

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

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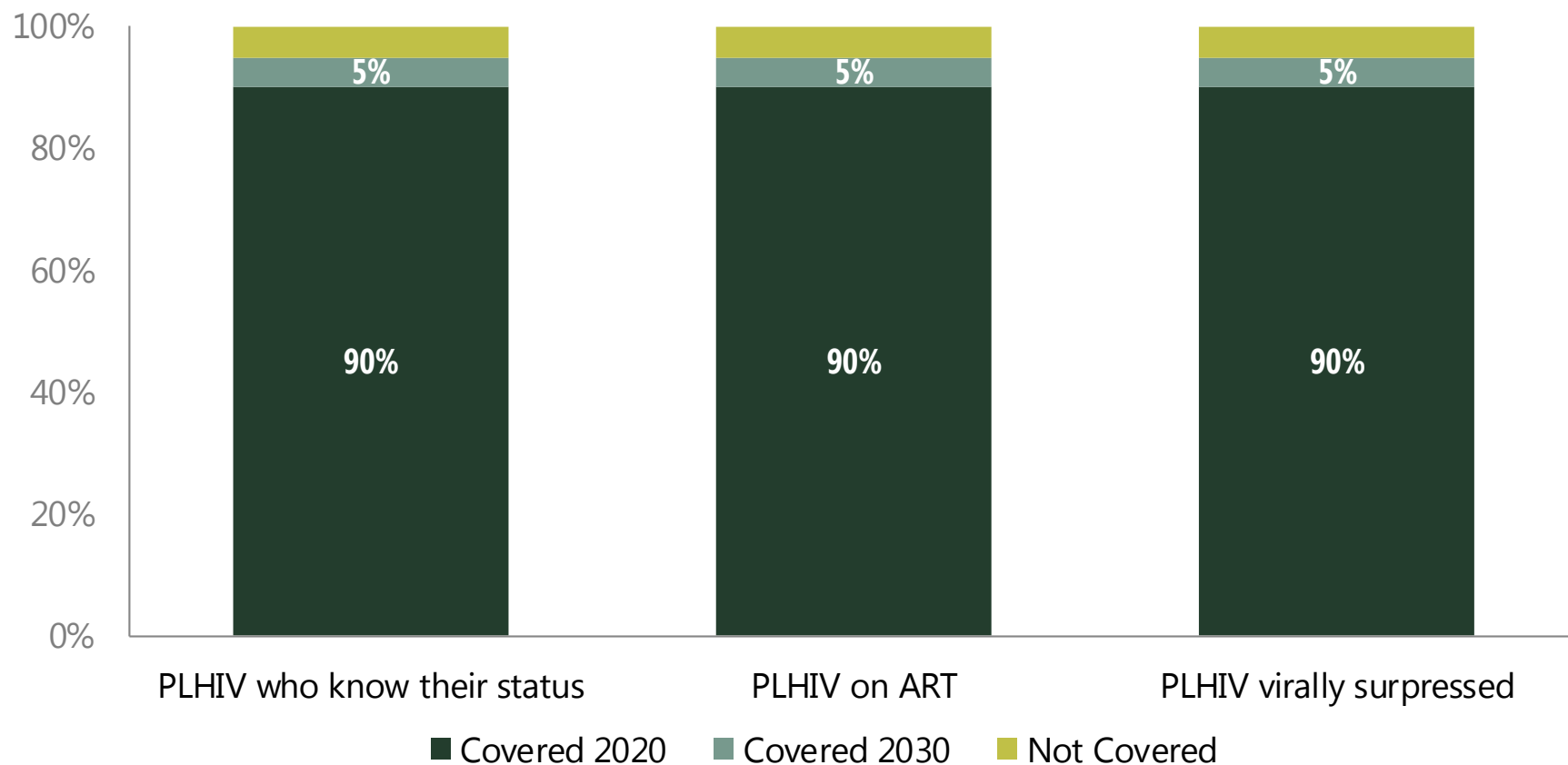
8<sup>th</sup> International AIDS Society Conference  
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# Presentation Outline

