

# ACTS (Advise, Consent, Test, Support)

A task-shifting program for scaling-up HIV testing in South African youth-serving clinics.

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## Background

### Youth in South Africa Highly Vulnerable to HIV/AIDS

A number of social, biological and behavioral factors put South African youth at extreme risk of acquiring HIV.

It is estimated that 10.4% of young South Africans ages 15-24 are HIV+, and young women are particularly vulnerable (approximately 17% of females ages 15-24 are HIV+ compared to 4% of males in the same age group).

While the overall prevalence of HIV in the Western Cape is almost 16%, in the township of Khayelitsha in Cape Town, the ante-natal prevalence is 32% among a population of at least 400,000.

### Missed Opportunities to Identify and Treat HIV+ Youth

In 2005, nurses at two Khayelitsha youth clinics served monthly 2,500 youth for family planning (FP) and 650 youth for sexually transmitted infections (STIs) but referred youth to lay counselors (LCs) for HIV testing.

Two LCs delivered 30+ minute/session voluntary HIV counseling and testing (VCT) services at each youth clinic, allowing each clinic to test a maximum of only 16 youth per day, 320 per month or only 10% of eligible clients.

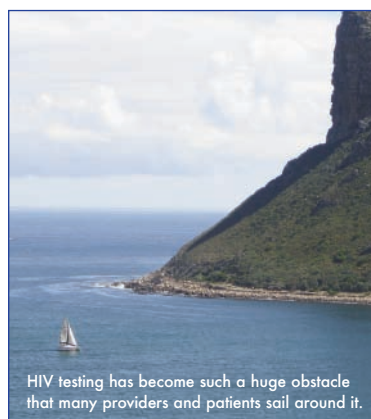
Of those clients diagnosed HIV+ at the youth clinics, many were lost to follow up care because they either did not wait to see a nurse for a CD4 blood draw or they did not return to the clinic for their CD4 result.

### The Wrong Tool for the Job

Separating HIV testing from the clinical encounter creates a flow in which clients must wait so long that many choose not to follow through with C&T.

One harm-reduction focused C&T session has not been proven effective at reducing high-risk behavior among HIV-negative clients.

LCs could help engage HIV+ defaulters in care but are now only tasked with VCT.



### Time for A Paradigm Shift

HIV+ youth who learn their status can access treatment that improves health, prolongs life and prevents transmission.

A task-shifting program that streamlined routine testing and empowered nurses to deliver it, and that redirected counselors to aid in the support of HIV+ clients could have a tremendous impact on South Africa's response to the epidemic.

## Methods

### The Right Tool for the Job

ACTS (Advise, Consent, Test, Support) is a streamlined HIV C&T system that reorganizes existing personnel so that providers and LCs work together to identify HIV+ clients and retain them in care. The key components of ACTS are routine testing implementation guidance and streamlined counseling:

#### Implementation Guidance

##### Planning

- Address philosophical barriers to routine testing and obtain buy in for task-shifting from key staff/NGOs
- Survey personnel and operations capacities and develop a site specific routine testing implementation plan

##### Training

- Teach clinic staff at all levels (clerks, LCs and nurses) how routine testing will be offered at their site
- Teach nurses and LCs how to administer ACTS streamlined pre-test counseling
- Teach nurses and LCs a new care protocol for HIV+ clients that ensures improved linkages to care and health outcomes

##### Support

- Distribute ACTS provider and patient materials to facilitate the offer of HIV testing by clinicians and the uptake of HIV testing by patients
- Use and improve clinics' existing data reports to monitor HIV testing among STI clients and provide ongoing feedback and technical assistance to overcome barriers



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#### Streamlined Counseling

**HIV TESTING IS FOR EVERYONE**

**A** ADVISE

- Advise all sexually active clients that they should have an HIV test today
- STI clients: Explain that HIV is an STI
- FP clients: Explain that unprotected sex puts them at risk for HIV; support family planning & encourage condoming
- Discuss benefits of testing: better health & prevention, no wait for result
- If HIV+, client can learn how to stay negative
- If HIV-, client can get the care you need to stay healthy for a long time
- Explain how HIV is transmitted: via sex, blood, needles, pregnancy

Ask client about questions/concerns and if ready to get an HIV test now

**C** CONSENT

- Emphasize client's right to confidentiality: you won't tell anyone they have tested nor share the test result without their permission
- Explain client's right to test or not and that you can only test if they sign a consent form
- Answer any remaining questions

Have client sign the consent form

**T** TEST

Perform rapid HIV test

Result	Result	1st	2nd
Client is HIV negative	Result is HIV negative	Explain that test is a	Explain that test has been
Client is HIV positive	Result is HIV positive	Repeat test	Repeat test
		2nd test is also a	Client blood, send for CD4

