HIV/NCDs Community of Practice Call

June 27, 2024

Welcome/Bienvenue

Herve Kambale
ICAP/CQUIN

- Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.
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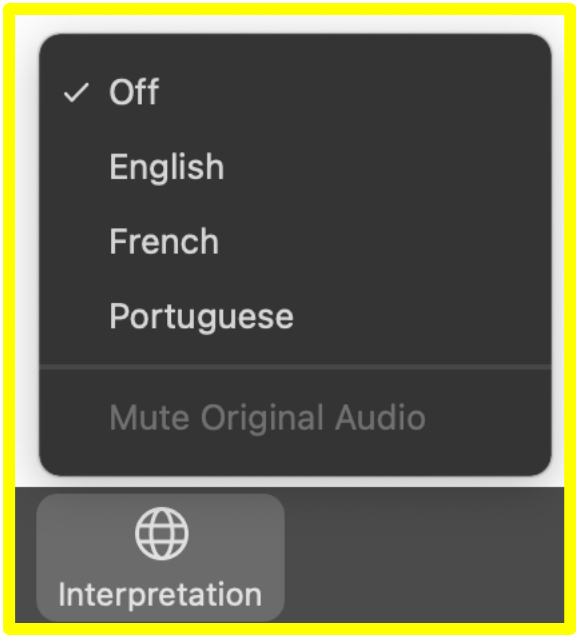

Agenda Overview

Welcome and Introductions

- Herve Kambale, ICAP/CQUIN

Experiences and lessons learned: Perspectives of public health experts

- Herve Kambale, ICAP/CQUIN
- El Hadji Bara DIOP, Chef de projet VIHeillir

Q&A Discussion

- Moderator: Herve Kambale, ICAP/CQUIN
- Panelists:
  - Idrissa Songo, Executive Director NETHIPS
  - El Hadji Bara DIOP, Chef de projet VIHeillir

Closing Remarks

- Herve Kambale, ICAP/CQUIN

Experiences and lessons learned: Perspectives of public health experts

Herve Kambale
ICAP/CQUIN

El Hadji Bara DIOP
Chef de projet VIHeillir

Summary on NCD & HIV Integration from the CQUIN Integration Meeting, April 2024

Herve Kambale

CQUIN Consultant

June 27, 2024

Outline

- Non-communicable diseases and HIV
- Defining integration & CQUIN's approach to integration
- CQUIN capability maturity model results - 2023
- Establishing HTN/HIV integrated programs
- Conclusion

Integrating Non-HIV Services Into HIV Programs: Delivering Person-Centered Care for People Living With HIV

April 15 - 18, 2024 | Nairobi, Kenya

CQUIN Integration Meeting April 2024:
https://cquin.icap.columbia.edu/event/integrating-non-hiv-services-into-hiv-programs/

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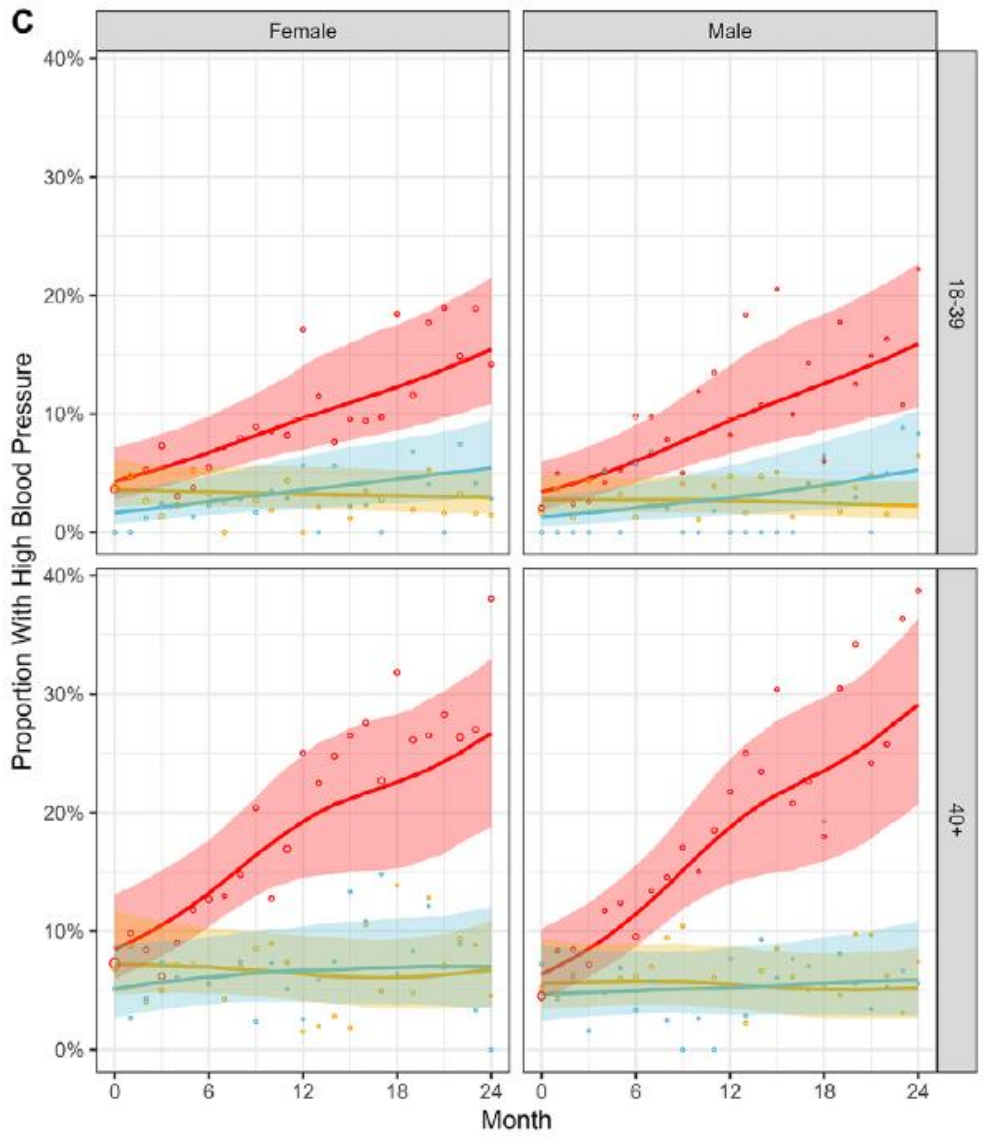
Non-communicable diseases and HIV

