



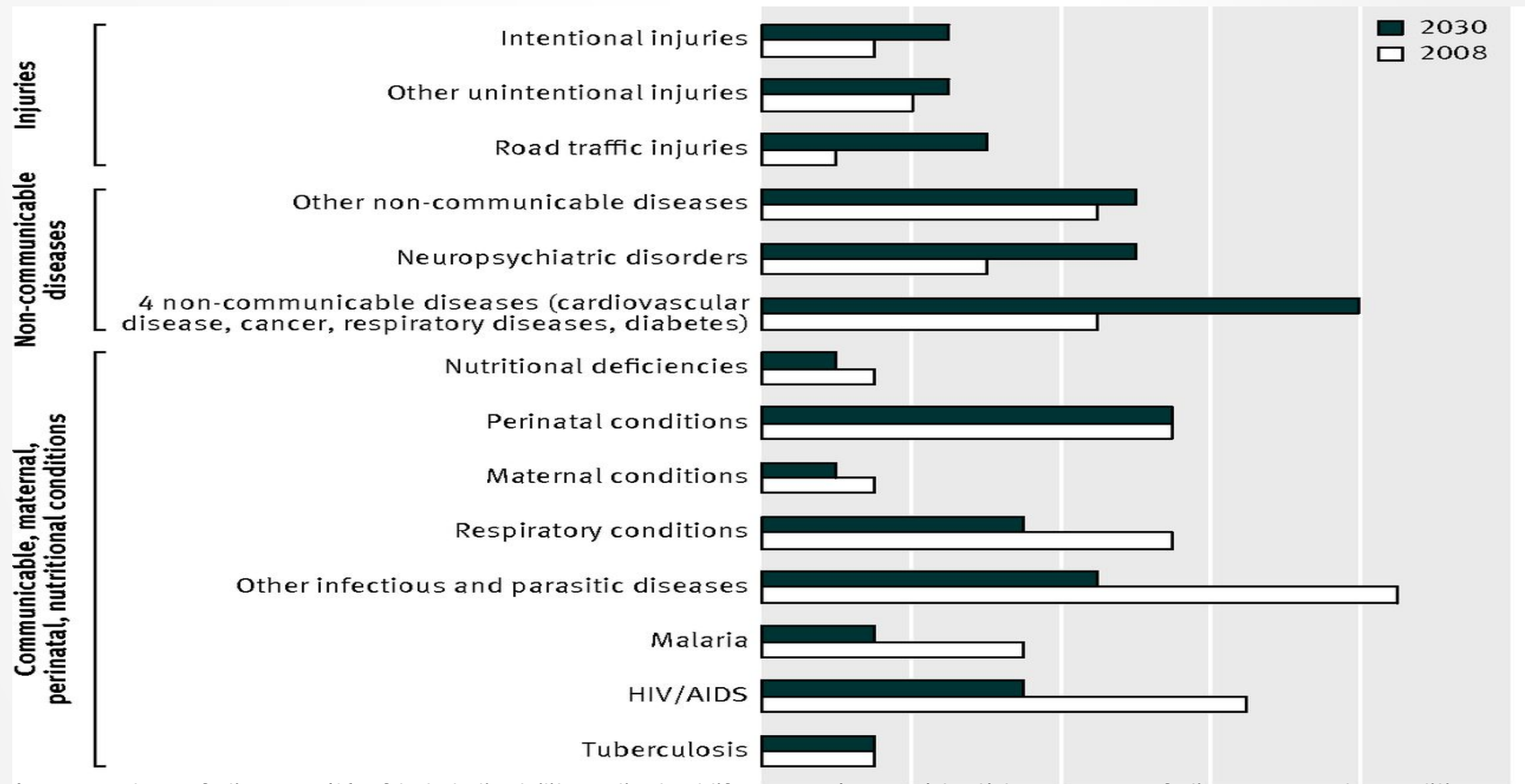
# **SCALING UP CARE SYSTEMS: LEVERAGING HIV PROGRAMS TO SUPPORT NCD SERVICES**

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# **CONFLICTS OF INTEREST**

