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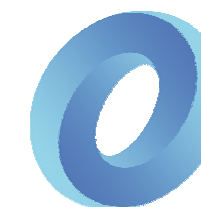
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Tenth annual meeting of the European Forum of National Nursing and Midwifery Associations and WHO

Report on a WHO meeting
St Petersburg, Russian Federation
1–2 June 2006



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ABSTRACT

By highlighting innovative and practical approaches, nurses and midwives can influence the culture of stigma attached to HIV through education and communication. Only by ensuring that they have a sound knowledge of sexual health, including HIV/AIDS, and acknowledging the various modes of transmission and methods of preventing of infection, will nurses and midwives, act as agents of change to reverse the ravages of this disease. The work of the meeting highlighted the need for action, and the participants, from 33 participating countries, agreed on a final statement on nursing and midwifery in HIV/AIDS client care.

Keywords

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Opening of the meeting

Ms Valentina Sarkisova, President of the Russian Nursing Association and member of the Steering Committee of European Forum of National Nursing and Midwifery Associations and WHO (EFNNMA), opened the meeting by welcoming nurses and midwives from 33 national organizations. This year's meeting focused on the HIV/AIDS epidemic, and the critical role that nurses and midwives can play in fighting it. She stated that forums such as these were a building block where nurses and midwives can network, strategize and influence health policy.

By highlighting innovative and practical approaches, nurses and midwives can influence the culture of stigma attached to HIV through education and communication. Only by ensuring that they have a sound knowledge of sexual health, including HIV/AIDS, and acknowledging the various modes of transmission and methods of preventing of infection, will nurses and midwives act as agents of change to reverse the ravages of this disease.

The meeting approved the nomination of Ms Sylvia Denton, President of Royal Colleges of Nursing, United Kingdom and Chairperson of EFNNMA, as Chairperson of the meeting. It was agreed that Ms Madeline Spiers, President of the Irish Nurses Organisation, would act as Rapporteur. The participants adopted the programme and agenda. Representatives from 33 countries were present. In addition, the participants observed a minute of silence to mark the passing of the WHO Director-General, Dr Lee Jong-wook.

Strategy for EFNNMA 2007

The theme for the EFNNMA annual meeting in 2007 will be health systems, with a particular focus on primary care. The steering committee recognized that building an effective primary health care strategy depends on a reformed system of primary care. Here the role of the nurse and midwife is most important. The results of a project on health systems in the Russian Federation would be published in 2007.

Report by the Chairperson

Ms Sylvia Denton gave an overview of the previous steering group's work. She gave special thanks to the nursing team at the WHO Regional Office for Europe for its commitment to the work of EFNNMA. She outlined four objectives, which had been set out in the strategic documents to cover the years 2005–2008. The steering committee identified a topic relevant to the year ahead in conjunction with the WHO-identified priority areas. This collaboration resulted in the statement on maternal, child and adolescent health with a focus on obesity in March 2005. The 2006 statement focused on HIV/AIDS (Annex 1).

The statements have produced a good response. EFNNMA continues to build on that work. A newsletter and a website had been established as part of the EFNNMA strategy for improved communications. EFNNMA was a means to act on the Munich Declaration.

EFNNMA was working with other organizations, particularly the European Federation of Nurses, the International Council of Nurses and the International Council of Midwives. It continued to build and share ideas on matters of interest. It was committed to creating even stronger links with nursing and midwifery colleagues around the world. The challenge for the future was to update EFNNMA's operational principles and this would be a draft for the next annual forum meeting. The steering group represented the forum at key meetings, including a meeting of the European Forum of Medical Associations and WHO, a meeting under the

Luxembourg Presidency of the European Union (EU) on patient safety, a United Kingdom EU presidency summit meeting on patient safety and a meeting of government chief nurses. The process of twinning countries to provide support continued to be developed and was under constant review.

Impact of obesity statement

EFNNMA and the WHO secretariat gave a preliminary report on the follow up questionnaire on the obesity statement of 2005. Its impact was very positive. It received widespread dissemination through national nursing organization journals and newspapers. In the Netherlands, it was adopted by the health ministry and introduced into their health policy guidelines. In 15 countries, it received significant coverage, which can be viewed as a very positive impact on health information. The feedback from recipient countries and organizations was very encouraging, and described the statement as very useful and comprehensive. The supporting letter from the Regional Office could be useful for future statements and give added impetus.

