

Task sharing for POC testing with lay cadres: opportunities for scale up.

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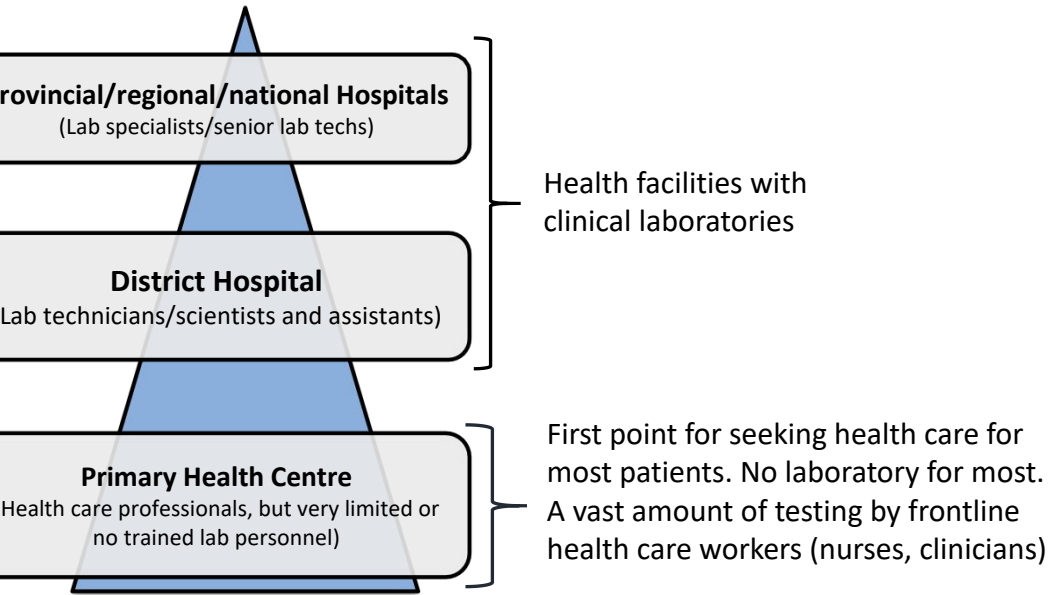


Outline

- Background and rationale
- Study methods
- Results
- Conclusion

Background

Tiers of diagnostic testing services



Point-of-care tests



- **POC testing (POCT) requires minimal infrastructure**, and it includes modalities such as lateral flow assays, handheld devices, near-POC benchtop analysers, and emerging lab-on-a-chip technologies.
- **POCT can reduce diagnostic gaps**, facilitate prompt linkage to care and therapeutic interventions, facilitate response to disease outbreaks, and improve overall healthcare efficiency.

Background

- Despite significant progress in expanding access to POC testing, studies show that **only 19% of the population in 10 LMIC have access to the simplest POC tests (especially at PHC)**.
 - Hospital-level availability was higher at 68%

Availability of essential diagnostics in ten low-income and middle-income countries: results from national health facility surveys

Harika Yadav, Devanshi Shah, Shahin Sayed, Susan Horton, Lee F Schroeder

*Lancet Glob Health 2021;
9: e1553-60*

The *Lancet* Commission on diagnostics: transforming access to diagnostics

Lancet 2021; 398: 1997-2050

Kenneth A Fleming, Susan Horton, Michael I Wilson, Rifat Atun, Kristen DeStigter, John Flanigan, Shahin Sayed, Pierrick Adam, Bertha Aguilar, Savvas Andronikou, Catharina Boehme, William Chemiak, Annie NY Cheung, Bernice Dahn, Lluís Donoso-Bach, Tania Douglas, Patricia Garcia, Sarwat Hussain, Hari S Iyer, Mikashmi Kohli, Alain B Labrique, Lai-Meng Looi, John G Meara, John Nkengasong, Madhukar Pai, Kara-Lee Pool, Kaushik Ramaiya, Lee Schroeder, Devanshi Shah, Richard Sullivan, Bien-Soo Tan, Kamini Walia

- Poor availability of tests is **multifactorial**: supply, funding, human resources, *etc.*
 - **Availability ≠ Accessibility** for patients.
- **POCT often falls to already overstretched frontline HCW (nurses, clinicians)=> this diminishes the real-world impact of POCT**
 - Limited implementation of task sharing for POCT with lay health workers (LHW).

