

HIV/AIDS
REFERENCE
LIBRARY
FOR NURSES
VOLUME 2

DEVELOPING THE NURSING COMPONENT IN A NATIONAL AIDS PREVENTION AND CONTROL PROGRAMME



WORLD HEALTH ORGANIZATION
Regional Office for the Western Pacific
Manila

HIV/AIDS Reference Library for Nurses

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NURSING COMPONENT
IN A NATIONAL AIDS
PREVENTION CONTROL
PROGRAMME***

volume 2



***World Health Organization
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Manila
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CONTENTS

	<i>page</i>
<u>FOREWORD</u>	v
<u>ACKNOWLEDGEMENTS</u>	vi
<u>INTRODUCTION</u>	1
2. <u>WHO GLOBAL AIDS STRATEGY</u>	3
Preventing HIV transmission	5
Information and education	5
Health and social services	6
Supportive social environment	6
Reducing personal and social impact	8
Unifying national and international efforts	8
3. <u>DEVELOPMENT OF NURSING ACTIVITIES</u>	10
Nursing task force	10
Policy formulation	10
Situation analysis	13
Initial needs assessment	13
Programme evaluation	18
<u>ANNEXES</u>	
<u>Annex 1</u> <u>International Council of Nurses</u> <u>Code for Nurses</u>	29
<u>Annex 2</u> <u>ICN/WHO Joint Declaration on AIDS</u>	33

FIGURES

<u>Figure 1</u>	<u>Elements of a national AIDS prevention programme</u>	7
<u>Figure 2</u>	<u>Planning the nursing component of a National AIDS prevention and control programme</u>	11
<u>Figure 3</u>	<u>Initial country needs assessment on Nursing and HIV infection/AIDS</u>	15
<u>Figure 4</u>	<u>Evaluation indicators for the nursing Programme on HIV infection/AIDS</u>	19

CONTENTS

	<i>page</i>
<u>FOREWORD</u>	v
<u>ACKNOWLEDGEMENTS</u>	vi
<u>INTRODUCTION</u>	1
2. <u>WHO GLOBAL AIDS STRATEGY</u>	3
Preventing HIV transmission	5
Information and education	5
Health and social services	6
Supportive social environment	6
Reducing personal and social impact	8
Unifying national and international efforts	8
3. <u>DEVELOPMENT OF NURSING ACTIVITIES</u>	10
Nursing task force	10
Policy formulation	10
Situation analysis	13
Initial needs assessment	13
Programme evaluation	18
<u>ANNEXES</u>	
<u>Annex 1</u> <u>International Council of Nurses</u> <u>Code for Nurses</u>	29
<u>Annex 2</u> <u>ICN/WHO Joint Declaration on AIDS</u>	33

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<u>Figure 2</u>	<u>Planning the nursing component of a National AIDS prevention and control programme</u>	11
<u>Figure 3</u>	<u>Initial country needs assessment on Nursing and HIV infection/AIDS</u>	15
<u>Figure 4</u>	<u>Evaluation indicators for the nursing Programme on HIV infection/AIDS</u>	19

FOREWORD

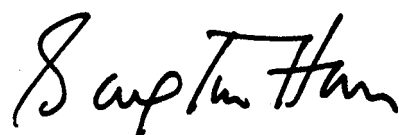
The continuing increase in HIV infection has brought a new dimension to some of the most complex problems in our health delivery services and social systems and emphasized the need for a structured and consistent system of control and protection, as well as the care of people with HIV infection.

The World Health Organization Global AIDS Strategy has established basic principles for national and international HIV prevention and control and provides the necessary framework within which individual countries can develop strategies relevant to their particular needs.

There is a crucial and on-going need for nursing services to respond to the health needs presented by the HIV pandemic. Nurse managers and nurse educators must participate actively in health policy formulation and planning to organize a framework for the prevention and control of HIV infection. Such a comprehensive plan requires intervention in three distinct areas: human resources management, community development and provision of health and social services.

These guidelines are meant to assist health planners in different countries to analyze the nursing needs as related to HIV infection, to establish consistent nursing service policy and to help them assess the initial needs for an HIV - informed nursing workforce.

The World Health Organization recognizes that the current challenge of the HIV pandemic demands the energy and continued commitment of nurses who, as a profession, have traditionally provided skilful and empathetic health services to individuals, families and communities


S.T. Han, MD, Ph. D.
Regional Director

ACKNOWLEDGEMENTS

This series has benefited from the expertise and dedication of many nurse researchers, writers, educators and administrators who developed much of the material, as well as consultants and participants to several WHO Western Pacific Regional workshops in 1988 and 1989.

