POLICY REPORT

PEOPLE-CENTRED CARE: INTEGRATION OF NON-COMMUNICABLE DISEASES (NCDs) AND HIV/AIDS SERVICES

DEVELOPED BY RWANDA NCD ALLIANCE

KIGALI-RWANDA, 24-25 NOVEMBER 2022

Rwanda NCD Alliance

NCD Alliance

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2. EXECUTIVE SUMMARY

All over the world, the number of people living with co-morbidities is on the rise, including people living with non-communicable diseases (NCDs) and communicable diseases such as HIV. Such conditions often require sustained interactions with health care systems over long periods of time, and are often exacerbated due to limitations with quality, access and scope of care. In Rwanda, like the rest of the world, the burden of NCDs is on the rise, and people living with HIV are at increased risk of developing NCD comorbidities. People-centered and integrated care is critical to ensuring greater patient outcomes for the NCD and HIV communities.

This policy report on people-centred care and integration of non-communicable disease (NCD) and HIV/AIDS services was developed to make recommendations for NCDs/HIV integration as part of Universal Health Coverage, highlighting shared opportunities for NCD and HIV communities to improve health outcomes of mutual benefit. This was accomplished through desk research, including landscape analysis and stakeholder mapping, and consultative activities including community consultations with people living with NCDs and HIV to map out shared needs and priorities.

According to the research conducted, Rwanda's NCD response is well positioned to integrate NCD prevention, early detection, care, and treatment at all levels with HIV services, but that there must be increased awareness within the HIV movement of Rwanda on the importance of integration. Consultative activities revealed that people living with HIV and NCDs must attend multiple medical appointments due to the need to see separate specialists for each condition, which is costly in terms of time and quality of care. In addition to addressing stigma, the NCD and HIV communities have urged for more awareness and screening in HIV clinics to encourage NCD early diagnosis among HIV-positive individuals. If integration of NCD and HIV services is advanced, however, HIV clinic nurses expressed concern about the additional workload in HIV clinics and the need for training to perform the duties required. Roundtable discussions with organizations working on HIV/AIDS have shown that they are active and supportive in championing integrating NCD and HIV services, although most of them do not integrate their NCD and HIV activities. Further to that, in both focus groups and roundtable meetings, it was highlighted that there is a need for alternative program funding to achieve integration of NCDs and HIV services, taking into account structural changes in health facilities and adaptation to health technologies, as well as capacity building for medical staff.

People-centred and integrated care is urgent and timely for the HIV and NCD communities. To achieve this humanistic and holistic approach, we present in this report recommendations for donors and development partners of HIV/AIDS programmes, the Rwanda Ministry of Health, HIV and NCD advocates, civil society, community organisations, and researchers.

2.1. THE NEED FOR AN NCD AND HIV INTEGRATED CARE MODEL

Low-and-middle-income countries, including Rwanda, are struggling to manage growing numbers of people living with non-communicable diseases (NCDs), and people living with HIV are at increased risk of developing non-communicable disease (NCD) comorbidities. There have been calls for the integration of HIV and NCD services to increase efficiency and improve coverage of NCD care1, as well as provide a first step towards a health-systems-wide integrated care model.
With basic health infrastructure and essential services in place, health systems should also perform at a higher level and adopt a more humanistic and holistic approach to care, where the individual is recognised as a full person with multidimensional needs. Around the world, people are living longer, but they are typically living with multiple conditions that require long-term care. Unfortunately, many individuals do not receive the necessary, quality care they need. In some countries, just one in three people is informed about the risks associated with their care. One in five people undergoes at least one needless diagnostic test. Health system inefficiencies account for up to 40% of all healthcare costs.[2]

While there is growing recognition and increasing high-level political commitment to person-centred integrated care by the major global health funding mechanisms, there is an urgent need to better understand how integrated services can be supported in practice, and what has worked and what hasn't worked.

The United Nations Political Declaration on HIV, **"Ending Inequalities and Getting on Track to End AIDS by 2030"** adopted in June 2021, includes important targets that demonstrate the global will to achieve universal health coverage through the adoption of people-centred approaches.