The statement had been:

- taught in schools/regional conferences
- web linked and distributed to relevant professional interest groups
- discussed with expert groups concerned with public health
- promoted and was discussed at national and international levels
- used in discussions of new guidelines about obesity
- used in a research project on prevention in small children
- was the theme for the Working Group of European Nurse Researchers in 2006.

A report had been issued on the ninth meeting of government chief nurses in December 2005.¹

Address

Mr Gerard Schmets, the WHO Regional Office for Europe, charted the changing health care demands from demographic challenges, and outlined the struggle of developing countries to train and retain a qualified health care workforce. As to the international migration of health care workers, WHO estimated:

- the global health workforce numbered 100 million, of whom 80% were women
- there were about 24 million registered doctors and midwives and 75 million more were counted as informal, traditional, community and allied health workers.

Management of human resources is critical to deliver health policy agenda. It was important to improve national health information systems and create dialogue on common and differing interests. This was a serious challenge for all countries. For example, by 2020 it was estimated that there will be a 20% deficit in the registered nurse workforce.

Burn-out was a problem in the supply of health care professionals; a high proportion of trained nurses were not practising. There was the added problem of an ageing population of health care workers. Pull and push factors drew health personnel from poorer health services into those of richer countries. These issues needed to be addressed to stabilize the health situation, and management of human resources for health was critical to achievement of the Millennium Development Goals.

¹ *9th Government Chief Nurses Meeting*. Copenhagen, WHO Regional Office for Europe, 2006 (<http://www.euro.who.int/document/e88277.pdf>, accessed 18 September 2006).

Financial report

The participants unanimously agreed to increase the fees by 5%, and approved the audit of the 2005 financial statement and the budgets for 2006 and 2007 (Annex 2).

Election

Steering committee

Dame Karlene Davis, Ms Aase Jacobsen, Ms Valentina Sakisova and Ms Merete Thorsen completed their terms on the Steering Committee. Ms Elisabeth Rappold, Austrian Nurses Association; Ms Lisbeth Normann, Norwegian Nurses Association; Ms Valentina Sarkisova, Russian Nurses Association; Ms Francis Day-Stirk, Royal College of Midwives, United Kingdom were elected to replace them. The new committee would meet at the WHO Regional Office for Europe on 4 September 2006.

Contributions from the floor

The General Secretary of the International Council of Nurses (ICN) requested the participation of the national nursing organization delegates to participate in an ICN survey of counterfeit drugs. The unethical recruitment of nurses destabilized struggling health systems, and the pull/push factors, which were turning nurses and midwives into the most mobile workforce in the world, needed to be addressed. In addition, caps on national health spending were having a detrimental effect on the nursing workforce in numerous countries, resulting in a large number of unemployed nurses in some countries. Poor infrastructure, lack of access to education, salary freezes and poor empowerment of nurses at the clinical level had a negative impact on the provision of health services. Decision-makers needed to understand that trust, respect, fairness, safety, rewards, recognition, opportunity and teamwork were crucial.

The General Secretary of European Federation of Nurses suggested that, until nurses and midwives were valued by their own national governments and had good working environments and the necessary support to deliver change and leadership, the exodus of nurses from poorer to richer countries would continue.

Technical discussions

A representative of the United Nations Children's Fund (UNICEF) reiterated nurses and midwives' critical role in preventing the spread of HIV/AIDS. They must work in collaborative teams; isolating minorities or groups would not stop the spread of AIDS. In relation to children, this involved treating the whole family rather than the individual. HIV infection would remain a problem of major public health importance in the EU if the attached cultural stigma and isolation were not addressed. Epidemiological surveillance must be maintained to inform public health; education was key and here nurses and midwives had a critical role.

