

# Integration of NCD services into ART delivery in Malawi, South Africa, and Zambia

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Integrating non-HIV Services into HIV Programs

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# Definition of integration used

- “Integration” may refer to combining care services, management, procurement, guidelines, or various other aspects of healthcare delivery
- Here, we define integration as the **provision of non-HIV care within the ART clinic**, during routine ART visits, in a “one stop shop” model

## INTEGRATED



HIV clinic also provides NCD services

## NOT INTEGRATED



HIV clinic refers to another department or a different facility for NCD services

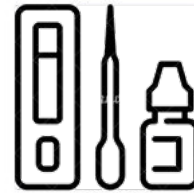
# For NCD integration, four broad service categories

## 1 Screening and diagnosis



- Vitals: weight, blood pressure, pulse, glucose
- Client health history
- Family history

## 2 Monitoring and management



- Hypertension/diabetes laboratory tests and or/and non-laboratory monitoring tests
- Regular check of condition

## 3 Treatment



- Any hypertension/diabetes-related medication dispensed

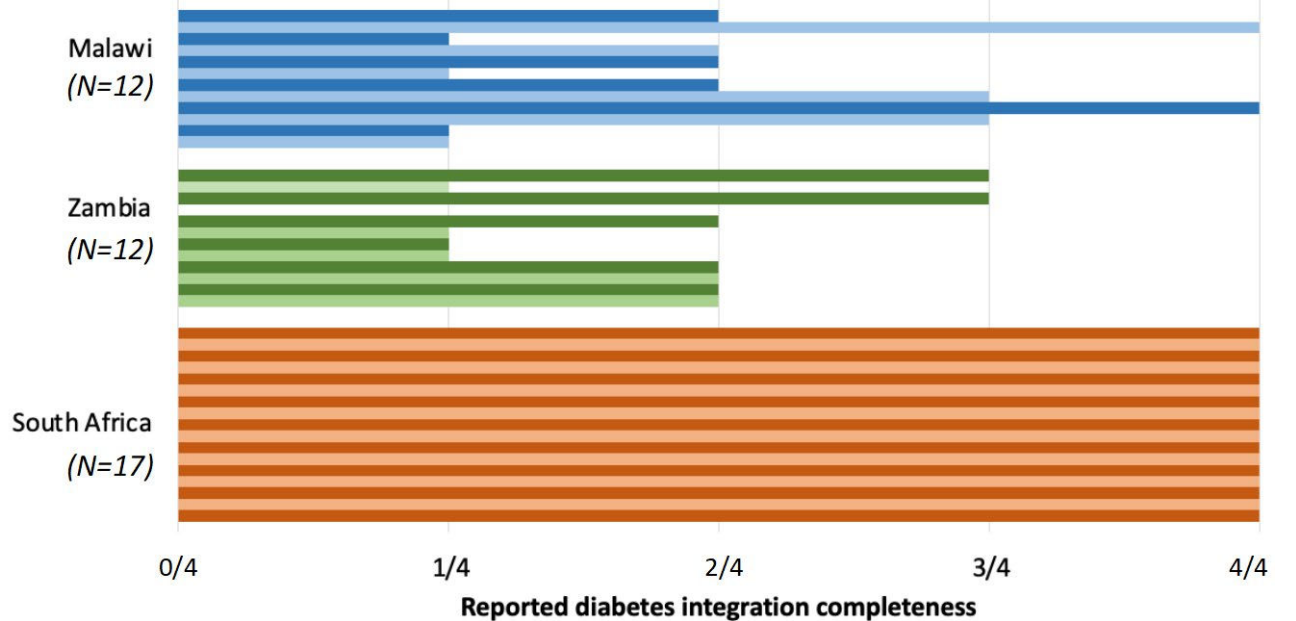
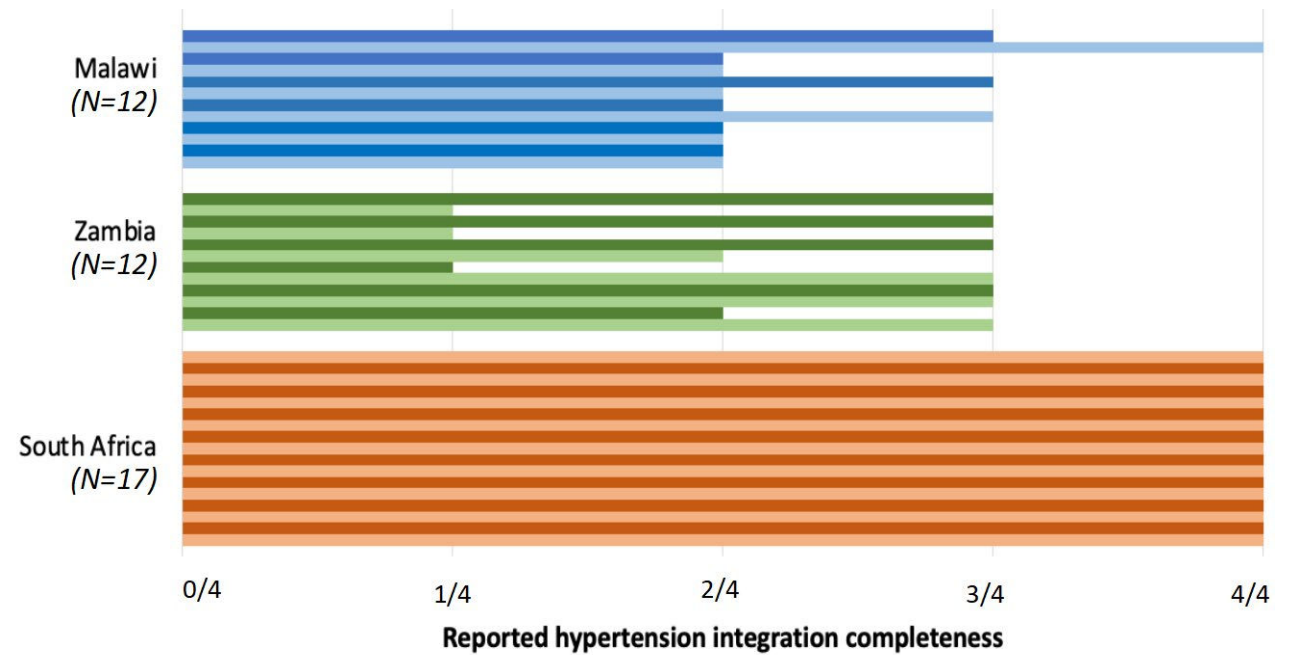
## 4 Support



