



Nurses at the Forefront of HIV/AIDS

REPORT: **International Nurses' Forum** August 2006 Toronto, Canada

This document has been prepared to provide an overview of the conference proceedings of the international nurses' forum. The views or opinions expressed in this report do not necessarily represent the views of the CNA Board of Directors or CNA policies.

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**Erratum in the first printing, November 2006
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**“The decriminalization of drugs” should have read
“the regulation of currently illegal drugs.”**

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International Nurses' Forum:

Nurses at the Forefront of HIV/AIDS: Prevention, Care, and Treatment

Executive Summary

The international nurses' forum, Nurses at the Forefront of HIV/AIDS: Prevention, Care and Treatment, held August 12, 2006 at the University of Toronto was an event affiliated with the XVI International AIDS Conference.

The forum was the result of an 18-month collaboration between the Canadian Nurses Association (CNA), the International Council of Nurses (ICN) and the Canadian Association of Nurses in AIDS Care (CANAC). It followed a series of preparatory events¹ including a one-day forum in Taipei prior to ICN's 2005 conference, in which nurses representing 39 countries discussed issues and priorities central to the intersections of HIV/AIDS and health human resources; and a national one-day forum to share results from Taipei and deepen insights into themes raised. These events, organized by CNA, helped build strong connections and insights into the issues faced by nurses, thereby guiding the program design of Nurses at the Forefront of HIV/AIDS: Prevention, Care and Treatment.

Nurses at the Forefront of HIV/AIDS was a truly global pre-International AIDS Conference nursing forum that brought together over 200 nursing leaders from 40 countries around the world. Speakers Stephen Lewis, the United Nations Special Envoy on AIDS in Africa; Tony Clement, Canada's health minister; Professor Sheila Tlou, Botswana's health minister; and Canadian nurse practitioner Sister Christa Mary Jones all spoke of the importance of the nursing profession's contribution to combating the HIV/AIDS pandemic. Lewis called nurses "the linchpins of health systems."

The active participation of ICN and the World Health Organization positioned their nursing leadership with those from many regions of the world. These leaders are active in international policy arenas and stand to influence policy toward strengthening health systems globally.



¹ Reports are available from CNA.

The day's program was divided in two substantive areas: the morning session informed participants on the HIV/AIDS situation in five regions of the world: Western and Eastern Europe, Latin America and the Caribbean, North America, Asia and Africa. The afternoon program explored six specific themes related to HIV/AIDS: workplace safety, stigma and discrimination, health human resources, harm reduction, end-of-life issues and advances in clinical practice, including access to treatment.

Throughout both sections, participants were requested to discuss the issues, challenges, innovative strategies and best practices as they relate to the nursing profession's contribution to HIV/AIDS prevention, care and treatment. The goal was to identify policy gaps and future directions for nurse leaders to take back to the main conference and also to their respective organizations.

This report was prepared as an account of the forum proceedings and is based on the day's discussions. It highlights details as reported by the regional speakers, reports emanating from thematic discussion held during concurrent sessions, and provides an overview of speeches made by our invited speakers. Participants were not official representatives of their countries, and therefore, their views do not necessarily reflect those of their governments or their nursing professional and regulatory bodies. You will find that participants' descriptions of nursing practice vary as do the scopes of practice for nurses among their home countries.



Participants validated the importance of sharing vital information across regions and themes, to ensure the profession is staying abreast and is influential in addressing the challenges, issues, best practices and policy gaps related to HIV and AIDS globally.

Nurses at the Forefront of HIV/AIDS aimed to bring momentum and visibility of the global nursing investments and contributions to the HIV/AIDS pandemic. The program approach was positively evaluated by participants and considered to be suitable for replication for future international nurses' forums, in conjunction with International AIDS Society conferences.

Forum Opening

The conference opened with a video that included the following global statistics:

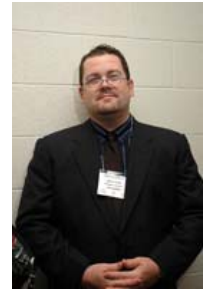
- There are more than 43 million people living with HIV.
- More than 14,000 people are infected with HIV daily.
- More than 25 million people have died of AIDS since 1981.
- Africa has 12 million AIDS workers.
- There are 13 million nurses in the world.

Tesfamicael Ghebrehiwet, nursing and health policy consultant, International Council of Nurses (ICN), welcomed guests and colleagues, and said that the session's theme reflected the central role of nurses in tackling HIV/AIDS and the challenges they face today. He noted that HIV/AIDS continues to be a top priority for ICN.



ICN has been partnering with member associations to establish wellness centres for nurses and other health-care providers. The hope is to apply the concept of wellness centres to other places in Africa where colleagues continue to face the care challenges of AIDS.

Greg Riehl, president-elect of the Canadian Association of Nurses in AIDS Care (CANAC) stressed the need for nurses to work with all members to reduce obstacles and remove barriers, and foster appreciation for the issues around HIV. Nurses should work collaboratively and use their positions as health and human resources to meet the challenges and opportunities ahead.



Marlene Smadu, president, Canadian Nurses Association (CNA) delivered a brief introductory address that stressed how the next few days would place HIV/AIDS in the headlines: "When we return to work treating patients and conducting research and policy development, we will have stronger links and more knowledge."



