Nurses need to lend a hand, raise questions
to help fight HIV/AIDS in Africa

“As you read this, I hope you are enjoying some well-deserved holidays with family and friends after a busy fall full of balanced-budget debates, competitive bidding consultations, and of course, caring for people in the hospitals, homes, communities and streets of Ontario.

During this season, I ask you to reflect on — and respond to — a reality far away from here, in Lesotho, a Kingdom in sub-Saharan Africa where more than 600,000 people suffer from HIV/AIDS.

I was there for five emotionally charged days in August, with a delegation organized by the Ontario Hospital Association (OHA). I joined OHA president Hilary Short and Hume Martin, president and CEO of the Rouge Valley Health System, for a fact-finding mission to identify areas of greatest need and to target where Ontario’s health-care providers could do the most good in the battle against HIV/AIDS.

The trip was part of an OHA initiative established in response to a challenge issued by United Nations Special Envoy Stephen Lewis to help fight the HIV/AIDS pandemic in sub-Saharan Africa. As a partner in the project, RNAO is working with OHA to twin Ontario and Lesotho hospitals and to recruit RNs to relieve nurses in Lesotho and help them provide the care the population so desperately needs. The first clinical team was on the ground in Lesotho Dec. 1 – World AIDS Day – to begin its work trying to contain and control the spread of this devastating disease. RNAO member Sally Simpson, an advanced practice RN with 15 years expertise with HIV/AIDS, will join the team in early January.

Before landing in Maseru last August, I was aware of the staggering statistics on AIDS in Lesotho. Seventy people a day die of HIV/AIDS. More than 30 percent of Lesotho’s adult population is affected. AIDS has left the country with an estimated 92,000 orphans. And there is only one health worker to serve every 1.2 million people in sub-Saharan Africa (Canada has one health worker to care for every 62,000 people). These are mind-numbing numbers, and when you see first-hand the conditions under which people live and work, you can’t help but be moved, first to despair, but then, to action.

I walked through critical care wards where a single nurse was responsible for 38 patients, 80 percent of whom were dying. I saw two pregnant women in a single bed and infants crowded into confined spaces or lying in adult beds without side rails. I watched one RN trying to care for 34 sick babies, four of them orphans, one in a coma. In a nursery half-a-world away from home, tears welling up in my eyes, I realized that as nurses and as human beings, we have a responsibility to help those patients and the nurses who care for them.

The answer is not to take nurses back with us, as some understandably asked. RNAO condemns nurse poaching, which only worsens nursing shortages in already under-resourced areas. A recent report on the global RN shortage describes the nursing workforce challenge in sub-Saharan Africa as “the most critical of any region in the world.” It summarizes the dilemma: as the demand for health services increases, with more patients with HIV/AIDS and associated diseases, the supply of nurses is decreasing due to AIDS-related deaths, increased absences because of stress, higher workloads, attendance at funerals, caring for relatives with AIDS, more migration and relocation, and reduced applicants for nurse training.

While the ultimate goal is to work with Lesotho nurses to help build a sustainable workforce, the job right now is to find nurses from around the world willing to go there to treat the sick and support Lesotho’s nurses, many of whom are sick themselves. At the same time, we must lobby for action to stem the spread of the disease, and we must ask the questions — as we did during and after SARS — that get to the root of the problem.

What policies and practices are encouraging or discouraging the containment and effective treatment of HIV/AIDS in Africa? Is political foot-dragging delaying the distribution of drugs? How do we ensure nurses are not taken from resource-depleted areas that need them the most? Is our federal government living up to its promises? Is there enough funding, research, co-operation and sharing of resources?

I encourage RNAO members to embrace this worthwhile and life-altering project. It reflects our commitment, endorsed at last year’s annual general meeting, to “establish twinning agreements with nursing organizations in resource-limited countries to share expertise, research, resources, and provide collegial support.” If you are interested, please contact dmcchesney@rnao.org or call 1-800-268-7199, ext. 208.

Find inspiration in your colleagues’ stories, shared in this issue, about travelling far from home to help people whose lives have been wrecked by natural disasters, political strife, disease, and chronic poverty. Your support will be a testament to your profession and a reflection of your humanity.

JOAN LESMOND, RN, BScN, MSN, IS PRESIDENT OF RNAO.