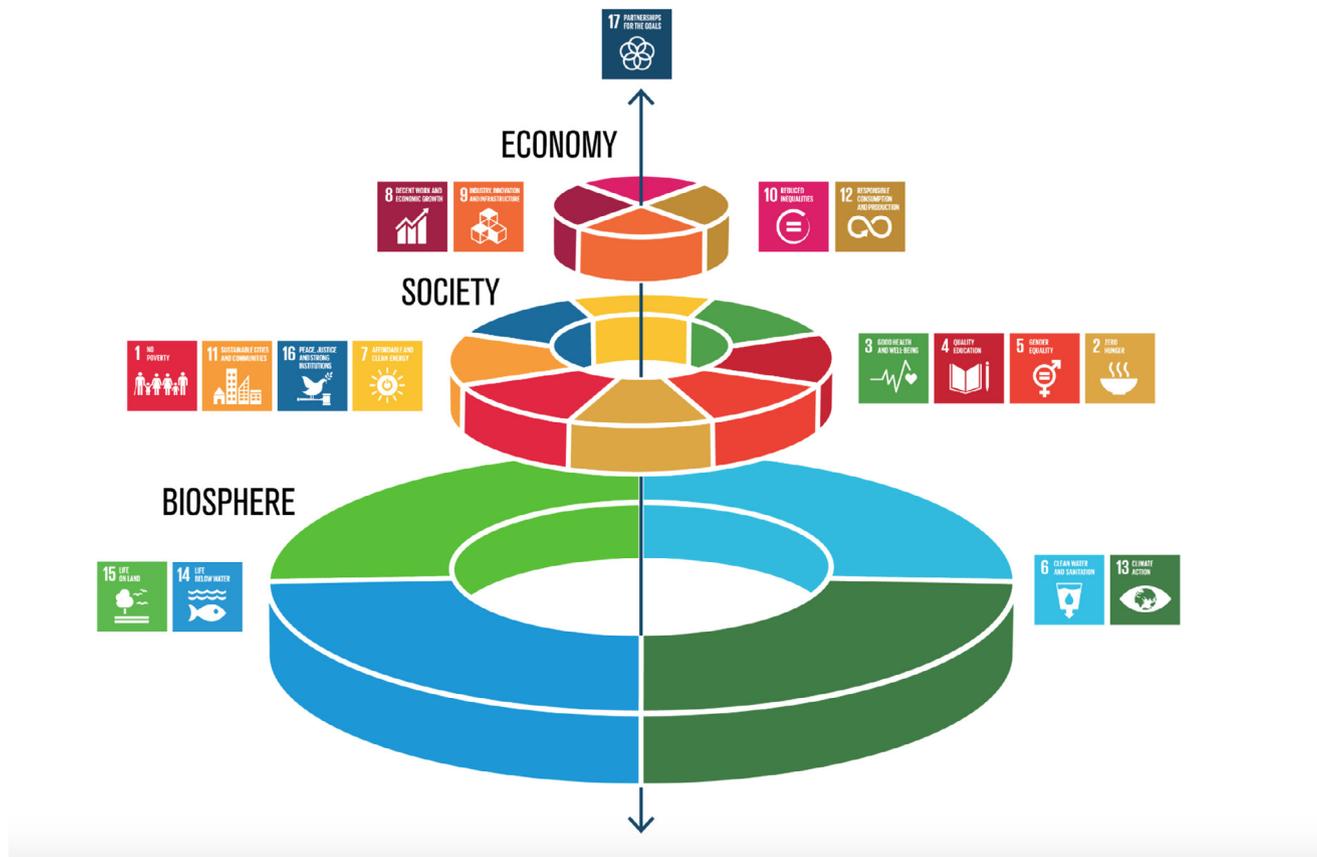
Figure 2 – Partnerships as central to the SDGs. Reprinted from https://www.stockholmresilience.org/images/ 18.36c25848153d54bdba33ec9b/1465905797608/sdgs-food-azote.jpg, Azote Images for Stockholm Resilience Centre, Stockholm University (n.d.) with permission.

