

HIV Treatment Services: Patient-centred or Cadre-centric?

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Access



How Far Should They Walk? Increasing Antiretroviral Therapy Access in a Rural Community in Northern KwaZulu-Natal, South Africa

Victor G. Fredlund and Jenny Nash

Mseleni Hospital, Umkhanyakude, South Africa

What does universal access mean?



And are nurses the only answer?

Special theme – Health workforce retention in remote and rural areas

Wanted: 2.4 million nurses, and that's just in India

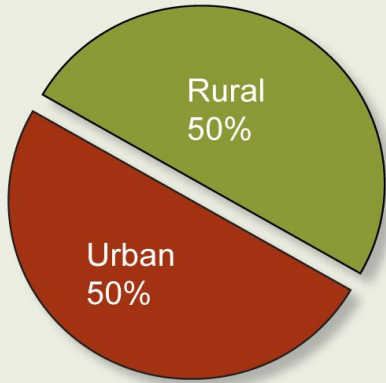
In most countries of the world there is a shortage of nurses but nowhere is it so acute as in the developing world. With International Nursing Day on 12 May 2010, Kathryn Senior investigates.

Who does what where?

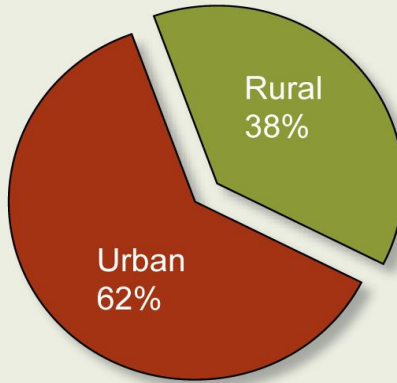
NUMBER OF INHABITANTS PER DOCTOR

390:1 390:1 470:1 470:1 470:1 470:1 470:1 470:1 470:1
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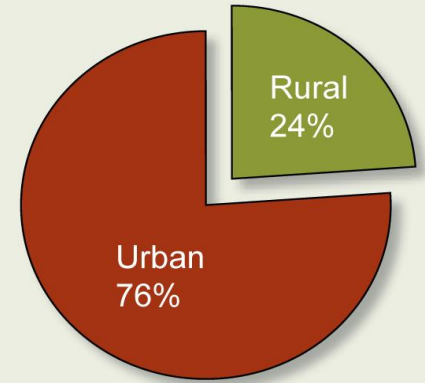
World population