The WHO Regional Office for the Western Pacific HIV/AIDS Reference Library for Nurses was the result of efforts by nurses in the Western Pacific Region and other health care workers around the world in their attempt to stop the spread of HIV infection through the improvement of their understanding of the problem, its control and management.

It is our hope that these books will contribute to nursing services throughout the Western Pacific Region in the prevention and control of AIDS.

1. INTRODUCTION¹

The purpose of this book is to provide nurses with the information and tools necessary to organize nursing services to meet the needs resulting from HIV infection and AIDS. The initiative of nurses in all sectors is needed to design and coordinate nursing activities in HIV-related services. This book provides an overview of the World Health Organization's Global AIDS Strategy and of national activities for background on how nursing can become involved in related programmes. It also delineates guidelines for the development of a nursing component in the national AIDS prevention and control programme.

The worldwide spread of human immunodeficiency virus (HIV) infection is an international health problem of extraordinary scope and unprecedented urgency. From the early to mid-1970s, when the global spread of the infection appears to have started, until the early 1980s, when HIV was first identified, the pandemic was silent. During the mid-1980s, the international health dimensions of the HIV problem became evident. In the mid-and later 1980s, an extraordinary range of impacts of the HIV phenomenon -psychological, social, cultural, economic and political- have been felt.

The global response to HIV has been characterized by a series of delays in recognizing the HIV pandemic, the range of HIV-associated morbidity and mortality rates, and the broad spectrum of effects on individuals, families and societies. There is now the widespread realization that the implications of AIDS are devastating in terms of human suffering, costs for the health services and social impact.

The World Health Organization recognized the extraordinary dimensions of this threat to global health and its responsibility to mobilize national and international energies, creativity and resources for global AIDS prevention and control.

¹ Excerpt" from. Mann, J.M. *The global picture of AIDS*. (Paper presented at the Fourth International Conference on AIDS. Stockholm. Sweden. 1988.)

In late 1985, as the global scope and impact of the pandemic of HIV infection and AIDS were just being discovered, WHO drafted the Global Strategy for the prevention and control of AIDS. This strategy was reviewed, revised and discussed widely in 1986 and served as the basis for initial WHO actions against AIDS. The Global AIDS Strategy has since been supported by every Member State. The human and financial resources required to begin implementing this strategy have been mobilized, and the resulting effort has replaced the chaotic anxiety of 1985 with the structured and purposeful work of national and international AIDS prevention and control.

2. WHO GLOBAL AIDS STRATEGY¹

The WHO Global AIDS Strategy establishes basic principles for national and international AIDS prevention and control, based firmly upon knowledge of HIV virology and epidemiology, and derived from broad and practical experience with programmes to control infectious diseases. Thus, the Global AIDS Strategy provides the necessary framework within which each country can develop its own detailed programme.

The Global AIDS Strategy has three objectives:

- **to prevent HIV infection;**
- **to reduce the personal and social impact of HIV infection;**
- **to unify national and international efforts against AIDS.**

The first objective is straightforward and clear. As drugs to cure HIV infection are not available, as infection with HIV is likely to be lifelong, and given the extremely serious personal and social consequences of the disease, it is essential to prevent new HIV infections. The second objective involves support and care for those who are

¹ Excerpts from: Mann, J.M. *The global picture of AIDS*. (Paper presented at the Fourth International Conference on AIDS, Stockholm, Sweden, 1988.)

already HIV-infected, regardless of whether they are at present healthy or have developed illnesses associated with my infection, including AIDS. The support and care of HIV -infected persons is not only humane, it is vital for the success of prevention and control programmes. The third objective arises directly from the special and global nature of this problem and reflects the realities of the modern world, in which AIDS cannot be ultimately stopped in any country unless it is controlled in every country.

The following principles determine the manner in which these three objectives can be realized:

- **Public health must be protected.**
- **Human rights must be respected and discrimination must be prevented.**
- **Enough is now known to prevent the spread of HIV, even though a vaccine is not yet available.**
- **Education is the key to AIDS prevention.**
- **HIV transmission can be prevented through informed and responsible individual and social behaviour.**
- **A sustained social and political commitment is required.**
- **All countries need a comprehensive national AIDS programme, integrated into their national health system and linked with a global network.**
- **Systematic: monitoring and evaluation will ensure that the Global AIDS Strategy can adapt and grow stronger as we proceed.**

Preventing HIV transmission

The first objective is achievable, even without a vaccine, precisely because HIV is transmitted through specific individual behaviours and through readily identifiable practices in the health system. Also, HIV transmission requires the active participation of two persons; the chain of transmission can be broken by the individual behaviour of either the infected or the non-infected person. For this reason, the proper focus of prevention is behaviour.