She noted that since nurses are at the forefront of the pandemic, they are uniquely positioned to be active in developing strategies, best practices and solutions. In addition, strengthening response requires strengthening of the health-care system, which means the needs of nurses must be addressed.

Smadu called upon national nursing associations and country leaders to work together to influence public policy and improve health outcomes.

The Honourable Tony Clement, Canada's minister of health, welcomed attendees on behalf of the Government of Canada and emphasized its commitment to working with partners in Canada and throughout the world in the common fight against HIV/AIDS. He noted that there is a need to build and strengthen capacity for training and health resource planning, and that the impending shortages in health care in both developed and developing countries must be addressed.



He said that different levels of government are now testing new approaches to front-line work and increasing the number of nurses through better workforce planning and creating a more stable work environment. "Those of us in policy and program development want and need to hear what nurses have to say."

Session chair June Webber, CNA's director of International Policy and Development, spoke of the role of nurses in the global health system, and noted the need for better representation of nurses on international policy committees. She stressed that nurses have an investment in outcomes and can build on one another's efforts to put ideas into practice and policy by sharing innovations and best practices.



Keynote address

Stephen Lewis, UN Special Envoy on AIDS in Africa, pointed out that 17 to 20 per cent of people with HIV in Africa are receiving treatment, and that people are getting back to work, gaining weight, and feeling healthy. The ethos of treatment is now animating international discussions, and we are starting to approach the issue with “guarded optimism.”



He emphasized the fact that the one thing standing in the way of rolling out treatment is the absence of human capacity. Even though drugs are in the pipeline and flowing freely, there are not enough people to dispense treatment.

Lewis described nurses as the linchpins for health care in every country in the world, especially in Africa. In most of the urban hospitals where treatment is now being rolled out, there are so few doctors available that the medical system relies on nurses not only for diagnostic tasks and normal nursing interventions, but also for counselling, to encourage testing, dispense medications, and work on prevention of mother-to-child transmission of HIV. “If we had enough nurses in this world, we would have made much greater strides in fighting this pandemic,” he said.

He added that outside of urban centres, many remote health units are staffed by one nurse and a handful of nursing assistants who are responsible for dispensing all medication, managing all opportunistic infections and treatment side effects, and making referrals.

Nurses have also had to manage response to the growing epidemic of tuberculosis (TB). Co-infection rates of HIV and TB stand at 50 to 70 per cent in Africa.

Nurses work in the most appalling conditions, where HIV rates are high, staff is exhausted, and there is a shortage of beds. Lewis praised nurses for their ability to cope with an “entire calamity.”

He noted that the shortage of nurses is a result of two factors: the virus itself and poaching by the western world. This migration is leaving countries bereft of nurses. The majority are going to the U.K., which Lewis says is one of the most persistent countries engaging in this practice.

Addressing the need for more nurses will require serious public policy changes and an examination of what it will take to retain nurses. This includes improved wages, benefits, working conditions and training.

He recommended that Canada identify two or three countries and show what can be done to reconstruct human capacity. This work could be modeled on the U.K.’s work with Malawi, or Ireland’s involvement in South Africa.

Lewis also recommended creating new career lines for those without professional expertise in medicine or nursing, in order to provide them with

the capacity to dispense medications, track adherence to treatment regimens, do testing, and provide counselling.

Throughout his speech, Lewis spoke about the persistent inequities faced by women and firmly asserted that the rights of women should be paramount. Lewis strongly advocated for the development of a UN agency for women.

He concluded that nursing is at the heart of the response to HIV/AIDS. The challenge is not to expand the work that nurses do, but to find ways to build response in the absence of capacity and to engage in advocacy.

Taking the World's Pulse: Reports from Regions of the World

Session chair Jean Yan, chief scientist, Nursing and Midwifery, World Health Organization, delivered greetings and expressed the hope that the ensuing discussions would allow those attending to articulate messages that could be sent forward to the XVI International AIDS Conference (IAC) so actions can be taken to an international level.

The panel participants were asked to highlight the trends and issues in HIV/AIDS prevention, care and treatment within five regions of the world, with particular focus on the following:

- Social, cultural, political and economic forces affecting HIV/AIDS prevention, care and treatment
- Regional epidemiological trends and emerging and prevalent HIV/AIDS issues impacting health systems, the nursing profession and patient outcomes
- Innovative HIV/AIDS prevention, care and treatment programs and strategies
- Challenges and opportunities for nurses to participate in shaping practice and policy responses

Africa

Masitsela Mhlanga, chairperson, Southern African Development Community AIDS Network of Nurses and Midwives, Swaziland, said he had four messages for others to reflect on:

- Health-care workers in sub-Saharan Africa need attention and care now. If they are not attended to, collapse of the health system is inevitable.
- The leadership potential of nursing networks in AIDS care is an innovation to be replicated to other regions.



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- Nurses and other health-care providers in the community provide the leadership to stimulate, guide and focus community action.
 - Universal access to treatment is critical in Africa.

He said that of the 25 million people living with HIV in sub-Saharan Africa, over 14 million or 57 per cent are in the South African Development Community (SADC). South Africa continues to have the highest number of people living with HIV and AIDS (estimated 5.3 million).

