Increasing Provider-Initiated HIV Counselling and Testing in South Africa

The Epidemic

South Africa has been hit hard by HIV and AIDS. Despite having less than 1% of the world’s population, it accounts for 17% of the global burden of HIV infection. This amounts to an estimated 5.7 million people living with HIV and AIDS in a population of 48 million. The response to the epidemic in South Africa has been multi-faceted and continues to evolve, engaging a growing array of actors from the public sector, international community, and local faith-based and community-based organizations. In recent years, the widespread efforts to combat the disease have begun to pay off and important successes have been achieved. After close to two decades of continual increase, the overall prevalence of HIV has stabilised and in some places begun to decrease. However, the number of new HIV cases remains unacceptably high, especially among youth and young women. Prevalence for females ages 25-29 was 32.7% in 2008. In addition, the growing burden of TB/HIV co-infection and the complexities of managing long-term care for HIV+ individuals point to the substantial work that remains to be done.

A Renewed Focus on Counselling and Testing

The South African National Strategic Plan for HIV, AIDS and STIs for the years 2007-2011 has two primary objectives: reducing the rate of infections by 50% and ensuring antiretroviral (ARV) coverage for 80% of the people in need. In combination with appropriate counselling and referrals, HIV testing is an acknowledged key prevention strategy. The combination of counselling and testing is an important method for building risk awareness amongst those not infected. Emerging evidence has shown that knowledge of one’s status has been linked to an increase in safe behaviours to prevent HIV, including an increase in condom use. However, despite the efforts of local and international HIV groups in South Africa, utilization of voluntary counselling and testing (VCT) services has remained low while the epidemic increased markedly. In 2007, 1.6 million people requested an HIV test. Many of those being tested were already in the advanced stages of the disease and were less likely to respond positively to treatment.

HIV testing is also critical for establishing patient CD4 counts, determining treatment needs, and linking HIV+ individuals with ART. In 2004 the SAG rolled out public access to antiretroviral therapy, introducing what has since become the largest ART programme in the world. But despite considerable efforts and numerous awareness campaigns, only 33% of eligible HIV+ patients were receiving lifesaving ART in 2008. By some estimates, the unmet need for ART will result in 1.2 million preventable deaths by 2011.

To meet the severe unmet need for HIV counselling and testing, South Africa has moved towards encouraging healthcare providers to routinely offer HIV testing and counselling to all those accessing public healthcare services, and especially those accessing services considered key to HIV prevention and treatment such as antenatal care (ANC), family planning (FP), and services for sexually transmitted infections (STIs) and tuberculosis (TB). Building from the growing recognition in the international AIDS community that provider-initiated counselling and testing (PICT) is an integral part of combating HIV in highly endemic settings, the local health community, AIDS advocacy organizations, the South African National AIDS Committee (SANAC) and the National Department of Health (NDOH) have worked together to adapt the international guidance on PICT to the South African setting. There is good evidence of early success: in 2005, only an estimated 11.9% of South Africans knew their HIV status. By 2008 that figure had more than doubled to 24.7%. In 2005, only 15% of women aged
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In 2006, University Research Co., LLC (URC) was awarded a CDC-funded project to increase HIV Counselling and Testing in South Africa and Swaziland. In South Africa, the project was designed to assist the NDOH and the SANAC to meet the National Strategic Plan target of increasing the number of individuals who have ever had an HIV test to 70% by 2011 by emphasizing high quality provider-initiated testing and counselling (PICT). In order to increase access to HIV treatment and prevention services, the URC team worked closely with the NDOH to define and adapt international models of PICT for use in South African public sector health facilities. URC works closely with the provincial Departments of Health to identify districts and facilities within the provinces for expanding access to and use of C&T services. During the first three years of implementation, the project focused on the five provinces of Mpumalanga, KwaZulu-Natal, Limpopo, Northwest, and Eastern Cape provinces with the aim of increasing C&T uptake. In 2008, the project expanded to include Gauteng and Northern Cape provinces. By October 2009, 152 facilities had been reached. Over time, the project has helped South African health workers and policy makers reach a consensus around the need for PICT, has extended the number of facilities able to provide C&T, and has contributed to a substantial increase in the numbers of individuals tested.
A district-based approach

The CDC C&T project's success can be attributed in part to the effective use of a district-based model, in which support provided to the NDOH at the national level is matched by direct assistance given to health managers and providers in high-burden provinces and districts. Provincial and district project coordinators provide routine and ongoing support to assist facilities in strategizing interventions and translating policies into action.