Information and education

In order to influence behaviour positively, information and education must be provided as well as health and social services to support and strengthen the capacity to make long-term behaviour changes. To prevent discrimination, a supportive social environment based on understanding and tolerance must be ensured.

Information to prevent the adoption of risk behaviours or to help people with such behaviours to abandon or modify them requires a four-part programme aimed at:

- the general public;
- target groups at increased risk;
- health workers; and
- individuals at the personal level.

Since the behaviours involved in HIV transmission are private, hidden or frankly disapproved of by many societies, and since we cannot know everyone who already has or who may develop risk behaviours, everyone should be informed and educated about AIDS. Yet, since not everyone has an equal risk of HIV infection, information and education must also be targeted.

Information and education must be directed to health workers at all levels. These people must be supported in meeting the challenges of informing and educating others, of providing humane care and guidance for infected persons, and of ensuring

the safety of practices in the health system. In addition, nurses must contribute actively, through personal example and community leadership, to an enlightened and informed public opinion.

Some individuals will need a more personal form of communication and support in order to change behaviour. Counselling may be provided to individuals and small groups. Counselling will establish a more personal and intimate realm in which people with high-risk behaviours, people seeking voluntary HIV testing, and HIV-infected people and their families and friends can find information, understanding and support. Counselling is not just a matter of humane care -it is fundamental for preventing HIV transmission.

Health and social services

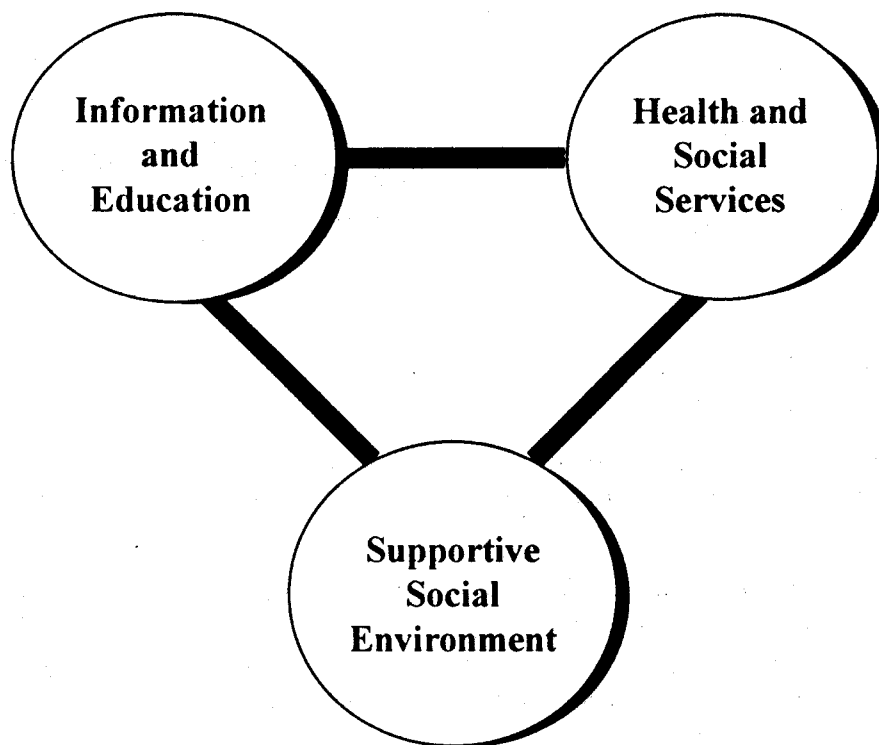
Efforts to prevent HIV infection cannot rely on information and education alone. Certain health and social services must be provided to help translate knowledge into long-lasting behaviour changes. For example, treatment programmes are needed for intravenous drug users; long-term counselling services are needed for infected persons to support responsible behaviour and prevent HIV transmission to others; good quality condoms are needed at an affordable price; and voluntary HIV testing services are required.

Supportive social environment

A supportive social environment is the third essential component of a prevention programme based on education. The public must support rational and humane AIDS prevention and control programmes. There is no public health rationale to justify isolation, quarantine or other discriminatory measures based solely on a person's HIV infection status. Therefore, discrimination against HIV-infected persons not only threatens human rights, but also threatens the entire national information and education programme. As people are more informed about AIDS, panic and groundless fears recede. Also, as leaders speak knowledgeably and clearly about AIDS, public confidence and commitment increase and simplistic solutions to the problems of AIDS are rejected.