The Chief Physician at the Republic Infectious Disease Hospital, Russian Federation outlined the devastating effect of HIV/AIDS since the first case was noted in 1981. The impact was particularly serious for eastern Europe and Latin America. All over the world, 40.3 million people were living with HIV, including 17.5 million women and 2.3 million children. In 2005 alone, there had been 4.9 million new cases of HIV, of which 700 000 were in children, and 3.1 million people died of AIDS, including 570 000 children. The numbers of people living with HIV in eastern Europe was increasing rapidly and the number of cases in children was also

increasing The challenge of HIV/AIDS was putting enormous strain on traditional models of care in all types of countries.

The Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) designated the three basic directions in the struggle:

- increasing human and financial resources
- guaranteeing preventive measures and medical treatment
- increasing nationwide readiness.

Education for nurses, doctors and health workers was the key element in the prevention and treatment of HIV/AIDS and in addressing the attached stigma and isolation. Prevention, health information and an innovative team approach were needed. Nurses and midwives had a pivotal and privileged position to provide these.

The worsening situation with HIV/AIDS among women and especially children was enormously disturbing. In 1996 HIV infection in pregnant women did not exceed 10%. By 2004 it was 40%, and women made up 70% of the number of people infected sexually in some regions. This had a knock-on effect in the group of HIV-infected women. The index of detecting HIV infection amongst pregnant women grew almost 600 times from 1996 to 2002.

Prenatal preventive measures were one of the basic priorities in preventing the spread of HIV/AIDS. More than 99% of children born to HIV-infected mothers and receiving pre-natal preventive treatment turned out to be negative for HIV. For women diagnosed with HIV after childbirth accounted for each fifth child born with HIV. In the Russian Federation, prenatal preventive measures covered more than 80% of HIV-infected women, but those that are not registered in maternity care units were a huge cause of concern. Nurses and midwives were critical to bringing in that 20% who do not register and who were not tested for HIV. Doctors, nurses and midwives must challenge and persuade and, through education, change attitudes to this epidemic.

Adoption of statement

The draft statement on nursing and midwifery in HIV/AIDS client care was introduced. Three working groups were organized to deliberate on different aspects of statement, and the entire body of participants (Annex 3) then contributed from the floor to the final text. The discussions in the working groups were presented in plenary session. After very active discussion, the participants adopted the final statement on nursing and midwifery in HIV/AIDS client care (Annex 1).

Group A

HIV in pregnancy had become a much more treatable and manageable condition in recent years in much of Europe. The strategic framework for the prevention of HIV infection in infants in Europe² set a goal of the virtual elimination of HIV in infants by 2010, but many challenges had to be faced to achieve this goal. In this group, the facilitators:

² *Strategic framework for the prevention of HIV infection in infants in Europe*. Copenhagen, WHO Regional Office for Europe, 2004 (<http://www.euro.who.int/document/E84804.pdf>, accessed 18 September 2006).

- provided an overview for participants of HIV infection and pregnancy;
- reviewed the current situation of and goals for HIV/AIDS and maternity care in Europe, exploring best practice in this area;
- discussed key areas where nurses and midwives could make an effective contribution; and
- reviewed draft statement in order to provide feedback.

Group B

The facilitators outlined problems of HIV-positive children and adolescents:

- low availability of anti retroviral therapy
- stigma and discrimination
- low availability of general medical care.

Facts and figures on the Russian Federation included:

- 10% of newly registered HIV-positive children were aged 12–16 years and abused drugs;
- 10–20% of children born to mothers with HIV become orphans;
- 77% of children would refuse to use the same plates and glasses as HIV-infected people, and 75% would refuse to buy food from an HIV-positive salesperson;
- 56% would oppose HIV-positive children's attending the same daycare centre as children without HIV.

Stigma and discrimination fuelled the HIV/AIDS epidemic by creating a culture of secrecy, silence, ignorance, blame, shame and victimization. This was a major barrier for people accessing health services for prevention, diagnosis and treatment. Nurses and midwives had great potential to inform people about HIV; they needed to be empowered to break out of their traditional mould by informing society through schools, care centres, primary care centres and the community.

Group C

The group addressed the following questions.

- What are the key issues relating to HIV and AIDS in adults care?
- What are the more specific issues relating to each country representative in the group?
- What are the possible solutions to these problems?
- How can all participants helping with solutions in their own countries?

Conclusion

The Chairperson thanked the associations that have contributed financially to the working of EFNNMA. The Russian Nurses Association was thanked for hosting the meeting.

