The CQUIN Learning Network:

Partnering to Advance Differentiated Care

Differentiated Care for People with HIV & NCDs

Dr. Nomthandazo Lukhele
ART Coordinator, MOH Swaziland

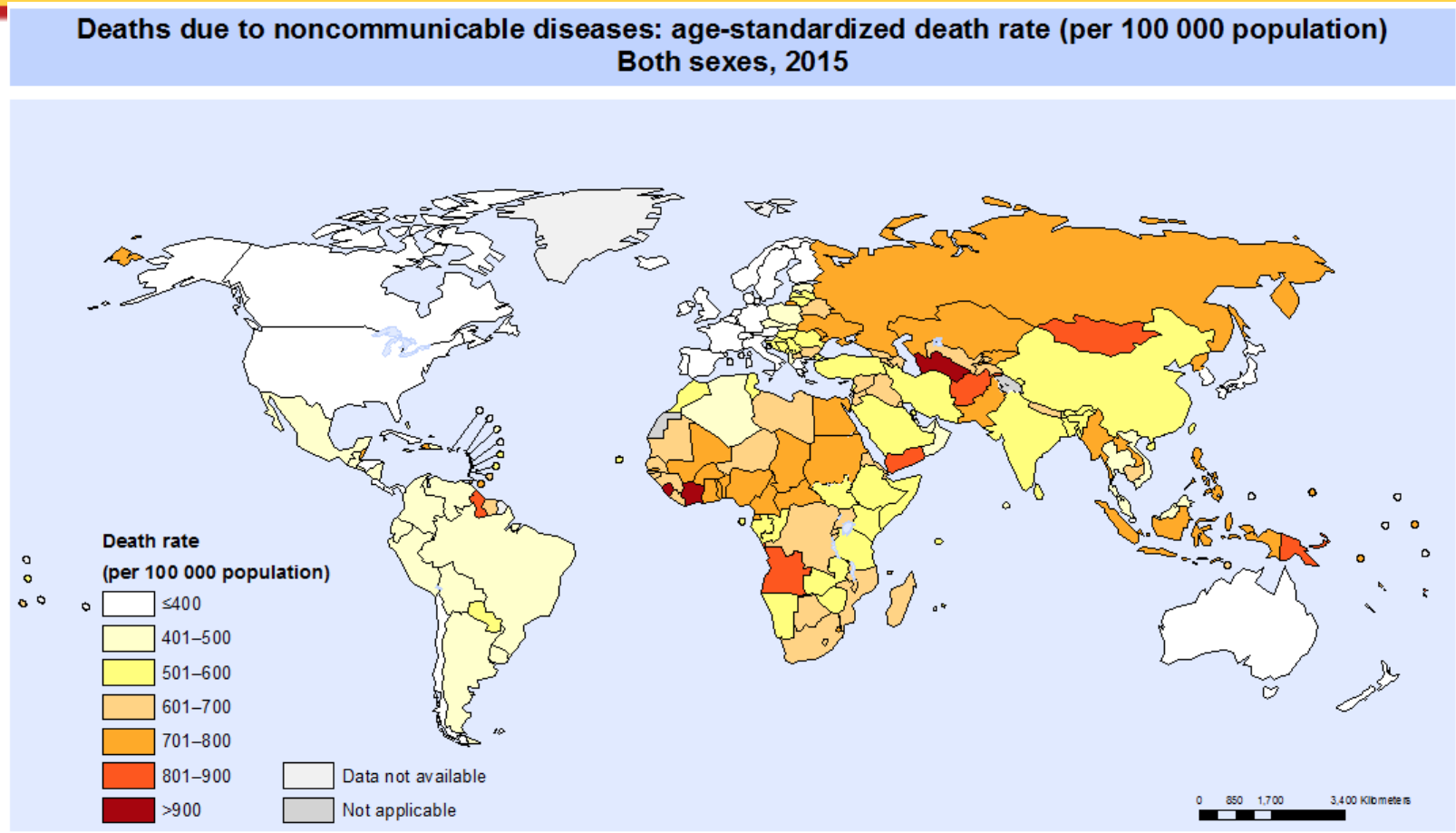
IAS Satellite Meeting, July 23, 2017

ICAP
GLOBAL. HEALTH. ACTION.
Columbia University
Mailman School of Public Health

Outline

- HIV and NCDs: Overlapping Epidemics
- Integrating NCD services into HIV Programs in Swaziland: Lessons Learned
- Differentiated Service Delivery: Challenges and Opportunities