**NONE**

# MAIN CAUSE OF DALYS LOST IN SUB-SAHARAN AFRICA BY 2030



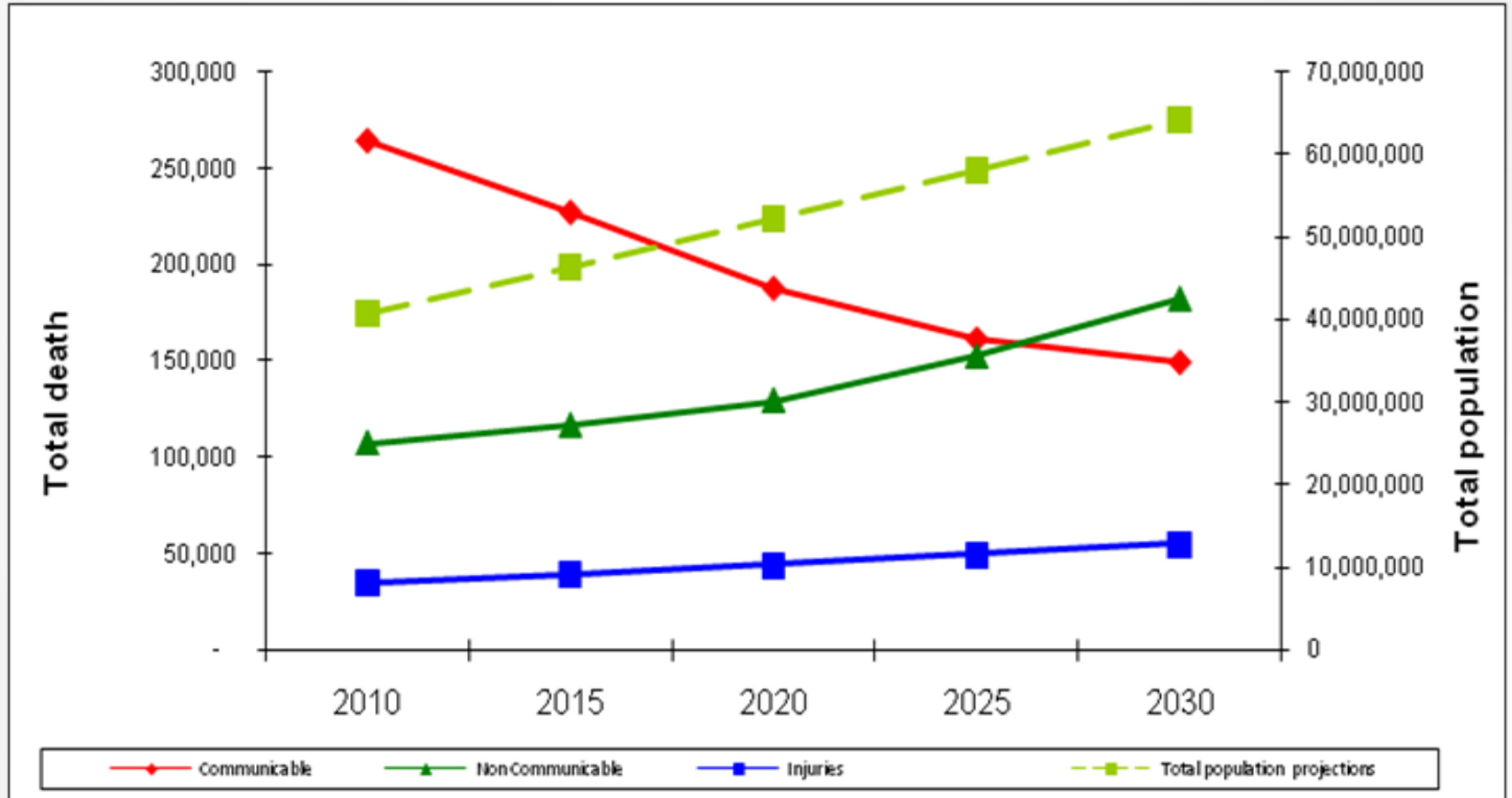
**Fig 1:** Burden of disease (% of total disability adjusted life years (DALYs) lost) by groups of diseases and conditions, sub-Saharan Africa, 2008 and 2030

