



Successes & Challenges Overcoming Health Worker Shortages in Rural Lesotho: MSF Experience Decentralising Nurse-Based HIV/TB Treatment

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Lesotho: Facts & Figures

■ General

- Population 1.8 million
- HIV prevalence (3rd highest) 23.2%
- TB incidence: (4th highest) >600/100 000
- Life expectancy 35.2 years
- Death rate *exceeds* birth rate

■ Human Resources

- 5 doctors/100,000 (<100 in country, mostly non-nationals!)
- 62.6 nurses/100,000
- 6/171 health centres have full staff complement (3.5%)

Major Reasons for HR Crisis

- Extremely high attrition
 - “Greener pastures”
 - Death due to HIV
- Maldistribution (urban vs rural, hospitals vs HCs)
- Low salaries compared with SA and others in region (and high cost of living)
- Poor working and living conditions
- Few career advancement opportunities

Nurse-Based Management of HIV Care & ART



- Task-shifting (doctors => nurses)
- Utilization and empowerment of all categories of nurses
 - Nurse clinicians
 - Professional nurses
 - Trained nursing assistants
- Intensive theoretical and on-site training
- Nurse-oriented guidelines/tools

Role of Nurses

- Core HIV-related clinical tasks:
 - Staging
 - Diagnosis, prophylaxis and treatment of OIs, esp. TB (including smear-negative TB)
 - ART initiation and monitoring
 - Adults & children (according to nurse skill level)
 - Identification and management of ARV side-effects
 - PMTCT (prophylaxis and ART) and early infant diagnosis (PCR)

Clinical Mentorship & Supervision

- Weekly clinic visits by a member of MSF mobile team for on site mentorship and support to nurses and other clinic staff
- Direct clinical care for complicated cases
- “Systems” support and supervision (patient flow, tracking, M&E...)



Task-Shifting to “in facility” HIV/TB Lay Counsellors



■ Profile:

- From the clinic catchment area; good standing with community
- Primarily PLWHAs
- Literate in Sesotho and numerate

■ Principles:

- Clear description of duties
- Intensive training (provided by MSF)
- Allowance payment system (subsidised by MSF)
- Supervision (nurse-in-charge and MSF counselling coordinators)
- Career development path
- Advocacy to ensure formal MOHSW recognition

Role of HIV/TB Lay Counsellors

- General clinic support (health talks, weighing patients, filling registers, etc.)
- HIV testing and counselling (HTC)
- ART preparation and adherence counselling
- TB education and adherence counselling
- Case management (scheduling appointments, managing patient flow, tracing of defaulters, etc.)
- Screening and ARV refills for stable adults on ART for >12 months (pilot)
- Facilitating support sessions, treatment literacy, empowerment of PLWHAs