Non-communicable diseases and HIV

- Older adults bear a significant burden of non-communicable diseases, and some studies document a greater prevalence of co-morbidities in people living with HIV compared to those without HIV, including in African cohorts *(Godfrey C et al. Journal of the International AIDS Society 2022, 25(S4):e26002)*
- Many individuals with HIV have multiple co-morbidities with some of the most common being diabetes, hypertension, obesity and renal insufficiency
- Being on multiple drugs related to co-morbidities can create additional challenges for individuals living with HIV, including drug–drug interactions, adherence requirements for multiple medications and differing management requirements for chronic diseases *(Godfrey C et al. Journal of the International AIDS Society 2022, 25(S4):e26002)*

Non-communicable diseases and HIV

- Body weight and blood pressure changes on dolutegravir-, efavirenz- or atazanavir-based antiretroviral therapy in Zimbabwe: a longitudinal study.
- *Among PLHIV starting ART or switching to a new regimen, DTG-based ART was associated with larger weight gains and a substantial increase in the prevalence of high blood pressure. Routine weight and blood pressure measurement and interventions to lower blood pressure could benefit PLHIV on DTG-based ART.* *(Shamu T et al. Journal of the International AIDS Society 2024, 27:e26216.)*



Shamu T et al. *Journal of the International AIDS Society* 2024, **27**:e26216
http://onlinelibrary.wiley.com/doi/10.1002/jia2.26216/full | https://doi.org/10.1002/jia2.26216

Non-communicable diseases and HIV

- AFRICOS study *(prospective cohort study enrolling adults with and without HIV at 12 sites in Kenya, Uganda, Tanzania, Nigeria)* – reviewed data collected from 2013 to 2021

- Non-Communicable Disease (NCD) burden among PLHIVs ≥ 50 years
  - Hypertension – 27.5%
  - Dysglycaemia – 13.4%
  - Obesity – 11.7%
  - Renal insufficiency – 4.3%

Chang et al, Lancet HIV, 2022 Mar:9 Suppl1:S5,: https://doi.org/10.1016/S2352-3018(22)00070-4

The need to focus on Hypertension

- Hypertension – raised blood pressure – significantly increases the risk of diseases of the heart, brain, kidneys and other organs.
- Around 1.28 billion adults aged 30–79 years worldwide have hypertension (HTN).
- 1 in 3 adults have hypertension
- 4 out of 5 are not receiving the care needed to keep their hypertension under control

Hypertension is the single most prevalent risk factor globally
Treating hypertension has the largest impact on health life years gained
It requires no laboratory or specialized testing or equipment – just a BP cuff
It is simple to treat – you just require 3 drugs
The drugs for hypertension are safe without much side effects
Treating hypertension is one of the most important interventions for people living with diabetes
It is a pathfinder to universal health coverage
We start with hypertension and then build services to integrate diabetes, cancers, CRDs one step at a time
It is the most prevalent risk factor amongst PLHIV, an estimated 27% of people living with HIV on antiretroviral therapy (ART) also have hypertension

World Health Organization icap Global Health THE CQUIN NETWORK

The need to focus on integrating HIV and Hypertension services

- Prevalence of HIV/HTN co-morbidity
  - Countries in the CQUIN network face dual epidemics of HIV and non-communicable diseases, including HTN
  - As people living with HIV age on treatment, their risk of NCDs, including HTN, rises markedly
- Programmatic feasibility
  - Similarities between HTN and HIV treatment facilitate integrated program design
  - Multiple successful pilot projects have demonstrated proof of concept
- Interest on the part of MOH, recipients of care, and donors
  - PEPFAR highlighted the importance of HIV/HTN programs in COP23 planning
  - Global Fund 2023 guidance note encourages countries to align HIV and NCD programming
  - However, funding for HTN services is still limited

Adapted from Resolve to Save Lives

The need to focus on integrating HIV and Hypertension services

Management of HIV and hypertension both require daily medication and may have a similar schedule for clinical check-ups

Integration may reduce inefficiencies for health care providers and makes attending clinic visits, collecting prescriptions and adhering to treatment easier for recipients of care

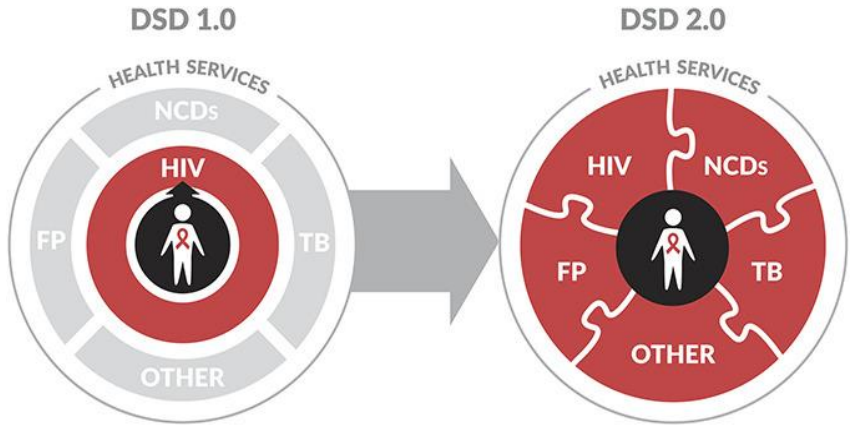
Including hypertension care improves demand for HIV services, especially for harder-to-reach populations

It's preferred by recipients of care and recommended by Ministries of Health, WHO, PEPFAR and the Global Fund

Defining integration & CQUIN's approach to integration

Differentiated Service Delivery and Integration

- **Differentiated Service delivery** is a **client-centred approach** that simplifies and **adapts HIV services across the cascad**e to reflect the preferences and expectations of groups of **people living with HIV (PLHIV)** while reducing unnecessary burdens on the health system.
- Integration is a **means not an end** – the goal is not integration itself, but improved coverage, quality, and impact of health services for people living with HIV
- Differentiated approaches contribute to this goal by delivering **person-centered services** that meet the needs and expectations of recipients of care
- Our hypothesis is that integrating **non-HIV services into HIV programs** will expand and accelerate these efforts
- Robust engagement of recipients of care in planning, implementation, and evaluation of integration activities is key



Ehrenkranz P, Grimsrud A, Holmes CB, Preko P, Rabkin M. Expanding the Vision for Differentiated Service Delivery: A Call for More Inclusive and Truly Patient-Centered Care for People Living With HIV. *J Acquir Immune Defic Syndr*. 2021 Feb 1;86(2):147-152. PMID: 33136818; PMCID: PMC7803437.

