

Integration of Screening and Management of Hypertension and Diabetes Services: Experiences from a USAID Client-Centered Program

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INTRODUCTION

- The global epidemiological transition with an increase in the occurrence of noncommunicable diseases (NCDs) presents an opportunity for integration into the established HIV provision platform.
- The Elizabeth Glaser Pediatric AIDS Foundation has supported HIV programs in Tanzania since 2003 through program implementation, research, and advocacy.
- This poster describes the experience of integrating NCD screening within HIV care services in 103 selected high-volume care and treatment clinics supported by USAID Afya Yangu Northern project in five regions of Tanzania.



CTC clinician at Singida Regional Hospital attending PLHIV with Hypertension



A Triage Nurse at Singida Regional Hospital sits with supplies ready for providing NCD screening

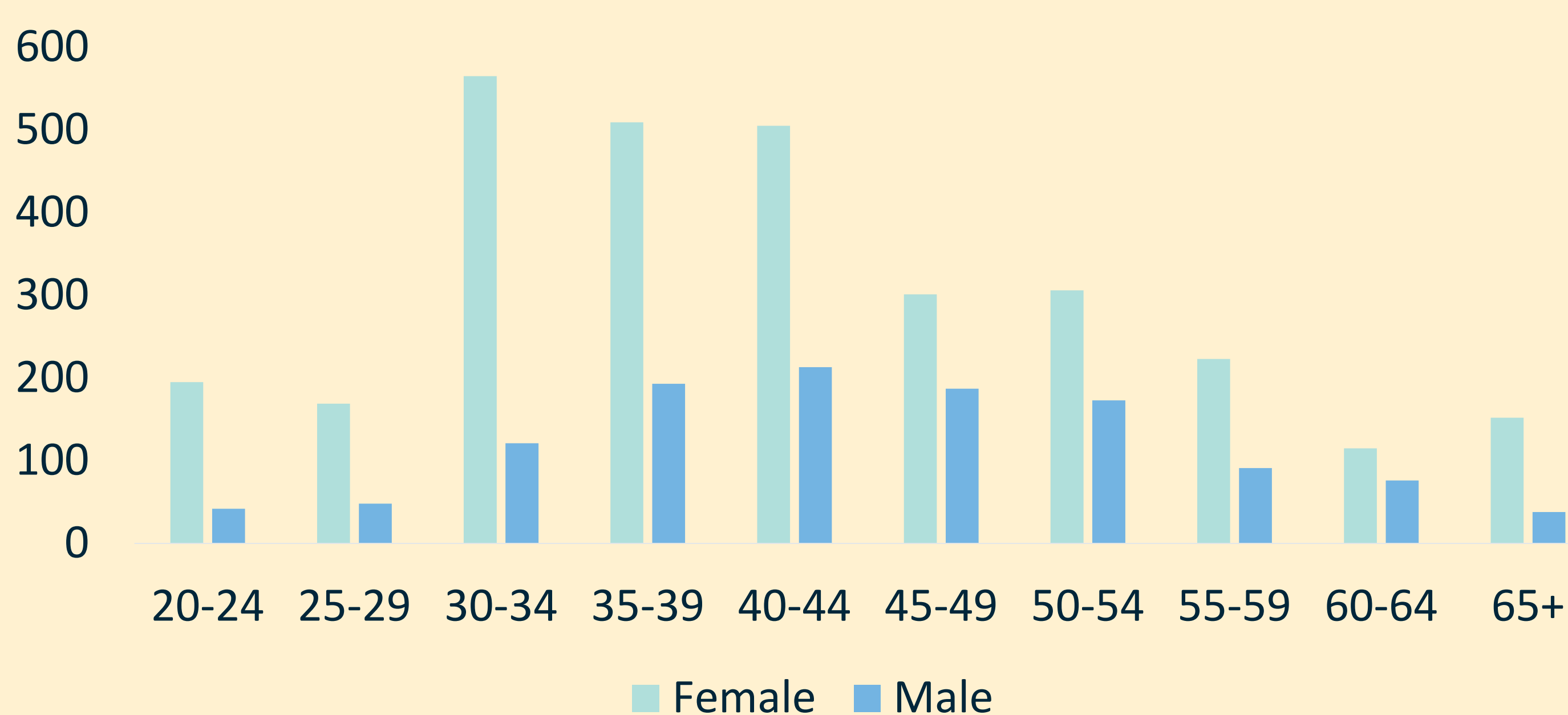
METHODS

- In building capacity for this integration, healthcare providers from the HIV clinic were trained on screening for diabetes and hypertension among people living with HIV (PLHIV). To facilitate regular screening and management for hypertension (HTN) and diabetes (DM) within HIV clinics, specific supplies were procured including blood pressure machines (digital and manual), weighing scales and glucometers (and strips).
- All PLHIV attending the 103 HIV clinics are screened for risk factors.
 - For HTN** these include smoking, obesity, physical inactivity, and unhealthy diet.
 - For DM** these include smoking, obesity, physical inactivity, and/or unhealthy diets. Additionally, those with a family history of DM or presented with polyuria, polydipsia and/or polyphagia were screened for DM.
- PLHIV receive BP measurements at triage as part of routine vital signs checks. Individuals are screened for risk factors associated with HTN. Those whose screening indicate the existence of risk factors are further evaluated for HTN and DM including fasting or random blood glucose tests.
- Both HIV and NCD related services are provided under one roof with the same healthcare providers - clinicians and nurses at the care and treatment clinic (CTC). Management of newly identified clients with HTN and DM occurs at the CTC which includes prescription of medicines, and for those already on medication, management of their treatment adherence and control of the disease.
- PLHIV presenting with complicated HTN or DM conditions and those needing further specialized care are referred to specialized clinics accordingly. Tools for clients monitoring and referral to specialized clinics were developed. PLHIV presenting with other co-infections are managed at HIV clinics.

RESULTS

- Amongst the 4,222 people screened, 512 (12%) were screened positive for HTN, 512 prevalence was 12% of whom 248 (48%) were newly diagnosed and 264 (52%) had known HTN. Age disaggregation showed 50% were adults aged 30-44 years, 30% were between 45-59 year, and 9% were >60 years old.
- Among the 2,500 individuals screened for DM, 193 (7.75%) cases were identified with 45 of these were newly identified and 148 had known DM.
- Table 1 illustrates reach and outcomes of screening.

Hypertension Screening by Age and Sex



HTN and DM screening and management indicators	Total	%
# PLHIV at risk Screened for hypertension	4,222	
# PLHIV screened positive for HTN (new and known)	512	12%
# PLHIV newly identified and enrolled for HTN management	248	48%
# PLHIV with known HTN already on HTN treatment	264	52%
# PLHIV referred for further specialized HTN management	328	64%
# PLHIV presented with symptoms and risk factors, screened for DM	2,500	
# PLHIV screened who had glucose for diabetes mellitus	2,500	100%
# PLHIV in care tested positive for diabetes mellitus	193	7.75%
# PLHIV in care newly identified with DM and enrolled for diabetes mellitus management	45	23%
# PLHIV in care referred for specialized management	69	36%
# PLHIV in care with known DM already on diabetes mellitus management	148	77%
# PLHIV with both HTN and DM co-morbidities	82	

Table 1. NCD screening and management at 103 CTCs, FY23 Q3

DISCUSSION

The project successfully introduced the integration of NCD screening and treatment services within the setting of HIV clinics. Our experience offers the opportunity to explore the feasibility of providing chronic care services for multiple diseases under one roof by the same healthcare providers.

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