Task sharing for POC testing

- Task sharing is the rational collaborative reallocation of tasks from professional HCWs to trained lay health workers (LHW).
- *Task shifting* => 'offloading' POCT.

WHO guidance

WHO 2016
Trained and supervised non-laboratory staff, including lay people can undertake blood finger-prick for **sample collection**
(*Good practise statement*)

WHO 2019
Lay providers who are trained and supervised to use rapid diagnostic tests can independently **conduct safe and effective** HIV testing services (*Strong recommendation*)

WHO 2021
Task sharing of specimen collection and point-of-care testing with non-laboratory personnel should be implemented when professional staffing capacity is limited.
(*Strong recommendation*)

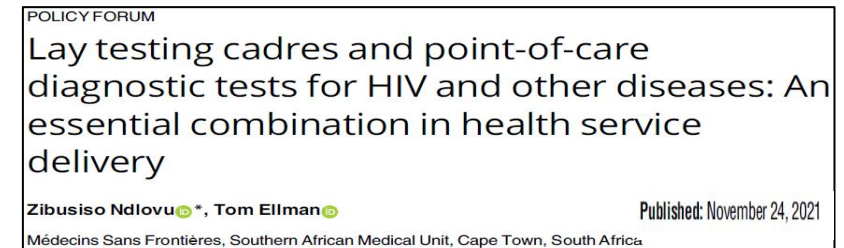
- LHWs are personnel who perform functions related to healthcare delivery but do not possess formal professional education.
- LHWs, with adequate training, can **reliably perform POCT services** (*rapid HIV, malaria, hepatitis, syphilis, urine TB LAM, CrAg, haemoglobin, etc*), plus other roles.
- LHW in the studies included:
 - Counsellors,
 - Health diagnostic assistants, phlebotomists,
 - Community healthcare workers, and health surveillance assistants,
 - Microscopists, etc.

Implementation of task sharing for POC testing

- A national policy review study for **HIV testing services** across 50 countries revealed that only 42% permitted LHWs to conduct POCT.
- Implementation of task sharing/shifting has **proven difficult in practice**:
 - Lack of explicit national policy or strategic plans
 - Lack of integration of TS into national human resource structures and funding plans.
 - Support driven by NGOs
 - Legal structures, which enforce strict professional boundaries
- **No need for new cadres**, but review roles/responsibilities of existing LHW.



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Study objective

- To review the uptake of task sharing for POC testing with lay health workers in national health policies and strategic documents as well as its implementation in 19 African countries.

Task sharing for point-of-care testing: Review of national health policies and implementation landscape in 19 African countries

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Abstract

World Health Organization recommends task sharing (TS) for point-of-care testing (POCT) with lay health workers (LHW) to improve access when professional capacity is limited. Despite many benefits of POCT, TS remains underutilized. This study examined uptake of TS for POCT in national policies and the implementation landscape in 19 African countries from November 2024 to March 2025. A mixed-methods approach included an online cross-sectional survey with stakeholders (national ministries of health, medical associations, private laboratories, implementation supporting partners, LHWs); review of national health strategic and policy documents and key

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Methodology

Study design

- A descriptive mixed-methods study in 19 African countries (*DRC, Botswana, Burundi, Burkina Faso, Cote d'Ivoire, Eswatini, Ethiopia, Gabon, Kenya, Malawi, Mozambique, Nigeria, South Africa, South Sudan, Sierra-Leone, Tanzania, Uganda, Zambia and Zimbabwe*).

1) Online survey: to key stakeholders knowledgeable about POCT and or TS with LHWs (*from national ministries of health, medical associations, implementation-supporting partners, and LHWs*).

- Purposive sampling=>to identify individuals who occupy key positions and decision makers.
- An electronic questionnaire: in English, French, and Portuguese.