Among them is a specific commitment to: **"Investing in robust, resilient, equitable and publicly funded systems for health and social protection systems that provide 90 percent of people living with, at risk of, and affected by HIV with people-centered and context-specific integrated services for HIV and other communicable diseases, non-communicable diseases, sexual and reproductive health care and gender-based violence, mental health, palliative care, treatment of alcohol dependence and drug use, legal services, and other services they need for their overall health and well-being by 2025".** [3]

The adoption of this commitment offers an unprecedented opportunity for the NCD and HIV communities to work together collaboratively, including the development of indicators for monitoring and accountability. NCD screening, diagnosis, treatment, and care, including palliative care and services for mental health and alcohol use disorders, are of great importance to people living with HIV due to their increased risk of NCD co-morbidities and the rising prevalence of NCDs among people living with HIV of all ages, as well as given that people living with HIV and TB are much more susceptible to diabetes, and vice-versa. More to that, there are similar strategies for healthcare service provision required to manage HIV and NCDs. Another impetus for HIV-NCD integration is the need for countries to leverage existing resources in HIV/AIDS services as fuel for NCD programs.[4]

Now, in the lead-up to the UN High-Level Meeting on Universal Health Coverage, in 2023, advocacy efforts to promote integrated, people-centred care are pressing and timely. It is critical that governments provide leadership in the coordination and realising synergies across disease areas, and diverse stakeholders and NCD civil society actively seek to build relationships and join forces to support people living with multiple conditions to ensure

their care needs are met. NCD civil society can play a key role in identifying opportunities and disseminating successes and lessons learned from national efforts to harness global health funding for better integration of services towards UHC and considering implications of such efforts for NCD prevention and care.[4]

In light of the above, the Rwanda NCD Alliance has conducted primary and secondary research in the form of in-country consultative activities, with the aim of building linkages with HIV communities in Rwanda, facilitating dialogues with networks of people living with NCDs and HIV to understand shared needs and priorities, and exploring the national landscape for advocacy opportunities to promote integrated, people-centred care.

This policy report makes recommendations for people-centred care and integration of non-communicable disease (NCD) and HIV/AIDS services as part of UHC, highlighting shared opportunities for improving health outcomes of mutual benefit.

3. OVERVIEW OF METHODOLOGY FOR DEVELOPMENT OF THIS POLICY REPORT

The policy report captures the national context for Rwanda on people-centred care and integration of NCDs and HIV services, underlines shared needs and priorities for integration of care for NCD and HIV communities, and draws recommendations to enforce the integration of NCDs into HIV services.

Ahead of embarking on developing this policy report, the Rwanda NCD Alliance carried out research and different consultative activities, including landscape analysis, stakeholder mapping, and community consultations with people living with NCDs and HIV to map out shared needs and priorities.

More details of the aforementioned activities are provided below:

I.Stakeholder mapping, desk review, and countrywide identification of health centres

We began the study by selecting five organisations working on HIV and NCDs in Rwanda such as Rwanda NGOs Forum on HIV/AIDS and Health Promotion, Health Development Initiative (HDI), AIDS Healthcare Foundation (AHF) Rwanda, Kigali Hope Organization (KHO), and the National Association for Supporting People Living With HIV/ AIDS (ANSP+). The selection was based on their renowned work on HIV services, support for government initiatives and potential to contribute to the advocacy journey for NCDs and HIV integration services. We also manually searched for policies, strategies, and guidelines related to HIV and NCD programmes in Rwanda to explore existing plans for HIV and NCD service integration. We discovered and reviewed 6 documents reflecting on action plans for HIV and NCD services in Rwanda, including:

- The Rwanda Non-communicable Diseases National Strategic Plan July 2014-June 2019,
- Fourth Health Sector Strategic Plan, July 2018 – June 2024,
- National Strategy and Costed Action Plan for the Prevention and Control of Non-Communicable Diseases in Rwanda 2020-2025,
- National guidelines for prevention and management of HIV and STIs,
- Circular of key changes in HIV prevention and management guidelines,
- Rwanda National HIV/AIDS Targets 2018-200-2030

Documents were selected based on whether they were published by the Ministry of Health (MoH) or the Rwanda Biomedical Centre (RBC), the title of the publication, the main goal of the strategy/guideline, the action plan for NCD and HIV integration, and the year of publication.

Furthermore, ten health centres were chosen across the country (1 each in the East, West, North, and South provinces, and 6 in the City of Kigali) to host community conversations with NCD and HIV communities. The finalise list includes the health centers of: Miyove, Mukarange, Kabutare, Rubavu, Rugarama Kanyinya, Kacyiru, Remera, Gikondo, and Kabusunzu. The selection of health centres was based on different criteria, such as geographic representation, whether the health centres have existing relations with the RNCDA, and whether they are prominent in their respective areas.

II. Roundtable meetings to explore NCDs and HIV cross-fertilization advocacy efforts

Five roundtable meetings were held to identify NCDs and HIV cross-fertilization advocacy priorities among stakeholders. This included the five identified organisations working on NCDs and HIV/AIDS (Rwanda NGOs Forum on HIV/AIDS and Health Promotion, Health Development Initiative (HDI), AIDS Healthcare Foundation (AHF) Rwanda, Kigali Hope Organization (KHO), and the National Association for Supporting People Living With HIV/AIDS (ANSP+)) as well as Rwanda NCD Alliance members. Gathered information, insights, and recommendations greatly contributed to the development of this policy report..