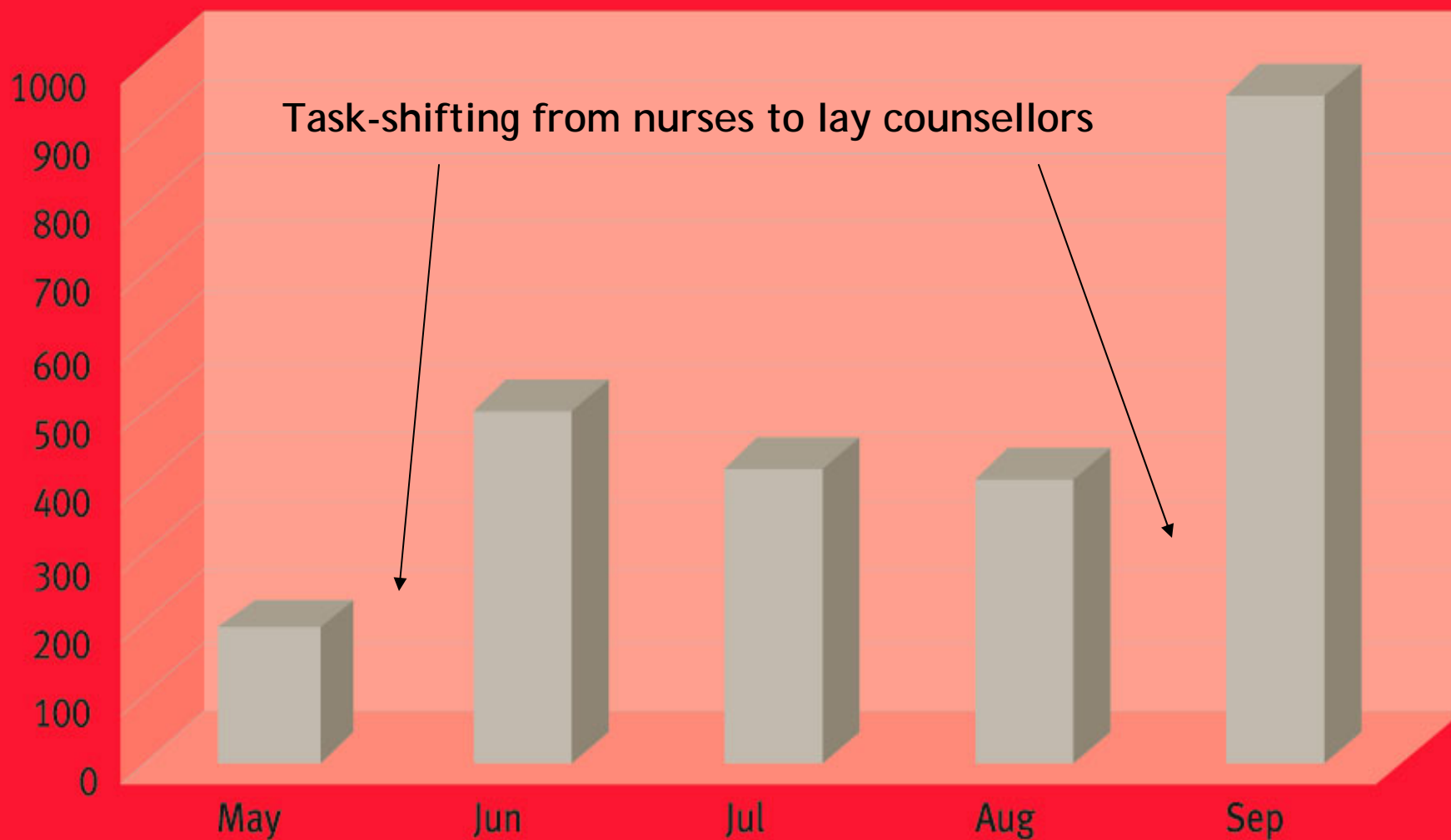
Snapshot of Results

January 2006-June 2008

- HTC: people tested 30,280 (31% HIV+)
- HIV care: ever enrolled 9,434
- ART: ever initiated on ART 3,257
- TB/HIV integration:
 - Fully integrated TB/HIV services
 - Improved diagnosis of smear-negative, EP TB, DR TB
- PMTCT:
 - Increased update of HTC in ANC: >85%
 - Reduced vertical transmission to: <5%*
 - Increased early infant diagnosis (PCR): 40/mo

* 2007 analysis: includes PMTCT infants (short-course AZT or HAART) for whom a PCR result was available (n=130).

HIV testing at clinics and outpatient department in Scott H.S.A. (May 2006-September 2006)



ART outcomes (2006 data)

■ 6 months:	(n=880):
- Remaining in care	792 (91.8%)
■ Died	62 (7%)
■ Lost to follow-up	10 (1.2%)
- Median CD4 cell increase: 180 cells	180 cells
■ 12 months:	(n=261)
- Remaining in care	222 (87%)
■ Died died	26 (10.2%)
■ Lost to follow-up	7 (2.8%)
- Median CD4 cell increase:	244 cells

Opportunities

- Emergency HR Task Force established
- Official embracing of 'task-shifting' as key national strategy for scale-up (ART/TB)
- Global Fund Round 8 proposal submitted
 - Funding for Emergency HR Plan
 - Salary increases for all health staff (retention)
 - Funding for lay counsellors
- Joint NGO proposal for accreditation of lay counsellors in health system
- Kenyan nurses
- Wellness centre for health workers

Challenges

- Patient need still far outweighs HR capacity (saturation)
 - Further increase expected with earlier initiation (CD4 <350)
 - High nurse turnover (constant need for pre-service training)
- Health risk to HIV positive lay councillors
- Quality concerns due to HR shortages
 - Lower nurse cadres working beyond their competence
 - Over-reliance of lay counsellors ('creeping' responsibilities)
- WAY FORWARD
 - Still need other measures to increase numbers staff:
 - production: training
 - Specific measures to attract and retain existing staff
 - Bridge rural- urban gaps

KEA LEBOHA!