Defining Integration

- **Level of integration:**
  - **Systems:** Integration at the health system level
    - For example: policies, financing, training, procurement, M&E
  - **Services:** Integration at the point of service
    - For example: co-location, co-scheduling, coordinated medication dispensing
- **Direction of integration:**
  - Integration of HIV services (e.g., testing and prevention) into non-HIV programs
  - Integration of non-HIV services into HIV programs

CQUIN and Integration

- **Level of integration:**
  - CQUIN focuses on integration of both systems and services
  - Consistent with the network's approach to capability maturity, which focuses on both enabling (systems) and outcomes (services) domains
- **Direction of integration:**
  - As an HIV learning network, CQUIN's current focus is primarily on the **integration of non-HIV services into HIV treatment programs**
  - Three of CQUIN's communities of practice have been working in this space for years, focusing on **TB/HIV, FP/HIV and NCD/HIV integration**

Defining Services Integration

CQUIN's situational assessment revealed that the term "integration" is often not clearly defined, and descriptions of how non-HIV services are integrated into HIV programs frequently lack specificity.

Commonalities include:

- ✓ **Co-location of services (*e.g.*, both provided at the same site)**
- ✓ **Co-scheduling of services (*e.g.*, both provided at the same time)**
- ✓ **Coordination of medication refills to maximize recipient of care convenience and minimize visits to health facilities / pharmacies**

Defining Services Integration

1. **One-stop shop**
   - Recipients of care receive HIV and non-HIV services in the same place, at the same time
   - For example, hypertension services are provided by the ART clinic
2. **Coordinated referral within the same health facility**
   - Recipients of care receive HIV services at the ART clinic and non-HIV services elsewhere at the same facility, but attention is paid to co-scheduling appointments to maximize convenience and minimize queuing/wait time and to shared medical records/communication between clinics
   - For example, appointments at ART clinic and FP clinic are on the same day
3. **Non-coordinated referral within the same health facility**
   - Recipients of care receive HIV services at the ART clinic and non-HIV services elsewhere at the same facility without attention to co-scheduling
4. **Referrals between service delivery sites**
   - HIV services are provided at one site and non-HIV services at another
   - This includes referrals between facilities (including public, private, and faith-based facilities), pharmacies, community-based services and more
5. **Other**

CQUIN capability maturity model results - 2023

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NCD/HIV Domain Results from the CQUIN Treatment CMM - 2023

Stacking by country

CQUIN Member Country	HTN domain
Burundi	
Cameroon	
Cote d'Ivoire	
DR Congo	
Eswatini	
Ethiopia	
Ghana	
Kenya	
Lesotho	
Liberia	
Malawi	
Mozambique	
Nigeria	
Rwanda	
Senegal	
Sierra Leone	
South Africa	
Tanzania	
Uganda	
Zambia	
Zimbabwe	

Stacking by domain maturity

Number	HTN domain
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	

Achieving light or dark green maturity staging requires:

- **National policies and/or guidelines to support provision of NCD services for people on ART**
- **National policies and/or guidelines support integration of HIV and NCD services by recommending all of the following for people established on ART for HTN at a minimum:**
  - Routine HTN and HIV treatment services are **co-located.**
  - Routine HTN and HIV treatment services are **co-scheduled** (e.g., provided at the same visit)
  - **HTN and HIV medication refills are coordinated** to maximize client convenience and minimize visits to health facilities / pharmacies.
- **National M&E systems can report the proportion of people in less-intensive DART models who receive the minimum package of HTN services**
- **There are national coverage targets for the above**
- **The country is achieving at least 50% (light green) or 75% (dark green) of these coverage targets using data from the past 12 months**

Establishing NCD/HIV integrated programs

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A good BP control program has:

Simple drug and dose specific protocol

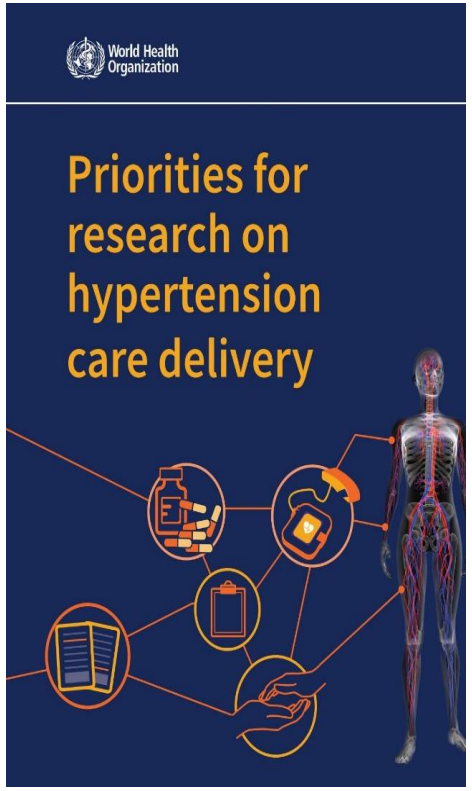
Access to validated BP devices

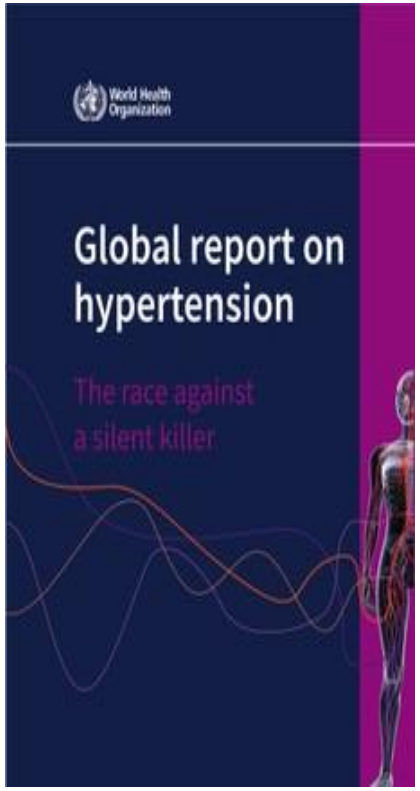
Adequate availability of the drugs as defined in the protocol

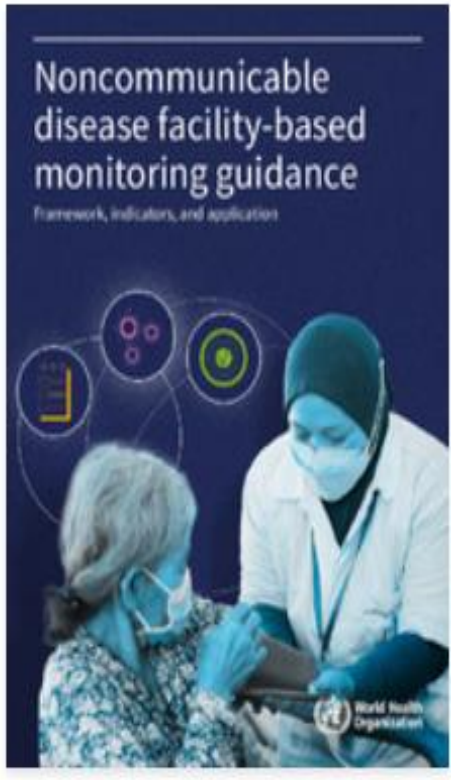
Team based approach and use of non physician healthcare workers

