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# Enhancement of Nursing and Midwifery Contribution to National HIV/AIDS, TB and Malaria Programmes

*Report of a Regional Consultation  
Bangkok, Thailand, 19-23 August 2002*



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## 1. INTRODUCTION

Gonorrhoea The Regional Consultation on the Enhancement of Nursing and Midwifery Contribution to National HIV/AIDS, TB and Malaria Programmes organized by WHO in collaboration with the Joint WHO/SEARO Collaborating Centre for Nursing and Midwifery Development, Faculty of Nursing (Siriraj) and Nursing Department, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, was held in Bangkok from 19–23 August 2002. Twenty-five special invitees, of which two were from WHO Collaborating Centres in the USA and South Africa, attended the meeting. There were also six observers in the meeting. The Secretariat comprised responsible professional officers from WHO Headquarters, Regional Office and country offices and a resource person from Thailand. The list of participants and the programme of the meeting are at Annexes 1 and 2 respectively.

The Regional Office had taken various initiatives to strengthen nursing and midwifery education and services in response to the HIV/AIDS epidemic in the 1980 and early 1990. However, a recent review of the role of nursing in HIV/AIDS prevention and care in the Region indicated the need for intensified actions to further develop nursing and midwifery for full utilization of their potential. It is envisaged that the outcomes from this consultation would be presented to the National AIDS Programme Managers in their meeting in November 2002.

Moreover, the resurgence of TB and malaria necessitate the need to look at how nurses and midwives could help in addressing these important public health problems as well. Hence, this consultation addressed issues specifically with regards to nursing/ midwifery roles in AIDS, TB and malaria prevention and care, so that nurses and midwives could optimally contribute to national HIV/AIDS, TB and Malaria programmes to their full potential.

Dr Rutja Phuphaibool (Thailand) was nominated as chairperson and Dr Punitha Ezhilarazu (India) and Ms. Manikala Laygoi (Bhutan) as rapporteurs.

## **2. OBJECTIVES**

The objectives of the consultations were:

- (1) To critically review country efforts in developing the capacity of nurses and midwives in response to AIDS epidemic and resurgence of TB and Malaria;
- (2) To identify the current and potential roles of nurses and midwives in HIV/AIDS, TB and malaria prevention and care; and
- (3) To propose strategies and mechanisms for increasing the involvement of nurses and midwives in planning and management of national HIV/AIDS, TB and malaria programmes.

## **3. EXPECTED OUTCOMES**

The following were the expected outcomes:

- (1) A summary of major achievements, issues and problems/constraints encountered in developing capacity of nurses and midwives in response to AIDS epidemics and resurgence of TB and malaria.
- (2) Clearly defined roles of nurses and midwives in HIV/AIDS, TB and Malaria prevention and care; and
- (3) Recommended strategies, mechanisms and actions for enhancing nursing and midwifery contribution to national HIV/AIDS, TB and malaria programmes.

#### **4. INAUGURAL SESSION**

Professor Khunying Suriya Ratanakul, Acting President (Vice President for Domestic and Overseas Networking and Academic Development), Mahidol University, Bangkok, Thailand welcomed the participants to the meeting and said that the AIDS epidemic and the resurgence of malaria and TB are major public health problems in the South-East Asia Region, which could only be tackled by the concerted efforts of all health care professionals. It has been recognized that nursing and midwifery involvement plays an important role in providing health service to individuals, families, and communities to help maintain health and improve quality of life. She acknowledged the support of WHO/ SEARO in making the meeting possible.

The address of Dr Uton Muchtar Rafei, Regional Director, WHO South-East Asia Region was read out on his behalf by Dr Bjørn Melgaard, WHO Representative to Thailand. Dr Rafei highlighted the major challenge from HIV/AIDS, TB and malaria for the countries in South-East Asia and the impact on the quality of life of the people in the Region. He stressed the need for broad-based

participation of large networks and workforces to address these important public health problems. The AIDS epidemic, one of the major public health problems in the Region, accounts for 16% of the global HIV infections. The risk behaviour pattern and vulnerability that promote and fuel HIV transmission is present in all countries of the Region and the potential for further spread is significant. Tuberculosis further exacerbates the situation. The Region accounts for 30% of the world's TB cases and TB accounts for about 40 per cent of the AIDS deaths in Asia. The resurgence of malaria and its multi-drug resistance problem is a serious concern especially for the Mekong Region.

The close and continuous contacts with individuals, families and communities that the nursing and midwifery workforce have, offer valuable resources for coping with HIV/AIDS, TB and malaria. The health promotion, prevention and care should be harnessed for cost-effective health care. Reference was made to a recent review conducted by WHO the role of nursing in HIV/AIDS care and prevention in the South-East Asia Region which showed that at present, this is minimal at all levels, particular at the managerial level. The potential of nursing services and education remained largely unexplored and/or underdeveloped. The collaboration between nursing and AIDS programmes appeared to have no structure or formalized mechanism for developing a competent nursing component for the HIV/AIDS programmes. The importance of nurses and midwives contributing to the preparation of proposals to the Global Fund against AIDS, Malaria and TB (GFATM) was stressed. The participants of the consultation were urged to critically review country efforts in building capacity of nurses and midwives in response to HIV/AIDS, TB and malaria and to develop effective strategies for capacity building, and inclusion of gender perspectives in the health programmes.

Dr Naeema Al-Gasseer, Senior Scientist, Nursing and Midwifery, WHO/HQ, stressed the need for continued involvement of nurses and midwives in decision-making based on research and evidence; partnership with the community and others in the provision of services and strengthening of health systems; and concrete work plans in meeting the objectives of the strategy to tackle HIV/AIDS, TB and malaria.

She further emphasized the need to build evidence through research, develop the capacity of nurse and midwife leaders in policy-setting and health planning, providing services, and prepare competent providers and models for regulations.

Inaugurating the meeting, Dr Vichai Tienthavorn, Acting Permanent Secretary (Senior Adviser), Ministry of Health, Thailand stressed that the majority of health personnel were aware of the capacity and contribution to. Nurses have significantly contributed to national health development in Thailand. Strengthening nursing contribution to national HIV/AIDS, TB and malaria programmes will be very beneficial, particularly for the vulnerable and the marginalized population. Nurses are key health care providers who make services more accessible to people, particularly in the rural community.

Dr Tienthavorn stressed the importance of regional coordination and collaboration for regional health development particularly in the time of globalization. He expressed his appreciation to the World Health Organization Regional Office for South-East Asia for this initiative, which is a very ambitious collaborative undertaking.

## **5. PRESENTATIONS**

### **5.1 Overview of the Regional Situation on HIV/AIDS and TB**

*– Dr Ying Ru Lo*

Globally, the number of estimated HIV infections at the end of 2001 was 40 million. The South–East Asia Region accounts for 6.1 million (adults and children) of which 800 000 new infections occurred in 2001. The adult prevalence rate is estimated at 0.6% and women account for 35% of the cases.

One–third of the world’s population is infected with TB, out of which 8.4 million are active cases. TB is the leading single infectious cause of death in South–East Asia with an estimated 700 000 deaths per year. HIV infections accounted for 300 000 deaths in 1998. Nearly 2.5 million people are co–infected with TB and HIV and the incidence of TB is rising.

In South–East Asia, the HIV epidemic is generalized in Myanmar and Thailand and in parts of India, Nepal, Indonesia. Other parts of India have a concentrated epidemic whereas Bangladesh, Sri Lanka, Bhutan and Maldives still have a low prevalence rate. DPR Korea has no reported HIV infections.

The rising HIV/AIDS caseload increases the demand for care and support in health facilities and communities. In–patient and outpatient services are overburdened and there is an increased need for continuous knowledge and skill building on HIV/AIDS, and voluntary confidential counselling and HIV testing.

Fear and discrimination and the burnt–out syndrome of health care personnel need to be addressed.

The HIV prevention package should include education for behaviour change, condom promotion and provision, STI diagnosis and treatment, harm reduction, safe blood transfusions, prevention of mother to child HIV transmission and VCT. The package for care should include VCT, clinical management, particularly of opportunistic infections, community and home care, ongoing counselling and emotional and social economic support.

For prevention of mother to child transmission (PMTCT) mothers should be given antiretroviral during pregnancy and labour as well as to the newborn. Only four Asian resource poor countries have introduced PMTCT in the period 1999–2001. VCT was available in Thailand and India and the new VCT centres were set up in Nepal and Myanmar. DOTS reduce the drug resistance and thereby the burden of TB and. DOTS also prolongs survival of HIV–infected TB patients.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria\* (GFATM) will specifically support increased access to health services, provision of critical health products, training of health care workers, behaviour change, outreach and community– based programmes. Of the US 2.1 billion raised so far, US\$ 800 million will be disbursed in 2002.

It was concluded that the role of nurses roles should be in provision of VCT, HIV/AIDS prevention and care, DOTS, contact tracing, defaulter retrieval, health education, awareness campaigns and support to PWA groups. Nurses in teaching faculties should provide training and research while nurse leaders should be involved in advocacy and policy planning and management.

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\* Web address: <http://www.globalfundatm.org/>

## **5.2 Overview of the Regional Situation on Malaria – *Dr P R Arbani***

There are 130 million people at risk of drug resistant malaria. India is a big contributor to the burden of malaria. It is estimated that 30000 deaths occurs yearly mostly due to delay in treatment. The problem with multi-drug resistant malaria is most severe in the Mekong Region, especially in the four countries, i.e. Cambodia, Laos, Myanmar, Thailand and Vietnam. The global goal for malaria control for the year 2010 is to reduce the burden by half.