- Information, education and counselling, lifestyle advice, nutrition assessment, referral guidance

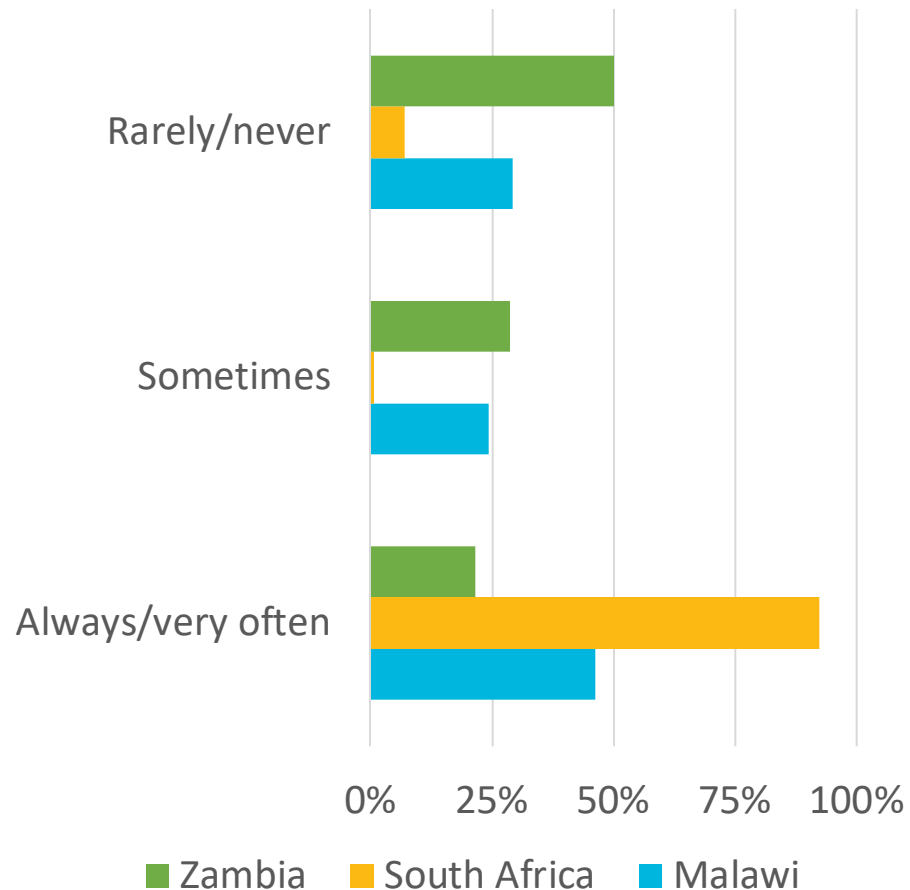
- Each row represents 1 SENTINEL facility in 2022 to 2023
- Four potential integration categories including:
  - 1) screening/diagnosis
  - 2) monitoring and management
  - 3) treatment; and
  - 4) support
- Respondents were clinic managers or their delegates
- Screening/diagnosis and support were commonly offered in all countries and for both diseases;
- Monitoring/management and treatment were rare in Malawi and Zambia

