

NURSINGHIV 2016

MEETING REPORT

AN OFFICIAL PRE-MEETING OF THE
21ST INTERNATIONAL AIDS CONFERENCE (AIDS 2016)

DURBAN, SOUTH AFRICA

JULY 16 – 17, 2016



ACKNOWLEDGEMENTS

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Cover image:

The Florence Nightingale lamp is a time honored icon of the nursing profession that symbolizes commitment and dedication.

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ACRONYMS

ANAC	Association of Nurses in AIDS Care
ANC	African National Congress
ARC	African Regulatory Collaborative
ART	Antiretroviral treatment
CDC	Centers for Disease Control
CHW	Community health worker
CNO	Chief nursing officer
CPD	Continuing professional development
DENOSA	Democratic Nurses Association of South Africa
GNCBP	Global Nurse Capacity Building Project
IAS	International AIDS Society
ICN	International Council of Nurses
IHI	Institute for Healthcare Improvement
KZN	Kwa-Zulu Natal
MEC	Member of Executive Council
MOE	Ministry of Education
MOH	Ministry of Health
NEPI	Nursing Education Partner Initiative
NIH	National Institute of Health
NIMART	Nurse initiated and managed antiretroviral therapy
PEPFAR	Presidents Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-exposure prophylaxis
QI	Quality improvement
SANC	South African Nursing Council
SDG	Sustainable Development Goals
TB	Tuberculosis
WHO	World Health Organization
XDRTB	Extensively drug-resistant tuberculosis

BACKGROUND

As the global HIV community begins to focus on epidemic control and reaching the ambitious 90-90-90 targets, new guidelines and technologies present important opportunities to improve the impact of HIV services. While access to antiretroviral treatment (ART) has dramatically improved and marked gains in the response are evident, reaching epidemic control will require even greater focus on both the quantity and quality of HIV services. Delivering high-quality services to all those in need will require a substantive workforce with appropriate education and training.

Nurses currently make up the majority of the healthcare workforce, a fact that will be acutely evident in the future. Nurses comprise up to 80 percent of the health workforce and have been instrumental in increasing access to quality HIV services along the full continuum of care. Nurses provide the vast majority of direct patient care in both inpatient and outpatient settings. Nurses also serve as leaders and drivers of health services in hospital and clinic settings. Recognizing this, over the past decade, many approaches and efforts have been supported to enable nurses to strengthen the HIV response. Models of nurse initiated and managed antiretroviral therapy (NIMART) have emerged and have been central to treatment scale-up in countries such as Malawi and South Africa. Yet challenges persist to optimizing the contribution of nurses to the HIV response, challenges that pose a direct threat to countries' ability to reach the 90-90-90 goals.

Challenges include both real and perceived barriers. The perception of nurse-led care as inferior or sub-standard has thwarted ART scale up in countries where doctors are few, and access to HIV services stunted. In some countries, existing laws and policies on prescribing medications have thwarted nurses' full engagement in HIV care and treatment. This has often been inconsistent or situational. For example, nurses have long been allowed and expected to provide prevention of mother-to-child transmission (PMTCT) services as an integral part of maternal health services. To do this, nurses have had to counsel, test, diagnose, and treat both mothers and infants. Yet the role of nurses was minimized and limited to this for many years, requiring referral of patients for initiation on lifelong ART. Often, this next level of care was out of reach for many. Innovations in nurse-led care, as well as demands for greater access to high-quality services, have propelled the issue of a strong nursing workforce to the forefront.

The 21st International AIDS Conference (AIDS 2016) was held in Durban, South Africa from July 18 – 22, 2016. The International AIDS conferences call attention to what nurses can do together with those working in the field of HIV, along with policymakers, persons living with HIV, and others committed to ending the pandemic. AIDS 2016 had the theme of *Access Equity Rights Now* and focused on prioritizing those who have been left behind, including increasing access to prevention services and HIV treatment and care. AIDS 2016 organized a series of pre-conference meetings leading up to the main conference. Coming together for the first time as part of an official pre-conference meetings, the International Council of Nurses (ICN), the Democratic Nurses Association of South Africa (DENOSA), the Association of Nurses in AIDS Care (ANAC), the Centers for Disease Control (CDC), and ICAP at Columbia University joined forces at AIDS 2016 to lead a two-day meeting on Nursing and HIV, called *NursingHIV*.

GOALS AND OBJECTIVES

The overall goal of the meeting was to provide a space for nurses—from frontline nurses to thought leaders in nursing research, education, policy and practice—to come together and discuss strategies to strengthen nursing leadership, knowledge, and practice in HIV program development and delivery. The following five objectives guided the two-day program:

1. To recognize and celebrate the many contributions of nurses and midwives in combating the HIV epidemic in sub-Saharan Africa and other countries around the world
2. To highlight nurses' and midwives' strengths and expertise in delivering people-centered and differentiated models of healthcare services, and in expanding access to HIV prevention, testing, treatment, and care
3. To provide a forum for discussion of current trends, issues, and challenges in HIV nursing and midwifery
4. To highlight the role of HIV nursing research in resource-limited settings
5. To develop a priority agenda to strengthen HIV nursing workforce development.

EXPECTED OUTCOMES

Through keynote and plenary presentations, panel discussions, and plenary deliberations on HIV workforce development, regulation, policy, education, and quality of care, the following outcomes were anticipated:

1. Enhanced quality of nursing practice in HIV prevention, care, and treatment along the HIV care cascade
2. Strengthened South-to-South collaborations between national nursing and midwifery leaders, frontline nurses and midwives, and new opportunities for peer-to-peer learning
3. An inventory of best practices that can be used to improve health workforce policy, practice, training, and education
4. A priority agenda for an improved people-centered nursing HIV workforce

PARTICIPANTS

The meeting engaged nursing leaders (including national chief nursing officers [CNOs]) nursing educators, frontline nurses, and nursing students, as well as other key stakeholders engaged in human resources for health strengthening. Representatives of funding organizations, nursing organizations, HIV implementing partners, and the International AIDS Society (IAS) were present. The meeting brought together over 130 participants from 13 countries¹ with expertise in education and training, clinical practice, and policy development.

¹The countries represented include Botswana, Canada, Ireland, Kenya, Lesotho, Malawi, Nigeria, the Phillipines, South Africa, Swaziland, Uganda, the United States, and Zambia

PLANNING GROUP MEMBERS

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Clinic Professor and HIV Specialization

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MEETING AGENDA

The agenda below outlines the work that took place over the one and a half days of the pre-meeting. The *NursingHIV* pre-meeting was a time to discuss strategies and strengthen nursing leadership, knowledge, and practice. It leveraged AIDS 2016 to highlight the importance and contributions of nurses in the HIV epidemic.

DAY 1 – Saturday, July 16, 2016	
8:00 – 8:45	<p>Registration and Housekeeping</p> <p>Katherine Harripersaud, ICAP at Columbia University Tashtiana Price, ICAP at Columbia University Thokozile Kgongwana, DENOSA</p>
<p>Opening Session - A Celebration of Nursing's Role in HIV</p> <p>Facilitator: Nonhlanhla Makhanya</p>	
8:45 – 9:10	<p>Welcome to NursingHIV 2016</p> <p>Simon Hlungwani, Democratic Nursing Organization of South Africa(DENOSA)</p> <p>Remarks from NursingHIV 2016 Planning Committee</p> <p>Sandile Buthelezi, ICAP in South Africa Erica Ehrhardt, International Council of Nurses (ICN) Jason Farley, Association of Nurses in AIDS Care (ANAC) Susan Michaels-Strasser, ICAP at Columbia University</p>
9:10 – 9:15	<p>Lighting of the Nurses' Lamp</p>
9:15 – 9:30	<p>Opening Remarks</p> <p>Frances Chisolm, US Consul General - South Africa United States Government Representative</p>
9:30 – 9:50	<p>Three Decades of HIV Epidemic in South Africa</p> <p>Geoffrey Setswe, Deputy Executive Director HIV and AIDS, STI & TB- Human Sciences Research Council</p>
9:50 – 10:10	<p>Achieving Epidemic Control – What will it take?</p> <p>Stephen Lewis, AIDS Free World</p>
10:10 - 10:15	<p>International AIDS Society President Welcome</p> <p>Chris Beyrer, International AIDS Society</p>
10:155 – 10:20	<p>Introduction of the Keynote Speaker</p> <p>Sibongiseni Dhlomo, MEC for Health in Zulu-Natal (KZN)</p>
10:20 – 11:15	<p>Keynote Address</p> <p>Aaron Motsoaledi, Honorable Minister of Health South Africa</p>
11: 15 – 11:45	<p>TEA BREAK</p>

Session 1 - Building a Strong Foundation for NursingHIV	
Facilitator: William Holzemer, Rutgers University	
11:45 – 12:00	<p>Building Partnerships in HIV Nursing Education and Scholarship – The Global Nurse Capacity Building Program</p> <p>Susan Michaels-Strasser, ICAP at Columbia University</p>
12:00 – 12:45	<p>Panel Discussion</p> <p>Jason Farley, ANAC</p> <p>Busi Ncama, University of KZN</p>
12:45 – 14:00	LUNCH

Session 2 - Advancing Nursing Practice: Pioneers and Trailblazers in Africa	
Facilitator: Simon Hlungwani, DENOSA	
14:00 – 14:15	Nurses Lead the Way to Test and Start: Option B+ Experiences from Malawi
14:15 – 14:30	<p>Achieving Excellence in HIV Nursing Practice: Lessons from the Africa Health Profession Regulatory Collaborative for Nurses and Midwives</p> <p>SA Mchunu, Acting Registrar, SANC</p>
14:30 – 16:00	<p>Panel Discussion – Nurses Lead the Way to 90-90-90</p> <p>Penny Msimango, Provincial DOH, South Africa</p> <p>Bheki Mamba, Chairperson, Southern African Network for Nurses and Midwives</p> <p>Lynette Kosgei, Asayi Health Center, Kenya</p>
16:00 – 17:15	WORKING TEA

Concurrent Breakout Sessions		
Objective: Development of a priority agenda for frontline HIV nursing workforce strengthening		
Coordinators: Kwena Manamela (DENOSA), Carla Johnson (CDC), Janel Smith (ICAP at Columbia University)		
<p>Pre-Service Education</p> <p>Facilitators:</p> <p>Thembisile Khanyile, ICAP in South Africa</p> <p>Judy Khanyola, ICAP in Kenya</p> <p>Scribe: Daphney Conco, ICAP in South Africa</p>	<p>Practice</p> <p>Facilitators:</p> <p>Flavia Moetsana-Poka, Lesotho Nursing Council</p> <p>Letsatsi Modise, DENOSA</p> <p>Scribe: Kedibone Mdolo, DENOSA</p>	<p>Policy, Leadership, and Governance</p> <p>Facilitators:</p> <p>Nonhlanhla Makhanya, CNO SA</p> <p>Susan Otieno, CNO Kenya</p> <p>Carole Treston, ANAC</p> <p>Scribe: Thokozile Kgongwana, DENOSA</p>
17:15 – 17:45	Session Report back	
17:45 – 18:30	Planning Committee – Day 2 Planning Meeting	
<p>ART EXHIBITION</p> <p>Photo Essay: NursingHIV</p> <p>Presented by ICAP at Columbia University, Nursing Education Partnership Initiative</p>		

