



**Global Health Security  
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U.S. DEPARTMENT *of* STATE



**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief

# **Integrated Models of Care for HIV and Hypertension: GHSD-PEPFAR Initiative**

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April 17, 2024

## Before PEPFAR...

*In high-burden HIV countries in Africa...*

- Average life expectancy was declining by **10-30 years**
- GDP was declining by **2.6% annually**
- **29 million** people infected with HIV had no access to treatment



## ...After PEPFAR

*...20+ years and \$110 billion invested*

- **25 million** lives saved – helped to close the gap in life expectancy for PEPFAR-supported countries
- **20.5 million** people on treatment
- **5.5M** babies born HIV-free
- **GDP / capita is 2.1% higher**



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# Where PEPFAR is headed

PEPFAR's Strategy to end AIDS as a public health threat by 2030 supports country governments to integrate vertical HIV/AIDS programming more efficiently and effectively with the local health service delivery infrastructure as a path towards greater sustainability.

## Our Goal



*Countries at different levels of the Clinical Cascade\**

\* Clinical Cascade:

- % of people living with HIV knowing their status
  - % of those diagnosed on antiretroviral therapy
    - % of those virally suppressed

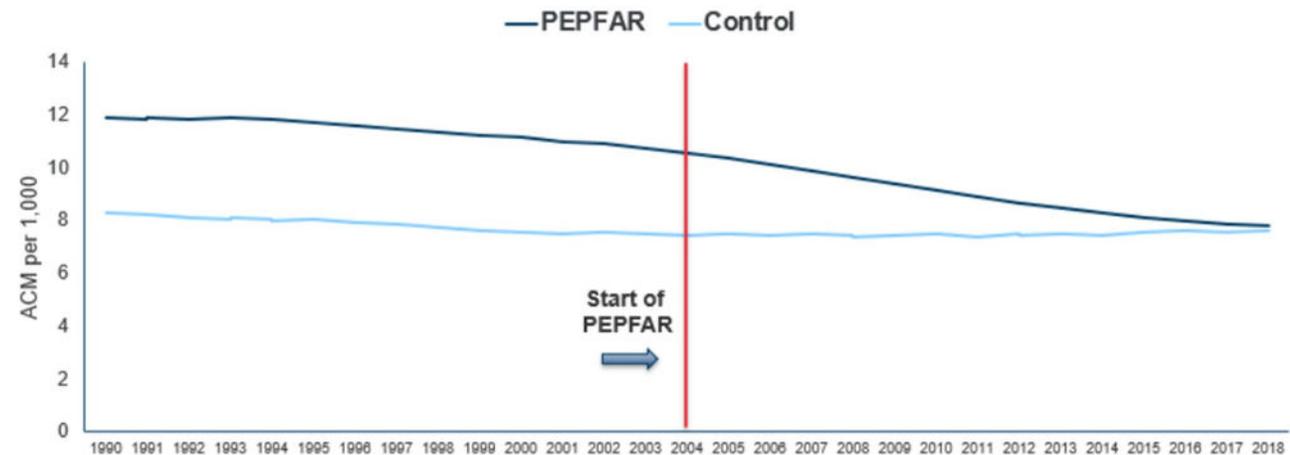
## ...And How We Get There



# PEPFAR's Vision of Integrated Services for PLHIV

- Integration of vertical HIV programs with other health services for sustainability and to provide comprehensive, person-centered care for PLHIV in PEPFAR-supported countries
  - Leverage PEPFAR's investments in systems and services to address other needs and maintain high-quality care for PLHIV while supporting each country's path towards integration
  - Synergize efforts across the public health system
  - Align with countries' priorities and HIV Sustainability Roadmaps
  - Employ implementation science

