

# Task Shifting or Burden Shifting?

## Lay HIV Counsellors and their Impact on VCT Service Delivery and NSP Goals

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### Background to Policy and Practice

Highly active antiretroviral therapy (HAART) became freely available through the public health system in April 2004. Four years on, the South African government's treatment programme is meeting 28% of the demand<sup>1</sup>. An estimated 460,000 people living with the human immunodeficiency virus who require antiretroviral therapy (ART) have access to such treatment in public clinics and hospitals, and more than 600,000 individuals will require immediate access to antiretrovirals each year for at least the coming decade.<sup>1</sup> After five years of country-wide implementation, coverage of the programme to prevent mother to child vertical HIV transmission (PMTCT) stands at 33%. The absence of HIV testing during antenatal care is a common finding in empirical studies of missed opportunities for preventing mother to child transmission in South Africa and is a major contributor to the low PMTCT uptake in this country.<sup>6,7</sup>

To address these limitations, the South African Government released the *HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011* (NSP).

Goals include:

- reducing new HIV infections by 50%;
- reducing the impact of HIV on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all HIV positive people and their families;
- scaling coverage and improving the quality of the PMTCT programme to reduce mother-to-child transmission (MTCT) to less than 5%.<sup>3</sup>

Of significance, one chief recommendation of the NSP is "task shifting". The document states:

"Task shifting: This involves the delegation of activities to less qualified cadres and includes, for example...lay counsellors (rather than nurses) 'pricking' patients for rapid HIV tests".<sup>4</sup>

In many clinics in South Africa, lay HIV counsellors have become the cornerstone of HIV counselling and testing services (VCT). VCT is the critical entry point for HIV prevention and treatment services including for pregnant women.

The primary responsibilities of lay counsellors within the PMTCT programme include:

- providing pre and post HIV test counselling;
- assessing and preparing patients for treatment readiness;
- adherence counselling for PMTCT regimens; and for antiretroviral therapy;
- provision of counselling for pregnant women regarding infant feeding choices;
- the identification of women who qualify for antiretroviral treatment but who have been missed previously in the hospital or clinic system.<sup>5</sup>

While lay HIV counsellors work in public hospitals and clinics, they are employed by intermediary non-governmental organisations (NGOs) that provide a monthly stipend. We investigated whether late (or non) payment of HIV lay counsellors had any impact on VCT service delivery in three antenatal clinics in Johannesburg.



### Methods

Records from 1 March 2007 to 28 February 2008 from three antenatal clinics in Johannesburg were reviewed. The total number of new pregnant women (first antenatal visit) and the number of women who completed VCT were recorded for each month. A record of when lay counsellors had received their remuneration for the same time period was recorded. The numbers of women completing VCT versus those not completing VCT were compared for the months when lay counsellors were and were not paid using the chi-square test. Data from June 2007 was excluded because of a national healthcare worker strike. The HIV status of women at the time of delivery was recorded from birth registers.