Nurses worldwide

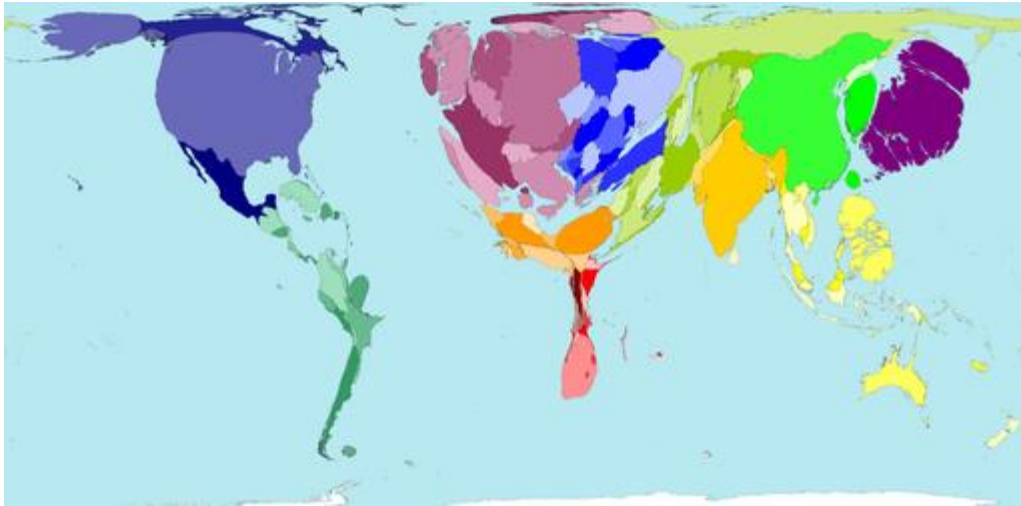


Physicians worldwide

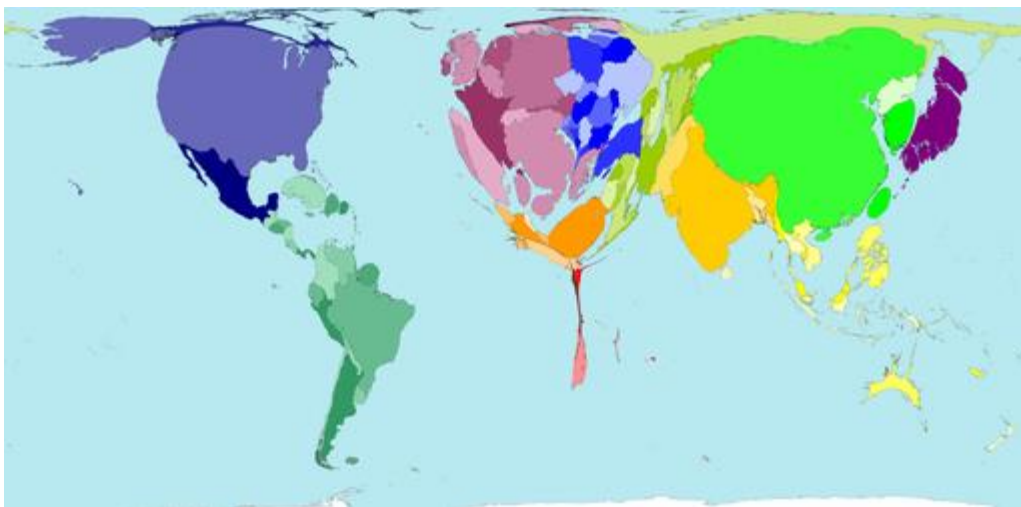


United Nations, *World Urbanization Prospects - The 2007 revision*

World Health Organization, *The World Health Report 2006 - Working together for health*



Proportion of all nurses



Proportion of all
doctors

of note in South Africa

- As of 2011, 45% of registered Professional Nurses / midwives are **50 years or older**
- Average age of the ~ 3,000 graduates from 4-year programs is **30**
- Average age of ~ 2 650 graduates from bridging program is **39**
- 1,754 PNs are registered with some type of certificate in primary health (of 8)
- National clinic supervision rate is **48% 1 visit/month**

The solution: task shifting.

?

Nurses are meant to contribute to the multidisciplinary team, not **be** the team. What next, lab? audiology?

- Prescribing
- **Dispensing**
- Phlebotomy
- Counselling



Task-shifting should not be linear

Who defines what a healthcare provider is and what they do?



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Who defines what a healthcare provider is and what they do?

'nurse'

- 1-**10+** years education post-matric
- Advanced practice nurse
- Registered nurse
- Registered midwife
- Staff nurse
- Enrolled nursing assistant / licensed practical nurse

'doctor'

- 6-14+ years education post-matric
- Specialist
- Paediatrician
- Physician
- General practitioner

What does it take to safely prescribe ART?