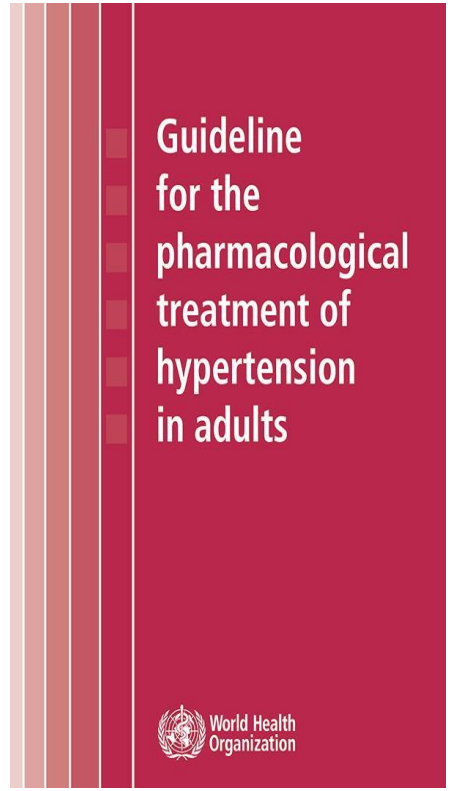
Information system that can capture the control rate of patients visiting the facility

The new products that WHO has to offer guidance on hypertension programs



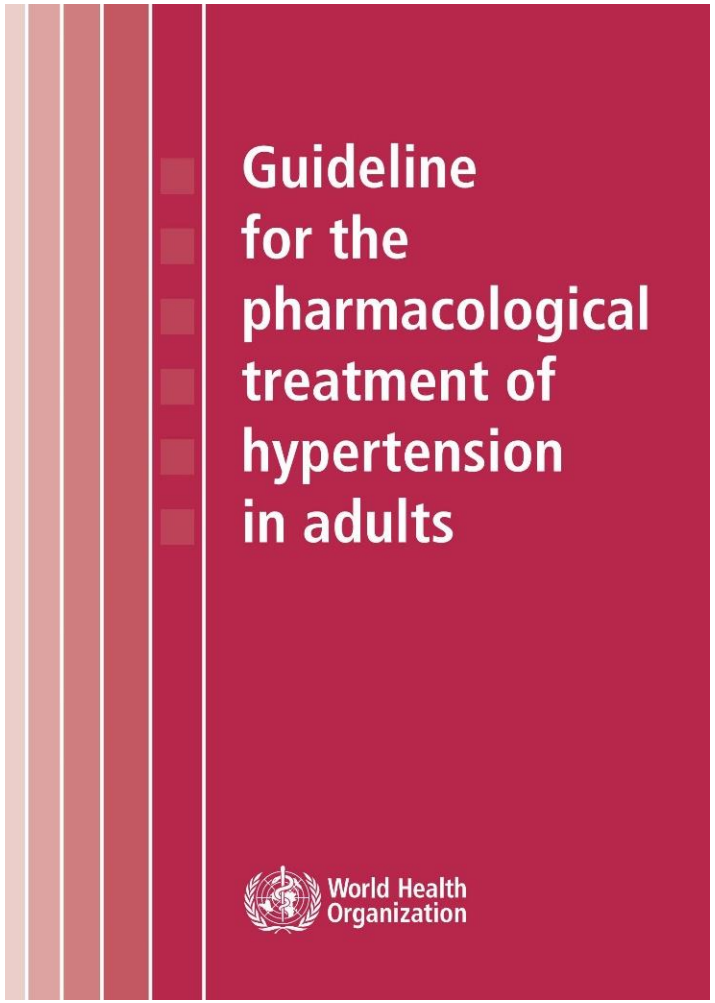






World Health Organization

Guideline for pharmacological treatment of hypertension in adults, 2021



Includes recommendations on:

1. Blood pressure threshold for initiation of pharmacological treatment
2. Laboratory testing
3. CVD risk assessment
4. Drug classes to be used as first-line agents
5. Combination therapy
6. Target blood pressure
7. Frequency of assessment
8. Treatment by nonphysician professionals

Enablers for DSD for ART and HTN treatment

ENABLERS	HIV	Hypertension
Non- toxic regimen	TDF and DTG	Amlodipine + ARB (no cough, ok without monitoring if not available)
Simplified clinical guidance	One preferred first line for all	Algorithm with named preferred agents and titration steps (WHO 2021)
Effective regimen **enabling faster time to control**	DTG	Amlodipine/ARB
FDC	One pill once a day Simplified supply chain and reduces stock outs	FDC of ARB telmisartan and amlodipine
Clinical monitoring tool to determine established on treatment	VL	BP

What do we do differently when clients are established on ART or HTN treatment?

V

Separate the clinical and refill visit

The 4 models of delivering the ART / HTN medicine refill

GROUP MODELS

INDIVIDUAL MODELS

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Example: Building blocks for ART and HTN in an out of facility individual model

	ART/HTN meds Clinical Visit	ART/HTN meds Refill Visit
WHEN	6 monthly	6 monthly scripting 3-6 monthly dispensing
WHERE	Facility	Community pharmacy Health post Mobile clinic
WHO	Trained HCW	Trained HCW CHW Lay worker / Peer
WHAT	Full Clinical Review as per national Guidelines for HIV and HTN	ART and HTN meds drug pick up ONLY

What do countries want to learn?

- What are the p**erspectives of people living with HIV on integrated care,** including their preferences, experiences, and challenges in accessing integrated services.
- How does the integration of HTN and HIV services affect patients' **satisfaction, adherence to treatment and health outcomes**
- How to establish **support groups** or peer network that address the unique needs of individuals living with HTN and HIV, including psychosocial support and adherence counseling
- Innovative **funding mechanisms** to support service integration (e.g., income generated activities, ROC-led community Health insurance system) that can support procurement of HTN commodities

What do countries want to learn?