HIV and NCDs: Co-Located Epidemics

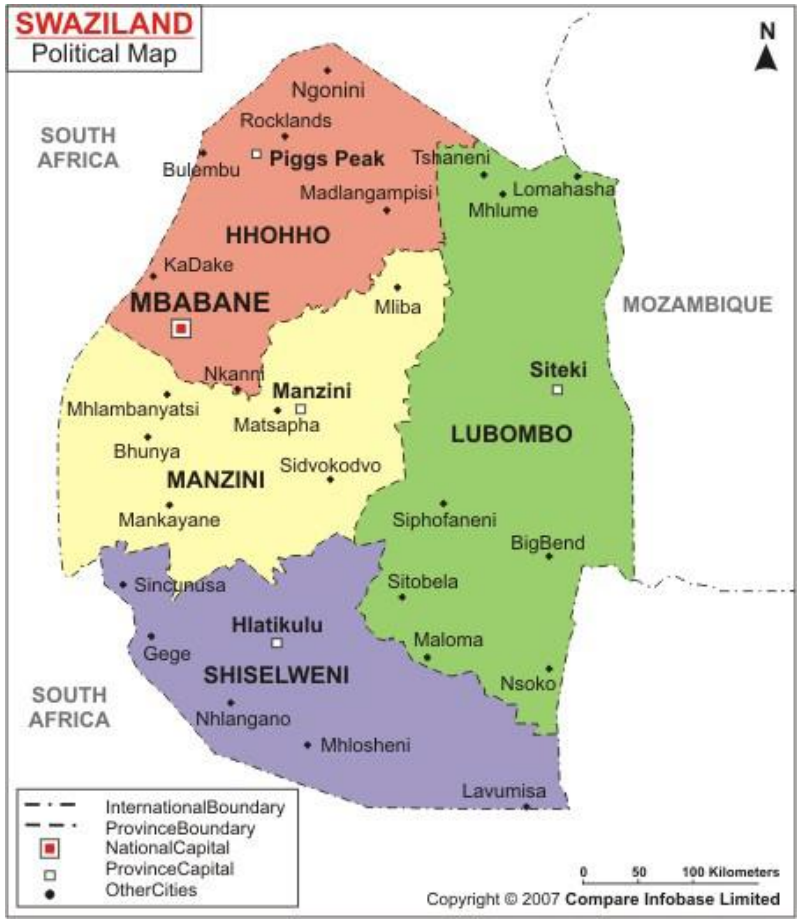


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

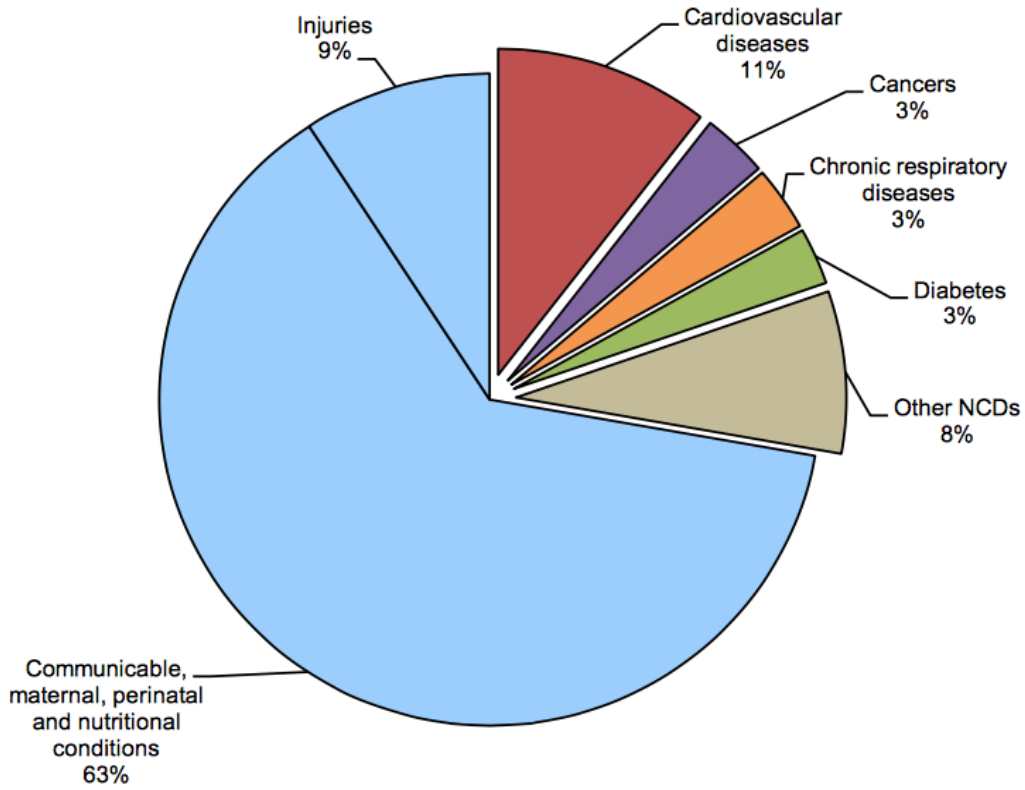
World Health Organization

HIV and NCDs in Swaziland



Population of about 1.2 Million.