* Denotes Planning Group Members

DAY 2 – Sunday, July 17, 2016

11:30 – 12:30	LUNCH
12:30 – 13:45	<p>Summation of Day 1 and Feedback from Concurrent Breakout Sessions</p> <p>Objective: Presentation of priority agenda for HIV nursing workforce strengthening. In areas of education, training, policy & practice, leadership & governance</p> <p>Facilitators: Oscar Phaka, DENOSA</p> <p>Carol Treston, ANAC</p>
13:45 – 14:00	GROUP PHOTO
Special Open Session	
Nursing the Epidemic: Ensuring Access, Equity, and Patient Rights	
14:00 – 16:00	Reflections from the Frontline
	Lynette Kosgei, NIMART Asayi Health Centre Nurse - Kenya
	Sibongile Sithole, Nurse Educator - South Africa
	Luyanda Mvelase, Nursing Student – South Africa
	Nonkululeko Nzimande, Nursing Student – South Africa
	Person Centered Care is Nursing Care
Erica Ehrhardt, ICN	
Presentation of NursingHIV Call to Action	
Simon Hlungwani, DENOSA	
Erica Ehrhardt, ICN	
Jason Farley, ANAC	
Susan Michaels-Strasser, ICAP at Columbia University	
Expert Response	
Deborah von Zinkernagel, Office of the Global AIDS Coordinator	
Wafaa El-Sadr, ICAP at Columbia University	
Concluding Remarks	
Nonhlanhla Makhanya, CNO SA	
17:00 – 19:00	RECEPTION
	Hosted by ANAC

* Denotes Planning Group Members

SPEAKER BIOGRAPHIES



Frances Chisolm is the U.S. Consul General in Durban, KZN province, South Africa. Consul General Chisolm has devoted most of her Foreign Service career to service in the State Department's Africa Bureau, both overseas and in Washington DC. She most recently served as Economic Advisor to the U.S. Special Envoy to Sudan and South Sudan. Previously she served as Deputy Chief of Mission at the U.S. Embassy in Malabo, Equatorial Guinea, and as Senior Economic Officer at the U.S. Embassy in Harare, Zimbabwe. At the height of activity under the Heavily Indebted Poor Countries (HIPC) initiative, Consul General Chisolm facilitated debt treatments for eligible countries in Africa in the State Department's Office of Monetary Affairs in Washington DC. She has also served as Economic Counselor at the U.S. Mission to the UN in Geneva. Other overseas assignments include service as Economic Officer in Monterrey, Mexico, and in Bonn, Germany. Consul General Chisolm hails from Massachusetts. She earned her BA in history (Honors) from Bryn Mawr College, Pennsylvania, an MSc in finance from City University, London, and an MSc in Agricultural Economics from Imperial College, London University, where she was the recipient of the 150th Anniversary Prize in agricultural economics. She speaks German and Spanish. She is an avid reader and has a keen interest in history. She delights in hiking and the great outdoors.



Erica Ehrhardt is a nursing and health policy analyst based at the headquarters of the ICN in Geneva, Switzerland. Ms. Ehrhardt is a registered nurse with a focus in public health and health policy. Her past work was in the areas of communicable diseases, including sexually transmitted and blood-borne infections, reproductive health, family planning, and harm reduction. She has worked in HIV primary healthcare including HIV prevention, testing, counseling, and care support. Presently, at ICN, Erica works to develop sound health policies for nursing and priority global health issues. Working with international organizations such as the World Health Organization, she works to build strong international relationships to help position nurses and nursing for now and the future.



Wafaa El Sadr is the founder and director of ICAP at Columbia University and an international expert in epidemiology and research on the prevention and management of HIV, tuberculosis, and other infectious diseases. For over three decades, she has advocated for families and communities most impacted by HIV and championed a collaborative, multidisciplinary approach to confronting the global epidemic. Based at Columbia University, she leads ICAP's portfolio of projects in 21 countries and manages a global team of over 1,000 staff. Under her leadership, ICAP has become a global leader in HIV and health systems strengthening. She is also the director of the Mailman School's Global Health Initiative (GHI), which mobilizes the University community to address critical challenges in global health. Dr. El-Sadr began her career as the HIV epidemic took hold in the United States. As chief of the Division of Infectious Diseases at Harlem Hospital, she developed successful methods for responding to HIV/AIDS through groundbreaking research and innovative models of care in her own community. Dr. El-Sadr became a leader in the global fight against HIV by arming healthcare systems in sub-Saharan Africa and Central Asia with effective strategies for confronting the impact of the epidemic and leveraging investment in HIV to strengthen health systems more broadly. She is the principal investigator for numerous ICAP-led research initiatives and of the NIH-funded HIV Prevention Trials Network. Dr. El-Sadr is also a member of the WHO Strategic HIV Advisory Group, a member of the Office of Global AIDS Coordinator Scientific Advisory Board, and a member of the National Institute of Health (NIH) Fogarty International Center Advisory Board. Dr. El-Sadr joined the faculty of Columbia's College of Physicians and Surgeons in 1988 and became a professor of epidemiology and medicine at the Mailman School of Public Health, of which she is an alumna. In 2013, she was appointed University Professor, Columbia's highest academic honor. She also holds the Dr. Mathilde Krim-amfAR Chair in Global Health.



Jason Farley is an associate professor at the Johns Hopkins School of Nursing and a nurse practitioner in the Division of Infectious Diseases within the Johns Hopkins AIDS Service. He holds adjunct faculty appointments at the University of KZN in Durban, South Africa and the University of Technology in Sydney, Australia. Dr. Farley's research seeks to optimize the prevention and management of HIV infection with a particular emphasis on drug-resistant tuberculosis among persons with HIV in international settings. His work is supported through NIH, CDC-SA, HRSA, Global Fund for AIDS, TB and Malaria as well as many others. Through coordination and capacity development of an international team, Dr. Farley has led the development and scale-up of a program to enhance diagnosis, linkage, and retention in care for patients with drug-resistant TB/HIV co-infection. This includes the development of a smartphone application known as miLINC. In the U.S., he is a leader in pre-exposure prophylaxis (PrEP), working with the Baltimore City Health Department to implement a citywide initiative to increase access and retention of PrEP services in men who have sex with men. Through this effort, Dr. Farley has led the development of a smartphone application known as PrEPme, which will be implemented across Maryland. He is the Johns Hopkins HIV Prevention Trials Network site leader within the Hopkins School of Medicine and founder of the REACH Institute of the School of Nursing. He is president of ANAC, the world's largest HIV-focused nursing organization.



Simon Hlungwani is the President of DENOSA, the largest nurses' trade union in the country. DENOSA has set up numerous projects with the aim of improving healthcare in South Africa, including workshops to educate nurses on HIV/AIDS and multi-drug-resistant tuberculosis. In his role as President of DENOSA, Mr. Hlungwani acts as a spokesperson for the union and advocates on issues affecting nurses in South Africa.



Carla Johnson has been a Nurse Consultant for the CDC's Division of Global HIV and TB for the past seven years. Prior to joining the CDC, she worked as the Director of Education and Continuum Care at Grady Health System in Atlanta, Georgia. Ms Grady holds a BSc in Nursing from the State University of New York at Buffalo and is a member of the Association of Nurses in AIDS Care.



Lynette Kosgei, is a frontline NIMART nurse at Asayi Health Dispensary, a Ministry of Health-run clinic in rural Gem Sub-county, Siaya County, Kenya. Lynette was educated at Kabamet Medical School as an enrolled community nurse. She worked alone, as the sole health provider for five years at rural Asayi dispensary providing outpatient services, maternity care and MCH programs. She was trained in 2014 as one of the trainers of the National Integrated HIV curriculum through ICAP at Columbia University's NIMART program. In this role she manages ART at Asayi Dispensary's HIV care and treatment clinic and trains other nurses through the facility-based integrated HIV curriculum training. Ms. Kosgei is one of only two nurses working at the dispensary, which has been open since 2014 and has a high burden of HIV.



Stephen Lewis is the co-founder and the board chair of the Stephen Lewis Foundation. He is a Professor of Distinction at Ryerson University in Toronto and a Professor of Practice in Global Governance at the Institute for the Study of International Development at McGill University. He is co-founder and co-director of AIDS-Free World in the United States. Mr. Lewis is a Senior Fellow of the Enough Project. He is a past member of the Board of Directors of the Clinton Health Access Initiative, and Emeritus Board Member of the International AIDS Vaccine Initiative. He served as a Commissioner on the Global Commission on HIV & the Law and in 2015 was appointed to the Lancet Commission on Drug Policy and Health. Stephen Lewis' work with the United Nations spanned more than two decades. He was the UN Secretary-General's Special Envoy for HIV/AIDS in Africa from June 2001 until the end of 2006. From 1995 to 1999, Mr. Lewis was Deputy Executive Director of UNICEF at the organization's global headquarters in New York. From 1984 through 1988, he was Canada's Ambassador to the United Nations.



SA Mchunu, is Deputy Registrar of South African Nursing Council (SANC) is responsible for the overall management of Professional Nursing Practice. Her direct responsibilities include development and implementation of long-term strategy for the professional practice division established in line with provisions of the Nursing Act, 2005, as proclaimed in 2007 and 2008. From 2009 to 2010 Ms. Mchunu served as the Acting Registrar and Chief Executive Officer of SANC accountable for driving the overall strategy of SANC. As the Deputy Registrar: Professional Affairs (SANC), the position she held from 2007 to 2009, her responsibility was to manage and administer all professional affairs of SANC including regulation of nursing education and training and professional conduct of practicing practitioners. Her professional experience at SANC includes working as the Executive Manager: Education and Training managing and directing the management of the South African Quality Assurance (SAQA) department dealing with accreditation, examinations, and registrations. She has vast experience in curriculum development, reviews, and evaluation in the higher education sector. She served as a member of the periodic curriculum review panel for the nursing programmes in higher education. She participated in the WHO/PEPFAR initiative on development of the plan for scaling up nursing education in the Afroregion of the WHO and served as member of the core group nominated to develop WHO guidelines for Adolescent Health and Development for nursing and midwifery education. She was appointed by SAQA and served as a member of the National Standards Body until disbanded, and also served as a member of Consultative Panel of experts for SAQA.



Susan Michaels-Strasser is a public health professional with over 25 years of experience in nursing and public health. She is the senior implementation director, providing leadership and direction for the development, implementation, monitoring and evaluation of ICAP's global portfolio of public health programs. In her role as associate director for nursing programs, she also serves as Principal Investigator for a HRSA-funded, multi-country initiative to strengthen and sustain nursing's role in the care of people living with HIV. She has served at senior management and training levels at various locations throughout Southern Africa. Her areas of expertise include pediatric care and support, nurse training, and use of point of care diagnostics. She is a pediatric nurse practitioner, a member of the Sigma Theta Tau Honor Society for Nurses, a member of the Association of Nurses in AIDS Care, and a Fellow of the American Academy of Nursing. Dr. Strasser holds a MPH and MSc in nursing from Yale University and a PhD in public health from the University of Cape Town.



Nonhlanhla Mkhanya is the first CNO for South Africa. Dr Makhanya has worked in various settings within the health sector, initially as a professional nurse providing clinical nursing care, a community health nurse, and educator in higher education. Before joining the Durban University of Technology as a lecturer and then Head of Nursing Studies in 2004, Dr Makhanya also worked for the Provincial Department of Health in KZN as the Head of Ministry – an advisory portfolio to the Provincial Ministry of Health. Her areas of interest within the sector include Health Policy and Human Resources for Health with specific focus on nursing education, organizational development; strategic management, and governance. Her current involvement as CNO is with professional matters, where she is responsible for assisting the government to achieve the population health goals of the country through nursing and midwifery by providing expert policy, technical advice, and recommendations. Previously, Dr Makhanya served as President of the South African Nursing Council (2004-2008) and Chairperson (2008-2013).



