HIV and AIDS Responses of Health Care Training Institutions in the Pacific Islands - A LITERATURE REVIEW

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Abstract.
The purpose of this review paper is to provide information on the current roles of Pacific health care training institutions response to the HIV pandemic and to identify ways to scale up their response. The evidence presented here comes primarily from few published papers, unpublished literature and anecdotal evidence through interviews with health care training institute staff in the region. Studies from high prevalence countries in the Sub – Sahara African and Caribbean Countries reveal that higher tertiary institutions played an important role in the fight against HIV, through the development of HIV related policies, research, partnership networks, community awareness, treatment and care services and curriculum in response to the pandemic. While these responses were initiated at a time when incidence had seemed to reach an uncontrollable level the processes generated many important lessons. Very little is known about the response of health care training institutions in the Pacific. Detailed studies need to be implemented to assess and verify the level of responses in the health care training institutions. What is needed now is political will and resources to support and scale up HIV responses at Pacific health care training institutions. . (PHD 2011; Vol. 16(2): p55-63).

Review Paper

Introduction to the Literature Review

HIV and AIDS have changed the way we go about our daily lives. We have seen an increase in the prevention, treatment and care for this disease over the years, at the same time more lives have been lost to this preventable and fatal disease. In 2008, there were about 32.2 million People Living with HIV (PLHIV) worldwide,[1] 2.7 million people newly infected with the virus annually and about 2 million deaths. [1] In the Pacific region, there were about 29,629 reported HIV cases and 5,162 new cases in 2008.[1] Although most Pacific Island Countries (PIC) are classified as low prevalence, the incidence of HIV has been increasing since the first case was reported in 1984.[2,3] A situation analysis report cited in a UNICEF country report Pacific Islands, 2005,[4] indentified students studying at tertiary institutions away from their home country as one of the population groups highly vulnerable to HIV infection. There are a variety of factors contributing to their vulnerability including: high rate[s] of sexually transmitted infections (STI), limited access to HIV related information, education and services; gender power imbalances; poverty, limited employment opportunities; risk-taking behavior including drug and alcohol use, and commercial sex; and among young women, increased biological vulnerability to HIV infection.[1-3,5] Over the past decade the response at regional and national levels have seen benefits, such as development of a regional strategic plan for the PIC, development of rapid testing and improved laboratory services and supportive policy. In contrast, the response to the HIV pandemic from the Pacific Health Care Training Institutions (PHCTI) can be described as slow, as if these institutions do not consider HIV a priority issue to address. Anecdotally, there has been little or no coordination between national HIV programmes and the PHCTI in the PIC. It is possible that this lack of coordination and communication, with organisations safeguarding large numbers

of people from one of the key target groups for HIV prevention, may have inadvertently contributed to the continued increase of HIV and other STIs in the region.

PHCTI play a very important role in developing future health care workers (HCWs) in the field of sexual health, including prevention, treatment and caring for PLHIV and those with STI. PHCTI have the capacity and ability to influence knowledge, behavior and attitudes among their students through the way in which they structure and teach their courses. While there have been many published articles examining the responses of the Sub Saharan African Higher Tertiary Institutions to the HIV pandemic, there has, to date, been little published articles on the response of PHCTI. In Sub – Saharan Africa and the Caribbean the high prevalence of HIV infection led the Association for Development of Education in Africa (ADEA) to commission several case studies to examine the impact and risk of HIV on staff, students, research and programmes.[6] In response to the findings and recommendations of these studies several key advocacy and support groups were established such as the Working Group on Higher Education (WGHE) and the South African Universities Vice-Chancellors' Association (SAUVCA), in 2007. These groups have worked to strengthen the response of higher tertiary institutions through development of HIV related policies, research, partnership networks, community awareness, treatment and care services and curriculum in response to the pandemic.[6] While these responses were initiated at a time when incidence had seemed to reach an uncontrollable level, the processes generated many important lessons. These were used by the Association of African Universities to develop an HIV/AIDS toolkit for higher education institutions in Africa in 2004.[7]

Compared to Sub-Saharan Africa the incidence and prevalence of HIV in the PIC is very low. However, they may not remain low for long. Many factors that contribute to HIV transmission, such as high incidence of STI, low condom usage and low levels of HIV related knowledge, are present in the PIC and these may be a catalyst for a future explosion of HIV if not addressed in a timely manner. The PHCTI should be considered the frontline think tank in the fight against HIV in the region and they should seize the opportunity to scale up HIV related activities while the HIV prevalence is still low. This review will look at what opportunities are currently being pursued and explore what more could be done in the future.

