

both for their organisation's workplace policies and for policies guiding their operations. Finally, I urge global health organisations to engage with the policy community on gender and global health through Global Health 50/50.

The success of the suffragettes, Iceland's legislation taking the concept of equal pay further than ever before,<sup>10</sup> and the adoption of equality in paternity leave provisions in a number of countries have all shown that radical changes in gender norms are possible. This report should provide much needed impetus for action to achieve health and wellbeing for all, irrespective of gender.

*Helen Clark*

The Helen Clark Foundation, PO Box 56014, Dominion Road, Auckland 1446, New Zealand  
 helenclark.invites@gmail.com

I am a member of the Advisory Council of Global Health 50/50, and was supported by Global Health 50/50 in the preparation of this Comment. I declare no other competing interests.

- 1 World Economic Forum. The global gender pay gap report 2017. <https://www.weforum.org/reports/the-global-gender-gap-report-2017> (accessed Feb 20, 2018).
- 2 WHO. Global Health Observatory data repository. 2018. <http://apps.who.int/gho/data/view.main.SDG2016LEXv?lang=en> (accessed Feb 22, 2018).
- 3 Hawkes S, Buse K. Gender and global health: evidence, policy, and inconvenient truths. *Lancet* 2013; **381**: 1783–87.
- 4 UN. Convention on the Elimination of All Forms of Discrimination against Women Adopted and opened for signature, ratification and accession by General Assembly resolution 34/180 of 18 December 1979 entry into force 3 September 1981, in accordance with article 27(1). <https://treaties.un.org/doc/Publication/MTDSG/Volume%20I/Chapter%20IV/IV-8.en.pdf> (accessed Feb 22, 2018).
- 5 UN. International Conference on Population and Development, 1994, Programme of Action. <http://www.un.org/popin/icpd/conference/offeng/poa.html> (accessed Feb 22, 2018).
- 6 WHO. World Health Assembly Resolution 60.25: strategy for integrating gender analysis and actions into the work of WHO. Adopted May 2007, WHA 60.25. [http://www.who.int/gender-equity-rights/knowledge/who\\_fch\\_gwh\\_08\\_1/en/](http://www.who.int/gender-equity-rights/knowledge/who_fch_gwh_08_1/en/) (accessed Feb 22, 2018).
- 7 Global Health 50/50. The Global Health 50/50 report: how gender responsive are the world's leading global health organizations. 2018. <https://www.globalhealth5050.org/> (accessed March 7, 2018).
- 8 WHO. World Health Statistics 2017: monitoring health for the SDGs. Geneva: World Health Organization, 2017.
- 9 Payne S. The health of men and women. Cambridge: Polity Press, 2006.
- 10 Government of Iceland. New Icelandic law on equal pay certification entered into force on January 1, 2018. Jan 4, 2018. <https://www.government.is/news/article/2018/01/04/New-Icelandic-law-on-Equal-Pay-Certification-entered-into-force-on-January-1-2018/> (accessed Feb 22, 2018).



## Nursing Now campaign: raising the status of nurses



There have been enormous developments in nursing over the past decades, with extended roles, nurse practitioners, and degree level education spreading globally and with, for example, prescribing by nurses now established in countries as different as Botswana and the UK.<sup>1</sup> Nursing and midwifery make up almost half the global health workforce, are at the centre of most health teams, and have a massive impact on health.<sup>2</sup> However, nurses and midwives will assume an even more extensive and influential role in the future for at least six powerful reasons.

Epidemiological change and service delivery relate directly to four of these reasons. First, an ageing world population and increases in non-communicable diseases globally require new, more holistic models of care that address the full bio-psycho-social-environmental aspects of disease and place new emphasis on prevention.<sup>3,4</sup> Second, these changes accompany a general policy shift globally towards primary and community care and the sort of approach envisaged by the Alma Ata Declaration 40 years ago.<sup>5</sup> Third, there is a new emphasis on patient and citizen engagement both in their own care and in disease prevention and health

promotion. Fourth, innovative technologies, such as telemedicine and improved communications, enhance and enable these developments.

Nurses are at the heart of all these changes in service delivery. Nursing embodies a holistic and person-centred philosophy and education, with nurses providing continuity of care, being there when other professionals are not. Moreover, they are part of the community they serve, understand the local culture, can access local assets, and are better able to influence behaviour than more distant authority figures.<sup>6</sup> Examples abound globally and range from nurses in rural Africa who supervise community health workers and provide services themselves<sup>6</sup> to the well known Buurtzorg model of care in the Netherlands in which nurse-led teams provide high-quality community services.<sup>7</sup>

There are, however, two further reasons why nursing will become more important and influential in the future. One is simply economics: technology and better education mean that, in some countries and for some services, nurses are better equipped than ever before to take greater responsibility for care while maintaining patient satisfaction, health outcomes, and

Published Online  
 February 27, 2018  
[http://dx.doi.org/10.1016/S0140-6736\(18\)30494-X](http://dx.doi.org/10.1016/S0140-6736(18)30494-X)

For the Buurtzorg model of care see <https://www.buurtzorg.com/about-us/buurtzorgmodel/>

thus ensuring cost-effective use of limited resources.<sup>8,9</sup> At the same time, other health occupations, such as nursing associates,<sup>10</sup> may be able to support role substitution in health teams and perform some of the tasks traditionally performed by nurses. The other reason is that traditionally most nurses are women and as societies change and women become more influential, we can expect to see greater emphasis on nursing and midwifery and the insights their philosophy and experiences offer. Investing in nurses and midwives brings more women into the workforce and thereby contributes to greater equity between men and women in employment and financial independence.