Each element of this triad -information and education programmes, access to health and social services, and a supportive social environment -is required in national AIDS prevention programmes (Figure 1). A deficiency in any part will weaken the whole and does not give prevention a fair chance.

Figure 1. Elements of a National AIDS Prevention Programme



Reducing the personal and social impact of HIV infection

The second objective of the Global AIDS Strategy is to reduce the personal and social impact of HIV infection. This means ensuring humane care to those who are ill, of a quality at least equal to that provided in society for other diseases; and providing counselling, social support and services to all who are infected.

Unifying national and international efforts against AIDS

The third objective, to unify national and international efforts against AIDS, has quickly become a reality.

The World Health Organization has been given the responsibility of directing and coordinating the global fight against AIDS. The WHO Global Programme on AIDS has:

- defined the Global AIDS Strategy and the key elements of the national and international agenda;
- mobilized national and international organizations, including development assistance agencies and all components of the United Nations family;

- ensured the commitment to information dissemination about the facts regarding HIV and to the free and open exchange of this vital information;
- facilitated biomedical, social, behavioural and epidemiological research on HIV infection and AIDS;
- developed information and guidelines regarding a series of complex and difficult policy issues;
- emphasized the commitment to human rights as an integral part of the fight against AIDS;
- provided over 140 countries with technical and financial support for the development of their own national AIDS programme, in conformity with the Global Strategy.

In summary, the WHO Global AIDS Strategy starting with three objectives and several principles has led to a coherent and rational plan for prevention and control of AIDS. The Global Strategy for the prevention and control of AIDS embodies the will to overcome the problems associated with AIDS and a vision of personal, national and international strength derived from a common purpose.

3. DEVELOPMENT OF NURSING ACTIVITIES

Nursing activities must be planned to coordinate with those of the national AIDS committee and carried out in consultation with the Chief Nursing Officer. A planning process for nursing activities is shown in Figure 2.

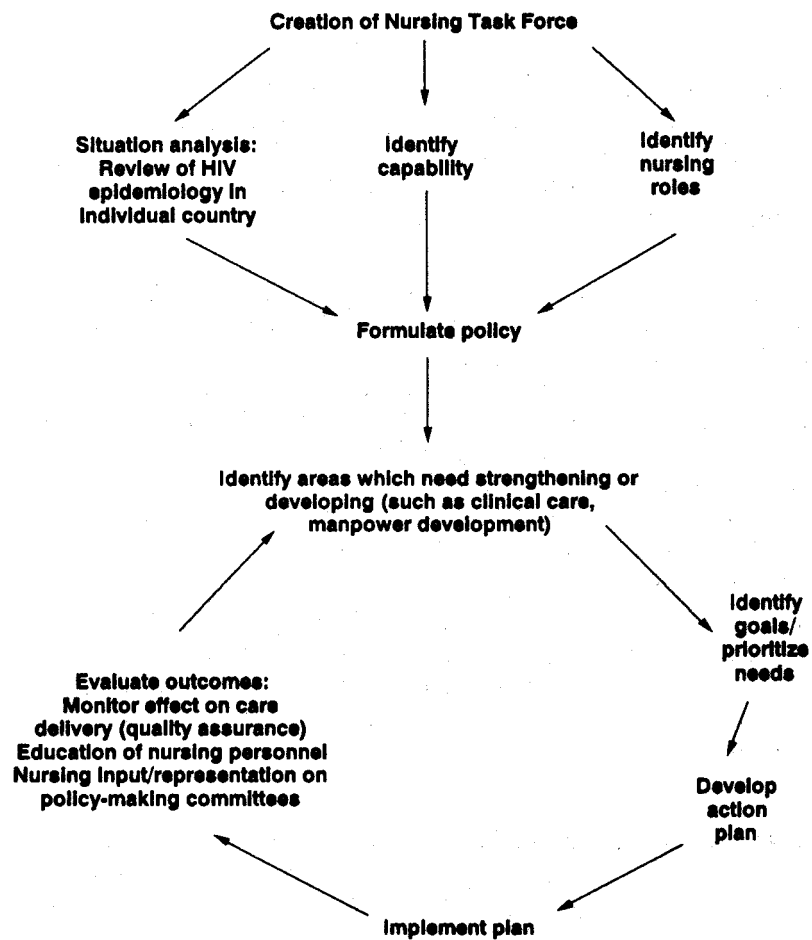
Nursing task force

Since AIDS is a relatively new health problem, countries may not have an existing structure for planning the nursing component of the national AIDS control programme. Thus, it is important that a group of nurses be convened for this purpose. One of the initial steps will be to discuss the composition of the group, which might consist of the Chief Nurse, nurse educators who are responsible for curriculum development, nurses responsible for continuing education, an infection control nurse, and members from the national AIDS committee. Individuals who have attended the World Health Organization Regional Workshops on Nursing and HIV Infection, the International AIDS Course in Sydney and other specialized training courses might be considered for task force membership or might serve as resource persons to the group.

