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Integration of NCD Care in PLHIV Services in Ethiopia: Pilot Implementation Results at 10 Hospitals

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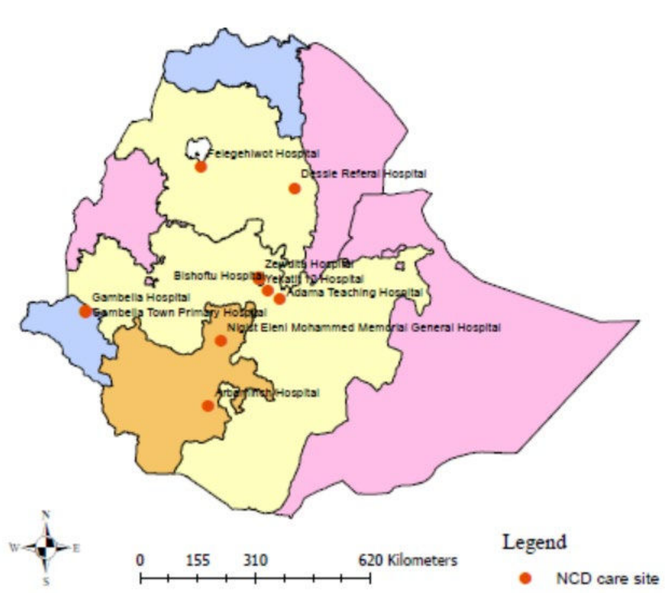
BACKGROUND / INTRODUCTION

- Ethiopia has implemented successful, comprehensive HIV care, prevention and treatment programs since 2005. As of the December 2023 DATIM report, 479,289 people living with HIV (PLHIV) are on ART.
- Non-communicable diseases (NCDs) are a growing problem in PLHIV as they live longer on successful antiretroviral treatment.
- There has not been a system for routine screening of NCDs among PLHIV during clinical follow-up in Ethiopia.
- Through integration of NCD services into HIV care, we aim to improve uptake of both NCD and HIV services, enhance retention and improve health outcomes.

METHODS

- Concept note was developed in collaboration with the Ministry of Health (MoH) and CDC to pilot integrated screening and care of NCDs, such as hypertension (HTN) and diabetes mellitus (DM) in ART clinics for PLHIV.
- MoH-led task force (TF) was established and 10 hospitals in 6 regions were selected (Fig. 1). The TF developed an implementation manual, job aids and customized NCD training materials on HTN and DM.
- National launch was conducted with MoH and selected Regional Health Bureaus (RHBs) for implementation. ICAP supported training for ART providers and printing of all job aids for health facilities (HFs). During the training, detailed HF-level micro-planning was done for NCDs with ART providers from the 10 hospitals and RHB NCD lead persons to assign ART service delivery points (SDPs) for initiation of screening and care of NCDs for PLHIV.
- Required basic medical supplies like scales, digital blood pressure monitoring devices and stethoscopes were supplied to the HFs by ICAP.
- All PLHIV, newly enrolled and previously enrolled are screened for DM, lipid profile and Renal function Test(RFT) while screening for HTN was for all >18 years of age. If normal initial screening, repeat screening will be every 3 years and annually for those >50 years of age.
- Clients identified as uncomplicated HTN and DM are treated by ART providers, while complicated or difficult cases are referred to the HF NCD clinic for optimal care by experienced clinicians as per the implementation guidelines.
- The ICAP team provided site-level mentorship and supervision on a monthly basis from March 2023 to August 2023, and monthly reporting was initiated with review and feedback to the HFs.
- One round of joint supportive supervision visit was conducted at selected HFs with MoH and partners.

Figure 1: NCD care at ART, implementing sites in Ethiopia



RESULTS

- Overall, 62 HCWs received NCD training from the 10 hospitals and initiated NCD screening and care at the 25 ART SDPs of the total 47 available. Over a 6-month period starting in March 2023, there was a total of 63,825 ART client visits of both new and follow up cases of which 58,102 were adults (>15 years) in the 10 hospitals (Table1).
- Screening for DM was done for 18,938 PLHIV (30% of all ART visits) and HTN screening for 23,541 (41% of adult ART visits). With limited availability of laboratory tests, 2,760 clients were screened for dyslipidemia and 2,362 for chronic kidney disease (CKD).

Table 1. Integrated NCD screening at ART at 10 hospitals in Ethiopia from March 2023 to August 2023.

Indicator	Achievement	%	Indicator	Achievement	%
# of ART clients seen (all ages)	63,825		# of adult ART clients seen	58,102	
# screened for DM	18,938	29.7	# screened for HTN (adults)	23,541	40.5
# with raised blood sugar	726	3.8	# with raised BP	1,867	7.9
# with past diagnosis of DM	449		# with past diagnosis of HTN	558	
# with past diagnosis on DM treatment	347	*77.3	# with past diagnosis on HTN treatment	425	**76.2
# newly diagnosed with DM	88		# newly diagnosed with HTN	272	
*23% treatment gap of known DM cases.			**24% treatment gap of known HTN cases		

DISCUSSION

- This HF ART clinic-based, client focused and less intensive integration of NCD care for PLHIV at 10 hospitals, using 53% of all available ART SDPs, showed integrated screening and care for common NCDs is possible with focused capacity building for ART providers. Reaching 30-41% of all ART visits in 6 months suggests that if the same approach is extended for an additional 6-12 months, all clients current on ART at respective HFs could complete initial screening.
- The screening results demonstrated that more NCD cases were known before this screening than newly identified clients. However, 24% of 558 cases with past diagnosis of HTN and 23% of 449 with past diagnosis of DM were not on treatment and were subsequently initiated on treatment. All newly identified cases were also put on treatment. Screening for lipid disorder and CKD was not optimal due to limited resources for laboratory tests, which are critical given the metabolic effect of life-long ART.
- All clients identified with dyslipidemia and abnormal RFTs were linked to NCD clinic at the same HF for care by experienced clinicians to optimize care.

Conclusion: The piloting of integrated NCD care at ART clinics has identified required inputs and resource for consideration during scale up. It also clearly showed the urgent need to mobilize and secure funds for provision of standardized NCD care to achieve the desired outcomes of the ART program.