Strategies for Strengthening PICT

In collaboration with CDC and the NDOH, URC developed the following strategies for increasing HIV C&T services in district-based health facilities. These strategies are continually reviewed in consultation with national and provincial health managers, facility staff, and district coordinators and adjusted to meet the evolving needs for C&T.

Increase the number of health facilities offering PICT services

URC assists HIV managers and providers in each focus district to develop a strategy for increasing uptake of PICT services focusing on elements such as: (a) clinical services and facilities to be targeted for integration of PICT; (b) key performance indicators (number of people to be trained; number of people who will receive the C&T services); (c) training schedules (who will be trained, when will they be trained); and (d) supervision (who will be responsible for providing supervision to facilities to ensure the timeliness and quality of integrated C&T services per national standards). The project has successfully incorporated a “collaboratives” approach to promote clear and consistent communication about the goals and responsibilities for PICT and to share best practices between facilities.

Improve capability and skills of health workers in PICT

URC works closely with facilities to ensure that lay counsellors and nurses are empowered to provide high quality, patient-specific, and comprehensive HIV counselling combined with accurate and reliable testing. Through in-service capacity building workshops reinforced with on-site support and mentoring visits by provincial coordinators, facility staff work together to develop systems for implementing C&T and receiving referrals from high volume services such as ANC, FP, STI and TB. Capacity building approaches emphasize patient-centred services focused around the Three Cs: informed consent, counselling, and confidentiality. URC supports district and facility-level supervisors as well as lay counsellors to use quality improvement methodology to strengthen C&T techniques according to accepted national and provincial guidelines and to evaluate the division of responsibilities between professional nurses and lay counsellors.

Increase number of ANC clients, TB and STI clinic attendees and general population who receive high quality PICT services

The goal of the C&T project is to support facilities to integrate high quality C&T services into general clinical services, with an emphasis on increasing the number of clients in the typically “high risk, high volume” ANC, FP, STI, and TB services who are tested for HIV. In each new facility, project staff help providers to conduct baseline assessments to identify site-specific challenges and evaluate the referral of clients from the various clinical settings by examining, for example, patient flow between service areas. The project’s district-based coordinators then assist facilities to develop service-specific strategies to increase C&T uptake.

Increase the number of HIV+ persons referred for further care and support by PICT service providers

A key approach for the project is to assist providers to view counselling and testing as an integral part of the continuum of care for patients. URC works closely with the facilities to promote internal linkages between HIV and other health services and facilitate external referrals. The project promotes a close working relationship with community-based organizations and other civil society partners able to support healthcare facilities to link patients to HIV treatment and wellness services. Facilities are assisted to develop mechanisms for tracking clients that are referred for C&T to help refer them in the appropriate direction, including prevention support for HIV+ patients.

Improve capacity of facility and district staff to collect, analyze and use monitoring and evaluation data, then plan and allocate resources for C&T and HIV care and treatment services based on timely and accurate information

Building capacities to support strengthened monitoring and evaluation systems is an essential strategy of the C&T project. URC’s provincial coordinators assist facilities to record and analyze data on a monthly basis and to identify quality gaps in access to C&T services and to track improvements in patient referrals for further care and treatment. Stronger data backed by on-the-spot feedback allows facilities to identify problems, plan improvements and future strategies, and see the results of their work.

Increase the number of new HIV cases screened for TB

TB was initially included as a focus area for increasing C&T services alongside other high volume services such as ANC, FP, and STIs. However, as the project evolved, it became apparent that due to the strong connection between TB and HIV infections in South Africa and the increasing prevalence of co-infected patients, TB required increased attention and facilities needed direct assistance to strengthen integrated TB and HIV services. The project has worked with facility staff to position HIV C&T as an integral part of strengthened TB control.

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Advocating for Provider-Initiated Counselling and Testing

When the C&T project began in 2006, a climate of scepticism persisted regarding PICT. As in many countries, health managers were concerned that introducing PICT in clinics might discourage clients from accessing general services. Patients’ groups and human rights advocates worried that maintaining the “opt-out” condition would be difficult and that patients might be coerced to receive an HIV test, or that upon receiving a positive diagnosis they would be exposed to discrimination or risk intimate partner violence. There was a degree of confusion among communities and facility clients about just what PICT would mean in practical terms.

For several years, the National Department of Health debated the move to promoting PICT. When URC’s C&T project began, its initial focus was on developing a strong partnership with national health policy makers to help them decide how best to advance a South African framework for PICT in line with the nation’s comprehensive HIV response and adapted to the realities of the country’s HIV epidemic. The URC project advocated strongly to develop a local version of the international PICT model and worked to inform decision-makers of the role of PICT in increasing access to HIV treatment and care services in highly endemic settings. Over the course of several years, the project continued to act as a resource as SANAC and the NDOH developed a strategy to strengthen HIV testing services.

