Lay Health Workers for an HIV Free Generation

MSF

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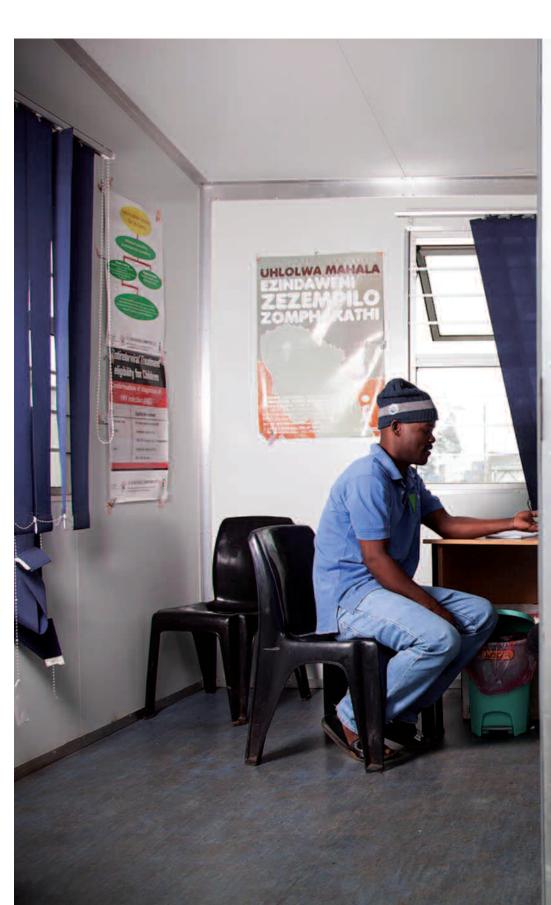
> *Often the doctor is there for only half a day, and we have lots of patients to see... having someone who's job is counselling a patient on adherence is, I think, a key factor in the success of our HIV programme."*
>
> **Vanessa, doctor working in primary health care facilities**



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1. Background

Of the 55.91 million people in South Africa, an estimated 12.7% were living with HIV in 2016[1]. The international medical humanitarian organization Médecins Sans Frontières / Doctors Without Borders (MSF) has been providing HIV/TB services in South Africa since 1999, and in April 2011 began an HIV/TB project called "Bending the Curves" (of HIV incidence and mortality) in uMlalazi Municipality, King Cetshwayo District, in partnership with the Kwazulu-Natal (KZN) Department of Health (DoH). In this District, in 2012, the HIV prevalence in KZN was 17.4%[2]. Today, MSF supports nine clinics and three hospitals in an area with a population of 128 000, and across the HIV care continuum has rolled out community-based and facility-based activities dedicated to increasing uptake of HIV/TB testing and counselling, and enhancing access to treatment[3]. The project is on track to achieve the ambitious UNAIDS 90-90-90 by 2020 targets - globally endorsed HIV treatment targets that aim for more than 90% of people living with HIV to be aware of their status; 90% of those diagnosed to be initiated on antiretroviral (ARV) treatment; and 90% of those on ARVs to achieve viral suppression[4]. By March 2017, the active cohort was 12,721 and the project estimates that 80% of those who are HIV positive are on treatment, with 92% of those on treatment virally suppressed.

These successes can in large part be attributed to the introduction of a community-based HIV Counselling and Testing (HCT) programme. In the Eshowe/Mbongolwane area a variety of lay cadres work in the community, as well as in facilities. MSF, in partnership with Child Care South Africa, sub-contracts 86 Community Health Agents (CHAPS), who provide a door-to-door, extended HCT package in rural and peri-urban areas. MSF employs nine lay counsellors, who are based in fixed and mobile sites, providing the same package, and 11 lay counsellors are employed in health care facilities, providing adherence counselling and recruiting stable HIV positive patients into various community models of care. Additionally, the KZN DoH employs community caregivers (CCGs), another category of lay staff providing health education, home-based care for the very ill and supporting patients with their treatment adherence.