This will require access to affordable and appropriate treatment; promoting the use of community protection measures (insecticide treated bed-nets, selective insecticide sprays); community based action/partnerships and expansion of access to Early Detection and Prompt Treatment (EDPT)

The Roll Back Malaria programme started in 1998. It focuses on personal protection in the community and on partnership projects. The main targets are remote areas with high disease burden and poor access to health services. It will often require intercountry cross border collaboration. The importance of technical networks to monitor, share information, have common indicators and identical treatment regimes were underlined. Drug policies must be regularly updated based on evidence on status of malaria drug resistance.

Nurses being the first contact in the community, should provide proper advice and conduct education campaigns in the local community, but the they need training in case management, early detection, early treatment and surveillance. Nurses in health care facilities should be involved in planning and management of malaria and also promote preventive action such as the use of

bed-nets in the community. The new impregnated bed-nets in the community produced are long lasting (2–3 years). If people use the insecticide treated bed-nets, thereby creating demands, the industry may reduce the cost further. All mothers in malaria endemic areas should learn how to prevent and care for malaria patients.

The epidemiological situation and malaria transmission intensity in the Region is different from Africa and it is recommended not to use drug prophylaxis for pregnant women but rather concentrate on prompt treatment of the malaria cases.

### **5.3 Review of Nursing Role in HIV/AIDS Prevention and Care in the Region – *Dr Ying-Ru Lo***

An assessment of the nursing roles in HIV/AIDS prevention and care in the South-East Asia Region was conducted in nine countries in 2001. This assessment was carried out because of the increasing demand for care and support in health facilities and communities, the overburdened in-and-out-patient services and because the HIV/AIDS epidemic requires specific knowledge and skills from nurses and midwives as key players in prevention and care.

The assessment methodology was through self-administered questions, and field visits were made to three countries (India, Myanmar and Thailand) with high HIV burden. Interviews and focus group discussions were conducted with nurses and nurse educators

The key questions were: (1) How do National AIDS programme and nursing services collaborate in HIV prevention and care? (2) Have the nurses received adequate training? and (3) Are they provided with necessary support?

The conclusion from the assessment was that the role of nurse in HIV/AIDS prevention and care is minimal at all levels. There is in general a lack of training for nurses in HIV/AIDS prevention and care. The knowledge on HIV/AIDS prevention was however better than the knowledge on care. Fear and stigma towards HIV-infected patients exist and universal precautions, hepatitis B vaccination and post-exposure management are not implemented in all countries.

The recommendation for countries was that collaboration between National AIDS Control Programmes (NAP) and nursing/midwifery representatives should be strengthened and there should be established mechanisms for collaboration e.g. a nursing task force for HIV/AIDS. A nursing component should be included in NAP. Training curricula of nurses must be updated and educational materials improved. Universal precautions, protection of nurses and midwives from hepatitis B and HIV/AIDS should be put in place in all countries. WHO should establish a core group of nurse trainers in HIV/AIDS in the Member Countries; support should be extended to the development of an easy, practical and comprehensive resource package for teaching HIV/AIDS: collaborate with nursing associations to include information on HIV/AIDS in their regular publications; and update the WHO/SEARO mailing list to include hospital libraries and nursing institutions, and finally, improve the distribution of WHO/SEARO training materials and guidelines.

#### **5.4 Global Initiatives for Strengthening Nursing and Midwifery in HIV/AIDS Programme – *Dr Naeema Al-Gasseer***

WHO strategic directions for health development were 1) To reduce excess mortality, morbidity and disability, 2) To promote healthy lifestyles and reduce risk factors to human health, 3) To develop health systems that equitably improve health outcomes, and 4) To frame an enabling policy and create an institutional environment for the health sector, and promote an effective health dimension for social, economic, environmental and development policy.

The impact of HIV/AIDS on the health systems includes staff shortage, increased workload and burn-out, shortage of beds, supplies, equipment and drugs, increased care and counselling demands and the increase of illness and death of health workers.

The United Nations General Assembly Special Session on HIV/AIDS in 2001 set global targets as follows: To increase AIDS resources to US\$ 7–10 billion; to enable access for 90% of youth to information and services to reduce vulnerability to HIV by 2005; to reduce by 20% the number of infants born with HIV by 2005; to strengthen programmes to protect the health of those most affected by HIV/AIDS by 2003; and to make treatment and care for people with HIV/AIDS as fundamental to the AIDS response as is prevention.

The GFATM was established in January 2002. It has received US\$ 2.1 billion in contributions so far.

A new Global Health Sector Strategy will be presented to the WHA in May 2003 with the aim of strengthening the health sector's

capacity to respond to HIV/AIDS. It will provide a framework for countries in scaling up their responses to HIV/AIDS and STI.

An essential package of interventions will be defined, comprising preventive, promotive, treatment and care directions. It will address the human resources issues by assessing if the mix of capacities in the health sector workforce is adequate to address the impact of HIV/AIDS and STIs, including the level of additional skills required. The need to enhance research and development efforts will be emphasized. Nurses and midwives are committed to build the knowledge base through research and identify the best practices of care for individuals with HIV/AIDS and their families.

WHO has developed a document entitled: Elements for a public health response to HIV/AIDS. It is intended as a guide to NAP managers and outlines a minimum of what is required in the way of prevention and care activities.

There is a need for a paradigm shift. Coverage and access to care including home care, palliative care, and ARV treatment should be an increased. The huge and rapid response to GFATM indicates unmet needs in programming/funding.

The impact on the workforce, the burnt-out syndrome and the accidental exposure should be given more attention. It was suggested that WHO should fill vacant positions with qualified nurses in the HIV/AIDS department in WHO/HQ. A question was raised about whether a policy should be developed for infected health workers.

## **5.5 Experiences from other Regions for Strengthening Nursing and Midwifery in Support of National AIDS Programmes**

Professor William L. Holzemer, Director, International Centre for HIV Research & Clinical Training in Nursing, University of California, USA described the UCSF International HIV/AIDS Nursing Research network and stated that sharing of nursing research has the potential to positively influence the quality of care and patient outcomes across the spectrum of HIV disease. The specific goals for the network are: to improve the quality of care for persons living with and affected by HIV/AIDS; to link scientists and clinicians working with HIV/AIDS; and to build an international agenda for HIV/AIDS research in nursing.

The Self and Family Care Symptom Management Strategies for persons with HIV/AIDS is a collaboration between the University of Botswana, WHO CC for Nursing, the University of South Africa, WHO CC for Nursing, the University of California, San Francisco, WHO CC for Nursing and the University of Lesotho and Swaziland.

Dr Leana Uys, WHO CC for basic Nursing and Midwifery Education School of Nursing, University of Natal, Durban, explained that South Africa has one of the highest prevalence rates of HIV/AIDS in Sub-Saharan Africa (4.2 out of 43 million people are infected). South Africa has ongoing sophisticated research, but mainly concentrated on vaccine development, and nurses do little research.

The University of Natal initiatives concern nurses and nursing involvement in HIV/AIDS and education. An HIV network and website has been established, A Global Fund proposal for a group of senior researchers in South Africa is developed, and a centre for

HIV/AIDS research has been established. The nursing curriculum develops as a process and experience-based curriculum, where the content is based on what students do in practice.

A think tank was established to develop a nursing education agenda, a nursing research agenda and a support system for nurses. The lessons learnt were that without nurses, the CARE-agenda gets little attention or funding. Nursing has little visibility because the knowledge of nurses tends to be superficial. They are involved mainly in care, not treatment or behavioural change and there are no strong researchers. Future senior nurse researchers should move into the HIV/AIDS field and remain there. Nursing organizations or institutions should trigger and coordinate a nursing response.

## **5.6 Strategic Direction and Plan of Action for Strengthening Nursing and Midwifery Services – *Dr Naeema Al-Gasseer***

In May 2001 the World Health Assembly adopted a resolution (WHA54.12) on strengthening nursing and midwifery. It addresses the major challenges for nursing and midwifery: (1) development of an evidence base for best practices; (2) creation of solutions to global shortage of nurses; (3) technical support to Member States, and 4) creation of supportive alliances and networks. The immediate issues which need to be addressed include (1) migration and shortage of nursing and midwifery personnel; (2) poor working conditions; (3) maldistribution and deployment; (4) inappropriate utilization, and (5) lack of nursing and midwifery input in decision-making.

She further highlighted that WHA54.12 asked the Member States to: (1) involve nursing and midwives in the framing, planning and implementation of health policy; (2) review and develop models of education, legislation, regulation and practice for nurses and midwives; (3) develop human resource plans that support training, recruitment, and retention; (4) ensure healthy workplace for nurses and midwives; (5) continuously assess nursing and midwifery plans; and (6) enhance the development of nursing and midwifery services based on evidence. The WHO secretariat was asked to provide support in: (1) examining and developing plans to address the global shortage and migration of nursing and midwifery personnel; (2) efforts to strengthen the contribution of nurses and midwives to the health of the population, (3) facilitating the creation of WHO collaborating centres in developing countries; (4) ensuring the involvement of nurses and midwives in planning for human resources for health; (5) coordinating the efforts of agencies and organizations involved in the development of nursing and midwives and (6) continuing the work of GAG/NM.

The WHA54.12 also asked the Secretariat “to prepare rapidly a plan of action for strengthening of nursing and midwifery and to provide for external evaluation at the conclusion thereof”. This Plan of Action will be guided by four main frameworks: the WHO Corporate Strategy, the Health Systems Framework, the Strategic Orientations from the Programme Budget 2002–2005 and the Millennium Developments Goals.

