SCALING UP CARE SYSTEMS: LEVERAGING HIV PROGRAMS TO SUPPORT NCD SERVICES

Gerald Yonga
NCD Research to Policy Unit
Aga Khan University, Nairobi, Kenya
CONFLICTS OF INTEREST
NONE
Fig 1: Burden of disease (% of total disability adjusted life years (DALYs) lost) by groups of diseases and conditions, sub-Saharan Africa, 2008 and 2030.
## NON-COMMUNICABLE DISEASES - DEATH TRENDS (2006-2015)

<table>
<thead>
<tr>
<th>Geographical regions (WHO classification)</th>
<th>2005</th>
<th>2006-2015 (cumulative)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total deaths (millions)</td>
<td>NCD deaths (millions)</td>
</tr>
<tr>
<td>Africa</td>
<td>10.8</td>
<td>2.5</td>
</tr>
<tr>
<td>Americas</td>
<td>6.2</td>
<td>4.8</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>4.3</td>
<td>2.2</td>
</tr>
<tr>
<td>Europe</td>
<td>9.8</td>
<td>8.5</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>14.7</td>
<td>8.0</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>12.4</td>
<td>9.7</td>
</tr>
<tr>
<td></td>
<td><strong>58.2</strong></td>
<td><strong>35.7</strong></td>
</tr>
</tbody>
</table>
NCDS RISING AS CDS DROP

MoH, 2011
RATIONALE FOR HIV-NCD INTEGRATION

• HIV AND NCD SHARE RISK FACTORS (Behavioral risk factors and their upstream drivers)

• HIV AND NCD CO-MORBIDITY IS COMMON AND INCREASING

• DOUBLE BURDEN OF DISEASES IN LMIC AND SCARCE HEALTHCARE RESOURCES

• SHARED CHRONIC MODEL OF CARE
## Population intervention in Hypertension

### Strategic Programme Design

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Education &amp; Awareness</th>
<th>Provider training &amp; Guidelines</th>
<th>Access &amp; Affordability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solutions</td>
<td>Increased awareness of hypertension and mobilised patients to seek screening and treatment within the project period</td>
<td>Increased provider understanding of HTN Increased # of HTN patients Increased outreach to screen patients</td>
<td>Increased availability of HTN medications</td>
</tr>
</tbody>
</table>

### Outcomes
1. Increased awareness of risks of hypertension
2. Increased motivation to be diagnosed and seek the right treatment
3. Increased access to appropriate and affordable medicine
A COMPREHENSIVE SET OF INTERVENTIONS ACROSS THE ENTIRE PATIENT PATHWAY – AT BOTH FACILITY AND COMMUNITY LEVEL

NCD/HIV Patient journey

Education and Awareness → Screening → Diagnosis → Treatment and Monitoring
SILO HEALTHCARE SYSTEM IN AFRICA

NCD care

MCH/HIV & FP care

Same people, same behavior…Different doors
NCD INTEGRATION PROJECTS

• MOH, Malawi
• MOH, Ethiopia
• MOH, Uganda
• South Africa
• MSF, Kenya
• AZ-PEPFAR HTN-HIV project, Kenya
PILOT PROJECT ON FEASIBILITY, ACCEPTABILITY AND OUTCOMES OF NCD PRIMARY CARE INTEGRATION IN HIV PROGRAMMES 2013

G. Yonga
K. Juma
Aga Khan University, Nairobi, Kenya

M. Hawken
ICAP Kenya/ Columbia University

Supported by Grand Challenge Canada
<table>
<thead>
<tr>
<th>HEALTHCARE SYSTEM</th>
<th>HIV</th>
<th>CVD</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community support organizations/activities (Peer educators, CHV, CHEWs, Youth, women, men groups)</td>
<td>√√√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Population counselling and screening programmes</td>
<td>√√√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Linkage to care, retention in care, Target results achievements (viral load, CD4, for HIV, BP, weight, blood sugar, cholesterol for CVD)</td>
<td>√√√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Medical records, Surveillance and reporting systems (EMR)</td>
<td>√√√</td>
<td>√</td>
<td>√</td>
</tr>
</tbody>
</table>
CHV AND CHEW & PEER COUNSELORS INTEGRATION IN BEHAVIORAL CHANGE FOR HIV AND NCD
HIV-NCD PRIMARY CARE INTEGRATION