2) Document review: national health policy and strategic documents for any reference to POC testing, task sharing and LHW.

- Documents came from requests to participants and online searches
- Each document underwent full-text review using specific keywords related to POCT and task sharing/shifting, LHW, *etc.*

3) Key informant interviews (KII): with selected national laboratory directors (*availability and consent*).

- Explored the role of national laboratory departments in scaling POCT and TS with LHWs, with questions tailored from survey and document review findings.



Results

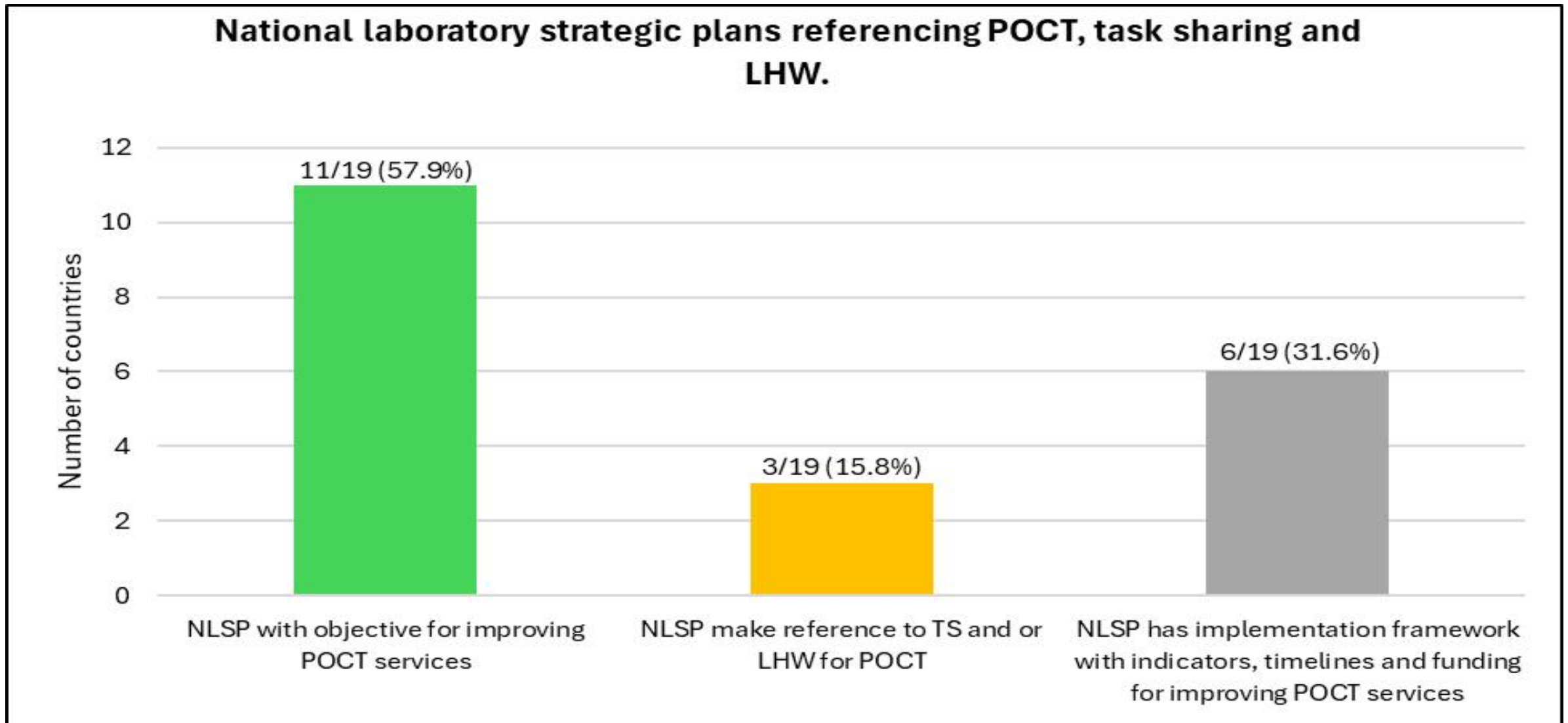
1. Document review (*197 national documents reviewed*)