Aaron Motsoaledi is the Minister of Health of the Republic of South Africa. He was formerly an MEC in the Limpopo province for transport, agriculture and environment, and education. Motsoaledi holds a Bachelor of Medicine and Surgery from the University of Natal and ran a successful surgery in the small rural town of Jane Furse prior to his appointment in government. Prior to his appointment as Minister of Health of the Republic of South Africa, Motsoaledi had served as a Chairperson of the Sekhukhune Advice Office from 1986 to 1994; as a Chairperson of Hlahlolanang Health and Nutrition Education Project in 1989; as a Deputy Chairperson of the African National Congress (ANC) in the then Northern Transvaal from 1991 to 1992; as Head of the ANC Elections Commission for Limpopo Province in 1994; as Head of the ANC Economic and Infrastructure Desk and as Head of the ANC Research and Briefing of election Task Team in Limpopo in 1994. Motsoaledi has also served as a member of the Limpopo Provincial Legislature from 1994 to 2009; as a member of the Limpopo Provincial Executive Council (MEC) for Education from 1994 to 1997; MEC for Transport from 1998 to 1999; and MEC for Agriculture, Land and Environment in 1999. The Minister administered to the first South African state patient a fixed dose combination (FDC) antiretroviral tablet of Emtricitabine/Tenofovir/Efavirenz on 9 April 2013 in GaRankuwa.



Geoffrey Setswe works for the Human Sciences Research Council (HSRC) of South Africa as Acting Executive Director in the HIV/AIDS/STI/TB (HAST) research program. He has previously worked at the Medical University of Southern Africa as lecturer in nursing, senior lecturer and professor of public health. He served as Co-Chair of the Research, Monitoring and Evaluation Technical Task Team of the SA National AIDS Council and now serves on the Board of the Medical Research Council as non-executive director. Professor Setswe's research interests are in the behavioral and social aspects of HIV/AIDS/STI/TB, health policy, epidemiology, and global health issues where he has about 100 publications and more than 60 conference presentations in these fields.



Deborah von Zinkernagel serves as the Director of the Office of Global Fund and Global Plan Affairs as well as a Senior Advisor in the Program Branch at UNAIDS. She has worked in HIV/AIDS clinical care, program and policy for over 25 years, most recently as the Acting Global AIDS Coordinator in the Office of the U.S. Global AIDS Coordinator, which leads implementation of PEPFAR. Her prior work focused on program development for expansion of HIV/AIDS treatment capabilities and systems of care in Rwanda and South Africa, and supporting local models of care bridging rural and urban populations in China.



Busi Ncama is an Associate Professor, Dean, and Head of School in the School of Nursing and Public Health. Professor Ncama joined the University of KZN in 1996 as a tutor in the department of Nursing. She obtained a BCur degree from UNISA in 1996, and obtained an MCur degree in 2000 from the University of Natal. In 2001 she completed a SAIM program in Business Administration from UNISA, and in 2005 graduated with a PHD in Health Sciences from University of KZN. She is currently completing a dissertation for the Masters in Business Administration, with all coursework completed. She practiced as a critical care nurse and later moved into the area of HIV/AIDS. Professor Ncama served as Deputy Head of School and Postgraduate Coordinator in the School of Nursing and later an Acting Head of School of Nursing. She is also a committee member of Women in Leadership and Leverage (WILL). She is the current Director of the University of KZN World Health Collaborating Centre for Community Problem Solving in Nursing and Midwifery in Africa. She is also a member of Fundisa (Forum of University Nursing Deans in South Africa), Sigma Theta Tau International Honor Society for Nurses, UCSF International HIV/AIDS network, and has collaborated with researchers from other countries in HIV/AIDS research.



Bheki Mamba is the president of the Swaziland Democratic Nurses Union, a nursing organization acting as the sole negotiating body for nurses on labor and professional issues in Swaziland. He has participated and still serves in many policy formulation committees and ad hoc task teams within the health sector and the entire public sector. In 2010 he was elected to serve as the chairperson of the Southern Africa Network of Nurses and Midwives. This is a regional network representing 15 national nurses associations in the SADC region dealing with professional, policy, and socio-economic issues for nurses and midwives at a regional perspective. In 2008 he was seconded by the Ministry of Health to head the epidemic unit under the National Emergency Preparedness and Response department. Before that he worked in several public health facilities in the country.

Session Summary - Day 1

OPENING SESSION- A CELEBRATION OF NURSING'S ROLE IN HIV



Dr. N. Makhanya CNO South Africa welcomes guests

OPENING REMARKS

The opening session was facilitated by Dr. Nonhlanhla Mkhanya, the first and current CNO of South Africa (Picture 1). “You might be aware of global health work for human resources for health...the declaration was framed as a universal truth,” she said. “And the universal truth alludes to the fact that there is no health without a health workforce. And the reason why I’m highlighting it is because I’m consciously aware that ICN is a mother body for nurses internationally, have actually reframed that and said that ‘there is no health without nursing health workforce’.”

Opening remarks were provided by Ms. Erica Earhardt on behalf of ICN, emphasizing the critical role of nurses in the HIV response and current efforts to ensure high quality nursing education and practice in South Africa. Ms. Earhardt also shared a video address by the ICN Chief

Executive Officer, Ms. Frances Hughes. Dr. Jason Farley, President of ANAC, presented the Nurses’ Call to Action, and Mr. Simon Hlungwai welcomed the delegates on behalf of DENOSA.

Following these remarks, Mr. Geoffrey Setswe, Deputy Executive Director, HIV/AIDS, STI, and TB, Human Sciences Research Council (HSRC) and Ms. Frances Chisolm, U.S. Consul General of South Africa, addressed the audience.

Mr. Setswe: “Worldwide, South Africa has the largest number of people living with HIV/AIDS, although we are representing one quarter of disease spread in sub-Saharan Africa and 17 percent of the world burden. However, we have an HIV incidence that is decreasing in some target groups, although it is not in young women. We have the world’s largest antiretroviral treatment program and we are very close to achieving the goal of eliminating mother-to-child transmission of HIV. By 2015, we had made substantial progress in halting and beginning to reverse the spread of HIV with over 66 percent of people knowing their HIV status and 80 percent of eligible people being on ARTs. Now, for me, I come from the behavioral sciences. The most remarkable changes in HIV prevention behavior over the last twenty years has been the dramatic increase in HIV counseling and testing. The uptake was phenomenal since the first time the president tested in 2010, and then the Minister and other significant people in mobilized society. There has also been an increase in condom use at first sex, which is partly responsible for the reductions in HIV prevalence in the age group 15 to 24 and incidence rate

among adults ages 15 to 49 years. My closing comment is that we have come a long way in the HIV epidemic. We were fighting one another and the epidemic was marching on. But the minute we started working together from around 2007, 2006, we have seen great progress in our HIV/AIDS epidemic. We are no longer the laughing stock of the world, we are now a great case study.”

Ms. Chisholm: “As we all know, the majority of people living with HIV infection will be seen by frontline nurses during the majority of their time in care. This is an enormous task when you consider that approximately 78 million people have become infected with HIV and 35 million have died of AIDS-related illnesses since the start of the epidemic. The nurse’s role in achieving rapid scale-up of the HIV response through provision of health services along the full continuum of HIV care is critical, making a meeting like this essential in ensuring that nurses not only receive needed support, but recognition of their pivotal role in the ongoing struggle with HIV...Nurses as frontline HIV care providers and the world’s largest health workforce are key to ensuring 90-90-90. To ensure these ambitious targets, greater investment in nursing is required. This call to action will therefore be the unifying theme for many nurse-focused events and presentations at AIDS 2016 in Durban.”



Ms. Frances Chisholm welcomes delegates on behalf of the U.S. and PEPFAR

OPENING ADDRESS

Mr. Stephen Lewis, co-founder and the board chair of the Stephen Lewis Foundation and co-founder and co-director of AIDS-Free, provided the opening address. A full transcript of his address is provided below.

Mr. Lewis: I am delighted and honored to be here. I share with Jason the sense that this is indeed an historic moment with all of these exemplary nursing organizations coming together for the first time at an international AIDS conference. I feel honored and privileged as well for two other reasons. Number one, it’s an honor to share the platform with the Minister of Health of South Africa. I suppose I should have begun with the appropriate engagement around the head table. So, I am from the north and I apologize that I didn’t assign the distinction which they merit. But it is a pleasure to be with all of you, and all of you in the audience. And I mention the Minister of Health in particular, forgive the presumption, Dr. Motsoaledi, because I don’t know whether you realize it sir, but you are regarded with extraordinary reverence. The reputation of the Minister of Health in South Africa is really quite remarkable internationally, as well as in his country—and all of you who are here should know that.



Ms Stephen Lewis addresses the plenary- galvanizing the audience to action

I am also pleased to be here because I love the nursing profession and midwifery. I've been fortunate enough to experience the gentle hand of the nursing profession at a couple of my own hospitalizations. And my wife had the most extraordinary midwife on our third child, so the adoration which suffuses my being is deep and intense. But mostly my regard for the profession goes to the years when I served as the envoy on HIV/AIDS in Africa. And I was thinking back, as I was putting some notes together last night, of a moment in Zambia in 2003 when I was visiting the university teaching hospital in Lusaka, going through the various wards with a very gentle and decent and thoughtful administrator. And it was at night, and he took me into the adult male ward where there were between forty and fifty beds occupied by men, every one of whom would be in intensive care in a Western hospital. And she had over a ten-hour shift, one nurse for the entire night. And I looked at this woman, who was really quite phenomenal, and I thought to myself, "What an extraordinary profession. What an extraordinary willingness to devote one's life to the betterment of the human condition."

And I have felt that as I traveled through so many of the countries where the prevalence rates were so high. And the recognition that I have—that all of you have on a daily basis—but I'm an outsider, I'm an interloper. The nursing profession does absolutely everything. I've never seen anything like it in a healthcare system. They distribute the ARVs [antiretrovirals], they do the treatment of opportunistic infections, particularly tuberculosis. They do all of the counseling on everything from the way in which one adjusts to living with the virus, right through to matters of sexual violence and domestic abuse. They do community outreach, they do the training of the community health workers, they do care, broadly, and primary care, specifically. They do all of the maternity care, they do all of the diagnosis and the immunizations, because so often the doctors are not around. They do so much in the field of sexual and reproductive health. Everywhere I traveled I had the sense that the nursing profession was the absolute centerpiece of the response to HIV. And I honor the profession in those terms. And the profession therefore was sustaining whole societies, but the society is not sufficiently grateful for the work that nurses do.

