

# Sustaining HIV Health Outcomes Through Comprehensive Care for HIV and NCDs in Kenya

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## INTRODUCTION

The burden of NCDs is growing among older HIV positive adults. The impact of NCDs on mortality and morbidity of people living with HIV (PLHIV) can be mitigated through provision of integrated wholistic person-centered care. Kenya's HIV program is advancing beyond HIV treatment-focused care by integrating comprehensive care of non-communicable diseases (NCDs) with HIV treatment. The program has adopted an integrated approach that involves screening for NCDs like diabetes and hypertension among clients on HIV treatment in order to address broader health needs of clients. This approach improves HIV-related outcomes and reduces the risk of NCD-related complications, contributing to better long-term health. Kenya also enhanced Point of Care Health Information systems, to record and report care for clients receiving both NCDs and HIV care to the National Data Warehouse.

## KEY OBJECTIVES

- i. Determine the adoption of integrated management of NCD and HIV comorbidities in health facilities using Electronic Medical Records in Kenya.
- ii. To showcase the role of health information systems in supporting the care of clients and for monitoring the double burden of HIV and NCD among clients receiving chronic care in Kenya.

## TYPE AND DATA SOURCE USED

Data from 2,340 health facilities that use Electronic Medical Records systems (EMRs) and uploaded to the National Data Warehouse was used for this analysis. The National Data Warehouse (NDW) is a centralized repository that consolidates longitudinal client-level data from EMR facilities in Kenya. The longitudinal structure of the data allows for tracking client progress over time. This data system enables a comprehensive view of client health and provides insights for program monitoring and public health surveillance.

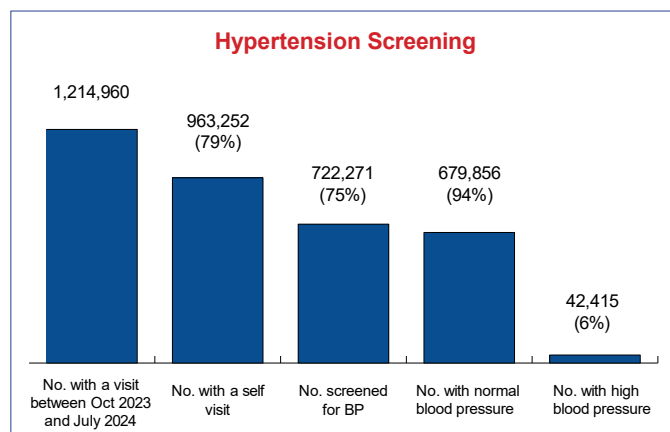


Figure 1: Screening of Hypertension

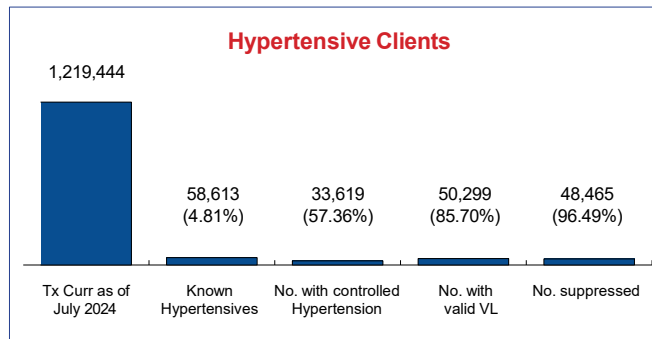


Figure 2: Management of Hypertensive clients

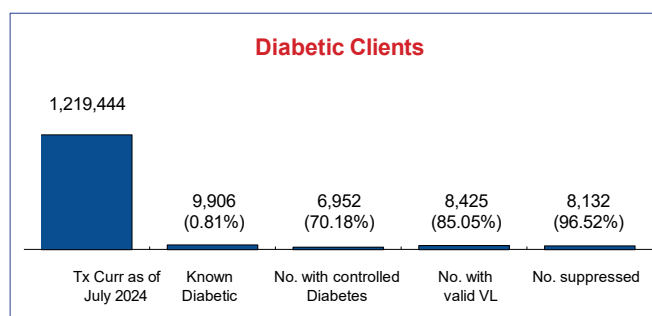


Figure 2: Management of Diabetic clients

## MAIN FINDINGS

About 75% of the clients on Anti-retroviral therapy (ART) who self-visited facilities from October 2023 to July 2024 were screened for hypertension through blood pressure checks mandated for all HIV positive adults. About 25% were not screened for hypertension. About 4.8% of 1,214,960 on ART as of July 2024 were diagnosed with hypertension. About 57% of clients with hypertension had controlled hypertension. The rate of HIV virologic suppression among PLHIV was at 96%. Only 0.81% of clients screened for diabetes were diagnosed with diabetes mellitus. Of these clients, 70% had controlled blood sugars.

## CONCLUSIONS

Most clients screened had better virologic control compared to NCD control. This reflects better monitoring of HIV than NCDs. Although prevalence of diabetes was low among screened clients, the level of glycaemic control was low. This represents ongoing health risk to these clients. Prevalence of hypertension was higher among screened clients compared to prevalence of Diabetes; however, the rate of blood pressure control was lower than the rates of both glycaemic control and virologic suppression. These findings show that NCD screening and management can be integrated with chronic HIV care. They also indicate that there is need to support HIV clients to achieve better control of NCDs to achieve good overall health, reduce morbidity and mortality risks. National Data Warehouses originally designed for HIV programs can be extended for use in tracking care of NCDs.

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