Document type	Number of documents (%)
National strategy for human resources for health (NSHRH)	5 (2.5%)
National health strategic plan (NHSP)	19 (9.7%)
National vertical disease strategic plans (HIV and or STI, TB, NCD and malaria)	76 (38.5%)
National laboratory policy (NLP)*	7 (3.6%)
National laboratory strategic plan (NLSP)	19 (9.7%)
National essential diagnostics list (NEDL)	12 (6.1%)
National POC testing policy or implementation or certification guidance	11 (5.6%)
National community health (or worker) strategy*	7 (3.6%)
National Covid19 preparedness response plan	13 (6.6%)
Maternal, newborn and child health care strategic plan	13 (6.6%)
National task shifting and task sharing policy	1 (0.5)
Other (<i>national laboratory operational plan, national standards for medical laboratories, national universal health coverage plan, national multidisease testing framework, supplemental strategic documents</i>)	14 (7.1%)

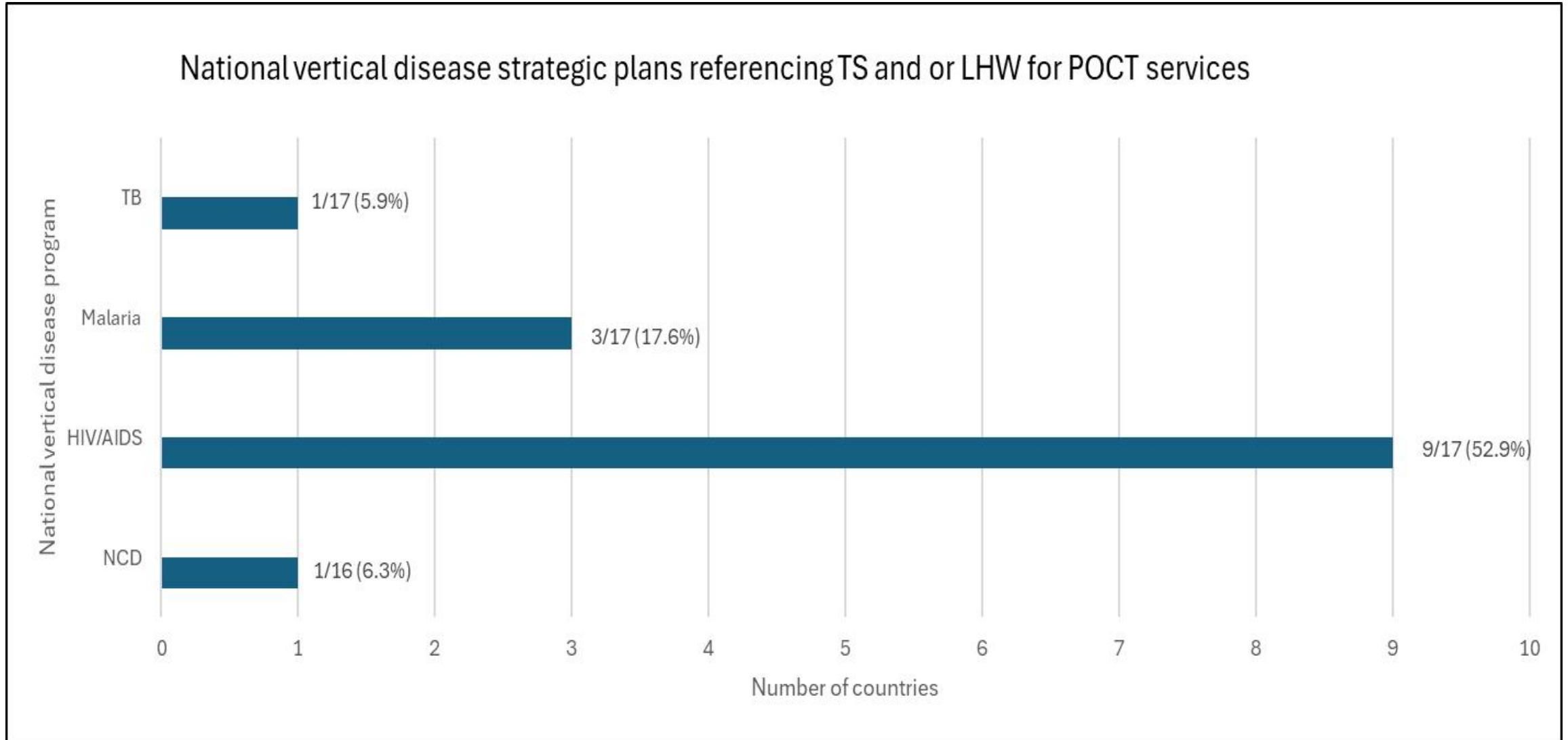
Key: * a substantial number of respondents mentioned that this document is embedded primarily within broader 'national health policy or strategic plan' document.

