

## Nurses in Africa know when to start antiretroviral treatment

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Nurses and clinical officers (non-physician clinicians, NPCs) are capable of determining when a person should receive antiretroviral therapy (ART) for HIV/AIDS. Researchers writing in BioMed Central's open access journal *Human Resources for Health* suggest that this should ease the strain on overstretched doctors in sub-Saharan Africa and thereby help increase access to antiretroviral therapy, particularly in rural areas.

Ashwin Vasan, from the University of Michigan and London School of Hygiene & Tropical Medicine, worked with a team of researchers in 12 Ugandan clinics to assess the degree of agreement between NPCs' decisions and those made by fully trained doctors. He said, "Nurses and clinical officers showed moderate to almost perfect agreement with physicians in their final ART recommendations. Considering that the scarcity of physicians in sub-Saharan Africa is constraining access to HIV treatment, particularly in rural clinics staffed only by NPCs, our results could lead to immediate benefits with respect to ART scale-up and decentralization."

This is the first study, either in industrialized or developing countries, to compare clinical decision-making between health care worker cadres in their prescription of ART. It offers the first evidence to support increased investment in task-shifting and training of NPCs to deliver therapy in rural primary care settings. Speaking about the potential implications of this finding, Vasan said, "Non-physician clinicians at primary care clinics should be trained, supported, and empowered to deliver antiretroviral therapy independently, with the support - but not



necessarily the full-time presence - of a physician. As this a pilot, it is important to study this question further, but in the meantime programs should begin providing the necessary training, post-training support and clinical mentoring to NPCs to provide <u>HIV/AIDS</u> care and treatment. This will fill an important gap, particularly in rural areas, where physicians are relatively scarce, and yet where the majority of the poor reside."

<u>More information:</u> Agreement between physicians and non-physician clinicians in starting antiretroviral therapy in rural Uganda; Ashwin Vasan, Nathan Kenya-Mugisha, Kwonjune J Seung, Marion Achieng, Patrick Banura, Frank Lule, Megan Beems, Jim Todd and Elizabeth Madraa; *Human Resources for Health* (in press); <u>www.human-resourceshealth.com/</u>

Source: BioMed Central (<u>news</u> : <u>web</u>)

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