The role that the various lay cadres collectively play in the health system is immense, yet no national policy exists to guide the management and training of this group, or to define a scope of practice for each category of cadre, and associated remuneration guidance. Across the nine provinces of South Africa, the management of lay cadres is mostly outsourced by the DoH to non-governmental organizations, with varying employment practices in use. For example, remuneration for facility-based lay counsellors ranges from R1600 – R6000 per month[5].

1. Statistics SA. Statistical release: Mid-year population estimates 2016. 2016 [cited 2017 May 9]. Available from: *https://www.statssa.gov.za/publications/P0302/P03022016.pdf*
2. Shisana O, Ramlagan S, Rehle T, Mbelle N, Simbayi L, Zuma K, et al. South African National HIV Prevalence, Incidence and Behaviour Survey, 2012 [Internet]. Cape Town; 2012 [cited 2017 Apr 26]. Available from: *http://repository.hsrc.ac.za/bitstream/handle/20.500.11910/2490/8162.pdf?sequence=1&isAllowed=y*
3. National Department of Health South Africa. Adherence Guidelines for HIV, TB and NCDs. 2016.
4. UNAIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. 2014.
5. Duncan K, Steele S-J, Schneider H, Hill J, Mahlako K, Shroufi A, et al. Employment practices of facility-based lay counsellors vary widely across the nine provinces of South Africa. In: 8th SAAIDS conference. Durban, South Africa; 2017.

2. Who are our lay cadres and what do they do?

- **Facility-based Lay Counsellors** work in Primary Health Care Facilities and conduct Initiation Counselling, Enhanced Adherence Counselling, Defaulter Tracing, recruitment and facilitation of community models of care, including Community Pick up Point, Adherence Clubs, Community ART (antiretroviral treatment) Groups, and Fast Lane Spaced Appointment. From 2016 MSF Lay Counsellors will mentor and support their DoH colleagues with the implementation of the National Adherence Guidelines[6,7].
- **Mobile and Fixed-site Lay Counsellors:** In late 2011, MSF launched a Mobile One Stop Shop (M1SS) program consisting of mobile testing units (tents or a van) providing health education, HCT, STI & TB screening, pregnancy testing, condom distribution, and recruitment for Male Medical Circumcision (MMC). The mobile outreach team visits schools in collaboration with Department of Education (DoE) and DoH Integrated Schools Health program. Other outreach locations include taxi ranks, shopping malls, sporting events, churches and industrial areas.
- **MSF Lay Counsellors** also work in two fixed sites in Eshowe town, and one fixed site in rural Mbongolwane. Each site is open from Monday to Saturday and provides the same HCT package as that delivered by the mobile outreach team. An additional fixed site is located at the Technical and Vocational Education and Training college, where an onsite nurse provides ART initiation and follow up, TB screening, treatment of STI's and minor ailments, from Monday to Friday.
- **Community Health Agents work** in the communities, providing a door to door service with the same package of services as the mobile and fixed sites. They also ensure linkage to care for patients testing positive and perform defaulter tracing for facility-based lay counsellors.

6. National Department of Health South Africa. Adherence Guidelines for HIV, TB and NCDs. 2016.
7. MSF, SAMU. HIV / TB counseling : Who is doing the job ? Time for recognition of lay counselors. 2015.