Stigmatization of and discrimination against those with HIV/AIDS was an ongoing concern, and cultural attitudes must be dealt with before the problem of HIV/AIDS could be tackled. Nurses

and midwives were an untapped resource in this work. One of the most important issues for the modern health system was prevention of HIV/AIDS. For example, in the Russian Federation, the fundamental problem was to provide universal access to effective treatment and halt the spread of HIV/AIDS. Critical to that was the acknowledged need to determine the extent of the disease and the key areas that had to be addressed. Many infected people were unaware that they were carriers of the disease because the health system failed to respond as effectively as it could. The response needed to extend beyond the narrow remit of a medical model to a societal shift of attitude. Antiretroviral therapy let many HIV-positive Europeans lead normal lives, but tackling social stigma and discrimination was the key.

Ensuring the supply of health care professionals was a serious challenge for all countries. Nurses and midwives were subject to unattractive working conditions, long working hours/shift work and a lack of social dialogue. There was insufficient planning for the supply of health care professionals and a lack of investment for health policies agenda. These were critical for countries to achieve the Millennium Development Goals and the goals of the WHO “3 x 5” initiative.

Effective human resource planning and development strategies needed to be regularly reviewed and the pull/push factors examined, so that a balance could be struck between the supply of and demand for nurses and midwives. Globalization highlighted the need for strategies for human resources at the local, national level and international levels. Human resources can only be adequate and effective when there were clear statistical data and effective human resource planning.

Knowledge is power

Education was critical for nurses and midwives to dispel the myths and stigma attached to HIV/AIDS. A new project by the Russian Nurses Association, in partnership with the Swedish East European Committee, had shown promise in educating nurses in the north-western Russian Federation.

The discussion in relation to HIV/AIDS and maternity care was very positive and informative. HIV is an important public health issue for pregnant women in Europe, who needed support regarding testing, diagnosis of infection and access to treatment if necessary. In terms of best practice, midwives and nurses must work across traditional health boundaries and barriers: for example, joint work between prison drug services and reproductive health services. The most efficient ways to update nurses and midwives’ competences on HIV/AIDS were to ensure that it is embedded in the core curriculum of training programmes, weaving throughout programmes on sexual health, maternal and child health, women’s health and public health.

Nurses and midwives should supply accurate information about HIV infection as part of their health promotion role. In terms of evaluation, service delivery and training programmes should be regularly reviewed and updated in the light of advances and knowledge and in practice development.

The key themes of the meeting were joint education and teamwork training, collaboration with other health workers, empowerment of nurses and midwives, and the funding and implementation of best practice. The meeting highlighted the need for action. Nurses and midwives could make an effective contribution to achieving the goal of the virtual elimination of HIV in infants by 2010.

The next annual EFNNMA meeting would take place in Copenhagen, Denmark in October 2007. Its theme would be strengthening the role of nursing and midwifery in health systems.

Annex 1. Statement on nursing and midwifery in HIV/AIDS client care

The Forum of National Nursing and Midwifery Associations and the WHO Regional Office for Europe:

1. **ACKNOWLEDGING** the enormity of individual, national and international health and health care challenges posed by the continuing and increasing HIV/AIDS pandemic;
2. **CONSCIOUS** of the barriers to equitable, sufficient and appropriate measures to prevent onward infection and promote health and well-being of all, irrespective of gender, sexuality or any other individual indicator;
3. **MINDFUL** of the cultural, institutional, religious and individual contribution to stigma, prejudice and discrimination of people at risk of, infected with or affected by HIV/AIDS;
4. **CONVINCED** of the positive contributions to prevention, treatment, care and support well-dispositioned and adequately trained student and qualified nurses and midwives can make;
5. **AWARE** of the increased vulnerability to infection and poor access to treatments by people suffering multiple stigmas, including those around gender, sexual orientation or wider implications of socio-economic and educational indices, mental health and/or physical/learning disabilities;
6. **UNDERSTANDING** the role that national nursing and midwifery associations can play in lobbying governments, societal leaders and pharmaceutical companies to maximize equitable access to individually appropriate prevention initiatives and resources, treatments and care for all;
7. **RECOGNIZING** that nurses and midwives can be infected with/affected by HIV/AIDS, and suffering under the burden of stigma and poor access to treatments and support;
8. **COGNIZANT** of the various challenges and changing emphasis in the pandemic over time, especially with the advent of antiretroviral therapies;
9. **DETERMINED** to advocate and lobby for equal and sufficient treatment for all and ongoing development in search of vaccines and advanced treatments.

