CONTRIBUTION OF SOCIAL WORKERS AND PARA-PROFESSIONALS IN SOCIAL SERVICES IN ACHIEVING HIV TARGETS 95-95-95

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ABSTRACT

Since 2015, Cameroon has subscribed to the 90-90-90 targets launched by UNAIDS in 2014, which it was expected to achieve by 2020 with the aim of ending the HIV/AIDS epidemic by 2030. Cameroon had the figures of 54.45%; 93.1% and 80.1% in 2020 for the three 90s respectively. This is thanks to a strengthening of the social services personnel. Despite the efforts made, we are far from reaching the 1st and 3rd objectives. In addition, UNAIDS since 2020 has boldly increased these targets to 95-95-95 by 2030. The overall objective of the review is to document the contribution of social service staff in achieving the HIV targets.

We opted for a narrative review. After breaking down the title into concepts, we found synonyms and translated them into English. This allowed us to establish a search equation which we entered into databases (Hinari, Pubmed and Google scholar) from the internet, however, we also used the university library for the search. Included in this review were: studies involving either social workers or social service para-professionals working in the context of HIV as actors; studies highlighting the role or impact of these different actors in achieving the objectives 95 95 95 and the publication interval of the article was between 2014 and 2021.

After exclusion of duplicates, titles not belonging to the inclusion criteria and a critical analysis of articles, we retained 75 documents, of which 36 were articles. Social work personnel include social workers and social service paraprofessionals. These personnel exist worldwide and play a positive role in improving the quality of life of people living with HIV and in achieving the goals of HIV prevention and treatment.

However, the lack of training among social service staff in Africa, the lack of accreditation and standardisation of training, the lack of regulation around the profession, the lack of PSS and the lack of retraining of these staff, have allowed us to question the level of competence, professionalisation and professionality of social workers and para-professionals in HIV social services.

Keywords: *Social worker, Para-professional, Social service and Objectives 95 95 95.*

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INTRODUCTION

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) infection is a global health problem that has health repercussions due to its transmissibility and incurability and social repercussions due to the fear and stigmatization/discrimination it engenders. (Ciaccio, 2019). Antiretroviral therapy can significantly reduce mortality, provided that HIV-positive patients remain in care and adhere to treatment regimens. However, despite the efforts made in the care of these patients, with a drop in prevalence in Cameroon from 4.3% in 2011 to 3.7% in 2018(CAMPHIA, 2020) then 2.7% in 2019(Cameroon Tribune, 2019), There is a high incidence of 1.02% (i.e. 540,000 newly infected people) across all age groups with approximately 18,000 people dying from AIDS-related illnesses. (*Cameroon ONUSIDA*, 2019).

Since 2020, UNAIDS has moved from the 90 90 90 targets to the 95 95 95 targets (95% of people living with HIV know their HIV status, 95% of these people are on treatment and 95% of people on treatment have an undetectable viral load) to end this epidemic by 2030. (ONUSIDA, 2015).

After accelerating the implementation of the 90 90 90 targets (30 countries where the highest number of new infections was recorded and piloted by each country), it emerged on a global scale at the end of 2019 that: 81% (68 to 95%) of people living with HIV knew their serological status, therefore more than two thirds 67% (54 to 79%) were on antiretroviral treatment and 59% (49% to 69%) had an undetectable viral load (ONUSIDA, 2020).

Between July 2017 and February 2018, a survey on the assessment of the impact of HIV in the Cameroonian population was conducted (CAMPHIA). Concerning the first 90, out of 55.6% of adults living with HIV (aged 15 to 64 years), 57.5% of HIV-positive women and 51.4% of HIV-positive men knew their HIV status. Of those knowing their status, 93.1% were on ART (92.6% of women and 94.2% of men). Among those on treatment, 80.1% had a suppressed viral load (79.6% of HIV-positive women and 81.1% of HIV-positive men).(CAMPHIA, 2020).

1. To achieve these goals, Cameroon, like many other countries, has deployed a significant number of social service personnel in the field. Despite the efforts made, Cameroon has only achieved the second goal. Similarly, stigma and discrimination are social problems that still persist among HIV populations and constitute an obstacle to knowledge of their status. Thus, the social service and its personnel would represent an essential actor. In light of all this, we therefore asked ourselves the question of what is the contribution of social service personnel in achieving the 95 95 95 HIV goals? To answer this question, the general objective is to document the contribution of social service personnel in achieving the 95 95 95 goals. Specifically, to identify social service personnel and determine the role or impact of this personnel in achieving the 95 95 95 goals.