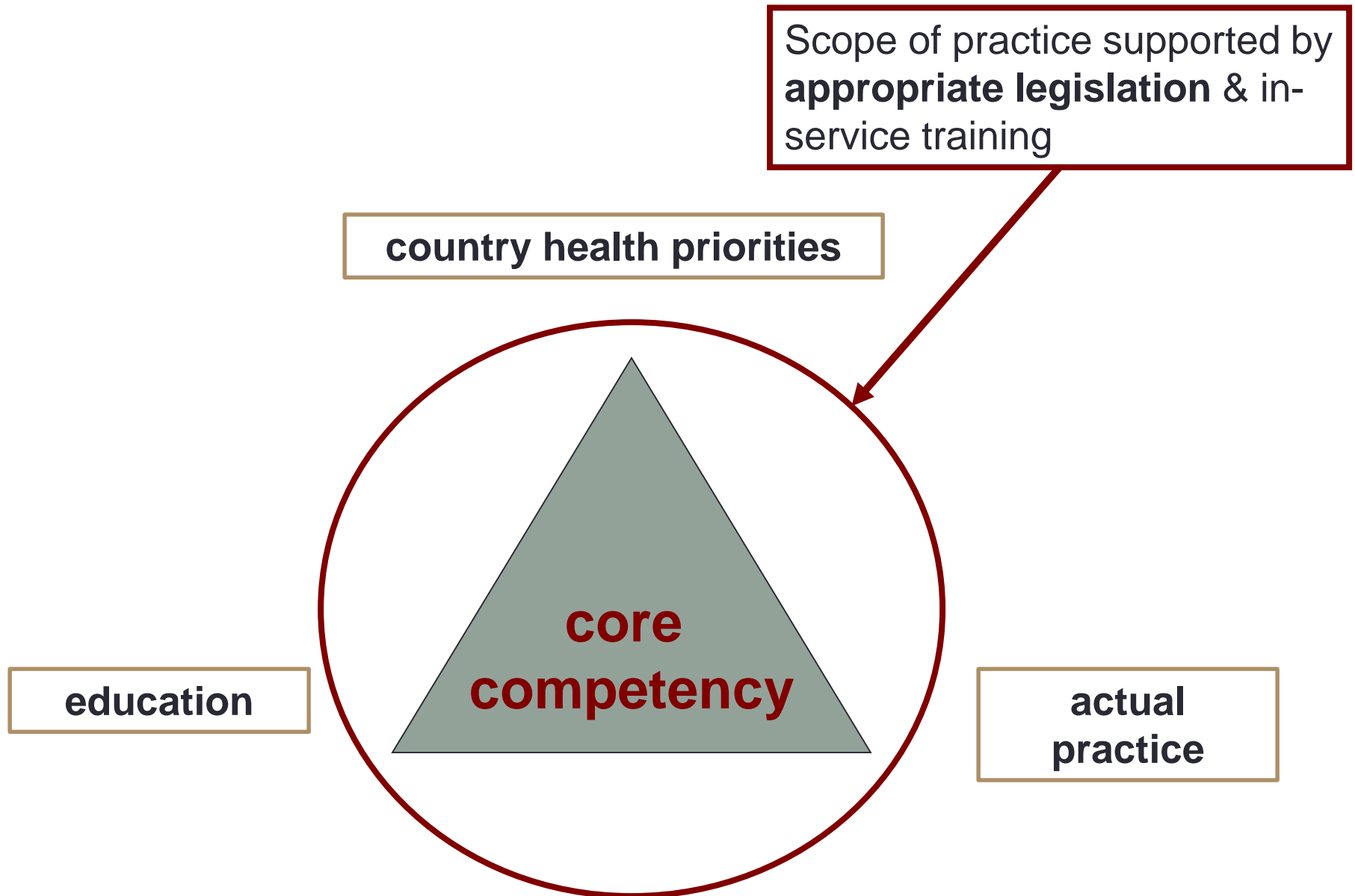
What is the minimum length of time an individual must train (pre-service + in-service) to competently provide quality HIV care and treatment services?

Population	25,040,000
HIV prevalence	11.5%, geographic variability from 3.3% - 29.9%
Ratio of doctors to 1,000 population	0.03
Ratio of nurses to 1,000 population	0.34