Urge governments to:

- involve nurses and midwives in health policy programs and decision-making on governmental level about strategies of prevention, treatment and care of HIV/AIDS at all stages of life;
- systematically challenge structural barriers to the promotion of healthy sexual living equal for all;
- match national and international prevention, treatments, care and support for sexual ill-health requirements with funding for services and resources and to continue to promote HIV/AIDS effective treatment in pregnancy and maternal and child health;
- discontinue the practice of mass staff recruitment from low-income to high-income countries and creatively think of new ways to support nurses and midwives in resource-poor and over-burdened settings;
- it is crucial for national governments to retain their own nursing and midwifery workforce in the current global nursing crisis in facilitating health systems reforms by valuing, respecting and rewarding nurses and midwives with a decent pay and working conditions;
- effectively support HIV-positive health care professionals and ensure that they have adequate availability of therapeutic regimens;
- globally promote positive sexual health and challenge stigma, prejudice and discrimination in all forms (e.g. from the practices of female genital mutilation to a lack of provision of condoms and post-exposure prophylaxis);
- provide appropriate prophylaxes: condoms (male and female), mother-to-child transmission interventions and post-exposure prophylaxis (PEP);
- provide wide, easy, destigmatized access to early voluntary, confidential counselling and testing , for all;
- improve awareness and visibility of HIV/AIDS in the media;
- recognise that HIV disease especially in Eastern Europe is spread mainly by infected needles and syringes, therefore the supply of safe injecting equipment is vital to reduce the spread of HIV;
- promote strategies that address HIV infection effectively. This requires robust, integrated, interagency/intergovernmental working and commitment from all parties.

Urge nurses and midwives to:

- break down barriers to the provision of effective integrated working, where relevant, for example reproductive health services and harm reduction programmes, such as the

provision of clean needles and syringes to injecting drug users alongside appropriate reproductive health advice;

- require, in statute, that health and social care professional education must reflect the clinical/client needs in areas of sexual health, prevention and care;
- ensure that sexual health and sexual enjoyment share the same foundation in human rights as do human reproductive rights;
- have a clear nursing and midwifery voice in local, national and international HIV/AIDS and sexual health strategies to implement and share best practice models and initiatives on prevention, treatments and care according to local needs. Support clinical colleagues through effective access to relevant education and service provisions;
- implement relevant sexual health and HIV/AIDS and family and child health learning programmes (that integrate with the national and international public health agenda) across the spectrum of the holistic curriculum. Such programmes to provide learning and research opportunities, free from prejudice, fear, stigma and discrimination that actively promote sexual health rights and responsibilities, in line with human rights;
- nurses and midwives should work towards the goal of ensuring universal access to HIV/AIDS prevention, treatment and care by 2010;
- require all health and social care professional education to incorporate relevant sexual health and infection prevention strategies;
- acknowledge the social or cultural (e.g. taboo subjects, non-heterosexual identities) and non-judgementally address issues of prevention, treatment, care and support for all. Provide information relating to HIV/AIDS and mental health such as depression, suicidal behaviour, HIV-related dementia and lifestyle advice.

Annex 2. Proposed budget January to December 2007

INCOME	Proposed budget 2007 (US\$)
Balance carried over from 2005	8 000.00
Membership fees	28 000.00 ³
TOTAL	36 000.00
EXPENSES	
Steering Committee and Secretariat	
Administrative support	27 000.00
Chair (travel etc.)	4 000.00
Programme support costs	3 500.00
Steering Committee meetings	500.00
Total	35 000.00
Annual Meeting 2007 (Copenhagen)	
Printing/mailing & editing of report	500.00
Secretariat travel and per diem	0
Annual meeting facilities	500.00
Total	1 000.00
TOTAL	36 000.00

³ Estimated fees from 38–40 nursing and midwifery associations.

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