The six priority areas are: HIV/AIDS, Making Pregnancy Safer, Tuberculosis, Malaria, Adolescent Health and Mental Health.

Five key result areas are defined in the strategic plan: (1) Health planning, advocacy and political commitment. (2) Management of health personnel for nursing and midwifery services, (3) Practice and health systems improvement, (4) Capacity building and (5) Stewardship and governance.

The strategies included in the Global Strategic Direction for Developing Nursing Services were relevant to SEAR context and could be adopted.

## **6. COUNTRY SITUATION**

The following are summary of country reports:

### **6.1 Bangladesh**

The Directorate of Nursing Services established in 1977 under the Ministry of Health and Family Welfare is the central body for the development of nursing education and services. In 1995, a national action plan for the development of nursing education and services was approved.

Nurses mainly work in hospital settings apart from the public health nurses who work in the district and are supervised by the civil surgeon. The public health nurse's responsibility is to supervise nurses at the lower tier hospital, but they can also take active part in schools, industries and communities as per job description.

The national HIV/AIDS programme has six areas, i.e. programme management/ epidemiological surveillance; behavioural change support/IEC; condoms promotion; STI

management; safe and appropriate use of blood/universal safety precaution/IDUs; and HIV/AIDS care/counselling/ legislation.

The Director of the Directorate of Nursing Service is a member of the Technical Advisory Committee, but nurses do not play a major role in promotive and educative efforts. HIV/AIDS is discussed in basic and post-basic courses, but there is no emphasis on involving nurses in national health policy and planning. Although a manual has been developed for training of nurses in malaria control and management, it has not yet been put into practice.

Bangladesh ranks fifth among high TB burden countries. In the year 2000, more than 3 million persons were infected and approximately 70 000 died due to TB. The new health reform strategy includes a TB training programme for all health care categories as an integrated part of other health components. In 2000, a one-year diploma-training course was planned which is awaiting the approval of the ministry. A manual for training of nurses in infection prevention and control is under preparation. TB will be a major part of the manual.

In the second year of the basic nursing training, four hours are set aside to cover HIV/AIDS, TB and malaria through lectures and discussions, little emphasis is put on counselling, health education/promotion and prevention. The post-basic BSc degree education in public health covers three diseases in four hours under the infection and communicable diseases. The public health nurse curriculum is designed to include integrated health care to the individual, families and the public and nurses are expected to provide preventive service as well as take part in educational activities.

At Upzilla level nurses get a few weeks' training in Essential Service Package (ESP) where the three diseases are covered. Nurses are mainly employed in hospital settings but are not significantly involved in HIV/AIDS, TB and malaria. It is expected that nurses provide counselling and give health education in the wards and outpatient departments.

The nurses are not actively involved in the national programmes for HIV/AIDS, TB and there is no major initiative in strengthening nursing service in respect of the three diseases. It is, therefore, suggested to provide specialized courses and in-service training on HIV/AIDS, TB and malaria for all health care providers. Public health nurses should play an active role in the health team and provide service at every level in the community, as well as function as resource persons in the various training programmes. They should be involved in school health education awareness creation by participating in all health campaigns.

Nurses should be actively involved in planning at the national level in the development of reforms and strategies. They should also take part in surveillance, case detection and management issues and follow-up activities. Nurses must be vocal in discussions and working forums and provide guidance for behavioural change in the working environment.

## **6.2 Bhutan**

Health in Bhutan indicators have markedly improved during recent years. There are approximately 350 nurses in the country, managed by the Human Resource Department in the Health Division. The Royal Institute of Health Sciences is the only institute

in the country where middle level health workers, nurses and technicians are given pre-service training.

Some nurses pursue distant learning in BSc others are sent abroad to pursue both BSc and Master's degrees. Bhutan has introduced a post-basic Bachelor of Nursing, conversion course, in collaboration with La Trobe University, Australia. Thirty senior nurses and nurse educators would be educated in this conversion programme.

The curriculum for the general nurse and midwives has recently been updated in respect of HIV/AIDS. A nurse is in charge of infection control at the national level. At district level nurses participate in HIV/AIDS prevention, and prevention and control of TB and malaria but at the national level very few nurses are involved in the these programmes. These programmes do not support the nurses on a permanent basis but rather employ them in an ad hoc manner.

### **6.3 Democratic Peoples' Republic of Korea**

The citizens of the Democratic Peoples' Republic of Korea enjoy free education and hospital care. Medical education and training is divided in two main training system: one for doctors and pharmaceutical persons, and the other for the middle-level health workers including the nurses and midwives.

A major achievement in nursing and midwifery was an increase in nursing and midwifery workforce. Currently the ratio of doctor to nurse is 1:1 (which was 1:0.8 in 1999); and doctor to midwife is 1:1.1 (which was 1:0.9 in 1999).

Nurses work in preventive and curative institutions (hospitals, prophylactic hospitals, clinics and sanatorium). A school for educating nurses and midwives is set up separately and training modules and teaching-learning materials are developed. Nurses and midwives are taught according to service requirements and their expected responsibilities. There is a nursing school being developed at Anju City and Pyongsong City as a model school to provide exemplifying learning for students.

Nurses received in-service education to upgrade their knowledge and skills through “Day of Technical Study” session organized weekly by the hospital. This activity also aimed to enhance the capability of nurses on prevention of infectious diseases such as malaria, TB and AIDS. For pre-service education of nurses, they are also trained in laboratory skills, such as sputum smear test with the microscope and DOTS to address the problem of TB.

Nurses work primarily with patient care management and in the public health fields they work under the responsibility of a doctor. Midwives are responsible for delivery and care of pregnant women.

#### **6.4 India**

The National Health Policy, 2002 describes the need for expanding the number of nurses vis-à-vis doctors/ beds, and improve the skills of the nurses. The policy also states the need to increase the number of nurses holding postgraduate degrees and for establishing training courses for speciality nurses for tertiary care institutions. Funds have been set-aside in the Tenth Five-year Plan

for strengthening nursing training institutions and for nursing development. The nursing education system is as follows: training of nurses in Basic Nursing (ANM 2 years, GNM, 4 years), BSc Nursing (4 years) and MSc Nursing (2 years).

Specific training in HIV/AIDS, TB and Malaria is included in the basic nursing courses and in BSc Nursing. The content includes epidemiology, etiology, pathology, diagnosis, prevention, treatment and the role of nurses in primary, secondary and tertiary care.

In-service education of nurses in prevention and control of HIV/AIDS, TB and malaria takes place at the local level. It is organized on an ad hoc basis when funds are available and are provided as short courses, workshops, conferences and seminars. The in-service training is funded partly by the government and partly by international agencies such as WHO, UNICEF, and World Bank.

At the national level, the Nursing Advisor and the Deputy Nursing Advisor to the Government of India participate in decisions on allocation of funds to strengthen nursing education, nursing service projects and for nursing research of national HIV/AIDS, TB and malaria programmes. The Nursing Advisor also represents the nursing profession in regard to national health programmes planning and monitoring. A similar situation prevails in state health directorates where the state nursing Officers may be involved.

Nursing personnel is involved in organizing awareness programmes, detection and treatment campaigns in regard to

HIV/AIDS, TB and malaria control programmes. Nurses are in general involved in the following: collection of health statistics and reporting on HIV/AIDS, TB and malaria, prevention, case detection and control activities. They provide information and education on prevention and control of HIV/AIDS, TB and malaria to other health workers, the general population and among high-risk groups. Nurses also participate in counselling of groups and infected persons and help in mobilizing the community to find solutions to TB, HIV/AIDS problems. Nurses are involved in the preparation of instructional materials for training and health education purposes on HIV/AIDS, TB and malaria and participate in research projects on HIV/AIDS, TB and malaria.

It was concluded that the nursing role as facilitator, researchers, change-agent and manager is relatively limited and so is their role in programme planning and monitoring of HIV/AIDS, TB and malaria programmes.

## **6.5 Indonesia**

In general, nurses are caregivers, who help in early detection of cases, provide IEC, collaborate in treatment programmes and help empower the local community to control diseases. Nurses/midwives provide patients, family and the community with information and education on prevention and basic care of patients with HIV/AIDS, TB and malaria. The role in advocacy is to safeguard patients right to treatment and negotiate with authorities and community leaders for support in the control of the above-mentioned diseases.

Concerning research nurses take part as investigators in studies and research on HIV/AIDS, TB and malaria, and are involved as team members in data processing and reporting of research results and follow up plans.

The Indonesian government has initiated programmes on HIV/AIDS. These activities are in the planning stage and are expected to be implemented next year. The government has arranged refresher courses on TB for nurses and midwives. Standard procedures have been developed for nurses and midwives at the health centre and sub health centre. There are plans to conduct training of village midwives on early identification of cases and the supervision of medication. They also plan to conduct training of nurses and midwives in the management of TB cases. The government will develop technical guidelines for health centres on management of malaria. Training models will be developed for nurses and midwives at the health centre level, and village midwives in high-risk malaria areas.

Indonesia improves the skills of nursing and midwifery through government programmes and through educational institutions such as the Midwifery Academy and the Nursing Academy, Community health nursing and care of communicable diseases Included in the curricula. In the efforts to improve the knowledge and skills of its members in the management of HIV/AIDS, malaria and TB, the National Indonesian Nurse Association has conducted several seminars and training events. The Indonesian Midwives Association similarly conducts training seminars in STD, malaria and TB for members.