Additionally, a number of professional organizations and nursing initiatives integrate or articulate specific reference to the SDGs in reference to their current priorities, including:

- *American Academy of Nursing:* The Global Nursing and Health Expert Panel is currently spearheading, "A Call for Action for Promoting Nursing's Leadership in and Support of the UN SDGs," and recognizes "that given the nature of the SDGs, there are implications for virtually every other expert panel in the academy" (Squires et al., 2018).

- *American Association of Colleges of Nursing:* A communication by the American Association of Colleges of Nursing Chair of the Board of Directors and President/CEO reads: "As part of our work to update the *Essentials* documents that shape nursing education programs at the baccalaureate and graduate levels, AAN is reviewing the UN's SDGs, research around the social determinants of health, and other evidence-based recommendations with the goal of achieving consensus on how best to prepare the future nursing workforce" (Cary & Trautman, personal communication, December 3, 2018).

- *American Nurses Association:* A timely unanimously Board of Directors-approved statement reads, "American Nurses Association supports the SDGs −

2030 Agenda for Sustainable Development − and will align ongoing strategic policy and programmatic work to reinforce the need for investment in the nursing profession as critical to achieving the SDGs" (Pamela Cipriano, personal communication, November 30, 2018).

- *International Council of Nurses (ICN):* ICN's 2017 *International Nurses Day* theme was, "Nurses: A Voice to Lead: Achieving the SDGs." ICN asked and answered the question, "Why should nurses care about the SDGs? [Because] nurses care for others… it is the right thing to do… change is possible… it is our health [too]… the SDGs don't just relate to people in low-income countries. They affect all of us" (ICN, 2017, p. 9).

- *Nursing Now Campaign:* This major global movement is a 3-year campaign (2017−2020) in collaboration with the ICN and the WHO and "aims to improve health globally by raising the profile and status of nurses worldwide − influencing policymakers and supporting nurses themselves to lead, learn and build a global movement" (Nursing Now, n.d.). Nursing Now is based on the United Kingdom's All-Party Parliamentary Group on Global Health report entitled, *Triple Impact − How Developing Nursing Will Improve Health, Promote Gender Equality, and Support Economic Growth.* The APPG (2016) report and the

Nursing Now movement argue that nursing has a major role to play in attaining three of the SDGs in particular – SDG 3: good health and well-being, SDG 5: gender equality, and SDG 8: decent work and economic growth. Nursing Now recognizes nurses as the health professionals who will play a leading role in advancing person-centered care globally and can make a transformational contribution in relation to the SDGs (Crisp & Iro, 2018a,b). There were more than 120 groups active in more than 65 countries by the end of 2018, many supported by their governments, many of which have begun to impact policy and practice.

- *Sigma Theta Tau, International Honor Society of Nursing*: Sigma maintains special consultative status with the UN to offer a strong nurse presence and educate nurse members about UN initiatives, such as the SDGs (Sigma, 2018). Sigma's Global Advisory Panel on the Future of Nursing and Midwifery (GAPFON), 2018 report explicitly states: "Adoption of the SDGs… drew attention to a broader range of health issues… Although SDG 3… specifically focuses on health, the other 16 goals… clearly emphasize social determinants of health and the trend of health-interconnectedness" (p. 8).
- *World Health Organization*: The WHO's (2016) *Global Strategic Directions for Nursing and Midwifery 2016 to 2020* states an overarching vision for, "Available, Accessible, Acceptable, Quality and Cost-effective nursing and midwifery care for all, based on population needs and in support of UHC and the SDGs" (p. 13). The WHO (2016) calls for the world's estimated 20.7 to 23 million nurses and midwives to engage systems and stakeholders through principles of ethical action, relevance, ownership, partnership, and quality toward SDG attainment.

As awareness of the SDGs continues to increase, they will continue to inform the literature, organizational development, and the role of nurses and midwives worldwide.