While adult HIV prevalence rates are high, there is considerable variance among member states. Swaziland and Botswana are the most affected, with rates of 38.8 per cent and 39.1 per cent, respectively. Seychelles and Mauritius have very low rates of less than 1 per cent.

He stressed the importance of understanding the factors that are fuelling the rapid spread of HIV/AIDS in order to plan an appropriate response, including the following:

- Lack of political commitment: Many governments have not met their promised commitments to health-care support. The epidemic is not taken seriously, despite high morbidity and mortality.
- Cultural beliefs and practices: Practices such as polygamy and multiple concurrent sexual partners may contribute to the spread of HIV/AIDS.
- Poverty: Poverty lowers the ability of individuals to resist disease and places them at risk of infection.
- No universal access to treatment and services: The poor cannot travel long distances to reach treatment and services.
- Social stigma: Low levels of condom use, secrecy and denial of HIV infection, alcohol and drug abuse, and early sexual experiences are all contributors to the spread of HIV/AIDS.

The nursing workforce is functioning in a system where there is an increased demand for health services at the same time as there is a reduction in health human resources. Health workers – the vast majority of them women, who are more susceptible to infection – are becoming infected at the same rate as the general population. To access testing and treatment they must stand in same queues as their clients, undermining the relationship of trust and authority that is fundamental to their effectiveness.

Their burden continues after work hours, since the community looks to them for leadership and care. Workers are not only lost to the virus – many are migrating because they are overstressed and undervalued.

Mhlanga then noted that antiretroviral therapy (ART) could avert 180 to 460 staff deaths in the Ministry of Health and Social Welfare by 2010. Without

ART it is estimated that one in 20 employees could die each year. He also noted that a World Health Report stated, “If health workers infected with HIV are not treated, the proportion of those dying as a result of AIDS may reach 40 per cent by 2010.”

The impact of HIV/AIDS on service delivery and patient care has been profound in Africa. There is a loss of skilled staff in key positions. Adherence to ART is low. TB infection is on the rise, adding to inpatient/outpatient loads. There is a shortage of drugs and supplies, and morale is extremely low as a result of poor patient outcomes.

Mhlanga recommended measures to encourage prevention, including: the integration of behaviour change communication and life skills into the school curricula; using drama in public education; and health provider-initiated testing and counselling.

For care and treatment, he recommended the further development of wellness centres for comprehensive care of health-care workers (a “care of carers” concept), as well as a focus on research and policy development.

He stressed the leadership potential of the nursing network in AIDS care to address a number of challenges, including influencing and shaping policy, pushing member countries to realize their commitments, strengthening their position as a health human resource, ensuring sustainable resource flows, strengthening AIDS treatment and care, and co-ordinating sectoral responses.

For capacity-building, he recommended accelerating training of nurses and health-care providers to provide an ART continuum of care.

Asia

Li Xiaomei, dean of the faculty of nursing, Xi’an Jiaotong University, People’s Republic of China, discussed the need to empower nurses in the battle against HIV/AIDS and explained how the progression of HIV/AIDS in China has gone through three phases since the first reported case in 1985.

- 1995 to 1988: There were a few cases of AIDS cases reported, mainly in seven coastal provinces. Those infected were mainly foreigners or visitors from overseas.
- 1989 to 1993: HIV infections were reported in 21 provinces, mostly among people who use drugs. A small number were reported among labourers returning from abroad, people with sexually transmitted infections and sex workers.
- 1994 to present: The number of infections grew among people who use drugs, and among commercial plasma donors from various regions. Infections were reported in all 31 provinces and national figures for HIV infection quickly rose. Infection by sexual contact increased and transitioned to the general population.



Li summarized the high-risk activities associated with HIV transmission in China. They include:

- the large drug trade and the practice of needle-sharing;
- the unsafe blood supply resulting from the Chinese government's ban on the importation of blood and blood products; and
- unsafe sex practices with the resurgence of prostitution that began in the 1980s in coastal and metropolitan areas and has since moved to smaller townships.

She reported that by the end of 2005 there were approximately 650,000 HIV/AIDS cases in China, and 75,000 people living with AIDS. In 2005 there were 70,000 new HIV infections per year and 25,000 AIDS deaths. Infection is highest among 20 to 29 year olds (42.4 per cent), with 30 to 39 year olds comprising 32.3 per cent. Before 2003, infection was highest among males (73.8 per cent).

Economic and social factors shaping this growing epidemic include a large and ethnically diverse population; geographic expanse; rapid economic growth; a transition from a planned or controlled economy to an open one; and the evolution of social norms.

She added that nurses in China face considerable challenges in providing HIV/AIDS prevention, treatment and care and need to be mobilized in the battle to control HIV/AIDS. To that end, a Chinese nursing leadership program was organized by the regional office of the World Health Organization, the Chinese Ministry of Health, and the Chinese Nursing Association, as well as participating nursing schools at universities and foundations.

The first phase of the program involved conducting an assessment to determine nurses' knowledge and attitudes towards HIV/AIDS; assessing the facilitators and barriers in providing effective care to affected people; and understanding the status of nursing leadership in this area.

The second phase involved implementing a comprehensive education program to build nursing capacity. To date the program has trained more than 2,540 nurse trainers for HIV/AIDS prevention and control.

Li concluded by saying that there is still a need to initiate more education programs and foster international co-operation. Nurses must be empowered in HIV/AIDS prevention and care, which ought to be part of the educational curriculum.