I'm one of those people who hope that you will be visited with a Nobel Prize. Well, just think of it for a moment. Whether it's a question of Syria, and the refugees, or whether it's a question of terrorism. Who do you think was in the hospitals when they brought the people who had been injured in Nice in that dreadful, tragic incident of forty-eight hours ago? Or whether it's the nurses who do the counseling around sexual violence in the Democratic Republic of Congo. The extraordinary strength and resilience that's invested in the profession, and that the profession exercises, is almost supernatural. And that's why, if I can echo what Jason said, the call to action is so important. For example—and you've heard it—it's said that nurses and midwives provide over 80 percent of the services in sub-Saharan Africa and constitute 87 percent of the workforce, yet the shortages are quite

overwhelming. How does one ever expect to achieve the 90-90-90, unless the numbers of nurses in particular are allowed to increase and there is great support for it? And the World Health Organization [WHO] estimates that 17.4 million health workers, professional health workers, are required in Africa—around the world, rather—and nine million of them are nurses. In other words, a majority, according to WHO, required at the professional levels are nurses. WHO also says that we should have 230 nurses per 100,000 population. In most African countries it's way below 10 percent of that.

Again, the absence of the workforce is ultimately disabling to the objectives we have in mind. In fact, when the WHO canvassed the various African countries in WHO-AFRO to find out the precise statistical data on their various occupational disciplines, they only received replies from one out of every four countries. We don't even know the nature of the deficiency, and it's so important therefore that much more time and strength and energy is focused on the wonders of the nursing profession. And nurses have to have further training opportunities and upward trajectory, and more nursing schools, and better health and safety. Everybody knows, from needle stick accidents, to the vulnerability to the virus, there has to be greater focus on occupational health and safety in the nursing profession. There has to be real task-shifting, not rhetorical task-shifting. I mean, I am prepared to pay homage to the medical profession but, frankly, nurses are far more accomplished than doctors. And we all know that. And I think it needs to be said. So, if the task-shifting moves upward, so much the better. And then, of course, there has to be in-service training. The wellness centers that exist—I remember I was at the groundbreaking of the wellness center in Swaziland, and Lesotho, and Zambia, and Ethiopia. These wellness centers, which were provided for nurses, and then extended to their families, and then extended to the community, have served the vulnerability well.

Above all—and boy, I feel this deeply—nurses should be represented at all the senior levels of the healthcare system, in every single particularity; because, you make the system. And yet, when the International Council of Nurses did its study of the numbers of professionals reflecting different disciplines in the World Health Organization, they found that nurses in 2013 represented 0.6 percent of the most senior jobs, doctors over 90 percent, even nutritionists and pharmacists represented over two percent, so the nurses represented, percentage-wise, fewer than any other discipline in the senior levels of WHO. Now, I'm sorry to have—I'm not sure whom I'm welcoming as I break my remarks. Is this the MEC? Yes, the MEC, from which—KZN Province MEC for Health, my apologies. And he walked in right at the moment when I was about to tear strips off the World Health Organization, and therefore disrupted the rhythm of my remarks. But I want to point out to all of you, that when you get only under one percent of the senior positions in the World Health Organization filled by nurses, it's an absolutely unconscionable and unacceptable situation. I know it is

not entirely appropriate to be so frontal, and I understand that things may have improved. But what the ICN found in 2013 was a continuing pattern—and at best it's sexism, and at worst it's misogyny. And it cannot be allowed to continue. And those are things the profession must deal with. Nurses should have senior posts in every hospital, in every ministry of health, in every taskforce, in every commission that deals with public health. And they have to be decision-making and policy positions, not merely the sort of devoted fill-ins.

I have two final things to say, and allow me to do so. Well, there's nothing you can do, is there? You have to allow me to do so. There is of course a desperate need for nurses and midwives to meet the 90-90-90 targets that have been set by UNAIDS. And may I make the point that the urgency, indeed the emergency, has been even further accentuated by the report which UNAIDS released just a few days ago, which has not had wide international circulation. It was called "The Prevention Gap," and what UNAIDS said was that it's time to raise an alarm. Having talked for several years about the end of AIDS by the year 2030, and a fast-track program by the year 2020 in order to get to the target, suddenly UNAIDS said in its document that the progress on prevention has completely stalled. And since the year 2010, every single year has had an average of almost two million new infections without exception. There's not a region of the world where there's been anywhere near a significant decline, and in parts of the world—like Eastern Europe and Central Asia—the jump in the number of infections is 57 percent over the course of those five years. They also pointed out that the key populations, with whom we're all familiar, now constitute 35 percent of the new infections. They also pointed out that we're still not dealing with adolescent girls. In Africa, girls between the age of ten and nineteen constitute 75 percent of the new infections. So, all of the discussions of gender equality are merely rhetorical self-indulgence and we have not come to grips with the constant discrimination on a gender basis.

And, finally, the funding from the international community is in steep decline. It's gone down from \$10 million dollars in 2013 to \$8 million dollars in 2015. And while countries like South Africa are using their own budgets to compensate for the decline, in many countries, low-income and low-middle-income countries, there simply isn't that capacity. And therefore, the international aid has to continue to flow. And what UNAIDS did in this report is demonstrate that there is a great deal of ground to cover to achieve the 90-90-90. And I stand before you—I'm a neophyte, I'm a novice, I don't pretend to have any statistical acumen or expertise—but I say to you that the 90-90-90, in light of this most recent report, will never be reached unless the nursing profession is elevated to the centerpiece of the response.

And my second final point, which I feel more strongly about than anything I have thus far said, is to say that this is a gender issue. This is a woman's issue.

This is a feminist issue. And make no mistake about it, I honor the fact that there are increasing numbers of men joining the nursing profession, and I would not wish to diminish their contribution for a moment. But you know and I know that the profession is overwhelmingly women, as Erica pointed out in her remarks, and shutting you out of the citadels of power and influence is absolutely intolerable. And it cannot continue. And no matter how you look at it, these things are largely a question of gender. So, I beg you to fight back. Don't take it lying down. Don't accept the degrading of the profession. There's too much at stake. Hold regular press conferences if you have to, speak to your members of parliament if you have to. Use the social media if you have to. Make your voices heard. This conference is underscored by the Sustainable Development Goals. And the Sustainable Development Goals put gender, gender equality, on one side, and the health goal on the other. They are integrated and meshed, you can't have one without the other. This is a battle worth waging because it speaks to the heart of a decent, compassionate, just, society. And the work you have collectively done is so remarkable, and has made such an impact in improving the human condition, that I want to end with a strong salute to the extraordinary pre-conference gathering. Thank you for having me.

I just want to say one quick thing and then I'm going. Thank you everyone—this is really embarrassing for me. There are 2,000 grandmothers gathered just outside the conference centers who have marched over from the Marine Parade Hotel and the sort of sponsoring organization is something called the Stephen Lewis Foundation in Canada. And if I manage to alienate 2,000 grandmothers, my life will not be worth living and I have to speak to them. So, I just feel awful, because I wanted to hear the Minister. I have read your speeches with religious fidelity. I even read the editorials you write, Sir. I am an admirer. And I am anxious and bothered by the fact that I have to leave and I apologize profoundly. But it would be a profound mistake if I didn't spend some time with the grandmothers. So, thank you again, all of you.”



Dr. Aaron Motsoaledi speaks on behalf of the South Africa NDOH

KEYNOTE ADDRESS

Mr. Sibongiseni Dhlomo, MEC for Health in KZN, introduced the keynote speaker, Dr. Aaron Motsoaledi, Honorable Minister of Health of the Republic of South Africa. A full transcript of his speech is provided below.

Dr. Motsoaledi: “Good morning! Many thanks for your kind invitation to me to open this very important conference that is happening at the same time as the TB conference and ahead of the 21st International AIDS Conference which commences on Monday.

My understanding is that this conference has five objectives:

1. To recognize as well as celebrate the many contributions of nurses and midwives in combating the HIV epidemic in sub-Saharan Africa and other countries around the world.
2. To highlight nurses’ and midwives’ strengths and expertise in delivering people-centered and differentiated models of healthcare services and in expanding access to HIV prevention, testing, treatment, and care.
3. To provide a forum for discussion of current trends, issues, and challenges in HIV nursing and midwifery.
4. To highlight the role of HIV nursing research in resource-limited settings.
5. To develop a priority agenda to strengthen HIV nursing workforce development.

This meeting of nurses, who have been central to our ability to scale up access to testing and treatment of people with HIV, comes at a critical time in our response to the epidemic. Let me share some of the global and regional data as reported by UNAIDS this year:

- Globally there are 36.7 million living with HIV; of these 17 million are on treatment (meaning that 19.7 million are still not on treatment!); last year there were 2.1 million people who were newly infected.
- In Eastern and Southern Africa there are 19 million people living with HIV (52 percent of the global number of people living with HIV); 10.3 million are on treatment – (60 percent or six out of every 10 people in the world who are in treatment are in Eastern and Southern Africa).

Given the link between HIV and TB permit me to also share some TB data from the WHO (noting that I am also the chair of the Stop TB Partnership Board):

- 9.6 million people fall ill from TB annually or which one million are children.
- However, only six million of these are notified – meaning known to the health system!
- There are around 480,000 patients with drug resistant TB.

- Africa is highly affected by the TB epidemic with a rate of 281/100,000, compared to the global prevalence of 133/100,000.
- Nine of the 22 high-burden countries are in Africa.

In 2009 we took a decision to decentralize HIV treatment from hospitals to primary healthcare. We took this decision because we knew that unless we do this we will not be able initiate large numbers of people on treatment rapidly or treat TB/HIV co-infected patients. As I am sure you all know, nurses have been treating TB at primary healthcare for decades!

In 2009, in South Africa, we had 483,084 patients on antiretroviral treatment, with doctors initiating patients in hospitals. The situation is now vastly different with more than 3.4 million patients on treatment, but to achieve this we have trained more than 23,000 nurses (NIMART trained nurses) over the past five years and have more than 3,000 health facilities initiating patients on ARVs.

In addition, nurses have been central to our PMTCT program globally. In South Africa, through our nurse-run primary healthcare system, we have been able to reduce mother to child transmission of HIV from eight percent in 2008 to 1.5 percent in 2015! Compared to 2004 (before our program started) 70,000 babies were born HIV+ annually, it is now less than 6,000. We are committed, and I am committing all our health professionals today, to ensure that we eliminate mother to child transmission as soon as possible.

This is why I say that for South Africa and I am sure that this is true for our region that much of the credit for our achievements must go to nurses because you have been at the forefront of providing treatment for HIV. Can I at this stage ask you to congratulate yourselves for your immense contributions to the fight against HIV? Please give yourselves a hearty round of applause! Quite frankly, speaking not only for South Africa but for the region as well, we would not have been able to achieve the successes that we have reached. However, the work is far from finished. Apart from the large number of HIV positive patients who are not on treatment as yet, we also have a significant number of new infections. In the Eastern and Southern African region for example, UNAIDS estimated in 2013 that 5,000 adolescent girls and young women aged 15-24 years are infected every week with half of these in South Africa! This is why on 24 June this year the Deputy President launched a three year national campaign focusing on girls and young women to reduce new HIV infections, reduce teen pregnancies, increase retention of girls in



Delegates enthusiastically supporting the opening remarks

school until matric, decrease sexual and gender based violence and increase economic opportunities for young people.

As you all know the theme of the 21st IAS conference is 'access equity rights now'. In addition, globally we have adopted the 90-90-90 targets to be achieved by 2020 and the 95-95-95 targets by 2030 with the aim of ending the AIDS epidemic by 2030. I am sure that I don't have to remind this audience that HIV and TB are also central to the Sustainable Development Goals, which we must reach by 2030!

In addition, the World Health Organization has released new treatment guidelines which provides for what is called test and treat, meaning that we will no longer use CD4 counts or staging to initiate patients on treatment, as well as pre-exposure prophylaxis to prevent HIV infections.