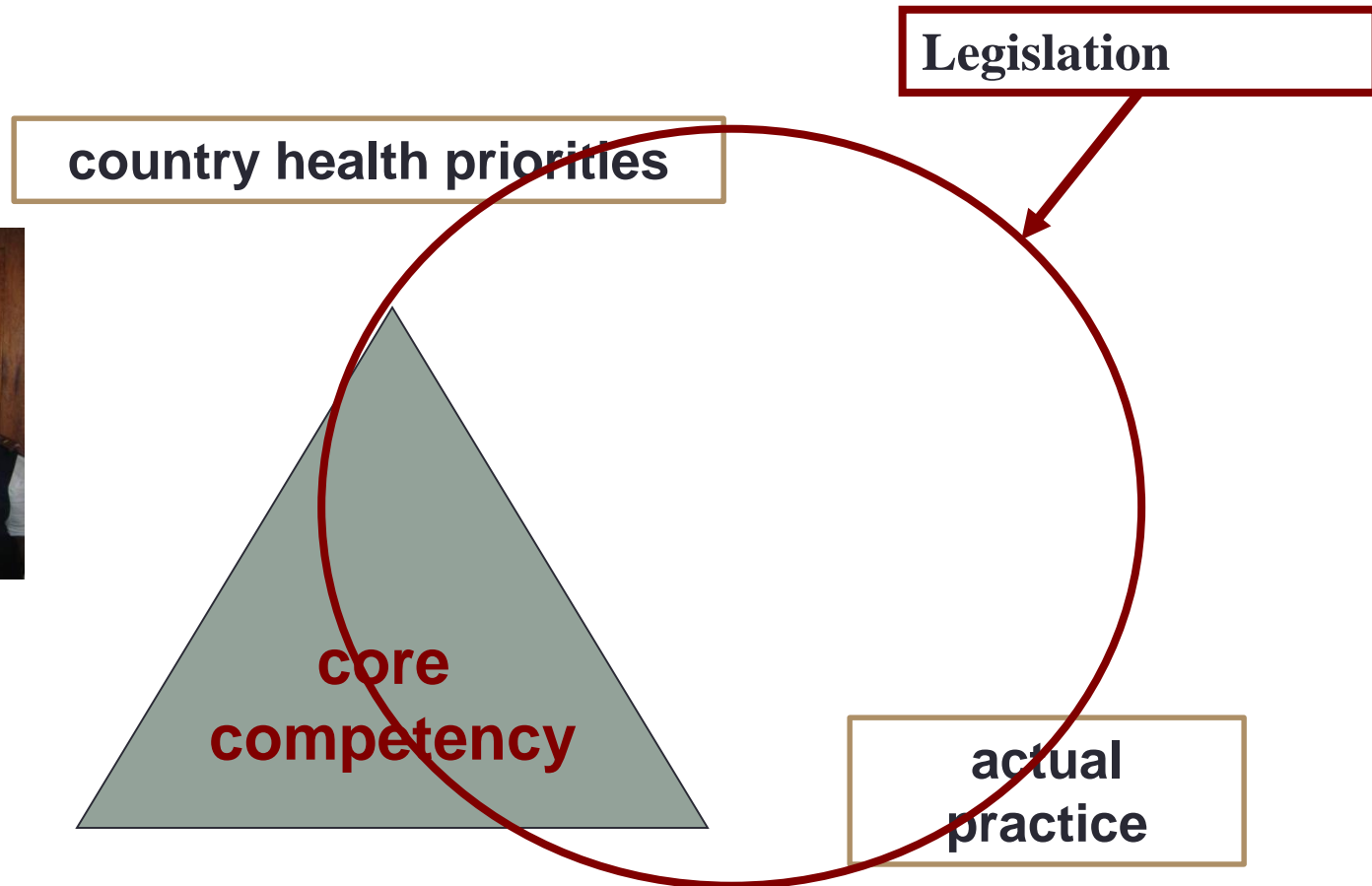


- 73.1% of clinical providers are nurses
- Medical technician cadre
- Two cadres: maternal child health & general nurse
 - MCH nurses prescribe ART
 - **18 months** education

Scope of practice: the ideal



The reality in many SSA countries with regards to prescribing



education

core
competency

Legislation

country health priorities

actual
practice

Timeline in South Africa

- 1983 Human Tissue Act
- 2003 National Health Act
- 2004 ART (schedule 4) introduced in public sector
- 2005 ‘new’ Nursing Act
- 2007 National Strategic Plan
- 2009 task shifting recommendations of SANAC TTT accepted by plenary (>18 months of ‘process’)
- 2009 Nursing Act of 2005 proclaimed, regulations outstanding
- 2010, 1 million on ART despite HRH shortages...
- **1 April 2010, nurses ‘allowed’ to prescribe**
- 17 May 2010, 23(b) of Human Tissue Act repealed
- 2013 new ART guidelines

Authority to prescribe ≠
regulated practice

A Survey of Nurse-Initiated and -Managed Antiretroviral Therapy (NIMART) in Practice, Education, Policy, and Regulation in East, Central, and Southern Africa