Policy formulation

Because HIV infection is a communicable disease about which much is still unknown, is considered fatal, and is infecting and affecting increasing numbers of people worldwide, it can cause fear and anxiety among nurses and other health care professionals. In some cases, such fear can cause hysteria and impaired work performance. Therefore, it is important that a national nursing policy on this issue be developed which will be appropriate to each country.

Figure 2. Planning the nursing component of a national AIDS prevention and control programme



The International Council of Nurses (ICN) Code for Nurses can provide guidance in the development of this policy (Annex 1). The ICN/WHO Joint Declaration on AIDS (Annex 2) will provide more specific guidelines. Nurses who attended the WHO Regional Workshops (Manila, 1988 and Sydney, 1989) submitted the following statement:

"We recognize the global situation of AIDS and HIV infection in general and that the Western Pacific Region in particular has at this time a relatively low prevalence of infection. We concur that the time to develop and implement national AIDS prevention and control programmes is now, while the prevalence of HIV infection is low.

We fully agree with the Code for Nurses, as stated by the International Council of Nurses and ICN/WHO Joint Declaration on AIDS, 7 April 1987. This states that the nurse shares with other citizens the responsibility for initiating and supporting action to meet the health and social needs of the public" and "the nurse's responsibilities are to those people who require nursing care, and that the nurse, in providing care, promotes an environment in which the values, customs and spiritual beliefs of the individual are respected, and holds in confidence personal information and uses judgment in sharing information."

We nurses are in the forefront in the fight against AIDS/HIV infection. We therefore, resolve that actions directed towards prevention, control and management of AIDS/HIV infection should be initiated by each one of us in our respective countries, whatever our level and capacity. "¹

When a country's nursing policy has been formulated, it should be disseminated to nurses at all levels. It can be provided to practising and student nurses through nurse educators and managers in all areas. The development and dissemination of a national nursing policy is important in reaffirming nursing's commitment to human rights and empathetic care.

¹ Statement from the WHO Regional Workshops (Manila, 1988 and Sydney, 1989)

Situation analysis

In designing the nursing component of the national AIDS prevention and control programme, it is important to be familiar with the epidemiological situation of HIV infection in the country concerned. This information is available through the national AIDS control committee. In addition, the programme objectives and strategies developed by the national AIDS committee should be reviewed. Based on this information, areas which are the responsibility of nurses in various settings should be identified. For example, one of the roles of nurses is to provide education to the community, in this case regarding the spread of HIV infection. A list of nursing responsibilities should be made and validated with nurses working in various settings, such as community clinics, hospitals and other health care settings.

Initial needs assessment

An initial needs assessment should be carried out for each country using a scheme such as that presented in Figure 4 entitled "Initial country needs assessment". This will help task force members to understand what people feel are their most important needs. This activity can be performed in a group by letting individuals complete the form and then discussing the results to obtain a group consensus, or by counting the responses and ranking the items in order of frequency of response.

Figure 3. Initial country needs assessment on nursing and HIV infection/AIDS

Instructions:

1. Column 1 lists examples of major nursing responsibilities, such as management and education. These activities may be important in strengthening the nursing component of the national AIDS control programme.
2. Mark an (s) in Column 2, next to those areas which are identified as needing strengthening within the country.
3. Of those needs indicated in Column 2, check (x) in Column 4 to indicate the corresponding resources required (finance, manpower, supplies and equipment).
4. Of those needs identified in Column 2, choose the ten most urgent needs and rank them in order of priority in Column 3.

