Relying on the nursing profession: a winning strategy

Position statement
HIV infection in French-speaking Africa
Foreword

The fight against AIDS is at a turning point. After the phenomenal progress of the last thirty years that saw 15 million people accessing treatment, today we are stagnating midway: half of the 37 million people living with HIV do not know their status, 2 million new infections are reported annually and the epidemic is still raging in "key" populations that are highly exposed to the virus, in particular men who have sex with men, sex workers and injection drug users. At the same time, interest in and international funding for AIDS has declined and some regions such as French-speaking Africa are lagging in their response as a result.

Yet we don’t have any more excuses now: we have the scientific and technological tools that, for the first time, allow us to believe that ending the epidemic by 2030 is within reach. From now on, the key to success lies in our ability to work together, we, who are involved in the fight against AIDS, in all our diversity and our complementarity. This means involving nurses in HIV prevention, screening and management, as recommended by WHO and supported by this appeal by SIDIEF and Coalition PLUS. It also means making community-based action central to the response, which is the primary objective of Coalition PLUS, an organization founded on its founders’ shared belief that the fight against HIV/AIDS could be led only with and by people infected and affected by the virus.

Today, WHO and UNAIDS recommend involving trained community-based stakeholders in all aspects of the fight against HIV, from the deployment of new prevention strategies such as oral pre-exposure prophylaxis (PrEP) to non-physician screening and the provision of antiretroviral drugs, not to mention advocacy. Community-based health workers can help relieve health systems that are often saturated due to inadequate human and financial resources. The proximity of community-based stakeholders to key populations and people living with HIV promotes dialogue and relationships of trust, so much so that studies have shown that their involvement in management led to significant improvements in retention in care and the quality of life of people living with HIV. Moreover, it is the community-based response, through its advocacy efforts, that has led to the greatest victories in the fight against AIDS, both in reducing stigma and discrimination and in improving access to funding and generic treatment in Africa. It is this community response combined with that of nurses that will allow us to access innovations such as PrEP in the South in the future.

We urge our political decision makers to respond to this appeal by implementing the UNAIDS and WHO recommendations to involve nurses and community-based stakeholders in the response to HIV and recognize their role. It is only through the participation of all in a mobilization effort that is complementary and coherent that we will succeed in overcoming the epidemic.

Prof. Hakima Himmich
President, Coalition PLUS
The Secrétariat international des infirmières et infirmiers de l’espace francophone (SIDIEF) and the Association de recherche, de communication et d’accompagnement à domicile des personnes vivant avec le VIH et le sida (ARCAD-SIDA), a member of Coalition Internationale Sida PLUS, jointly support the international efforts deployed to achieve the Sustainable Development Goals for 2030, in particular with respect to Goal 3, “Ensure healthy lives and promote well-being for all at all ages”. More specifically, SIDIEF and ARCAD-SIDA adhere to the World Health Organization (WHO)¹ and UNAIDS’s recommendations that aim to end the AIDS epidemic and support the global 90-90-90 treatment targets, namely:

- 90% of people living with HIV know their HIV-positive status;
- 90% of people living with HIV are receiving sustainable antiretroviral treatment;
- 90% of people on antiretroviral treatment have suppressed viral loads.

To achieve this ambitious objective, early and expanded access to antiretroviral therapy (ART) is at the heart of a new set of targets that must be met by 2020.³ Moreover, countries are preparing to double the number of people receiving HIV treatment.⁴ The aim of this new strategy is to avert 21 million AIDS-related deaths and 28 million new infections by 2030. Access to drugs continues to be a major issue in the fight against the HIV epidemic in Africa. The Global Fund is the world’s main funding body for activities related to the prevention and treatment of AIDS, tuberculosis and malaria. It supports programs, with a focus on those areas where the burden of disease is greatest.

At the Fifth Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which took place in Montreal (Quebec, Canada) in September 2016, nearly US$12.9 billion was raised for the next three years. The international community has a unique opportunity to renew and expand its ambition, and achieve the Sustainable Development Goals target, namely, to end the HIV, tuberculosis and malaria epidemics.⁵ According to UNAIDS, it is estimated that between US$22 and 24 billion will be needed annually for the fight against HIV.⁶

This is why SIDIEF and ARCAD-SIDA believe that political commitment must be strengthened and translated into increased national and international investment in order to expand coverage of ART services.

According to WHO, HIV, which has claimed more than 36 million lives so far, continues to be a major global public health issue, especially in low- and middle-income countries.⁷ The countries most affected by AIDS are in sub-Saharan Africa, West Africa and Central Africa, with 25.6 million people living with HIV in 2015 and accounting for two thirds of new infections globally. At the end of 2015, 17 million people were receiving ART in low- and middle-income countries, or around 46% of the 36.7 million people living with HIV in these countries.⁸

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Montreal, February 1, 2017
According to WHO’s new international recommendations, ART should be initiated for all people infected with or at risk of acquiring HIV as soon as possible after diagnosis.\(^9\) Access to screening and drugs must be accelerated and scaled up if we are to manage the AIDS epidemic as a threat to public health. WHO also recommends that people at substantial risk of HIV infection should be offered preventive ART.\(^10\)

In this context, WHO is asking countries to lift all restrictions on rapid access to ART for HIV carriers or people at risk. Therefore, it is essential to decentralize screening, to provide access to ART as rapidly as possible and to channel all efforts towards primary health care. In Africa, nurses usually provide initial access to health care, particularly in community clinics, health centres and health posts. This means they must meet a highly diverse range of individual, family or collective health needs, covering the entire lifespan and requiring a varied repertoire of professional competencies. Through their proximity to patients and communities, nurses are at the forefront when it comes to reaching populations that are at risk and most discriminated against, such as mothers and children, men who have sex with men, prostitutes and drug users who, often, are the hardest populations to reach.