To better understand the possibilities for PICT in South Africa, one component of URC’s assistance has been to work closely with CDC and NDOH to conduct operational research among specific target groups to measure improvements in access and quality of HIV counselling and testing. The project worked with HIV advocates at the national level to test the effectiveness of various intervention models, including other VCT models. This was seen as an important first step since, although there seemed to be a positive perception of routine testing initiatives among the general public, data on the receptiveness of specific approaches was limited and information from patients who have participated in routine PICT efforts had not yet been undertaken. Through these studies and in dialogue with providers and representatives of patients’ organisations, the project worked with the NDOH to develop guidelines on the provision of routine HIV C&T within public sector health facilities. In keeping with the existing VCT guidelines, the project promoted an approach which emphasized integrating C&T into high risk services such as FP, ANC clinics, and STI and TB services. With the assistance of the PDOH and district health managers, the project is assisting facilities to adopt the guidelines and provides feedback at the national level on the progress of implementation.

During the course of the project, URC staff have witnessed a number of successes as facility staff, health managers, and policy makers have come on board and recognized what can be accomplished through expanding access to HIV counselling and testing services. The project has participated in advancing the debate at the national level by taking part in key events such as World AIDS Day celebrations and has played an instrumental role in facilitating the National HIV Counselling and Testing campaign which kicked off in 2010. With the renewed emphasis on HIV testing as a central component of the national HIV prevention and treatment strategy, the project will continue to help policy makers and program managers to adapt lessons learned to scale up routine implementation of PICT.
Integrating C&T and Family Planning Services in KwaZulu Natal

The Philani Clinic in Ugu district in rural KwaZulu Natal province serves a catchment area of more than 11,000 people. With only three professional nurses, one staff nurse, and two lay counsellors, the clinic sees more than 1,000 clients per month. KwaZulu Natal (KZN) is a densely populated province with some of the highest HIV prevalence in South Africa. The clinic is relied on by many young women in the area for routine FP services, including oral contraceptives and hormonal contraceptive injections. Most of the women who come to the clinic looking for information and advice on avoiding unwanted pregnancies are between the ages of twenty and thirty years, though some are younger. As in many district-based primary care clinics in South Africa, clients who come to the Philani Clinic for FP services are typically put in the “fast queue,” separate from clients who come in for care of illness or injury, and are fast tracked for assistance from the sister on duty for FP that day. Many women prefer this system, as it provides a simple and quick way for them to come in between work or after school for assistance with family planning.

Family planning services are amongst the recommended high volume services to target PICT. In South Africa, women between the ages 20-29 have the highest HIV prevalence rates of any group, a trend which continues even as prevalence has stabilised or begun to decline in other age groups. As understandings of young women’s particular vulnerabilities to HIV infection have grown, more concerted efforts are being made to target prevention efforts to this demographic. However, as URC staff have discovered, once women have been fast-queued for FP services, they often do not want to deal with the “bother” of waiting to see a lay counsellor to receive an HIV test. There is a high refusal rate for referrals from FP services. The result is many missed opportunities to spread awareness amongst sexually active young women about HIV transmission and risk avoidance, and to build their understanding of the benefits of knowing one’s status to protect themselves and their partners.

Working with the clinic staff at Philani, URC’s district-based coordinator decided to target FP services to increase HIV C&T. In discussions, one of the nurses realized that she had only tested one or two family planning clients for HIV in the last three months, and the staff agreed that they could do better. In their early morning meetings (frequently held between 7 and 8 AM, before the “morning rush” of clients), the clinic staff discussed the problem and decided on an intervention to try. Lay counsellors would be integrated as part of the fast queue and clients would be directed to see them before continuing on to receive their FP consultations. The URC coordinator worked closely with the lay counsellors to tailor their counselling approach to make it appropriate to FP clients and to reinforce the links between prevention of pregnancy and protecting yourself and your partner from HIV. Over time, the clinic saw a strong increase in referrals from FP clients. As a result of the success, the Philani Clinic decided to target another typically low-performing area—STI services. Along with FP services, STI referrals for counselling and testing are often much lower than those from ANC or TB services, as embarrassment or fears of stigma can make clients, many of whom are men, reluctant to be seen by a lay counsellor. Using a similar approach by integrating C&T as part of STI consultations, the clinic has seen some promising initial successes in increasing the number of STI clients receiving HIV counselling and testing.
Results

In 2008, the URC C&T project expanded to include two additional provinces, Gauteng and Mpumalanga, bringing the total number of focus provinces to seven. By the end of 2009, the project had met its target for project sites and had expanded to support 152 facilities. In fiscal year 2009, the project also surpassed the targets set for the number of individuals tested, the number of newly identified HIV+ individuals screened for TB, and the number of individuals trained in C&T. In some cases, such as the number of individuals tested, the project far exceeded its target: rather than reaching only 150,000 as planned, the project team succeeded in supporting testing for more than 220,000 people. Some of the results to date are demonstrated in the graphs below.