Several governments, including Singapore's and Uganda's, have recognised the growing potential of nursing and are expanding and developing their nursing workforce.<sup>7</sup> Many health leaders are committed to doing so, but evidence shows that nurses are too often undervalued and underused.<sup>11</sup>

This analysis has led us to be part of Nursing Now, a new global campaign to raise the profile and status of nursing worldwide. Launched on Feb 27, 2018, Nursing Now aims to empower nurses so that they can make an even greater contribution to improving health globally. The campaign highlights the unique features of nursing that make it well equipped to have an even more influential role in tackling the health challenges of the 21st century. Nursing Now places particular emphasis on extending nursing influence over policy, developing leadership, and building a stronger evidence base to understand the triple impact of nursing on health, women's empowerment, and the economy.

We are encouraged that WHO has appointed a Chief Nursing Officer and that this campaign is being run in collaboration with WHO and the International Council of Nurses. Yet many countries and organisations do not have a chief nurse in the top tiers of management and do not make full use of the passion, education, and skills of their nursing and midwifery workforce.

The campaign will run for 3 years to Florence Nightingale's bicentenary in 2020. Change

at this scale will take years, but we are looking for a step change in the perception of nurses and nursing. Most importantly, we encourage more governments and organisations to understand the true potential of nursing and act to develop nursing and maximise the impact that nurses have on improving health.

*Nigel Crisp, \*Elizabeth Iro*

Nursing Now, London W1G 0RN, UK (NC); House of Lords, Houses of Parliament, London, UK (NC); and World Health Organization, CH-1211 Geneva 27, Switzerland (EI)  
iroe@who.int

NC is Co-Chair of Nursing Now. EI is WHO Chief Nursing Officer. We declare no other competing interests.

© 2018. World Health Organization. Published by Elsevier Ltd/Inc/BV. All rights reserved.

- Hancock C. Nurse: past, present and future: the making of modern nursing. *Nurs Manag (Harrow)* 2010; **17**: 9.
- Caird JRR, Kavanagh J, Sutcliffe K, et al. The socioeconomic value of nursing and midwifery: a rapid systematic review of reviews. London: EPPI Centre, Social Science Research Unit, Institute of Education, University of London, 2010.
- GBD 2016 DALYs and HALE Collaborators. Global, regional, and national disability-adjusted life-years (DALYs) for 333 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2017; **390**: 1260–344.
- United Nations, Department of Economic and Social Affairs, Population Division. World population prospects: the 2017 revision, key findings and advance tables. Working paper no. ESA/P/WP/248. 2017. [https://esa.un.org/unpd/wpp/publications/Files/WPP2017\\_KeyFindings.pdf](https://esa.un.org/unpd/wpp/publications/Files/WPP2017_KeyFindings.pdf) (accessed Feb 20, 2018).
- WHO. Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. [http://www.who.int/publications/almaata\\_declaration\\_en.pdf](http://www.who.int/publications/almaata_declaration_en.pdf) (accessed Feb 20, 2018).
- WHO. Now more than ever: the contribution of nurses and midwives to primary health care. A compendium of primary care case studies 38 case studies submitted by 29 countries across the 6 WHO regions. Geneva: World Health Organization, 2009.
- Nursing Now. Case studies. 2018. <http://www.nursingnow.org/case-studies/> (accessed Feb 20, 2018).
- Goryakin Y, Griffiths P, Maben J. Economic evaluation of nurse staffing and nurse substitution in health care: a scoping review. *Int J Nurs Stud* 2011; **48**: 501–12.
- Griffiths P, Ball J, Drennan J, et al. Nurse staffing and patient outcomes: strengths and limitations of the evidence to inform policy and practice. A review and discussion paper based on evidence reviewed for the National Institute for Health and Care Excellence Safe Staffing guideline development. *Int J Nurs Stud* 2016; **63**: 213–25.
- Cummings J, Bayliss-Pratt L, Garratt H, May R. Nursing Associate—shared narrative. Health Education England. <https://www.hee.nhs.uk/sites/default/files/documents/Nursing%20Associate%20narrative.pdf> (accessed Feb 21, 2018).
- The All-Party Parliamentary Group on Global Health. Triple impact: how developing nursing will improve health, promote gender equality and support economic growth. 2016. [http://www.who.int/hrh/com-heeg/digital-APPG\\_triple-impact.pdf](http://www.who.int/hrh/com-heeg/digital-APPG_triple-impact.pdf) (accessed Feb 20, 2018).

For Nursing Now see <http://www.nursingnow.org/vision/>