Proportional mortality (% of total deaths, all ages, both sexes)*

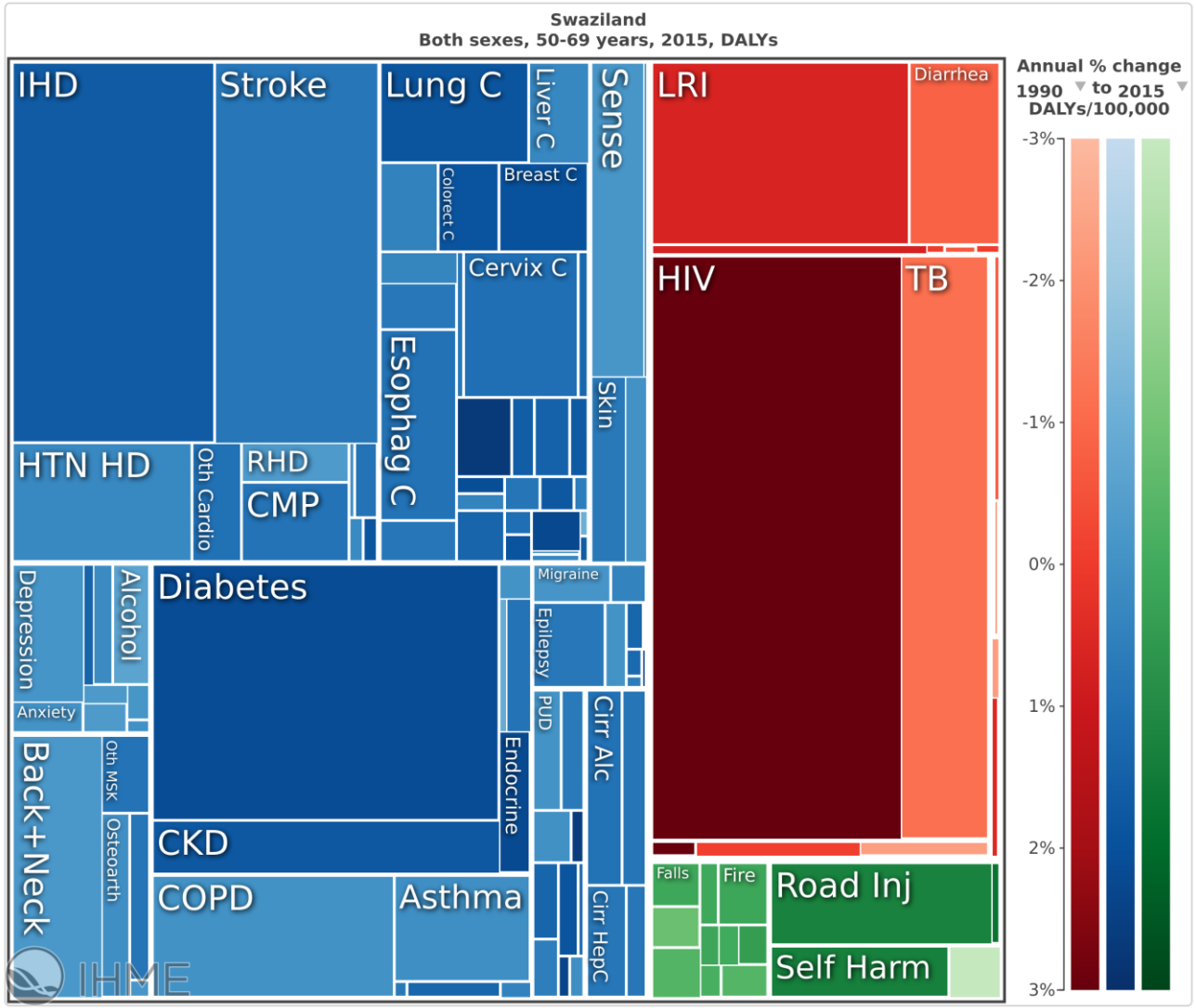


Total deaths: 14,000