Alexandra Zuber, MPP

Carey F. McCarthy, PhD, MPH, RN

Andre R. Verani, JD, MPH

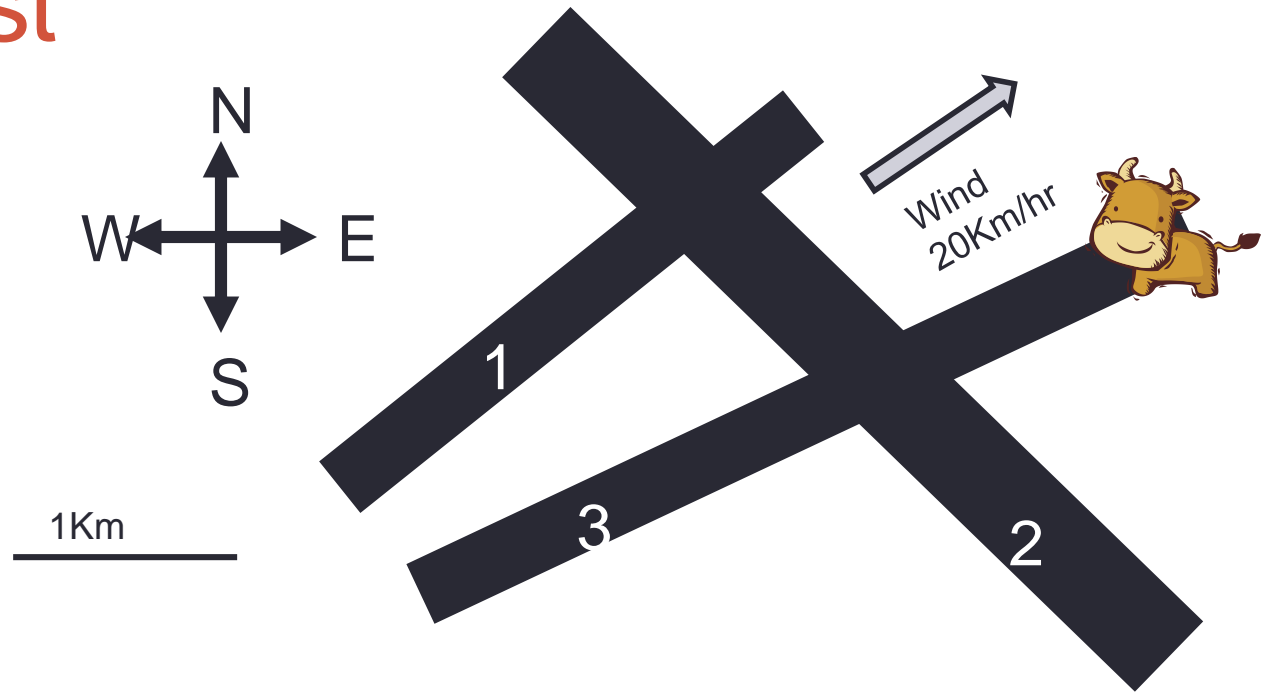
Eleanor Msidi, PhD, MPH

Carla Johnson, RN, BSN, ACRN

“only two countries in our sample* required continuing education for re-licensure of nurses, and only one country assessed NIMART competencies in a national credentialing examination”

*Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe

Flight Test



Given the diagram above, which of the following pilot decisions is MOST appropriate ?

- A. Take off on runway 1 from the NE
- B. Land on runway 2 from the SE
- C. Take off on runway 3 from the SW

Correct Answer = A

Would you get in a plane with a person based on their score on the test?

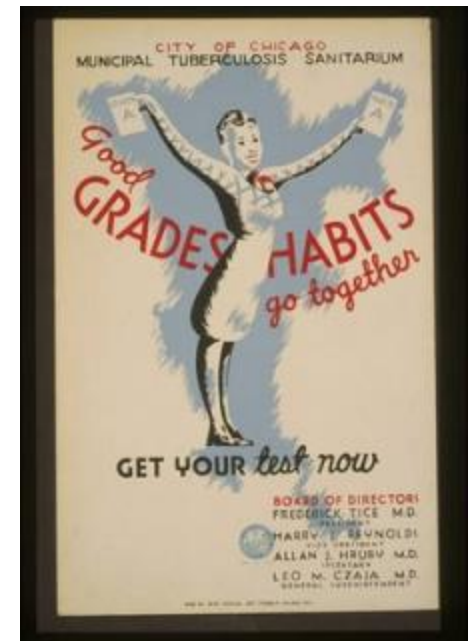


Competency

Core competencies are the essential knowledge, **skills** and attitudes necessary for the providing a set of services (tasks)

Is not specific to **cadre**

Minimum to practice **safely**



Competency Based Training = Competence + Confidence



Most improved skills of midwifery students after PHC placement

Competence

Skill	Percent improvement
Prepare patients for ARVs	33.2%
Dry blood spot test	30.4%
Identify common side effects of each ARV	23.9%