2. Methodology

This is a narrative review of articles. This section presents the research equations, the inclusion and exclusion criteria as well as a summary diagram of the different stages of the selection of articles.

1.1. Inclusion criteria

First of all, the selected study had to involve as actors either social workers or para-professionals of social services working in the context of HIV, then the study had to highlight the role or impact of these different actors in achieving the objectives 95 95 95 finally the publication interval of the article had to be between 2014 and 2021.

1.1. Exclusion criteria

Studies were excluded if after full reading there was no link between the social worker and/or social service paraprofessional and HIV goals.

1.2. Bibliographic sources and research equation

For this research, we used the Pubmed, Google scholar and Hinari databases as well as the WHO, UNAIDS and Google chrome websites individually during the period 2014 to 2021. We also consulted some books and dissertations from the UCAC library related to HIV and research.

Tableau 1 : Synonymes et descripteurs

Mots clés	Synonymes	Traduction anglaise
Travailleurs sociaux	Assistant social	Social workers
		Social support
	Accompagnateur psychosocial	Psychosocial agent
Para professionnel	Agent de santé communautaire	Para professionnal
		Community health worker
Service social		Social service
	VIH	HIV, Seropositivity
	Statut sérologique	HIV status, Serologic status, Serological status
Objectifs 95 95 95	Dépistage	Screening, Detection
	Traitement antirétroviral	Antiretroviral therapy, Antiretreviral treatment
	Charge virale	Viral load

The same equation was used in the Hinari, Pubmed and Google scholar databases: (Social workers) AND (Paraprofessionals) AND (social service) AND (HIV) and (Social workers) AND (Paraprofessionals) AND (social service) AND (HIV status) AND (antiretroviral treatment) AND (viral load).

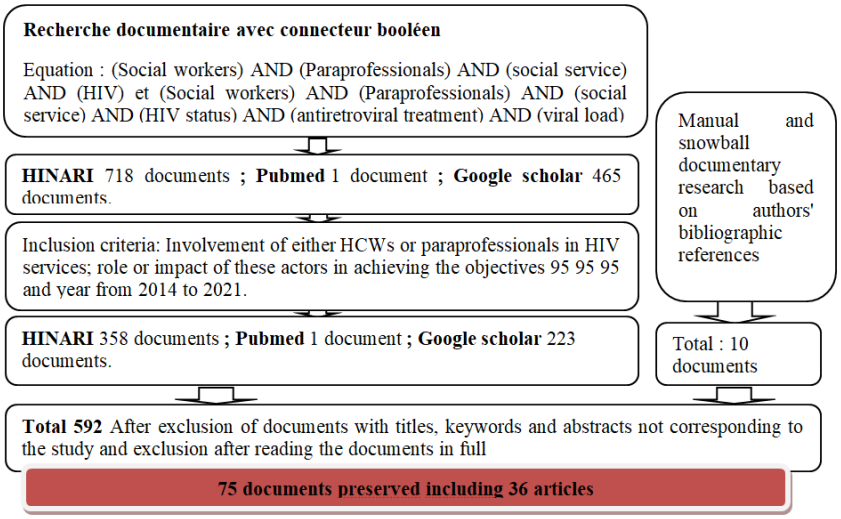

Figure 1 : Item export diagram

2.Results

This section is devoted to the results of the literature review. After analyzing the titles, abstracts and contents of the 36 selected articles, the following typology is highlighted: systematic reviews, meta-analysis, clinical or interventional trials, quantitative, qualitative and mixed articles, thesis and cohorts. The majority of articles are qualitative 13 (36.11%) followed by clinical or interventional trials 8 (22.22%).

Table 2: Distribution of articles

Articles by year and type								
Types								
Revues systématiques	1	1	0	0	0	1	0	3 (8, 33%)
Méta-analyse	1	0	0	0	0	0	0	1 (2,78%)
Essais cliniques/ interventionnels	2	2	1	0	1	2	0	8 (22,22%)
Quantitatifs	0	2	0	0	1	0	0	3 (8, 33%)
Qualitatifs	1	3	1	4	2	2	0	13 (36,11%)
Mixtes	0	0	1	0	1	0	0	2 (5,56%)
Cohortes	2	1	0	0	0	1	1	5 (13,89%)
Thèse	1	0	0	0	0	0	0	1 (2,78%)
Total	8	9	3	4	5	6	1	36 (100%)

1.3. Social services staff

1.4. The social service workforce (SSW) is defined as a diverse workforce of paid and non-paid, professional and para-professional, governmental and non-governmental, who are involved in social protection and contribute to the promotion of rights, care, support and protection of vulnerable groups, particularly children. (Global Social Service Workforce Alliance, 2017). From this definition, we distinguish between social workers and social service paraprofessionals.