It was concluded that HIV/AIDS, TB and malaria are community health problems and the nurses and midwives are front line health workers in the implementation of HIV/AIDS, TB and malaria control programme, but they are not utilized/empowered to the maximum. They play an important role in decreasing the morbidity rate of HIV/AIDS, TB and malaria, because they are around patients, families and in the local community. Nurses and midwives need continuous training to improve knowledge and skills in new methods to be able to better identify HIV/AIDS, TB and malaria patients as well as in case management. The nurse/midwives need training to improve skills in advocacy and in collaboration.

## **6.6 Maldives**

HIV/AIDS was first seen in the Maldives in 1991 but the National AIDS Control programme and the National AIDS Council were established in 1997. The incidence is still low and therefore not a high priority area for nursing. The main emphasis is on health education and prevention of HIV/AIDS. TB incidence has steadily declined during the 1990s. The incidence rate of sputum positive cases declined from 0.55 per 1000 population to 0.25 between 1991 and 2000. The last indigenous case of malaria was reported in late 1984. After spraying, the vector virtually disappeared from the islands, except for a few isolated pockets where mosquitoes breed. The last specimen of the vector was detected in 1990.

The national policies and guidelines are formulated by MOH together with the Department of Public Health (DPH). Nursing and midwifery service and education play a key role in the health care system. Nurses are trained at a diploma level at the Faculty of Health Sciences/College of Higher Education. In the three-year

diploma course HIV/AIDS, TB and malaria is taught in Environmental and Community Nursing and in Reproductive Health Nursing.

The country has, in various ways, made efforts to build capacity for nurses and midwives on HIV/AIDS, TB and malaria. A national TB programme strategic plan has been developed for 2002–2006 by MOH. In which the requirement of a nurse has been included. It is planned to train nurses in DOTS.

Nurses have attended courses/seminars abroad. They conduct workshops for other nurses at all levels. Nationally the main thrust in HIV/AIDS prevention is on health education. The government also lays emphasis on protection of the rights of the people living with HIV and provision of health care and counselling. Through NAP, nursing and midwifery staff are provided short courses in HIV/AIDS counselling and management.

The reproductive health syllabus of the diploma nursing course covers: HIV (Maldivian perspective), attitudes and stigma, the process of contact tracing and its complexities, management and treatment, and post exposure prophylactics. The students are given opportunities to increase their awareness and perception on various aspects of HIV/AIDS for example, stigmatization and confidentiality issues, feelings of patients, risks of exposure and attitudes of people towards HIV/AIDS. The students are exposed to clinical areas, but do not observe patients with HIV/AIDS due to the confidentiality of HIV/AIDS patients. The students are exposed to the national policies, strategies and programmes on AIDS, TB and malaria in the community and environmental health syllabus. Nursing students attend workshops and seminars on universal

precaution and programmes conducted on World AIDS day. Nursing education put emphasis on health promotion.

In Maldives, the health system works very much in teams where nurses are equal partners. The nurses are members of the Infection Control Committee and are involved in the National AIDS Day programme; they provide health education to school children and other youth programmes.

## **6.7 Nepal**

The nursing education programme is carried out by Tribhuvan University, Institute of Medicine (IOM), BP Koirala Institute of Health Sciences, NGOs and private nursing homes. IOM has five nursing campuses and of these, Maharajgunj is the only campus that runs bachelors and master's level nursing programmes. The other four institutions provide proficiency certificates (PCL) at the basic nursing and midwifery level. The programme was aimed at developing competent, self-reliant nurses and midwives who will be able to provide PHC for individuals and communities.

All IOM campuses and other governmental and private campuses follow the same curriculum. The curriculum includes components of HIV/AIDS, TB and malaria in different courses. But it is far from adequate in preparing PCL nursing graduates to competently deal with such conditions. The PCL is of three years duration. In the first year students learn aspects of anti-tuberculosis and anti-malaria treatment. In the community health nursing, the students get exposure to preventive aspects of TB. The second year PCL nursing programme includes courses such as midwifery, paediatric nursing and community health nursing II. In midwifery, TB is included as a significant disease associated with

pregnancy and in paediatric nursing, students are taught that TB is a major killer disease for children. In the third year, TB is taught as a disorder of the respiratory system and HIV/AIDS as part of STIs.

The nursing roles in HIV/AIDS, TB and malaria is to assist clients in achieving the best possible level of health, preventing disease and assisting clients to cope with the disease and to promote and maintain the optimum of health. Nurses in the infectious disease hospital are performing the following roles in relation to management of patients with HIV/AIDS, TB and malaria. As care providers they assess the patient's needs and provide care based on the needs. They work as counsellors for the patient's family and community education is likewise an essential role for the nurses. The nurses are members of the health team, coordinating nursing activities with the other team members particularly with the physician and they facilitate the provision of appropriate care and treatment of patients.

The National Centre for AIDS and STD control programme has conducted three days' HIV/AIDS orientation training for mid-level health workers including the nurses. Some nurses have also received training in management of patients with TB and malaria.

In conclusion, nurses in Nepal lack in general preparations to effectively deal with HIV/AIDS as well as TB and malaria. The pre-service training is insufficient and there is lack of systematic in-service education.

## **6.8 Sri Lanka**

The nursing and midwifery curriculum under the primary health care and community health nursing states that special emphasis must be given to the Respiratory Disease Control Programme. The specific goal is to reduce the pool of TB infections and to diagnose as many TB cases as possible and provide each of the patients with effective care at institutional and community levels. For the Malaria Control Programme, the goal is to teach nursing and midwifery students to assist in reducing the incidence of malaria to a level that it is no longer a public health problem. The Ministry of Health has developed an Infection Control Manual as part of the HIV/AIDS programme. The manual is available in all wards and community health centres, giving all nurses/midwives access to this information.

Periodical workshops are being arranged and involve as many nurses and midwives as possible. The nurses and midwives take part in workshops at both national and international levels. Nurses and midwives appear in media discussions, especially in programmes arranged to commemorate World AIDS Day.

The roles and involvement of nurses and midwives in the HIV/AIDS Control programme include the implementation of national infection control policies. One of the national TB programme objectives is to coordinate nurses and midwives in monitoring and evaluation of the programme. Also the Malaria Control programme objectives are to achieve more community health staff involvement in the prevention and control of malaria. The programme ensures that all nurses and midwives in malarious areas take up malaria control as a national priority.

After the recent revision of the nursing and midwifery curriculum, more attention is paid to these areas, especially in the

control of HIV/AIDS. The nursing and midwifery staff is involved in major health education programmes especially in mass media and more public support is gained. Nongovernmental organizations are motivated and they are keen to coordinate with the nursing and midwifery staff in implementing these programmes.

The public is now more concerned about the practice of “safe sex”. There is a major improvement in hand washing, safe disposal of sharp and handling of blood and blood products by nursing and midwifery staff in hospitals and other institutions. Constraints include culture-based reluctance to discuss about sexual matters in public, drug addiction among the younger generation and tourism and homosexuality.

Extensive population migration in the country has led to a rapid spread of TB. Many aged members of the families infected with TB pay inadequate attention to this due to social stigma. Inadequate or unsatisfactory health facilities prevail at refugee camps. The malaria control is constrained by lack of compliance with the indoor residual insecticide-spraying programme. There are inadequate resources such as equipment, vehicles, funds and personnel. The unstable security conditions that existed due to the war in the North and East have hindered all programmes being carried out in these areas. It is hoped that this will improve after cessation of the hostilities.

Examples of issues that need to be taken into account for further strengthening nursing and midwifery included: increased involvement of nursing and public health nursing leaders in planning; educating all staff inclusive of non-academic staff of the danger posed by these diseases and the advantage of gaining control of such diseases; and implementation of mass education

programmes to improve the attitude of all health workers and obtaining greater participation from the community.

## **6.9 Thailand**

Nursing and midwifery education falls under the jurisdiction of several ministries (i.e., Public Health, University Affairs, Defence, and Interior) as well as Red Cross and private sectors.

Under the Ministry of Public Health, there are 32 Nursing Colleges. All of them have been using the same four-year curriculum. Nursing students in these colleges have been equipped with knowledge, supporting attitude and skills to deal with health problems related to AIDS, TB and malaria by several means.

First year students learn about disinfection and universal precaution in the Basic Concepts and Principles subject. In the second year, they learn about AIDS, TB and malaria under the topic "Nursing care of patients with tropical diseases, infectious and non-infectious diseases". In paediatric nursing, they learn about nursing care of newborns from mothers with AIDS and TB. Third year students learn about the assessment and nursing care of pregnant women with health problems including AIDS. Students are introduced to the measures currently used in Thailand to prevent and monitor mother-to-child transmission.

Students get opportunities to provide holistic care to patients with various illnesses and diseases in both the clinical and the community settings. They are taught health promotion, prevention, cure and rehabilitation. In the first and second year, they are exposed to healthy clients and patients with minor illnesses or simple health problems and gradually turn towards patients with

more complicated problems or acute and chronic conditions, in the final year of study.

There are some exceptions such as care to patients with HIV/AIDS. Some nursing colleges do not allow students to perform risky procedures such as drawing blood, giving IV fluid, episiotomy and suturing of perineal wound to AIDS patients. In addition, there are some procedures that need specially trained skills like giving pre and post blood test counselling. Students only observe these procedures performed by skilled nurses or instructors.

The cooperation between the Nursing Division and the AIDS Division in MOPH started in 1987. A two-week training curriculum was developed for health care providers, which addressed knowledge and attitudes associated with AIDS and caring for HIV/AIDS patients. In 1992, the Nursing and AIDS Division developed universal precaution guidelines. The guidelines contain general principles of universal precautions, precautions for occupational exposure and management after exposure. This guideline was improved after one year's trial.

