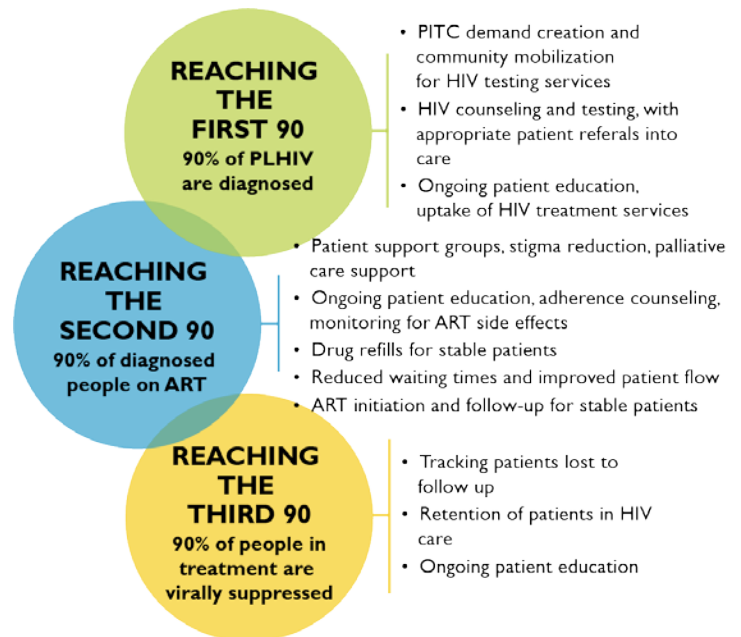


Task Sharing for HIV Service Delivery

World Health Organization guidelines for placing all HIV positive individuals on antiretroviral treatment has intensified the demand for a competent and accessible global health work force that can accommodate 90-90-90 UNAIDS targets for testing, treating, and virally suppressing HIV patients. There is an urgent need to concentrate on effective, differentiated, and cost-efficient service delivery models that embrace high quality patient-centered HIV care as countries adopt and roll out Test and Start. Achieving 90-90-90 will require substantial shifts in how HIV services are staffed and delivered; different solutions, including task sharing, are still needed to reach targets. Over the past decade, a variety of non-physician cadres, such as nurse-midwives, clinical officers, and medical assistants, have contributed to growing evidence of task sharing's positive contributions to HIV health outcomes in resource-limited settings. Studies continue to demonstrate the effectiveness of HIV-related task sharing, including increased access to HIV services, improved clinical outcomes, and cost savings. WHO and UNAIDS have increasingly emphasized the role of community health workers (CHW) within community-supported models of care as another potential solution to help stabilize the global human resource crisis.



I-TECH Capacity

I-TECH has extensive experience with preparing various cadres to assume task sharing roles within HIV service delivery. I-TECH's technical assistance in the task-sharing arena illustrates strong ability to respond to rapidly evolving needs within the HIV health workforce. Successful task sharing requires an enabling environment that includes clear scopes of practice, harmonization of roles through strong regulatory oversight, high-quality and standardized training, consistent supportive supervision and mentoring, national guidelines to articulate roles, integration of all cadres into national human resources information systems (HRIS), and quality assurance measures. I-TECH is well equipped and committed to work with Ministries of Health to address these needs, and just a few examples of I-TECH's demonstrated capacity in these areas are outlined on the backside.



At-risk individuals can receive testing and counseling in their own homes, increasing access to critical care.

The Time Is Right for Community Health Workers

Community Health Workers (CHWs) are able to provide communities with access to basic health care services by reaching people in their homes to ensure that at-risk individuals are screened and referred to treatment. A recent analysis of national HIV testing policies in 50 countries noted that 42% of countries allowed lay providers to provide HIV testing, while 56% allowed them to perform pre- and post-test counseling (Flynn et al., 2017). Some pilot programs have been looking at expanding ART initiation services at the community level. These initiatives have pointed to a need for more support from community health workers to participate in HIV service delivery and to close gaps in testing and linkages.

I-TECH Case Studies

I-TECH South Africa has provided ongoing support to the government to strengthen systems needed to ensure the success of the CHW cadre. During COP17 I-TECH is focusing on the following areas: strengthening Regional Training Centers to train CHWs to implement adherence guidelines, HIV care and treatment tools for the CHW program, HIV aspects of monitoring and reporting tools, capacity-building of CBOs to implement the CHW program through primary care outreach teams; and support to the National Department of Health with implementing National adherence guidelines related to community health care, a ward-based primary health care outreach team policy and strategy, and a Community Health Work Integration Framework.



I-TECH Botswana led a national mixed-methods evaluation in 2012 to explore the effectiveness and contribution of the lay counselor cadre to the health workforce in regards to HIV task-sharing. Findings revealed that lay counselors provided major contributions to HIV-related programs in the country and conducted a bulk of HIV counseling and testing services. Recommendations included a need to clarify responsibilities, and strengthen training, administrative, and supervisory support.

I-TECH Namibia supported the Ministry of Health and Social Services (MoHSS) to scale up comprehensive primary care HIV services by training nurses on ART initiation, and providing mentoring skills to district doctors who oversee nurses in their task-shared role. In 2011, I-TECH led a Task-Shifting Demonstration project at 9 sites across the country. A mixed methods evaluation, conducted six months post implementation, included 70 qualitative stakeholder interviews, and 80 observation encounters examining nurse performance against national HIV guideline indicators. Interview participants believed task shifting would improve access and quality of HIV services, and reported an increase in nurses' skills. Observation data showed strong agreement (>80%) between doctors and nurses on all dimensions of HIV care. Recommendations, in support of national scale up, included addressing infrastructure, mentoring, and nurse scope of practice challenges.

Data showed a more than 80% agreement between doctors and nurses on all dimensions of HIV care.

I-TECH Ethiopia's HIV/ART Nurse Specialist (HANS) program provided I-TECH with foundational experience with implementing comprehensive task-sharing training activities. The goal of HANS was to increase nursing capacity for effective HIV service delivery by training nurses from clinical sites throughout Ethiopia. The intensive three-week program consisted of interactive classroom-based training, clinical practicum rotations, onsite clinical mentoring, and ongoing clinical consultation. Clinical gaps identified during mentoring were addressed both by mentors and at subsequent I-TECH led refresher trainings. A Mentoring-of-Mentors program was developed to help build in-country capacity for training more nurse mentors. Lessons gleaned from HANS have been integrated into subsequent task-sharing programs across I-TECH's network.



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