- **Service delivery models** that can support implementation of primary prevention for HTN
- **Private sector engagement** for sustainability - How can we leverage / engage the private sector to ensure sustainability / availability of HTN commodities
- **M&E of integrated HTN/HIV** services
- **Integrated supply chain systems** that support HTN/HIV integrated services
- Ensuring **quality in the delivery of HTN/HIV services**, including provider's preference

Conclusion

Conclusion

- Integration is needed at both the **systems** (policies, financing, training, procurement, M&E) and **service delivery levels** (co-location, co-scheduling, & coordinated medication dispensing)
- Integration is a means, not an end as the goal is not integration itself. Global and national programs need to **define what success looks like and measure it**
- Joint **coordination and planning** by the different departments must be considered a priority
- Define your **standards** - clarify what you are integrating (levels and directionality), determine the models of integration as well as how integrated to operationalize and routinely monitor progress
- Put the **recipient of care at the center** at all levels of planning, implementation and monitoring

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Thank You!

Succès et défis de l'intégration de la prise en charge du VIH et des comorbidités telles que l'HTA au niveau du programme VIHeillir

Dr El Hadji Bara DIOP

Chef de projet VIHeillir

June 27, 2024

VIH : Epidémie de type concentré

Prévalence **basse** dans la population générale	Prévalences **au-dessus de la moyenne** dans certaines régions et populations vulnérables	Prévalences **élevées** dans les **populations clés** les plus à risque d'infection
0,5 %	**Sup 1,5 %**	**3,7- 5,8 - 27,6 %**

Approche basée sur la localisation et les populations, l'épidémie du VIH/Sida est présentée comme la somme de plusieurs épidémies locales interconnectées, au sein desquelles les populations clés et certaines régions sont les plus touchées.

Sources : ***EDSC 2017, ELHIoS 2017, ENSC 2019, PARECO 2019***

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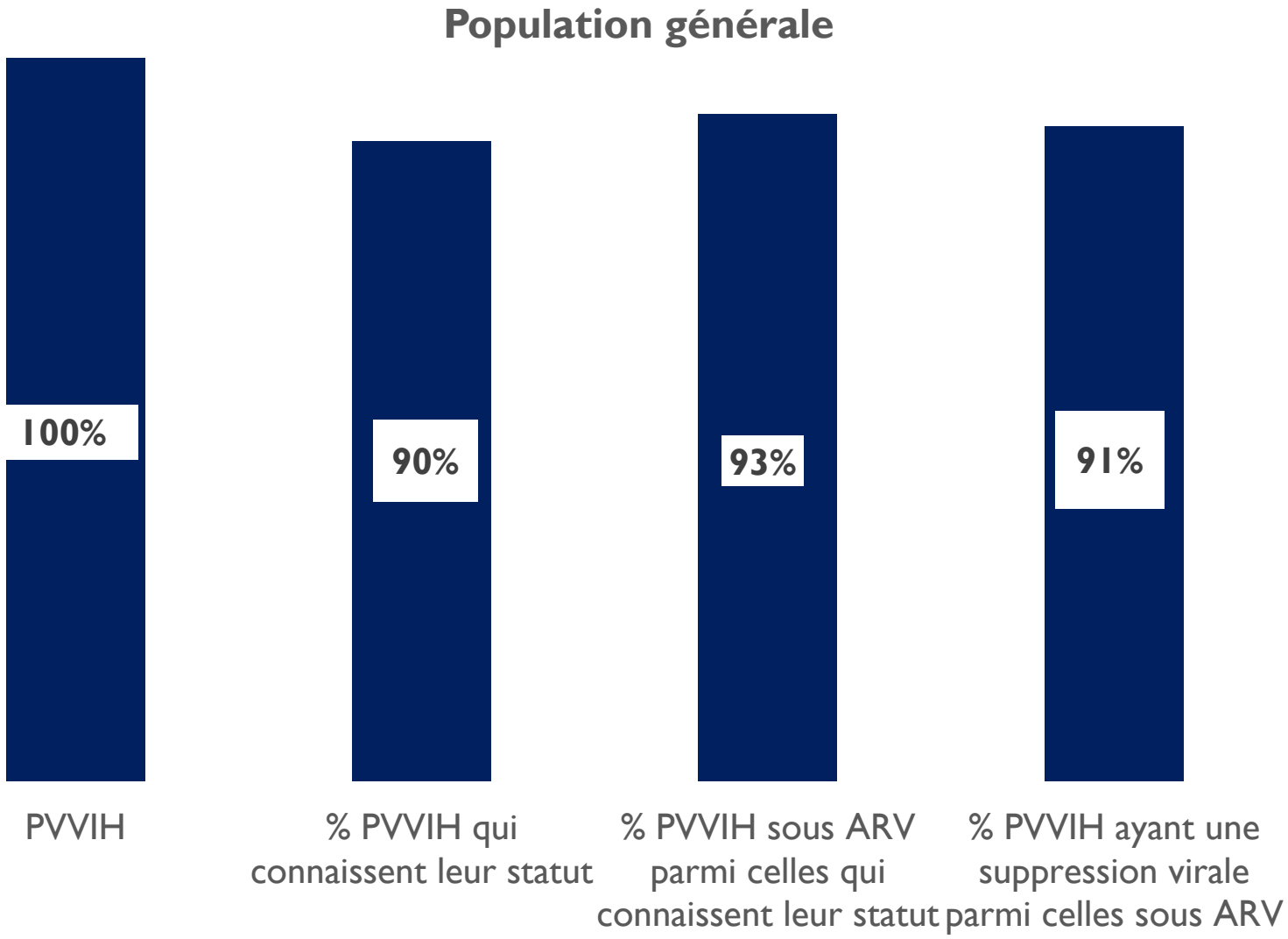
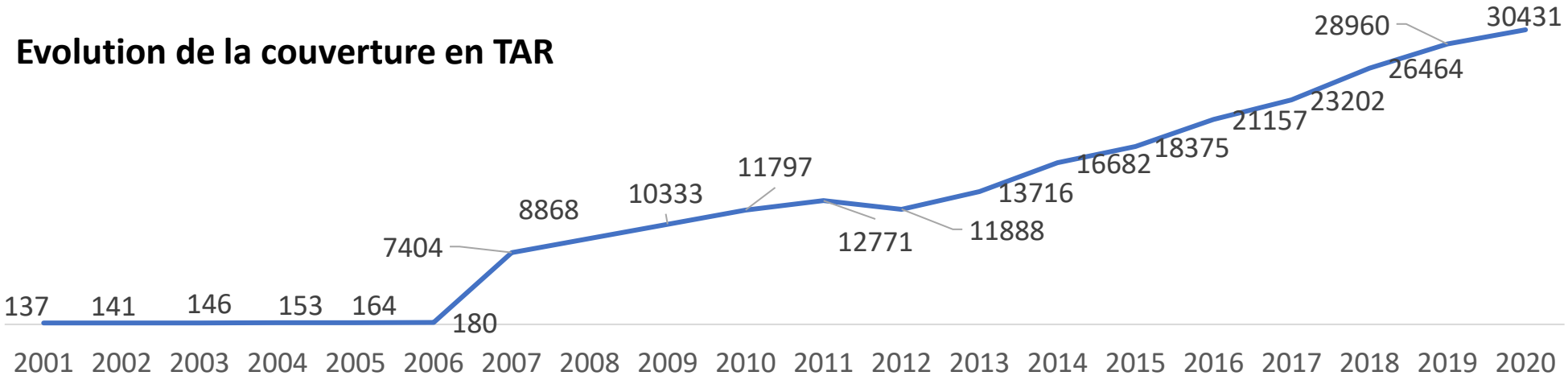
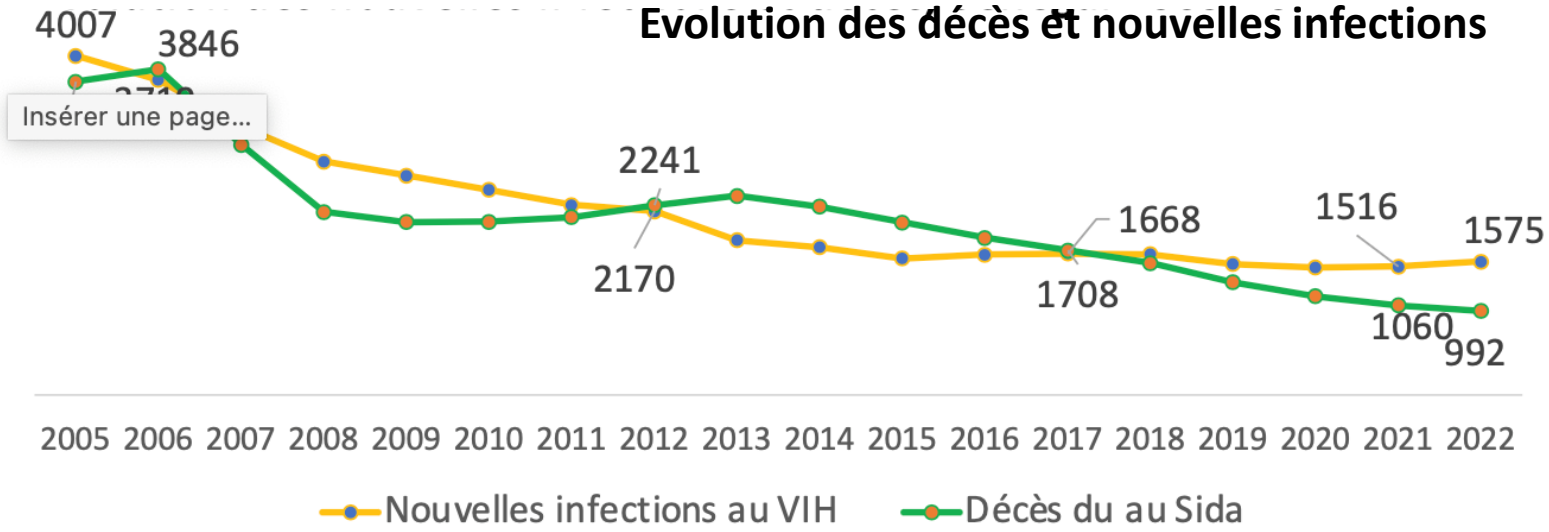