Universal precaution guidelines for community health services was later developed to inform all nurses about universal precautions. The training of trainers curriculum was developed by using participatory learning technique. The aims of the curriculum were that universal precautions should be introduced along with control and prevention. After continuing education courses were evaluated, the Infection Control Nurse was introduced and the infection control policy revised.

Nurses, in acute care settings, must be familiar with the psychosocial and neuropsychiatric aspects of HIV disease, because

they may have to deal with depression and anxiety as well as psychiatric disorders that accompany a diagnosis of HIV infection or AIDS. Knowledge of HIV disease is necessary for counselling persons in any stage of infection. The role of Nurses is to provide information and knowledge to patients and their families on disease development process; prevention, precautions, infection control at home, nutrition, transmission among household contacts, safe sexual practice and how to seek help and health services when needed.

The Nursing Division developed a counselling programme for nurses; it was incorporated in the existing knowledge and psychological support programme. This programme was well received and counsellors were introduced as a policy in all hospitals.

In 1995, a Nursing Division project developed a home health care services programme, which aimed at providing chronically ill patients and their families with self-care activities. The home health care programme was recognized to improve patients' quality of life. HIV/AIDS patients in the community were added later as a target group and "An instruction for caring for HIV/AIDS patients at home" was developed as a guide for patients and their families. The roles of home health care nurses are to provide psychosocial support and help to provide the patients and their families with relevant information according to the home environment and self-protecting methods of preventing disease and self-care.

In conclusion, due to the recognition of the AIDS crisis, government and all levels of the health care system provide good support to the Nursing Division. All nurses have access to the

guidelines and programmes developed so far. Mechanisms to ensure nurses' participation with guidelines and supervision and evaluation systems are in place. External and internal audit and quality assurance by hospital nurses committee and the Nursing Division reflect the quality of nursing care that addresses nurses needs for knowledge and evaluation of guidelines and programmes.

Nurses in Thailand are recognized as important members of the health care team. Selected nurse leader(s) representing nursing and midwifery profession are actively involved in health care reform and other health development in the country.

## **7. DEVELOPING CAPACITY OF NURSES AND MIDWIVES IN RESPONSE TO AIDS EPIDEMIC AND RESURGENCE OF TB AND MALARIA**

Based on the country reports, following is a summary of the achievements, facilitating factors and issues in developing capacity of nurses and midwives in response to HIV/AIDS epidemic and resurgence of TB and malaria:

### **7.1 Main Achievements**

- Active involvement of nursing/midwifery professional association in national health programmes in a few countries;
- Availability of in-service education programmes (e.g. seminar and workshops) for nurses and midwives on

HIV/AIDS, infection control, IEC, counselling, DOTS and Malaria in most countries

- Availability of standard guidelines or protocols for nurses and midwives on HIV/AIDS, home based care, DOTS and malaria management;
- Some successful experiences working with community, people living with HIV/AIDS (PLWA) and other sectors (e.g. establishment of self-help group);
- Incorporation of HIV/AIDS, TB and malaria contents to a certain extent, in pre-service (basic) nursing/midwifery curriculum;
- Availability of training modules for standardized education; and
- Increased sensitization and exposure of nurses and nursing students to prophylactic and curative care of HIV/AIDS.

## **7.2 The Facilitating Factors**

- Political commitment and support;
- Recognition that HIV/AIDS is a crisis and thus support is easily mobilized;
- Greater input and resources in management of nursing/midwifery workforce;
- Policy direction for involvement of all care providers in planning and implementation of HIV/AIDS, TB and malaria programmes;
- Membership of nurses in various subcommittees of the National AIDS Committee;
- Functional supervision and evaluation systems;

- Availability of advanced or post-graduate education for nurses and midwives;
- Training of a core group of nurses/midwives in leadership and development;
- Use of standardized curriculum which would facilitate nationwide planned changes;
- Readiness to revise/update the curriculum; and
- Use of model school approach to try out innovations in nursing/midwifery education.

### **7.3 Issues and Constraints**

- Limited involvement of nurses/midwives in policy formulation and programme planning and management in most countries;
- Weak nursing/midwifery leadership who are unable to participate in the decision-making, low assertiveness of nurses and midwives keeping them from getting involved in policy and programme formulation;
- Ill informed nurse/midwives;
- Inadequate dissemination of health policy;
- The brain drain of nurse/midwives, lack of sanctioned posts;
- Insufficient coverage of HIV/AIDS, TB and malaria in nursing and midwifery curriculum;
- Lack of formal structure for collaboration between the nursing/midwifery sector and national health programme,

no established mechanisms for nursing/midwife expertise involvement;

- Ill prepared nurses/midwives lead to stigmatization of TB and HIV/AIDS patients;
- Inadequate opportunities for practical experiences to nursing students e.g. not being allowed to do risky procedures; and
- Legal issues that need to be addressed for expanded roles of nurses/midwives.

#### **7.4 The Lessons Learnt**

- Countries have different priority health problems and no solution will be applicable to all countries.
- The nurses/midwives have to go beyond curative care, they have to provide comprehensive care (i.e., preventive, promotive, curative and restorative care) in order to enhance their contribution.
- Existing education has not adequately prepared nurses/midwives for comprehensive care.
- There are some success stories (best practice and potential best practices) that can be shared and promoted.
- Best practice matrix must be developed and widely disseminated to promote further application.

## **8. FIELD VISITS**

Field visits were arranged to study nursing care for patients of severe malaria as well as HIV/AIDS and for educational preparation of nurses. Summary of the visits are provided below:

### **8.1 Hospital for Tropical Diseases, Faculty of Tropical Medicine, Mahidol University**

A field visit to the Hospital for Tropical Diseases was arranged to study nursing care for severe malaria patients and educational preparation of nurses. The participants were briefed by Professor Polrat Wilairatana, Director, Hospital for Tropical Diseases on the function of the Faculty and the Hospital for Tropical Diseases as well as various aspects of malaria and management of the severe malaria cases. Nurses were highly recognized as important members of the health care team as well as of a research team in this establishment. Nursing care activities at the ICU were also presented by Ms Suparp Vannaphan, Head of ICU prior to a visit to the ward.

The Faculty of Tropical Medicine is, apart from the research activities, also engaged in master and doctorate educational programmes and short training courses for health personnel at national and international levels.

A visit was paid to the ICU for severe malaria and the wards for uncomplicated malaria cases. The hospital is getting patients mainly from outside Bangkok from malaria-infested areas. The patients are enrolled in research programme, which means that they are admitted for a full month for a study free of charge.

## **8.2 Bamrasnaradul Infectious Diseases Hospital**

A visit was arranged to Bamrasnaradul Infectious Diseases Hospital to study nursing care of HIV/AIDS patients and educational preparation of nurses and midwives. The participants were briefed about the hospital and its functions by the director of the hospital. Processes and educational preparation to equip the nurses and midwives to deal with HIV/AIDS patients were presented by Ms Yaowarat Inthong, Senior Nurse Administrator. A visit was then made to a few HIV/AIDS Units including day care centre.

The hospital was established in 1987 and consists of various facilities to assist HIV/AIDS patients ranging from in-hospital service, ambulatory care unit, laboratory services, counselling service (individual, group counselling, family counselling) and day care centre where patients and families can get advice on AIDS. Candlelight for Life's Club was established to provide opportunities for people with HIV to share experiences and information on HIV/AIDS. A research centre in the hospital supports and promotes research to enhance development of care and treatment. The research to date has been in the clinical, laboratory and nursing care fields. The hospital provides training courses to support professional staff at all levels in order to increase their knowledge, skills and confidence in the care and treatment of HIV/AIDS.

Nursing service in Bamrasnaradul Hospital is provided as comprehensive care and the systematic care. Patients are triaged or screening by triage nurses (nurse practitioners with skills and expertise in care of complicated HIV/AIDS cases, through formal training). And care is provided accordingly. A triage nurse is

capable of carrying out some medical interventions. Standard precaution is implemented by the staff to prevent occupational exposure to HIV.

### **8.3 Reflections on Lessons Learnt from Field Visits**

#### ***(a) Hospital for Tropical DiseasesSEA-CD-125***

It was a very impressive hospital with well-trained nursing staff. The hospital was well equipped both technically and staff wise and the environment was clean. The hospital did not do much in health promotion for the prevention of malaria.

It was noted that the nurse in charge of the ICU for severe malaria had a very heavy workload, so did other nursing staff, but they were very competent in handling technical equipment and in following the vital signs of each individual patient. Real partnership between medical doctors and the nurses was observed in the care for patients. There was also ongoing joint research. The patient nurse ratio at the ICU was 1:1. The ratio in a general ward is around 1:4-5 nurses. The group found that supply and equipment and the good working environment was very conducive for the provision of quality care of the patients. Good ventilation and clean environment was noted and there was ongoing in-service education for skills development and hand on experiences. The nursing records were observed and it was found that it could have been more comprehensive. The nurses had no role in health promotion on the prevention of malaria.

**(b) Bamrasnaradul Hospital**

This hospital was found to have a very well organised VCT service, it was also observed that there was a good patient/nurse ratio, a clean and good environment for provision of quality nursing care. The hospital conducted ongoing research with other universities and interested partners with involvement of the nursing staff. The team concluded that there was adequate ventilation in the TB ward; patients and nurses used different masks. The nurses only changed mask every 3–4 days probably due to the cost of masks. The team was not sure whether confidentiality was practised in the in-patient unit, because the patients in the ward seemed surprised when the team entered. No curtains around beds were pulled and it was unclear whether patients had given their consent to the visit. Issues on attitude towards the patient and whether psychological support was extended to in-patients were discussed. It was observed that the nutritional condition of the patients should be looked into although the majority of patients were in the terminal stages of AIDS.

