

Integration of the screening and management of Hypertension, Diabetes Mellitus, and Cervical Cancer among PLHIV in USAID Nuru Ya Mtoto project-supported HIV Care sites: a Program Experience

Dr. Habel A. Alwang¹, Dr. Nick Odiyo¹, Jackson Thoya¹, Noel Olale¹.
 1. USAID Nuru Ya Mtoto (PATH Kenya)

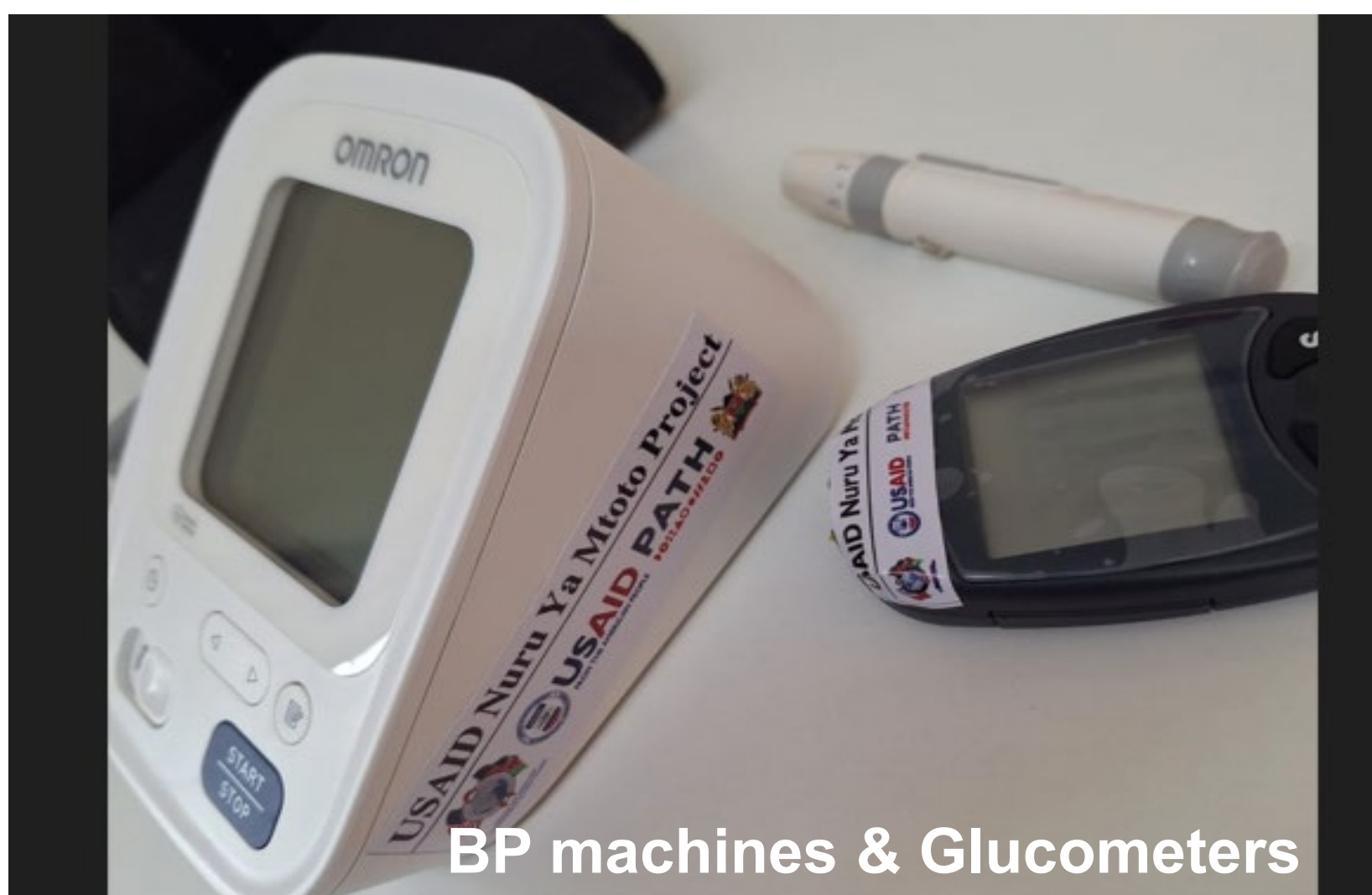
BACKGROUND / INTRODUCTION

Non-communicable diseases (NCDs) are the leading cause of premature death globally accounting for 15 million of the 41 million deaths, 85% of these in low and middle-income countries. As per the STEPs survey, 56% of Kenyans have never been screened for hypertension (HTN), with a prevalence of HTN found to be 24%, with 92% not on medication, while only 4.6% of them were controlled. In addition, 537 million adults are living with diabetes mellitus (DM) globally. A Kenyan study found 3.6% prevalence of DM, projected to rise to 4.4% by 2035. Cervical cancer is the second leading cause of mortality among cancers in women in Kenya, with >80% of diagnoses in Kenya being made at an advanced stage. The uptake of cervical cancer screening among Kenyans aged 18-69 years is 11%, while among 30-49, where cervical cancer screening is recommended, is 16%. With an aging PLHIV population, the incidence of NCDs is apparent. At one year of follow-up, 43.8% of PLHIV not on antiretroviral therapy (ART) had been diagnosed with an NCD compared to 3.7% of patients on ART; at five years the proportions with a diagnosed NCD were 88.8% and 39.2%, respectively. Among PLHIV with any recorded NCD, 87.5% were found to have HTN. About 2.1% of PLHIV with NCD had documented DM. HIV-positive women have a six-fold risk of cervical cancer, with a more aggressive occurrence.