Confidence

Skill	Percent improvement
Screens woman for intimate partner violence	43.1%
Syndromic management of STIs	41.1%
Initiate / prescribe patients on first line ARVs	39.4%
Counsels and tests infants and children for HIV	37.5%
Assess baby's breathing / perform resuscitation	36.5%

The evidence: Quality

Quality of HIV care provided by non-physician clinicians and physicians in Mozambique: a retrospective cohort study

**Kenneth H. Sherr^{a,e}, Mark A. Micek^{a,e}, Sarah O. Gimbel^{a,e},
Stephen S. Gloyd^{a,e}, James P. Hughes^b, Grace C. John-Stewart^c,
Rosa M. Manjate^f, James Pfeiffer^{a,e} and Noel S. Weiss^d**

How much does quality of child care vary between health workers with differing durations of training? An observational multicountry study

*Luis Huicho, Robert W Scherpbier, A Mwansa Nkowane, Cesar G Victora, and the Multi-Country Evaluation of IMCI Study Group**

Review

Non-physician clinician provided HIV treatment results in equivalent outcomes as physician-provided care: a meta-analysis

Connor A Emdin⁵, Nicholas J Chong and Peggy E Millson

“Non-physician-provided HIV care results in equivalent outcomes to care provided by physicians and may result in decreased LTFU rates”

Nurse versus doctor management of HIV-infected patients receiving antiretroviral therapy (CIPRA-SA): a randomised non-inferiority trial

*Ian Sanne, Catherine Orrell, Matthew P Fox, Francesca Conradie, Prudence Ive, Jennifer Zeinecker, Morna Cornell, Christie Heiberg, Charlotte Ingram, Ravindre Panchia, Mohammed Rassool, René Gonin, Wendy Stevens, Handré Truter, Marjorie Dehlinger, Charles van der Horst, James McIntyre, Robin Wood, for the CIPRA-SA Study Team**

The effects of nurse prescribing: A systematic review

Table 3
Clinical outcomes of patients receiving prescriptions from nurses versus physicians.

Study	Country	Type of patient	Clinical outcomes		
			Better outcomes for nurses	No difference	Better outcomes for physicians
Tobe et al. (2006)	Canada	Diabetes and hypertension	X ^a	X	
Cox and Jones (2000)	UK	Sore throats	X ^b	X ^c	
Einhorn and Trias (1978)	Colombia	Women seeking contraceptives		X	
Fletcher et al. (2011)	USA	Diabetes and/or hypertension		X	
Houweling et al. (2005c)	Netherlands	Diabetes		X	
Kinnersley et al. (2000)	UK	Various		X	
Kuethel et al. (2011)	The Netherlands	Asthma (children)		X	
Shum et al. (2000)	UK	Various		X	
Spitzer et al. (1974)	Canada	Various		X	
Venning et al. (2000)	UK	Various		X	
Houweling et al. (2005b)	The Netherlands	Diabetes		X	X ^d
Houweling et al. (2009)	Netherlands	Diabetes		X	X ^d
James (2004)	UK	Diabetes	Unclear	Unclear	Unclear

^a For diastolic blood pressure.

^b For perception of being back to normal health and number of days for sore throat to settle.

^c For number of patients whose sore throats had settled.

^d For cholesterol/HDL ratio.

The effects of nurse prescribing: A systematic review

Table 4
Patients' satisfaction with care provided by nurses versus physicians.

Study	Country	Patient group	Patient satisfaction with care provided by nurses versus physicians		
			Less	Same	Greater
Williams et al. (2009)	USA	Mental illness	X		
Kinnersley et al. (2000)	UK	Various		X	X ^a
Cox and Jones (2000)	UK	Sore throats		X	
Foreman and Morton (2011)	UK	ADHD		X	
Pritchard and Kendrick (2001)	UK	Various		X	
Spitzer et al. (1974)	Canada	Various		X	
Gambino et al. (2009)	USA	Cardiology and rehabilitation			X
Houweling et al. (2005b)	Netherlands	Diabetes			X
Houweling et al. (2005c)	Netherlands	Diabetes			X
Houweling et al. (2009)	Netherlands	Diabetes			X
Jones et al. (2011)	UK	Hypertension and/or renal			X
Shum et al. (2000)	UK	Various			X
Venning et al. (2000)	UK	Various			X

^a Children are more satisfied.