The nurses received in-service education e.g. TB. Questions arose on whether policies to protect staff e.g. post exposure prophylactic treatment and support to staff were put in place. It was obvious from the presentation that nurses master a multiplicity of roles, such as being involved in policies, as nurse counsellor, nurse practitioner, and image nurse. The nurse practitioners helped in reducing not only the doctor's workload, but also in contributing to efficient care. The general conclusion was that Thailand managed to increase competencies for nurses to respond to HIV/AIDS very well.

## **9. GROUP WORK**

The participants were divided in three groups and each group was asked to relate to the three diseases. Group 1 started with HIV/AIDS, group two with TB and group three with malaria to ensure that all diseases were fully covered by the group work.

### **9.1 Roles of nurses and midwives in HIV/AIDS, TB and malaria prevention and care and requiring education and other preparation**

The group identified the existing roles of nurses and midwives in HIV/AIDS, TB and malaria prevention and care as well as their potential roles that will maximize their contribution to these three diseases. They then identified education and other requirements requirement to equip nurses and midwives to be competence (with requisite knowledge, skills and attitudes) for their identified roles.

The outcomes of the group work deliberation are presented below:

**Table 1 –HIV – AIDS**

Component	Existing role and expected function	Potential role and expected function	Required knowledge, skills and attitudes	Other preparation or prerequisite needed
Programme planning	Nil	In some countries there is a potential role to involve nurses/midwives (N/M) in planning HIV/AIDS programmes .	Knowledge and skills and attitude and planning, health economics, collaborative work.  Assessment and teaching skills.	People who are invited to participate in planning programmes should be chief nurses from the directorate and or have experience in the field of HIV/AIDS.
Programme monitoring	Nil	Nil	Evaluation  Management information reporting systems.  Preparation of programme proposals	-
Surveillance	Involvement of nurses in the surveillance programme	Involvement of nurses in the surveillance programmes	Knowledge of specific diseases.  Methods of surveillance and data	-

Component	Existing role and expected function	Potential role and expected function	Required knowledge, skills and attitudes	Other preparation or prerequisite needed
			analysis. Approach for working with community (including interpersonal) Problem solving skills.	
Infection control [e.g. universal pre-cautions (UP), safe injection practice]	In many countries nurses are trained to use UP technique	UP technique in all countries	Knowledge of modes of transmission. Awareness of universal precautions. Knowledge of sources of risk (e.g. management of body fluid). Skills to educate, guide and supervise family and the community on modes of transmission including management of body fluids. Knowledge of waste disposal and equipment. Knowledge in improvising methods	Necessary equipment. Provision of nursing kits

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Component	Existing role and expected function	Potential role and expected function	Required knowledge, skills and attitudes	Other preparation or prerequisite needed
			<p>for infection control in the community.</p> <p>Educate nurses on how to prepare cheap nursing kits.</p>	
<p>AIDS prevention programme [e.g. awareness campaign, promotion of safe sex practice]</p>	<p>In all the countries the nurses are involved in preventive measures for uninfected.</p> <p>In none of the countries nurses are involved in preventive programmes for the infected.</p>	<p>In all the countries involvement of nurses in preventive activities of the infected.</p>	<p>Knowledge of methods of infection control.</p> <p>Skills in and comfort level to talk freely about sexuality.</p> <p>Sex education and life skills including interpersonal and group skills.</p> <p>Understand the context, attitude of the community towards HIV/AIDS.</p> <p>Knowledge of safe sex.</p> <p>Skill and attitude to work as partners with people living with HIV/AIDS in care and others.</p> <p>Skills to use nurse-</p>	

Component	Existing role and expected function	Potential role and expected function	Required knowledge, skills and attitudes	Other preparation or prerequisite needed
			<p>patient encounter to educate them.</p> <p>Personalize the fact that nurses can also get infected with HIV/AIDS through life style</p>	
Prevention of mother-to-child transmission	In some countries nurse/ midwives/ play a prominent role in testing for HIV	There is a potential role to involve N/M in all countries in testing for HIV.	<p>Knowledge of vertical transmission.</p> <p>Therapies available.</p> <p>Breast-feeding skills in VCT.</p> <p>Women's rights</p> <p>Infant feeding alternatives.</p> <p>Skills:</p> <p>To monitor and follow up mother and child.</p> <p>Partner counselling and partner negotiation and notifications.</p> <p>Educating communities and discuss with communities issues of</p>	

*Enhancement of Nursing and Midwifery Contribution to National HIV/AIDS, TB and Malaria Programmes*

Component	Existing role and expected function	Potential role and expected function	Required knowledge, skills and attitudes	Other preparation or prerequisite needed
			MCT.	
VCT (Voluntary counselling and testing) and ongoing counselling	In some countries nurses are trained and involved in VCT	In some countries training and involving nurses in VCT is a potential role	In addition to all of the above: Skills and attitude to involve people living with HIV/AIDS. Educate in peer counselling	
Clinical management/ care including ARV (anti retro viral) treatment	Bedside care provider. <ul style="list-style-type: none"> <li>• Patient empowerment.</li> <li>• Comforter.</li> <li>• Counseling.</li> <li>• Nursing skills</li> <li>• Infection control</li> <li>• Specimen collection</li> </ul>	Symptom control and adherence	Knowledge of opportunistic infections. Symptom management. Basic knowledge of immune system, medication and side-effects of medication OI. Complementary treatment. Understanding the stigma. Knowledge of palliative and end-of-life care	

Component	Existing role and expected function	Potential role and expected function	Required knowledge, skills and attitudes	Other preparation or prerequisite needed
	<ul style="list-style-type: none"> <li>• Teaching students</li> <li>• Teaching patients and families.</li> <li>• Care coordinators</li> </ul>			
Community- and home-based care [e.g. support to PLWA (People Living with HIV/AIDS) and non-formal caregivers]		Support to PLWA	<p>See previous columns and in addition: understanding community dynamics and community lifestyle.</p> <p>Risk of fear and violence in disclosing HIV/status.</p> <p>Networking with community groups and mobilizing resources.</p> <p>Knowledge of</p>	

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Component	Existing role and expected function	Potential role and expected function	Required knowledge, skills and attitudes	Other preparation or prerequisite needed
			<p>encouraging adherence/compliance</p> <p>Awareness of community acceptance of HIV/AIDS.</p>	
<p>Operational research [e.g. for best practice; for improving accessibility, utilization and quality of health care]</p>	<p>In few countries some activities are going on.</p>	<p>This a potential role for many countries.</p>	<p>Skills in participatory research methods at community level. (qualitative, quantitative and ethnic)</p> <p>Knowledge of opportunities for nursing and collaborative or multidisciplinary research and research with people living with HIV AIDS.</p> <p>Understanding the different roles nurses can play in research from data collection to principal investigator.</p> <p>Knowledge of ethical issues, e.g.: informed consent.</p> <p>Knowledge of concept</p>	

Component	Existing role and expected function	Potential role and expected function	Required knowledge, skills and attitudes	Other preparation or prerequisite needed
			of evidence-based practice. Knowledge of how to utilize resource, evidence-based practice.	
Safe blood supply	In a few countries midwives carry out this activity.	Involvement of nurses in supplying safe blood is a potential.		
			See infection control Skills in: history taking and pre-counselling blood donors. Counsel positive clients not to be donors. Counselling regarding discouragement of professional donors.	

**Table 2 – Tuberculosis**

Component	Existing Role & Expected Function	Potential Role & Expected Function	Required knowledge, skills and attitudes	Other preparation or prerequisite needed.
Programme planning	No	<p>Managerial role: financial, allocation, human resources, management.</p> <p>Planner role: needs assessment, strategic planning.</p>	<p>Leadership and management (i.e. strategic planning, management, budgeting, staffing).</p> <p>Practical managerial skill (i.e. develop action plan).</p> <p>Knowledge and skill in public health and epidemiology on TB.</p> <p>Cross-cultural sensitivity for management role (in context of countries).</p> <p>Team building.</p> <p>Capacity building: policy review, formulation, advocacy (specific issue advocacy)</p>	Policy and regulation for nursing profession and practice in each country

Component	Existing Role & Expected Function	Potential Role & Expected Function	Required knowledge, skills and attitudes	Other preparation or prerequisite needed.
			participation),	
Programme monitoring	No specific role in TB programme in most countries, but N/M take part in recording and statistical reporting.	Programme monitoring at various levels: district, regional and national.	Principle of monitoring and evaluation of TB programme (i.e. health management information system)  Basic health statistic knowledge.  Supportive supervision for TB programme.  Ability to utilize data.  Computer literacy and skill (desirable).	Policy and regulation for nursing profession and practice in individual countries
Surveillance including case finding	Surveillance and case findings (passive case finding)	Same as existing roles.  Case recording and case reporting	Principle of surveillance: TB (active and passive).  Current/existing health Information	Policy and regulation for nursing profession and practice in specific country.