- 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

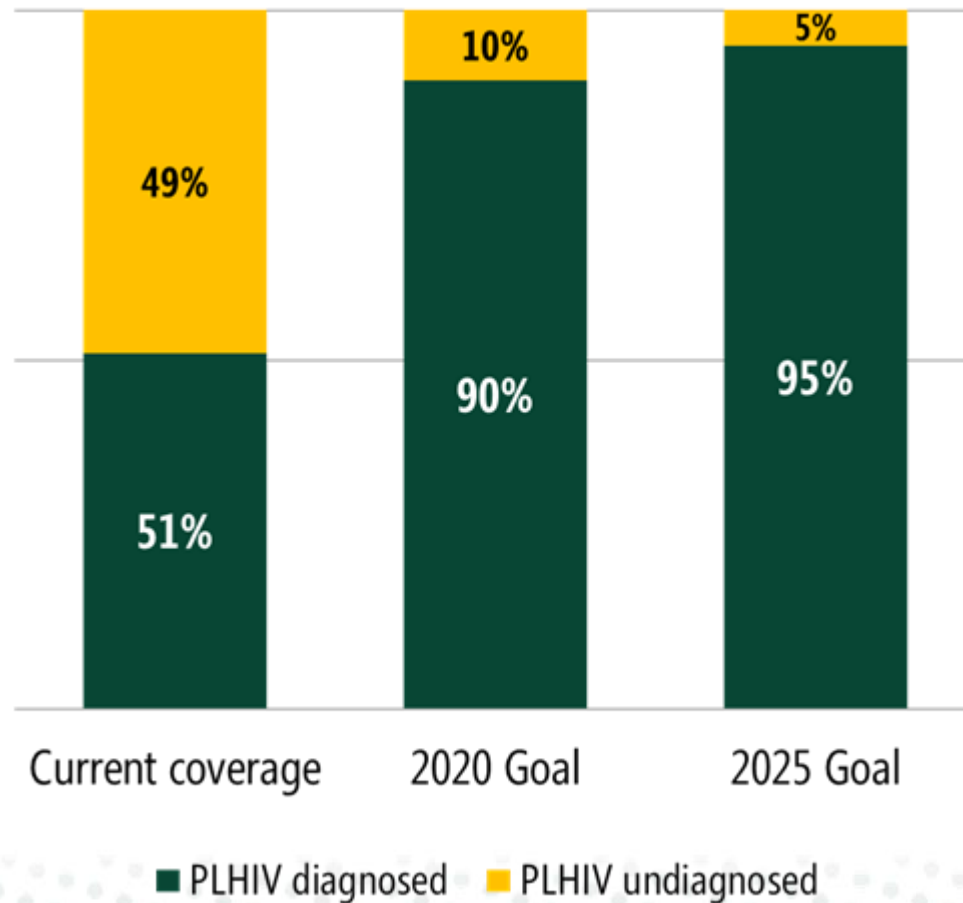
# Where do we want to go...

## UNAIDS 90-90-90 Goals



# Globally in 2014...

## Only 51% of PLHIV Aware of Status



# Reaching undiagnosed PLHIV

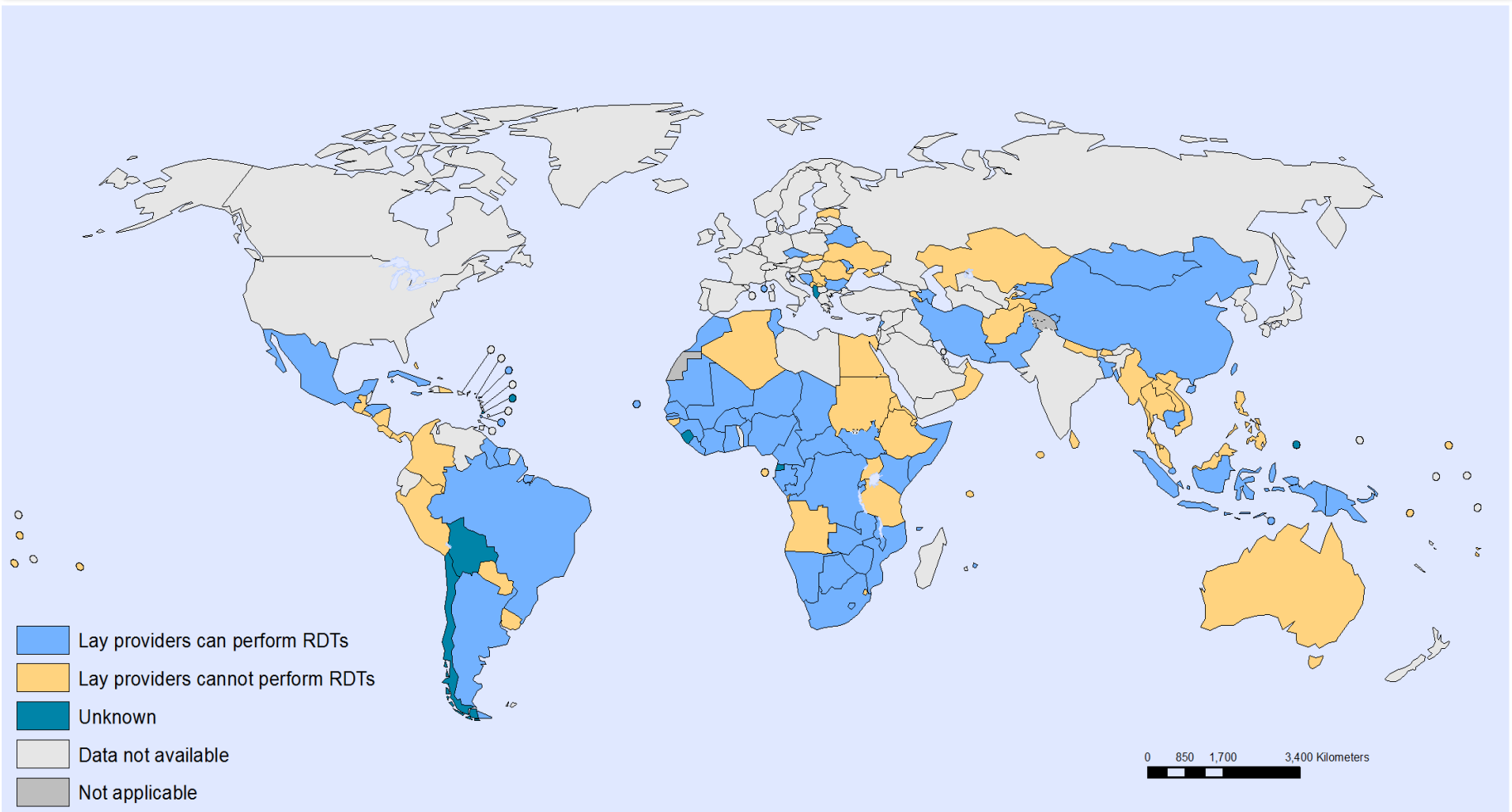
**Task sharing** – the rational redistribution of tasks between cadres to increase the effectiveness and efficiency of available personnel as a pragmatic response to health workforce shortages to provide HTS to more people.