CARDIOVASCULAR SCREENING GUIDE FOR HEALTH CARE WORKERS

‘Linda moyo’
PEPFAR NCD PROJECT
Research to Guide Practice: Enhancing HIV/AIDS Platforms to Address Chronic, Non-Communicable Diseases in Low Resource Settings

Secretariat
NIH, CDC, USAID

Steering Committee
Chaired by FIC AB
Wafaa El-Sadr & Bill Tienery

Technical Working Group
NIH ICs, OGAC, CDC, USAID, HRSA, DoD, Peace Corps

Technical Operating Groups (TOG)

Population-Level Disease/Condition Questions

Health Systems Integration

Education, Awareness, and Dissemination (AED)

Technical Activity Groups (TAG)

Landscape Analysis/Research Questions

1) Generate Data on the burden on NCDs in PLWH
2) Refine/prioritize implementation science questions
3) Develop country-based toolbox for HIV/NCD integration
4) Compare HIV/NCD models of integration
5) Edit and publish project materials
6) Develop a COP for the project participants
<table>
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<th>CVD</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right to access to essential medicines and technologies for prevention and care</td>
<td>✓✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic analyses (burden, interventions / consequences of inaction)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient led advocacy and support organizations</td>
<td>✓✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Policy advocacy for enabling socio-economic environment for prevention and care</td>
<td>✓✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Stable and affordable supply of essential medicines & technologies for NCDs (Lessons learnt from access to ARVs)
The Chronic Care Model

Community
- Resources and Policies
- Self-Management Support

Health Systems
- Organization of Health Care
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

Improved Outcomes
- Informed, Activated Patient
- Productive Interactions
- Prepared, Proactive Practice Team

Developed by The MacColl Institute
ACP-ASIM Journals and Books

Initial Chronic Care Model (The MacColl Institute © ACP-ASIM Journals and books.)
APPROACHES TO HEALTH SYSTEM INTEGRATIONS

- **Horizontal blocks** (e.g. HIV & TB, HIV & MCH/FP, HIV & CVD, HIV & Cancer....)

- **Pan Horizontal** (HIV and all NCDs, TB, MCH/FP....)

- **Diagonal approaches** (human resource development, financing, facility planning, drug supply and quality assurance)

- **Total Integration** (WHO model for ICC in countries in transition)
TOTAL INTEGRATION:-
SDG & MAINSTREAMING OF HEALTH IN ALL GOALS

- Most upstream drivers of both NCDs and HIV lie outside the health sector

- These drivers involve multiple sectors; across the public and private sectors (health, agriculture, education, trade & industry, physical & economic planning...)

- Approach should to address the health of the population as a human development agenda rather than only “preventing and treating diseases”

- Mainstream health issues across all sectors and in human development agenda at national and global level
<table>
<thead>
<tr>
<th></th>
<th>PREVALENCE (%)</th>
<th>SCREENED (%)</th>
<th>LINKED TO CARE (%)</th>
<th>ACHIEVING TARGETS (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV</strong></td>
<td>7</td>
<td>50</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td><strong>HTN</strong></td>
<td>24</td>
<td>40</td>
<td>27</td>
<td>4</td>
</tr>
<tr>
<td><strong>DIABETES</strong></td>
<td>2</td>
<td>25</td>
<td>50</td>
<td>4</td>
</tr>
</tbody>
</table>
INTEGRATION OF NCD IN TO HIV PREVENTION AND CARE

- Rationale (shared risk factors and high comorbidity)
- Feasibility (resources and logistics)
- Acceptability (patients, community, HCP at various levels, health administrators)
- Sustainability (work-load on HCP, health system change/policies, resource allocation)

*(more research evidence, models and analysis needed in all these areas)*
CONCLUSIONS

- NCD prevention and care integration will consolidate the gains made in prevention and care of HIV and address the emerging problem of NCD in HIV.

- Leverage the platform developed for HIV prevention and care to guide and provide a chronic disease model for NCDs.

- Incorporate lessons learnt in HIV into NCDs and vice versa for synergistic outcomes.
ASANTE SANA! (THANK YOU!)