NCDs are estimated to account for 28% of total deaths.

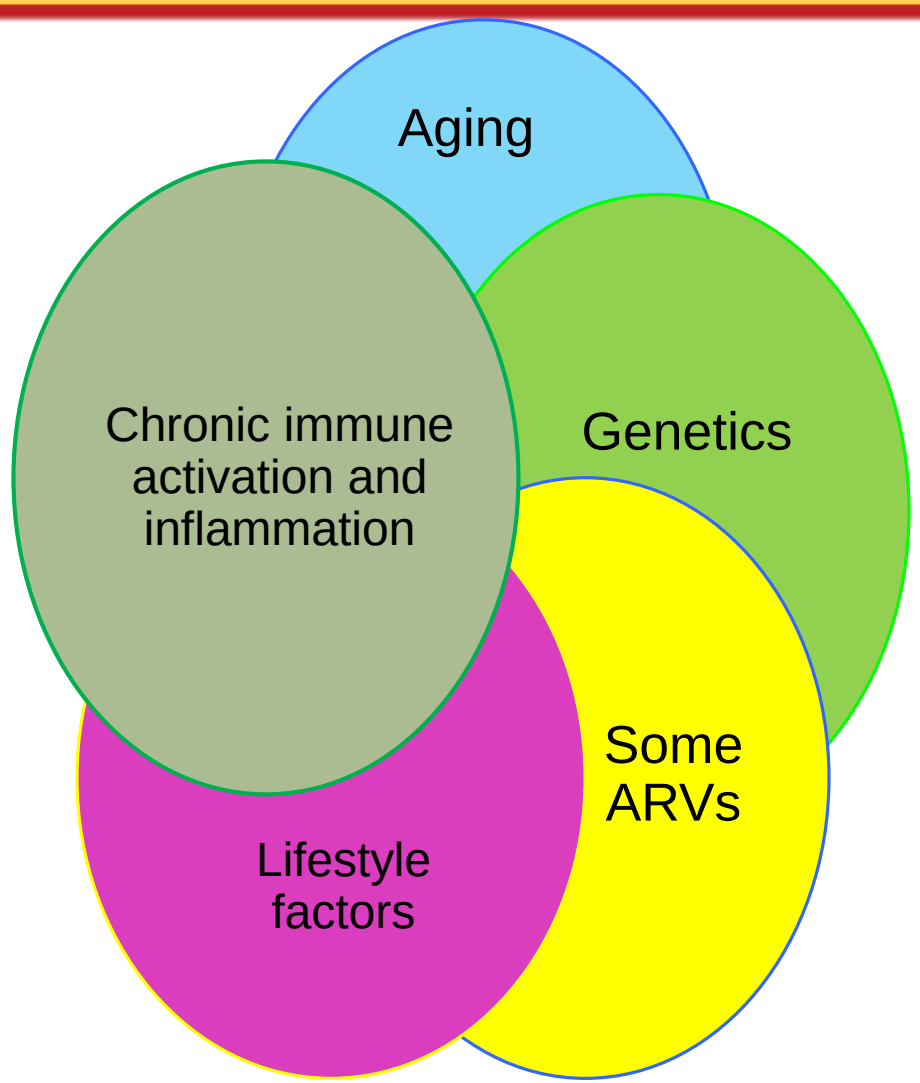
WHO Country Profile 2014

DALYs amongst Swaziland Adults (50-69 years)