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<b>Component</b>	<b>Existing Role &amp; Expected Function</b>	<b>Potential Role &amp; Expected Function</b>	<b>Required knowledge, skills and attitudes</b>	<b>Other preparation or prerequisite needed.</b>
			system. Surveillance team: role and function.	
Infection control [e.g. universal precautions, barrier nursing]	Limited role, varies from country to country from having no role to having a separate nurse who works in infection control.	Development of infection control guidelines, educate, supervise and control infection.	Infection prevention and control principle. Role and function of N/M in TB infection control.  Practical skills in TB infection control.	Infection prevention and control policy at all levels.
Health education and promotion programme TB prevention	Health education and promotion programme  -Educators -Counsellor -Change agent.	Same as existing roles plus facilitation, advocacy for behavioural change.  Communicate and collaborate.  Encourage young people to take HIV test.	Behavioural changes communication (BCC) Facilitator skills. Preventing infection control in community level	Adequate culturally accepted teaching materials available.  Policy for Public Health Nurse involvement at all levels
Clinical	Care provider	Same as	Knowledge on	Policy and

<b>Component</b>	<b>Existing Role &amp; Expected Function</b>	<b>Potential Role &amp; Expected Function</b>	<b>Required knowledge, skills and attitudes</b>	<b>Other preparation or prerequisite needed.</b>
management, treatment Care at health care facilities (bed side care) collection of specimen, administration of medication.	Educator Counsellor Manager Supervisor	existing roles Providing care for individuals and families. Infection prevention and control Follow treatment regimen	TB treatment (up date) BCC (Counselling, facilitator, supporter)	regulation for nursing profession and practice, country specific
Community and home-based intervention [e.g. provision of DOTS (Directly Observe Treatment, Short-course)]	Provision of DOTS Home care	Follow-up and passive case finding Home care provider Educator Supervisor Deliver care at home based setting. Educate patients and families	Knowledge of community home based care Knowledge of applied social psychology, social setting, mapping demography for case finding BBC Skill development for working with families	Continuity of care system (i.e. home care) Strengthening referral system

*Enhancement of Nursing and Midwifery Contribution to National HIV/AIDS, TB and Malaria Programmes*

<b>Component</b>	<b>Existing Role &amp; Expected Function</b>	<b>Potential Role &amp; Expected Function</b>	<b>Required knowledge, skills and attitudes</b>	<b>Other preparation or prerequisite needed.</b>
Operational research [e.g. for best practice; for improving accessibility, utilization and quality of health care]	Nurses are involved in research of DOTS effectiveness. Educational institution research such as University and hospitals have a research role at district level	Continued involvement of n/m in research. Findings should be disseminated to N/M at the service level. Advocacy for decision-making, using research findings and to improve service. N/M develop research tools.	Knowledge of basic research. Documentation. Research utilization. Dissemination.	Nursing research centre or institute (support system) Ethical guideline for nursing research.

**Table 3 – Malaria**

<b>Component</b>	<b>Existing Role &amp; Expected Function</b>	<b>Potential Role &amp; Expected Function</b>	<b>Required knowledge, skills and attitudes</b>	<b>Other preparation or prerequisite needed.</b>
Programme planning	Maldives N/M involved in all levels of malaria programme planning. Indonesia and Bhutan local (district) level planning. Nepal, Thailand, India, Sri Lanka, no role at all, not involved at any level	N/M should involve or be members at all levels from policy making and planning to be facilitator and for advocacy for prevention and control of malaria.	Knowledge: national policy, budget and country needs. Skill: management (decision making, problem solving, negotiation, networking, communication and advocacy). Attitude: appreciate planning	Political commitment. Command in language. Analytical thinking. Empowerment and Conducive environment.
Programme monitoring	Not involved	N/M should be part of a team for programme monitoring.	Knowledge: programme and Resources, developing indicators research methodology. Skill: recording,	Availability of resources.

*Enhancement of Nursing and Midwifery Contribution to National HIV/AIDS, TB and Malaria Programmes*

<b>Component</b>	<b>Existing Role &amp; Expected Function</b>	<b>Potential Role &amp; Expected Function</b>	<b>Required knowledge, skills and attitudes</b>	<b>Other preparation or prerequisite needed.</b>
			reporting, interpreting, validating dissemination and utilization of data. Attitude: value, need for monitoring.	
Surveillance including case finding	In most countries: hospital N/M are involved in case finding	N/M may be involved in reporting of malaria epidemics, work in a team during epidemics.	Knowledge: basic epidemiology Skill: computer skill, recording, collecting, analysing, interpreting, and reporting. Attitude: positive.	Access to decision making body.
Awareness campaign and Malaria prevention	N/M play a very informal role in most countries (e.g. informal health education)	N/M should be leaders/change agent for malaria prevention and social marketing of bed nets.	Knowledge: Epidemiological, behavioural change Skills: communication, teaching, advocacy/networking, community participation. Attitude: positive, value.	Equipment and material Community mobilization
Care at	N/M care	N/M care provider	Knowledge:	Guidelines for

<b>Component</b>	<b>Existing Role &amp; Expected Function</b>	<b>Potential Role &amp; Expected Function</b>	<b>Required knowledge, skills and attitudes</b>	<b>Other preparation or prerequisite needed.</b>
health facility in Malaria	provider role	role	nursing process, health assessment for malaria detection, primary medical care of malaria. Skill: team working Attitude: positive.	malaria case management.
Community-based action for malaria prevention and to improve access to treatment	Health Education role, Thailand N/M network with village health volunteers, Indonesia “Posyandu approach” i.e. voluntary health workers were trained for screening for malaria.	N/M can be leaders/facilitators in CBMP N/M should be able to train/facilitate volunteers, N/M should play a role in motivate NGOs in provision of treatment. N/M should be able to promote home care Management of Malaria. To motivate people to accept new preventive methods (use of bed nets).	Knowledge: epidemiology Skill: networking, project work with CBO&NGO. Attitude: positive.	

*Enhancement of Nursing and Midwifery Contribution to National HIV/AIDS, TB and Malaria Programmes*

<b>Component</b>	<b>Existing Role &amp; Expected Function</b>	<b>Potential Role &amp; Expected Function</b>	<b>Required knowledge, skills and attitudes</b>	<b>Other preparation or prerequisite needed.</b>
Operational research [E.g. for best practice; for improving accessibility, utilization and quality of health care]	No roles except for Thailand where hospital nurses are involved in drug resistance research.	Monitoring of results of treatment (drug resistance) quality of bed net utilization.  Involvement in trials of dipsticks (Rapid test for malaria diagnosis). Participate in the review of research for Cochrane. Collaboration.	Knowledge: research methodology and research utilization Skill: literature review, writing proposal and article for publication Attitude: interest	Availability of resources, particularly funds and Computer network.

## **9.2 Strategies and mechanisms for increasing involvement of nurses and midwives in planning and management of national HIV/AIDS, TB and Malaria programmes**

The outcomes of the group work deliberations are provided below:

### ***Broad strategies:***

- (1) Strategic alliance and net working with major stakeholders including civic groups to advocate and support active involvement and representation of nurses and midwives in policy formulation and programme planning and management at all levels of the health system.

### **Mechanisms:**

- Partnership with NGOs, PWLA and other groups (multidisciplinary and multi- sectoral) to work to get nurses/midwives appointed to position in national bodies
- Inform the policy-makers and the public about the contribution and impact nurse/midwifery can have in meeting the needs and advocate the use of their service based upon evidence confirming their quality and cost-effectiveness in HIV/AIDS, TB and malaria.

- Networking of various sectors within the professions (e.g. consortium of deans of nursing, linking with specialized nurses societies (such as.: Nurses' respiratory society) and creation of e-networking (e-group of national information)
- Identify and work with different bodies, agencies or groups that can support or oppose nurses/midwives involvement in decision making – including develop strategies to strengthen the alliance and deal with the opposes
- The national bodies (e.g. nursing/midwifery association or councils) proactively collaborate with nation health programme (e.g. meet regularly with programme managers, suggest advisory group where nurse/nurse council/nurse association could be member either at national/state/district level)
- Make nursing and midwifery resourceful to the policy makers and politicians (e.g. all nursing groups get together, to create a critical mass, to strongly articulate the contribution of nurses and midwives to HIV/AIDS, TB and Malaria programs to politicians in order to ensure that policy places nurses in strategic positions and policy is implemented)
- Develop continuing education program on effective participation in committee work and advocacy of nursing issues through media communication
- WHO models high level involvement of nurses in policy-making (e.g. employ nurses in its organisation both at HQ, the regional offices and at country level).

1. Strengthening advocacy for strengthening nursing service and education and enhancing visibility of nursing and midwifery services

**Mechanisms:**

- Provide visibility of ongoing nursing activities, including projects that are successful
  - Build strong National Professional Organization/bodies
  - Advocacy for policy reform through: professional nursing association, evidence based practices or documentation of best practices, and consultative meeting/consensus building meetings with stakeholders.
2. Strengthening nursing/midwifery service component and its workforce management in the national HIV/AIDS, TB and malaria programmes.

**Mechanisms:**

- Strengthen the capacities of Ministries to review health policies and plans and systems and to enhance the contribution of the nursing and midwifery services to the HIV/AIDS, TB and Malaria clients
- Conduct periodic situation analysis, policy review and planning leading to appropriate intervention. Apprise policy makers / program planners of cost effective utilization of funds allocated for nursing activities.
- Locate and utilize resources effectively to carry out these activities.

- Review national effort for workforce planning and identify models for various national health systems to ensure the human resources are relevant to the actual needs of service provision for HIV/AIDS, TB and Malaria in the given population.
  - Introduce incentives and disincentives norms (explore and utilize incentives and rewards that will enable nurses to carry out appropriate activities to make them visible in the professional arena – e.g. develop expert roles in nursing(clinical) and reward it appropriately
  - Ensure that nurses do not engage in non–nursing duties.
3. Strengthening nursing and midwifery education for relevance of education to service requirements

**Mechanisms:**

- Regular update of nursing curricula so that knowledge and skills are at the cutting edge
  - Review and revises curriculum in every nursing programme (National councils/association/Nursing Division of MOH/accreditation body to convene core group, Core group constitution, Recommend revised curriculum to appropriate body, Need assessment for future courses as input by core group)
4. Building capacity, including leadership development, of nurses and midwives to be able to effectively respond to the health needs of the population and active in health policy.