Integration as reported by clinic staff

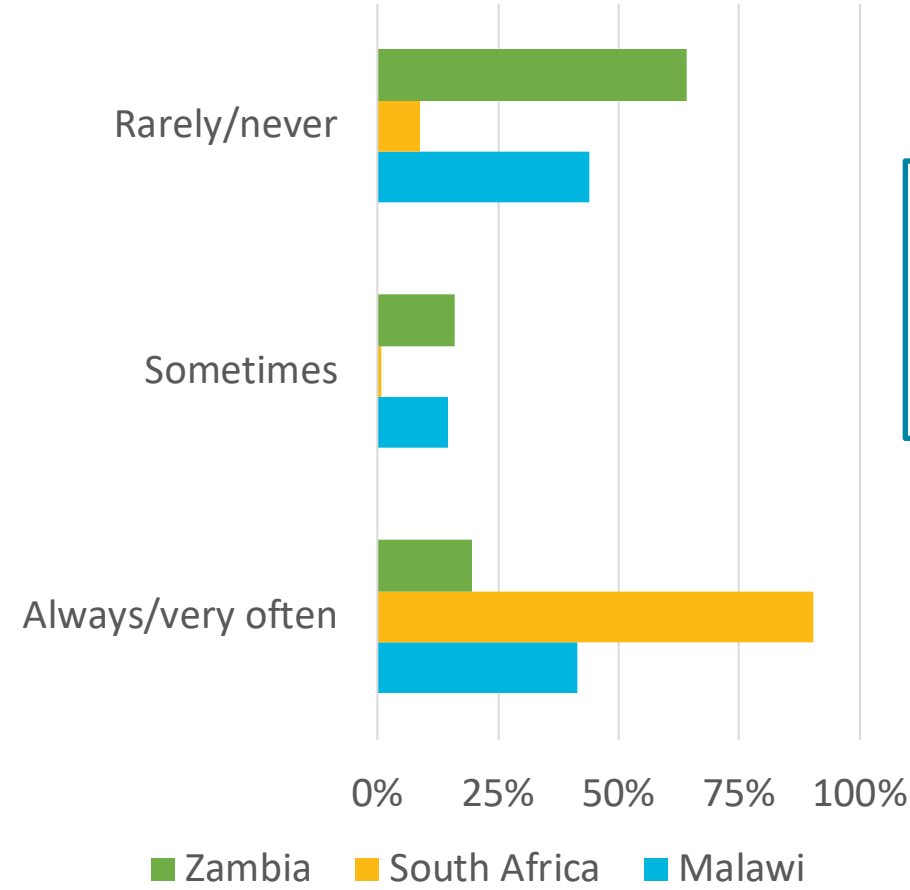


# Self-reported experience with visit alignment among clients established in care

Are you able to combine your HIV visits with the visits for your chronic condition?



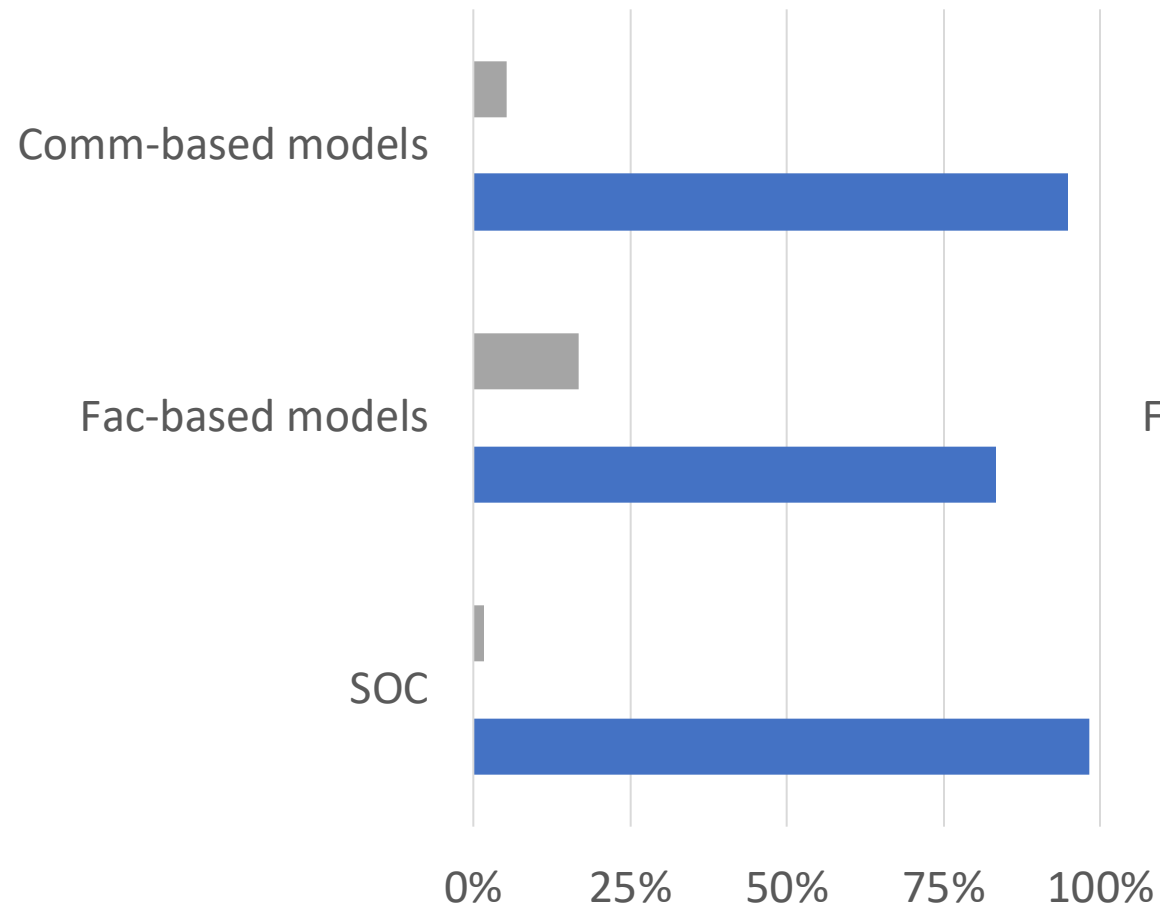
Are you able to collect medication for your chronic condition at the same time as you collect your HIV medication?