Europe

In discussing HIV/AIDS in central, eastern and western Europe, Ian Hodgson of the school of health studies, University of Bradford, U.K., and Health and Development Networks, Thailand, said the region has huge political, social and economic disparities. While the European Union has had some impact on health policy and human rights, this is limited to member countries, and compliance is inconsistent.

In reviewing newly diagnosed HIV infections, he noted that the Russia and Ukraine report more than 200 cases per million. Portugal is the highest at 278 per million, which he explained is a result of its draw as a holiday destination.

In western Europe the epidemic is mature, with 56 per cent of infections occurring among heterosexuals. Key issues for western Europe are migrant populations, the continuing risk for men who have sex with men, and the need for renewed safer sex campaigns for heterosexuals.

He ranked infection rates in Central Europe as stable, although the area does account for the largest number of pediatric HIV cases. The majority of those are in Romania and result from poor hospital infection controls. Rates are stabilizing among people who inject drugs; however, the rate of infection through heterosexual contact is increasing. Hodgson also noted that many HIV-infected children are abandoned at birth and access to treatment is “patchy.”

Hodgson noted that a robust response to HIV is lacking in all parts of Europe as people grapple with the taboos of sexuality and the concept of harm reduction. Injection drug use and mobile populations complicate the situation, and nurses are not properly equipped or empowered to maintain a safe workplace environment.

He added that the still-powerful HIV stigma undermines public discourse. The additional health issues and lack of protection under human rights law is an added challenge for people living with HIV.

Access to treatment is poor. In central and eastern Europe, only 13 per cent of those requiring treatment have access. This falls to five per cent in the Russia.

Hodgson pointed out that there are opportunities to mainstream HIV services by preparing non-specialists to support people living with HIV; there is also a need to build partnerships among professions, communities, and regions. He underscored the importance of nurses having a voice in local, national and international HIV/AIDS policies and sexual health strategies, and further, the need to involve affected people in the planning and delivery of care. “Trans-regional support must be a priority,” he said.



Latin America

Maria Teresa Aguilar Ramírez, president, Mexican Nurses Association, provided an overview of HIV epidemics in Latin America and the Caribbean region. She said these epidemics have brought about a crisis in health systems that are rooted in neo-liberal politics and widespread poverty. Government austerity measures have exacerbated poverty, causing social instability and worsening the effects of HIV/AIDS. This situation has increased risk for millions of people and driven a need for health systems to create different regional institutions and better funding for programs for HIV/AIDS.



Social and cultural factors that favour the transmission and spread of HIV/AIDS in Latin America include intravenous drug use, gender inequality and migration. HIV/AIDS can also provoke family breakup and abandonment. In comparing regional numbers on HIV/AIDS infection, Ramírez showed that prevalence rates were much higher in regions where drug use is high. Some regions also showed high numbers of infected pregnant women.

She pointed out that the low level of participation by health ministries appears to correlate directly to increased rates of infection. Ramírez said that the level of international cooperation as well as the health ministries in each country vary in strength. In addition, nurses' participation is of extreme importance, given their administrative and management activities and their role in patient care.

Ramírez said that overall, the impact of programs in Latin America has been low as a result of fragmentation; lack of economic support, technology, and knowledge; and discrimination and social indifference on the part of health-care professionals. In order to have universal access, nurses must participate in promoting health, developing programs and policies, and redressing gender inequality.

North America (Canada/United States)

Sandra MacDonald-Rencz, executive director of the Office of Nursing Policy, Health Policy Branch, Health Canada, said that at the end of 2005, there were 60,000 people living with HIV in Canada, up from 56,000 in 2003. Twenty-seven per cent of new cases are females.

The greatest increase is found in men who have sex with men, who also account for the highest portion of the affected population. At least 13,527 Canadians and more than 950,000 Americans have died from AIDS. In the U.S., black non-Hispanic males have the greatest infection rate at 49 per cent, while they represent only 13 per cent of the overall population. Hispanic Americans ranked second.

MacDonald-Rencz added that indigenous peoples are also at risk, and face added challenges when living with HIV/AIDS. These include a high poverty rate, a young population, limited access to HIV testing and treatment, and the



misconception that HIV/AIDS is a “white man’s disease.” While Aboriginal Peoples represent just over three per cent of the total population in Canada, they make up five to eight per cent of people living with HIV and six to 12 per cent of all new HIV infections. American Indians and native Alaskans have the third highest infection rates in the U.S.

MacDonald-Rencz said that while the number of new cases of HIV is growing, there are many more people living with AIDS than ever before. For example, in the U.S., AIDS-related deaths dropped from 17,139 in 2000 to 15,798 in 2004, while the number of persons living with AIDS grew from 320,177 to 415,193.

She identified a number of social trends that have an impact on HIV/AIDS prevention and treatment. These included a conservative political atmosphere, ongoing military conflicts since 9/11, and the continued stigma tied to HIV/AIDS.

Migration rates from areas where HIV/AIDS is endemic are also high. Since many of these people are young, they are more likely to become infected through heterosexual contact. Drug use and needle sharing remains a major problem, and sex workers remain at high risk.

In looking at treatment in Canada and the U.S., MacDonald-Rencz said we are fortunate that people here have taken strong leadership roles, and that many celebrities have come forward to serve as strong examples in tackling the challenge.