RECRUITMENT REQUIREMENTS

Facility-based Lay Counsellor: Grade 12 senior certificate, 10 day HIV & AIDS Counselling training undertaken by a recognised provider (e.g. Lifeline, ITeach) and experience

Mobile & Fixed Site Lay Counsellor: Grade 12 senior certificate, 10 day HIV & AIDS Counselling training undertaken by a recognised provider (e.g. Lifeline, ITeach) and experience

Community Health Agents (CHAPs): Grade 12 senior certificate, recruited from within their own community

TRAINING

Facility-based Lay Counsellors: 2-3 day induction (modules include project standard operating procedures (SOPs), guideline updates, treatment regimen, adherence counseling, paediatrics counseling, facilitation of community models of care and support groups)

Mobile & Fixed-site Lay Counsellors: 2-3 induction (modules include HCT and linkage to care)

CHAPs: 10 day HCT induction training (ITeach and MSF jointly)

MENTORSHIP

Facility-based Lay Counsellors: Between 2-4 weeks of mentorship and supervision depending on the individual

Mobile & Fixed-site Counsellors: Paired with a senior counselor and between 2-4 weeks of mentorship and supervision depending on the individual

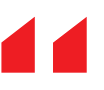
CHAPs: Initial mentorship and supervision at a fixed or mobile site, plus two months of mentorship from the CHAPs coordinator and the CHAPs team leader

REFRESHER TRAINING

Facility-based Lay Counsellors: bi-monthly reviews for the counselor team, topics are chosen based on observations by the Counsellor Supervisor, formal refreshers 1-2 times per year depending on needs and guidelines

Mobile & Fixed-site Counsellors: monthly meetings, formal refresher trainings 1-2 times per year depending on needs and guidelines

CHAPs: Monthly Cluster meetings (Team leader + CHAPs), refresher trainings 2 times per year, depending on needs and guidelines



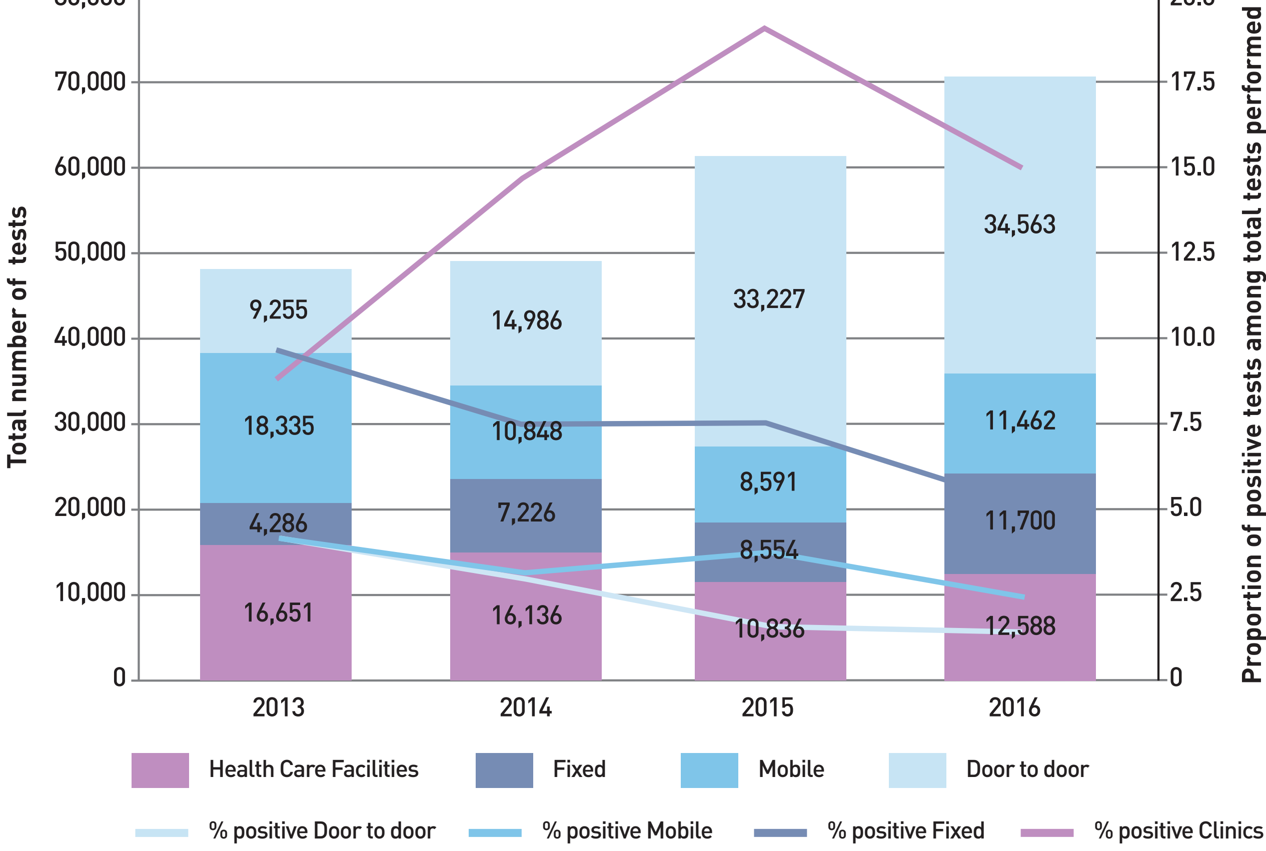
Health workers need to be added to the community because they add value to the lives of people. We would like more to come here."