III. Community consultations with people living with NCDs and HIV (and other infectious diseases) to map out shared needs and priorities.

To thoroughly explore the shared needs and priorities of NCDs and HIV/AIDS communities in order to promote people-centred care and integration of NCDs and HIV/AIDS services, we conducted 10 focus group discussions in Kigali as well as each province of Rwanda. This was made possible by the heads of selected health centers (Miyove, Mukarange, Kabutare, Rubavu, Rugarama Kanyinya, Kacyiru, Remera, Gikondo, and Kabusunzu), as well as people living with NCDs, AIDS, and people living with both NCDs and HIV at their respective health facilities. The focus groups were led by 5 members of Our Views Our Voices Working Group operating under the supervision and support of the Rwanda NCD Alliance.

This policy report was informed by a total number of 93 informants from the following categories:

- People living with NCDs: 34
- People living with HIV/AIDS: 12
- People living with both NCDs and HIV: 12
- Head of Health Centres: 10
- NCD Focal Persons: 10
- Nurses responsible for HIV clinics: 10
- Representative of 5 organisations working on HIV: 5

4. NATIONAL CONTEXT ON THE INTEGRATION OF HEALTHCARE SERVICES, ESPECIALLY NCDs and HIV SERVICES

The desk review yielded the following publications list, which summarises the context of NCDs and HIV services integration in Rwanda:

4.1. Rwanda Non-communicable Diseases National Strategic Plan July 2014-June 2019

Integrated care for NCDs and HIV is not a new concept in Rwanda's NCD strategic plans. This is proudly supported by the Rwanda Non-communicable Diseases National Strategic Plan July 2014-June 2019. The NCD strategic plan emphasises decentralisation of care as well as integration of NCDs and HIV care, with 5 Community Health Workers trained per village in chronic and palliative care, including adherence support for advanced chronic conditions such as HIV, heart failure, insulin-dependent diabetes, and cancers, as well as trained in an evidence-based group psychotherapy technique and providing home-based care to people living with chronic conditions.[5]

4.2. Fourth Health Sector Strategic Plan, July 2018 – June 2024 (HSSP IV)

The Fourth Health Sector Strategic Plan, July 2018 – June 2024 (HSSP IV) clearly demonstrates strategic direction of NCDs and HIV as cross-cutting issues, where by 2024, "to strengthen inter-sectoral collaboration for effective prevention and control of NCDs and HIV using synergistic multi-sectoral strategies for sustainable improvement of health outcomes in the population of Rwanda".[6]

HSSP IV does not include strategies for integrating NCD and HIV prevention and control as a pragmatic approach to address the growing burden of NCDs and HIV.

4.3. National Strategy and Costed Action Plan for the Prevention and Control of Non-Communicable Diseases in Rwanda 2020-2025:

The National Strategy and Costed Action Plan for the Prevention and Control of Non-Communicable Diseases in Rwanda 2020-2025 was launched in November 2021 with an overarching goal **"By 2025, reduce premature mortality from NCDs by 25 percent".** The Government of Rwanda, through the Ministry of Health, called upon all health staff, partner government ministries, and all stakeholders to contribute to a healthy and prosperous nation, highlighting how addressing NCDs requires an expansive, integrated, health system approach, rather than looking at individual programmes in isolation. In its strategic objective 2, strengthening health systems for quality NCD early detection, care, and treatment at all levels, priority area 2 on NCD service delivery calls for the integration of NCD screening, treatment and care into other services, focusing on HIV/AIDS, TB and maternal, child and community health (MCCH) services.

The document highlights that key issues facing NCD programing and governance in Rwanda, include a minimum integration of NCD prevention and control with key public health care platforms such as HIV/AIDS, TB, family planning, maternal and child health. Furthermore, some of the most expensive methods of care for NCDs are not covered by Community-

Based Health Insurance (CBHI) schemes. In addition to this, one weakness identified in the SWOT analysis for integration of NCD prevention and control services has been associated with a lack of specialised comprehensive disease management centres (e.g. cancer or CVD centres).[7]

4.4. National guidelines for prevention and management of HIV and STIs

The National Guidelines for Prevention and Management of HIV and STIs (Sexual Transmitted Infections) do not state clearly that NCD and HIV care are or must be integrated. However, patient classifications and synchronizations of different visits demand health providers at the health facility level to use patient registers and patient charts to classify patients receiving ART in various categories, with special consideration given to people living with NCDs. Exclusively, guidelines initially classify ineligible people living with HIV and NCDs for differentiated service delivery until their conditions have stabilised. Furthermore, guidelines recommend encouraging children on ART to be screened for NCDs in order to monitor treatment response and potential toxicity of ARV drugs.[8]