The results show in the fact that we are seeing people with HIV/AIDS live longer, healthier lives. Access to treatment has improved, and there has been great success in reducing mother-to-child HIV transmission, which she considered to be a major public health achievement. Public health programs have also made real efforts to get to populations at risk, and there are now more programs aimed at women.

In summarizing challenges and opportunities, she said that the mismatch between health human resource supply and demand will only grow. Access to appropriate, contemporary, timely, and affordable care remains an issue. Social safety is weakest as we move south through North America and is very much tied to racial issues. The disparities in the social system mean “we have not licked this by a long shot,” she said.

MacDonald-Rencz concluded by saying health workers must be advocates for universal access to care based on need, not economics, race or gender. She encouraged alignment with such groups as the U.S. Centers for Disease Control, and stressed the need to shape leaders of the future to continue the work being done. There is a need to both contribute to discussions globally and address issues in our own countries.

Nurses at the Forefront of Care: Perspectives from HIV/AIDS community-based initiatives in Africa.

Sister Christa Mary Jones spoke of the unique role of nurses battling HIV/AIDS in countries with socio-economic constraints, and the challenges to nursing leaders, educators and managers.



She observed that while higher profile people receive much praise and adulation, it is the people at the clinical level working with patients day in and day out who are the true movers and shakers in the fight against AIDS.

She stressed her appreciation of the fact that African-trained nurses show exceptional skill, creativity, and innovation. This is because they are expected to be involved in or perform complicated procedures well outside the traditional scope of nursing.

Jones outlined a number of challenges unique to nurses working in South Africa.

- South Africa is a land of great economic and social disparity. One can move from a first to a third world environment within a 20-minute drive.
- During apartheid, nurses had to work within a highly segregated system and maintain their integrity.
- Nurses were exhausted in the aftermath of apartheid – a time in which they had to deal with gunshot victims, abused children, and other atrocities every day.
- After liberation, workloads for nurses in primary care facilities reached critical levels. Nurses who were used to seeing 20 patients a day were suddenly managing 200 or 300.
- Communication became a challenge, since nurses had to deal with multiple dialects.
- Reforms to the health-care system – such as free service for pregnant and new mothers, and for children under six years of age – led to chaos at clinics and hospitals.
- Nursing continues to be a high-risk profession as a result of both disease and violence. In her hospital, five student nurses and six staff nurses have died of AIDS in the past year.

Jones indicated that despite the challenges, there are signs of hope. Nurses in South Africa have learned to cross racial barriers and work together for the first time. There is also a tremendous groundswell of sympathy in North America that must be tapped.

Education to prepare African nurses for African situations has improved. Efforts have been made outside the classroom environment to prepare nurses to relate to the community, understand issues in a context the people understand and be more effective.

She said that nurses must work with community workers and traditional healers to train them in counselling in order to expand voluntary testing. As a result of their own efforts, 98 per cent of mothers are now coming to her antenatal clinic for testing and mother to child transmission is at one per cent.

The question of whether patient education promotes change in behaviours remains. If not, she said, we need to find another answer.

Concurrent Session Reports

The program's concurrent sessions invited participants to discuss and identify issues/challenges, innovative strategies/best practices, policy gaps and future directions as they relate to six themes: workplace safety, stigma and discrimination; health human resources and HIV/AIDS; harm reduction; end-of-life issues; and advances in clinical practice, including access to treatment.

Session chair Brenda Done, past-president, CANAC, described the concurrent sessions as “dynamic and vibrant,” and invited rapporteurs from each session to present a brief overview of discussions and conclusions.

Workplace Safety

Rapporteur Nelouise Geyer, HIV/AIDS co-ordinator, southern Africa, Public Services International, noted that workplace safety poses multidimensional issues and challenges but was reported to be of generally low priority for those in her session. Only 17 of the 200 workshop participants considered workplace safety a priority.

Among the issues identified were the increasing frequency with which nurses are the target of workplace violence, infectious agents, chemical agents and sharps injuries. Under-reporting continues to be a major concern, Geyer said, as nurses fear employer reprisal and the stigma associated with possible HIV infection. She also cited these major challenges:

- Lack of adequate personal protective equipment (PPE) and inadequate resources for practising universal precautions
- Lack of awareness about workplace safety issues
- Inconsistent reporting by nurses and employers
- Extreme shortages of nurses leading to overwork, burnout, stress, and inadequate time for self-care



Geyer outlined some of the best practices and innovative strategies that were discussed, including the following:

- A joint venture between WHO and ICN to test pilot a prevention kit for needlesticks and exposure to blood-borne pathogens, currently being field-tested in three countries
- WHO HIV guidelines and guidelines for workplace violence
- A Chinese strategic plan to increase staffing levels
- Wellness centres that provide nurses with comprehensive counselling and care outside the systems in which they work
- International guidelines and best practices for needlestick injury (e.g., Safe Injection Global Network)
- The provision of hepatitis B vaccination

Identifying policy gaps, she noted that technology is often available in the workplace but is not always used to full advantage. In addition, stigma continues to be a problem that seems to discourage policy initiatives. Reporting systems continue to be inadequate and the financial commitment to workplace safety is insufficient. All these points underscore the importance of acquiring “hard economic evidence” to support the importance of workplace safety.

