

# Task-shifting in HIV Testing Services

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## What are the findings from this evidence review?

- Lay providers can perform testing with accuracy that is comparable to that of laboratory professionals (moderate evidence).
- People are generally accepting of, and satisfied by, testing received from lay providers (moderate evidence).
- There is good uptake, and in some cases higher uptake, of testing provided by lay providers compared with that provided by clinical providers (strong evidence).
- Most of the evidence related to the use of task-shifting in HIV testing is from low- and middle-income settings.

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Canada's source for  
HIV and hepatitis C  
information

La source canadienne  
de renseignements sur  
le VIH et l'hépatite C

## BACKGROUND

An estimated 14% of HIV-positive Canadians are unaware of their status.<sup>1</sup> People who are undiagnosed cannot benefit from HIV care and treatment and most HIV transmissions originate from people who are undiagnosed or are diagnosed but not in care.<sup>2</sup>

Changing approaches to testing can potentially reduce the proportion of people who are undiagnosed. One way to increase access to testing is through task-shifting, which involves distributing tasks from highly trained clinical health providers to lay providers or non-clinical providers with less training, or with training in specified tasks.<sup>1</sup>

Lay providers or non-clinical providers (e.g., peers, social workers, outreach workers) are people who have been trained to deliver specific healthcare services (e.g., testing services) but who are not clinicians (e.g., physicians, nurses, pharmacists) with a professional or paraprofessional certification or tertiary degree<sup>2</sup> related to healthcare.

In the case of HIV testing, task-shifting means using lay providers to perform:

- pre- and post-test counselling;
- testing (typically rapid point of care or dried blood spot);
- and linkage to care/prevention, depending on test results.

International guidelines (World Health Organization) and recommendations (International Association for Physicians in AIDS Care) support the use of task-shifting in HIV testing.<sup>2,3</sup>

## BACKGROUND

Potential advantages to task-shifting include:

- bringing services closer to where people are,<sup>4</sup>
- providing culturally sensitive care that may help to reach people in the lay providers' community,<sup>1</sup>
- the ability to address healthcare worker shortages by making use of underutilized resources<sup>4</sup> and
- potential cost-savings by shifting services from highly trained clinical staff to staff trained for specific tasks.<sup>2</sup>

## METHODOLOGY

- An evidence review was undertaken to summarize research information on the use of task-shifting to lay providers in HIV testing.
- The key search terms used were HIV, testing, administer test, peer, community advocate, lay provider and paraprofessional (Embase search terms). Searches were limited to research literature published between January 2015 and March 2019 and were focused on Canadian or similar health systems (e.g., Australia, United Kingdom, Portugal). Articles were identified using PubMed and Embase as well as through the review of reference lists of relevant articles.
- Articles related to the use of task-shifting in low- and middle- income countries were excluded from the review, except where they were included in review articles. Research literature from low- and middle-income countries, as well as research literature before 2015, was largely captured in the systematic review articles included here.<sup>5</sup>

## **FINDINGS**

### **Accuracy and quality of testing by lay providers**

One systematic review considered the accuracy and quality of HIV testing for HIV screening. The systematic review included a randomized controlled trial and two observational studies (moderate evidence). These studies were conducted in South Africa, Malawi and Cambodia. No additional single studies that met the search criteria were identified. The systematic review found that the quality of tests performed by lay providers was comparable to that of tests performed by trained healthcare professionals.<sup>5</sup>

### **Acceptability of and satisfaction with testing by lay providers**

Six studies considered the acceptability of and satisfaction with HIV testing conducted by lay providers. One of these studies was a randomized controlled trial and the other five were observational studies (moderate evidence).

Participants expressed satisfaction with lay provider testing, although there was a lack of consistency in the indicators used across the studies.

### **Uptake of lay provider testing**

A systematic review (which included one randomized controlled trial and one observational study), a systematic review and meta-analysis (which included one randomized controlled trial, two quasi-experimental studies and four observational studies) and an additional four observational studies (strong evidence) provided evidence on uptake.

Studies found that there is generally high uptake when testing by lay providers is offered and in many cases, testing by lay providers is able to reach first-time testers.

# WHAT DOES THIS MEAN FOR SERVICE PROVIDERS?

Service providers in Canada may want to consider using lay providers to increase access to testing in areas where populations do not make regular visits to clinical settings and to assist with bringing testing to where people are. It is important to consider the population that a lay provider testing program is trying to reach and to continually monitor whether these approaches to testing are reaching previously undiagnosed populations.

In Canada, a recent change to the Intended Use statement for the POCT used in Canada (INSTI HIV-1/HIV-2 Antibody Test) means that the test has been approved for use in expanded settings and by an increased range of care providers. However, the ability to use lay providers for testing will depend on the uptake of this change to the Intended Use statement across Canada. Service providers should look for guidance (e.g., whether use of a POCT requires a medical directive) in their specific region and from within their organization.

Lay providers should have adequate training and support to perform the tasks associated with testing. This includes the use of on-site supervisors and someone trained in laboratory procedures. It is important that lay providers achieve and maintain competency in testing procedures, as well as medical ethics, confidentiality and counselling, to ensure the quality of testing. A quality control system, as well as quality standards and procedures, should be used with all HIV testing to ensure testing accuracy and quality.<sup>1</sup>

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