1.4.1. Social workers

The implementation of social work in Europe was not easy. It took the collapse of the Soviet bloc (Jovelin, 2014). At the same time, the Church played a key role in its development (Jovelin, 2014).

At the same time, social work in Quebec has also evolved compared to the beginning when the Catholic Church dominated the profession. During the 1960s and 1970s, we saw the emergence of state involvement in social

affairs and the decline of the Church's influence in the lives of the population. In addition, budget cuts, reductions in social services and an increase in state control over the profession were encountered (Van de Sande et *al*., 2018).

The 1980 reform led to the official recognition of the training of "Social Worker" as a post-baccalaureate course, which made it possible to incorporate "social service theories" for a third of the program and to increase the hours of the disciplines taught, among others: sociology, law and psychology, which became "training units." In addition, the training can lead to a "research dissertation." But also over a period of 3 years, there is a general internship of 14 months and an internship depending on the specialty of 5 months which are compulsory. (Lori, 2017).

On July 10, 2014 in Melbourne, the International Federation of Social Workers (IFSW), the International Association of Schools of Social Work (IASSW) and the Canadian Association of Social Workers (CASW) defined Social Work as both a professional practice and a discipline. It promotes social change and development, social cohesion, empowerment and the liberation of people. The principles of social justice, human rights, collective social responsibility and respect for diversity are at the heart of social work. (EASSW, 2017).

In many Western countries, the identity of social workers (SWs) has been affected by the transfer of responsibility for service delivery to non-governmental providers, with a concomitant focus on quantitative targets and a weakening of professional commitment. (Dong Niu , Heidi Østbø Haugen, 2018).

According to Duc Raphaël, "The professional practice of social workers seems increasingly framed by laws and rules of all kinds. Social work cannot demonstrate too much independence because the political world, which votes on laws and budgets, obviously has its say."» (Duc Raphaël, 2019, p. 41).

In most Western countries, social work is governed by a code of ethics. (Duc Raphaël, 2019). It is important that the system is anchored in legislation, as this provides key stakeholders with incentives when they comply with standards and sanctions when they deviate from them. Legislation protects the community from incompetent and unethical practices in order to maximise outcomes for clients. (Hailu, 2014).

However, when legal texts around training exist, they are not clear. (Terre des hommes, Aide à l'enfance, 2015). Indeed, in Africa, social workers in the public sector do several activities, some of which have nothing to do with their training. Furthermore, those working in NGOs have a precise roadmap based on the expectations of the project, allowing them to promote their profession. (Terre des hommes, Aide à l'enfance, 2015).

In different countries, the term "social worker" is rarely encountered; we find much more social workers and some specialized educators. According to Saidou Ouedraogo (terre des hommes), social workers include: the Social Worker (AS), the Specialized Educator (ES), the Social and Family Economy Advisor (CESF), the marriage counselor and the sociocultural facilitator (Terre des hommes, Aide à l'enfance, 2015).

More than 1 million people have been trained in social work in China, but only 312,000 people are employed as social workers (Dong Niu , Heidi Østbø Haugen, 2018). Similarly, in Africa, the number of social workers is insufficient, particularly in Mauritania and Burundi. The structural adjustment measures which have not allowed recruitment in social affairs for some time now seem to be the cause. (Terre des hommes, Aide à l'enfance, 2015). As for trained social workers, there is no possibility of career development and there is a lack of resources for the exercise of the profession. (Terre des hommes, Aide à l'enfance, 2015).

In Cameroon, in 1951, according to decree No. 325 of May 28, 1953, the first school for training social workers was created, called the African Social, Educational and Family Center (CESFAS). It served as a base for black Africa. However, this institution was private, so it closed its doors between 1955 and 1956.(ANTSC, 2013). In 1966, creation of EFEAS (Federal School of Educators and Social Assistants) according to decree n° 68/DF/421 of October 15, 1968. Its main mission was the professional training of educators and specialized social workers (protection of children, individuals and families and prevention and treatment of juvenile and social maladjustment)(ANTSC, 2013). Decree No. 80/199 of June 9, 1980 creates the National School of Social Affairs Assistants (ENAAS) of Yaoundé (ANTSC, 2013) which is no longer operational today.

