

ASSOCIATION OF NURSES IN AIDS CARE

POSITION STATEMENT

President's Emergency Plan for AIDS Relief (PEPFAR) Reauthorization

Adopted by ANAC Board of Directors, January 2008

Position:

It is the position of the Association of Nurses in AIDS Care that:

- *PEPFAR be reauthorized with adequate appropriations to meet the goals of the programs*
- *Due to the global healthcare worker shortage, support is needed for healthcare workers and mechanisms for healthcare strengthening including fair compensation that will affect and improve retention of healthcare workers*
- *PEPFAR invest necessary resources to ensure there are adequate numbers of healthcare workers in PEPFAR countries*
- *Comprehensive healthcare programs, such as preservice and on-going education for healthcare workers exist and are utilized*
- *PEPFAR supports a comprehensive community health worker initiative that provides proper training and supervision to perform tasks especially in the rural areas.*

Statement of Concern:

There are infrastructural issues that create barriers to meeting the goals of the PEPFAR program. At this time, Africa carries 24% of the HIV disease burden globally with only 3% of the trained health workforce of the world. According to the World Health Organization, there is a shortage of over 800,000 doctors, nurses, and midwives in sub-Saharan Africa and there is an overall shortage of almost 1.5 million health workers (PHR, 2006). Many countries continue to have poor infrastructures that make it difficult to meet the costs of training for personnel and staff and face healthcare workforce shortages that are significant (Akukwe, 2007). Because of these workforce issues, countries are not able to meet the needs of the infected and affected populations. The shortage of healthcare workers can partially be attributed to migration to other countries where salary and work environment is superior. Another reason for the healthcare worker shortage is due to the lack of preservice and ongoing training of the workforce. In addition, there is a lack of governmental investment and commitment to health systems that are functional and have appropriate resources (PHR, 2006). Because of these issues, a focus of the PEPFAR reauthorization needs to have a focus on healthcare workforce so all the expected outcomes of the program can be met.

Background

PEPFAR is the United State's commitment of \$15 billion over five years toward the global fight against HIV/AIDS. The program includes supporting not only treatment and care of those with HIV/AIDS in resource poor countries; but also prevention of disease. The program works by partnering with host nations in a transparent manner and requires accountability of outcomes (PEPFAR 2007). There are currently 15 countries in sub-Saharan Africa, Asia, and the Caribbean that have been impacted by PEPFAR with approximately one million Africans being treated with antiretroviral medications. (Akukwe, 2007). PEPFAR works with the countries to help with infrastructure by collaborating with host country organizations to assist with capacity building within that country.

In fiscal year 2006, PEPFAR reports that almost 94,000 individuals were trained to care for persons with HIV/AIDS at 8019 service sites (Office of US Global AIDS, 2007). Through PEPFAR, countries have been able to develop initiatives that improve the health work force, especially in the rural areas to continue the fight against HIV/AIDS, as well as other health challenges. Unfortunately, HIV/AIDS creates increases in workload for already overburdened health workers because of the higher demands of HIV/AIDS treatment and care. In addition, many of these healthcare workers are HIV infected themselves (PHR, 2006). In summary, PEPFAR is a multidimensional program designed to help combat the HIV/AIDS epidemic in resource poor countries.

References:

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