Purpose of the Literature Review

The purposes of this literature review were to:

- Identify the current roles and activities of PHCTI in HIV prevention programs, research, integrated HIV (sexual health) curriculum, partnerships and networks, policy and leadership in prevention, treatment and care for HIV and AIDS; and
- Identify strategies and opportunities to scale up the roles of PHCTI in prevention, treatment and care for HIV and other STI in national and regional progrmames in the PIC.

Methodology

A desk review of appropriate literature was done both electronically and physically for published and unpublished reports, research and workshop reports on HIV by PHCTI. An internet search was undertaken to gather soft copies of research papers, workshop reports through the HIVAIDS clearinghouse and other online articles. A combination of literature data bases such as Pub med, Hinari, as well as websites of Pacific base international organizations such World Health Organization (WHO), The Joint United Nations Programme on HIV and AIDS (UNAIDS), United Nations International Children Fund (UNICEF), Pacific Islands AIDS Foundation (PIAF) and Secretariat of the Pacific Community (SPC) were reviewed. The SPC website provided the most useful HIV information concerning the PIC. Emails were

sent to various heads of departments within a number of PHCTI asking for reports and documents on their responses towards the HIV pandemic.

In addition, regional organizations including UNDP, UNICEF, WHO, SPC, PC&SS, and Marie Stopes International in Suva were contacted (where possible in person otherwise contact was via emails and telephone interviews). Searches were conducted at the Pacifica Collection section of the Fiji College Medicine, Nursing & Health and the University of South Pacific (USP) libraries. The literature search revealed a paucity of literature, reports or documents relating to the response of PHCTI to the HIV epidemic. Only a few relevant studies were sighted. Much of the documentation focused more on community responses, knowledge, attitudes and behavior of most at risk groups, youths (including tertiary students), and mothers.

The Review

The overall search revealed a vacuum of published research reports, thesis and dissertations on the response of PHCTIs to HIV. The most relevant reports reviewed included a report by Roberts and Mudaliar, (2007)[8] entitled Capacity Building in HIV Care, Treatment and Support in the Pacific and a case study dissertation report by Lui (2008)[9] entitled The Solomon Islands College of Higher Education Response to the HIV and AIDS Pandemic. These reports presented elements relating to the HIV curriculum and policy response at some Tertiary Institutions in the Pacific. They revealed a paucity of supportive policy with only two institutions having drafted a specific HIV policy, major gaps in the HIV content of training programmes, and few HIV related activities occurring in PHCTI.

Key regional and country specific strategic plans for HIV and STI responses were also reviewed and these included; the Pacific Regional Strategy on HIV and other STIs for 2009 – 2013,[10] Regional Strategic Action Plan for Prevention and Control of Sexually Transmitted Infections 2008 – 2012,[11] Fiji National HIV/AIDS Strategic Plan 2007 – 2011,[12] Solomon Islands National HIV/AIDS Strategic Plan 2005 – 2010,[13] Tonga National Strategic Plan HIV and STIs 2009 – 2012,[14] and Vanuatu National HIV and STI Strategic Plan 2008 – 2012.[15] Other relevant documents reviewed included the Turning the tide: an open strategy for a response to AIDS in the Pacific: report of the Commission on AIDS in the Pacific' (2009) 2; 'Pacific Children and HIV/AIDS: A call to action, UNICEF' (2006);[16] Robert J Condon (2005), 'Review of principal achievements and lesson learned';[17] SPC (2008), [18] 'Second generation surveillance of antenatal women, STI clinic client and youths, Vanuatu'; SPC (2008), [19] 'Second generation surveillance of antenatal women, STI clinic client and youths, Solomon Islands', 2008; SPC (2008)[20] 'Second generation surveillance in antenatal clinic attendees and youth, Tonga' and the 'Second generation surveys of antenatal women and youth, Cook Islands, 2005 – 2006'[21] by SPC (2008) . None of these reports have addressed HIV and AIDS issues at the tertiary institutions such as the Health Care Training Colleges in the Pacific.