In terms of education, the universities of these 8 countries have full recognition; these are Iceland, Ireland, the United Kingdom, Spain, Portugal, Finland, Sweden and Italy. Four countries offer more specialized studies: France, Belgium, Luxembourg and the Netherlands. In most other countries, students have a general qualification giving them the skills required for the practice of social work. (Jovelin, 2014).

In these 6 countries (Benin, Burkina Faso, Burundi, Mali, Mauritania and Togo), among the social workers, we have graduates in social work with University level; those trained with another University training and others with a BEPC level (Terre des hommes, Aide à l'enfance, 2015). The duration of training is generally 3 years after the BEPC or the BAC. On the other hand, in South Africa, according to law 110 of 1978, the social worker must hold a bachelor's degree, have 4 years of experience in social work and be registered with the South African Council of Social Service Professions. Social workers in this country are mainly based in the community and employed by the Department of Social Development (Zelnick et *al*., 2018).

1.4.2. Social service paraprofessionals

1.4.3. The increasing demand for health services in countries with a high disease burden is often associated with a shortage of health workers, hence the need to shift tasks from health professionals to lay health workers in order to improve health care delivery. (Schmitz et *al*., 2019).

1.4.4. This is how, alongside social workers, we have the term “Para-professionals” which does not exist in social work, but which is used for people who perform the functions of social workers and similar without training or diploma.(Terre des hommes, Aide à l’enfance, 2015). The term "Para-professional" of social services does not have a universal definition; it corresponds to a person who has not had university training, therefore does not have a degree in the field of social services. They work with professionals in order to contribute to the well-being and quality of life of vulnerable people and their families. They have specialized courses allowing them to have the basic skills in order to provide basic social services. Theory as well as practice are used in this case (Global Social Service Workforce Alliance, 2017).

1.4.5. There are many paraprofessionals who perform the functions of social workers and similar, most of the time without having the training or the diploma (Terre des hommes, Aide à l’enfance, 2015). However, in 2017, Olaniran distinguishes 3 levels of para-professionals: first, the Community Health Workers (CHWs) or level 1 para-professionals who are trained over a period of 8-21 days and provide most of their services in the homes of their beneficiaries; second, the level 2 para-professionals (Community Health Care Practitioners, Community Health Extension Workers, Health Surveillance Assistants) have initial post-secondary training at a recognized training institution, lasting from three months to three years and tend to be facility-based, relying on service beneficiaries to access services at health facilities with occasional home visits; and third, the level 3 para-professionals or non-professional health workers (Olaniran, 2017).

1.4.6. In the absence of confirmed employment prospects and labour market statistics for the ASC profession, enrolment in the programme was limited to existing ASCs. (Haywood et *al*., 2017). Furthermore, it is stated that CHWs must be members of the communities where they work, be selected by the communities, be accountable for their activities to the communities, be supported by health services and local authorities, without necessarily being part of its organization and have shorter training than professionals. (Kok et *al*., 2015).

1.4.7. ASCs typically work in communities and have formal but limited training to perform certain tasks. (Perry et *al*., 2014). They typically do not receive any formal professional or paraprofessional certification or higher education degree. (Perry et *al*., 2014).

1.4.8. Counsellors in South African healthcare are para-professionals. The duration of counsellor training ranges from 3 days to one year. (Coetzee et *al*., 2016). In Botswana, training is only eight weeks, lay staff and people with other training working in HIV/AIDS counselling have a negative impact on professional identity and quality in counselling (Stockton et *al*., 2015).

Following the “Option for Health” intervention, another study was conducted in 2014 to determine the impact of refresher training and supervision on the competence of counselors. It emerged that continuing training and supervision had a positive impact on the practice of non-professional health workers. (Dewing et *al*., 2014).