Figure 1: Total Number Pre-Test Counselling
With the assistance of the district-based staff, project-supported facilities in all provinces have experienced an increase in the number of clients receiving HIV testing. This is due to both the better integration of C&T for high volume services and the improved quality of HIV counselling, which has reduced "opt-outs."

Figure 2: Family Planning Clients Referred for C&T in KwaZulu Natal Province
The figure below shows the significant results achieved in project-supported sites in KwaZulu Natal, a high burden HIV province, to introduce HIV C&T for FP clients. The project team has worked hand-in-hand with facility staff and managers in this province to develop and implement strategies to reach sexually-active women and girls (a key high risk-group) with HIV testing.

Figure 3: Percent of New HIV+ Patients Screened for TB
In response to the need to effectively integrate TB and HIV services, the project has scaled-up efforts to promote HIV C&T for TB clients and build the referral network for TB services from the HIV entry point. The figure below show the increase in new HIV patients effectively referred for TB services in URC-supported sites, demonstrating how a strong counselling and testing model can be used to encourage high-risk patients to access appropriate services.

Figure 4: Numbers Trained, by Category
The C&T project has strategically used district and provincial level trainings to build the skills of health managers, professional and staff nurses, lay counsellors, and community health workers to support the integration of high quality HIV C&T. Training objectives are set collaboratively with district-based staff and are followed by supportive mentoring at the facility site. The project works closely with the NDOH to develop training materials and guides to allow facilities to put the national Routine offer of Testing and Counselling (RTC) policies into use.

Next Steps for the HIV C&T Project
A key emphasis going forward will be to sustain the momentum created to date while seeking to further institutionalize C&T services in the current project-supported facilities. An important part of the project's work during its final year will be to help partners in SANAC and the NDOH to further refine national policies for C&T and translate policy into targeted guidelines which can be conveyed to district managers and facilities. As the benefits of earlier treatment encourage more people to undergo testing and counselling and learn their HIV status, AIDS control partners will need to stay linked to the most current recommendations and approaches relevant to PICT.
World AIDS Day 2009, the South African government endorsed the new WHO recommendations for earlier initiation of ARTs for HIV+ individuals, tied to a stronger emphasis on getting tested to know one’s status earlier in the progression of the virus. Building from this momentum, the country launched the massive National HIV Counselling and Testing Campaign in April 2010. The HCT project is a strong supporter of this landmark initiative and has contributed by training more than 2,500 doctors, nurses, and lay counselors in provision of high-quality HIV counseling and testing. The project also gave support provincial health managers and more than 150 health facilities in high-burden districts to help meet the campaign targets for numbers of people tested.

Moving forward, the URC C&T project team will also continue to adapt and incorporate new emphases in response to needs identified by the clinic-based coordinators and partners. For example, a priority which has emerged through discussions with the NDOH is the need for couples counselling and testing. This approach has tremendous potential to increase the numbers of individuals tested, combat stigma around HIV and AIDS, address the issue of prevention for couples with discordant status, and more efficiently link testing and counselling to referrals for care and support. The URC C&T team is currently working with the NDOH and SANAC to refine the approach and develop recommendations for couples counselling and testing, looking at questions such as: how do we define a couple in this context? How should counselling be approached by the healthcare worker? How should couples be reported in data registers? Another priority is accurate and actionable data collection methods. The project will continue to investigate innovative monitoring strategies such as the recent internal facilities register which is designed to be linked to a particular facility and allow nurses and lay counsellors to receive immediate feedback on their progress and reinforce successful practices which have the potential to be replicated elsewhere.