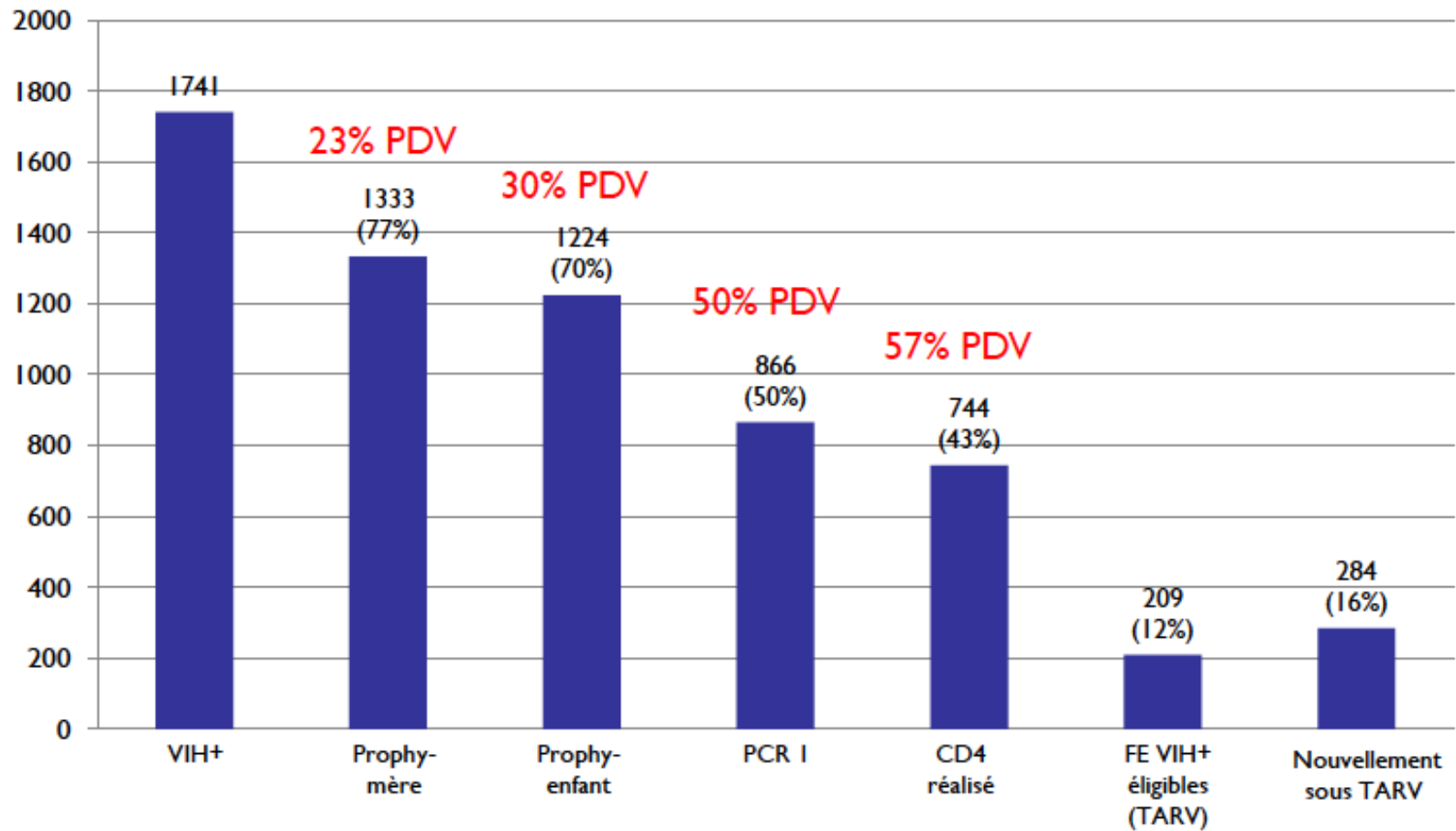
Nurse and manager perceptions of NIMART implementation in South Africa: a qualitative study