Figure 3. Initial country needs assessment on nursing and HIV infection/AIDS

(1) AIDS programme activities	(2) Needs strengthening	(3) Priority levels	(4) Resources		
			Finance	Manpower	Supplies and equipment
<p>MANAGEMENT</p> <ol style="list-style-type: none"> 1. Ensure nursing representation on decision-making bodies and work groups 2. Participate in medium-term plan formulation and programme reviews of national AIDS prevention and control committee 3. Set up of nursing task force to plan national component for nursing and HIV infection 4. Review/develop nursing component and integrate into short or medium-term plans 5. Secure necessary funding for programme activities 6. Plan and conduct monitoring and evaluation 7. Adapt and disseminate current information on HIV infection 					

Figure 3. Initial country needs assessment on nursing and HIV infection/AIDS

(1) AIDS programme activities	(2) Needs strengthening	(3) Priority levels	(4) Resources		
			Finance	Manpower	Supplies and equipment
<p>EDUCATION</p> <p>A. Basic and post-basic programme</p> <ol style="list-style-type: none"> 1. Identify competencies required of the nurse in regard to HIV infection/AIDS 2. Review basic and post-basic curriculum <ol style="list-style-type: none"> a. Determine extent of integration of content on prevention and control of HIV infection/AIDS b. Identify priority needs to integrate HIV infection and AIDS c. Identify and evaluate existing training materials and resources d. Assess capability of teachers in regard to HIV infection/AIDS 3. Develop or obtain training materials 4. Plan, implement and evaluate continuing education programme for teachers 					

Figure 3. Initial country needs assessment on nursing and HIV infection/AIDS

(1) AIDS programme activities	(2) Needs strengthening	(3) Priority levels	(4) Resources	
			Finance	Manpower Supplies and equipment
<p>B. Continuing education</p> <ol style="list-style-type: none"> 1. Assess educational needs of nurses based on their knowledge level and current information 2. Design continuing education programmes to meet identified needs 3. Develop or obtain training materials 4. Implement, monitor and evaluate training programmes 5. Evaluate practices 				

Programme evaluation

When evaluating the programme, it is important to involve participating managers and educators in identifying the data to be collected, as well as to obtain analysis and interpretation of the data. This collaboration will ensure involvement in the identification of areas that need changing or strengthening.

The findings, reports or activities, and evaluation should be shared with the national AIDS committee. Periodic discussion with the national committee is vital throughout the entire process so as to provide coordination of related plans and activities.

Development of the nursing component in the national AIDS programme is essential in order to meet the objectives set out by the Global AIDS Strategy. With nursing involvement at all levels, the efforts to prevent and control HIV infection and AIDS will be enhanced.

When planning the nursing programme, it is important to provide a periodic monitoring and evaluation process. The evaluation, based on the goals identified by the task force, measures the degree to which activities that are part of the programme have been achieved.

The evaluation should review the effectiveness of the nurses' performance of a given activity and measure the extent to which the programme resulted in a desired change. Following the periodic evaluation, changes necessary to ensure programme effectiveness can be made.

Indicators. Figure 5 sets out examples of indicators which will be useful in evaluating activities. There are three areas which are represented: (1) management indicators, which note changes needed in the management process, (2) indicators which measure nursing practice and the quality of nursing care, and (3) educational indicators, which help identify major areas that need strengthening in the training programmes.

**Figure 4. Evaluation indicators for the nursing programme
on HIV infection/AIDS**

Instructions:

Check Column 3 if the corresponding item in Column 2 is satisfactory. If not, write what needs to be done in Column 4.

Figure 4. Evaluation indicators for the nursing programme on HIV infection/AIDS

(1) Activities	(2) Indicators	(3) Satisfactory	(4) Remarks
<p>Nursing Management</p> <ol style="list-style-type: none"> 1. Ensure nursing representation on decision-making bodies and work groups 2. Participate in medium-term plan formulation and programme reviews of national AIDS prevention and control committee 3. Convene nursing task force to plan nursing component of national AIDS programme 4. Review/develop nursing component and integrate into short and medium-term plans 5. Secure the necessary funding for programme activities 6. Plan and conduct monitoring and evaluation 	<p>Country has nurse on national AIDS prevention and control committee</p> <p>Nurses involved in national planning</p> <p>An official nursing task force exists</p> <p>Plan developed to address needs identified in assessment</p> <p>A written component on nursing has been integrated into the national AIDS programme</p> <p>Funds allocated for nursing activities</p> <p>Information collected, analysed and used to make appropriate changes</p>		

Figure 4. Evaluation indicators for the nursing programme on HIV infection/AIDS

(1) Activities	(2) Indicators	(3) Satisfactory	(4) Remarks
<p>7. Adapt and disseminate current information on HIV infection</p> <p>8. Ensure measures for protection of human rights</p> <p>a. Legislative input</p> <p>b. Hospital/clinic confidentiality and prevention of discrimination</p>	<p>Information on HIV infection/AIDS is available for nurses in:</p> <ul style="list-style-type: none"> - schools - clinics - hospitals <p>Nurses have assumed responsibility through local nursing associations to communicate views and provide support for confidentiality, appropriate policies on antibody testing, and prevention of discrimination in schools, workplace, housing, etc.</p> <p>A national policy has been developed to ensure confidentiality and prevent discrimination including measures to deal with infractions</p>		