# NON-COMMUNICABLE DISEASES - DEATH TRENDS (2006-2015)

	2005		2006-2015 (cumulative)		
Geographical regions (WHO classification)	Total deaths (millions)	NCD deaths (millions)	NCD deaths (millions)	Trend: Death from infectious disease	Trend: Death from NCD
Africa	10.8	2.5	28	+6%	+27%
Americas	6.2	4.8	53	-8%	+17%
Eastern Mediterranean	4.3	2.2	25	-10%	+25%
Europe	9.8	8.5	88	+7%	+4%
South-East Asia	14.7	8.0	89	-16%	+21%
Western Pacific	12.4	9.7	105	+1	+20%
	58.2	35.7	388	-3%	+17%

(WHO Chronic Disease Report, 2005)

# NCDS RISING AS CDS DROP






# **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

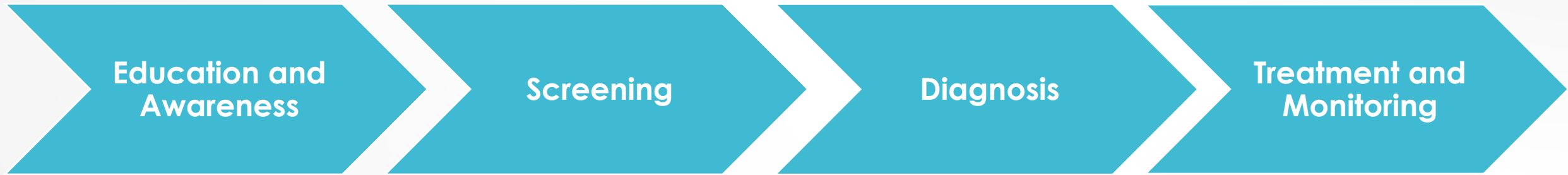


Barriers	<b>Education &amp; Awareness</b> 	<b>Provider training &amp; Guidelines</b> 	<b>Access &amp; Affordability</b> 
Solutions	<p>Increased awareness of hypertension and mobilised patients to seek screening and treatment within the project period</p>	<p>Increased provider understanding of HTN Increased # of HTN patients Increased outreach to screen patients</p>	<p>Increased availability of HTN medications</p>
Outcomes	<ol style="list-style-type: none"> <li>1. Increased awareness of risks of hypertension</li> <li>2. Increased motivation to be diagnosed and seek the right treatment</li> <li>3. Increased access to appropriate and affordable medicine</li> </ol>		



# A COMPREHENSIVE SET OF INTERVENTIONS ACROSS THE ENTIRE PATIENT PATHWAY – AT BOTH FACILITY AND COMMUNITY LEVEL

## NCD/HIV Patient journey





# 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

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Supported by Grand Challenge  
Canada



# LMIC SITUATION IN INTEGRATION AREAS FOR NCDS & HIV ...1

HEALTHCARE SYSTEM	HIV	CVD	Cancer
Community support organizations/activities (Peer educators, CHV, CHEWs, Youth, women, men groups)	✓✓	✓	✓
Population counselling and screening programmes	✓✓	✓	✓
Linkage to care, retention in care, Target results achievements(viral load, CD4, for HIV, BP, weight, blood sugar, cholesterol for CVD)	✓✓	✓	✓
Medical records, Surveillance and reporting systems (EMR)	✓✓	✓	✓



