

“We Do Our Best To Cope”: Successes and Challenges of Health Care Providers Scaling Up HIV Testing and Counseling in Health Facilities in South Africa

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Context

- WHO, UNAIDS, and PEPFAR have prioritized the scale up of provider-initiated HIV testing and counseling (PITC)
- South Africa has the highest number of persons living with HIV in the world today
 - 5.5 million people infected
 - 19% prevalence in adults between 15-49 (UNAIDS, 2006)
- Estimated that 30% of South Africans have ever been tested for HIV



Study Background

- South Africa's National Strategic Plan (2007-2011) calls for PIVCT in health facilities
 - STI, TB, antenatal, IMCI, family planning, and general curative services
- South Africa's PIVCT Targets
 - 75% health facility coverage by the end of 2008
 - 95% health facility coverage by the end of 2011
- Collaboration between CDC South Africa, CDC Atlanta and Gauteng Province Department of Health
 - Routine Offer of HIV Counseling and Testing



Study Design

- Pilot study designed to compare the CT standard of care with newly introduced PITC in 2 out-patient departments (OPDs)
- 12 days of data collection in study phase
 1. Patients
 2. Health care providers
 - Study objectives related to providers:
 - Assess acceptability and feasibility of PITC
 - Assess operational questions including impact on workload



Study Sites

- 2 community health center (CHC) OPDs
 - 1 in Johannesburg (Soweto); median daily adult out-patients: 500
 - 1 in rural township (Evaton); median daily adult out-patients: 300
- Government operated, public health facilities
- Free services
- No in-patient services except for labor and delivery rooms



Study Phase 1: Standard of Care

- Provider referral to co-located VCT site
 - Patients identified as study participants
 - Any other patients who provider felt would benefit from VCT, mainly STI or TB patients
- VCT protocol:
 - ~30 minute pre-test counseling by lay counselors
 - Serial HIV rapid test algorithm, sample collection and test interpretation performed in counseling room by trained nurses
 - 20-30 minute post-test counseling by lay counselors



Study Phase 2: PITC Intervention

- HIV testing and counseling offered and performed by provider
 - Patients identified as study participants
 - As many other patients as possible
- PITC protocol includes:
 - 3-5 minutes pre-test information by provider
 - Serial HIV rapid test algorithm, testing performed in provider consultation room
 - 5-10 minutes post-test counseling by provider based on patient diagnosis
 - Additional post-test counseling available from lay counselors if necessary



PITC Training

- 20 nurses trained in 15 hour course
- Training adapted to meet the needs of 4 doctors
- One week PITC implementation observation and support prior to data collection in study phase 2

Training content

- HIV biology
- PITC theory and implementation
- Pre- and post-test counseling protocols
- Rapid HIV test performance
- Record-keeping
- Referral



Results

- 12 days of data collection in each study phase
- Estimated 5,000 adult patients seen at the two CHC OPDs in 12 days

Study Phase 1 – Standard of Care

- 133/~5,000 (3%) patients tested in facility VCT centers

Study Phase 2 - PITC

- 359/~5,000 (7%) patients tested
- 98/359 (27%) patients tested HIV positive
- Each provider tested between 1-48 patients over 12 days
 - Median: 10 patients per provider in 12 days
 - Mean: ~1 patient per provider per day



Results: Three Months Later

- 3/98 (3%) patients who tested HIV positive were documented to have accessed follow-up medical services in the same health center
- Marked decrease in the frequency of PITC performance by health care providers
 - Few tests recorded in OPD CT registers
 - No re-supply of test kits required



Provider Focus Groups

Perceived Barriers

- Already excessive workload
- Issues related to patient flow
 - Confidentiality in shared consulting rooms
 - What to do with patients during test development time
- Difficulties expected with training new staff on PITC
- Undefined ordering system for HIV testing consumables



Provider Focus Groups

Perceived Benefits

- Health care provider empowerment

“As a clinician, it (PITC) made me confident that ‘I am managing this patient.’” (doctor, Evaton CHC)

- Patient convenience and confidentiality
 - One queue
 - One health care provider
 - One consulting room
- Increased test uptake



Summary

- Low rate of out-patients tested before PITC (3%)
- PITC training and implementation increased testing of out-patients (7%)
- Extremely low rate of effective referral
- Increase in HIV testing appeared to be driven by pilot study



Recommendations

- Develop policy for PITC
 - National and local level commitment and guidance
 - Consistency of terminology
 - Expanded role of lay counselors
- Remove procedural barriers to PITC
 - Full facility training and implementation
 - Attention to issues concerning patient flow
 - Procurement processes for HIV testing consumables
 - Strengthening of referral systems
- Engage health facility administrators in PITC roll-out
 - Key advocates for PITC
 - Supervision and motivation of health care providers



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