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Toolkit

2020

Evidence, priorities and toolkit for action.

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Work Package 3: Integrating and decentralising diabetes and hypertension services in Africa
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Information for researchers, government policy makers and public-private partnerships

Who is this toolkit for?

This toolkit is designed to target decision-makers in low-resource settings, i.e. both public and private policymakers, as well as people with the power to effect change.

How to use this toolkit?

This toolkit summarizes the information gathered from the scoping review conducted as part of WP3, which examined system preparedness and sustainability of integrated care for the prevention, identification and treatment of diabetes and hypertension. It will inform how primary and secondary care can best collaborate to optimize integrated delivery of services, advocate for the implementation of an integrated model of care and put forth suggestions on how these can be best tailored to your own context and environment.

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Information for researchers, government policy makers and public-private partnerships (cont.)

Key messages

- With NCD rapidly on the rise in low-resource settings such as SSA, it is time to prioritize its management
- Lessons learnt and the infrastructure already in place for HIV care can be leveraged upon for the delivery of NCD care
- Integrated HIV/NCD care can take various forms:
    1. Parallel side-by-side NCD and HIV services
    2. Complete integration of NCD and HIV services
    3. Sharing the systems behind NCD and HIV services, including guidelines, training, drug and supplies procurement, laboratory systems, and monitoring and evaluation strategies, without integrating them into one entity

- There is no single approach likely to work in all settings, and hence countries should devise an integrated model of care that is contextually appropriate, so as to maximize existing resources and leverage upon the strengths of your local health system while preventing prevailing cracks from hurting hard-earned HIV gains and quality of clinical care. Some factors to consider include:
    - Common barriers and facilitators to integration that have been identified in WP3
    - Local evidence on disease prevalence/epidemiology
    - Local evidence on cost-effectiveness
    - Local evidence on clinical outcomes of integration and the impact of HIV/NCD integration on the existing HIV care model
    - The degree of maturity of your health system when comes to chronic care delivery
    - The amount of funding available

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Information for researchers, government policy makers and public-private partnerships (cont.)

Fact sheet

Non-Communicable Diseases

There is an increasing NCD burden globally, with an estimated one billion people living with hypertension and about 9.4 million related deaths occurring annually[4]. Although HIV/AIDS is the leading cause of death among adults in sub-Saharan Africa (SSA), global trends are mirrored in the region, as evident from the rapidly increasing burden of NCDs such as diabetes mellitus (DM) and hypertension in SSA countries, giving rise to a dual HIV-NCD epidemic[1]. The Global Status Report on NCDs emphasizes that the negative impacts of NCDs are particularly severe in poor and vulnerable populations such as SSA, where poverty exacerbates many health conditions[5]. Over three-quarters of the global NCD deaths (28 million) and most premature deaths (82%) occur in low- and middle-income countries (LMICs). The prevalence of DM in SSA is anticipated to double between 2010 and 2030, with 28 million people in SSA predicted to be living with the disease. Despite numerous initiatives to prevent DM and DM-related complications, the disease remains the fourth leading cause of disease-related deaths globally, with almost 80% occurring in LMICs[6].

Non-Communicable Diseases in PLHIV

In SSA, there is an ongoing demographic and epidemiologic transition of disease burden from infectious diseases such as HIV to NCDs due to rapid urbanization, improved healthcare and economic changes. As a result, populations are increasingly demonstrating comorbid NCDs, such as DM and hypertension with HIV[7]. Health care providers are now faced with an increasing need to manage HIV and NCD simultaneously.

Given the similarities between chronic diseases, whether communicable or non-communicable, from the health system and program management perspective, the systems, tools, and implementation strategies developed to provide continuity of care for HIV in SSA can be rapidly, efficiently, and effectively utilized to support services for other chronic NCD[3].

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Information for researchers, government policy makers and public-private partnerships (cont.)

Recommended Solution

Integrating diabetes, hypertension and HIV care

1. Gather local data on disease prevalence and current HIV and chronic care delivery systems

2. Consider range of integration models available

3. Be cognizant of potential facilitators and barriers to integration

4. Devise a new model or adapt an existing integration model best suited to your country

5. Test drive model in a local HIV or NCD clinic

6. Evaluate outcomes and refine model as necessary

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INTEGRATING AND DECENTRALISING HIV, DIABETES AND HYPERTENSION SERVICES

Horizon 2020

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