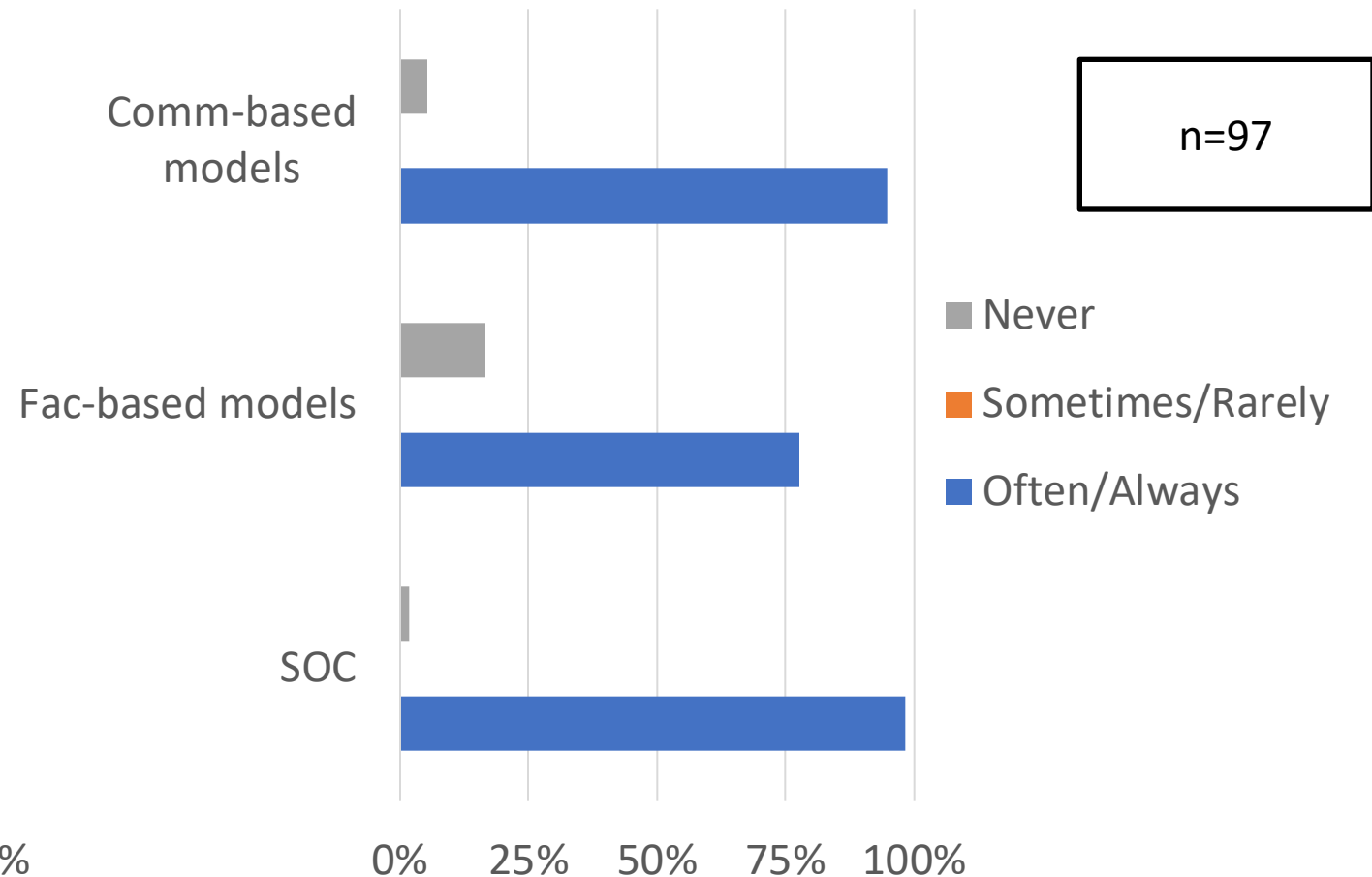
Malawi n=41  
South Africa n=146  
Zambia n=56