Planetary Health and Climate Change: An Expanded Scope of Practice

A major aspect of the 2030 Agenda pertains to planetary health and climate action. Although nurses have been historically more attendant to social and economic determinants of health, this realm invites nurses to think more broadly about their scope of practice and increased potential impact. With release of the Intergovernmental Panel on Climate Change (2018) report denoting the limited time available to enact massive human behavior change to counter the effect of climate change on human survival, it has become more crucial than ever for nurses – the world's largest health care – to incorporate the SDG framework into daily personal and professional actions. The confluence of ecosystem strains caused by human activity on the health of all species including humans is now

called planetary health (Whitmee et al., 2015). The SDGs related to the health of people, other species, environment/ecosystems, and the planet include SDGs 3, 12, 13, 14, and 15.

It is important to understand the role of the health sector, in the U.S. and other countries, as a contributor to greenhouse gas production and other planetary health stressors. That is why it is crucial for health systems – 1/7th of the U.S. economy and 1/10th contributor to greenhouse gass, to redouble efforts to become more sustainable (Eckelman & Sherman, 2016, 2018). Doing so will require engaging in mitigation efforts (e. g., reduce energy consumption; build green; produce/consume renewal energy; promote clean transport alternatives; provide sustainable food; reduce waste; and conserve water). Engaging in these "green hospital" approaches will lead to important health cobenefits including reduced air pollution and cardiovascular disease. Crucially, it will also require health systems to adapt. This means getting hospitals and other health delivery to anticipate increasing events such as vector shifts, air pollution impact, health waves, flood displacement, etc.

In 2018 the *Fourth National Climate Assessment* of the U.S. was released, with the key finding that climate damage and other planetary health drivers will dramatically affect not only the economy (anticipated 10% reduction in GDP) but have devastating health and social impacts that vary across the country (US Global Change Research Program, 2018). The assessment further describes how impacts from climate change on water, air, food systems, disease transmission, ecosystems, oceans/coasts, and deteriorating infrastructure will affect all Americans but especially vulnerable communities including Indigenous peoples. The *Lancet Countdown on Health and Climate Change Brief for the United States of America* assessing climate change impact in the U.S. also notes that increases in heat, extreme weather events, and vector-borne diseases threaten American's health now (Salas, Knappenberger, & Hess, 2018).

The literature suggests that those who contribute least to global warming, such as the poor and marginalized, are the ones who will suffer most from the negative health consequences (Nicholas & Breakey, 2017). This requires a call to social justice advocacy to protect the most vulnerable populations in the context of climate change – what is being called climate justice. There is thus urgent need to adapt health systems and to engage in intersectoral planning to do so. This will create more "climate-smart" health systems: the meeting ground between low-carbon health care interventions and resilient health care interventions (The World Bank, 2017; WHO & The World Bank, 2018).

There are multiple ways nurses can become involved in SDG-related efforts to improve health in their communities. This includes work at the local level, making sustainable choices in one's own household; as well as in the workplace, by getting involved with "green units" or green committees. It can mean getting involved with sustainability efforts underway in one's city or

state. At the national level, being an engaged citizen through voting and other civic opportunities remains important. In the U.S., organized efforts underway include the national Nurses Climate Challenge (Healthcare Without Harm, 2018a), the Healthier Hospitals Initiative (n.d.); and key organizations such as the Alliance of Nurses for Healthy Environments (2017), and Healthcare Without Harm (2018b). It is powerful to leverage the trust that nursing as a profession engenders, toward the health of communities, country, and indeed the very planet.

Global Citizenship: A Keystone of SDG Attainment

Global citizenship is defined as "awareness, caring, and embracing cultural diversity while promoting social justice and sustainability, coupled with a sense of responsibility to act" (Reysen & Katzarska-Miller, 2013, p. 858). Cesario (2017) suggested that awareness of global trends and issues is a necessary first step in understanding global interconnections and taking action to challenge social injustice. Global citizenship does not mean abandoning allegiances to countries or ethnic identity, but rather is a recognition of "our world's shared humanity" (Barrow, 2017, p. 164). Achievement of the 2030 Agenda requires active collaboration between global citizens of all nation states, as emphasized by SDG 17.