In 2014, Petersen et al. conducted a study on optimizing the services of lay counselors for chronic care in South Africa. The results of this study highlight first that after adequate training and supervision, lay behavior change counselors using various adaptations of the information-motivation-behavioral skills model can reduce HIV risk behaviors (unprotected sex, alcohol consumption before sex, number of sexual partners, and transactional sex).(Petersen et *al*., 2014). Second, the fidelity of these lay counselors' interventions to any model of counseling in routine care is not optimal. There is a low number of training for employment or retraining and updates of the courses provided (Petersen et *al*., 2014). Finally, space for counseling is generally inadequate, as is the time allocated to counseling sessions, referral pathways are limited and follow-up of counseled patients is not optimal. (Petersen et *al*., 2014).

In Cameroon, as part of the HIV/AIDS program, these paraprofessionals are called “Psychosocial Support Workers” (APS). They have existed since 2015, according to decree No. 13451/AAC/MINSANTE/CAB/STBP-FM/CNLS/GTC//SP/SPM of November 18, 2015 for the recruitment of Psychosocial Support Workers (MINSANTE, 2015). They are positioned within the Approved Treatment Centers (CTA) and the Care Units (UPEC) within the 10 regions with the mission of helping HIV-positive patients to take care of themselves and supporting them in the therapeutic circuit. (MINSANTE, 2015). Psychosocial support for people living with HIV was strengthened in 2016 by the recruitment of 1,112 adult and pediatric APS compared to 750 in 2015 (CNLS, 2016).

1.5. Role/impact of social services staff in achieving objectives 95 95 95

Professionals and paraprofessionals work "For the well-being of individuals, disadvantaged groups, the promotion of the family, national solidarity and social cohesion. They work in a multi-skilled manner in social centres, in specialised social services (hospitals, prisons), in central, decentralised and attached services of the ministries in charge of social affairs and in the community, most often through community relays and opinion

leaders." (Terre des hommes, Aide à l'enfance, 2015, p. 32). Among the professionals and paraprofessionals interviewed, they have the same roles and tasks with the exception of the aspects of professional ethics and deontology cited by the professionals. The only difference in the tasks is in the carrying out of social surveys and the issuance of certain administrative acts such as the certificate of indigence. (Terre des hommes, Aide à l'enfance, 2015).

1.5.1. Social workers

1.5.2. Social workers must collaborate with medical teams to provide support to families facing difficulties (marital, social, emotional or economic) during illness, hospitalization and bereavement. (Onno & Cloos, 2016).

1.5.3. Traditionally, the social worker in terms of social intervention advised; nowadays he plays a supporting role (Terre des hommes, Aide à l'enfance, 2015).

1.5.4. At the same time, the Ministry of Health also employs them in hospitals and clinics including those that provide specialist services. Their role is to: assess patients' psychosocial issues, but also mental health, substance abuse, food insecurity, housing needs, family issues and poverty. They assist with applications for social grants such as disability, child support. They also educate patients going on discharge on how they will manage their health issues once they are out of hospital. (Zelnick et *al*., 2018).

In South Africa, 2018, a study was conducted to determine factors associated with workforce retention of child and youth social workers. Perception of high workload and feeling threatened or insecure at work were negatively associated with retention intentions. As HCWs gained experience, they were also less likely to intend to stay. (Thurman et *al*., 2018).

A study by Zelnick in 2018 on training social workers to improve patient-centred care for drug-resistant HIV-TB in South Africa. Despite their extensive experience working with patients co-infected with drug-resistant TB and HIV, most participants lacked the confidence to comfortably discuss topics related to TB care and treatment in patients (Zelnick et al., 2018).

1.5.5. Social service paraprofessionals

In the 20th century, their role went beyond extending health care to those in need. It also involved improving interpersonal relationships; connecting underserved individuals and families to existing services and available resources; and pursuing changes in public policy that would lead to greater equality in the distribution of power, services, and resources. (MAES, 2015).

According to Moore in 2014, CHWs, also called community health advocates, non-professional health educators, community health representatives, peer health promoters, community health outreach workers…They are people who connect community members with practitioners and promote health in community settings. (Moore, 2014).

CHWs are agents of change who advocate for the interests of the community. They are found all over the world and are seen as a means to achieve several goals such as providing midwifery services, management of childhood illnesses, preventive health education, case management of people with non-communicable diseases (NCDs), tuberculosis, HIV/AIDS and malaria. (Moore, 2014). They have played a vital role in improving health care delivery in rural areas (Moore, 2014).

Between 2012 and 2013, Moore conducted a comparative analysis of community health worker interventions in Latin America and the United States. The results revealed that patients who were followed by CHWs fared better than controls in terms of adherence (viral load) and perception of stigma. In addition, CHW compensation is essential for the success of programs in terms of quality and sustainability. (Moore, 2014).

