Task sharing in 2015: The role of lay providers in performing HIV testing services

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Presentation Outline

• Global HIV targets
• Innovations to reach global HIV targets
• Evidence on use of lay providers in HIV testing services (HTS)
• *New* WHO recommendation on use of lay providers in HTS
UNAIDS 90-90-90 Goals

Where do we want to go...

PLHIV who know their status: 90% Covered 2020, 5% Covered 2030, 5% Not Covered

PLHIV on ART: 90% Covered 2020, 5% Covered 2030, 5% Not Covered

PLHIV virally suppressed: 90% Covered 2020, 5% Covered 2030, 5% Not Covered

Source: UNAIDS, Ambitious treatment targets, 2014 and Fast Track Report 2015
Only 51% of PLHIV Aware of Status

Globally in 2014...
**Task sharing** – the rational redistribution of tasks between cadres to increase the effectiveness and efficiency of available personnel as a pragmatic response to health workforce shortages to provide HTS to more people.
**Lay providers**— any person who performs functions related to health-care delivery and has been trained to deliver specific services but has received no formal professional or a paraprofessional certificate or tertiary education degree.
Countries that report on policies that permit lay providers to perform rapid diagnostic tests (RDTs), 2014.
Should lay providers perform HIV testing services using rapid diagnostic tests (RDTs)?

Where is the evidence?

- 5 studies ultimately identified
- Plus, 6 other studies identified for values and preferences

Records identified through database searching (N=8531)

Additional records identified through other sources (N=6)

Records after duplicates removed (N=6113)

Records single screened (N=6113)

Records excluded (N=5878)

Full-text articles assessed for eligibility (N=87)

Articles included in review (N=5)

Full-text articles excluded (N=82) because:
  - Does not meet inclusion criteria (n=59)
  - Coded as values and preferences (N=6)
  - Coded as background (N=12)
  - Excluded for confounding with HTC model (N=5)

Source: Kennedy et al., WHO 2015
Findings

Uptake of HTS can increase when trained lay providers deliver services.

- In a randomized trial in a US emergency department, the rate of uptake of HTS was higher in the trained lay providers arm than in the trained health-care professionals arm – 57% (1382/2446) versus 27% (643/2409; p<.001)\(^1\)

- A pre/post study in rural Malawi reported that, after HTS was delegated to trained lay providers, uptake of HTS increased from 1300 to 6500 tests per month\(^2\)

Source: 1. Walensky et al. 2011; 2. Bemelmans et al. 2010
Findings

HIV testing conducted by trained lay providers is accurate and equivalent to testing by laboratory staff and health-care providers with longer training.

- In South Africa, HIV testing performed by trained lay providers had a sensitivity of 98.0% and specificity of 99.6%\(^1\).
- In Malawi, HIV testing performed by trained lay providers had a sensitivity of 99.6% and a specificity of 100.0%\(^2\).
- In Cambodia, investigation found test results reported by trained lay providers were correct and 4/563 errors detected were due to documentation errors\(^3\).

Values and preferences

- Services provided by lay providers, including HTS, are often more acceptable to clients.
- Trained lay providers can deliver other health services, beyond HTS e.g., HIV prevention, care and treatment, vaccinations, STI and TB screening.
- Lay providers are often sensitive and culturally competent when talking with their peers, particularly people from key populations or adolescents.

- Task sharing to trained lay providers with shorter training may cost less than using health workers with longer training. However this may vary across settings.
Lay providers who are trained can, using rapid diagnostic tests, independently conduct safe and effective HIV testing services.

[moderate quality of evidence, strong recommendation]
Considerations for success

- Select lay providers well-matched to clientele
- Training, mentoring and support is key
- Quality assurance system is essential
- Adequate remuneration
- Inclusion of trained lay providers in the staff establishments
- Policies should allow trained lay providers
  - Give pre-test information
  - Collect specimens and perform HIV RDTs
  - Interpret test results and issue HIV results to clients
  - Post-test counselling
  - Support linkages to HIV prevention, care, treatment and support services
It always seems impossible until it’s done

Nelson Mandela
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