A threat to global citizenship and the achievement of the SDGs is the rise in nationalist perspectives in many countries that has often promoted economic protectionism, polarization, and policies that exclude members of certain religious, ethnic, and socioeconomic groups. There are many examples of this growth in nationalism, including Brexit in the United Kingdom, Hungary and Macedonia closing their borders, and Russia annexing the Crimea (Barrow, 2017). Examples in the U.S. include the decision to withdraw from the Paris Climate Agreement (Zhang, Dai, Lai, & Wang, 2017), and the decision to withdraw from the UN Global Compact on Migration, saying that the process interferes with American sovereignty (Wintour, 2017).

Worthington (2018) suggested, "The rising wave of populist-nationalism runs counter to meeting the vision proposed by the SDGs by prioritizing a world where many care only about their immediate surroundings, not helping humanity at large through partnership and collaboration."

The United Nations Educational, Scientific, and Cultural Organization (UNESCO) analyzed the evidence and analyzing causes of this rise in nationalism (UNESCO, 2018). The authors noted that although some forms of nationalism can be positive to consolidate national unity, "virulent and exclusionary" forms of nationalism are threats to the principles of the UN Charter (UN, 1945) and the Universal Declaration of Human Rights (UN, 1948) − foundation documents of the UN that articulate humanity's right to health,

peace, and safety. The authors of the UNESCO (2018) report identified strategies for promoting global citizenship education in light of this rise in nationalistic perspectives, and suggested that such education should focus on developing four specific skills:

1. Civic and political skills to engage in local and national decision-making;
2. Self-awareness and emotional intelligence so that emotions such as fear, anger, and resentment do not create an attraction to exclusionary forms of nationalism, in a way that promotes empathy and compassion;
3. Critical thinking skills to question claims that are not based on evidence; and
4. Media and information literacy (skills for digital citizenship) to help learners "critically evaluate information sources that feed into conspiracy theories, as well as engage responsibly with media and information systems" (pp. 8−9).

Nurse leaders and educators are well-positioned to help ensure all nurses are prepared, as global citizens, to optimally contribute to achieving the SDGS by incorporating these concepts related to global citizenship and social justice in nursing curricula. Mill, Astle, Ogilvie, and Gastaldo (2010) recommended in order to prepare nurses as global citizens, nurse educators need to ensure that students are prepared to appreciate a multiplicity of world views and avoid "privileging" the Western perspective.

A commitment to social justice as embodied by the SDGs and contributing to the health and well-being of individuals, groups, and the planet are core values of nurses across the globe. By working together as global citizens, nurses can do much to achieve the goals of the SDGs and promote health for all. Integrating scholarly dialogue and practice rooted in global citizenship empowers nurse advocacy that is defined by the ethics of social justice, equity, and inclusivity.

Global Status of the SDGs and U.S.-Based Considerations

Tracking the success and status of SDG attainment is a challenging endeavor. Table 2 provides selected global status updates on the 17 SDGs per *The SDGs Report 2018* (UN, 2018). Other reports, such as the *SDG Index and Dashboards Report 2018: Global Responsibilities: Implementing the Goals,* confirm that no country is on track to achieving all of the SDGs, many of the wealthiest countries in the world maintain blatant gaps related to SDG implementation, and HICs create negative environmental, economic, and security spillover effects that complicate SDG advancement for more poorly resourced countries (Bertelsmann Stiftung & Sustainable Development Solutions Network [SDSN], 2018). According to the *SDG Index*, the U.S. SDG global rank is 35 of 156 related to