In 2015, a study on the effects of peer social support on the quality of life of people living with HIV infection in Kasarani Kenya was done (Mutiso, 2015). The comprehensive clinical care group fared better than the peer social support group (Mutiso, 2015). Additionally, both groups were effective in improving health outcome indices that were higher than those reported in previous research. (Mutiso, 2015).

In 2015, a review of the influence of contextual factors on CHW performance was conducted by Kok et al. A total of 94 studies were included, of which 42 studies were qualitative, 28 studies used mixed methods, and 24 studies were quantitative. Few studies had the primary research objective of the influence of contextual factors on CHW performance. Contextual factors individually influence CHW or program performance. However, they can interact to shape CHW performance and affect their interventions or programs. These factors are related to the community (most commonly), the economy, the environment, and health system policy and practice. (Kok et *al*., 2015).

Sociocultural factors (including norms and values related to disease stigma), safety and security, and the level of education and knowledge of the target group were community factors that influenced CHW performance. (Kok et *al*., 2015).

Performance or outcome-based incentives can lead to competition or neglect of unpaid tasks, thereby hampering employee performance. ASC(Kok et *al*., 2015).

Rossouw et al., 2019 conducted a study on a set of incentives and community health worker interventions to improve early antenatal care utilization (Rossouw et *al*., 2019). Results show that women in the intervention

groups sought care an average of 1.35 months earlier than the control group. They were also significantly more likely to attend at least four antenatal clinic visits. (Rossouw et *al*., 2019).

In 2016, Coetzee et al., studied the gaps in adherence counselling provided to caregivers of children receiving antiretroviral therapy in rural South Africa. The results highlighted that counselling sessions lacked confidentiality; subjects attending a public health facility in rural South Africa were not receiving adherence counselling as required; sessions were conducted over a short time; counsellors involved in administrative tasks during counselling sessions were mostly community members and faced many barriers (Coetzee et *al*., 2016).

A study on the cost-effectiveness analysis of an HIV-specific training and continuous quality improvement supervision intervention for community health care providers was conducted at the University of KwaZulu-Natal. Results suggest no significant differences in HIV-specific CHW training and supervision in resource utilisation compared to standard provincial training and supervision. (Mudzingwa, 2015).

A study aimed at examining the impact of using a CHW service delivery model on the outcomes of children orphaned or made vulnerable by HIV/AIDS was conducted in Côte d'Ivoire. (Muriuki et *al*., 2016). CHWs had a significant impact on the lives of orphaned and vulnerable children, improving social and clinical outcomes. Orphaned and vulnerable children working with a CHW had better access to care than those not supported by a CHW. (Muriuki et *al*., 2016).

In many middle-income countries such as Brazil, CHWs are key members of the health team and essential in the provision of primary health care and health promotion. (Perry et *al*., 2014). In the United States, CHWs can contribute to reducing the burden of disease by participating in the management of HIV infection (Perry et *al*., 2014).

A study conducted in Tanzania in 2015 assessing the motivation and satisfaction of CHWs found that CHWs did this job out of altruism, to improve and help the community and not for monetary incentives. Regarding their satisfaction, CHWs deplored the lack of means of transport, communication credit and financial incentives to carry out their tasks. (Mpembeni et *al*., 2015).

In contrast, Ormel et al. in 2019 found that motivation is negatively influenced by "expectation gaps" related to incentives, including lower than expected financial incentives, later than expected payments, fewer than expected material incentives and work facilitators, and incentives unequally distributed across CHW groups. (Ormel et *al*., 2019).

Pretorius, in 2019 conducted a study on the perceptions and experiences of HIV service counsellors in 3 community sites in South Africa. Counsellors recommended regular in-service training, enhanced supervision and debriefing, and formal recognition of the field through the establishment of standardised guidelines, career pathways and a professional body. (Pretorius, 2019).

In addition, a study on the implementation of peer-based HIV interventions in linkage and retention programs (successes and challenges) was conducted by Ryerson Espino et al., over a 4-year period. The results reveal that the degree of implementation of peer programs varies considerably from one site to another. (Ryerson Espino et *al*., 2015). While 10 sites attempted to implement peer programs, all struggled to develop them, and only five sites persevered despite development challenges to implement peer components. (Ryerson Espino et *al*., 2015). Only three of the sites that implemented programs were able to engage in some evaluation around their peer components and patient outcomes (Ryerson Espino et *al*., 2015).