Geyer said future directions for workplace safety should include:

- Peer support systems
- Improved staffing levels
- Better PPE and safer technologies
- Better reporting and supporting policies
- An increase in the number of wellness centres
- The integration of workplace safety awareness into education
- Increased advocacy for nurses’ safety, by nurses
- Lobbying and advocacy for workplace safety

She concluded by stressing that workplace safety is important, not just because it affects the health and safety of patients, but because it affects the health and safety of nurses as well.

Stigma and Discrimination

To gain an understanding of how stigma relates to HIV/AIDS, rapporteur Deloris Russell, Canadian project manager for the Canada-South Africa Nurses HIV/AIDS Initiative at CNA, said her session examined other diseases that had been stigmatized, such as cancer and mental illness. It's important to recognize that stigma occurs at different levels: internalized (within the person themselves), externalized (directed toward others) and institutional (embedded within the mores of a particular system, agency, or organization).



Russell said that some members of the medical profession have demonstrated discrimination against people with HIV/AIDS and that it's time nurses addressed their own role in contributing to the stigmatization of patients with HIV and the nurses who work with them. Such attitudes often result in nurses' reluctance to participate in testing, counselling and reporting of workplace incidents.

The nuances of stigma vary from country to country, Russell said, but the impact is always the same: increased fear of infection, isolation, rejection, physical and verbal abuse, and reluctance to seek treatment.

The approach to stigma also differs from country to country. Some successful approaches include:

- The creation of hospice or hospital services so that those experiencing HIV/AIDS stigma can live supported healthier lives and, in turn, be examples to the broader community
- Active approaches on the part of nursing associations to address stigma
- Ensuring empowered staff “on the ground” who can implement policies and articulate what the issues are
- Including HIV-positive people in discussions about policy and implementation
- Encouraging respect for the experiences of people living with HIV/AIDS and providing opportunities for meaningful input.

Russell stressed the importance of using sensitivity and subtlety in addressing stigma, particularly among colleagues. “If we're going to challenge and overcome the negative impacts of stigma, we have to address our own issues... start talking with more openness amongst ourselves, and create opportunities to deal with complicated ethical issues that may be difficult to resolve,” she said.

Health Human Resources (HHR) and HIV/AIDS

Rapporteur Isaac Hamuchele Sulwe, administrator of the Zambian Nurses Association/National Nurses Association HIV/AIDS Project, outlined several of the issues and challenges involved in HHR and HIV/AIDS:



- A heavy disease burden
- A shortage of nurses
- The fact that the disease is having its greatest impact on the same age group as most active nurses
- Insufficient funding at the national level
- Discrepancies between public and private health systems
- Decentralization
- Intra- and international migration of nurses, which results in:
 - Shortages in some regions of those with clinical skills and experience
 - High nurse-patient ratios – particularly in some regions
 - Lack of continuity in some settings
- The closing of nurse training facilities (in South Africa, for example)
- General lack of resources
- Insufficient resources to address stigma

Sulwe said targeted prevention strategies involving ministers of health are necessary for addressing the broad range of HHR issues. One problem discussed was how nurses tend to lose the ability to identify with front-line and field workers when they move to more senior positions. Another serious issue highlighted is the need to integrate HIV education as well as evidence-informed data about HHR, into nursing curricula.

The Zambia Nurses Association (ZNA) was cited as an example of innovation and best practice in HHR. ZNA provides Caring for Caregivers workshops, provides training on workplace safety and encourages voluntary counselling and testing among nurses. In addition, there are programs for psychosocial support, income support and orphan support.

Another innovative organization noted was the Democratic Nursing Organisation of South Africa (DENOSA). More than half of the country's 120,000 nurses are members. DENOSA provides support through a telephone helpline, awareness activities, employee assistance programs, leadership workshops and special programs to encourage input from people living with HIV/AIDS. The organization strives to strengthen nurses' leadership in

HIV/AIDS by promoting best practices, influencing policy, and building collaborative relationships.

To tackle the HHR crisis in HIV/AIDS, Sulwe said, several responses are required:

- Increased salaries
- Improved working conditions
- A transformation of traditional hierarchical attitudes
- Increased nurse involvement in policy development and program implementation
- Ongoing monitoring and evaluation
- Education that supports quality nursing care
- Better support for community health workers



Harm Reduction

What drew participants in this session together, according to rapporteur Bernadette Pauly, assistant professor at University of Victoria's school of nursing, was the commitment to serve the vulnerable and provide respectful non-judgmental care that reduces the risk of harm to all persons with HIV, especially those who are living with addiction, mental illness, and homelessness.

Pauly outlined many of the challenges and issues related to harm reduction:

- The difficulty of adopting harm reduction in atmospheres that support abstinence
- The challenges of addressing multiple stigmas of HIV, drug use, mental illness, poverty and homelessness
- The unstable life situations of service users/clients
- The difficulties in pain management for those with addictions
- The negative impact of poverty, homelessness, and addiction on HIV
- The reluctance of the most marginalized to trust caregivers
- The difficulty of building acceptance for and maintenance of methadone maintenance programs

For approaches to succeed, she said, they must be based on trust. It's also important to form strong working collaborations between providers, other agencies and service users. Other best practices include:

- Providing flexible and non-judgmental support
- Treating people as “experts in their own lives” and being willing to learn from those experts
- Attending to gender differences
- Networking to encourage other agencies to implement harm reduction approaches and to influence national health policy
- Ensuring that outreach and drop-in services are provided “where people are” (i.e., in bathrooms, bars, on the street)
- Securing the involvement of law enforcement, community, and grassroots organizations

Pauly said some of the major policy gaps that must be addressed include: the regulation of currently illegal drugs; the introduction of harm reduction policies in institutions (especially prisons and hospitals); the creation of clear and explicit ethical frameworks to guide policy and practice; addressing challenges in methadone regulation; and the strengthening of links to the primary health-care system around the social determinants of health.

