

Service Integration of Non-communicable Diseases Among PLHIVs in Community-based HIV Care and Treatment Activity of Ethiopia

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INTRODUCTION

- Non-communicable diseases (NCDs) pose an increasing health challenge to people living with HIV (PLHIV) in developing countries.
- Clinical follow-up visits for PLHIV are reducing due to multi-month dispensing (MMDs), which may affect timely screening, diagnosis and follow up of NCDs.
- Routine systems for screening and managing NCDs among PLHIV are lacking among community-based care platforms
- USAID Community HIV/AIDS Care and Treatment Activity (CHCT) collaborated with Ethiopia's Ministry of Health (MoH) to develop standard operating procedures, training and supervision guidelines for the implementation of a community-based NCD screening and referral pilot.
- A national task force to oversee the initiative was established and the program was launched with stakeholders

METHODS

- Frontline community-based healthcare workers (CHCWs) from 42 sub-national units were trained and equipped with an essential kit: adult weight and height scale, blood pressure (BP) apparatus, stethoscope, measuring tape and glucometer with test strips.



- Follow-up technical assistance and joint supervision visits were provided by Project HOPE staff and the national task force.
- Trained CHCWs provided NCD awareness creation and NCD risk screening among PLHIV during household needs assessment, care and support services, adherence support group and community ART refill group sessions.
- Clients with NCD risk factors were further screened for BP, blood glucose level (BGL) measurements and cardiovascular disease risk assessment using non-laboratory-based WHO tool.
- Confirmatory diagnosis and management was done at health facility (HF) level through referral. Lifestyle counseling and modification was provided to PLHIV with NCD or NCD risk.
- Client-level data were collected using CommCare and descriptive analyses were conducted using SPSS version-21.

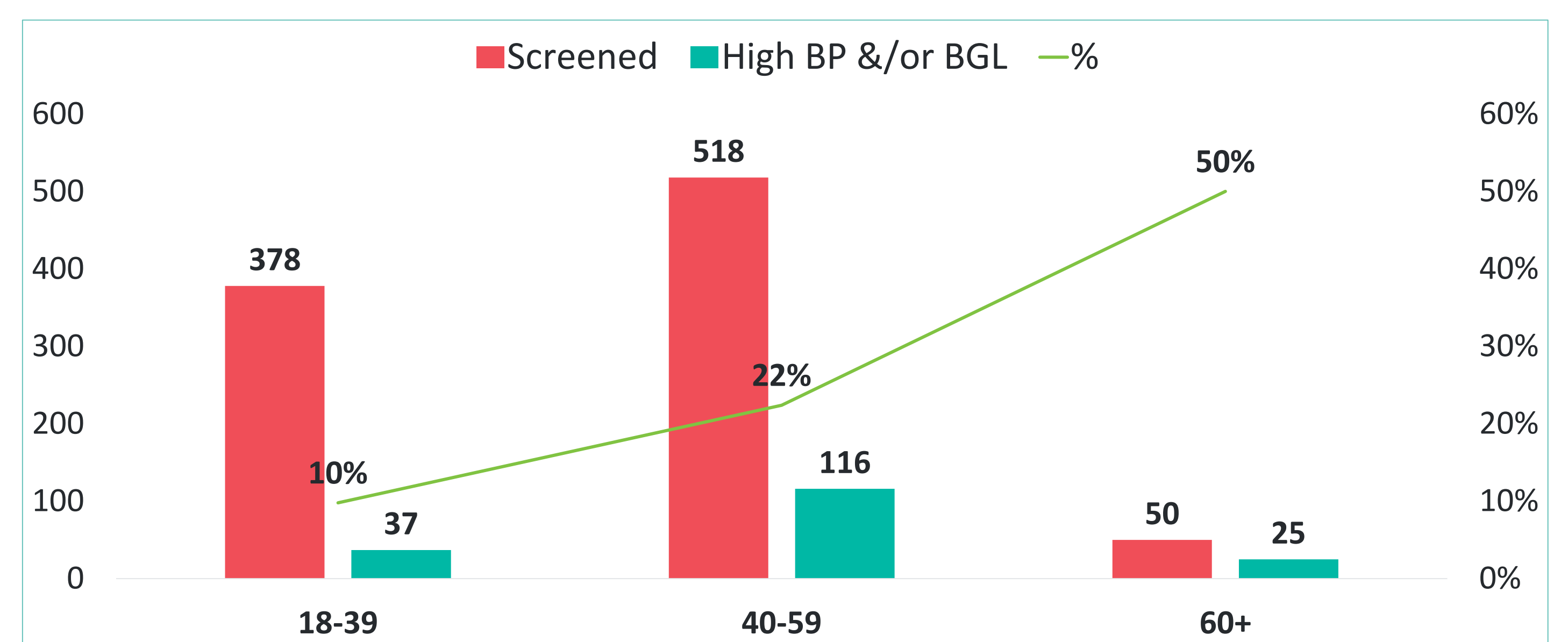
RESULTS

- From January 2023 to January 2024, 9,674 PLHIV were screened for NCD risk factors, of which, 946 (10%) had at least one risk. The mean age was 41.7 years (SD=9.9) and 76% were female.

Region	Assessed	Has Risk	Positive for one or more NCD	% from Screened
Addis Ababa	4,834	373	57	15%
Amhara	2,746	202	31	15%
Gambella	225	164	9	5%
Oromia	1,126	86	19	22%
Sidama	351	16	14	88%
SNNPR	392	105	48	46%
Total	9674	946	178	19%

- Almost all (895/946; 95%) were enrolled into the NCD service package. Of which, 178 clients (19%; 95% CI: 18.1-19.5) had high blood pressure (HBP) and/or high blood sugar (HBS). Among these, 82% had HBP, 11% had HBS, and 7% had both.

Identification of High BP and/or High BGL Among Age Groups



- The proportion of PLHIV with HBP and/or HBS increased by age; 10%, 22%, and 50%, for age groups 18-39, 30-49, and 50+, respectively.
- The majority (139/178, 78%) were referred to HFs for NCD diagnosis and treatment, where 85% were confirmed for hypertension, 12% for diabetes mellitus, and 3% for both.

DISCUSSION AND CONCLUSIONS

- Community based screening for NCDs detected both known and new NCD cases
- CHWs can deliver both NCD and HIV services at community level to help in prevention and early detection of NCDs and follow up care for PLHIV with NCD comorbidities.
- We recommend the scaleup of NCDs service integration with the CHCT activity to improve health outcomes and retention in care among PLHIV in Ethiopia

