

Use of Recording and Reporting Tools for the Integration of Hypertension and Diabetes Services within HIV clinics: Experiences from the USAID Afya Yangu Northern Project

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BACKGROUND / INTRODUCTION

- The global increase in the burden of non-communicable diseases (NCDs) calls for innovative and sustainable strategies.
- Established HIV clinics provide a unique platform for the integration of HIV and NCD services.
- Currently HIV services are offered in vertical programs and HIV clients must be referred to NCD clinics.
- We integrated NCD services within 330 selected high-volume HIV clinics supported by the USAID Afya Yangu Northern project in five regions of Tanzania

METHODS

- Healthcare providers from HIV clinics were trained on screening for diabetes mellitus (DM) and hypertension (HTN) among people living with HIV (PLHIV). To facilitate regular screening and management for HTN and DM within HIV clinics, specific supplies were procured including blood pressure machines (digital and manual), weighing scales, glucometers and strips.
- Adults attending the 330 HIV clinics were screened for risk factors for both diseases.
 - For HTN:** smoking, obesity, physical inactivity, and unhealthy diets.
 - For DM:** 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 received BP measurements at triage as part of routine vital signs checks.. PLHIV with symptoms suggestive of DM (above) underwent fasting or random blood glucose tests.
- Both HIV and NCD related services were provided in the same room in the HIV clinic by the same provider. Management of newly identified clients with HTN and DM occurred at the HIV clinic and included prescription or refill of medications, and adherence support .
- PLHIV presenting with complications of HTN or DM and those needing further specialized care were referred to specialized clinics accordingly. Tools for clients monitoring and referral to specialized clinics were developed. PLHIV presenting with other co-infections were managed at HIV clinics.

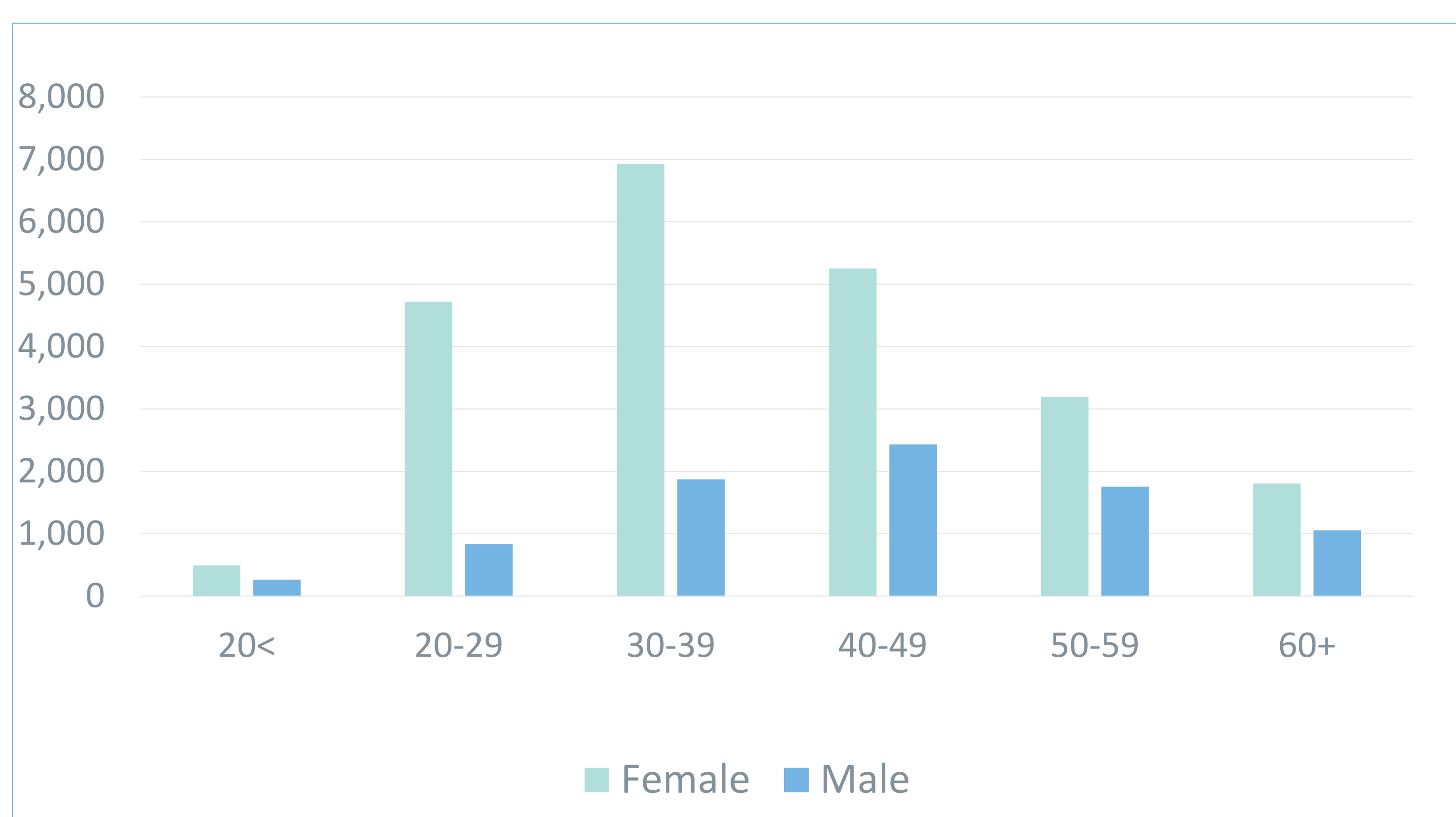


Figure 1. No. of People Screened for Hypertension, by Age and Sex, Oct –Dec 2023

RESULTS

Table 1. NCD Screening and Management at 330 HIV Clinics, Oct-Dec 2023

HTN and DM screening and management indicators	Total	%
# PLHIV Screened for hypertension	30,623	
# PLHIV with HTN (new and known)	1,391	5%
# PLHIV newly identified and enrolled for HTN management	741	53%
# PLHIV with known HTN already on HTN treatment	650	47%
# PLHIV referred for specialized HTN management	252	52%
# PLHIV presented with symptoms and risk factors for DM who underwent DM screening	1,737	
# PLHIV screened for DM who had serum glucose test done	1,737	100%
# PLHIV diagnosed with DM	220	13%
# PLHIV in care newly identified with DM managed in HIV clinic	129	48%
# PLHIV in care referred for specialized management	91	71%
# PLHIV previously diagnosed with DM and on treatment	156	58%
# PLHIV with both HTN and DM co-morbidities	70	

- Amongst the 30,623 people screened, 1,391 (5%) screened positive for HTN, of whom 741 (53%) were newly diagnosed and 650 (47%) were previously diagnosed (Table 1). 35% were aged 30-49 years, 36% were between 50-59 years, and 28% were >60 years old and the remaining 1% were 20-29 (Figure 1).
- Among the 1,737 individuals with symptoms of DM who were screened for DM, 220 (13%) were identified with DM and 129 (59%) of these were newly identified and managed at HIV clinic 91 (41%) were referred to specialized clinic while 156 were known clients.

CONCLUSION

Integrating NCD screening tool in HIV clinics improved screening detection and management of HIV clients with NCD. Future studies should explore the impact of integration on healthcare workload and quality of care provided

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