She concluded by stressing the importance of maintaining and expanding harm reduction programs (particularly of saving Canada's safe injection site in Vancouver), while continuing to develop innovative nursing services that enhance health care for those who are marginalized or street-involved.

End-of-Life Issues



Stigmatization of both nurses and patients is also a major challenge when dealing with end-of-life issues, according to rapporteur Mpho Sebanyoni-Motlhasedi, director of the Moretele Sunrise Clinic in South Africa. Other challenges include:

- Lack of resources, infrastructure, and supplies
- HHR issues, including staffing shortages and migration
- Lack of resources in the home-based environments where most care is provided – particularly lack of sanitation, family support, and basic supplies

End-of-life care is a new concept in South Africa and many other countries, Sebanyoni-Motlhasedi said. New challenges are being encountered daily in the field. For example, pain management may require morphine, but nurses aren't allowed to prescribe it, and a doctor may be days away.

Some innovative practices are evolving to deal with end-of-life care, she said. “Hospice in the home” is one such approach. Instead of building large facilities and warehousing “patients,” care is provided anywhere it’s needed. This approach involves the community and builds on the natural bonds of friends and family – combating stigmatization while providing additional hands for care.

Integrated models of at-home care that treat the whole person and involve the whole family are the most successful, Sebanyoni-Motlhasedi stressed. To succeed, such models require community mobilization and sensitization. Employers, unions, administrators, planners, and advocates must all be included in a process that “puts patients first” and provides care with cultural sensitivity.

The major problems are not with policy, but with implementation, she said. Strengthening the role of nurses and the community in future policy development and implementation is the key to success.

Sebanyoni-Motlhasedi stressed the importance of supporting a dignified death and improving community support programs, while recognizing alternative and complementary therapies: “It can be difficult to get ART and other ‘proper’ treatments, but palliative care is so holistic that we can organize alternative therapies and use other modalities of care.”

Advances in Clinical Practice, Including Access to Treatment

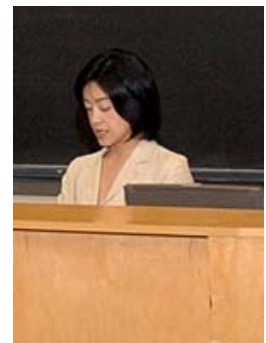
Rapporteur Jennifer Innis, nurse practitioner at Toronto’s St. Michael’s Hospital, said that her session had touched on many of the points already presented. She noted that, all over the world, sexual transmission is still the most common mode of HIV transmission. Recent increases in the number of infected youth suggest a “more complacent attitude and a sense that they’re not at risk.”

In developed countries, HIV has become a chronic illness, and the complexities of treating diseases of aging are becoming a challenge. These include cardiac and renal disease, and diabetes.

In the developing world, on the other hand, there is a real need for standards of practice. Access is a huge issue, she said. Even in developed countries, there can be major deviations in standards of care from one region to another.

Nurses who want to help transfer skills to other countries should be able to get leaves of absence more easily, she said. Among the best practices and innovative approaches discussed in her session were:

- A Japanese nurse-run outpatient clinic that provided monthly personal visits and frequent telephone calls to patients
- Multidisciplinary approaches that use “wraparound” models, involving doctors, nurses, nutritionists, social workers, pharmacists and others



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- Adherence counselling programs
 - The integration of traditional practices with more Western models of care

Future directions must address the lack of equity, Innis said, and should focus on creating programs that are transferable, the growth of multidisciplinary teams, and the importance of ongoing education – not just for HIV, but for the range of care that applies to an aging chronically ill population. It's important to retain a basic focus on primary care, while also stressing the importance of specialized care.

Innis concluded by noting that nurses number in the millions worldwide. "We need to have our voices heard, and be at the table when decisions are made around these issues, and on the ground when those decisions are played out."

Followup on Session Reports

Tesfamicael Ghebrehwet noted ICN regularly does environmental scanning to review what's happening in terms of government policies, health services, nursing and various related issues. Hearing the reports from today's sessions takes that to a new level, he said. The question is how the information from this forum can be used and taken forward in ways that are relevant for ICN members and partners.

He said there were four main areas on which to reflect.

- *Stigma*: Despite nursing's history of dealing with many epidemics, nurses are still part of the problem – still contributing to the stigmatization of people with HIV. Stigma is demeaning for the profession, compromises the ability to provide care and exacerbates burnout. The information from these sessions will be used to help revise ICN policy statements, as they come up for regular review.
- *Care for the caregiver*: Nurses can't give life-saving, life-enriching care if they do not receive adequate care themselves. Nurses need to be targeted for priority treatment and care for HIV, TB and opportunistic infections. Keeping nurses healthy strengthens health systems.
- *The role of the nurse in HIV*: This is an unusual disease that requires innovative solutions. There are over 13 million nurses in the world. ICN will continue to mobilize those providing HIV care and treatment, nurses could have a major impact on policy and implementation. Nurses are the providers of care. They should have a more active role in all aspects of the broad range of policy, programs and implementation issues.