**S** SUPPORT

Give test result > Allow client time to react > Provide support

Client	Client
<ul style="list-style-type: none"> <li>Staying Negative</li> <li>Client may feel sad to not prevent</li> <li>They may have an extra visit to relaying negative</li> <li>Encourage to sexual intercourse</li> <li>2nd blood sample sent for CD4 count</li> <li>Encourage partner testing &amp; condoming</li> <li>Encourage partner testing &amp; condoming</li> <li>Encourage partner testing &amp; condoming</li> <li>Encourage partner testing &amp; condoming</li> <li>Encourage partner testing &amp; condoming</li> </ul>	<ul style="list-style-type: none"> <li>Coping &amp; Support</li> <li>Encourage partner testing &amp; condoming</li> <li>Ask about &amp; respond to client's concerns</li> <li>Ask about &amp; respond to client's concerns</li> <li>Ask about &amp; respond to client's concerns</li> <li>Ask about &amp; respond to client's concerns</li> <li>Ask about &amp; respond to client's concerns</li> <li>Ask about &amp; respond to client's concerns</li> <li>Ask about &amp; respond to client's concerns</li> <li>Ask about &amp; respond to client's concerns</li> </ul>

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#### ACTS Routine Testing

##### Increased Staff Capacity

By integrating HIV testing into all nurses' STI visits, ACTS sought to close the wide gap between clients needing C&T and those who actually received C&T from limited lay counselor resources in two youth clinics.

##### Integrated Model of Care

Nurses were trained to efficiently integrate ACTS HIV C&T into their clinical encounters:

- Determine reason for client's visit.
- Start ACTS. If client consents, collect specimen and begin HIV testing process.
- Provide service (STI exam/treatment, partner slips, FP services, etc.)
- Give HIV test result and support:
  - HIV- Get blood for VDRL if STI+
  - HIV+ Get blood for CD4/VDRL and encourage staying in care

### Improved Flow of C&T in STI Services

Personnel and services at the youth clinics were not organized to fully utilize the nurses' and lay counselors' abilities to identify those who were HIV+ among STI clients. To improve the clinics' case finding performance, the ACTS program introduced a task-shifting program that refined the flow of services:

#### Conventional Flow

Multiple referrals between nurses and LCs caused a 2-3 hour C&T process that restricted the number of clients tested at each clinic to an average of 16 per day.

#### ACTS Flow

Significant improvements in case finding were sought by integrating ACTS C&T into the nurses' other clinical services and empowering LCs to provide ACTS C&T to clients seeking VCT.

## Results

### ACTS Identifies Significantly More HIV+ Clients & Improves Testing

The following charts compare the first quarter of 2006 (Q1 = baseline) to Q2 (ACTS implementation) in Clinic 1. Clinic 2 reported more modest increases.

#### Diagnosis of HIV+ Clients Increased 71%

Time Period	Number of HIV+ Clients
Before ACTS (Q1 '06)	176
With ACTS (Q2 '06)	322

#### HIV Testing Increased 61%

Time Period	Number of HIV Tests
Before ACTS (Q1 '06)	796
With ACTS (Q2 '06)	1,270

### Folder Review Identifies Additional Improvement & Challenges

214 HIV+ client folders from Clinic 1 were reviewed to assess the effects of ACTS on patient care.

- ACTS/STI clients were more likely to have a documented CD4 count than VCT clients (86% vs. 63%)
- Motivating HIV+ clients to return to clinic was a universal challenge, though engagement was slightly better with ACTS (38%) than VCT (29%) clients
- Many HIV+ patients were seriously ill, with 8% having CD4 <200 and 27% having CD4 200-350

## Discussion

### Testing Improved Using Existing Resources

By reallocating staff responsibilities, ACTS significantly improved HIV testing overall and among higher risk STI clients.

### More HIV+ Clients Identified

ACTS identified greater numbers of HIV+ clients, including youth who needed immediate antiretroviral therapy and close follow up.

### Task-shifting Acceptable to Staff

Despite initial fears among nurses that ACTS would prolong their clinical consults and among LCs that ACTS would endanger their job security, staff accepted ACTS as an improvement in clinical services.

### ACTS Identified Opportunities for Continued Improvement

Neither ACTS nor VCT successfully linked the majority of HIV+ youth to care; However, the comparable follow-up rates proved that ACTS clients did have slightly better outcomes.

### Youth Prefer Streamlined C&T

Providers reported that youth preferred ACTS streamlined C&T over VCT.

## ACTS in Action

### ACTS, South Africa

President's Emergency Plan for AIDS Relief (PEPFAR)

Based on the success in Khayelitsha, ACTS is being used in clinic and community settings to scale up HIV testing and care among youth throughout South Africa.

### Tebelolepe

Botswana Ministry of Health

ACTS formed the basis of the Botswana Ministry of Health's national policy on routine provider-delivered HIV testing.

### The Bronx Knows HIV Testing Initiative

New York City Department of Health and Mental Hygiene

ACTS is being used by clinical and community partners in the largest municipal scale up of routine HIV testing in the US.

Additionally, the health departments in Washington, DC, Oakland and Pennsylvania use ACTS as well as prominent local and national care organizations.

For more information about implementing ACTS, visit [ACTSHIVTest.org.za](http://ACTSHIVTest.org.za)