For countries in eastern and southern Africa and South Africa in particular (the epicentre of the epidemic) with significant incidence and prevalence of HIV, despite the progress, the role of the nursing profession will not only continue to be central, but will expand.

As I said at the beginning of the remarks, this two-day conference of nurses deeply involved in the HIV response comes at a pivotal period in our response to the epidemic. I therefore applaud the organizers for facilitating this meeting and I wish you well in your deliberations and hope that you are indeed able to realize the objectives that you have set for yourselves.

Thank you very much for your contributions to date and for your commitment to ending the AIDS epidemic by 2030! I thank you for your attention and wish you well in your deliberations!"

IAS WELCOME

Dr. Chris Beyrer, current President of the International AIDS Society (IAS), greeted the nursing delegation, welcoming them to Durban and expressed his appreciation for the pre-meeting and coordination between nursing groups and IAS. He encouraged members to put forward nursing leaders as candidates for the IAS governing council, a key platform from which to get the voice of nurses heard. Despite representation from all regions of the world, currently there is no nurse representative on the IAS governing council.



Dr. Chris Beyrer

SESSION 1: BUILDING A STRONG FOUNDATION FOR NURSING HIV

The first working session was facilitated by Dr. William Holzemer, Dean of Rutgers University School of Nursing. A leader in nursing and HIV, Dr. Holzemer has also been a strong supporter and member of the Association of Nurses in AIDS Care. This session included a presentation followed by a panel discussion that focused on essential support for nursing education as the foundation for successful clinical practice and ultimately epidemic control.

BUILDING PARTNERSHIPS IN HIV NURSING EDUCATION AND SCHOLARSHIP – THE GLOBAL NURSE CAPACITY BUILDING PROGRAM

This session was started with a presentation provided by Dr. Susan Michaels-Strasser of ICAP at Columbia University, titled: “Building Partnerships in HIV Nursing Education and Scholarship – The Global Nurse Capacity Building Program.” This presentation highlighted the background and rationale for the PEPFAR through HRSA-supported Global Nurse Capacity Building Project (GNCBP). This project currently has supported 22 nursing schools, as well as nursing councils and nursing organizations in 10 countries throughout East, West and Southern Africa to strengthen both the quality and quantity of the nursing workforce. The why, what and how of the GNCBP was presented. The speech highlighted the issue of too few healthcare workers, especially in countries with disproportionately high burdens of disease (see Figure 1), as well as the critical role of nurses throughout the full continuum of care and HIV cascade of services.^{2,3}

Approaches, interventions, and achievements of the GNCBP were presented, including the development of infrastructure (simulation laboratories, information communication technology equipment,

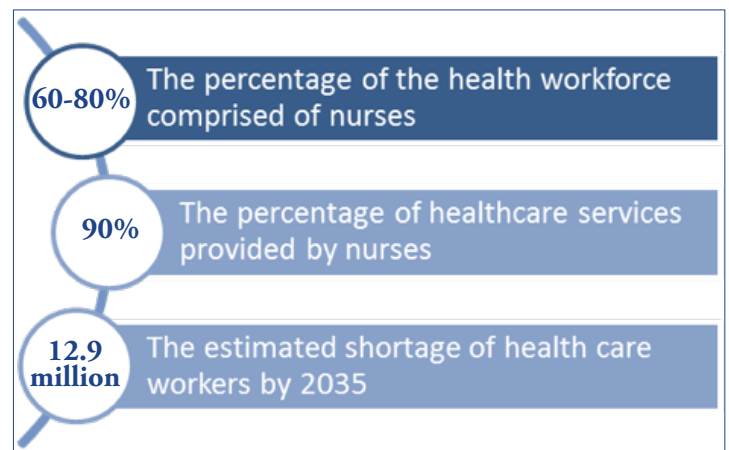


Figure 1: Nursing by the numbers



Figure 2: Nurses key to 90-90-90 ensuring reach, scale and retention in HIV services

2 Sheila Davis, CNO Partners in Health “Why Nurses are the Unsung Heroes of Global Health” Huffington Post May 05 2012

3 WHO (2013). News Release “Global health workforce shortage to reach 12.9 million in coming decades” retrieved from <http://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/> October 2016

and libraries), development of competency based curricula, clinical preceptorship courses, and materials and access to e-learning and continuing professional development (CPD). Dr. Michaels-Strasser encouraged the audience to continue to advocate for strengthening both the quality and quantity of the nursing workforce, as global efforts to achieve epidemic control continue rest on a workforce that achieves reach, scale and retention of people in care and treatment (Figure 2).

“For me, a well-rounded nurse is a competent nurse, a nurse with confidence, a nurse who can make a clinical judgment but we need to look further to encourage a caring attitude.”

– Professor Busi Ncama

PANEL DISCUSSION

Dr. Holzemer opened discussion up to the panel, where Dr. Michaels-Strasser was joined by Professor Busi Ncama, Dean of the University of KZN Department of Nursing and Dr. Jason Farley, associate professor at the Johns Hopkins School of Nursing. Professor Ncama provided responses to the presentation and expressed that it is an opportune time to reflect on how clinical competencies are developed, that they should reflect service needs, and educational programs should be updated based on this. She provided a clear definition of the competent nurse, saying “For me, a well-rounded nurse is a competent nurse, a nurse with confidence, a nurse who can make a clinical judgment but we need to look further to encourage a caring attitude”. She provided strong support to the Nursing Education Partner Initiative (NEPI) emphasis on service needs, saying, “service needs should inform the educational needs.”

Dr. Farley also responded to the presentation, reflecting on the NEPI project and the need to develop both the quantity and quality of nurses, and the importance of training supervisors and mentors. He discussed the success of NIMART and challenged nursing leaders to think more widely and embrace their role and responsibility in supervising community health workers. Dr. Holzemer brought up the challenges faced by educators to stay relevant when things are constantly changing and evolving.

In response, Dr. Strasser noted that the foundation of nursing education is a series of core competencies, which should be universal. She expressed concern that there are still gaps in education in line with these core competencies. “The way I see it...there is a universal set of core competencies that nurses must have. And that should be the basis, the foundation of all curricula. I still don't think we have gotten that right, because many nurses are leaving basic education without the diagnostic skills, without the prescribing skills, but that is a very strong component of what they will be asked to do...”

Dr. Farley responded that to ensure alignment of curricula with practice we need to be sure to have nursing leaders active in both Ministries of Education and Ministries of Health. Audience comments focused on how to ensure sustainability of nurse strengthening, as well as concerns about the fragmentation of nursing education systems between colleges managed under Departments of Health and university nursing degrees managed in Departments of Education. Panelists

The way I see it... there is a universal set of core competencies that nurses must have. And that should be the basis, the foundation of all curricula. I still don't think we have gotten that right, because many nurses are leaving basic education without the diagnostic skills, without the prescribing skills, but that is a very strong component of what they will be asked to do...”

– Dr. Susan Michaels-Strasser

supported having career ladders and clear pathways for nursing. Dr. Makhanya spoke from the audience and explained the current work in South Africa, supported by NEPI, to bridge nursing education between both the MOE and MOH.



Session 1 from left, Dr Michaels-Strasser, Dr. Holzemer, Dr. Farley, and Professor Ncama

SESSION 2: ADVANCING NURSING PRACTICE: PIONEERS AND TRAILBLAZERS IN AFRICA

NURSES LEAD THE WAY TO TEST AND START: OPTION B+ EXPERIENCES FROM MALAWI

Following the opening session and the first session's emphasis on building a strong nursing foundation, the focus moved towards service delivery. This session was facilitated by the president of DENOSA, Mr. Simon Hlungwani, and included presentations and a panel discussion as well as a question and answer session. Established in 1996, DENOSA serves as a body to represent and unite the nursing profession in South Africa with the mission to support an empowered nursing cadre, serving, caring and advocating for society. Ms. Judy Khanyola, ICAP's regional nursing advisor, presented on the rollout of Option B+ in Malawi. She presented the dramatic change in ART uptake following implementation of Option B+ in 2011, pregnant women who were diagnosed with HIV dramatically increased from 49 percent to 80 percent, and the proportion of women who are virally suppressed has moved from two to 48 percent. She emphasized the benefits of investing in nurses for patients, such as reduced transport, time, and cost of accessing services. While nurses are the largest profession in the health workforce, there are challenges with nursing shortages coupled with increases in workload. With nurse-driven Option B+, Malawi has achieved 75 percent antiretroviral treatment coverage among the estimated 15,750 HIV positive women. A total of 675 sites out of 713 sites (95 percent) are currently providing Option B+.



President of DENOSA,
Mr. Simon Hlungwani

ACHIEVING EXCELLENCE IN HIV NURSING PRACTICE: LESSONS FROM THE AFRICA HEALTH PROFESSION REGULATORY COLLABORATIVE FOR NURSES AND MIDWIVES

Ms. Agnes Waudu, former CNO and current Director for Regional African Regulatory Collaborative (ARC) secretariat based in Nairobi, Kenya presented on “Achieving Excellence in HIV Nursing Practice: Lessons from the Africa Health Profession Regulatory Collaborative for Nurses and Midwives,” a PEPFAR supported initiative led by Emory University. ARC I, which was carried out from 2011-2015, focused on two objectives:

1. Enhance nursing policy and regulation
2. Ensure nurses’ participation in HIV care (e.g., NIMART)

The second phase of the project, ARC II, which will extend from 2016 to 2020, is focusing on improving clinical performance in HIV nursing. This includes support to priority high volume HIV sites as well as specific issues including improving patient satisfaction and pediatric HIV. ARC partners include CDC, Emory University, Neil Hodgson School of Nursing, East, Central and Southern Africa Health Community, the Commonwealth Nurses and Midwives Federation, and the regional ARC secretariat based in Nairobi. The ARC approach, which was adapted from the Institute for Healthcare Improvement (IHI) quality improvement (QI) model for systems strengthening, was discussed, including call for QI proposals, QI learning sessions, action periods, and annual summative congress. This initiative fosters South-to-South collaboration between country quads. The ARC program has helped to establish or advance CPD programs, revision of standard operating procedures, acts and regulations, as well as decentralization of council services, entry to practice examinations, and national task sharing policies. Specific contributions of ARC to advancing NIMART were also reviewed, including requiring HIV training as part of CPD (Botswana, Lesotho, Namibia, Zambia, Seychelles and Tanzania), and authorizing NIMART in scopes of practice (e.g., Botswana, Rwanda, Seychelles, South Sudan and Uganda). The second phase of ARC, ARC II, has identified bottlenecks to care. This phase will include a focus on disrespectful care as a key bottleneck in service delivery, with support projects to develop and implement an intervention for providers that promote respectful and compassionate care. A second focus area of improved service delivery will be on interventions that improve adolescent services.

This presentation was followed by comments from Ms. Waudu’s ARC colleague Ms. S.A. Mchunu (South Africa quad representative) and questions from the audience. Ms. Mchunu introduced the development of national leadership forums known as “quads” comprised of the CNO, Nursing Council, Nursing Associations and Deans of Schools of Nursing. She emphasized the need to continue to use the quad format and include educators in service improvement, which has often been

missing. She also expressed, that given the large number of nurses in South Africa, CPD requirements and basic nursing education will focus on NIMART competence development. Questions focused on the issue of retaining a strong workforce despite recruitment from the global North and the need to hear from frontline nurses.