Table 2 – Global Status of the UN SDGs per the *The Sustainable Development Goals Report 2018*	
SDGs	**Selected Global SDG Status Updates (UN, 2018)**
1 NO POVERTY	• 11% of world's population lived below extreme poverty threshold in 2013 • 45% of the world's populations covered by at least one social protection cash benefit • As of 2017, 9.2% of workers live with families on less than $1.90 USD per person per day
2 ZERO HUNGER	• Conflict, drought, and climate change disasters contributing to rise in world hunger. • 815 million people/11% of world's population are undernourished • Millions of children under age five suffer from stunting, wasting, or being overweight
3 GOOD HEALTH AND WELL-BEING	• Under-5 deaths fell from 9.9 to 5.6 million globally (2000−2016) • Women in sub-Saharan Africa have HIV incidence rate 10 times the global average • World not on track to end malaria by 2030 with 216 million cases in 2016
4 QUALITY EDUCATION	• Over 50% of children/adolescents globally not achieving minimum reading/math proficiency • Education disparities related to gender, urban-rural location, and others still significant • Only 85% of primary school teachers worldwide are adequately trained
5 GENDER EQUALITY	• 20% of girls ages 15 to 19 in 56 countries who had been in sexual relationship reported intimate partner violence in 12 months prior to data collection (2005−2016) • One in three girls had been subjected to female genital mutilation in the 30 countries where act is concentrated as of 2017 • In about 90 countries, women spend an estimated three times as many hours in unpaid domestic care and work than men (2000−2016)
6 CLEAN WATER AND SANITATION	• Three in 10 people lack access to safe drinking water • Six in 10 people lack access to safe sanitation facilities • Only 59% of wastewater from 79 countries' data is safely treated
7 AFFORDABLE AND CLEAN ENERGY	• Just below 1 billion people living without electricity as of 2016 • In low-resource countries, the proportion of people with access to electricity doubled (2000−2016) • Four in 10 people lack access to clean cooking fuels and technologies
8 DECENT WORK AND ECONOMIC GROWTH	• Global labor productivity level rose 2.1% in 2017; the fastest growth recorded since 2010 • Men continued to earn roughly 12.5% more than women in 40 of 45 countries observed • Youth are three times more likely to unemployed than adults (2017)
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE	• Carbon intensity decreased globally by 19% (2000−2015) • Manufacturing value added by low-resource economies up by 21.5% since 2005 • 84% of global world population covered by third generation (3G) mobile broadband network; only 61% in low-resource countries

(continued)

Table 2 – (Continued)	
SDGs	Selected Global SDG Status Updates (UN, 2018)
10 REDUCED INEQUALITIES	• Incomes of the poorest 40% rose quicker than those of the entire population in 60 of 94 countries providing data (2010−2016) • LMICs received $466 billion, equal to more than 75% of total global remittances (2017) • Costs of sending money at rate of 7.2%; more than twice the target cost of 3% (2017)
11 SUSTAINABLE CITIES AND COMMUNITIES	• 4.2 million people died from causes related to ambient air pollution (2016) • Number of people globally living in slums rose from 807 to 883 million (2000−2014) • 91% of urban population worldwide breathing air that did not meet WHO air quality guidelines (2016) • 90% of deaths secondary to natural disasters occurred in LMICs (1990−2013)
12 RESPONSIBLE CONSUMPTION AND PRODUCTION	• 108 countries had produced national policies on sustainable consumption and production (2018) • 93% of the world's 250 largest companies now reporting on sustainability • Material footprint for fossil fuels is 4 times higher for HICs than LMICs
13 CLIMATE ACTION	• Year 2017 one of three warmest on record; 1.1°C above pre-industrial period • 2017 most costly North Atlantic hurricane seasons recorded • 175 Parties ratified Paris Agreement; 168 Parties communicated first national contributions to UN Framework Convention on Climate Change Secretariat (as of April 9, 2018)
14 LIFE BELOW WATER	• Marine fish stocks within biologically sustainable levels down from 90% to 69% (1974−2013) • Marine acidity has increased 26% globally since Industrial Revolution • Coastal eutrophication projected to rise in 20% of large marine ecosystems by 2050
15 LIFE ON LAND	• Earth's forests decreased from 31.2% to 30.7 of total land area (2000−2015) • Land surface area with vegetation showing decreasing productivity trends (1999−2013); threatening livelihood for more than 1 billion • Alarming trends in declines of mammals, birds, amphibians, corals, and cycads; primary assaults secondary to habitat loss
16 PEACE, JUSTICE AND STRONG INSTITUTIONS	• Nearly 80% of children ages 1 to 14 subjected to psychological and/or physical punishment regularly in 81 countries (2005−2017) • Over 570 distinct flows of human trafficking victims identified (2012−2014) • Number of prisoners held in detention centers without being sentenced moved from 32% to 31% (2003−2005 to 2014−2016) • Over 1 K human rights defenders, journalists, and trade unionists killed in 61 countries since 2015
17 PARTNERSHIPS FOR THE GOALS	• Official development assistance for capacity building continues at $20.4 billion (2010−2016) • 102 countries implementing national statistics plans; Sub-Saharan Africa leading with 31 countries (2017) • LMICs received $504 billion in financial support for statistics from donors (2015) • 89% of all countries conducted at least one population and housing census (2008−2017)