The review revealed a lack of data or in – depth studies on the impact and risk of HIV on health care training institutions in the PIC. This makes it difficult to fully understand what their response should be. The Pacific literature on HIV, AIDS and other STI has been growing rapidly over the last decade, however, most of the studies focus more on preventative strategies, knowledge, behavior and attitudes of young school children, women and youths in the communities.

Response by Health Care Training Institutions in the Pacific Islands to HIV Pandemic

Institutional Leadership Response to HIV

Strong committed leadership at HCTI is very important if they are to demonstrate their commitment to responding to the HIV pandemic. As noted in the recommendations

from the Commission on AIDS in the Pacific, political leadership at all levels, vertically and horizontally is important in driving HIV response in the region.[2] Studies among the South Africa universities revealed that paucity of visionary leadership in relation to HIV is a common problem among university leaders.[22] This was attributed to university leaders being swayed by political pressures and a belief that admission of an HIV problem would diminish the reputation of their institution.[23] A review of several case studies across universities around the world has found that in many institutions' Deans and Head of Departments are active nationally and regionally as members of government committees such as National Health Promotion Committees, National AIDS Committees and Regional Working Group Networks but their engagements are more from personal interests and rarely represent a coordinated representation of the training institutions they work at or reflect leadership efforts at the institutional level.[6]

In the PIC, strong and effective leadership is essential to maintain the current low level of HIV infection. To date, the Fiji School of Medicine (FSMed) has shown strong leadership and commitment to the HIV pandemic demonstrated through the following:

- The recently established Pacific STI & HIV Research Centre for Social Research in HIV, and other STI in 2007.[24] The centre is now well placed to take a leading role in conducting more in-depth studies on the HIV impact and risks among PHCTI, especially considering its' firsthand experience in working in resource constrained contexts.
- The "Pacific Health Care Workforce Development Project (sexual health)", a collaborative HIV related project between the Health Science Department of FSMed and the Albion Street Centre, Sydney, Australia. The project aims to build the capacity of HCWs and their institutions in Fiji and the PIC to scale up and manage HIV services.[25]
- Support for curriculum review and greater inclusion of HIV and STI related information into relevant undergraduate and post graduate courses.
- Support for professional development of staff in the field of HIV and STI through training, conference attendance, workshops etc.

As noted by Chetty, (2000), at the higher tertiary institutional level, strong and committed leadership from the senior management team is vitally important to effect change within an institution.[25]

The institutional Policy Response

Chetty (2000) further discussed that a good HIV related policy is important to tertiary training institutions as it provides persuasive leverage to introduce or improve existing HIV education.[26] Kelly (2001) noted, a policy should be forward-looking, propelling the institution to be several steps ahead of the disease.[27] The HIV related policy response at PHCTI can be described as sporadic and uncoordinated. Although most PIC National HIV strategic plans recognize the threat and risks of HIV and other STI to the age groups at schools and higher tertiary institutions,[10-15] anecdotally there is little or no coordination between the National HIV/AIDS strategic implementation plans and the health care training institutions programmes. At present, only USP has a HIV policy.[28] The policy protects the rights of confidentiality and freedom from discrimination of all members of the university, promotes continuing educational programmes, promotes practice that reduce the risk of HIV infection and health safety of members of the university. Of the other PHCTI contacted some indicated that they did not have any HIV policy frame to guide their response to the HIV pandemic, others simply did not respond to the request to provide copies of any related policy documents they may have developed for their institution. Authors of the case study done at the Solomon Islands College of

Higher Education9 and the Capacity Building in HIV Care, Treatment and Support Inventory report (2007)[8] also reported experiencing difficulties in accessing policy documents from PHCTI.

