

CITY BUILDING WORKSHOP FOR RESEARCH NURSES, NURSES PROVIDING HIV AND SEXUAL AND
DUCTIVE HEALTH SERVICES, July 18, 2018

UPDATES ON THE NATIONAL HIV RESEARCH PLAN: THE DIFFERENCE NURSES CAN MAKE

Professor Omolola Irinoye, PhD, RN

Department of Nursing Science, College of Health Sciences

Obafemi Awolowo University, Ile-Ife

Outline

- Introduction –
- Sexual-Reproductive Health and Burden of HIV/AIDS
- Changing Pattern of Epidemics, the Link to Sexual and Reproductive Health and Implications for Actions
- Evidence for Efficiency and Effectiveness along the Continuum of care in SRH-HIV
- The National HIV Research Plan
- The Difference that Nursing and Nurses Can Make in Reducing the Burden of Diseases

Sexual-Reproductive Health and Burden of HIV/AIDS

- Socio-cultural challenges associated with sexuality, sexual and reproductive health driving HIV infection
- Liberal sexual behavior and activity, with its attendant reproductive health implications and sequelae.[1]
- SRH far reaching implications for Population Health, and environment, by sociocultural, political and religious considerations
- High link between SRH vulnerabilities and HIV – Sexual Behaviour, Consensus/Coerced/Force/Early Marriage/Forced marriage/Marital relationships
- Sexual-Reproductive health and HIV service link and necessity for integration

Current Status of HIV Epidemics

3.2 million people infected with HIV, Nigeria has the second largest number of people living with HIV/AIDS in the world,

One of six nations facing the triple threat of high HIV burden, low treatment coverage, and slow decline in new HIV infections

2017 - 1,050,000 infected persons were initiated on ART.

Over 90% of people living with HIV in Nigeria are 15 years or older and about 60% of them are females (age and gender related vulnerability indicators)

On the average, 180,000 people die annually from AIDS related illnesses and about 180,000 children 17 years or younger are currently orphaned by AIDS in Nigeria (Vulnerability indicator)

Nigeria has a mixed epidemic, with two transmission streams: 1) a high and sustained transmission in key populations, - (population group as vulnerability indicators); 2) a declining transmission in the general population.

Varied prevalence in the general population by location and population groups – Vulnerability indicators – rural-urban variations.

(UNAIDS, 2018)

Changing Pattern of HIV Epidemics, the Link to Sexual-Reproductive behaviour

HIV prevalence among both male and female is highest among persons 30-39 years of age and lowest under the age of 19 years.

The predominant mode of HIV transmission in Nigeria is **heterosexual sex** (42% of new infections)

Drivers of the epidemic include low personal risk perception, multiple concurrent sexual partnerships, transactional and intergenerational sex, ineffective and inefficient services for sexually transmitted infections (STIs) and inadequate access and poor quality of healthcare services

(UNAIDS, 2018)

Changing Pattern of HIV Epidemics, the Link to Sexual-Reproductive Behaviour

- High prevalence among female sex workers (FSW) 7 to 10-fold higher than the general population and their clients and a major contributor to 40% of new HIV transmission in Nigeria
- HIV infected FSWs have a larger number of sexual partners compared to other women of reproductive age, increasing the likelihood of HIV acquisition, as well as transmission to their clients.
- The prevalence among MSM high as (17.2%) and 4.2% among IDUs
- Transfusion of unsafe blood and mother to child transmission account for over 10% of new HIV Infections in Nigeria.

(NACA, 2018)

Policy Documents that Inform Actions

- The National HIV/AIDS Policy
- The National Strategic Framework (NSF)
- The National HIV Research Plan
- Several others....

The National HIV and AIDS Research Agenda 2018-2022

- Goal: To develop key research priorities for providing viable knowledge to allow understanding of effective ways to further control the country's HIV epidemic.
- Focus - provides a guide for implementation and coordination of research activities to accomplish appreciable reduction of new HIV infections and improve overall health of persons living with HIV and AIDS.