The nursing profession can play an important role in the fight against the HIV epidemic by continuing to be involved in prevention but also by initiating treatment that focuses on monitoring and maintaining health. Indeed, according to UNAIDS, “Once linked to care there are mixed findings regarding retention. According to data from 18 countries, retention in HIV care declines over time, with 12- and 60-month retention rates of 86\% and 72\%, respectively”.\(^11\) Nurses can play a key role in treatment adherence and retention in care. Remember that in addition to access to antiretroviral drugs, treatment adherence is an important aspect that must be taken into account in the fight to end the HIV epidemic.

The right to prescribe ART is still too often reserved exclusively to physicians, hindering the early management of people who have been diagnosed or are at risk. There are not enough physicians to meet all the HIV-infected population’s needs. As a result, the effectiveness, impact and sustainability of antiretroviral treatment programs are weakened significantly. By unduly restricting the nursing profession in the early management of HIV-infected people, African countries are depriving themselves of nursing’s potential in the deployment of effective public health strategies.

It has been shown that countries that support new nursing roles achieve quality and efficiency gains. Nurses are more involved in assessing health needs and treating patients, especially in primary care. Investing in nursing capital is key to health system performance.\(^12\)

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\(^10\) Idem.
Nurses would like to fully assume their responsibilities given the new realities in health and social services, in particular in the fight against HIV infection. In countries where the legal framework confers all authority on physicians, as in Africa, the nursing profession finds itself limited to a position of executing tasks. Yet this position is a barrier to innovation, accessibility and public health policies. The medical assistant roles conferred on nurses do not improve access to the health system or make initiatives adapted to local conditions possible. The redeployment of professional competencies in a context of interprofessional nurse-physician collaboration is recommended by the Organization for Economic Co-operation and Development (OECD).13

Immediate action is needed. Physicians and nurses represent the two professions on which national health systems are founded: they are now called upon to redefine their approaches and create innovative models.

Nurses in French-speaking African countries want to be proactive and assert their professional expertise in partnership with individuals, families, groups and communities; they want to be accountable for health care outcomes, develop intra- and interdisciplinarily skills, exercise leadership in their community and contribute fully to social and economic development. The health professions must envision their contribution to society evolving in line with sustainable social development.

GIVEN the urgency of making health care, mainly primary care, accessible, as an essential response to evolving population health needs and the strengthening of health systems;

GIVEN the need to respond to major global public health challenges, in particular the expansion of access to ART to all people living with HIV;

GIVEN the clear need to expand nurses’ roles and ensure interprofessional collaboration between physicians and nurses to achieve the effectiveness and efficiency sought by all health systems;

GIVEN that the nursing profession is required to rely on clinical judgement based on practical, scientific knowledge, and on proficiency in new technologies, thereby ensuring patient safety and quality of care;

GIVEN that achieving the 90-90-90 targets recommended by WHO and the UN requires a redefinition of physicians’ and nurses’ roles;

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Montréal, February 1, 2017
Therefore, in order to help achieve the ambitious global objective of ending the AIDS epidemic by accelerating access to ART to all people infected with HIV as soon as possible after diagnosis, SIDIEF and ARCAD-SIDA (a member of Coalition Internationale Sida PLUS) are uniting their voices and their efforts and recommend:

- That countries promote nurses’ strategic role in primary health care and that they publicly support their role in screening, early intervention, treatment and health education;
- That WHO Africa express its support for the delegation of broader clinical authority to nurses in order to improve the comprehensive management of HIV-infected patients;
- That countries review the legal framework that governs the nursing profession so that nurses may initiate and prescribe antiretroviral therapy, and that they adopt a public health policy that establishes a national treatment protocol for HIV/AIDS based on WHO guidelines;
- That countries invest in university education for nurses in order to support advanced nursing roles and the coordination of care pathways by nurses;
- That countries establish programs to update nursing competencies and continuing education programs relating to the management of HIV-infected patients and that they establish modalities for interprofessional collaboration with physicians on treatment protocols for the management of potential priority coinfections;
- That an African mentoring program for nurses that uses information technologies be established;
- That countries establish a regulatory framework for the protection of the public, including the adoption of a code of ethics for the nursing profession developed in collaboration with national nursing associations;
- That countries adopt a sectoral health policy that will result in concrete actions at all levels of government as well as on a population level. In this regard, it is important that nurses be an integral part of interdisciplinary teams and work closely with all community stakeholders to achieve the global objective of ending the HIV epidemic.
Support for SIDIEF’s position *(on May 1, 2017)*

To consult the regularly updated list of supporters, please visit SIDIEF’s website ([www.sidiief.org](http://www.sidiief.org)), under the tab “Actions / Prises de position de santé publique”.

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- Coalition PLUS
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- Benin Synergie Plus

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- Association Laafi La Viim
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**CÔTE D’IVOIRE**
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- Association Action Contre le Sida
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- Association Aides Médicales et Charité
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**QUÉBEC, CANADA**
- Centre de coopération internationale en santé et développement (CCISD)
- Clinique médicale l’Actuel (Centre d’excellence VIH – ITS – Hépatites)
- Coalition des organismes communautaires québécois de lutte contre le SIDA
- Unité de santé internationale (Université de Montréal)

### EUROPE

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