**Mechanisms:**

- Leadership skill development at all levels .

- Capacity building (e.g. develop/introduce/incorporate short courses training for leadership, management team building, management; exchange visit of faculty/trainee – Intra country, Inter country; multidisciplinary training courses design, training of faculty/educators orientation to newer teaching methodologies, developing learning resources material)

(3) Promote evidence based cost-effective nursing/midwifery practice/care

**Mechanisms:**

- Form strategic alliance with partners, ICN and National associations to establish uniform core indicators and build evidence base to inform national policy makers in the area of cost-effective nursing and midwifery service in HIV/AIDS, TB and Malaria.
- Capacity building in research methodologies documentation, utilization of results and dissemination.
- Documents to show best practice (e.g. showcase expert nurses/midwives and their work.)
- Link nursing/midwifery research into policy.
- Build evidence to support the policies (evidence comes from research, observations and clinical practice etc...)
- Advocacy for establishing a national research center for nursing.
- Encourage existing center to initiate research in HIV/AIDS, TB and malaria

- Resources mobilization for research
- Increase nurses prepared at post-graduate level.
- Access to information (availability of global/regional/national for norm/standard/guidelines at all level (relevant), availability/access to internet.)
- Dissemination of research ( through publication in scientific journals, presentations at various professional settings and in community settings, reader friendly leaflets for the community members)
- Networks within and between countries for promoting the implementation of best practice

(4) Strengthen regulatory mechanisms to enhance quality of care and education of nursing and midwifery personnel.

**Mechanisms:**

- Strengthen legal position of Nursing Councils\
- .Mobilizing resources to support nursing and midwifery development activities in response to HIV/AIDS and resurgence of TB and malaria

**Mechanisms:**

- build capacity of nurses and midwives for writing proposals for funding from donor agencies such as GFATM.

## **10. PROPOSED ACTIONS**

Based on the group work and plenary discussions the meeting proposed actions to be taken at the national level as a priority for the enhancement of nursing and midwifery contribution to national HIV/AIDS, TB and malaria programmes as follows:

- (1) Wide dissemination of the outcomes of the meeting within the countries through several means/channels and facilitation dialogue between major stakeholders;
- (2) Analysis of existing situations of nursing and midwifery contribution to, and representation of nurses and midwives in national HIV/AIDS, TB and malaria programmes for further discussions and necessary actions at appropriate levels;
- (3) Identification potential roles of nurses and midwives and negotiation for increasing their responsibilities and contributions;
- (4) Development of capacity of nurses and midwives in the country to be familiarized with national policy and programmes related to HIV/AIDS, TB and malaria and to enable them to take part in decision processes.
- (5) Review and revision of nursing and midwifery curriculum to ensure that HIV/AIDS and TB and malaria components are adequately covered;
- (6) Provision of in-service/continuing education/advance training to equip nurses and midwives with requisite competencies to help in combating HIV/AIDS, TB and malaria;

- (7) Development of capacity of nurses and midwives to conduct operational research for documentation of evidence-based practice;
- (8) Collaboration with other responsible bodies to ensure inclusion of evidence-based nursing and midwifery practice in the national research agenda;
- (9) Promotion of sharing of information and experiences including best practices within and between countries;
- (10) Strengthening/development of network within and between countries for promoting the implementation of best practices;
- (11) Development and implementation of practice standards to facilitate and ensure quality nursing and midwifery care in HIV/AIDS, TB and malaria prevention and care; and
- (12) Development of capacity of nurses and midwives for writing proposals for funding from donors such as GFATM

## **11. RECOMMENDATIONS**

The following recommendations were made:

### ***For Member Countries***

The Member Countries should carry out actions, as proposed in the meeting, to enhance nursing and midwifery contribution to national HIV/AIDS, TB and malaria programmes. Special attention should be given to:

- (1) Building capacity of nurses and midwives so that their skills are fully utilized in HIV/AIDS, TB prevention and control to effectively respond to the health needs of the population. This should be done through:

- Further analysis of the contribution of nurses and midwives to HIV/AIDS, TB prevention and control including their representation in the national HIV/AIDS, TB and malaria programmes and their potential roles;
  - Expansion of roles and functions of nurses and midwives in HIV/AIDS, TB prevention and control to also include promotive, preventive care in addition to curative care;
  - Provision of required in-service education and short-term training to enable them to effectively carry out their roles; and
  - Review and revision of pre-service nursing/midwifery educational curriculum so that new graduates will be equipped with requisite competencies for the roles.
- (2) Strengthening nursing and midwifery services for HIV/AIDS, TB and malaria prevention and control. This should be done through:
- Ensuring policy in place to support nurses and midwives for their expanded roles in HIV/AIDS, TB and malaria prevention and control;
  - Ensuring an enabling environment for quality work life for nurses and midwives including provision of adequate supplies and equipment and protective gear to enable them to effectively perform their functions;
  - Strengthening the provision of continuity of care between health facilities and homes, particularly community- and home based interventions for HIV/AIDS, TB and malaria prevention and control;

- Ensuring adequate and optimal professional skills mix within the health system; and
- Development of practice standards and guidelines for nursing/midwifery components in HIV/AIDS, TB and malaria prevention and control programmes based on evidence.

### ***For Professional Organizations***

Nursing/Midwifery Associations and Councils should:

- (1) Form strategic alliance with major stakeholders to advocate for increasing nursing/midwifery inputs and direct representation of nurses and midwives in national HIV/AIDS, TB and malaria programmes;
- (2) Assist in the provision of in-service education to equip nurses and midwives to effectively carry out their roles; and
- (3) Facilitate networking between, and support the work of various nursing and midwifery organizations/sectors within the country to strengthen nursing and midwifery response to HIV/AIDS epidemic and resurgence of TB and malaria.

### ***For WHO***

WHO should provide technical support to countries to implement the above recommendations. Special assistance should be given to:

- (1) Organize training of trainers particularly for training on nursing management in HIV/AIDS prevention and care;

- (2) Develop teaching–learning materials relating to HIV/AIDS, TB and malaria prevention and control for use in training of nurses and midwives at country level;
- (3) Facilitate sharing of information and nursing/midwifery expertise in HIV/AIDS, TB and malaria prevention and control between countries within and outside the Region; and
- (4) Identify and disseminate best practice models in preventing HIV/AIDS, TB and malaria and in caring for people affected by them.

## **Annex 1**

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## **Annex 2**

### **TENTATIVE PROGRAMME**

#### **19 August 2002**

- 08.00–09.00 hrs. Registration
- 09.00–10.00 hrs. Inaugural session
- 10.00–10.30 hrs. Introduction to the consultation
- 10.30–11.15 hrs. Overview of regional situations on HIV/AIDS and TB
- 11.15–12.00 hrs. Overview of regional situations on malaria
- 13.00–17.00 hrs. Country Presentation on country efforts in developing capacity of nurses and midwives in response to AIDS epidemic and resurgence of TB and malaria

#### **20 August 2002:**

- 08.30–09.00 hrs. Summary of achievements and issues in developing capacity of nurses and midwives in response to AIDS epidemic and resurgence of TB and malaria
- 09.00–10.00 hrs. Overview of the review of nursing role in HIV/AIDS prevention and care in the Region
- 10.30–11.15 hrs. Global Initiatives for strengthening nursing and midwifery in HIV/AIDS programme
- 11.15–12.00 hrs. Experiences in other Regions for strengthening nursing and midwifery in support of national AIDS programme
- 13.00–13.45 hrs. Strategic Directions and Plan of Action for Strengthening Nursing and Midwifery Services
- 13.45–15.45 hrs. Group work session 1: Roles of nurses and midwives in HIV/AIDS, TB and malaria prevention and care
- 15.45–16.45 hrs. Presentation of Group work session 1
- 16.45–17.00 hrs. Briefing on field visit

**21 August 2002:**

08.30–12.00 hrs. Field visit at ICU for severe malaria, Hospital for Tropical Diseases, Faculty of Tropical Medicine to study nursing care for malaria patients and educational preparation of nurses.

14.00–17.00 hrs. Field visit to Bamrasnaradul Hospital to study nursing care of HIV/AIDS patients and educational preparation of nurses and midwives

**22 August 2002**

08.30–09.30 hrs. Reflections on lessons learnt from the field visits

09.30–11.00 hrs. Group work session 2: Educational and other preparation to equip nurses and midwives for the identified roles

11.00–12.00 hrs. Presentation of Group work session 2

13.00–17.00 hrs. Group work session 3: Strategies and mechanisms for increasing involvement of nurses and midwives in planning and management of national HIV/AIDS, TB and malaria programmes

**23 August 2002**

- 08.30–10.00 hrs. Presentation of Group work session 3
- 10.00–11.00 hrs. Plenary Discussion: Recommended actions at country and regional levels to increase involvement of nurses and midwives in planning and management of national HIV/AIDS, TB and malaria programmes
- 11.00–12.00 hrs. Plenary discussion: Recommendations for enhancing nursing and midwifery contribution to national HIV/AIDS, TB and Malaria programmes
- 13.00–13.30 hrs. Drafting the recommendations (by a working group)
- 13.30–14.30 hrs. Adoption of the recommendations
- 14.30–15.00 hrs. Closing session