# Self-reported hypertension visit and medication alignment by DSD model in South Africa

## HIV and HTN visit alignment

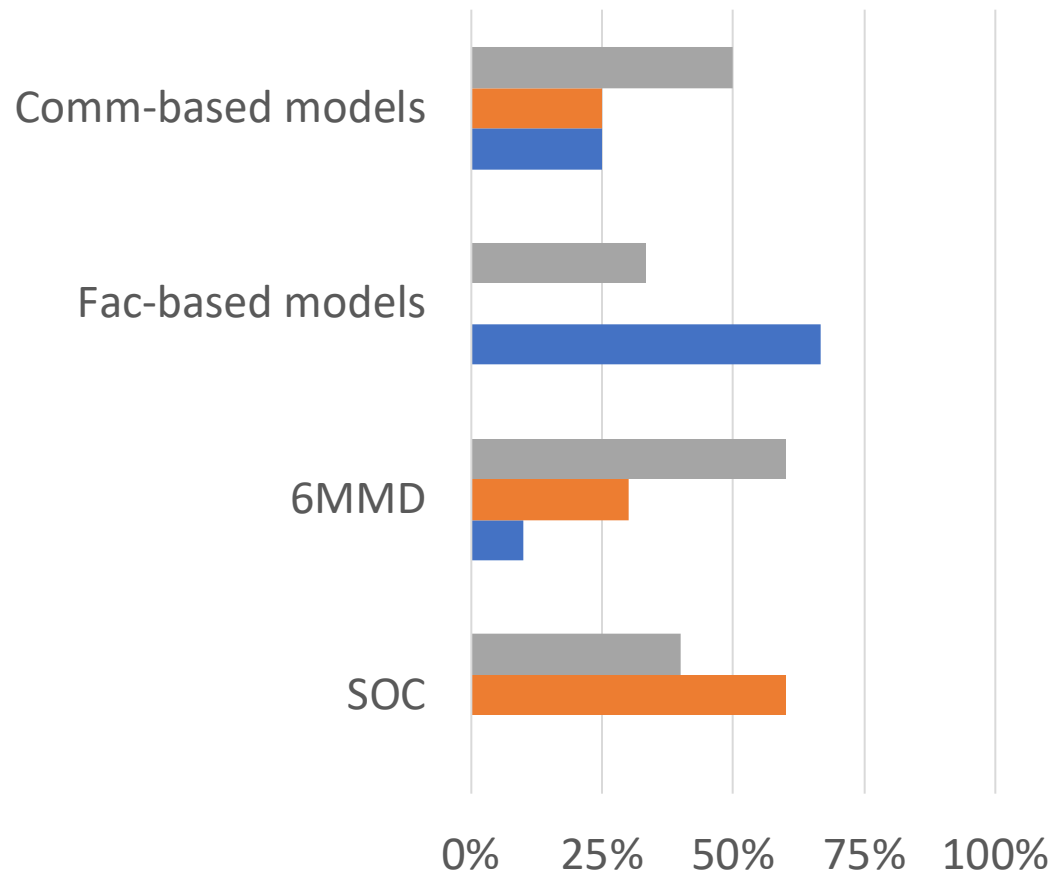


## HIV and HTN medication collection alignment

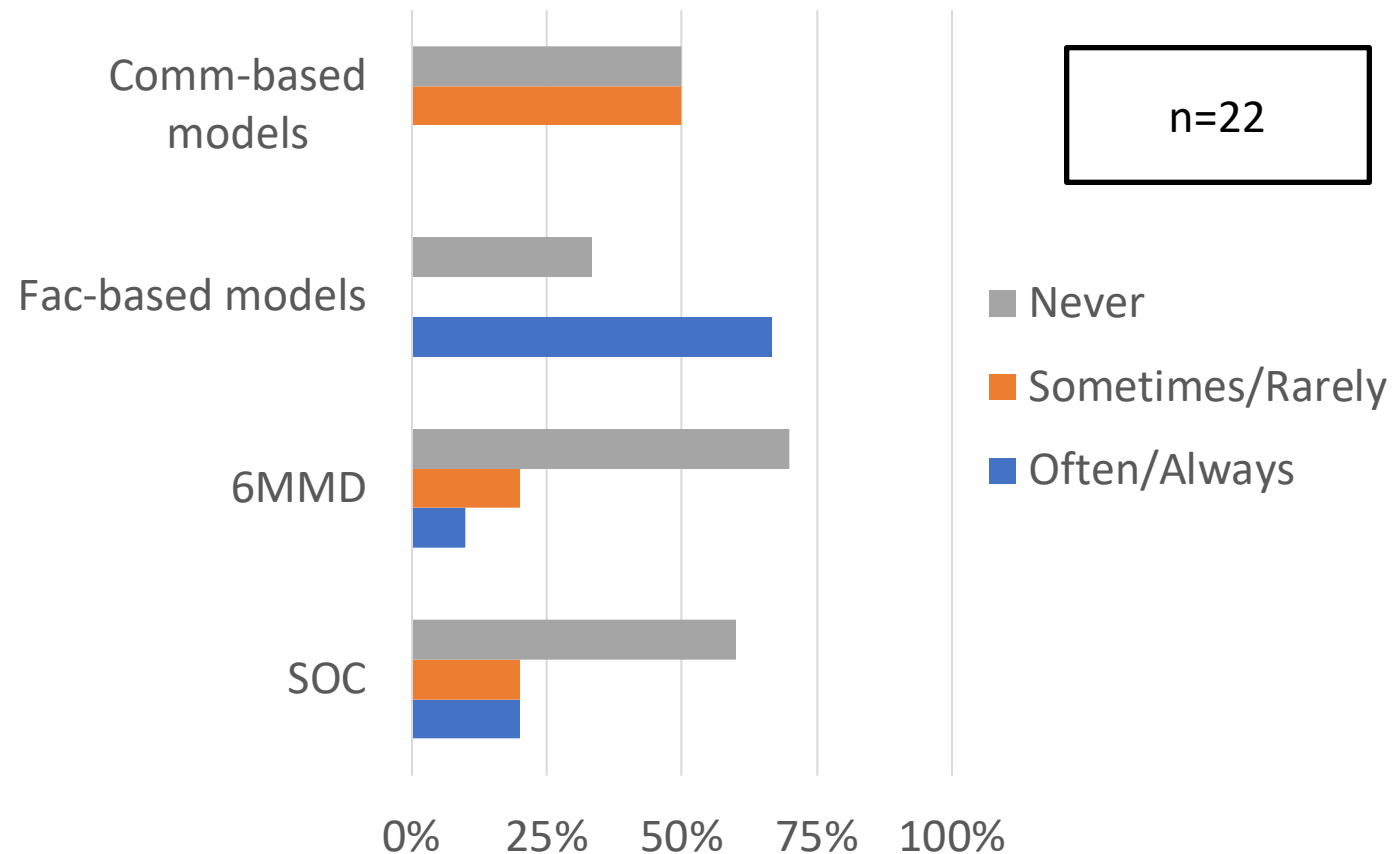


# Self-reported hypertension visit and medication alignment by DSD model in Zambia

## HIV and HTN visit alignment



## HIV and HTN medication collection alignment

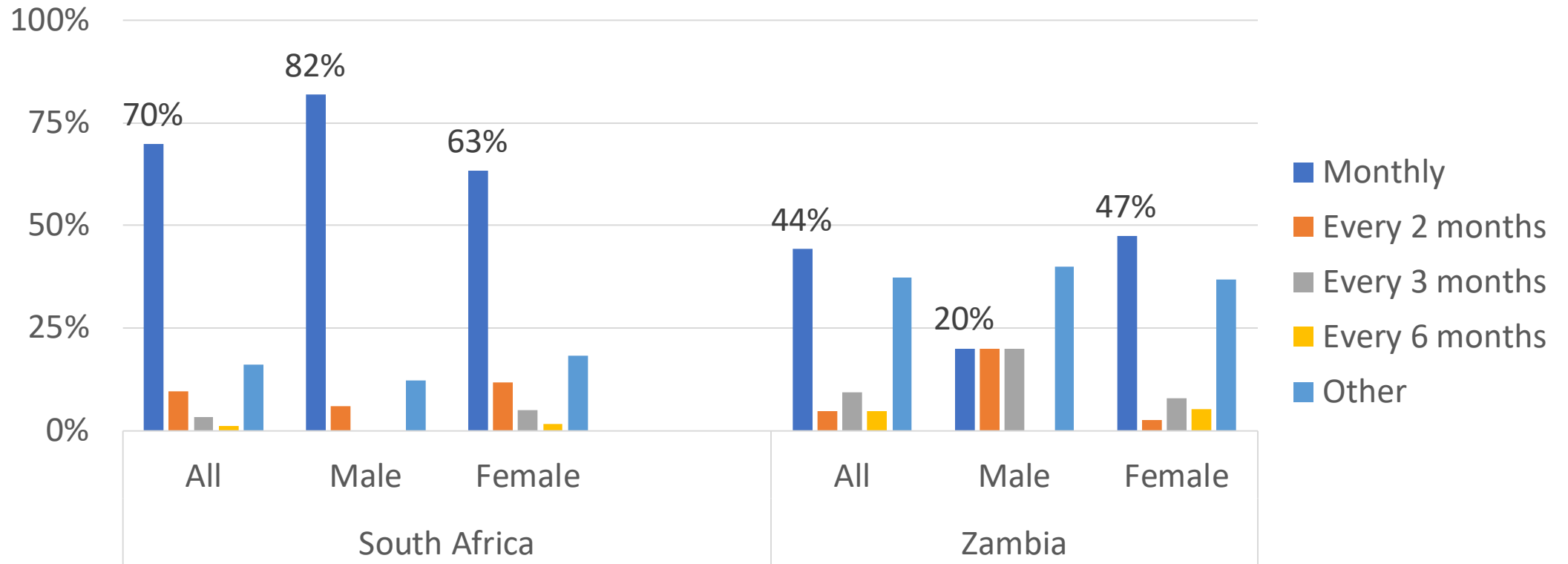


# For early ART clients reporting seeking additional services (co-morbidity care or