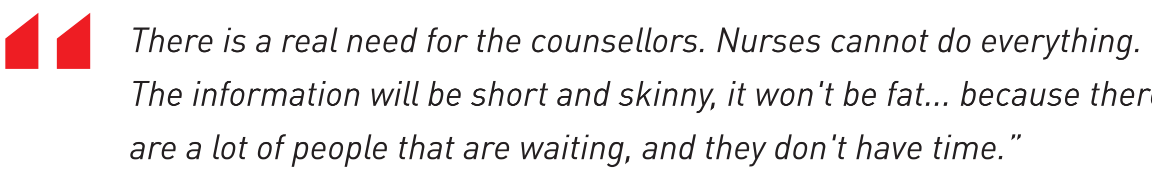
Dumisana, lay counsellor working in a primary health care facility

3. Why do we need to test across different settings?

In order to achieve the first 90 (i.e. 90% of people living with HIV are aware of their status) there is a need for both facility and community testing interventions. 82% of HIV testing conducted in the project's catchment area in 2016 was conducted in the community (*Figure* 1). Our experience shows that the positivity rates in the community decrease over time, and flexibility is required for the community lay cadres (*Figure* 2). MSF's Community Health Agents initially spent the majority of their time conducting HCT; whilst this still continues CHAPs are now more focused on linking HIV positive people to facilities for ART initiation and for adherence support.

Figure 1 **Number of HIV tests performed and proportion of positive tests by testing modalities, MSF project Eshowe-Mbongolwane, South Africa, 2013 - 2016** (Source: OpenMRS)