www.healthdata.org

Metabolic Complications in HIV

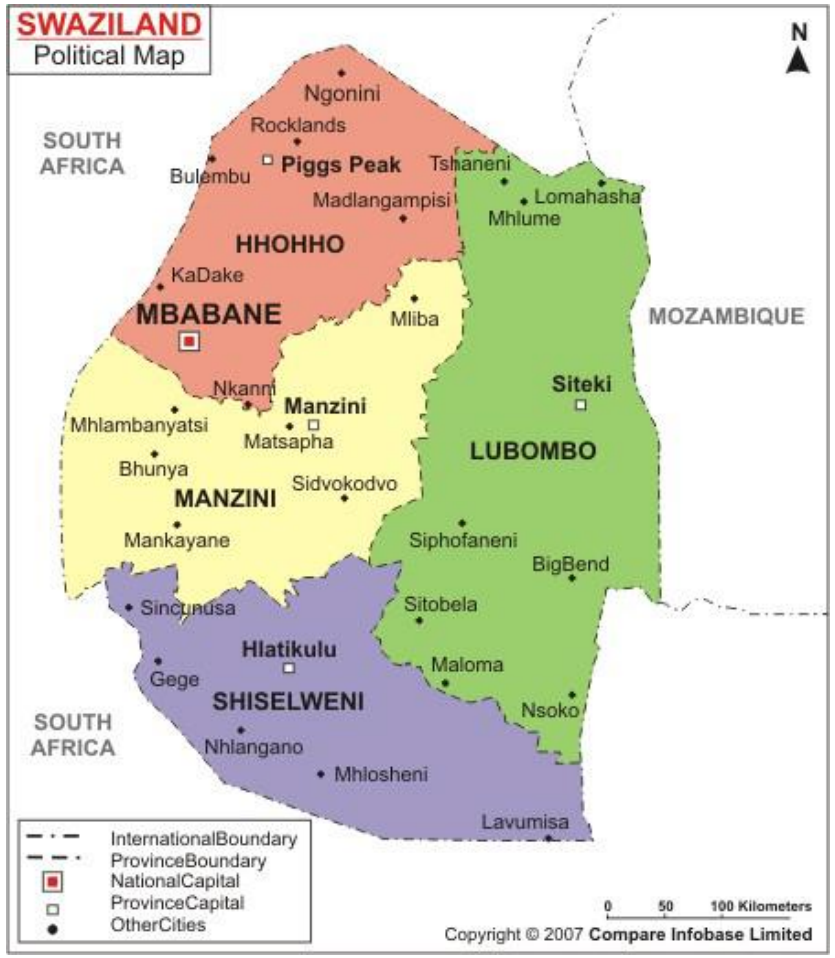


Metabolic complications
NCD risk factors
NCD amongst PLWH
Non-AIDS morbidity and mortality

Outline

- HIV and NCDs: Overlapping Epidemics
- Integrating NCD services into HIV Programs in Swaziland: Lessons Learned
- Differentiated Service Delivery: Challenges and Opportunities

HIV and NCD in Swaziland



- Population of 1.2 Million people
- HIV prevalence 26%
- Incidence : 2.38 (18-49 years, SHIMS 2011)
- ART Coverage at 77%
  - 9% are 50+ year old
    - (HMIS, June, 2017).
- Good retention and viral suppression rates

The HEART Study

- HEART is an ongoing NIH-funded study to explore the feasibility and acceptability of integrating cardiovascular disease risk factor (CVDRF) screening and management into a busy urban HIV clinic in Swaziland
- In Phase 1, ART patients ≥ 40 years were screened for hypertension, diabetes, high cholesterol and tobacco use
- 39% of patients had at least one CVD risk factor

HEART Study Phase One: CVDRF Screening Results (N=1,826)