For over ten years, psychosocial support workers have been present in HIV/AIDS care facilities. They are responsible for ensuring the link between the population and the hospital, “bearing witness to the experience of HIV” and advising people who are willing to be tested. (Kpoundia, 2015).

A randomized controlled trial was conducted in a clinic in the United States in 2016 to evaluate the effectiveness of peer mentors in improving retention in care and virologic control among patients hospitalized outside of HIV care. It found that the mentoring intervention was no more successful in improving retention and virologic control than the control intervention. (Giordano et *al*., 2016).

In 2020, Stansert Katzen et al. conducted a study of CHW home visits in rural South Africa having a small but important impact on maternal and child health in the first 2 years of life. (Stansert Katzen et *al*., 2020). Indeed, home visits by CHWs enabled mothers to better care for their children, but did not have direct beneficial effects on infants in the areas assessed.(Stansert Katzen et *al*., 2020).

The APS were assigned to the various care sites with the general objective of monitoring people living with HIV, therapeutic education for patients under treatment, strengthening compliance and retaining patients within each active file, all under the coordination of the manager of each site. (CNLS, 2016).

Regarding the theoretical aspect, we did not find many documents based on a theory to explain the results of the studies despite the multitude of theories identified in the literature. The 3 theories found during the review were: theories of social and behavioral change, because they offer health care practitioners and social scientists the possibility of understanding its complexities and designing appropriate prevention interventions (Pretorius, 2019). HIV testing services tend to take a client-centred approach to HIV counselling, balancing general HIV education with more tailored prevention counselling (Pretorius, 2019). Finally, social cognitive theory with a

particular emphasis on the concept of "self-efficacy" which relates to an individual's ability to act on his or her intentions. (Chikwari et *al.*, 2018).

2. Discussion

3. Several definitions have been used by organizations to explain social work. This therefore presents a complexity in its use. Indeed, social work is linked to ethics and its paradigms and not to the sociological description centered on a particular know-how advocated by States and associations at a time in their history.
4. Social protection is considered a policy of choice to address growing vulnerabilities and inequalities in Africa. However, its successful implementation includes the proliferation of competent social workers.
5. Whether at the global, African or even local level, studies show a shortage of social workers requiring the massive recruitment of paraprofessionals (Terre des hommes, Aide à l'enfance, 2015) ; (Hines et *al*., 2015). On the ground, there is no difference, both in terms of HCWs and social service paraprofessionals or even both, providing skills to unqualified individuals vis-à-vis patients.
6. Although HCWs and social service paraprofessionals have shown a positive impact on HIV-specific outcomes 95 95 95 (Perry et *al*., 2014), Achieving these goals faces many challenges. First, the lack of training; indeed, Kathrin Schmitz et al. found that non-professional health workers performed certain tasks without prior training. (Schmitz et *al*., 2019). For those trained, the short duration of training membership varied from 3 days to one year for para-professionals and less than 3 years with BEPC level for most TS (Terre des hommes, Aide à l'enfance, 2015), but also recycling was irregular and there is a lack of experience (Coetzee et *al*., 2016) ; (Hines et *al*., 2015) .
7. There is a lack of clearly defined training standards, standardization and accreditation in Africa particularly (Catherine Collombet, 2014; Zelnick et *al*., 2018) ; (Pretorius, 2019) ; (Hines et *al*., 2015); (Terre des hommes, Aide à l'enfance, 2015).
8. Therefore, Dewing finds that continuing education and supervision on practice have a positive impact on non-professional health workers. (Dewing et al., 2014), which is contrary to the results of Mudzingwa who did not find a significant difference between those who had specific training and supervision on HIV compared to those who had standard training and supervision (Mudzingwa, 2015)

   The studies reviewed have shown many factors influencing the performance of social service personnel. First of all, contextual factors such as the lack of infrastructure to receive patients requiring assistance (Coetzee et *al*., 2016). This is because counseling sessions lack confidentiality. (Kok et *al*., 2015). Individuals attending public health facilities in rural South Africa are not receiving ART adherence counselling as required (Kok et *al*., 2015). In addition, the sessions take place over a short period of time. The counselors are involved in administrative tasks at the same time during the counseling sessions. (Coetzee et *al*., 2016). Il There is also a lack of communication credit and transport money to carry out their role in the community. (Kok et *al*., 2015).