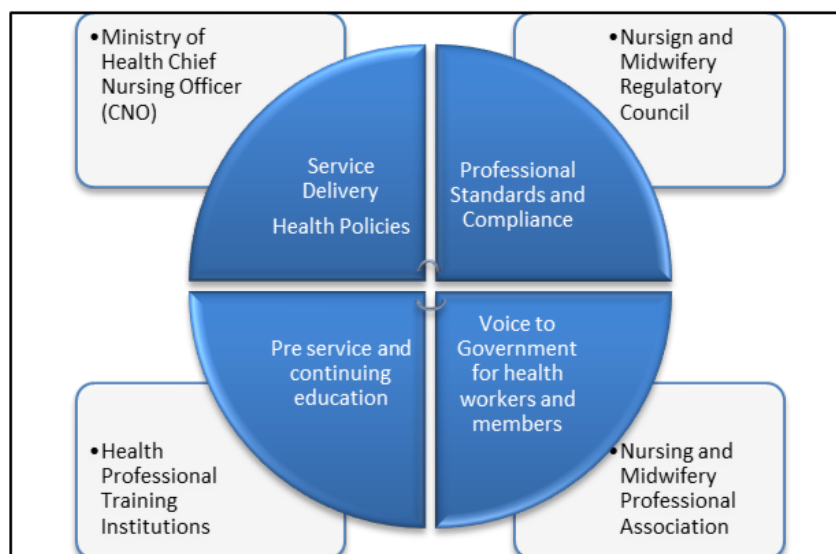


Figure 3: The ARC Quad

PANEL DISCUSSION: NURSES LEAD THE WAY TO 90-90-90

Mr. Hlungwani then led a panel discussion on the role of nurses in leading achievement of 90-90-90. Ms. Penny Msimango of the South Africa Department of Health, expressed concern at the widening gap between the second and third 90 and the need to ensure nurses can hold regular clinical review meetings and assess quality of care. She described clinical governance as the strong adherence to guidelines and pharmacovigilance. Clinical governance will become increasingly necessary as down referral increases outside of health facilities and the number of patients dramatically increases with test and start. She cautioned against poor retention and quality assurance, referencing the high level of tuberculosis drug resistance in South Africa. She explained, “We need to grow a cadre of nurses who are experts in infectious disease management... in health management and implementation research...nurses need to make sense of the data...which informs their practice.”

Mr. Bheki Mamba, Chairperson of the Southern African Network for Nurses and Midwives, spoke about the role of nurses as activists and the movement to ensure universal health coverage. He spoke of concerns and threats to achieving universal health coverage. He raised concerns with retention and the number of nurses who are leaving the profession, the issue of a minimum wage for nursing, as well as the

“We need to grow a cadre of nurses who are experts in infectious disease management...in health management and implementation research...nurses need to make sense of the data...which informs their practice”

- Ms. Penny Msimango

issue of migration. He discussed drivers of new HIV infection, including racism, inequality, and poverty, and called for advocacy among nurses as nurses are in a strong position to mobilize communities for health as a right and not as a commodity.

Ms. Lyntte Kosgei, a frontline health worker from Asayi Health Dispensary of rural Kenya, was the final panelist. She discussed her experience with graduating with only a basic knowledge of HIV and finding herself in a rural clinic with a high HIV burden. She talked about her personal experience of NIMART capacity building and its impact on her ability to provide frontline HIV care.

The panelists' comments were followed by a question and answer session and comments from the audience. Comments on a variety of issues were raised, including the need to include the extreme poor as a key population, and recommendation to increase collaboration with private practice. The need for nurses to know their community and be engaged in outreach services was emphasized by Ms. Kosgei. Mr. Mamba provided sober remarks about the world economy, current challenges in the EU, and threats to sustaining the HIV response. Lastly, Ms. Msimango provided further input on work in South Africa to decentralize services and to take services to key populations and 'hot spots' such as taxi ranks.

DEVELOPMENT OF A PRIORITY AGENDA FOR FRONTLINE HIV NURSING WORKFORCE STRENGTHENING

Following the presentations and panel discussions, three breakout sessions were planned across three areas of nurse strengthening including: 1) pre-service education, 2) clinical practice, and 3) policy, leadership, and governance. The objective of this session was to develop a priority agenda for frontline HIV nursing workforce strengthening. In the interest of time, the delegation remained in plenary. This session was opened by Ms. Carole Treston, CNO of ANAC. She presented the ANAC nurses Call to Action. This was followed by brief comments by session leaders to highlight ways in which each of the three areas intersect with the nursing Call to Action. The priority agenda is presented as three overarching themes which emerged from presentations, panel discussions, question and answer sessions, and plenary deliberation.

1. Greater political and financial investment in nursing pre-service education
2. Workforce and practice
3. Policy and leadership

Theme 1: Greater Political and Financial Investment in Nursing Pre-Service Education	Theme 2: Workforce, Practice, and Competence	Theme 3: Policy and Leadership
<p>Collaboration between ministries of education and health along with direct involvement of nurses</p> <p>Tailored, adaptive curriculum</p> <ul style="list-style-type: none"> ➤ Curriculum must address local health system needs including social determinants of health and patient experiences, and healthcare and health system management. <p>Standards for clinical placement and clinical practice transition.</p> <ul style="list-style-type: none"> ➤ Transition from acute care practicums to community health and primary care practicums. ➤ Need for dedicated student tutors or clinical mentors. <p>Investment in nurse educators</p> <ul style="list-style-type: none"> ➤ Continue and expand faculty development programs and engagement of faculty in clinical practice settings. ➤ Need for dedicated student tutors or clinical mentors. <p>Address education/practice gap</p> <ul style="list-style-type: none"> ➤ Practice realities must drive educational goals. ➤ Practice environments must be improved to support student learning. 	<p>Minimum occupational standards</p> <ul style="list-style-type: none"> ➤ Workplace safety and occupational health ➤ Staffing standards ➤ Fair wages <p>Life-long learning</p> <ul style="list-style-type: none"> ➤ CPD and education ➤ Post-training competencies <p>Standards of practice</p> <ul style="list-style-type: none"> ➤ Need to be current and widely disseminated <p>Respect for patients</p> <ul style="list-style-type: none"> ➤ Social determinants of health ➤ Concern for commodification of health and need for universal access to healthcare <p>Practice authority</p> <ul style="list-style-type: none"> ➤ Task shifting is effective but requires on-going investments and support (NIMART) ➤ Task shifting includes a continuum of care to community health workers (CHWs) and lay nurses ➤ CHWs need to be supervised and mentored by nurses <p>Competence</p> <ul style="list-style-type: none"> ➤ Training needs to be coupled with mentorship to ensure competence ➤ Link practice and education ➤ Engagement in research and evidence based practice ➤ Training which reflects disease profile 	<p>Based in a shared vision & shared goals for nursing and nurse leadership</p> <p>Nurses must be active participants in decision making.</p> <p>Need for country-specific nursing strategies</p> <p>Policy and leadership which focus on</p> <ul style="list-style-type: none"> ➤ Nursing competence ➤ Patient care ➤ Population health ➤ Strategic partnerships ➤ Updated nursing curriculum <p>Enhance effective participation in national quad</p> <p>Need to have a nurse representative on the IAS Governing Council and other boards of authority</p> <p>Mentor new and emerging nurse leaders</p>

Table 1: Summary of Plenary Group Work Presented as Three Thematic Areas

Session Summary - Day 2

OPENING REMARKS AND DAY 1 SUMMARY

Day two began with an introduction of and opening remarks from Dr. Michaels-Strasser encouraging the delegation to stand strong and together for the voice of nursing through the week of IAS and into the next year. Ms. Treston presented a synthesis of plenary discussion on day one (table 1). The themes and subthemes described above were further discussed in plenary for review and ultimate endorsement by the delegates. Following review of each theme, she encouraged participants to think about their country and what needs to be done to address issues raised in their individual context. She also stressed that the mandate is to think about action, which can begin here but extend throughout the next year. Mr. Kwena Daniel Manamela from DENOSA reinforced the need to work across both the Ministry of Education (MOE) and the Ministry of Health (MOH). He also stressed the importance of education being informed by both the social determinants of health and the current disease profile of the country. Ms. Treston and Mr. Manamela then opened up the discussion to the plenary. Issues raised from the floor included the need to encourage greater participation of students in education reform and demands that health budgets include specific line items for nursing education, including such basic needs as equipment and skills lab for education, with a percentage identified within a health budget which goes to nursing education.

Professor Joaquim Voss of Case Western University in the United States, spoke about the need to engage students across disciplines, such as nursing and medicine, in community engagement to increase their understanding of social determinants of health. “By asking for more investment into nursing, if could also be we are also asking for more investment in inter-professional training so that we are not always on the opposite end of the fighting stick, that we are working and arguing together.”

Workforce and practice summary issues were then presented and discussed in plenary. Ms. Treston emphasized some of the deliberation from day one, including practice safety standards such as the words of nurses who spoke on day one about personal experiences of becoming infected with extensively drug-resistant TB (XDRTB) and losing their ability to practice nursing. She also emphasized the need to focus on the balance between work stresses and support and the link between a positive work environment and respect for patients. Finally, she raised concerns about the commodification of health and the need to make sure that task shifting—which is a continuum—is supported and well managed. Mr. Manamela reflected on the South African context with regard to workforce, practice, and competence. He stressed issues raised on day one including concerns with loss of nurses to the global north in light of intensive recruitment strategies. He reviewed South African strategies to deal with a disgruntled nursing workforce and the need to support countries that lack nursing regulation and regulatory authorities.

“Can we say that (for example) two percent of the budget goes to nursing?”

- Ms. Judy Khanyola, regional nursing advisor, ICAP

“By asking for more investment into nursing, it could also be we are also asking for more investment in inter-professional training so that we are not always on the opposite end of the fighting stick, that we are working and arguing together”

- Professor Joaquim Voss

“What does a nursing leader need to know in terms of data, to convince people to invest more in nursing?”

- Ms. Carla Johnson

Comments were then requested from the plenary. Concern was raised that a call for action for nursing must tie back demands/needs to patients and patient goals (i.e., what needs to change in nursing to achieve 90-90-90). For example, to keep nurses safe and provide care, proper masks (N95) must be available.

In addition, plenary discussion included the need to support nursing organizations and building nurses' engagement and organizations that do not lament but engage with government. Mr. Bheki Mamba of Swaziland noted that “On our side, things don't move because we treat ourselves as angels...go back home and join your nursing organization, if you shy away nothing will happen.” Dr. Sandile Buthelezi, Country Director of ICAP in South Africa, stressed the need for nurses to be engaged in legislation and advocacy regarding conditions of service as well as the need for nurses to quantify and package nursing's value, saying, “There is an issue of 72-hour mental healthcare act, some of the nurses have died because of this legislation, because by law these patients must be kept for 72 hours.”

The final category—policy and leadership—stressed the need for unity in nursing and for nurses to have equitable engagement in decision making. Lastly, Ms. Treston reviewed the need to ensure that there is a monitoring and evaluation plan to assess progress on the nursing call to action. Ms. Carla Johnson of the CDC emphasized the need to ensure nurses are using data to inform decision making. She challenged the group to think about this, asking what the numbers of nurses, CHWs, and other cadres are needed to meet health service demands to achieve 90-90-90. ““What does a nursing leader need to know in terms of data, to convince people to invest more in nursing?” In addition, one participant from South Africa shared her concern that nurses speak with one voice. “We must have one message... if we do not have one voice, we will fail to achieve.”