# CHV AND CHEW & PEER COUNSELORS INTEGRATION IN BEHAVIORAL CHANGE FOR HIV AND NCD





# HIV-NCD PRIMARY CARE INTEGRATION



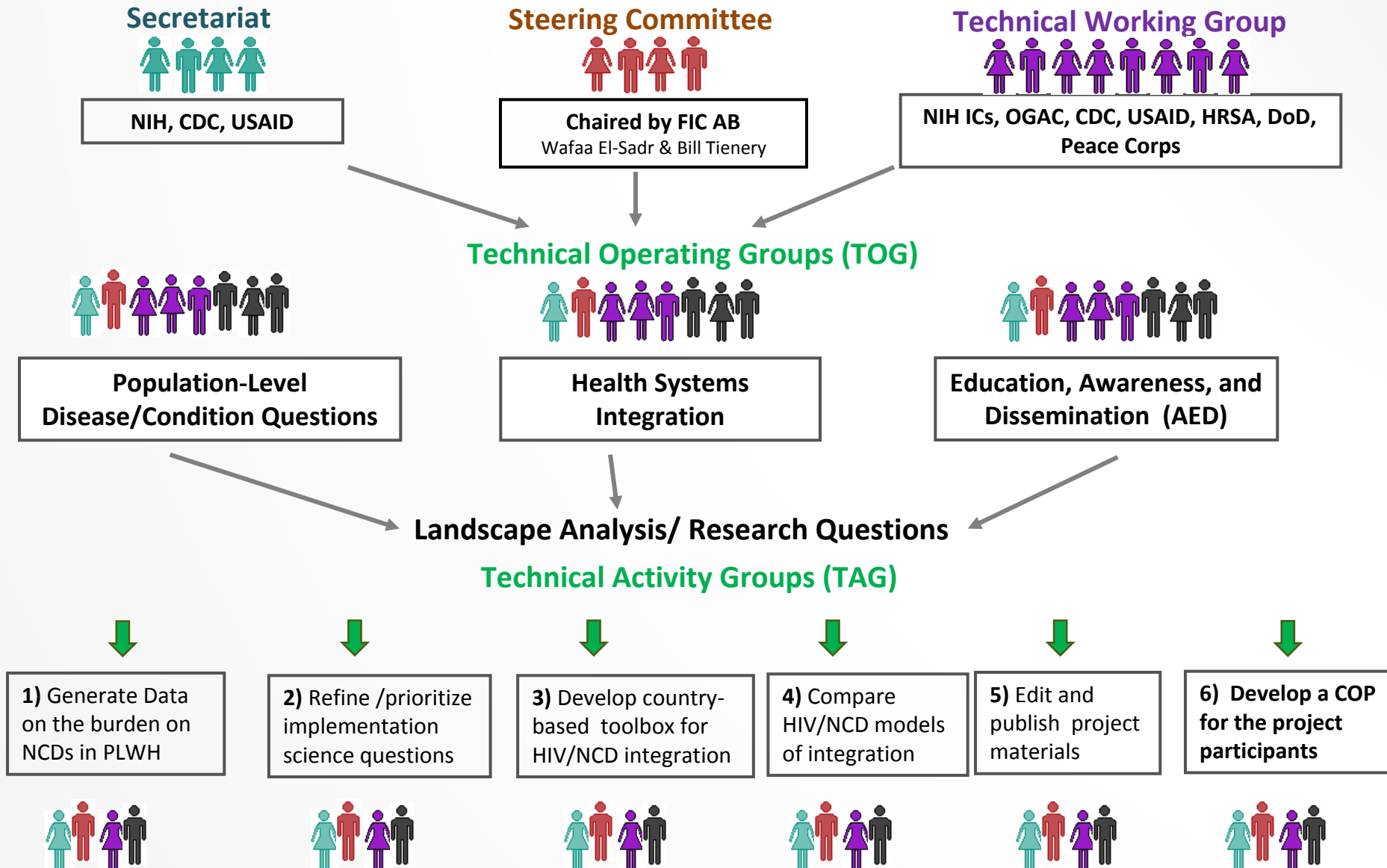
## CARDIOVASCULAR SCREENING GUIDE FOR HEALTH CARE WORKERS

*'Linda moyo'*



# PEPFAR NCD PROJECT

## Research to Guide Practice: Enhancing HIV/AIDS Platforms to Address Chronic, Non-Communicable Diseases in Low Resource Settings