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- *ICN*: There is an important role for ICN as an advocate for nurses and an organization that encourages collaboration, partnerships and the sharing and promotion of innovation and best practices.

Jean Yan of WHO stressed the importance of building on the many achievements and successes of nurses and midwives and stressed the importance of sharing with each other and other “members of the team” outside the profession. Doing so will allow nurses to continue to have a positive impact on the health of families, individuals and communities. Nurses must use their knowledge to stand together to address the major issues that affect professional development, levels of care and the broader context of health.

Nurses should be on the decision-making team, Yan said. For those who are already at the table, it’s important to design strategies to have a greater impact on policy development. Those who are still seeking a voice in decision-making must take advantage of every possible opportunity to increase capacity to influence policy.

She commended nurses who had been involved in the push to recognize the accomplishments and contributions of nurses at the World Health Assembly. Resolution WHA59.27 urges member states to strengthen nursing and midwifery by establishing comprehensive human resource development programs and actively involving nurses and midwives in the development of their health systems.

Yan called the resolution a “powerful tool,” and encouraged nurses to use it to reinforce their influence. She also encouraged participants to visit the WHO website for other resources and supportive resolutions and policies.

“The powerful message here is that well-trained, educated nurses save lives, that we have to support and protect our health workers, and look at innovative models of care to ensure effective implementation of care delivery,” she said.

Closing Keynote Speaker – Nursing and Psychosocial Care: Future Directions

Sheila D. Tlou, minister of health, Botswana, prefaced her remarks by noting that she still considers herself a nurse, first and foremost – a public health nurse whose role is to work, to lobby and to influence policy. She expressed her pride in being a nurse and in the many accomplishments of nurses in the face of the HIV/AIDS epidemic.

She stressed the importance of nurses at the forefront of HIV/AIDS working for prevention by promoting behaviour change at the individual, family and community levels. Equally important is nurses expanding and enhancing their work with vulnerable communities that tend to be stigmatized – like gay people, sex workers, and people



who use drugs. In the UN declaration on AIDS, she said, issues involving people who use drugs and sex workers were omitted, “But they do exist, and the failure to deal with these vulnerable populations is driving the epidemic.... Nurses are the ones who work with these communities and have to push the message.”

Botswana has achieved a 91 per cent uptake rate for women with HIV, because it had one of the best primary health-care systems in Africa before the epidemic, Tlou said. Mother-to-child transmission has been reduced from 40 to six per cent. Much of the success is due to nurses, who have always been on the front lines educating, negotiating with men to enable women to be tested, and working with families and communities to support adherence. Nurses in Botswana are involved in adherence counselling, consultation, medication dispensing and testing. They provide care and support right up to end-of-life issues.

Tlou said that Botswana was the first country to reach the “3 by 5” target. The World Health Organization’s “3 by 5” initiative aimed to provide three million people in low- and middle-income countries with antiretroviral treatment by 2005. Tlou estimated that 70 per cent of those who need antiretroviral (ART) therapy in the country receive it. As a result, hospitals are no longer overflowing, which is helping to improve working conditions for nurses.

Because ARTs are free, much of the stigma and discrimination associated with AIDS has been eliminated as it comes to be seen as a chronic illness, rather than a death sentence, she said. Nurses have been instrumental in reducing stigma and were pivotal in the fight for universal access to treatment.

“It is very disappointing that 28 years after the passage of the UN Declaration on the Elimination of Discrimination Against Women, 10 years after Beijing, that the lot for women has not improved much worldwide... Women still suffer increased vulnerability to HIV due to illiteracy, poverty, gender inequity.... It is nurses’ role to ensure that women get the necessary empowerment, and education to demand and receive the treatment and prevention they need,” she said.

Tlou encouraged participants to support the creation of a UN agency for women to advocate for the needs of women, with an adequate budget, headed by an under-secretary general.

She also encouraged nurses to remember to care for themselves. She described Botswana’s Care for Healthworkers Program and encouraged similar programs to help nurses overcome stigma from within the profession, and to overcome their own fears and prejudices. “We need to design policies and programs to address HIV prevention among health-care workers, and to provide adequate care – especially psychosocial care for HIV-positive health-care workers.”

Tlou concluded that nurses are powerful, but that they can't do what needs to be done on their own. Support and partnership are the keys to success. "This means building partnerships with civil society, other professionals, special interest groups – and to look at issues in a blame-free environment. Working together for the betterment of the community is the only way to eradicate HIV/AIDS."

Concluding Remarks

The program chairs thanked participants and speakers for their contributions to the meeting. June Webber described nurses working with HIV/AIDS as travellers "whose highways need to intersect and who need to find ways to take journeys together, to find ways of collaborating, so we're not duplicating but consolidating our efforts as we move forward."

After the chairs' concluding remarks, there was a brief presentation by the Mexican Nurses Association regarding the 2008 International Nurses Forum in Mexico City.

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