The absence of such policy documents may suggest that PHCTI lack commitment to the HIV response however, there are examples of PHCTI that do not have any HIV policy but have established HIV related programs, conducted HIV related research and community outreach programs. One example is FSMed. While there is no overall HIV policy to guide its response, various departments and units are involved in a range of HIV related activities, albeit individually. It is important to note that the development of a HIV policy framework can potentially enhance the strength of these responses and ensure consistency and coordination between and within the health care training institutions.[28]

HIV Related Research

The HIV pandemic is still a threat to the PIC, even though they are classified as low prevalence countries. [2 - 5] It is possible that reporting is flawed and surveillance is likely to be underestimating prevalence in the PIC. To our knowledge very little research has been done on the possible impacts of HIV on PHCTI including in areas such as students behavior and socio–economic effects of HIV on training institutions themselves.[8,9] The unavailability of research and data may suggest the existence of stigma and discrimination within the PHCTI or that HIV is not perceived as a priority to these institutions by their senior management.

Regional institutions such USP and FSMed have been identified as potential leaders in the response to HIV and AIDS7. In June 2009 the FSMed established the Pacific STI and HIV Research Centre for Social Research.[24] The centre will not only expand on the current level of HIV related social research being undertaken by the institution but will also provide support and advice to other groups conducting social research in HIV and STI and make available their local and regional expertise through consultancy where applicable.

Currently most of the research activities are conducted by individual staff, or groups of staff, and have been commissioned and funded by external agencies that set the research priorities and objectives. Findings are disseminated regionally and internationally at conferences and workshops. The intellectual property belongs to the funding agency so the training institution has little opportunity to use the data for local or national responses.

In addition, recommendations for further exploration of research findings, which may be valuable locally, are not pursued by the funding agencies. Although such funded research is an important means of creating the research capacity of PHCTI, there is also an immediate need for more institutionalized, in-house (internally coordinated and funded) HIV/AIDS and other STI research activities at the PHCTI.

Students Involvement in HIV Related Service On/Off Campus

Most students bodies/associations in the PHCTI are not directly involved in HIV awareness activities on campus.[8,9] Individually, however, students have been involved in community awareness programs off campus as part of their training programs. For example, Fiji School of Nursing students are required to do community awareness talks on HIV during their community health attachments. The third year medical students of FSMed have worked with secondary schools providing health education and information on HIV and other STI with the aim to reduce risky behavior.

Partnerships and Networks

One of the most important strategies to assist PHCTI in expanding their HIV related activities and programs is making links and collaborating with regional and international organizations

working in the fields of STI/ HIV and/or sexual and reproductive health. Anecdotal evidence suggested that most health care training institutions have established relationships with other universities, donor communities, non – government and government ministries. For example the Fiji School of Nursing (FSN) has a collaborative relationship with James Cook University and Fiji Ministry of Health (on different health issues including HIV and AIDS), FSMed with Australia AID (AusAID), SPC, and Solomon Islands College of Higher education (SICHE). Some representatives of health care training institutions also participated in national HIV & AIDS councils and Country Coordinating Mechanism of the Global Fund to fight AIDS, Malaria and TB, (e.g. Fiji School of Medicine, Fiji School of Nursing), while others did not, (e.g. Solomon Islands School of Nursing).[12,13,15] However, some of these partnerships and networks are more individual, rather than representing the institutions.

HIV and AIDS (Sexual Health) Integrated Curriculum Response

Roberts and Modaliar (2007)[8] noted that; HIV and AIDS is taught and integrated in all PHCTI, although, there is an absence of HIV confidential counseling and testing, and antiretroviral therapy (ART) elements in most the health care training institutions. The report further suggested that there is a gap in translating regional or national HIV policy documents into the curriculum materials in the health care training institutions. This may be because many countries still do not have specific national HIV policies but it may also reflect the power of the individual academic staff or departments to determine what level of HIV/STI information is included in their curriculum, in the absence of an institutional HIV policy. Although, HIV training and education integration can be perceived as inadequate in some PHCTI[8, 9,] there are training institutions who have initiated "mainstreaming" of HIV into their training programs. Through the "Pacific Health Care Workforce Development Project (sexual health)", the Department of Health Sciences at FSMed is currently reviewing relevant curricula and integrating or strengthening HIV related content in the current medicine and nursing programs. In addition, the Primary Care Health unit of the Department of Public Health and Primary Care is currently developing a specialized undergraduate Certificate and Postgraduate Diploma in HIV and STI. The implications gained from available data suggested that not many health care training institutions in the Pacific have commitment to fully mainstream HIV and AIDS into their curriculum training programs.