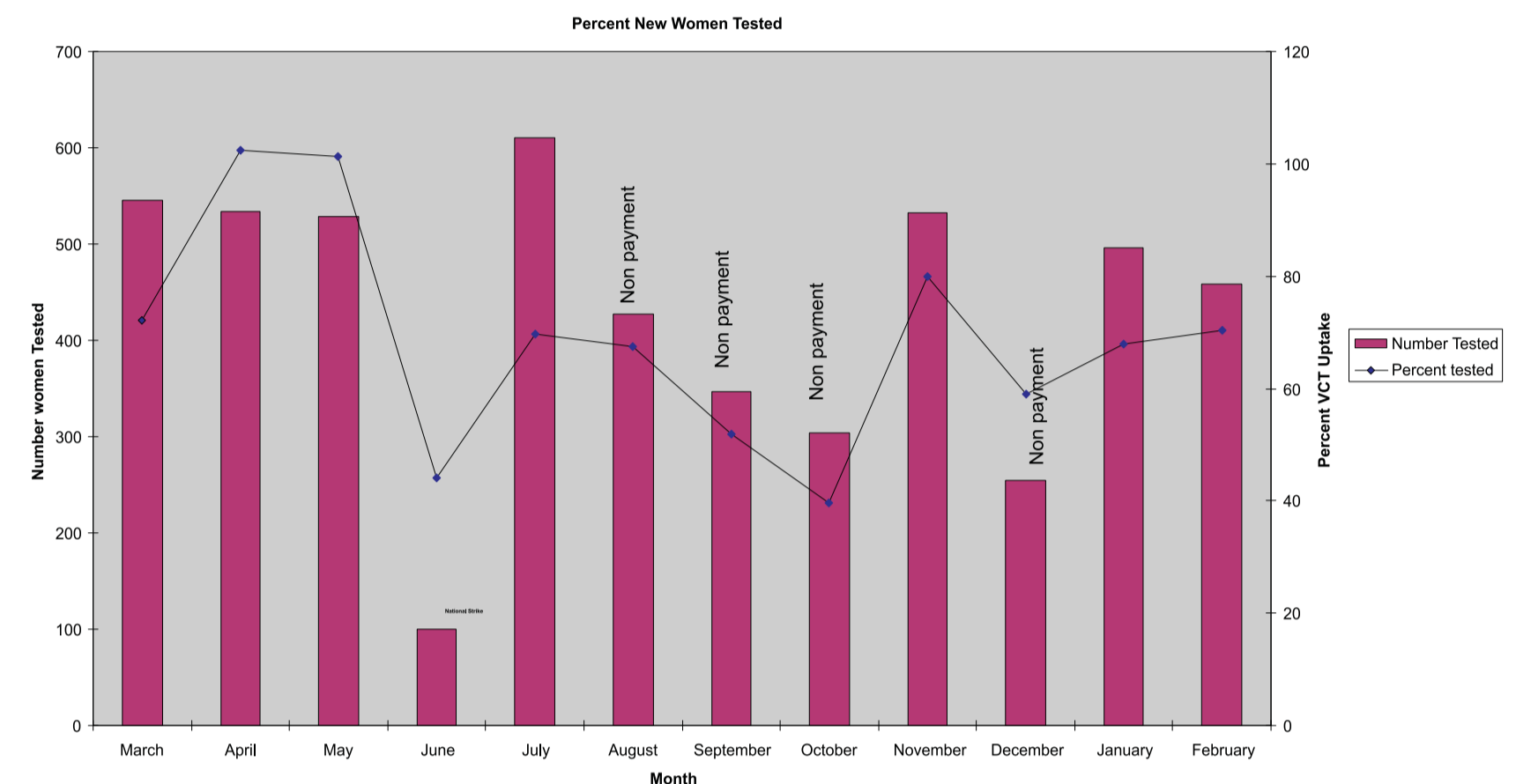
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### Results