   The second factor is economic, due to the lack of salary or incentives lower than expected and irregular. (Kok et *al*., 2015; Mpembeni et *al*., 2015; Olaniran, 2017). Indeed, motivation can negatively influence incentive-related "expectation gaps," i.e., financial incentives lower than expected, payments later than expected, fewer material incentives and work facilitators than expected, and incentives unevenly distributed across ASC groups. (Ormel et *al*., 2019). Olaniran agrees; according to him, the service delivery of CHWs is influenced by the attributes, acquisition and retention of knowledge and skills of CHWs (Olaniran, 2017). In Tanzania, however, ASCs were motivated to do this job out of altruism, to improve and help the community, not for monetary incentives. (Mpembeni et *al*., 2015).

   Finally, we find other factors such as the lack of policy relating to PSS, the lack of practice of the health system and social cultural factors. (Kok et *al*., 2015).

Conclusion

Ultimately, the implementation of the 90 90 90 targets since 2014 at the global level by the WHO was accompanied first of all by a deployment in the field of TS then of para-professionals of social services. Despite the important role played by these 2 actors, in Cameroon, we have only reached the 2nd 90. In addition, since 2020, these targets have been revised upwards to 95 95 95. At the same time, the stigmatization and discrimination which are social problems and which still persist against HIV populations leading to a barrier to knowledge of their status has made it possible to identify the essential role of the social service and its staff.

As a result, we asked ourselves the initial question: what is the contribution of social service staff in achieving the 95 95 95 HIV targets? To answer this question, the general objective was to highlight the contribution of social service staff in achieving the 95 95 95 objectives. Specifically, to identify social service staff and determine the role of this staff in achieving the 95 95 95 objectives. Thus, in this review, we opted for a narrative review by synthesizing the information received from the literature review. After breaking down the subject into

concepts, searching for synonyms and then translating into English, we established a search equation allowing us to search the internet in the Hinari, Pubmed and Google scholar databases; we also used the university library.
The 3 inclusion criteria for this review were: the selected study must involve as actors either social workers or paraprofessionals of social services working in the context of HIV; the study must also highlight the role or impact of these different actors in achieving the objectives 95 95 95 and the publication interval of the article must be between 2014 and 2021. After excluding documents with titles, keywords and abstracts that do not correspond to the study and exclusion after reading the documents in full, we were able to keep 75 documents including 36 articles. The majority of the articles were qualitative 13 (36.11%) followed by clinical or interventional trials 8 (22.22%).
Social service personnel include social workers and social service paraprofessionals. This personnel is found all over the world. The social worker is a professional with training and a diploma who plays a role in freeing people in order to improve their general well-being. At the same time, the paraprofessional also called a community health worker or psychosocial support worker does not have a diploma.
Social workers are involved in supporting patients, assessing psychosocial problems and supporting families in the face of difficulties encountered. On the other hand, paraprofessionals in social services play a role in promoting health, improving the delivery of health care in rural areas, providing emotional support, counseling and educating patients, improving the social context of patients, defending patients' rights and advocacy.
Certainly, many studies have shown the important and positive role of social workers and paraprofessionals in social services in achieving the 95 95 95 objectives, but we have also found limitations, namely: insufficient training among social workers in Africa in particular where most social workers have a diploma with BEPC level, as well as paraprofessionals who are trained for a period of one week or less without a diploma before being deployed in the field; the lack of training accreditation, the lack of standardization of training, the lack of regulation around the profession, the insufficiency of PSS sometimes conferring the tasks of the TS to the para-professional, the lack of retraining of this staff, the lack of infrastructure for patients requiring help; financial incentives lower than expected and payments later than expected limiting the motivation of this staff.
Thus, we propose to make an epistemological analysis around the competence, professionalization and professionalism of social workers and para-professionals of social services. We will also rely on the theories of contemporary approaches. Given that para-professionals of social services play the same role as social workers in the field in achieving the 95 95 95 objectives, it is important to assess their levels of competence, professionalization and professionalism in order to develop strategies to make them more effective in achieving these objectives in Cameroon.

Conflict of interest: none
Authors' contribution
Régine Emilienne Ebouki, Alexandre Benjamin Nkoum, Charles Kouanfack revised the manuscript;
Régine Emilienne Ebouki collected and analyzed the data;
All authors read and approved the final manuscript.
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