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## **Spending Wisely: Exploring the economic and societal benefits of integrating HIV/AIDS and NCDs service delivery**

Spending Wisely: Exploring the economic and societal benefits of integrating HIV/AIDS and NCDs service delivery

Idioma Inglés

Integrating noncommunicable disease (NCD) health services for people living with HIV delivers significant returns on investment and better health outcomes for patients.

Informes de políticas

 [Spending\\_Wisely-NCDA\\_RTI\\_report-GW4A23-EN.pdf](#) [1]

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**Resource Section:** Publications and Multimedia



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**Extended Description: Key messages**

- The integration of HIV and NCD services can deliver wider health impacts than standalone disease-specific care, including improved NCD outcomes and sustaining or even improving HIV outcomes. These are due to clinical, functional, and organisational programme efficiencies.
- Integrated HIV-NCD programmes can save resources for both patients and health systems. Patients benefit the most (about 85% of the total savings) because of synchronised care visits, or care offered closer to their homes. From a health system perspective, the extra cost to integrate these programmes are relatively small compared to the positive health outcomes they generate.
- Multifaceted HIV-NCD programmes that deliver a wide range of services can improve access, acceptability, and affordability of services.

- Achieving SDG targets on Universal Health Coverage (UHC) and NCDs requires integrated people-centred services. This report's review of the evidence shows that such integration can deliver good returns on investment and better experiences for patients.

## Report Findings

This report describes the results of a systematic literature review to identify different models of integrated HIV-NCD services across the continuum of care in low- and middle-income countries (LMICs), and to assess the costs, impact, and cost-effectiveness.

After examining 28 HIV-NCD programmes in 16 countries in Africa and Asia, the report found strong evidence that integrated services can deliver health impact. Out of 24 programmes with qualifying evidence, 19 (79%) reported favourable and significant results in at least half of the outcomes that they measured. Most reported NCD outcomes related to improvements in depression or substance use disorders.

The costing evidence for eight HIV-NCD programmes provided a glimpse into the potential of HIV-NCD integration programmes to produce efficiency gains for both patients and health systems. Two of these programmes looked at costs from a societal perspective, considering both patient and health system costs. They found that integrated programmes can be cost-effective when compared to non-integrated ones. Around 85% of the savings related to patients —in large part because synchronised care visits or care offered in locations closer to patient homes led to lower transportation, childcare, time, healthcare, and other costs.

Integrated models can also make healthcare more affordable for patients, potentially improving their access to and adherence to treatment and care. In these studies, a smaller share of savings also related to health systems, mostly because sharing resources across multiple diseases led to more efficient use of capital investments, such as facilities and equipment.

The remaining studies costed six integrated programmes from a healthcare perspective. On average, they reported that integrated HIV-NCD interventions increased costs by an average of 16% compared to non-integrated interventions. From a health system perspective, the additional cost to integrate programmes may be relatively marginal compared to the health outcomes that the programmes generate.

## Recommendations for governments

1. Explore opportunities to integrate service delivery for HIV and NCDs, including mental health conditions and substance use disorders. Integrated HIV-NCD programmes can improve NCD outcomes while sustaining or improving HIV outcomes. In addition, integration is key to achieving UHC, with integrated care being more cost-effective than vertical programmes.
2. Dismantle access barriers to HIV and NCD care continuums. Innovative models for integrated care – delivering a wide range of services in homes and communities, remotely, and at health facilities – can improve the acceptability, affordability, and availability of services.
3. Consult health care professionals in the design and implementation of integrated programmes. Engagement of these professionals improves the success and sustainability of programmes and reduces resistance to change. Establishing key change management principles can support transformational change.

*See recommendations for donors and researchers in the full report.*

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