National documents
National health strategy
National human resources for health strategy
HIV/AIDS strategic plan
NCD strategic plan
TB strategic plan
Malaria strategic plan
Maternal & child SP
Community health SP
Covid19 preparedness
NEDL
National lab policy
National laboratory strategic plan
National POCT guidelines
National health diagnostic mapping

1. Document review *cont'd*...2/5



1. Document review *cont'd*...3/5



1. Document review *cont'd...4/5*

Dashboard for national health strategic plans (NHSP) and national laboratory strategic plans (NLSP), regarding task-shared POCT with LHW

Selected indicator		Botswana	Burkina Faso	Burundi	Côte d'Ivoire	DRC	Eswatini	Ethiopia	Gabon	Kenya	Malawi	Mozambique	Nigeria	Serra Leone	South Sudan	South Africa	Tanzania	Uganda	Zambia	Zimbabwe
National policy for TS of general health services is available		Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Green	Red	Yellow	Red	Red	Red	Red	Red
NHSP	Acknowledges LHW for supporting general PHC activities	Green	Red	Green	Green	Red	Green	Red	Red	Red	Red	Green	Green	Red	Green	Red	Green	Red	Green	Red
	Emphasizes TS for general health services	Green	Red	Red	Green	Red	Green	Red	Red	Red	Red	Red	Green	Red	Green	Red	Green	Red	Green	Red
	Mentions POC testing	Red	Red	Red	Green	Red	Red	Red	Red	Red	Red	Red	Green	Red	Red	Red	Red	Red	Green	Red
NLSP	Has an objective to improve POCT services	Green	Red	Red	Red	Red	Green	Red	Red	Red	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green
	Makes reference to TS and or LHW for POCT	Green	Red	Red	Red	Red	Red	Red	Red	Red	Green	Red	Green	Red	Red	Red	Red	Red	Red	Red
	Has a costed framework, indicators & timelines for POCT	Green	Red	Red	Red	Red	Red	Red	Red	Red	Green	Red	Green	Red	Red	Red	Green	Red	Green	Green
National Essential Diagnostics Lists is available		Red	Green	Blue	Green	Red	Red	Green	Blue	Green	Green	Blue	Green	Red	Green	Red	Green	Yellow	Blue	Red

Legend: **Green:** YES, and supporting materials are provided. **Yellow:** YES, but supporting materials were not provided. **Blue:** Document in draft version. **Red:** No.

1. Document review *cont'd....5/5*

National POCT guidance, framework

- 8 countries (Côte d'Ivoire, Kenya, Malawi, South Africa, South Sudan, Tanzania, Zambia, Zimbabwe) submitted national POCT policies or implementation guidance focusing on general implementation (*training, quality, supervision, certification*).
- In some countries like Zimbabwe, the national implementation and certification framework **prerequisites that testers must be registered with professional laboratory or health councils=>**
 - This may exclude LHW involvement in task shared POCT, as most survey respondents reported no council exists for LHW registration.
- For Tanzania and Zambia, their POCT certification frameworks **do not require professional registration but mandate training, certification, and periodic refresher courses**, with oversight by the Health Laboratory Practitioners Council.
 - Certificates last 2 years (Zambia) with re-certification based on competency.
- South Africa's draft POCT policy (2020) assigns LFA-POCT oversight to the National Department of Health and device-based POCT to National Health Laboratory Services (NHLS).
 - ✓ South Africa also has a draft POCT implementation plan (2025) which seeks to guide POCT rollout. **However, these two draft documents do not emphasise LHW or task sharing.** Operators of device based POC and near POC should be registered with the health professions council of South Africa (HPCSA).