Themes Identified

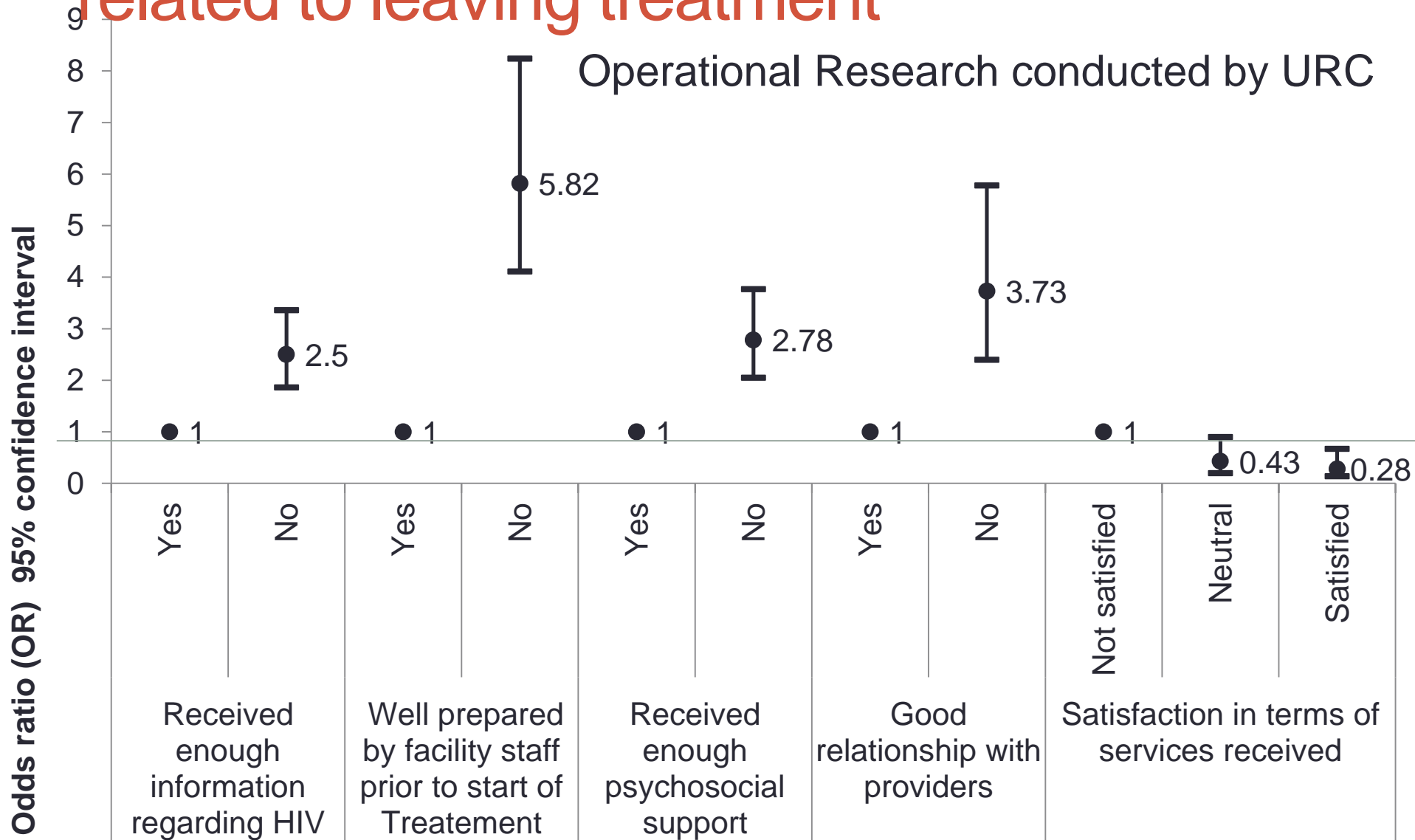
- “**You are alone as a sister**...there’s nobody helping you”: Human Resources
- ‘I’m not yet ready [to initiate]...I still have hiccups...**I need support**’: Training and Clinical Mentoring
- “Communication is one way down, **they tell us what to do**...we don’t have a say”: Communication, Consultation and Networking
- “These little hovels...**it’s disgraceful**, really!”: Infrastructure, Support Systems and Innovative Integration Models

PMTCT cascade

Juin 2011 – Mai 2012



Analyse multivariate analysis of factors related to leaving treatment



Framework for success: focus on the patient

- **Advocacy** still required in some countries
- **Policy** for regulation, standardization, safety
- **Education** and training, including targeted strategies to increase relevant HRH (medical technician vs. general nurse)
- **Implementation**, within context of a 'functioning' health system.

Ensuring quality is more important than ever



- Enkosi
- Kea leboha
- Khanimanbo
- Obrigada
- Merci
- Thank you



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