De maladie sub aigue mortelle à maladie chronique

Evolution de la couverture en TAR

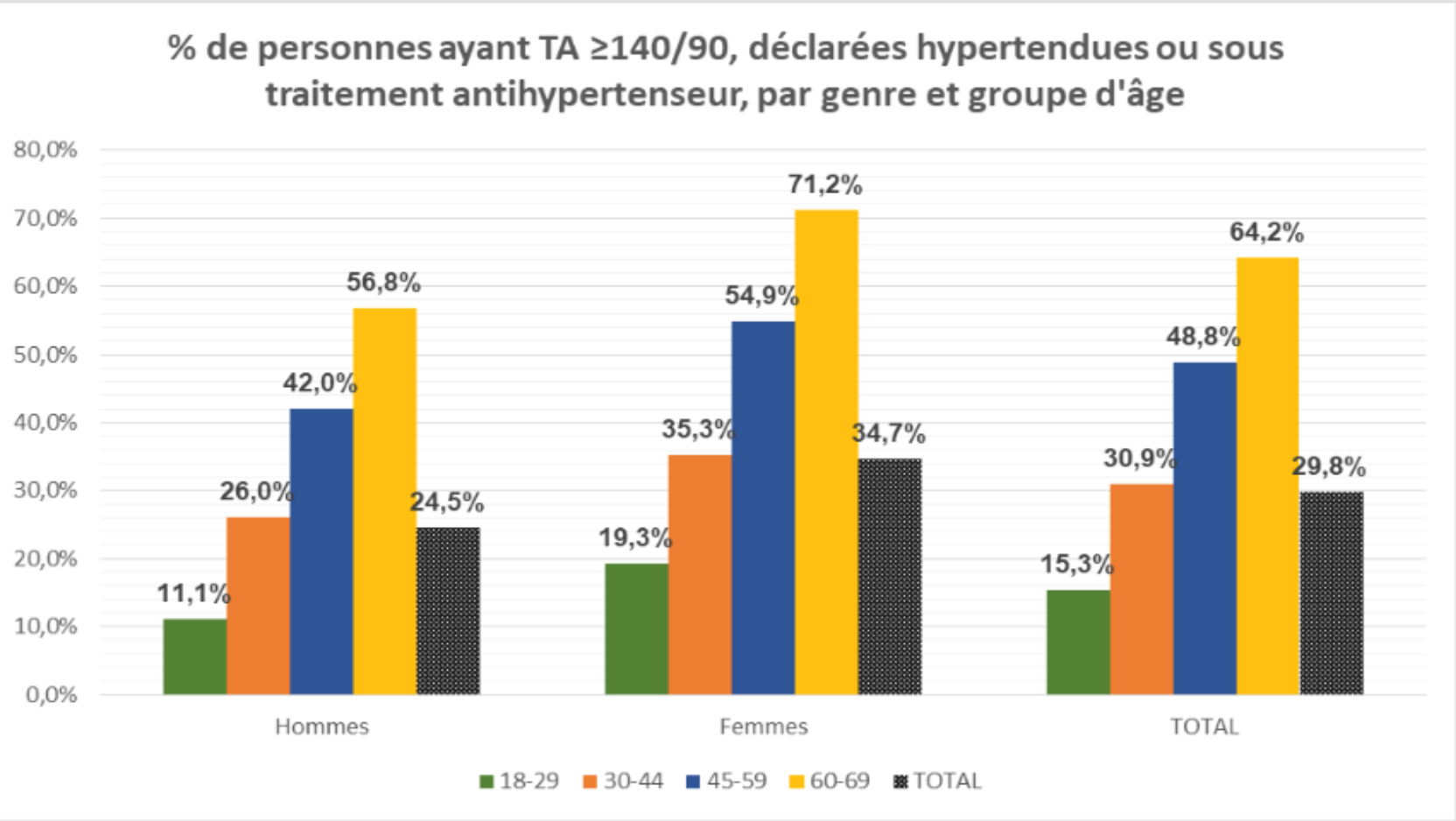


Evolution des décès et nouvelles infections



Plus du 1/3 de la file active a plus de 50 ans

PREVALENCE HTA



ENQUETE STEPS 2015
64% de prévalence HTA chez les plus de 60 ans

Aucune donnée de prévalence de la comorbidité VIH-HTA au niveau national à ce jour

Projet VIHeillir : bien vieillir avec le VIH au Cameroun et au Sénégal

Expérience pilote de Renforcement du système de santé (Financement Expertise France, durée de 45mois)

- Objectif : améliorer la santé des PVVIH ≥ 50 ans au Cameroun et au Sénégal

  – Intégration du dépistage et prise en charge des 5 principales comorbidités dans les services VIH :

  HTA, diabète, hépatites B et C, lésions précancéreuses du col de l'utérus

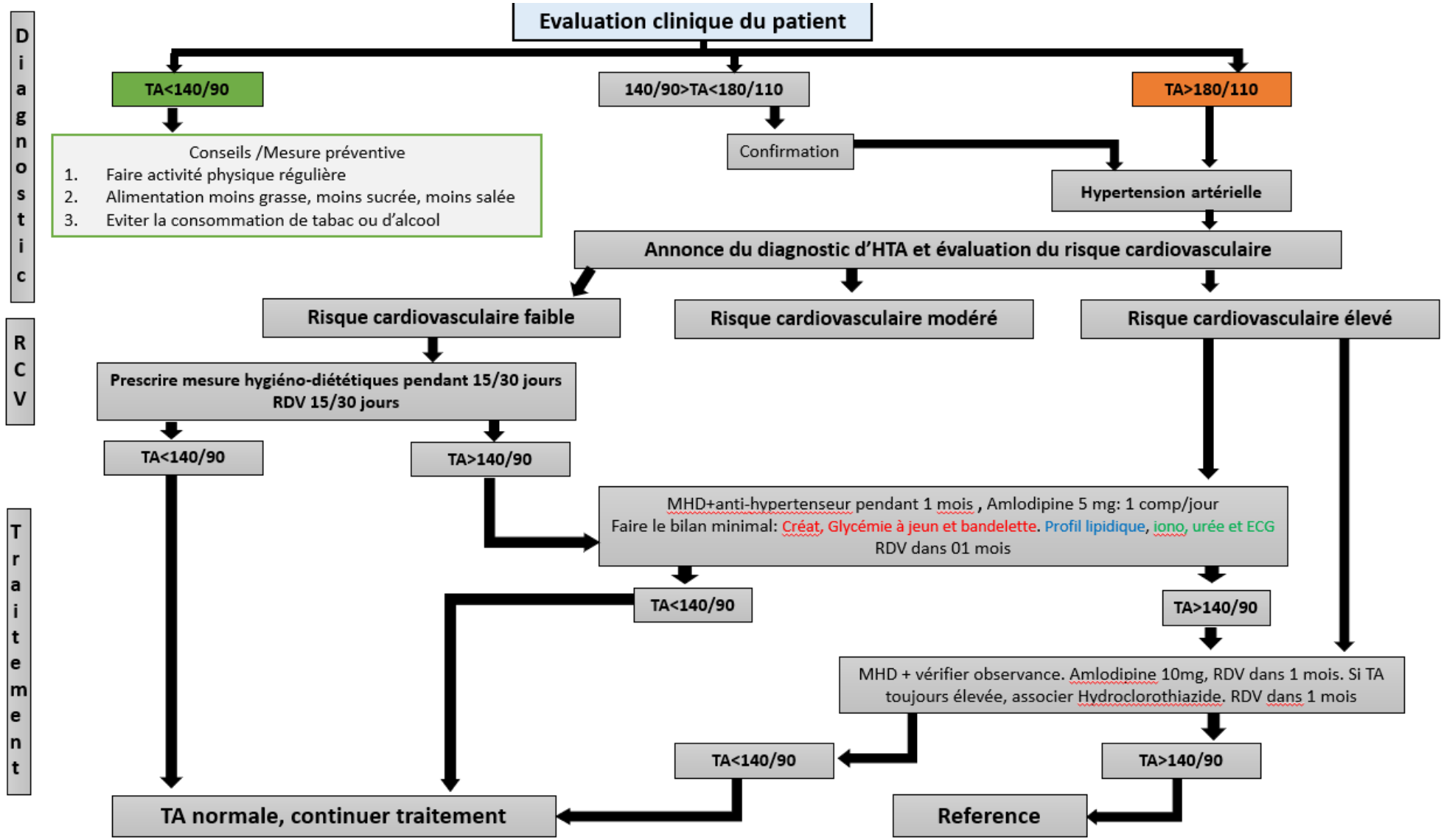
  – Mettre en place un suivi à long terme à base communautaire: Elaborer des « kits » de renforcement de compétences

PROJET VIHeillir

Méthodologie

- Mise en place de la Plateforme des Experts
- Elaboration d'algorithmes de dépistage et prise en charge simplifiée des comorbidités
- Formation des prestataires des sites et des associations
- Mise en place d'activités communautaires

Clinique - Algorithme de dépistage et PEC de l'HTA



Clinique

Formation des prestataires de soins

Intégration des services HTA dans les modèles DART : les éléments de base en clinique

QUAND	OÚ
Co-programmation des visites VIH et HTA Visites mensuelles jusqu'à contrôle de l'HTA, puis tous les 3 et 6 mois	Hôpital (les sites de prise en charge VIH fournissent en même temps les soins pour l'HTA et les autres comorbidités)
QUI	**QUOI**
Médecin, infirmière, pharmacien, assistant social, médiateur pair	Prise correcte TA, biologie, TARV et renouvellement, Sélection correcte du médicament initial contre la tension artérielle selon le protocole, Information, soutien à l'observance, conseil pour la prévention des MNT, fourniture et soins de suivi