2. Online survey

▶ BACKGROUND QUESTIONS

▶ POLICY and LAWS

▶ TRAINING, DEPLOYMENT and ROLES

▶ SUPERVISION, MONITORING and SUSTAINABILITY

▶ COSTING and IMPACT of TASK SHARED/SHIFTED POC

- LHW do conduct POC testing
- This is mostly in vertical disease programs
- Funding for TS from implementation supporting partners
 - ?different cadre titles

Variable	Proportion, n (%)
Total	75
Employer (and or role)	
National ministry of health (policy)	14 (18.7)
National ministry of health (<i>disease program implementation</i>)	16 (21.3)
Public laboratory	10 (13.3)
Private laboratory	5 (6.7)
Professional laboratory council/association	1 (1.3)
Medical council/association	2 (2.7)
Implementing supporting partner	21 (28.0)
Lay cadres involved in POCT services	2 (2.7)
Other	4 (5.3)
Work position	
Director/deputy director	13 (17.3)
Manager (laboratory, program)	26 (34.7)
Laboratory scientist/technician/advisor	24 (32.0)
Other	12 (16.0)

2. Online survey...cont'd

Training and deployment of LHW for task shared POC testing

- Over 65% noted rapid **HIV test training as the most established program.**
 - **Implementation partners were mentioned to largely support** the trainings & salaries
- Countries used different approaches with varying standards and requirements
 - Some have 6-8 weeks of training with accreditation of providers and sites
- **Training for other POCT (hepatitis, syphilis, malaria, AHD) varied widely,** mainly managed by vertical disease-specific programs and national laboratories, **(no standardized curriculum).**

3. Key Informant Interviews (*with national laboratory directors*)

- 6/7 identified participated: Côte d'Ivoire, Ethiopia, Malawi, Nigeria, Kenya and South Africa.
- **All respondents agreed on the value of TS for POCT** and on the implementation gaps but expressed varied opinions on enablers for scaling up TS.

Theme 1: Facilitators

- “...there is a need to **agree on a minimum package of POC tests doable by lay cadres...**”.
- The respondent further added that: “...**to harmonize POC tester user training for the many POC tests**, it may be more feasible to utilize the medical training centres that primarily train lay cadres for their primary roles...”