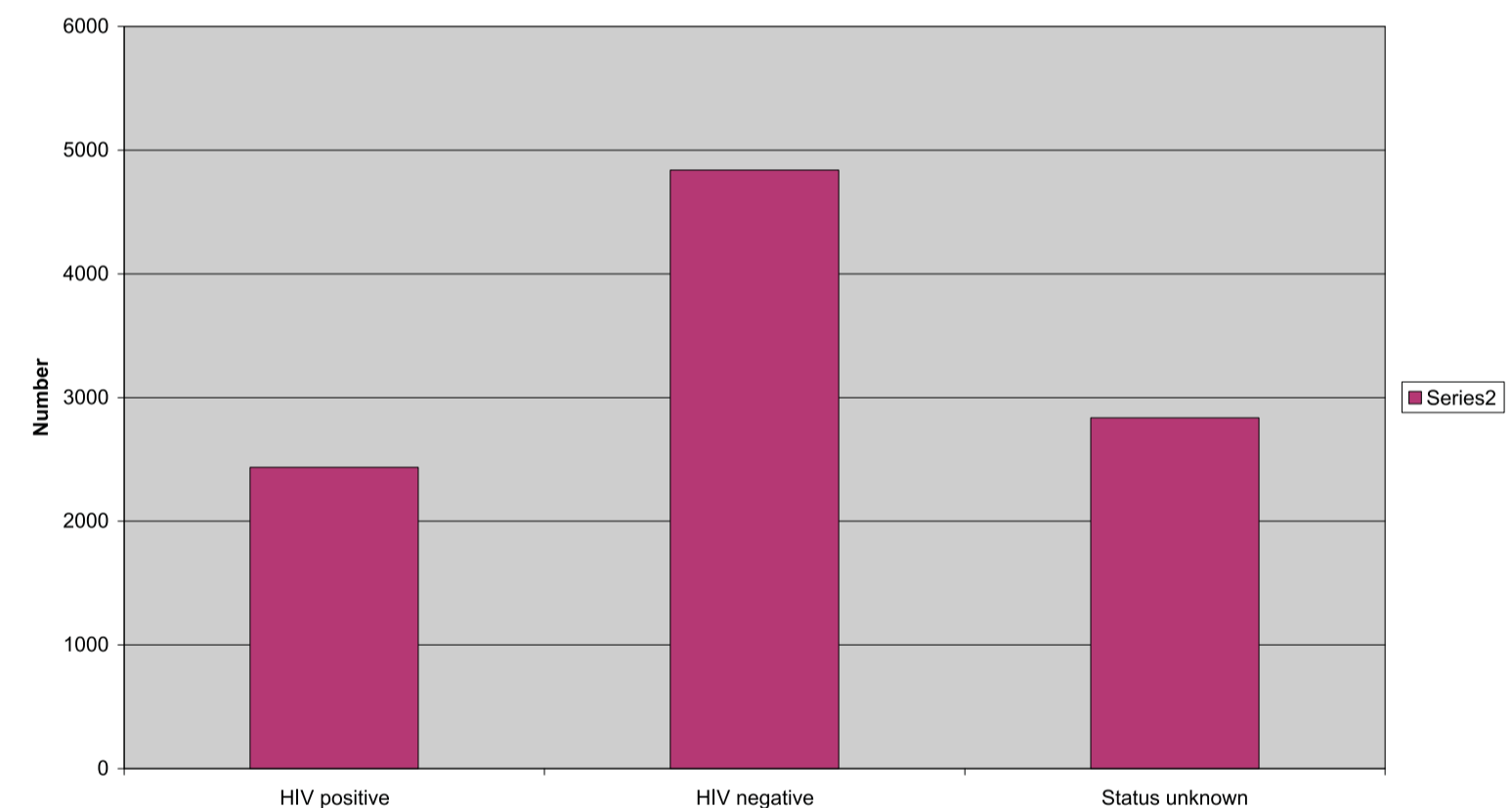
A total of 7451 women attended one of the three antenatal clinics for the first time during the year. Of these 5138 (69%) women completed VCT. There were four months that the counsellors did not receive their monthly remuneration at the end of the working month: July, August, September and November 2007. Of 2502 women who attended the clinic during the months following non-payment of counsellors, 1333 (53.3%) completed VCT, with a mean of 337.5 (SD 60.7) per month. During the months when remuneration was received, of the 4722 women who attended an antenatal clinic, 3705 (78.5%) completed VCT, with a mean of 525.1 (SD 48.3) per month (figure 1). This difference is significant ( $p=0.0001$ ).

Number and Percentage Pregnant Women Completing VCT in Three Antenatal Clinics, Inner-city Johannesburg, March 2007 - February 2008



From the birth register, there were 10111 deliveries during the year, 2436 (24.1%) were HIV sero-positive, 4839 (47.9%) were HIV negative and 2835 (28%) were of unknown HIV status (figure 2).

HIV status of women at delivery March 2007 to February 2008



### Discussion

Lay counsellors have been employed in public health clinics and hospitals in provinces across the country as employees of the public health system however, are paid through intermediaries, and lack the same wages, benefits, support and protection afforded healthcare workers. Their insecure employment status and lack of proper payment significantly impacts on the lay counsellors' absenteeism, morale and performance on the job, and, ultimately, on the provision of key services central to HIV prevention, treatment, care and support.

The performance of lay counsellors is fundamental to the success of the NSP: VCT is the gateway for identifying individuals with a seropositive result, and initiating timely treatment for pregnant women. The data demonstrates that non-payment of counsellors has a significant impact on VCT uptake. This is illustrated by the declining figures following non-payment of the counsellors in figure 1. Efforts to improve VCT uptake to achieve NSP goals will be difficult in the absence of appropriate employment provisions for lay counsellors. A downstream consequence of declining VCT is the negative impact on the health of HIV-infected pregnant women and their infants. Of concern, as indicated in figure 2, the high percentage of women giving birth in public hospitals whose HIV status is unknown.<sup>8</sup>

### Conclusion

The frequent late payment of the counsellors' stipend is affecting VCT uptake which affects antiretroviral service delivery, undermining South Africa's ability to achieve the goals of the NSP, particularly PMTCT.