

# Integrating Non-communicable Diseases (Hypertension and Diabetes Mellitus) Management into HIV Care Management; Lessons Learnt from Community Program Implementation

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## INTRODUCTION

- The National TB/HIV program in Zimbabwe is devolving anti-retroviral treatment (ART) care to communities through a variety of differentiated service delivery (DSD) models.
- The Target, Accelerate, and Sustain Quality Care for HIV epidemic Control (TASQC) program supports community outreach points ("health posts"), which are serviced by community health workers (CHWs).
- Leveraging on the TASQC, OPHID's NCDs integration project (supported by SANOFI) mentored CHWs to screen for hypertension (HT) and diabetes mellitus (DM) and navigate positive clients to public health facilities.

## OBJECTIVE

- Our objective was to determine prevalence of NCDs among the general population and people living with HIV (PLHIV) above 40 years old.

## DESCRIPTION

- A retrospective desk review was conducted of existing program data collected from January-December 2023.
- CHWs in two TASQC program-supported urban districts (Bulawayo and Chitungwiza) were trained to measure and record blood pressure and sugar using digital blood pressure (BP) machines and glucometers and glucostix, respectively.
- Using TASQC program phones, we collected NCD data which was entered into an open data kit (ODK) that synchronized into DHIS-2

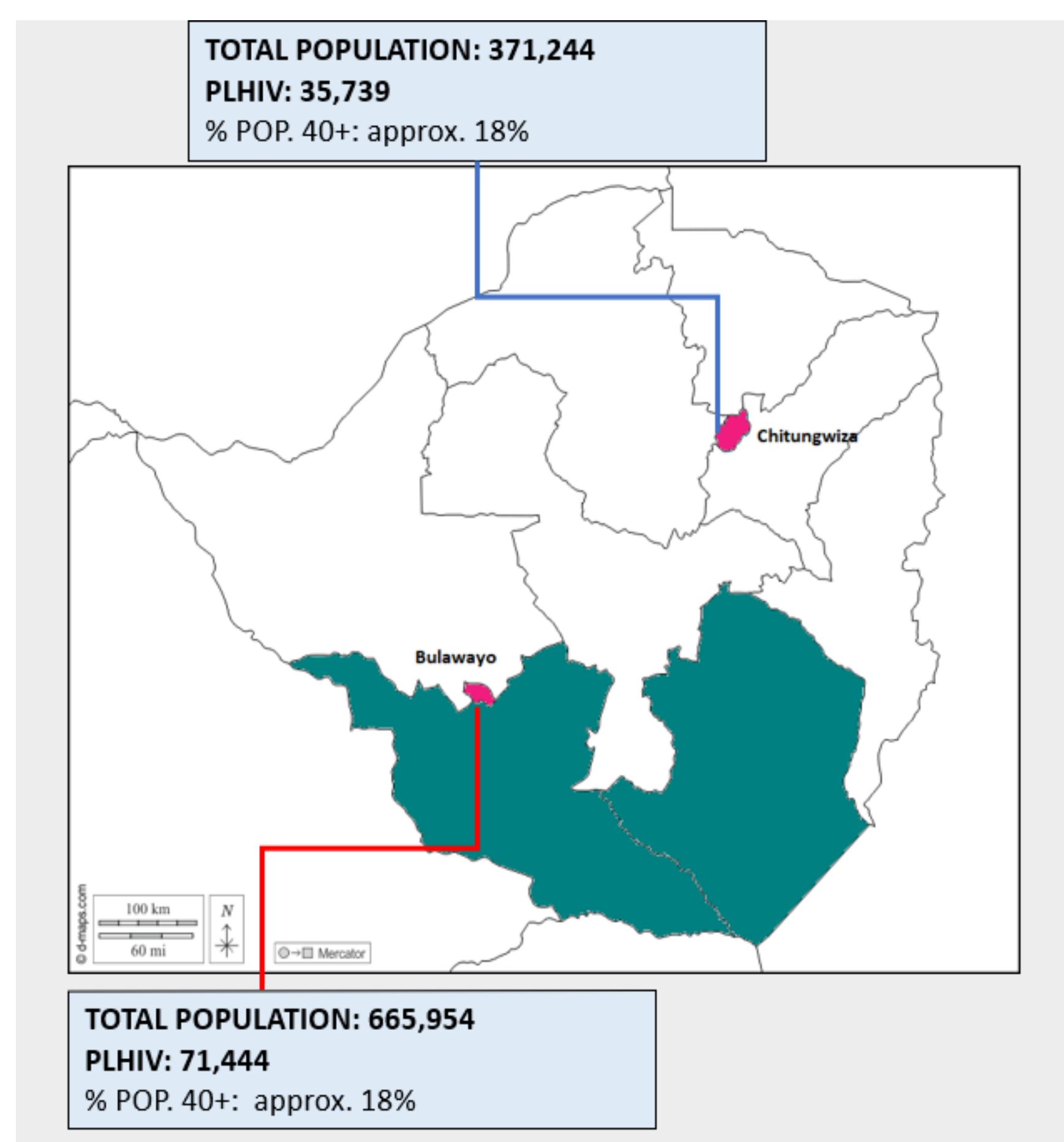


Figure 1 - TASQC Supported NCDs Integration Pilot Districts

## RESULTS

- By 31 December 2023, cumulatively 114,016 people were screened;
- 58% were from the general population and 42% were PLHIV. Overall median age was 50 years (IQR, 44-59) and this was similar when stratified by sex and general population versus PLHIV.
- Prevalence of HT in the general population was 46.4% compared to a prevalence of 48.2% in PLHIV.
- The prevalence of HT in men was 46.3% compared to women at 47.6%. The prevalence of HT increased from 40-49 years (mean 34.7%) to about 56.7% in the 80+ year olds
- The prevalence of DM was of 0.9% in general population and 0.5% in PLHIV.
- Linkage to care was 50.3% among PLHIV and 24.8% among the general population. The cumulative adherence to antihypertensive medication was 6.7% for hypertensive clients.
- 91% of clients seen in outreaches completed the referral to public health facilities and 46% were linked to care.

## LESSONS LEARNED

- HT in 40+ years increases with older age
- The prevalence of HT affects 2 in 5 PLHIV in ART care
- DM is less prevalent, with less than one percent
- Missed opportunities in screening and diagnosis of 23% of HT cases – need to ensure availability of BP machines in health facilities and routinized integration of screening in clinical care service provision
- There was poor self-reported adherence to treatment for HT and DM –need to increase awareness through health promotion and advocacy
- Poor availability of anti-hypertensive medications in public health facilities is a barrier to full linkage to care.
- The project initiated public private partnerships synergies with health facilities to subsidize user fees and reduce gaps in treatment uptake.
- Private pharmacies partnered to provide subsidized medicines and/or free medications during outreach visits)



114,016 people screened by Dec 2023 with 46% hypertensive & linked to care

## CONCLUSIONS AND NEXT STEPS

- The prevalence of NCDs is higher in PLWHIV compared to the general population and HT is more common than DM.
- There is need to further explore the prevalence of HT in younger adults, both in PLHIV and the general population
- Lack of prioritization and funding for NCDs medicines affects linkage and retention in care.
- There is a need to negotiate public private partnership with health facilities and private pharmacies to reduce user fees, increase outreaches and subsidize medicines for improved treatment uptake.
- The program innovated around the shortage of NCDs medicines by partnering with pharmacies, however, there is need for planning for sustainability after project.