Figure 4. Evaluation indicators for the nursing programme on HIV infection/AIDS

(1) Activities	(2) Indicators	(3) Satisfactory	(4) Remarks
<p>Nursing practice</p> <ol style="list-style-type: none"> 1. Establish standards for nursing practice 2. Nurses' awareness of their own attitudes and values regarding human sexuality 3. Develop guidelines for nursing management on: <ol style="list-style-type: none"> a. Infection control 	<p>Written standards for nursing practice have been formulated and communicated to nurses in schools and workplaces.</p> <p>Interactive exercises have been conducted to assist nurses in exploring personal attitudes and values regarding human sexuality and intravenous drug use.</p> <p>Nurses incorporate preventive counselling on sexuality into practice.</p> <ol style="list-style-type: none"> a. Written guidelines on appropriate infection control practices (universal precautions and sterilization of needles and syringes have been developed) 		

Figure 4. Evaluation indicators for the nursing programme on HIV infection/AIDS

(1) Activities	(2) Indicators	(3) Satisfactory	(4) Remarks
<p>b. Development of educational out-reach and counselling services</p> <p>c. Pre- and post-test counselling</p> <p>4. Participate in health education activities in the community</p>	<p>b. A written plan for HIV-related community activities including educational and support services (medical, social, psychological, financial), out-reach has been developed.</p> <p>c. Written guidelines for pre- and post-test counselling and preventive measures have been developed. Nurses informed of new guidelines, which are being integrated into practice.</p> <p>Nurses are participating in health education activities in the community. A log file is kept of:</p> <p>a. Educational presentations - site, number of people, type of audience, focus of content</p> <p>b. Brochures, posters, etc. which have been developed</p>		

Figure 4. Evaluation indicators for the nursing programme on HIV infection/AIDS

(1) Activities	(2) Indicators	(3) Satisfactory	(4) Remarks
<p>5. Plan and conduct monitoring and evaluation</p> <ul style="list-style-type: none"> a. Review evaluation guidelines b. Establish indicators for monitoring and evaluation 	<ul style="list-style-type: none"> a. Existing guidelines are reviewed on a regular (annual) basis and revised or updated as needed b. A checklist of indicators has been developed <p>Examples:</p> <ul style="list-style-type: none"> - Infection control precautions are being practised by health care workers - Protective clothing and equipment are available and used properly 		
<p>6. Conduct relevant nursing research on special studies in the area</p> <ul style="list-style-type: none"> - May be based on findings of evaluation or problems and questions that arise 	<p>Relevant nursing research and special studies projects have been identified and conducted.</p>		

Figure 4. Evaluation indicators for the nursing programme on HIV infection/AIDS

(1) Activities	(2) Indicators	(3) Satisfactory	(4) Remarks
<p>NURSING EDUCATION</p> <p>A. Basic and post-basic programme</p> <ol style="list-style-type: none"> 1. Identify competencies required of the nurse 2. Review basic and post-basic curriculum <ol style="list-style-type: none"> a. Identify extent to which prevention and control of HIV infection/AIDS has been integrated into curriculum b. Identify priority needs to integrate HIV infection/AIDS c. Identify and evaluate existing training materials and resources d. Assess capability of teachers with regard to HIV infection/AIDS 	<ol style="list-style-type: none"> 1. Written list of competencies has been prepared. 2. Curriculum review has been conducted. <ol style="list-style-type: none"> a. Report has been prepared on the integration of HIV infection/AIDS prevention and control. b. List of identified educational needs has been prepared and prioritized. c. Inventory and description of available training materials and resources on HIV infection/AIDS has been developed. d. A written list of teachers to receive training on HIV infection/AIDS has been compiled. 		

Figure 4. Evaluation indicators for the nursing programme on HIV infection/AIDS

(1) Activities	(2) Indicators	(3) Satisfactory	(4) Remarks
<ol style="list-style-type: none"> 3. Develop or obtain training materials 4. Implement and evaluate basic and post-basic programmes 	<ol style="list-style-type: none"> 3. Training materials and resources are available in libraries of schools of nursing. <ol style="list-style-type: none"> a. A number of nursing programmes have been implemented and, evaluated on HIV infection/AIDS. b. A number of teachers have been trained on HIV infection/AIDS, and programmes have been implemented. 		
<p>B. Continuing education</p> <ol style="list-style-type: none"> 1. Assess training needs of nurses 2. Design continuing education programmes to meet needs 3. Implement, monitor and evaluate training programmes 	<ol style="list-style-type: none"> 1. Training needs have been identified in relation to HIV infection/AIDS. 2. A number of continuing education programmes on HIV infection/AIDS have been planned, implemented and evaluated. 3. A number of nurses have been trained in HIV infection/AIDS. 		