Trend in all-cause mortality rates in PEPFAR vs non-PEPFAR supported countries



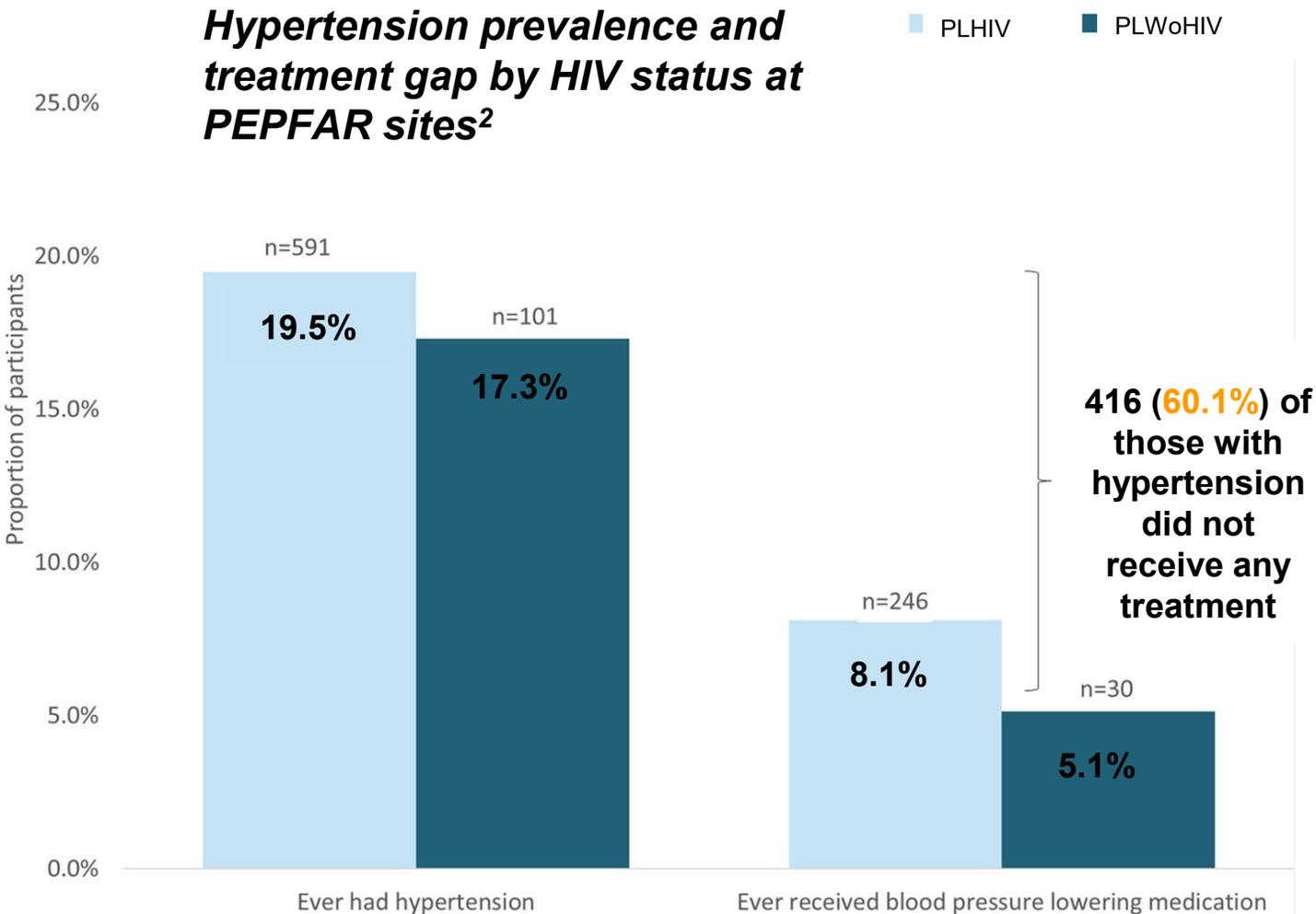
PEPFAR has helped close the mortality gap and improve the life expectancy of PLHIV in PEPFAR-supported countries.

Source: Kaiser Family Foundation/Brandeis analysis, September 2021



# High rates of untreated and uncontrolled HTN among PLHIV

PLHIV are at increased risk of some comorbidities as they age. Hypertension is the most common modifiable risk factor for cardiovascular disease with a prevalence of > 50% amongst PLHIV over the age of 50 in sub-Saharan Africa<sup>1</sup>.



Managing hypertension for PLHIV is important to their long-term health and wellbeing

**PLHIV have 2X higher risk** of

cardiovascular disease<sup>3</sup> compared with people without HIV

PEPFAR is exploring how best to support country-led integration agendas

Integrating hypertension with HIV services has the potential to **preserve the gains made in HIV care** for PLHIV and **bolster the sustainability** of HIV programs

<sup>1</sup> Ponatshego et al. *Curr Opin HIV AIDS* 2021; 16(3): 163-167.

<sup>2</sup> AFRICOS Preliminary Analyses (2013-2023)

<sup>3</sup> Shah ASV, et al. *Circulation*. 2018;138(11):1100-1112

# PEPFAR's HIV & Hypertension Initiative

**Supplemental funding of up to \$5 million USD to support models of care that integrate hypertension diagnosis and management with HIV services in five PEPFAR-supported countries over the course of one year, pending Congressional Notification.**

- **Objectives:**

- Improve hypertension control to reduce morbidity and mortality while improving HIV outcomes among PLHIV
- Strengthen integration efforts to provide services to PLHIV in line with host country priorities

- **Goals:**

- Learn from a variety of service integration models
- Assess individual level HIV and HTN outcomes
- Employ implementation science to measure impact on sustainability of HIV programs
- Engage with non-PEPFAR partners to leverage resources to better serve PLHIV



In addition to this initiative, there are many other PEPFAR-supported countries that are introducing innovations in integrating hypertension care

# Scope of funding for HIV & Hypertension Initiative

Funds are directed towards delivery of services at the patient level and activities to support the quality and scale of service delivery for PLHIV.