“We need to add nursing science to this discussion”

- Dr. Willaim Holzemer

A greater focus on outcomes, whether it be of a patient's clinical outcomes or outcomes of population such as 90-90-90, was mentioned by a number of people during the remaining plenary discussion. Dr. Holzemer stressed the importance of owning and accounting for outcomes and current gaps in nursing science to fully demonstrate the value of nursing. He expressed concern that nursing science is not yet sufficiently recognized alongside other research, like medical research. “We need to add nursing science to this discussion,” he said.

“...and she washed me with that (oat soap), I felt pretty that day, I just really want to say thank you to nurses who do things like that, it may seem small but I want to say thank you”

- Ingrid Oxley,
Dietitian Eastern
Cape, South Africa

One participant, Ms. Ingrid Oxley, a dietitian from the Eastern Cape in South Africa, eloquently conveyed the value of nursing. Infected with XDRTB and admitted to hospital for 75 days, she emphasized the role of nursing in patient respect and wellbeing through a personal experience of being cared for in a very sensitive and individual way. "...and she washed me with that (oat soap), I felt pretty that day, I just really want to say thank you to nurses who do things like that, it may seem small but I want to say thank you." She also emphasized the importance of nursing leaders in creating a culture of safety for staff—reinforcing, for example, the importance of wearing protection masks even when staff feel their risk is minimal.

In a final comment, Mr. Hlungwani advocated that health departments should develop staffing ratios and staffing norms that are reflective of the burden of care. "If you have staffing norms and ratios," he said, "you can hold government accountable."

"If you have staffing norms and ratios, you can hold government accountable."

- Mr. Simon Hlungwani

NURSES CALL TO ACTION

During early planning meetings for NursingHIV, nursing colleagues at ICAP, ANAC, and ICN explored and debated the need for a greater presence and voice of nurses in international health care discussions. Meetings such as AIDS2016 are critical events where key policies, education, and practice decisions are typically discussed, and these deliberations can have a deep impact on nursing practice. Yet, too often, nurses, as the majority of the health workforce, have been underrepresented as both participants and panelists in discussions about the future of health care and the direction of HIV programming. Through a series of discussions, this group identified and outlined the principle challenges and barriers faced by nurses. Further, ANAC, an international nursing association devoted to HIV nurses, took the lead in drafting an important advocacy tool, pictured below, that serves as a call to action rooted in a deep belief in the right to quality health care and the immense role nurses play in delivering health services. It also reflects the authors' and subsequent signatories' recognition of the impact of nursing and interdisciplinary health care on health outcomes and achievement of the United Nations Sustainable Development Goals. This call was used as part of a series of events at both the NursingHIV pre-meeting and through subsequent presentations, meetings, press releases, and informal discussions during AIDS 2016. This pre-meeting allowed delegates to review and endorse the Call to Action and to galvanize a movement for priority reforms in nursing policy, education, and practice.

Support a strong global nursing workforce

90-90-90*
Ambitious targets require greater investments in nursing

JULY 2016



Join us and sign the call to action now!
nursesinaidscare.org/signthecall

* 90-90-90 refers to UNAIDS HIV treatment goals to end the AIDS epidemic globally, released in 2014. By 2020, 90% of all people living with HIV (PLHIV) will know their HIV status, 90% of all people with diagnosed HIV will receive sustained antiretroviral therapy (ART), and 90% of all people on ART will have viral suppression.

Join us! Demand greater investments in nursing to achieve the goals of 90-90-90*



Sign the call to action:
nursesinaidscare.org/signthecall



Access. Equity. Rights.

Demand greater investments in NURSING



Sign the call to action
nursesinaidscare.org/signthecall



Access
Improving access to healthcare by removing political, legal and economic barriers to nurse-led care



Equity
Building sustainable solutions by requiring equitable representation of nurses on policy, guidelines and other decision making bodies



Rights
Demanding an end to HIV stigma, discrimination and unjust HIV criminalization

Nurses:

- Ensure patients' rights to equitable, accessible health care
- Represent 80% of the global healthcare workforce
- Provide care for underserved and vulnerable populations
- Provide evidence-based person-centered HIV care
- Provide care along the full HIV care continuum
- Are central to achievement of ambitious HIV prevention, care and treatment targets



We call for:

- Policy changes to support nurse-led care
- Greater investments in nursing
- Support for interprofessional collaboration
- Equity in decision making



This call to action represents the most powerful statement by the global nursing community at IAC and seeks to enhance commitment and support for nursing roles in meeting the goals of 90-90-90. Nurses, as both frontline HIV care providers and the world's largest health work force, are key to ensuring we achieve 90-90-90, which will require greater investments in nursing. The call to action provides a concise summary of nursing's voice in the fight to end AIDS and stop HIV transmission. It will be the unifying theme for many nurse-focused events and presentations at AIDS2016 in Durban and will be a rallying call for greater investments in nursing in 2016 and 2017.

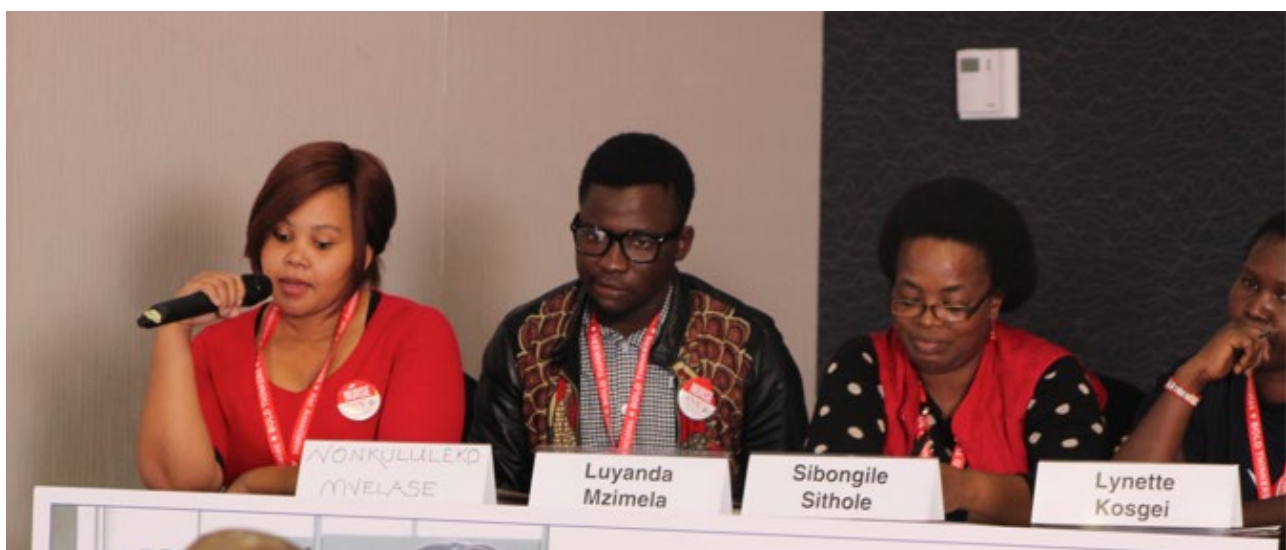
SPECIAL OPEN SESSION: NURSING THE EPIDEMIC: ENSURING ACCESS, EQUITY, AND PATIENT RIGHTS – A CALL TO ACTION.

PANEL DISCUSSION: REFLECTIONS FROM THE FRONTLINE

The final session was opened to the general public and included a panel discussion with a frontline nurse, nurse educator, and nursing students. This first panel included Ms. Lynette Kosgei, a front line nurse from Asayi Health Centre in Kenya; Ms. Sibongile Sithole, nurse educator from South Africa; and two nursing students, Mr. Luyanda Mvelase and Ms. Nonkululeko Nzimande. Ms. Kosgei spoke of her challenges in responding to the needs of her community as the head nurses of a rural dispensary prior to and then after being trained as a NIMART nurse. She presented the dramatic change seen in services from before NIMART and after. For example, prior to NIMART, stigma was high as HIV positive patients needed to be separated and wait for a roving physician or clinic officer to see them. She noted that people would say, “These are waiting for their pastor.” After NIMART, and the ability to immediately treat patients herself, she felt that stigma was greatly reduced. She also expressed that since she became a NIMART nurse clinical outcomes have improved, with all HIV exposed infants subsequently testing negative. Ms. Sithole spoke of the tremendous concern about the lack of resources and lack of budget for nursing education. The students spoke emphatically about the need for adequate staffing, asking, “How can we achieve 90-90-90 if we are short staffed?” asked Mr. Mzimela. Ms. Nzimande spoke about the new curriculum and training that will emphasize HIV. She stated that the current program does not cover HIV adequately, for example, “We have no clue about pharmacology....we get a week of HIV, what can you do in a week?” She emphasized that even in the first year of training, nursing students need sound

“As nurse educators it is very important that we be very, very careful of how we dialogue or how we conduct ourselves in the duty stations, because from that space then the nurse students pick very many things.”

- Macland Mjagi Nyaga, Community nurse working with key populations



Ensuring Access, Equity and Patient Rights panelists including students, educators and frontline nurses

“Who did this strategy? The WHO, UN, how many nurses are there? I’m sick and tired of talking, we need action.”

- Kedibone Mdolo,
Nurse, South Africa

HIV knowledge since the vast majority of patients that they will see on clinical wards will be HIV positive.

Following the panel, an open discussion commenced. Many audience members stood up to share their insights and reflect on the panel discussion. Topics covered included the need to better record and document nursing inputs and achievements and the need to engage clients who don’t come to clinics, especially transgender individuals, male sex workers, and men who have sex with men.

Following the panel discussion, front line nurse Mr. Joseph Mugunde from Kenya agreed with comments made about the need to improvise. He spoke about the experiences of the new graduates, who are often posted in places where they must quickly and independently provide a wide variety of care. At a broader level, he also encouraged the nursing profession to have one global organization that speaks on behalf of nurses to ensure that their voice is strengthened. Many participants spoke about the need for educators to also take part in clinical practice to ensure training is relevant, because facilitators in the clinical setting are often overburdened and unable to give students adequate attention. Mr. Kedibone Mdolo, a nurse working with DENOSA, emphatically asked about the development of the 90-90-90 strategy, “Who did this strategy? The WHO, UN, how many nurses are there? I’m sick and tired of talking, we need action.”

Ms. Flavia Moetsana-Poka, a nurse educator from Lesotho, raised concern about the increasing enrollment of nursing students, funded by international donors, without subsequent increases in the number of educators or new positions in the health sector. Mr. Raesi Mpho, a research nurse from Botswana, spoke about his personal experience with the recent roll out of ‘test and treat’. “The problem that we face now is equipping [the increased number of primary healthcare facilities] with relevant human nurses.... In very far away places, it will be one nurse who is expected to run the facility...to do all the programs... everyone needs to be trained so that new programs run smoothly”

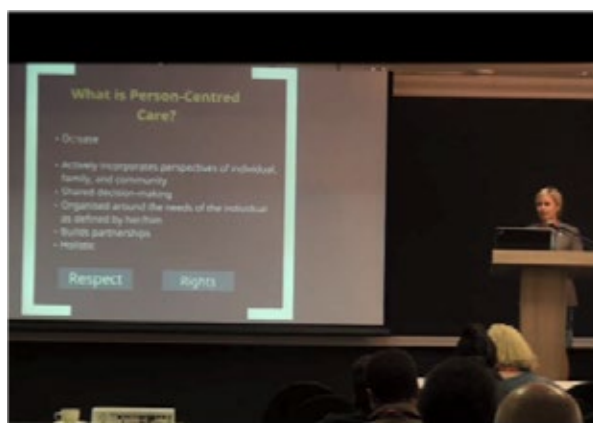
This dynamic session with an extensive question and answer period was followed by a presentation on person-centered care.