In all of the districts where the project works, the restraints caused by the lack of trained health workers able to provide HIV C&T is a recurring theme. As South Africa embraces the need for PICT, pressure is created to quickly scale up C&T at the facility level. At the same time, there are concerns about the quality of counselling provided by lay counsellors who receive only brief introductory training courses which are not often followed up by additional in-service training. To address the constraints caused by the lack of human resources for C&T, the project is working with partners in the PDOHs and major health training institutes to develop an accredited certificate training course for C&T geared towards nursing students and current active healthcare workers. Through this course, professionals and students will receive a uniform and standard curriculum for PICT which they will be able to use to extend high quality counselling and testing beyond directly-supported project sites. Through an expanded emphasis on training, the project also hopes to reach more private practitioners and increase PICT within private sector clinics.

Future Needs for PICT in South Africa

Although the URC C&T project has achieved significant results over the past four years and will continue to do so through 2010, there is a great deal of work that remains to be done. Through discussion with project partners, some of the priorities listed below have been indentified. Many of the areas identified are interrelated, reflecting the role of stronger C&T services at the centre of the growing network of HIV and AIDS services, linking prevention, care, and treatment.

- The ongoing leadership and commitment of the SAG to support PICT will be important moving forward to further refine policies and guidelines and ensure the support of health facilities and communities. District health departments need to be supported to apply appropriate implementation models which focus on reducing barriers to accessing testing and counselling services.

- As C&T becomes better integrated into high-volume and problem services, new avenues for promoting C&T should be explored, including expansion into general clinical services, creating workplace programs to link with employee clinics in large private sector companies, or expanding C&T services through mobile clinic networks. Increasing PICT in private sector clinics should also be prioritized.

- Efforts are needed to further increase community outreach and address some of the popular misconceptions around C&T. Messages also need to focus on increasing the number of men tested. Using a district-based approach, community groups should be assisted to partner with facilities to develop local advocacy, communication, and social mobilization strategies to increase demand for C&T. With help from service providers, community partners need to explore how to adjust current VCT messages to build awareness of the benefits of routine testing and counselling and reduce opt-outs at the facility site.

- Primary care centres frequently suffer from a lack of adequately trained staff, especially as demands on health care workers time have multiplied with the integration of HIV and TB services and an increased emphasis on routine reporting and recording of data. C&T services need to be introduced in a way which mitigates ‘burn out’ of service providers, which dangers the sustainability of interventions. While there is no simple solution, a promising method is to focus on empowering lay counsellors to perform more tasks under the supervision of professional nurses.

- Future work will need to focus on increasing the number of men tested, who have shown to be significantly less likely than women to use VCT services. Stronger ACSM, a continued focus on targeting STI services, and an increased focus on providing C&T through workplace programs and private clinics should be part of an effort to address this.
As with many HIV and AIDS interventions, there is a need to have better information on the use of testing services and health seeking behaviour in regards to counselling and testing. It will continue to be important to build provider capacities in the facility sites to capture and interpret data related to testing and referrals. Additional dedicated personnel to act as data capturers and further incorporation of the VCT register are two possible ways of addressing this issue.

As the numbers of individuals seeking testing increases, stronger coordination with the laboratory services will be needed to maintain patients’ confidence in testing services and facilitate referrals. Currently, inadequate transport and delivery systems for samples, long turn around times for CD4 tests, and the lack of quality assurance for laboratory results is a barrier to scaling up testing.

Similarly, as testing services increase, leadership will be needed to strengthen the supply chains for testing equipment and facilitate the supply of testing materials to facilities in order to avoid stock outs. Clarified and consistent polices are needed at the provincial level relating to standardized test kits.

Among its many successes, the URC C&T project in South Africa has worked to shed light on the potential for PICT to be a model for changing provider attitudes towards the division of services and to push facilities to improve the quality of care by shifting to a more patient-centred approach. Future work should highlight the role of PICT as a component of health systems improvement and tie in with efforts to improve the continuum of care both for HIV and general clinical services. As some facility staff working with the project have noted, strengthening PICT can be a challenge, as it is akin to changing a tire while the car is moving. The challenge to all HIV and AIDS partners is to keep momentum up (and keep the car moving) while also building a better car.

### List of Acronyms

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>ACSM</td>
<td>Advocacy, Communication, and Social Mobilization</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>C&amp;T</td>
<td>Counselling and Testing</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>KZN</td>
<td>KwaZulu Natal</td>
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<td>NDOH</td>
<td>National Department of Health</td>
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<td>PDOH</td>
<td>Provincial Department of Health</td>
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<td>PICT</td>
<td>Provider-Initiated Counselling and Testing</td>
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<td>RTC</td>
<td>Routine HIV Testing and Counselling</td>
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<td>SAG</td>
<td>South African Government</td>
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<td>SANAC</td>
<td>South African National AIDS Council</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>University Research Co., LLC</td>
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### Sources


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