implementation. The *Sustainable Development Report of the United States 2018* (SDG USA & SDSN, 2018) confirms this subpar performance. In the foreword of the U.S. Report, Jeffrey D. Sachs, Director of the SDSN states:

> The U.S. is not a top performer in sustainable development... even though it is one of the richest countries in the world. The problem, in short, is that the U.S. economy is heavily focused on profits at all costs, even at the costs of the poor and the costs of the natural environment. The U.S. is not a balanced society. Life at the bottom is increasingly tough. And for nature... the profit motive trumps life itself. The U.S. has turned its back on many global environmental agreements, with greed taking precedence over prudence and regard for the future. (SDG USA & SDSN, 2018, p. vii)

Importantly, the U.S. report highlights the undervalued needs of the populations most marginalized and most discriminated against including the poor,

immigrants, refugees and indigenous peoples, racial and religious minorities, sexual gender minority populations, women and children, the elderly, and the disabled. The report states that prioritizing the progress of these groups as indicators for SDG attainment is essential to "leaving no one behind" − a primary goal of the 2030 Agenda (UN, 2016). For example, leaving no one behind indicators include affordable housing for extremely low-income renter households (SDG 1), elderly food security (SDG 2), contraceptive deserts (SDG 5), LGBTQ inclusion in hate crime laws (SDG 5), employment discrimination (SDG 8), and pollution burden accounting for differences in exposure for people of color (SDG 10) (SDG USA & SDSN, 2018). In other words, the well-being of the poorest and most marginalized among us is the best indicator to track national progress in creating a truly just, safe, and inclusive society. The 2018 U.S. SDG report makes clear that America is only just beginning its journey toward SDG attainment at local, state, and national levels.

The Role of Nurse Advocacy: A Requisite Dialogue for Realizing the SDGs

Approaching challenges utilizing a direct comprehensive, coherent approach is customary practice for the nursing profession and discipline, which immediately reflects on our role in accomplishing the SDGs. Although assumedly many health care workers and leaders would naturally focus on SDG 3: good health and well-being, we would challenge such a perspective as being short sighted. The nursing profession, grounded in holistic, social, and bio-medical gestalt consistently incorporates the myriad social determinants of health into planning and thus takes a much broader lens as it relates to practice, research, and policy. Despite even the most advanced high-technology health care innovations, if considerations related to poverty, hunger, education, planetary stability, and other aspects of the SDGs are not addressed with attention to their complex, inter-related health and social needs by nursing, even the most advanced technological and scientific innovations will fail to realize the SDGs by 2030.

Furthermore, nursing is the largest group of health care professionals in the world, with the most substantial reach to people and communities. Nurses serve in locations that no other health care professionals inhabit and face the realities of life in communities in need as no others. As front-line providers of a range of health and illness-oriented services, nurses worldwide go above and beyond their call of duty caring for individuals, families, groups, and communities. Despite nurses' work and commitment to global society, when we look at the policies and funding of health and social programs, nurses are consistently absent from policy and decision-making tables and nursing knowledge is not being integrated into comprehensive

planning (Crisp et al., 2018; WHO, 2016). It is our belief that many global agendas of the past, such as the MDGs, would have been far more successful if nurses had played more prominent roles in shaping policies, programs, and funding decisions.