METHODS

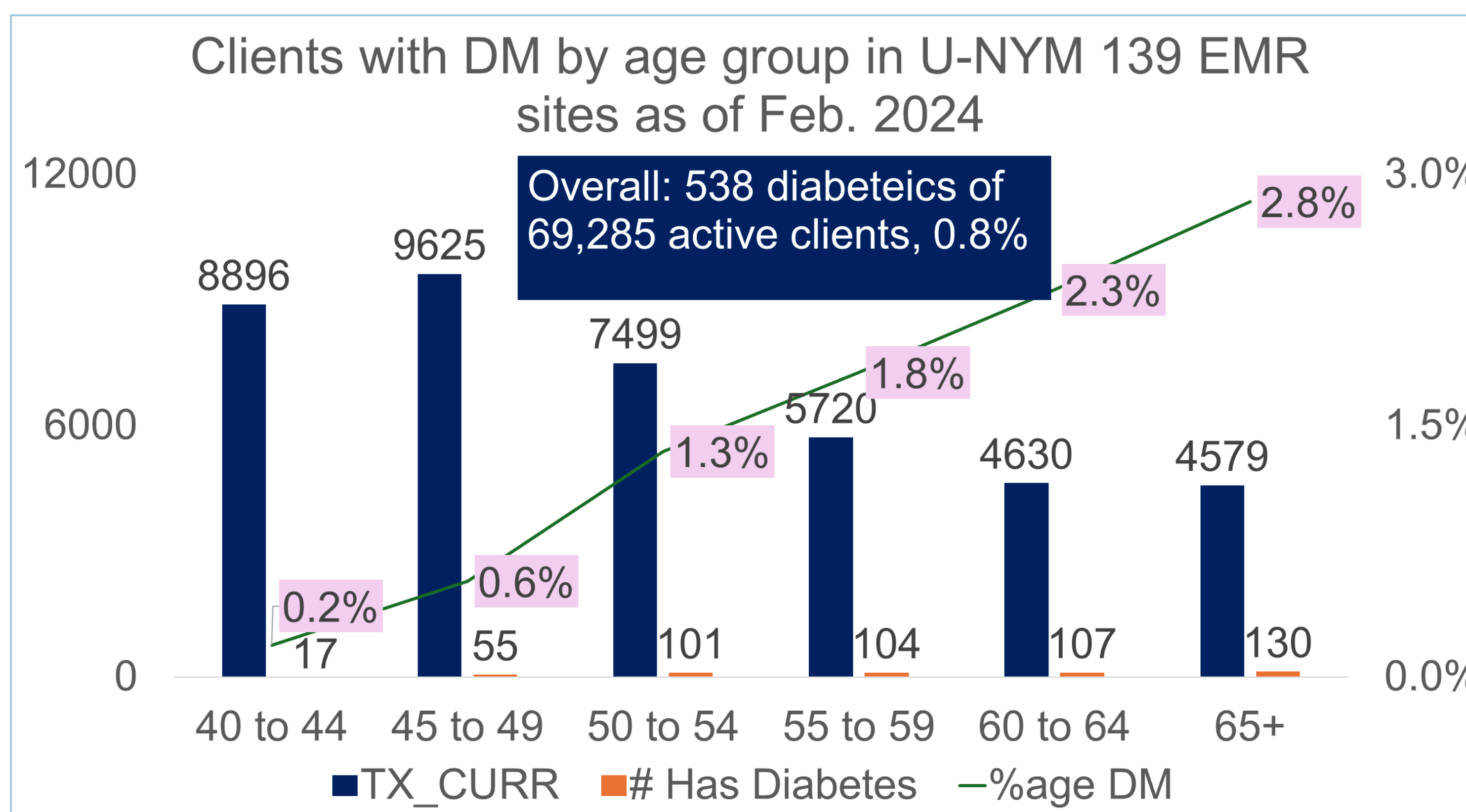
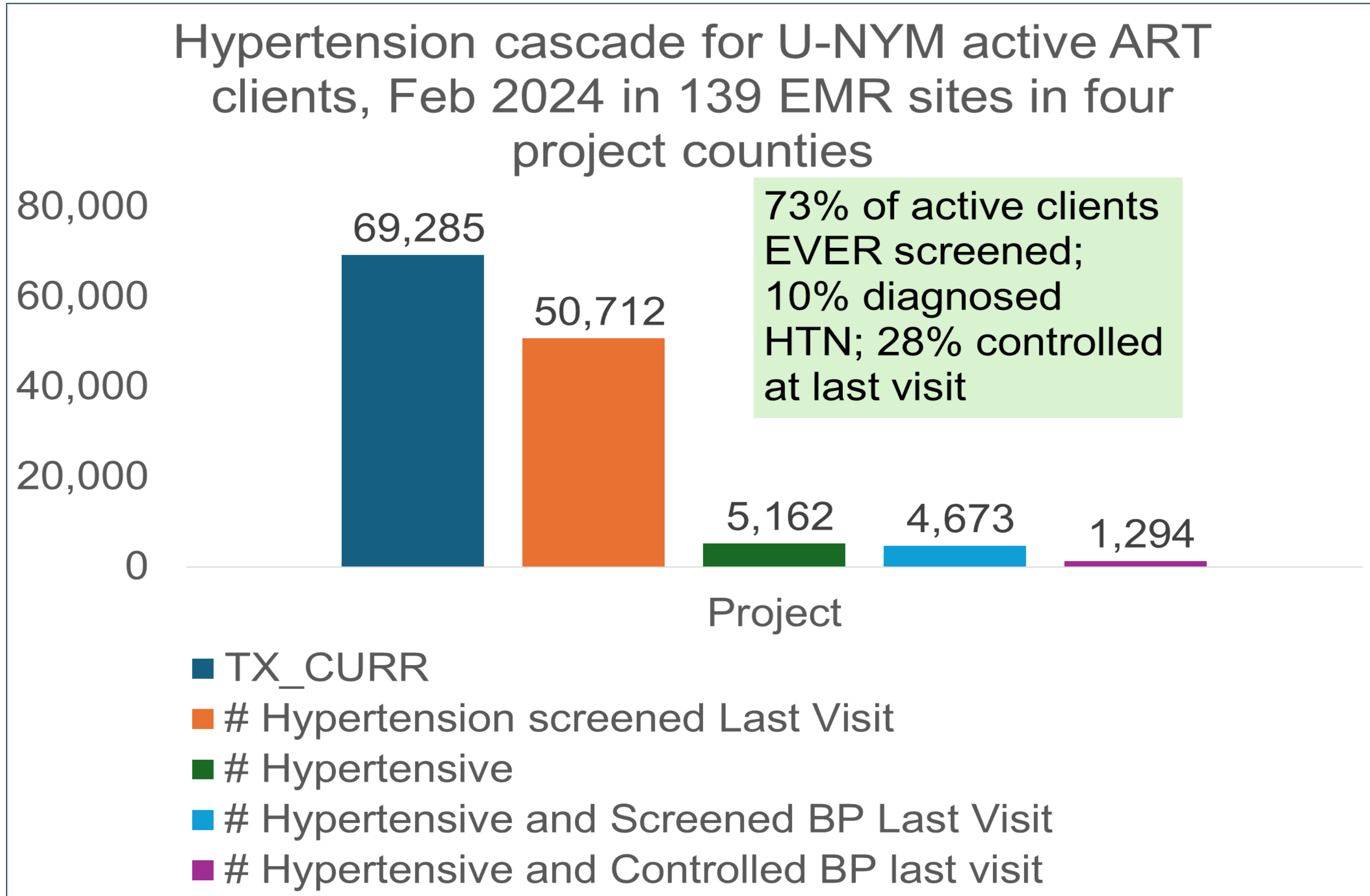
USAID Nuru Ya Mtoto (U-NYM) is a five-year project, funded by USAID, and led by PATH Kenya. The project supports HIV service delivery in 335 sites in the counties of Kakamega, Kisumu, Vihiga, and Nyamira. The project was experiencing a low uptake of screening of the clients in HIV service delivery for the three NCDs of HTN, DM, and cervical cancer. Using a curated DM/HTN/mental health curriculum, a group of 39 trainer of trainers (ToTs) drawn from the county MoH mentors and NCD coordinators, and project staff were trained. They in turn trained 65 county trainers who reached over 300 service providers in the project-supported HIV and MCH clinics. Additionally, the project procured blood pressure machines, glucometers, and accompanying consumables. For cervical cancer, the project supported reproductive health champions to provide on-the-job training for staff working in the HIV clinics and procured consumables, including disposable speculums to buffer the stock provided by the MoH. Finally, for optimal data capture and to foster data for decision-making, the project enhanced the utilization of the electronic medical record (EMR) in the 139 sites to capture patient-level data. The reported results for HTN and DM are from the 139 EMR sites, while cervical cancer data is obtained from all the 335 ART sites.