family planning)

For these conditions, client comes to this same clinic for services

**South Africa (N=94)**  
78 (83%)

**Zambia (N=94)**  
43 (44%)





## Preference for a “one stop shop” - Zambia & South Africa

"For me ..., I would prefer where all services for patient whose newly initiated or re-initiated on ART being done in one just one room..."

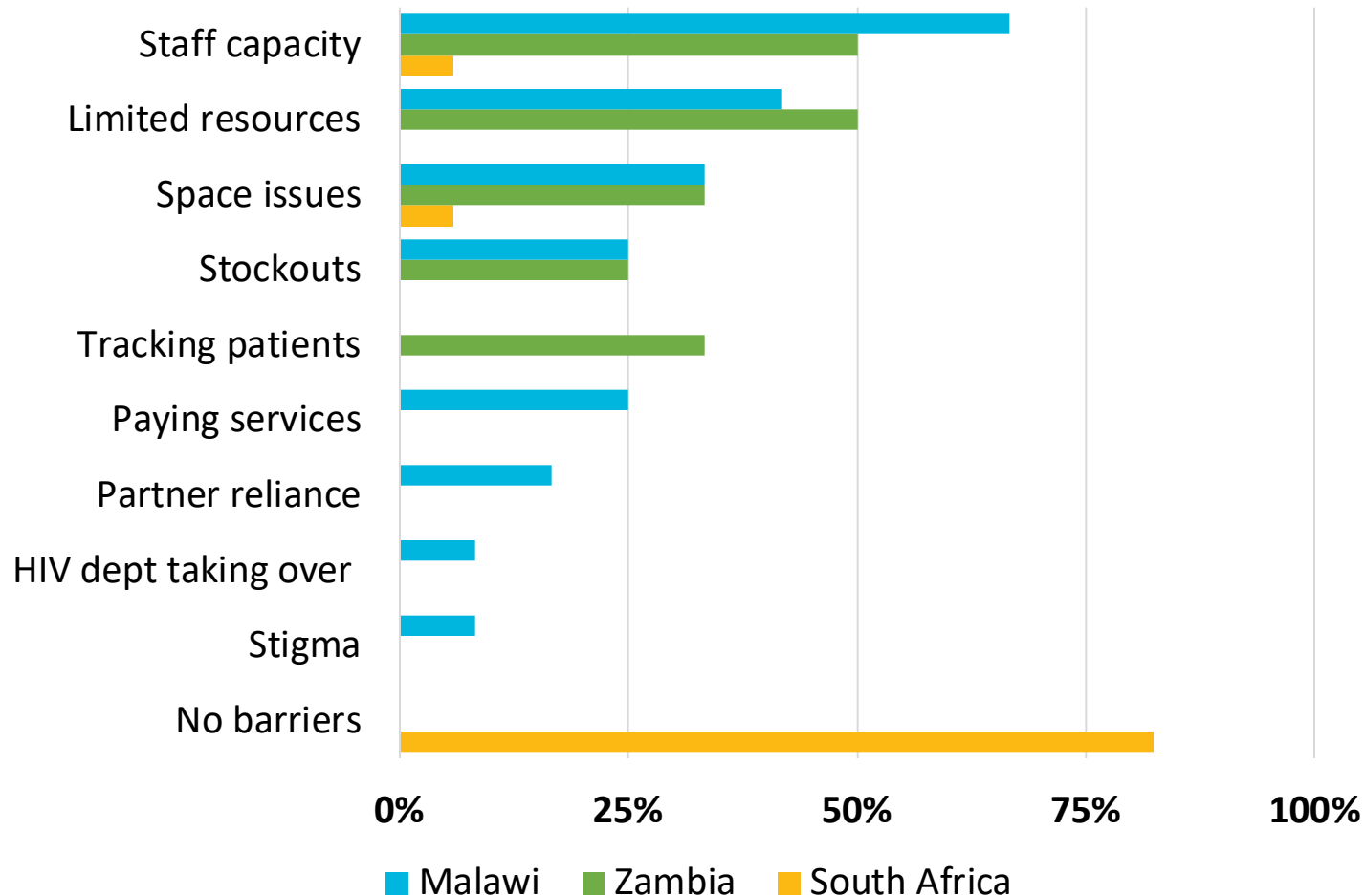
"I would love to be checked from here since even here they do BP check-up. So the same people attending to me for drug pick up they check my BP also..."