Clinique

- Mise à disposition à moindre coût de tests rapides de dépistage des hépatites , de glucomètres et de bandelettes urinaires.
- Dépistage et traitement systématique des comorbidités en routine dans les services cliniques VIH -> référence si besoin aux spécialistes
- Prescription de médicaments génériques à moindre coût pour la prise en charge des comorbidités
- Formation initiale et supervision par les spécialistes

Clinique

Approvisionnement en réactifs et médicaments:

- Circuit est bien réglementé avec la Pharmacie Nationale d'Approvisionnement(PNA) et des grossistes privés
- PNA fournit aux pharmacies des structures sanitaires des médicaments génériques moindre coût.
- Les patients se fournissent au niveau de ces pharmacies en antihypertenseurs, antidiabétiques, etc…

Clinique : Leçons apprises

- Prévalence importance de l'HTA chez les PAVVIH : **53%** de même que celle du diabète qui est de **10%**
- L'intégration du dépistage et de la prise en charge de l'HTA dans les services cliniques non spécialisés est possible
- Difficultés d'accès aux analyses et traitements payants car population précaire dans l'ensemble : arrêt des activités, fortes dépenses de santé, dépendance à l'égard des familles

Communauté

- 13 associations au Cameroun et 5 au Sénégal : VIH, diabète, hépatites, AVC, personnes âgées
- Formation au dépistage, sensibilisation, aide à l'observance
- Mise en place d'activités de prévention, promotion de la santé et dépistage en communauté du diabète, HTA, hépatites

Intégration des services HTN dans les modèles DART : les éléments de base en communauté

QUAND	OÚ
Tous les mois	Hôpital(site de PEC VIH), Communauté (siège des associations, au niveau des quartiers)
QUI	**QUOI**
Médiateur pair, responsable mobilisation communautaire membres associations formés	Prise des paramètres (TA, Glycémie, taille, poids, tour de taille),en cas de TA ≥140/90 Orientation vers le personnel soignant , sensibilisations sur le sida et les 5comorbidités ciblés, Thérapie rythmique , activités sportives, groupe de parole thématique(nutrition, éducation thérapeutique, santé sexuelle des personnes âgées)

Communauté

Activités sportives, ludiques, de bien-être

Communauté : Leçons apprises

- Forte capacité de mobilisation des associations pour contribuer à la prévention et au dépistage des maladies chroniques
- Rencontre et dialogue entre associations de différents domaines : VIH, diabète, personnes âgées
- Manque de moyens des patients pour l ’achat des ordonnances et la réalisation des bilans a rendu difficile l’accés aux services à moindre coût
- L’éveil de conscience des PAVVIH face à la morbi mortalité de l’HTA, du diabète et autres comorbidités.
- Difficultés d’évaluer l’impact des interventions

Perspectives

- Plaidoyer pour l'intégration des MNT dans les services VIH
- Plaidoyer pour renforcer l'accès aux soins des MTN pour les PAVVIH
- Renforcer la collaboration entre les programmes VIH, et les programmes de lutte contre les hépatites et les maladies non transmissibles (MNT) pour une gestion optimale et efficiente des comorbidités chez les personnes âgées

HIV Learning Network

The **CQUIN** Project for Differentiated Service Delivery

Thank you!

Discussions and way forward

Herve Kambale
ICAP/CQUIN

Idrissa Songo
Executive Director,
NETHIPS

El Hadji Bara DIOP
Chef de projet
VIHeillir

Closing Remarks

Herve Kambale
ICAP/CQUIN

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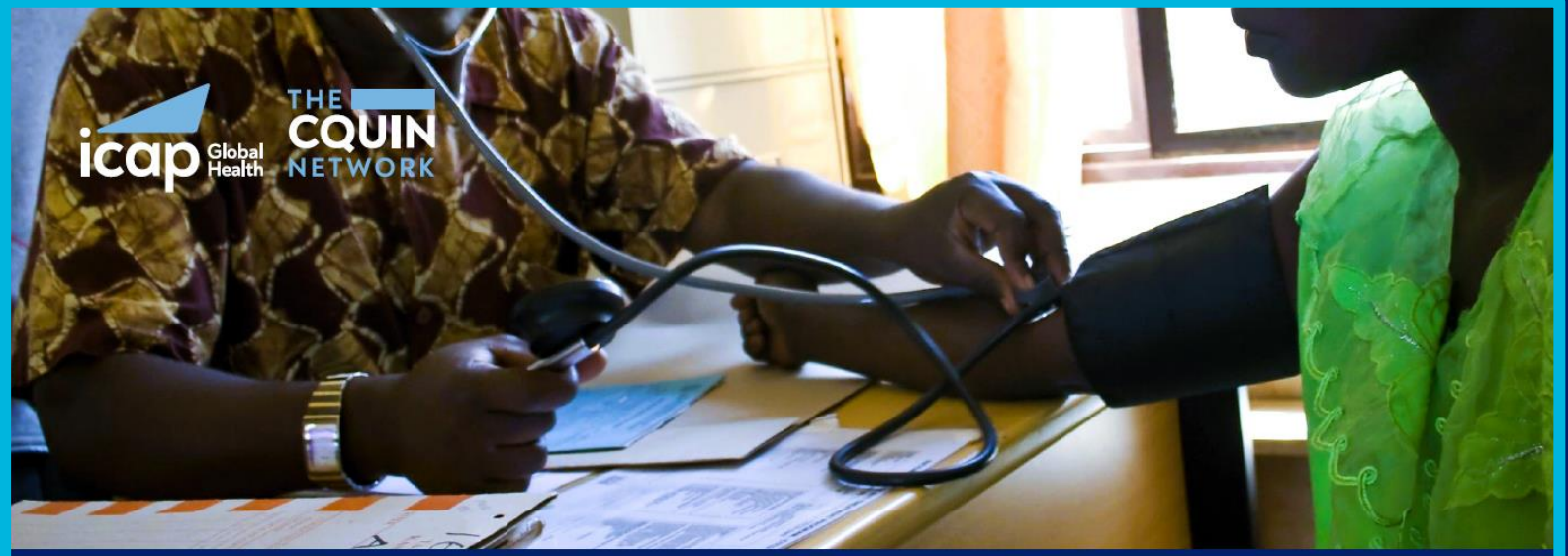

Optimizing Hypertension and HIV Integration in the CQUIN Network: Case Studies from Nigeria and Uganda

Tuesday, July 2, 2024

Starting at 8 am New York, 12 pm Accra, 2 pm Johannesburg, and 3 pm Nairobi

This webinar will focus on the integration of HIV and non-communicable disease (NCD) services with an emphasis on strengthening the coordination and implementation of service delivery models for HTN/HIV integration. It will feature best practices from Uganda and Nigeria.

REGISTER

Simultaneous translation will be available in English and French.