The National HIV and AIDS Research Agenda 2018-2022

Specific Objectives

- Develop national HIV and AIDS research priorities to generate knowledge feasible to significantly reduce number of persons infected with HIV, improve access to treatment and care of persons living with HIV, and foster their overall health and well-being.
- Establish framework to improve implementation and coordination of research priorities and other related activities among various stakeholders.
- Define a mechanism to guide resource mobilization and allocation.

The National HIV and AIDS Research Agenda 2018-2022

The stakeholders are:

- ▣ academic and research institutes;
- ▣ policy makers and regulatory agencies;
- ▣ the legislature;
- ▣ Ministries, Departments and Agencies (MDAs);
- ▣ Civil Society Organisations (CSOs)/Non-governmental Organisations;
- ▣ International Development Partners;
- ▣ Organized Private Sector;
- ▣ Community leaders;
- ▣ Service providers;
- ▣ Users/Recipient of services;
- ▣ The Media;
- ▣ People living with or affected by HIV and AIDS.

The National HIV and AIDS Research Agenda 2018-2022

National Research Priorities

- ▣ Prevention of HIV among General and Key Populations, and Elimination of Mother-to-Child Transmission (eMTCT)
- ▣ Treatment, Care, Support and Adherence
- ▣ Cross-cutting issues/programme enablers
 - ▣ Social Determinants of Health-Health and Healthcare Disparities, Gender, Violence, - Vulnerabilities

Implementation Agencies

- ▣ National Steering Committee for the Research Agenda
- ▣ National HIV and AIDS Research Reference Group (NHARRG)
- ▣ NACA
- ▣ Health Research Committees

The National HIV and AIDS Research Agenda 2018-2022

Nigeria propose to end HIV epidemic by 2030

Research in the field of HIV/AIDS - development of and use of knowledge with the aim of understanding HIV/AIDS challenges to inform interventions that reduce the burden

Identify problems

Understand the context

Explore Solutions

Translate Solutions to Action to remove identified problems and prevent others through policy change, products availability, evidence driven practice, quality assurance and improvement

What will make a difference – How do nurses fit into these?

- Accessibility, Understanding and Utilising relevant Policy Documents
Education, Moderating Practice – (Programmes, Services
- Continuous Communication of the Sexual-Reproductive Health and H
link
- System level Data Collection, Use and Management – Nurses in
Practice Collect, Sit and Do not use data!
- Research
- Technology Use – Electronic Health Records, Social Media for Care
and Support, Mobile-Electronic Health (E-Health), TeleHealth

What will make a difference – How do nurses fit into these?

- Access to evidence moderated care across the continuum of care
- Barriers to Services Provision and Access
- Researcher-Practice Collaboration.... Research that speak to practice
- Practice that makes demand for Research
- Updates – Nurses in Sexual-Reproductive Health and HIV....
- Association of Nurses in SRH and HIV Care
- Funding of Nursing Research – Priorities,

Research Priorities

Education of care providers at all levels – Pre and In-Service – need to understand communities, the contexts in which people live, and patients' lives between clinic visits.

Explore and understand outcomes and the impact of services and clinical care

health care providers are well versed in evidence-based, patient-centered, and culturally aware clinical care that focuses on keeping people engaged in care.

Care providers of the future will also need to understand systems of care and how to foster interagency collaborations;

Skills in data use in the form of demographics and epidemic profiles at the community level. If providers to promote understanding of patient needs and developing feasible plans to meet those needs.

Task Shifting – giving up our silos. Care providers need to delegate, share, collaborate, and work in teams.

No one will be able to provide the needed care and services in a vacuum,

Critical Step....

- How do we get nurses to act up?
- Feasibility
- Structuring
- Action Plan
- Evidence Driven Interventions.... At all levels.

Association of Nurses in Sexual, Reproductive Health and HIV Care in Nigeria

■ Draft Constitution

■ We need to have all nurses in these areas come on board

■ WE ARE LAUNCHING OUT.... EVIDENCE FOR PRACTICE, EVIDENCE
FOR CHANGE...

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