"I would prefer where all services for patient whose newly initiated or re-initiated on ART being done in one just one room..."

"It's better that somebody comes to ART clinic for everything because these health providers that attend to us are the ones that know us and they're the ones that know that this person is taking treatment and it is easy for them to help us...."

"We would want everything at once not the following day one at a time and seen for all the problems you have knowing that you are sick of such...."

# Provider reported barriers to integration by country



- Limited **staff capacity** in terms training and knowledge to provide integrated care was the most commonly reported challenge to integration of services
- **Funding, space, stockouts** of HTN and DM supplies, and challenges **tracking** clients across departments after referrals were other commonly reported challenges, especially in Malawi and Zambia
- Facilities in South Africa were more likely to report no barriers to integration

# SA Sentinel file review: Client characteristics

- Clients with HIV and hypertension were identified across all models of care
- Clients with hypertension tended to be **older**, with 49% aged of 50 and above.
- A higher proportion of **hypertensive clients were unemployed (49%) and resided in the urban areas (54%)**

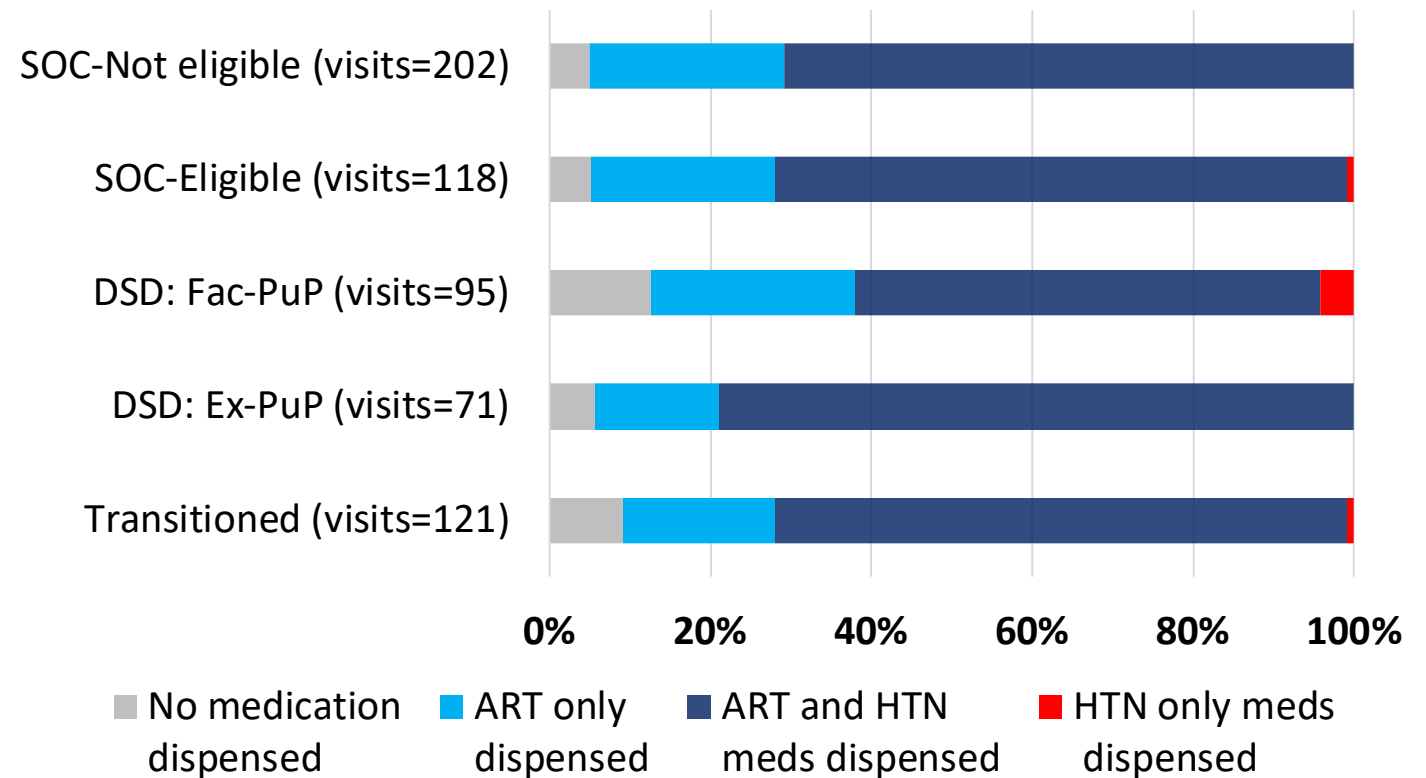
	HIV - no hypertension (N = 547)	HIV and hypertension (N = 102)
<b>Model of care</b>		
SOC, not eligible for DSD	14%	25%
SOC, eligible for DSD	24%	16%
DSD - Facility Pick Up Point	11%	20%
DSD - External Pick Up Point	27%	19%
Transition	24%	20%
<b>Median age (Q1, Q3)</b>	40 (35, 47)	51 (42, 60)
<b>Gender</b>		
Male	24%	24%
Female	76%	76%
<b>Median time on ART (Q1, Q3)</b>	7 (3, 10)	6 (4, 10)
<b>Median ART dispensed (Q1,Q3)</b>	2 (1, 2)	2 (1, 2)
<b>Employment status</b>		
Formal employment	27%	21%
Informal employment	29%	29%
Unemployed	41%	49%
Student or trainee	3%	1%
<b>Location</b>		
Rural	51%	46%
Urban	49%	54%