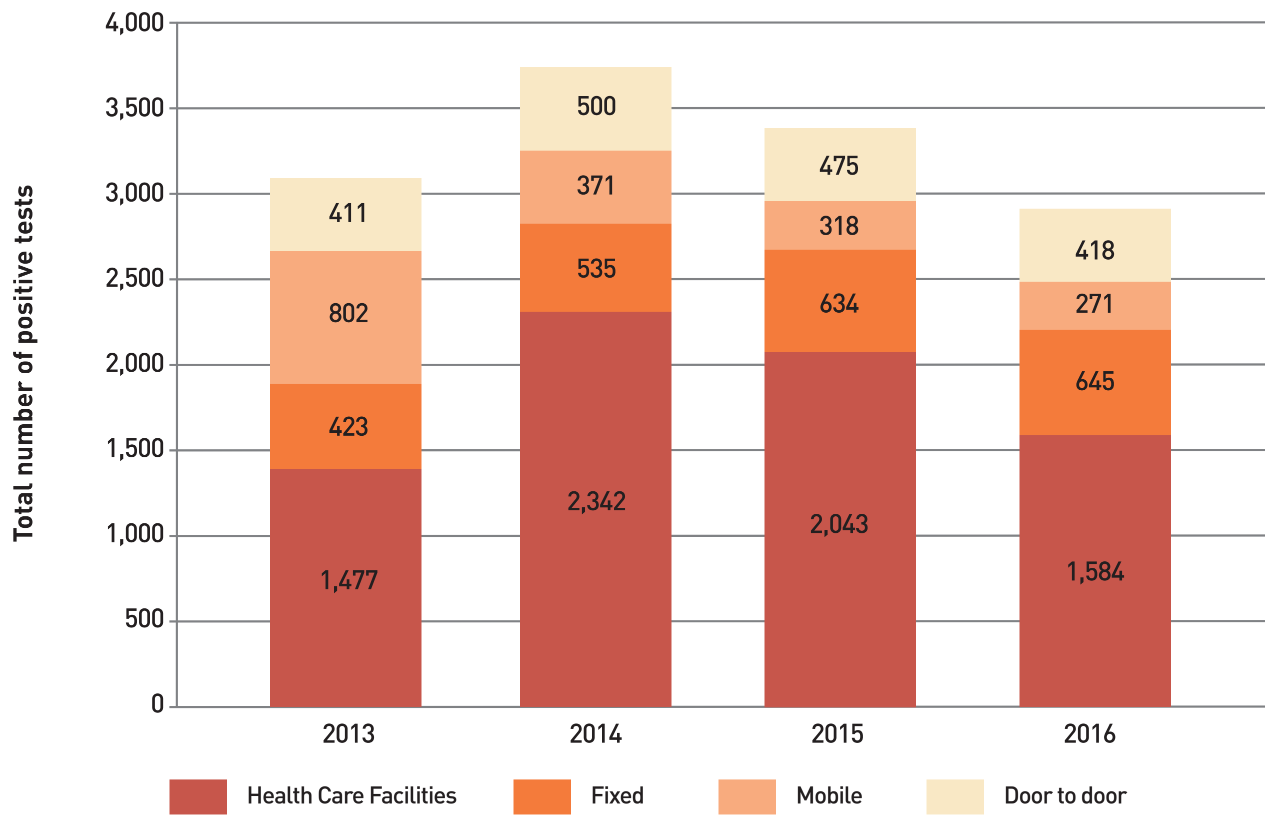




There is a real need for the counsellors. Nurses cannot do everything. The information will be short and skinny, it won't be fat... because there are a lot of people that are waiting, and they don't have time."

Dumisana, lay counsellor working in a primary health care facility

Figure 2 **Number of HIV positive tests, by testing modalities, MSF project Eshowe-Mbongolwane, South Africa, 2013 - 2016** (Source: DoH and OpenMRS data)



4. What did we accomplish with this cadre in 2016?

In the community...

1. National Department of Health South Africa. Adherence Guidelines for HIV, TB and NCDs. 2016.

In health centres...

Testing is done by lay cadres, nurses and doctors:

- 12,588 received HIV counselling and testing
- 1,506 persons tested positive

Across 9 health care facilities:

- 7 lay counsellors provide HIV counselling and testing and adherence support
- 11 lay counsellors provide adherence support

Since September 2016, 7 Community Health Agents provide only HIV counselling and testing:

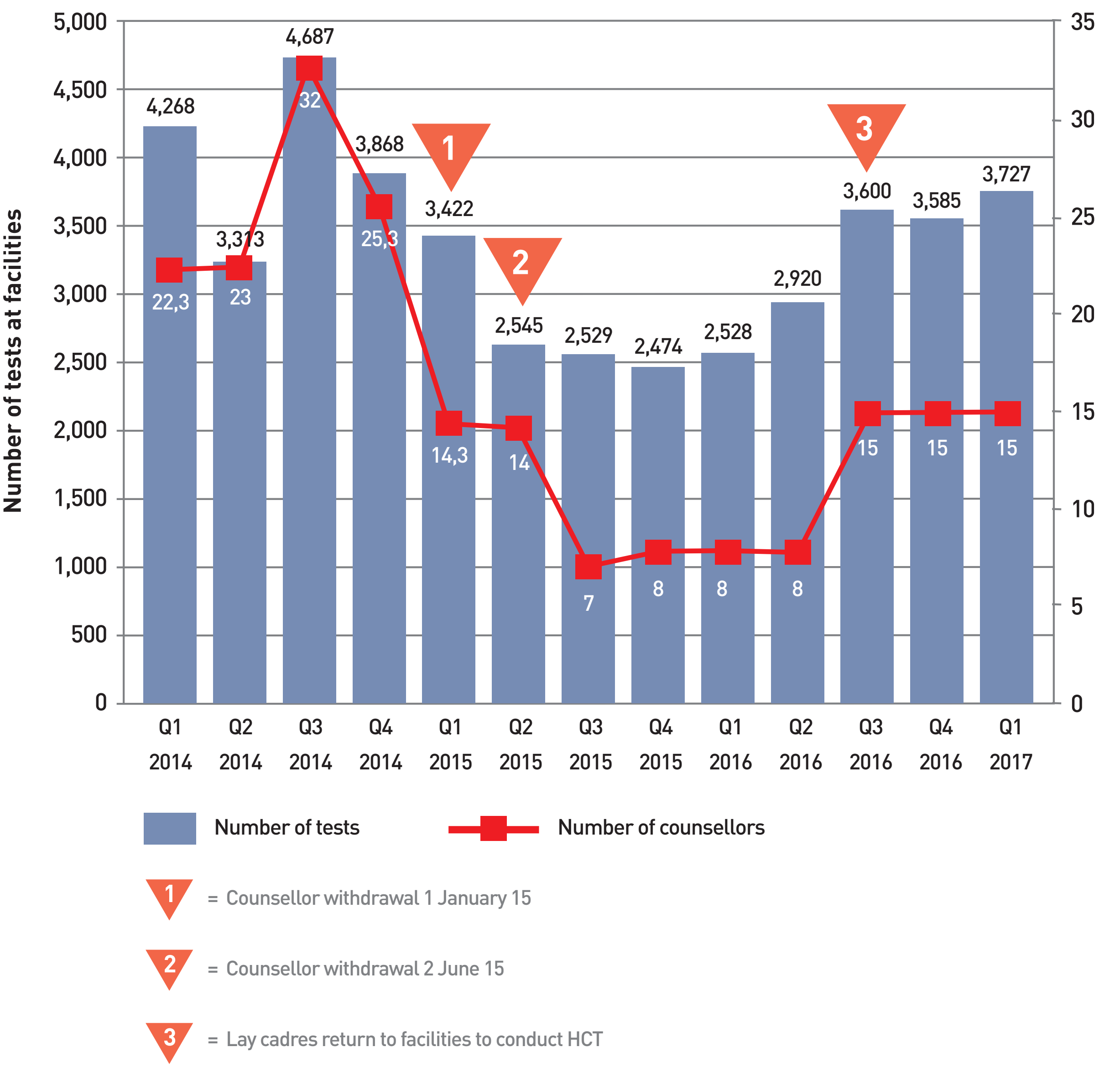
- 7000 initiation counselling sessions
- Children disclosure counselling
- Adolescent disclosure counselling
- 7 children support groups
- 7 adolescent support groups
- 3500 enhanced adherence counselling sessions

Facility Adherence Clubs

Fast Lane Spaced Appointment

A recent study across all nine provinces of South Africa indicates that provincial and facility managers alike speak of the importance of task-shifting if South Africa is to reach the ambitious UNAIDS 90-90-90 by 2020 targets. Recent data on testing for HIV from the Eshowe project supports this claim (*Figure 3*)[8]. Following the trend in the number of HIV tests performed over time in the health facilities in the catchment area, we can see that the presence or absence of lay cadres appears to correlate with the number of tests conducted.