## Healthcare Worker Training, or Capacity-building

Improve skills at facility and/or  
community levels



## Strengthening Supply Chains

Leverage HIV supply chain  
management system for anti-  
hypertensive medications



## Modifying Policies

Enable task-shifting and MMD  
for hypertension care and  
management



## Updating treatment guidelines

Streamline technical guidance  
and training materials



## Supporting data collection and management

Optimize use of electronic  
tools for health data



## Diagnostic Equipment

Purchase of blood pressure  
measurement devices for  
accurate diagnosis



# Monitoring and Evaluation for HIV & Hypertension Initiative

- Measure outcomes and impact of integrated services
  - Monitoring and evaluation plan that assesses individual HIV and hypertension outcomes and integrates into a national data and reporting system that captures HIV, NCD and other essential health data
  - Standardized reporting indicator for hypertensive services for PLHIV on ART for the 5 funded countries
    - > TX\_HIV\_HTN: The number of PLHIV on ART who are diagnosed and controlled for hypertension during the reporting period
- Explore opportunities for implementation science

# Timeline of HIV & Hypertension Initiative

Actions	Dec '23	Jan '24	Feb '24	Mar '24	Apr '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24
Countries develop and submit proposals	█									
Interagency committee reviews proposals and shares feedback			█							
Countries revise and resubmit proposals				█						
Ambassador reviews proposals and makes final funding determination					█					
Congressional Notification submitted and approved						█				
Funds disbursed and implementation begins							█			

# Partnerships | Critical to embed partnerships at the outset to leverage other programs, funding, and expertise in the hypertension space

## Engagement at the country-level

All programming will include a strategy for active engagement of, and collaboration with, other partners to<sup>1</sup>:

1. Ensure that PEPFAR is not the sole financial or programmatic partner supporting NCD services for PLHIV

2. Leverage ongoing / complementary programming and funding

3. Catalyze new and existing partnerships around integration of services, leveraging PEPFAR platforms

*Partners can include private sector such as pharmaceutical industry, commercial banks, corporations, private philanthropies, other donors, and local government.*

## Engagement at the global-level

GHSD partnerships team has hosted a series of engagements at the global level to landscape partner activity:

1. Engaged ~20 organizations involved in NCD space 1:1 to landscape activities and countries of focus<sup>2</sup>

2. Organizing joint listening session with organizations to better understand PEPFAR value proposition and way to collaborate moving forward

3. Once opportunities identified, facilitate “match-making” – with approval from PEPFAR team first



1. All partnerships are subject to normally applicable PEPFAR review/approval procedures.  
2. List to be supplemented based on country expertise and plans

# BMGF Roundtable on Integration | March 14-15, 2024

- Discussed integration of HIV services with other services as a pathway to sustainability
- 33 participants: GHSD-PEPFAR, UNAIDS, WHO, Global Fund, representatives from Ministries of Health, NGO partners, and academic institutions
- Sessions addressed:
  - Partner investments and activities
  - Country examples and common challenges
  - Possible solutions to common challenges
  - Commodity security and financing
  - Role of innovation and technology
  - Funder/partner alignment to support country priorities and needs



# Key takeaways from BMGF Roundtable

Integration needs to be a **country-led process** and should support countries on their “**one plan/one budget/one M&E**”



**Donor flexibility and coordination** is key – need to broaden the interpretation of what HIV funding is



There is a need to **conduct more evidence generation** and implementation science on integration



There is a need for **capacity-building** at all levels



Need for optimization of supply chain systems and strong **governance and political commitment**



Need for partners to **harmonize on guidance/guidelines** and be more transparent about financing



Governments should **clearly articulate their overall vision**



Governments should **create coordinating bodies** on integration to bring together stakeholders in-country and coordinate (strengthen and leverage existing systems and bodies, not create a new agenda)



# Next steps following BMGF Roundtable



1

Continue dialogue among all key stakeholders



2

Improve global partner/donor coordination



3

Countries to articulate clear vision and needs/priorities for integration



4

Support of country integration agendas/plans



5

Transformations of funders/donors/partners to support the integration agenda