# Visit integration for clients receiving care for HIV and hypertension in South Africa

- Out of the visits captured in the client file in South Africa, hypertension medication was dispensed at 71% of the visits.
- Of the visits with hypertension medication dispensed, nearly all also had ART medication dispensed
- Limitations of the file review data due to incomplete data in patient file

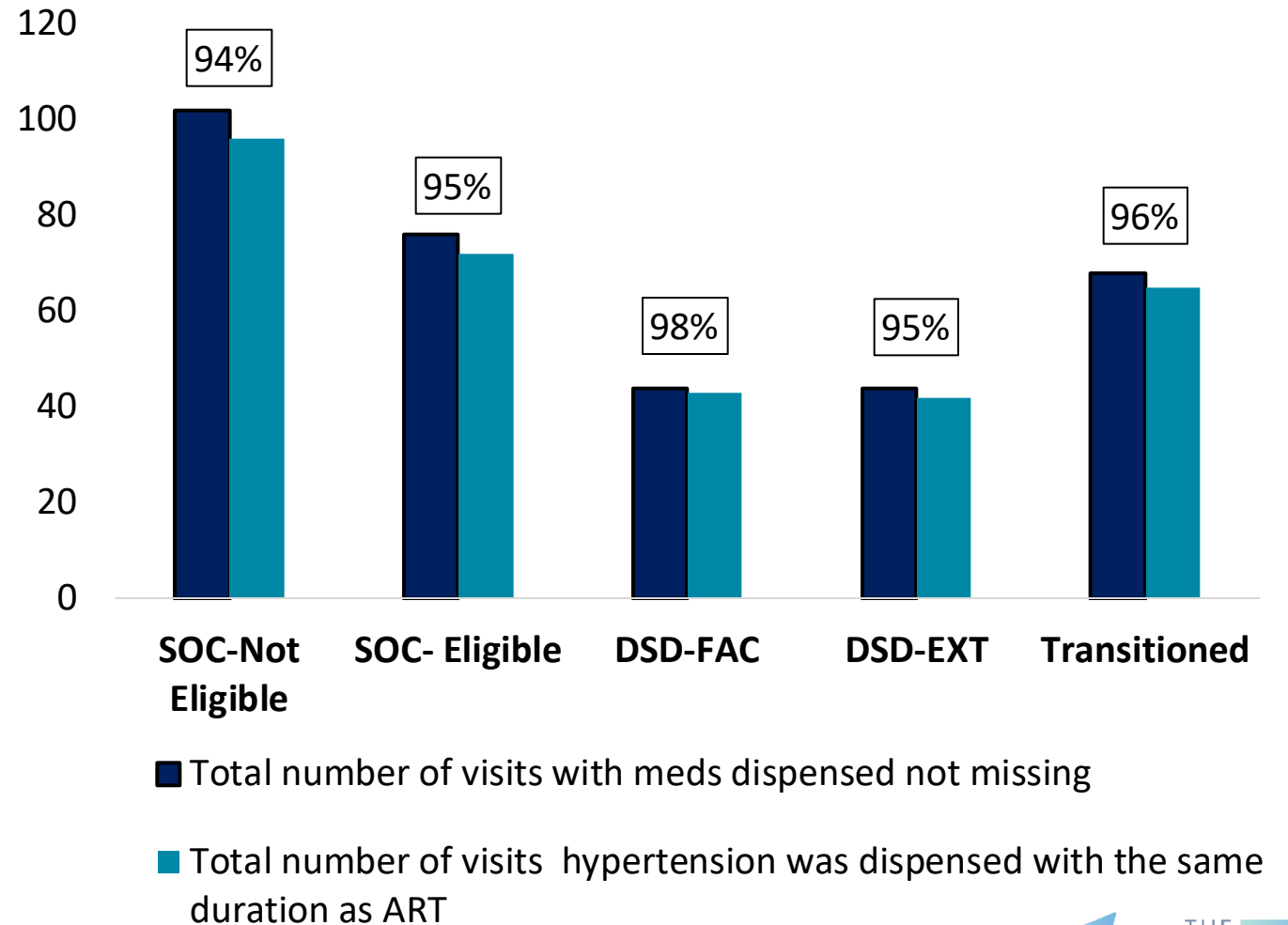
## ART and Hypertension medication dispensing visits

N=102 individuals; N=607 visits



# ART and HTN medication dispensing interval is aligned in over 94% of visits

- Among visits with ART & HTN medication dispensed, over 94% of them had the same duration
- Amongst the 16 visits where the ART medication duration differed, 12/16 (75%) of them had the ART medication duration longer than that of the hypertensive medication
- 41% of visits had 1-month dispensing
- 42% had 2-month dispensing
- 17% had 3-month dispensing



# Key Takeaways

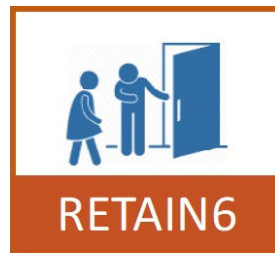
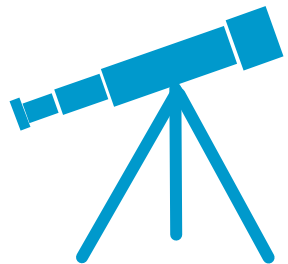
- Clients report a preference for a “one stop shop” for hypertension and HIV care
- South African clients largely receive integrated HIV and hypertension care in facilities and DSD models - integration of data and M&E systems now a priority
- Opportunities to improve integration of NCD care in existing HIV clinics in Malawi and Zambia remain



# Acknowledgements

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# Thank You!