Lessons Learned

Several lessons were learnt from the documents reviewed on the responses of PHCTI to the HIV epidemic. The responses tended to be uncoordinated and informal. The absence of a Institutional HIV policy at PHCTI has resulted in individual departments and lecturers making decisions about; the level of HIV specific information integrated into their courses; the exposure of students to HIV related issues through community placements and programs; the involvement with, and participation in, representative committees and working groups on HIV and networking with relevant stakeholders; and the types of externally funded HIV related research undertakings. In addition a lack of HIV policy also seems to equate to, poor support or guidance for the students or student body's involvement in on campus HIV awareness programs. All these issues could be addressed through the development of institutional HIV policies that reflect the core values and functions of health care training institutions.

There is a need for the PHCTI to develop a strong and meaningful response to the HIV epidemic. Roberts and Mudaliar, (2007) noted, FSMed with support from donors can take the lead in the response. Although there were no records or documentation of any HIV positive students encountering problems

with accessing education through PHCTI due to their status, the study by Lui, (2008), noted 61% of student participants thought HIV and STI were problematic on campus at Solomon Islands College of Higher Education.

Although PHCTI can learn much from the Sub-Saharan African experience, without research on the possible impacts of HIV on training institutions in the Pacific, decision makers will have great difficulty in designing evidence based strategies to respond effectively to the HIV epidemic. This research is urgently required to guide PHCTI in development of key policies and, possibly, the adaptation of useful tools like the "HIV/AIDS toolkit for higher education institutions in Africa"[7]

There is significant evidence that PHCTI are not responding to the HIV epidemic in a coordinated, cohesive and representative way. To date, only USP has developed a HIV related policy (although it is not a health care training institution). The literature has demonstrated that where institutional HIV policy exists (e.g. most African Universities) there are clear guidelines for implementing a calculated and cohesive response to the HIV epidemic.[30 -32] Although most training institutions have implemented HIV responses without a policy,[8] the evidence suggested that the presence of a policy can strengthen these responses.[30] It is a key recommendation of this review that research be carried out on the possible regional impact of HIV on health care training institutions in the Pacific and that these finding inform the development of HIV policy in PHCTI.

Conclusion

Most universities in high prevalence countries (African and Caribbean) have shown political commitment and leadership in response to the HIV epidemic. They have responded by developing HIV policies, incorporating HIV information and education into relevant parts of their programs, undertaken HIV awareness programs, conducted relevant research activities, community outreach, developed partnerships and networks to support collaborative HIV related activities. The affected countries seemed to develop these responses very late in the epidemic, when the incidence of HIV had reached an uncontrolled level. The lessons learned from their experiences could greatly benefit training institutions in the Pacific, where low HIV incidence affords PHCTI the time to develop effective and targeted responses to HIV. This review has highlighted the fact that few PHCTI are actively responding to HIV and that there has been no research done on the impact and risk of the HIV epidemic on the health care training institutions.

In addition, detailed case studies need to be implemented to verify and asses the level of responses in PHCTI. Informed development of institutional HIV policy should be the next step in developing a coordinated and cohesive response to HIV. Recent evidence has implied that the trend of the HIV epidemic in the high prevalence countries, like Sub – Sahara Africa[22, 23, 25, 29-31] will strike the Pacific like a tsunami if the magnitude of this problem is denied and ignored. The Papua New Guinea HIV epidemic has set the pace and other island nations are predicted to follow. PHCTI need to act decisively in order to contribute effectively to the regional response and learn from the experiences of others.

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Students in the laboratory at the Central Medical School

(Source: Fiji School of Medicine Library)