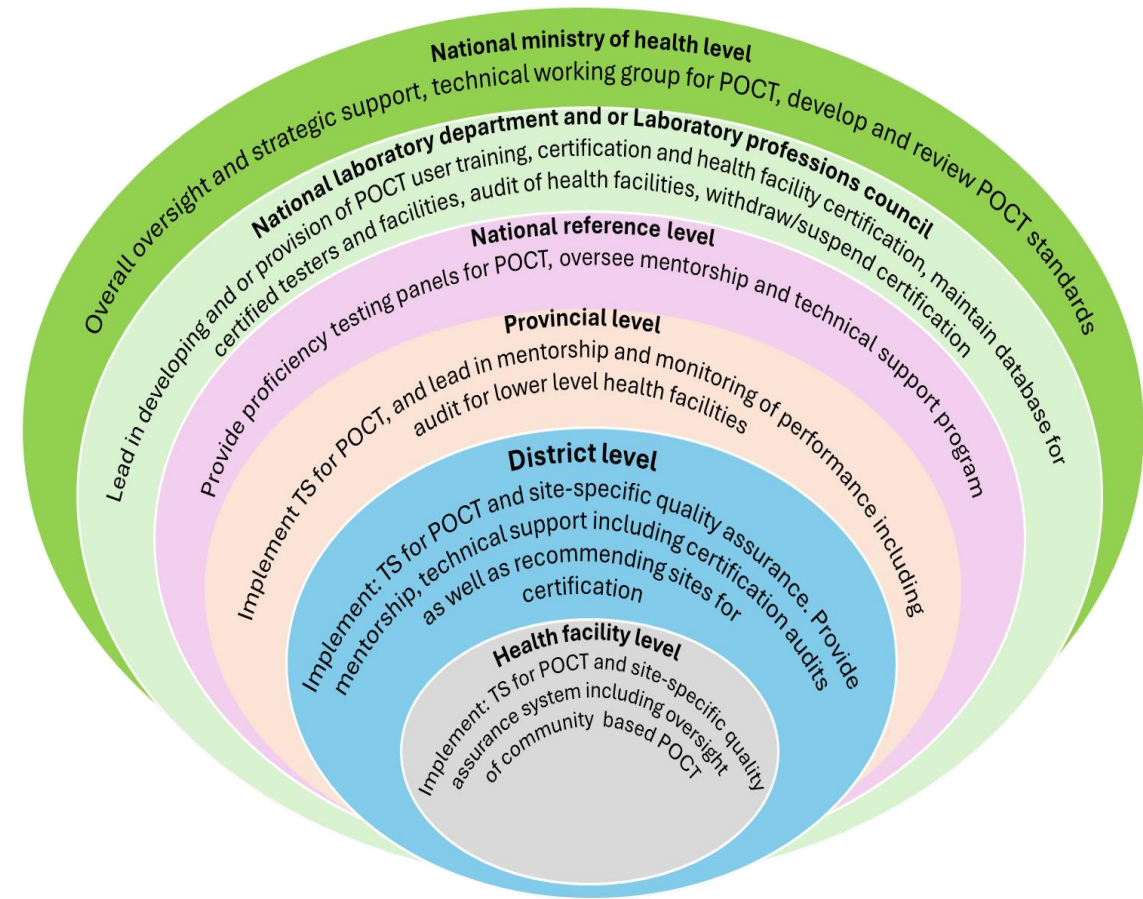


Theme 2: Barriers

- Another respondent mentioned that: “..*this issue of task shifting has prior **resulted in court battles**.....in fact, the laboratory directorate finds it difficult to mention TS for POCT with LHW in its strategic plans because of these court rulings and ongoing **pressure against task sharing**....”*
- A respondent mentioned that “...even though TS has been determined to be priority, the fiscal arrangements required to support its implementation, as well as **coordination between laboratory departments, vertical disease programs, and the professional associations, has been ineffective**”

Conclusion & recommendations

- There is progress in the implementation of TS for POCT in African countries; however, this is mostly in fragmented disease-specific approaches and numerous national health policies (*NHSP, NLSP, NEDL, etc*) and strategic documents (*vertical disease-specific*) do not emphasise TS for POCT with LHW
- Establish a **POCT task force or WG** constituted of representatives from different vertical disease programs, laboratory leadership and professional council, IP, *etc* => **institutionalise TS for POC LHW**





So, what now, after this study on task sharing for POC testing with LHW?

Develop a **“Practical guidance framework for scaling-up task sharing/shifting for POC testing”**

- Situational analysis and Stakeholder engagement
- Mapping of cadres who could be considered for TS
 - ?Surplus capacity=> unintended consequence of reducing time for other vital activities.
 - As well as an outline of lay cadre ‘standardization’ process=> which could ultimately provide a pathway to transition lay cadres to the government’s health system workforce formally.
 - Scope of practise of LHW and mapping of POC tests and or activities which could be considered for TS
- Implementation framework:
 - Pre-requisite supportive policies/regulations for TSTS
 - Capacity building and supervision
 - Training & competency
 - Deployment to areas of greatest need
 - Quality management protocols
 - Supervision and mentorship
- Monitoring and evaluation



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Quality Management Systems for non-laboratory settings

Toolkit to support countries in implementing the minimum package of quality management systems activities.

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005485>

There can be no POC testing without task-sharing with lay cadres.

End, thank you