Rabkin et al. CROI 2017, abstract #637

	Total	Age (years)			Sex	
Characteristic		40-49	50-59	60+	Male	Female
Total, n (%)	1,826 (100%)	1,121 (61%)	462 (25%)	238 (13%)	701 (38%)	1,125 (62%)
At least 1 CVD risk factor	**39%**	**32%**	**47%**	**55%**	**45%**	**35%**
Hypertension (BP > 140/90 mmHg)	25%	19%	31%	42%	21%	27%
Hypercholesterolemia (non-fasting TC > 6.2 mmol/L, POC)	8%	6%	11%	11%	6%	9%
Diabetes (HbA1c > 6.5%, POC)	5%	3%	8%	10%	4%	5%
Smoking in past year (self-report)	9%	9%	10%	8%	22%	2%

ICAP GLOBAL. HEALTH. ACTION. Columbia University Mailman School of Public Health

National Pilot Program for HIV/NCD Management

Goal:

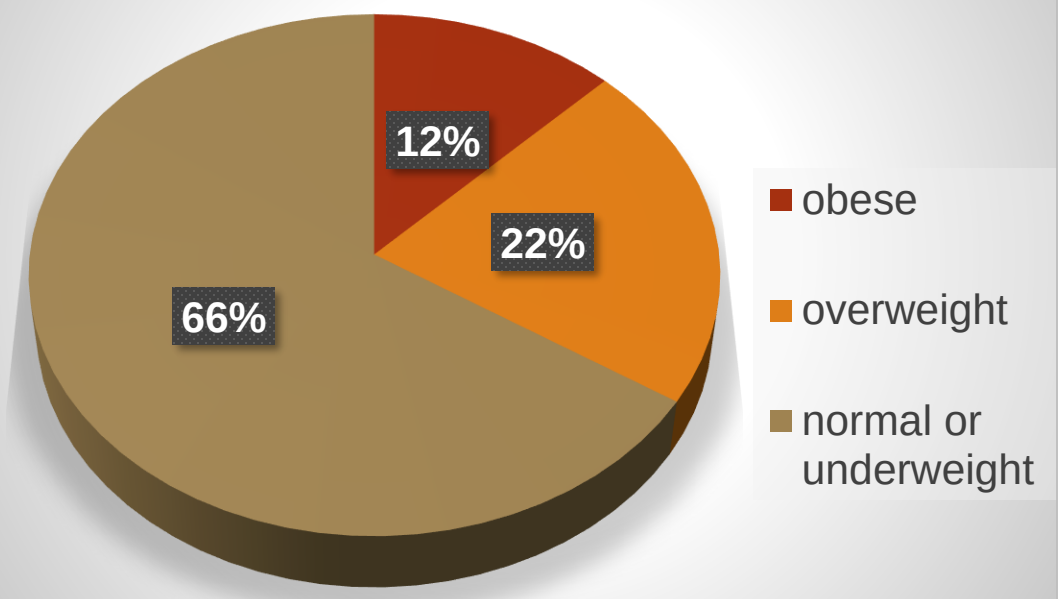
To determine prevalence of NCDs in HIV settings and to determine feasibility of integrating NCD clinical management in HIV settings, 2014- 2015

Methods:

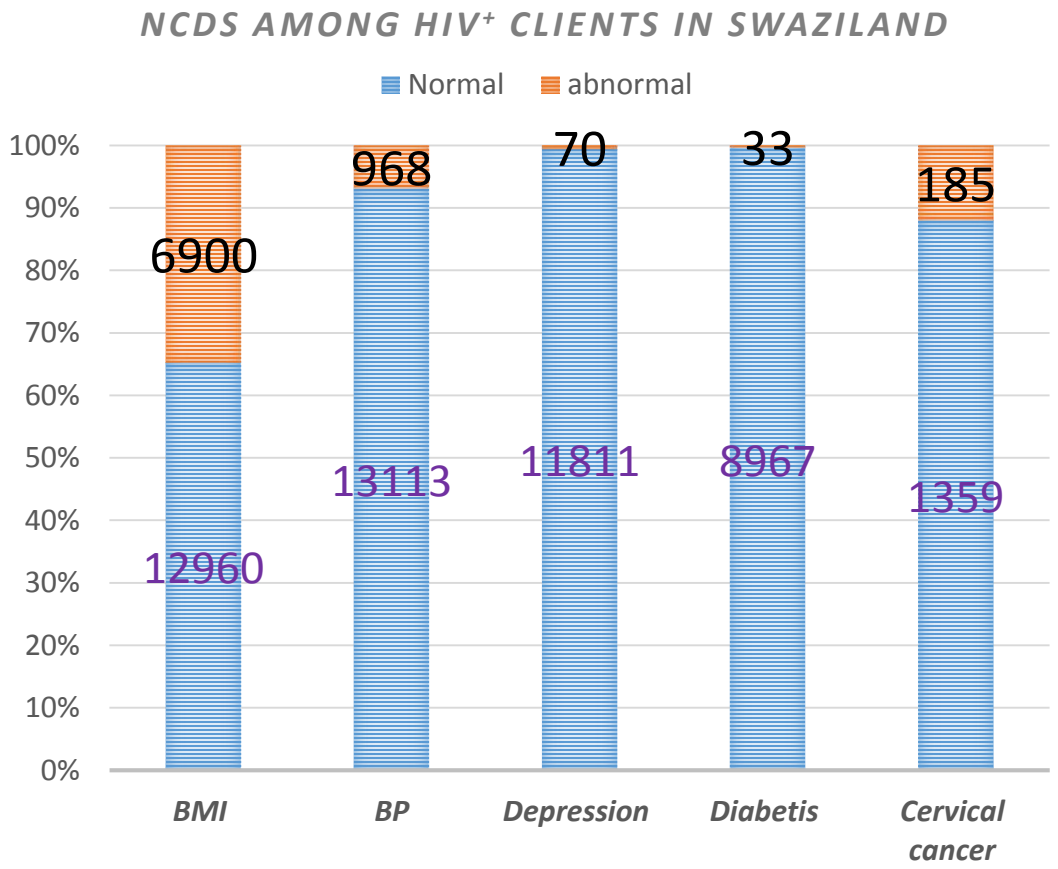
- Pilot in 6 Hospitals and Health centers
- Developed Integrated HIV/NCD management guidelines with algorithms
- Trained HIV clinic health workers on;
  - NCD diagnosis and management
- NCD-related indicators incorporated into the national HIV medical records system,
    - electronic and paper system
- Developed Facility based SOPs
  - Revised Patient flow
  - Synchronized ART and NCD refill dates
- Analyzed HMIS data

Pilot Screening Results

19860 clients had recorded BMI & 21 % were > 50 years



Obesity among those > 50 years was at 22%



Outline

- HIV and NCDs: Overlapping Epidemics
- Integrating NCD services into HIV Programs in Swaziland: Lessons Learned
- Differentiated Service Delivery: Challenges and Opportunities

DSD for HIV & NCD Challenges and Opportunities

The high prevalence of NCDs amongst PLHIV in Swaziland poses potential challenges for DSDM;

- If HIV care is streamlined but NCD care is not,
  - the benefits of DSD both for patients and for the health system will be attenuated
- If the presence of NCDs or NCD risk factors is an exclusion criteria for DSDM, scale-up will be limited
- Key questions
  - How can we “differentiate” care for people with both HIV and NCDs?
  - Can we leverage the lessons of HIV to develop systems and strategies to differentiate services for chronic NCDs such as hypertension and diabetes?

DSDM for People with HIV and NCDs

- Next steps and way forward:
  - NCD/HIV screening and management is standard of care: Chapter in National HIV management guidelines
    - HTN, Diabetes, Depression & cervical cancer
    - More clients will be diagnosed
  - Scale up DSDM for clients with both NCD and HIV : all models applicable
  - Treatment clubs and CAGS members encouraged to support each other to do monitoring test e.g. VL, Cervical cancer, TB screening and BP
  - Pilot study of home-based BP monitoring supported - CQUIN
  - Learning from other countries (MSF Kenya models) - CQUIN

Acknowledgments

PEPFAR
USAID FROM THE AMERICAN PEOPLE
CDC
World Health Organization REGIONAL OFFICE FOR Africa
URC UNIVERSITY RESEARCH CO., LLC
ICAP Global. Health. Action. COLUMBIA UNIVERSITY Mailman School of Public Health
AIDSFree Strengthening High Impact Interventions for an AIDS-free Generation
msh
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS
CLINTON HEALTH ACCESS INITIATIVE
IAS
psi Swaziland Healthy lives. Measurable results.
Baylor College of Medicine Children's Foundation SWAZILAND