Figure 4. Evaluation indicators for the nursing programme on HIV infection/AIDS

(1) Activities	(2) Indicators	(3) Satisfactory	(4) Remarks
4. Develop or obtain training materials	4. Training materials are available in health centre, hospital and other health care facilities.		

**INTERNATIONAL COUNCIL OF NURSES'
CODE FOR NURSES**

Ethical concepts applied to nursing

The fundamental responsibility of the nurse is fourfold: to promote health, to prevent illness, to restore health and to alleviate suffering.

The need for nursing is universal. Inherent in nursing is respect for life, dignity and the rights of man. It is unrestricted by considerations of nationality, race, creed, colour, age, sex, politics or social status.

Nurses render health services to the individual, the family and the community and coordinate their services with those of related groups.

Nurses and people

The nurse's primary responsibility is to those people who require nursing care.

The nurse, in providing care, promotes an environment in which the values, customs and spiritual beliefs of the individual are respected.

The nurse holds in confidence personal information and uses judgement in sharing this information.

Nurses and practice

The nurse carries personal responsibility for nursing practice and for maintaining competence by continual learning.

The nurse maintains the highest standards of nursing care possible within the reality of a specific situation.

The nurse uses judgement in relation to individual competence when accepting and delegating responsibilities.

The nurse when acting in a professional capacity should at all times maintain standards of personal conduct which reflect credit upon the profession.

Nurses and society

The nurse shares with other citizens the responsibility for initiating and supporting action to meet the health and social needs of the public.

Nurses and co-workers

The nurse sustains a cooperative relationship with co-workers in nursing and other fields.

The nurse takes appropriate action to safeguard the individual when his care is endangered by a co-worker or any other person.

Nurses and the profession

The nurse plays the major role in determining and implementing desirable standards of nursing practice and nursing education.

The nurse is active in developing a core of professional knowledge.

The nurse, acting through the professional organization, participates in establishing and maintaining equitable, social and economic working conditions in nursing.

ICN/WHO JOINT DECLARATION ON AIDS

WHEREAS acquired immunodeficiency syndrome (AIDS)/human immunodeficiency virus (HIV) infections are an international health problem of extraordinary urgency, and

WHEREAS the HIV pandemic threatens both the developed and the developing countries, and

WHEREAS HIV infections threaten the health gains recently achieved in many parts of the world, and

WHEREAS HIV infection is an adverse health outcome of profound personal, family and social importance and of great concern to nurses everywhere, and

WHEREAS neither vaccine nor treatment is likely to be available for several years, and global HIV prevention and control will require a long-term effort, and

WHEREAS the global epidemic of HIV infection represents a great challenge which will demand unprecedented creativity, energy and resources from all parts of the health system, with the particular demands for nursing care increasing rapidly, and

WHEREAS global AIDS prevention and control will require both strong national AIDS prevention and control programmes and international leadership, coordination and cooperation, and

WHEREAS the International Council of Nurses' Code for Nurses states: "The nurse shares with other citizens the responsibility for initiating and supporting action to meet the health and social needs of the public" and further states: "The nurse's primary responsibility is to those people who require nursing care" and that the nurse, "in providing care, promotes an environment in which the values, customs and spiritual beliefs of the individual are respected", and "holds in confidence personal information and uses judgement in sharing this information", and

WHEREAS in the same spirit with which the World Health Organization undertook global smallpox eradication, the World Health Organization is now committed to the more urgent, difficult and complex task of global AIDS prevention and control,

THEREFORE BE IT RESOLVED that ICN will speak for and keep abreast of all aspects pertaining to the protection of the health of the nurse in her/ his providing care for people with HIV infection, and

ALSO BE IT RESOLVED that the International Council of Nurses commits itself to full partnership with the World Health Organization in working for the interests of the public, those infected with HIV, and those providing care to them, and

FURTHER BE IT RESOLVED that ICN will assist nurses through their national nurses' associations to be well informed on new developments relative to the prevention of, and care for people with, HIV infection, and calls upon all its member associations and upon all individual nurses worldwide to actively assist in all of these efforts.