« We need incentives ! »

Health care professional's reluctance to propose systematically HIV testing during general consultations in Cote d'Ivoire

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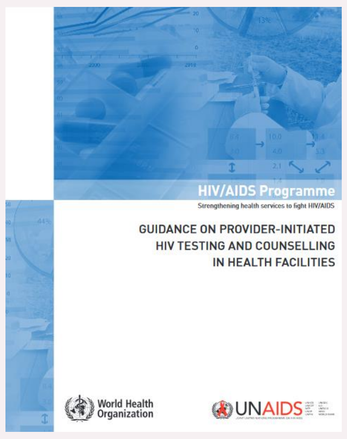
Context

To increase access to HIV testing, WHO recommended in 2007 **provider-initiated HIV testing (PIHCT) using a simplified but still exceptional approach** in terms of :

- pre-test counseling (simplified pre-test information) ;
- consent ("opt-out approach": individuals must specifically decline the HIV test if they do not want it to be performed).



According to this approach, an HIV test is recommended:

- for all patients, whose clinical presentation might result from underlying HIV infection ;
- as a standard of medical care for all patients attending health facilities in countries with a generalized HIV epidemic;
- more selectively in concentrated and low-level epidemics.

In Cote d'Ivoire, HIV prevalence is estimated at 3.4% among general adult population. HIV testing has been announced free of charge by Ivorian health authorities since 2004. However, the **majority of individuals has never been tested for HIV:** 62% of women and 75% of men have never been tested in their life according to 2012 DHS.

Cote d'Ivoire implemented in 2009 systematic HIV testing proposal in all medical consultations, irrespective of reasons. **What are health care professionals (HCPs) perceptions and experiences related to HIV testing proposal ?**

Methods

A **multi-site ethnographic sub-study**, part of the DOD-CI ANRS 12323 project (demand and offer of HIV and hepatitis test in Cote d'Ivoire), was conducted in **3 general medical services** (urban, semi-urban, rural) in 2 Ivorian health districts, exploring the proposition and realisation of HIV test in routine during general medecine consultations.

37 in-depth interviews with HCPs (doctors and nurses implicated in HIV testing in these 3 medical services) and 200 observed medical consultations (general medicine) have been conducted.

All the interviews were recorded with the respondents' consent, integrally transcribed, anonymized, coded, and analyzed with *Nvivo*.

A thematic analysis was performed on health care providers' practices and discourses.

Results

The proportion of patients offered an HIV test during observed consultations was low (around 20 %), due to **HCPs' reluctance to propose an HIV test for all patients, in the absence of clinical suspicion**.

When offered, HIV test was more often prescribed (no consent and no explicit opportunity for the patient to refuse the test) than proposed.

The analysis revealed 6 types of explanations in HCPs discourses.

1. *"a door open to refusal and patients loss to follow-up" (doctor)* Due to stigma associated to HIV, HCPs feared a **negative reaction from their patients**: refusal, offence, distrust, loss of patients… Proposing an HIV test regardless of any clinical suspicion is perceived by HCPs as a risk.

2. "*Counselling, informing, notifying in a register… Too much conditions! "* Time-consuming specificity of HIV testing in terms of counseling, consent and administrative procedures (separate records and dedicated prescription) was perceived by HCPs as **not useful and inducing work overload.** Medical consultation is lasting longer and patients wait longer. For HCPs, the HIV test procedures could have a dissuasive effect. It can't be applied in routine.

3. *" That is not my work. There are community-based counselors paid for it!" (nurse)* For some HCPs, the time required for HIV testing **should be financially compensated and/or tests should be done by dedicated providers**, as it was before 2009. Because exceptionality of HIV testing and care, HIV testing was perceived as a separate activity needing a special training and specific funding and providers. *"This is an additional activity"*, explained a nurse. *"To encourage us to propose and to perform HIV testing: we need incentives!"*

4. *" To propose, on what basis? Without any clinical sign, no reason for proposing a test" (doctor).* In the absence of clinical suspicion, HCP's considered that proposing an HIV test during a general consultation is **not medically justified and not their priority**. They didn't feel comfortable to propose it. Some HCPs explained they have to focus about their patients' requests first. *"We already have enough to do !"*

5. Finally, nurses felt that they are not sufficiently trained to propose HIV test for all patients. Most of them were trained on the field by others HCPs, but not during specific training, as it was for most medial doctors.

Conclusion

Health Care Providers experiences and perceptions were negatively affected by the legacy of the successive HIV policies implemented since the beginning of the epidemy. Some complex procedures, historically implemented due to confidentiality and stigma issues, could maybe be simplified today. Integrating HIV testing in routine is a challenge considering that these activities were previously implemented with dedicated incentives, training and human resources.

In a context of limited resources and mixed epidemic, how to prioritize and reorganize HIV testing in general consultations while motivating HCPs and being efficient in terms of public health?