Figure 3 **The number of HIV tests done and number of lay health workers conducting HIV testing in facilities in the Eshowe/Mbongolwane area** (Source: DoH and OpenMRS data)



8. Duncan K, Steele S-J, Schneider H, Hill J, Mahlako K, Shroufi A, et al. Employment practices of facility-based lay counsellors vary widely across the nine provinces of South Africa. In: 8th SAAIDS conference. Durban, South Africa; 2017.

5. How much does it cost?

In the table below we present a costing analysis of testing activity for 2016, using an ingredients-based costing approach. The most costly method of testing is mobile outreach, and the least expensive is door-to-door testing. The costs determined here are in line with the South African investment case, which estimates the unit cost of outreach and home-based HCT to range between R92.69 and R145.32 based on 2014 and 2015 data[9].

Personnel costs are the biggest cost drivers of HIV testing and therefore cost savings can be realized by task-shifting testing to lay health worker cadres.

Table 1 **The unit cost per test, in each model for 2016***

	Fixed Sites**		Mobile outreach sites**		Door to Door***	
	HIV-	HIV +	HIV -	HIV +	HIV -	HIV +
Total numbers tested	66,613.00	488.00	11,182.00	388.00	36,256.00	502.00
Diagnostics	19.06	38.91	19.06	38.91	19.47	39.74
Staff	92.16	126.91	83.47	120.23	64.39	104.78
Sensitization	1.22	1.22	0.74	0.74	0.24	0.24
Infrastructure	3.82	3.82	-	-	-	-
Transport	-	-	18.30	18.30	-	-
Communication	1.72	1.72	1.42	1.42	3.56	3.56
Equipment	1.27	0.11	1.15	1.15	0.19	0.19
Total cost of performing a test	119.26	172.70	124.15	180.76	87.86	148.51

* All costs in South African rand. HIV- individuals have one test, HIV+ individuals have two tests.
** All costs were determined from 2014 records and inflated to 2016 prices.
*** All costs were determined from 2015 records and inflated to 2016 prices.

Right now I am feeling really great, I feel great in my spirit, because I have recovered and my VL is ok, so is my CD4 count because of working together with the counsellors…"

Bongile, patient at a primary health care facility

9. Department of Health, South Africa SANAC. South African HIV and TB Investment Case - Summary Report Phase 1 [Internet]. 2016 [cited 2017 Jun 2]. Available from: *http://www.heroza.org/wp-content/uploads/2016/03/SA-HIV_TB-Investment-Case-Full-Report-Low-Res.pdf*

6. Summing up

In the Eshowe/Mbongolwane area between 2012 and 2016 the majority of all HIV testing and counselling was performed by lay cadres, which has contributed greatly towards the area's near-achievement of the UN AIDS 90-90-90 targets. Furthermore, once initiated on ART, patients are provided with adherence counselling conducted by lay counsellors at MSF-supported clinics, as well as enhanced adherence counselling to ensure that the unsuppressed re-suppress and as a result the cohort which MSF supports have achieved 92% virological suppression.

We have demonstrated in our catchment area that lay cadres are very effective when they are focused on specific disease areas, such as HIV and TB. For lay cadres to be effective, they should be adequately trained and employed in sufficient numbers. Their employment must also be supported by a detailed policy framework, which clearly defines standard job descriptions and management and supervision structures.

KEY MESSAGES

- Lay cadres have an important role to play in support for both community and facility based testing
- Lay cadres can support adherence strategies at both the community and facility level
- The 90-90-90 by 2020 targets are achievable with a strong workforce of lay health workers, working in both the facilities and in the community

Counsellors are adding a big value to our service… so if we can't have counsellors then our services will really suffer. So I wish that counsellors can be more appreciated…"

Lindiwe, nurse working in a primary health care facility