## LMIC SITUATION IN INTEGRATION AREAS FOR NCD & HIV ...2

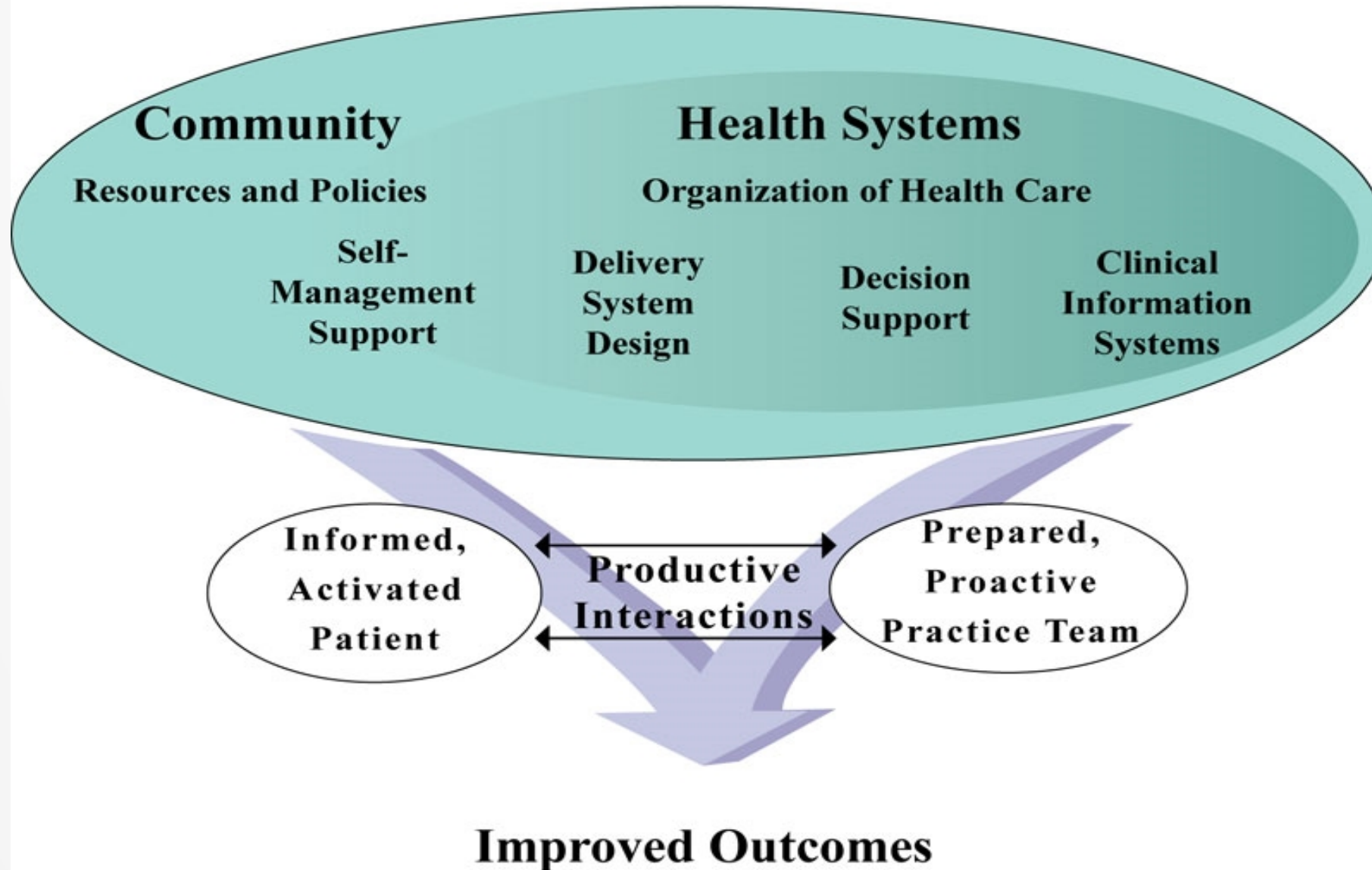
HEALTHCARE SYSTEM	HIV	CVD	Cancer
Right to access to essential medicines and technologies for prevention and care	✓✓		
Economic analyses (burden, interventions / consequences of inaction)	✓		
Patient led advocacy and support organizations	✓✓	✓	✓
Policy advocacy for enabling socio-economic environment for prevention and care	✓✓	✓	✓



## Stable and affordable supply of essential medicines & technologies for NCDs (? Lessons learnt from access to ARVs)



# The Chronic Care Model



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

# NCD AND HIV TARGET ACHIEVEMENTS (90-90-90 BY 2020?)

	PREVALENCE (%)	SCREENED (%)	LINKED TO CARE (%)	ACHIEVING TARGETS (%)
<b>HIV</b>	7	50	40	40
<b>HTN</b>	24	40	27	4
<b>DIABETES</b>	2	25	50	4

# 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!)**