**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



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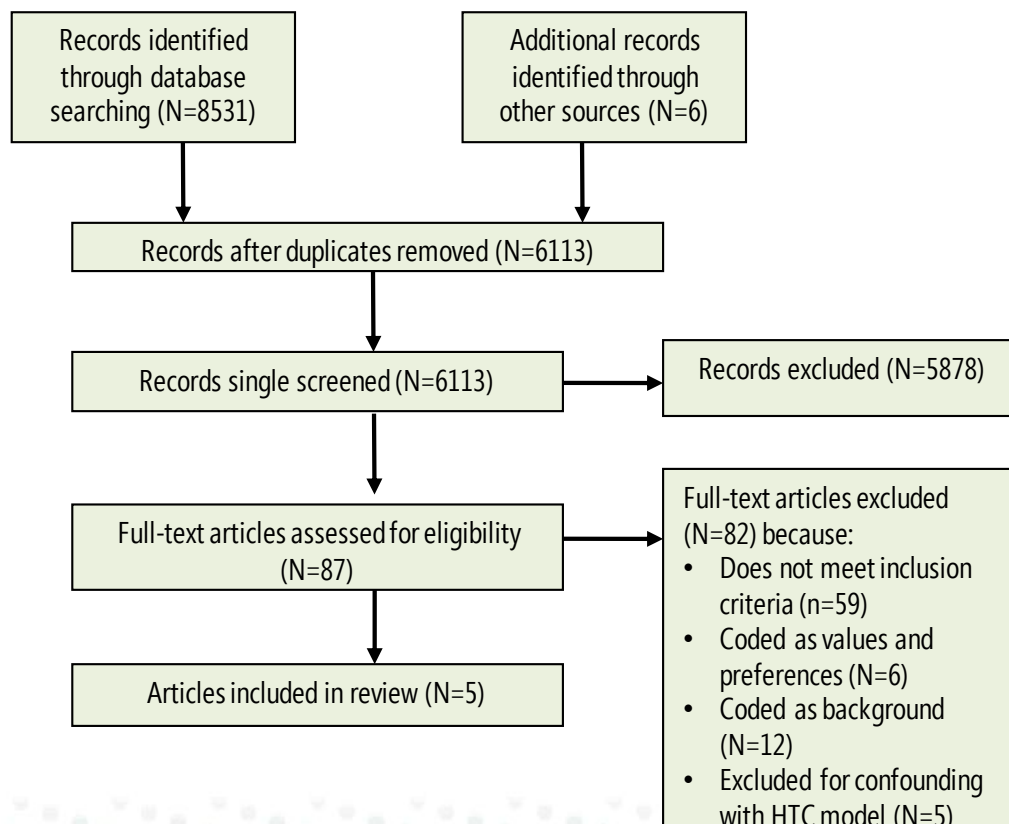
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Map Production: Health Statistics and  
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# Should lay providers perform HIV testing services using rapid diagnostic tests (RDTs)?

## Where is the evidence?



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



## **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;  $p < .001$ )<sup>1</sup>
- 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<sup>2</sup>



# 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%<sup>1</sup>.
  - In Malawi, HIV testing performed by trained lay providers had a sensitivity of 99.6% and a specificity of 100.0%<sup>2</sup>.
  - In Cambodia, investigation found test results reported by trained lay providers were correct and 4/563 errors detected were due to documentation errors<sup>3</sup>.



## *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.

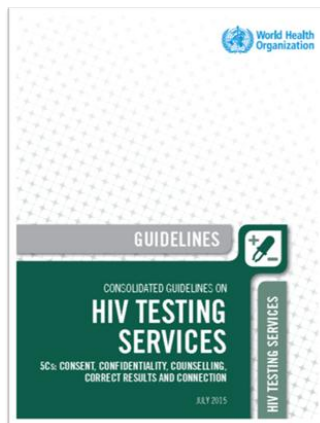


# WHO Recommendation

**NEW**

**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

# Acknowledgements

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