“The problem that we face now is equipping [the increased number of primary health care facilities] with relevant nurses.... In very far away places, it will be one nurse who is expected to run the facility... to do all the programs... everyone needs to be trained so that new programs run smoothly”

- Raesi Mpho,
Research Nurse,
Botswana

ICN PRESENTS: PERSON-CENTERED CARE IS NURSING CARE

Ms. Ehrhardt of ICN first spoke about the need to be strategic in getting nurses voices heard. She explained that few nurses are in leadership positions and some of those that are do not identify as nurses. Her presentation on person-centered care began with an important step back, asking the rhetorical question, “Why are we here?”. She emphasized *people* are what nurses brought together in this setting and are why we nurses chose their profession. “We want to put people first, and as Lynette [Kosgei] said yesterday...we are here for the patients...she just hit the nail on the head...” She presented on the need for care to be in line with the goals of nursing and for care to be person centered. She also described the conceptual framework of person-centered care and, through a dynamic Prezi presentation, described the framework with great visual detail. She emphasized that it is important to root this framework in person-centered care, as opposed to patient-centered care, because before being a ‘patient’, nurses need to care for the wider person, in their fullness. This requires a paradigm shift both at the individual and population level. The focus must shift from being disease focused to instead fully recognizing what illness means to the individual and the critical role of family and community in health and healthcare delivery.



ICN's Ms. Erica Ehrhardt special on the topic of person centered care

EXPERT RESPONSE TO *NURSINGHIV* 2016 AND THE NURSES' CALL TO ACTION

The formal meeting concluded with expert responses from two global health leaders; Dr. Deborah von Zinkernagel and Professor Wafaa El Sadr. Dr. von Zinkernagel, a nurse leader currently working with UNAIDS, highlighted two themes which matter to donors about how nurses can best position themselves. She spoke about the importance of documenting outcomes and the impact of nursing. “The nurse-led models of care, you are the system but somehow we are not getting that filtered up...how do we document the impact and how do we put that into the literature?” She also spoke about the second prevailing international issue on integration of care. She stated, “Nurses can help define that [integrated] model of care.” An area that needs greater attention and nursing-authored discourse is differentiated models of care. “Nurses have to plug in and inform these models of care.”



Expert Respondents Deborah von Zinkernagel (UNAIDS) and Wafaa El-Sadr (ICAP at Columbia University)



NursingHIV 2016 Group Photo

Professor El-Sadr, founder and director of ICAP at Columbia University, provided commentary on her reflections of the last two days. She sees the meeting as an important and historic gathering and a time to take stock, especially in light of the Call to Action. She emphasized that the meeting is not the end of the story but is the beginning. Nurses need to define measures of progress and Dr. El-Sadr encouraged the delegation to take personal ownership for the call. She encouraged people to ask themselves, “What am I going to do next?...to take the Call to Action to ACTION.”

Concluding remarks were provided by Dr. Mkhanya and the two days of deliberation culminated with a warm reception hosted by ANAC.

CONCLUSIONS AND WAY FORWARD

NursingHIV 2016 was a landmark meeting at IAS to highlight and review the critical role of nursing in HIV epidemic control. Through speeches, panel discussions, lively question and answer sessions, and plenary debate, over 100 nursing stakeholders and nursing advocates came together to celebrate nurses’ significant contributions towards the HIV response, with a special focus on HIV care and treatment scale up. Topics covered include: HIV workforce development at both the pre- and post-service training level, and nursing regulation, policy, and practice.

International experts such as Mr. Lewis and Dr. von Zinkernagel provided strong advocacy for nursing’s central role in the HIV response. The need to increase

investment in nursing was articulated through group work, which culminated in the emergence of three thematic areas for future focus.

1. Greater political and financial investment in nursing pre-service education
2. Workforce and practice development
3. Policy and leadership strengthening

These themes resonate strongly with and provide broad support for the nurses' Call to Action, which was developed by ANAC in consultation with ICN, ICAP at Columbia University, and others. Nurses' role in the delivery of high quality HIV care along the full care cascade was discussed at length. Key issues in education and practice were debated. Aligning education and legislation with nurses' true scopes of practice and ensuring safe and supportive workplace environments were highlighted. Occupational hazards and the need to protect and adequately support the nursing workforce was poignantly reinforced by both nurses and other health providers who had been infected with extremely drug resistant tuberculosis during the fulfillment of their nursing duties and nurses who work in remote and isolated settings. South-South collaborations were strengthened through exposure to nursing leaders and stakeholders from 13 different countries. Promising practices were shared, including development of competency based curricula, use of innovation in training (e.g., skills labs and online learning), NIMART training, and the development of national leadership forums (known as "quads"). A priority agenda for improved people-centered nursing HIV workforce-reflected in the ANAC Nurses' Call to Action was endorsed by the delegation.

Subsequent to this meeting, the planning group has remained engaged and is driving further support for the Call to Action through a variety of fora. Promising education practices are being identified and documented and 'Test and Start' training is underway by ICAP. ANAC is actively expanding its membership and signatories to the Call to Action and ICN looks forward to its 2017 Congress, which will focus on nurses at the forefront of care transformation.

PARTICIPANT LIST

First name	Last name	Profession/Affiliation
Habiba	Akter	
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Kismatheo	Brymahu	
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Kelly	Lowansen	Nurse
Ngobibua	Lundianne	
Gladys	Lungu Wiessner	Nurse
Thokozani	Luthuli	Kwamashu
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Jonah	Mabushe	media
Lisete	Macaringue	JHPIEGO
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Sethosame	Mahtatse	
Maurice	Mahurira	PSI
Nonhlanhla	Makhanya	CNO/DOH SA
Ida	Makwetla	Nurse
Kennedy	Malisita	Nurse
Nozuko	Malkelo	
Phetsile	Mamba	Nurse
Bheki	Mamba	Chairperson/Southern African Network for Nurses and Midwives
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Moses	Marchomusaul	

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Daniel	Matiabilu	
Onkabetse	Mbauga	
Sizeni	Mchunu	Acting Registrar/South African Nursing Council
Kedibone	Mdolo	Nurse/DENOSA
Ntokozo	Mgwenya	Nurse
Casey	Mhlongo	
Carizon	Miazeze	
Susan	Michaels-Strasser	Nurse
Yukari	Misada	
Rochana	Mitra	
Maila	MJ	spokesperson
Zodwa	Mkhize	Department of Health
Ntombasekhaya	Mlandu	
Nosipho	Mngoma	Media
Letliogonoca	Moceah	
Flavia	Moetsana-Poka	
Joseph	Mogunde	Nurse
Reuben	Mohede	
Samuel	mohuba	nurse
Lynba	Mokte	Nurse
Wanda	Monoa	Nurse/DENOSA
Neo	Monwela	
Melissa	Morrison	Other/Nurse/Nurse Educator/Program Officer
Hellen	Mosadi	Jubilee Hospital
Rejoice Nozibusiso	Mosia	Enhancing Care Foundation
Gofaon Jessica	Moswfa	volunteer/student
Enock	Moware	
Penny	Msimango	
Ntombizodwa	Mtaunpio	Nurse
Bongikosi	Mthemou	
Sifiso	Mtshol	
Brenda	Mubita	Nurse
Barbara Mudaga	Mudanga	Nurse
Tsakai	Muisi	
Lesegu	Mumele	

First name	Last name	Profession/Affiliation
Jennifer Mwanga	Munsaka	Nurse
Eva	Mureithi	Nurse
Luyanda	Mvelase	Durban Nursing Student/Durban Nursing School
Rahelo	Mwahiki	
Georgina	Myawo	
Luyanda	Mzimela	Nurse
Zinhu	Mzupe	
Bachir	Nacuacua	
Sylvia	Nalubega	Nurse
Sarah	Nalwanga	Other/Prison Social Worker
Busi	Ncama	University of KwaZulu Natal
Latelang	Ndlovu	Nurse
Priscah Phindile Gugu	Ndlovu	Nurse
Laron	Nelson	Nurse/research
Sindiswa	Ngcobo	Provincial Organiser/Trade Union
S. P	Ngema	DENOSA
Cookie	Nkambule	Nurse/DENOSA
Nombuso	Nkosi	Enhancing Care Foundation
Mamokete	Ntsupa	VMMC Technical Officer/JHPIEGO
Nelisiwe	Nxcle	
Suyekiye	Nxumalo	
Albertina	Nyatsi	nurse
Michelo Changu	Nzala	Nurse
Mathombi	Nzimande	Nurse
Joseph	Obunla	
Michelle	Odlum	Nurse
Mabel	Ogola	
Tota	Oldameonu	
Yamini	Oseguera-Bhatnagar	Other/Student
Ingrid	Oxley	
Ronivir	Pagtaklan	Researcher
Deborah	Parhann Hpson	nurse
Max	Patana	Medical Doctor
Sarika	Pattanasin	Epidemiologist
Harold	Phillips	Government
Rutty Comfort	Phiri	Nurse
Nidgeny	Pillay	
Oira	Ponomaryova	manager/NPO
Tashtiana	Price	ICAP
Jacqui	Pyne	
Mpho	Raesi	Nurse
Gotaza	Rhinne	

First name	Last name	Profession/Affiliation
Allan Alberto	Rivera Barboza	Nurse
Letitia	Robinson	Nurse
Carla	Rose	
Imaculate Mbali	Sabela	FTSS/Trade Union
Ephrani	salesa	
Heather	Sam	Nurse/DENOSA
Kabelo M	Samuel	Nurse
Adama	Sangane	
Pratana	Satitvgamee	Associate professor/public health
Adekemi	Sekoni	Medical Doctor
Gabaune	Serandjo	
Geoffrey	Setswe	
Raymond	Shabangur	
Kholiwe NP	Shoba	Hospital
Raupana	Shrestha	
Kenneth	Sibiya	Nurse
Nokuthula	Sibiya	Fundisa
Mthembu	Sindi	
Ramvedri	Sinthumule	nurse
Namusa	Sithole	
Janel	Smith	ICAP
Thandiwe Cynthia	Sokhela	
Olga	Stoianova	social worker/manager
Mxolisi	Sukwana	Other/OHP
Michael David	Tan	
Somsri	Tantipaibuzvuy	
Peter	Temate	
Luyisa	Ti Vtana	social worker
Vide	Trumpida	
Sandhya Nardev	Vedalankar	Other/CSI Specialist
Joachim	Voss	Nurse
Solomon	Wambia	
Agnes Nanjala	Waudu	Nurse/Midwife
Mitchell	Wharton	Nurse
Georgia	White	policy worker
Dorothy	Williams	Nurse/Midwife
Mottameo	Yousfi	physician
F. D.	Zaca	
Sharon	Zambizi	RN
Lindokuhle Eugene	Zondi	Hospital
Bheki	Zuma	
Patricia Elvia	Zuniga	Nurse