Global policies are often determined in UN-related agencies, large NGOs and philanthropic organizations. These global policies then guide countries, regions, and local settings to shape their policies, priorities, and investments. Although there are always nurses in health care settings, there are few or no nurses in policy leadership positions at district, state, national, regional, and global levels (Crisp et al., 2018; WHO, 2016). We need to examine why. Is it related to the fact that nursing is still mostly a female dominated profession impacted by ongoing gender imbalances in hierarchical power structures or the traditional professional and power imbalance between medicine and nursing? Physicians often hold political and executive level leadership positions in global health. It is imperative to increase the involvement of nurses and midwives in policy and decision-making forums. Nurse advocacy initiatives must be directed at not only SDG oriented activities but also the crucial context of health care policy development, planning, and funding.

The effects of climate change on health are especially germane to nursing at both a population health and individual clinical level. Nurses are both proactive planners and responders with individuals and their families as they experience the health effects of global climate change including increases in respiratory and cardiovascular disease due to heat and pollution exposure (George, Bruzzese, & Matura, 2017; Mac & McCauley, 2017), the spread of entomological diseases such as Lyme Disease, the need for mental health treatment, and support during times of migration from droughts, fires, or flooding, and infectious disease exposure following floods and loss of sanitation when homes are destroyed and communities disrupted (Sullivan-Marx & McCauley, 2017). Availability of safe fresh water has been compromised due to extreme weather events that caused contamination of drinking water supplies, and loss of permanent access to water from desertification and forest fires. Lack of safe water and subsequent sanitation leads to diarrheal diseases affecting those at either end of life, mostly children under the age of 5 years, but also chronically ill and frail older adults with compromised immune response (World Health Organization, 2014).

Nursing is responsible for preparation and response in disasters. Climate change has brought more frequent disasters to populated communities that require health systems, hospitals, nursing homes, and community health agencies to mitigate against the increasingly common place extreme storm, drought, flood, or fire (Veenema et al., 2017). As the health profession closest to people and communities 24 hours a day and 7 days a week, nurses engage in the everyday lives of people and so are the best informed as to how to develop disaster plans that are

community specific and focused and provide climate change education to communities through engagement and trust.

It is clear that unless we prepare a cadre of nurses that can assume significant leadership roles in both the clinical and social justice aspects outside of the health care system into the policy and political arena, the SDGs and other global and local initiatives will not reach their optimum potential. The global nursing community must engage in collaborations − throughout domains of practice, education, research, policy, and leadership − and engage in a number of pragmatic activities to this end:

1 Every nursing student at all levels of education must have an integrated curricular requirement to advance their understanding of politics and policy. This provision would provide requisite education on the workings of policy and politics and related implications to teach students how to live and work in those spheres;
2 Students and practicing professional nurses should have opportunities to do internships, placements and have other forms of experiences in policy forums and interphase with NGOs and other global agencies within their region, State, nation, and/or beyond;
3 Leaders in nursing have a responsibility to build relationships with people of influence and thought leaders to fully engage and integrate nursing's contribution in policy arenas.

These are just a few of the ways that we can turn the tide and contribute to a better world and build a stronger profession recognized for its contributions from policy development to point of care service and across the SDG achievement trajectory.

Implications

Nursing and midwifery are capable of major contributions to achieving the SDGs but, like the other health professions, they will need to change to do so. At their heart, the SDGs contain a very radical agenda for improving health globally that goes way beyond the scope of the current hospital- and illness-based health systems of HICs and requires profound shifts in professional education and practice. The SDGs implicitly adopt a bio-psycho-social-environmental concept of health. They place health in the widest social, economic, and environmental context and imply that health workers, policy makers, and the public need a new focus on health − on achieving and promoting health, providing an environment in which people can flourish and prevent diseases − rather than just concentrating on health care.