USAID Nuru Ya Mtoto distribution of NCD equipment					
County	Health Facilities	BP machines	Glucometers	Strips	Lancets
Kakamega	156	160	160	315	162
Kisumu	34	44	44	120	44
Nyamira	87	92	92	154	90
Vihiga	48	54	54	111	54
Project	325	350	350	700	350



RESULTS

By the end of February 2024, 335 health facilities were offering screening services for HTN, DM and cervical cancer.



Of the project's targeted 21,815 women for cervical cancer screening, the project has achieved 9,172 (42%) against an expected 42% as of February 2024. Of these, 139 were pre-cancerous, 77 were suspicious lesions, and 116 of the former were treated. This translates to a positivity rate of 2.4% and a treatment uptake of 83%

DISCUSSION

The efforts made by the USAID Nuru Ya Mtoto project to improve the screening of NCDs of clients in ART clinics point to the presence of NCD co-morbidity among clients on ART. An improved screening to >95% will reveal a higher burden of NCDs. More efforts are still needed to improve the numbers of those who need treatment and achieve control. For the effective integration of NCDs in HIV service delivery, investments should be made in capacity building of healthcare providers including training, mentorship, job aids, and standard operating procedures. Also, there is a need to provide diagnostic equipment and supplies to health facilities including blood pressure machines with AC/DC adaptors rather than with batteries alone, glucometers, as well as the consumables for cervical cancer screening. Focus should also be paid to health promotion and client education using information education and communication materials, health talks at the HIV clinics, use of community health promoters. The Department of Health leadership needs to be fully involved in utilizing the trainers and mentors in NCD (physicians, pediatricians, NCD coordinators) to facilitate further integration.

