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Nurse task-shifting to improve coverage of antiretroviral treatment and early initiation in HIV care in Cote d'Ivoire

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Introduction

Despite efforts to increase access to antiretroviral treatment (ART) to people living with HIV, the percent of ART eligible individuals on treatment (coverage) remains low in Cote d'Ivoire. Unlike many highly impacted countries, ART initiation and continuation has been limited to medical doctors in Cote d'Ivoire, who are in short supply. One of the strategies to improve ART coverage is task shifting the responsibility for HIV care and treatment to nurses and midwives. ICAP, in partnership with the National Program for Treatment of People Living with HIV (PNPEC), launched a pilot project to test the feasibility and efficacy of nurse task shifting for ART management Cote d'Ivoire.

Methodology

PNPEC, with technical assistance from ICAP and financial support from CDC/PEPFAR, developed a study protocol and worked with the technical working group (TWG) to select pilot sites. The TWG also defined the tasks to be delegated to nurses and midwives and the process to ensure implementation of activities at each site. Twenty-seven pilot sites were selected and 75 nurses and midwives were trained to offer HIV care and treatment. On-the-job coaching and mentorship was provided by the supervising physician at the health facility or by the district medical officer. Only patients newly enrolled in HIV care and treatment were included in the evaluation results of the pilot.

Results

Of the 75 nurses and midwives who completed the theoretical training, 70 were present to participate in the practical training in the health facility. Of those trained, 93% of nurses and midwives were deemed competent by their supervising physician to provide HIV care and treatment. All the pilot sites (except one which closed in the 2011 crisis) completed all program activities in the 12-month study period.

At the pilot sites, 1,314 patients were enrolled in care by a nurse or midwife; 714 (54%) of those enrolled in care initiated ART. Of those enrolled, 540 (41%) were initiated on care at lower level health facilities (without a staff physician): 6% of patients presented with advanced HIV (classified as CDC Stage C), 25% had a CD4 result < 200 cells/mm3, and 90% of patients who were eligible for ART initiated triple therapy under the care of a nurse or midwife. Of the 79 pediatric patients enrolled during the pilot, 9% presented with advanced HIV, and 53 (67%) children initiated ART treatment.

The number of patients alive and on treatment 12 months after initiation was 578 (81% of all who had enrolled). During the study period 4% of patients on ART died and 11% were lost to follow-up.

Conclusion

Task shifting care and treatment for HIV is feasible in Cote d'Ivoire. Access to ART is improved as patients were initiated by nurses or midwives at lower level health facilities that lacked physicians. Health centers without a physician on staff, but with a trained nurse or midwife, can contribute to increasing coverage of ART and facilitate early access to care for people diagnosed with HIV. Non-physician providers (nurses and midwives) demonstrated capacity to provide ART, including for patients with quite advanced disease, and contributed to a retention rate of 81%--higher than the typical rate of 60% among HIV patients in care in CI, according to a 2013 estimate from CDC/PEPFAR.

Figure 1: Cascade of care and treatment of patients enrolled in care by nurses and midwives, by type of health facility

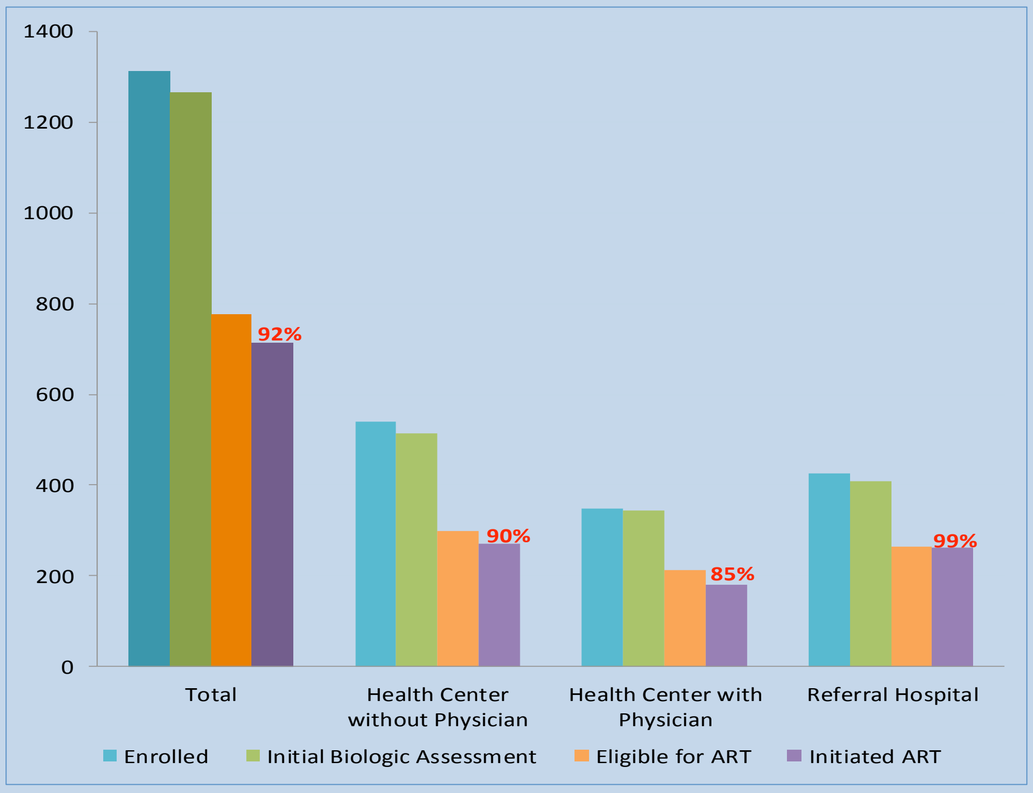

Figure 2: Retention among patients on ART 12 months after initiation by a nurse / midwife, by type of health facility