Global policy is already reinforcing this approach. The *Astana Declaration* emphasizes the importance of primary care and the focus on "people's physical and mental health, as well as social well-being" (WHO & UN Children's Fund, 2018). Similarly, the WHO's (2018b) Independent High-Level Commission on Non-communicable Diseases urged the need for promotion and prevention and for wide-ranging social action in the *Time to Deliver* report. The recent report from the Nursing Now team argues that nurses in all countries can help achieve a rapid, cost-effective and high-quality expansion of UHC, with implications applicable to HICs seeking to expand access to services as well as the poorest ones building a health system from scratch (Crisp et al., 2018). These very practical conclusions are that all nations need more nurse-led clinics, a central role for nursing primary care, more nurses working on prevention and promotion, an increase in the number of specialist nurses, and more midwives.

These policy changes will affect every area of nursing and midwifery from education, training, and research to practice and role design. It is reasonable to assume, for example, that there will be increased demand for skills in promoting health and more jobs in primary and community care. Moreover, there will be a need for new partnerships with, for example, engineers and architects, employers and manufacturers, as well as with health professionals of all kinds, and, most importantly of all, with patients and concerned citizens. The multidisciplinary team will embrace ever more backgrounds and areas of expertise.

Uniquely among the health professions, nurses and midwives are educated in a bio-psycho-social perspective on health, rather than a purely biomedical one. They are ideally equipped to adapt to and lead change in this new global environment. The most substantive contribution that nurses and midwives in HICs can make to promote the SDG agenda is to help bring about change within their own countries through both advocacy and demonstrating what this means in practice. There are already many good examples of changing practice. There are increasing numbers of nurse-led clinics particularly for noncommunicable diseases, where the emphasis is on a holistic approach, prevention and care as much as treatment. Nurses and midwives around the world are playing leading roles in primary care and there is growth in the number of advanced practice nurses. This evolving practice is not yet, however, matched with articulation of a new vision for health or by advocacy for change (Rosa et al., 2019).

Nurses and midwives in HICs can also reach out to and work with their colleagues in LMICs in partnerships of equal respect and mutual learning. While HICs, with their wealth of resources, technology, and systems, have much to teach − they also have much to learn. Health workers in LMICs − without the resources, vested interests, and the baggage of custom and practice often donned by HICs − can very often find new and innovative solutions to old problems (Crisp, 2010). The evidence shows that all stakeholders gain from partnerships that link people from different countries, and what is often called (rather patronizingly) "reverse innovation," can bring enormous benefits. Nurses and midwives from

HICs may make an enormous impact in supporting colleagues in LMICs but they also gain with the acquisition of new skills and new learning that they can bring back to their home countries.

Conclusion

The SDGs with their holistic bio-psycho-social-environmental approach to health present enormous opportunities for nursing and midwifery. It is an approach that is naturally aligned with the foundational philosophy and purpose of their professions. We would encourage nurses and midwives to seize the moment in three ways. Firstly, by identifying SDGs that is relevant at local levels, whether in their institutions or communities. By advocating change toward advancing health targets, local initiatives can become better aligned with SDG attainment. Secondly, by building partnerships for advocacy and mutual learning across the globe. This recommendation requires nurses and midwives to seek out multisector approaches to promoting health and inviting solution-focused scholarly dialogue with colleagues from around the world. Thirdly, by joining in the campaigning for nurses and midwives to play an even bigger role as leaders, practitioners, and researchers in improving health globally. This last step is essential to develop a unified professional front and requires nurses and midwives to participate in the global activities of organizations, such as Nursing Now, the International Council of Nurses, and Sigma Theta Tau, International Honor Society of Nursing. Realizing the true potential of nurses and midwives is an idea whose time has come. The SDGs present the framework and the evidence to move forward as leaders and advocates in creating a sustainable world for our communities, our planet, and the survival and thriving of future generations.

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