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Title: Nurses and global health: at the table or on the menu?
There have been huge improvements in global health over recent years in many parts of the world although there remains work to do. Nurses and midwives comprise an estimated minimum of 50% of the global health care workforce (WHO 2017). However a recently released report states that despite their potential to influence the global health care agenda to advance global health and wellbeing, nurses *'opinions are frequently inaudible, and they often do not have a unified platform from which to speak'* GAPFON 2017). Unfortunately although a large professional group, its representation at top decision-making tables globally is often weak, and therefore so is the voice of the profession. The danger is that if nurses are not 'at the table' we may find ourselves 'on the menu': in other words, others (who may not understand the scope of our profession) will decide what we can do for example or how we are educated and undermine our potential to use our skills and knowledge to advance global heath. What do we mean by global health and how might nurse education address this?

Sustainable Development Goals (SDGs)
According to the UN (2017), in 2001 governments world-wide agreed a number of Millennium Development Goals to be achieved by 2015. These were expected to provide a framework around which governments could develop policies and overseas aid programmes aimed at ending poverty and improving health and well-being for all. However when they were reviewed in 2015, they were perceived to be too narrow and so were replaced by the SDGs which are ambitious but more clearly integrated the broader social determinants of health, such as gender equality. The aim is for the SDGs to be achieved by 2030). Although only one SDG specifically mentions the world health – '*Ensure healthy lives and promote wellbeing for all at all ages'* (SDG3, UN 2017) - health in its broadest sense underpins all of the SDGs; for example *'no poverty'* (SDG1) and *'clean water and sanitation'* (SDG6). The UN uses the term health-interconnectedness to describe this close relationship between factors that impact on health in a holistic sense.

Nursing contribution to global health
Whilst recognising that nursing is one of many global health stakeholders, as the largest of these, its contribution is important to understand and to determine key strategies to help strengthen health care. This is captured in a recent report GAPFON (2017); nurse leaders undertook an extensive consultation exercise with key stakeholders from across the globe from practice, education and policy arenas. The aim was to explore the voice and vision for nursing on the global stage. They considered global health priorities by region and how to strengthen nursing roles to advance global health**.** The major health needs to emerge to a large extent unpacked SDG 3 although their priority differed per region:
- Non-communicable Diseases, including Chronic Diseases
- Mental Health, including Substance Abuse and Violence
- Communicable Diseases
- Disaster Preparedness and Response
- Maternal-Child Health

From the consultation six strategies were identified concerning the role of nursing, at the core of which was strong leadership related to policy, workforce, practice, education and research – the GAPFON Model (2017). The way these are played out is affected by context, but parallels exist whatever the location of nursing care delivery.

Implications for pre-registration education

Understandably most nurse students are focused on nursing linked to their local geographical context. However it is beholden on nurse educators to raise awareness of the 'bigger picture' around global health throughout pre-registration studies as well as the contribution of nursing. The GAPFON framework could be a useful model for curriculum planning and delivery in this respect; for example at Bournemouth University this framework is used to explore case studies form very different international health care settings. The nursing department has a link with a local Charity (Poole Africa Link 2017) which works in South Sudan and more latterly Uganda. Applying the GAPFON model to the example of South Sudan, students learn how nurse *leadership* is very challenging due to embedded professional subservience to medicine. The impact of *policy* is explored in the context of no regulatory body to control nursing standards in education and practice. Students consider the implications for *practice* of very different nurse-patient *workforce* ratios: 47.6 nurses and midwives per 39,088 population (Global Workforce Alliance 2017). The impact of nurse *education* based on imported curricula due to lack of resources to develop one fit for local need is also considered. Finally the connection between *research* and care delivery is brought to life through examples from PAL activities, where new ideas were introduced by UK nurses to improve care: for example moving from a first-come-first-served emergency department treatment system to evidence-based triage based care delivery (PAL 2017).

Conclusion

Learning about the local is vital but it is never too soon to explore the wider health care context and raise awareness of the contribution of nursing to global healthcare. You can find out more about this from several organisations; for example the International Council of Nurses http://www.icn.ch/ and Sigma Theta Tau International https://www.sigmanursing.org/ to name but two.

References

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