4.5. Circular of key changes in HIV prevention and management guidelines

In the key changes in HIV prevention and management guidelines, there is no consideration of integrated screening or management of NCDs in people living with HIV (PLWHIV).[9]

4.6. Rwanda National HIV/AIDS Targets 2018-2020-2030

According to the Rwanda National HIV/AIDS Targets 2018-2020-2030, the integration of HIV services in the broader health system remained a strong characteristic of the Rwandan HIV response, which included linkages between preventive and curative services, as well as community-based and facility-based interventions, in national programmatic responses to the AIDS epidemic. However, NCDs have not been mentioned in specific.[10]

5. KEY FINDINGS & DISCUSSION

The national context on NCD-HIV services integration demonstrates unequivocally the commitment of the Government of Rwanda through the Ministry of Health to integrate healthcare services. Thus, moving from paper-based commitments to action is a critical step, given that the identified challenges with NCD programing and governance in Rwanda are significant roadblocks to achieving Universal Health Coverage (UHC) and successfully integrating NCDs into existing health services.

Based on the publications analysed, it is evident that Rwanda's NCD response supports, promotes and is set to implement the integration of NCD prevention, early detection, care and treatment at all levels, with HIV care services. HIV programmatic responses, on the contrary, still need to further recognise and emphasise NCDs in the context of the broader health system, given that current literatures show that people living with HIV have a significantly higher risk of NCDs including cardiovascular disease (hypertension), cancers, depression and diabetes in comorbid with Tuberculosis.[11]

Through the consultative activities, it was revealed through the sample of organisations selected for the study that HIV/AIDS and NCDs are addressed in silos. Acknowledging the driving forces behind the integration of NCDs and HIV/AIDS services, which lay a foundation on the current evidence that ***people living with HIV are at significantly higher risk of cardiovascular disease (mostly hypertension), diabetes, depression, and cancers, as well as to ensure optimal use of available resources while tackling the dual burdens of HIV and NCDs.*** Stakeholders working on HIV are committed to introducing integrated NCD-HIV services in their particular areas of work such as prevention (awareness campaigns), screening, diagnosis, and care.

> "In light of the global increase in NCD cases among HIV-positive people, and benefits of NCD-HIV service integration, our organisation commits to introduce different campaigns to raise public awareness of this tragic incident, and advocate for an integrated care model." **Roundtable Conversation Participants."**

During the focus group discussion, the heads of the ten health centres selected for this study (Miyove, Mukarange, Kabutare, Rubavu, Rugarama Kanyinya, Kacyiru, Remera, Gikondo, and Kabusunzu), reiterated that the NCD and HIV clinics operate independently. However, due to the increasing incidence of NCD co-morbidities, especially hypertension in HIV-positive people, two of the ten health centres, ***upon their internal arrangement,*** are initiating planning to introduce NCD screening in HIV clinics to support and promote NCD early detection in people with HIV/AIDS and integrated, people-centred quality care services. What's more, those health centres have begun to assess whether it is feasible to start scheduling shared medical appointments for people living with both NCDs and HIV conditions in order to reduce missed appointments and time spent at health facilities.

> "(...) you are right, we discovered a significant number of hypertension 1, 2 and hypertensive crises in people with HIV/AIDS at our HIV clinic. The integration of NCD and HIV services is a better approach to achieving universal health coverage and positive patient outcomes." **HIV nurse, Focus Group Discussion Respondent."**

People living with both NCDs and HIV presented challenges they face while seeking healthcare at their respective health facilities, ranging from lack of awareness, stigma, too much time spent attending medical appointments since they must attend separate

appointments, one for HIV followup and medication refill and another for NCD followup and medication refill. It was also found that there is no NCD awareness and screening in HIV clinics, and in addition to this most people living with HIV and NCDs experienced late detection for NCDs.

A high number of HIV service beneficiaries do not pay Community-Based Health Insurance, given that they receive free ART (HIV treatment regimen), commonly referred to as program-supported medicines. Community-Based Health Insurance (CBHI) is the most common type of insurance in Rwanda; it is a universal health insurance scheme founded in 2004 to ensure that every Rwandan has access to equitable and high-quality health care. It covers 90% of healthcare costs at all levels of the healthcare system.[12] The hesitancy to pay for Community-Based Health Insurance (CBHI) for people with HIV results in a delay in enrollment in an NCD clinic once diagnosed with any NCD.

These shortcomings raise the point of the importance of whole-of-person care, and how meaningful involvement of people living with HIV and NCDs can be pivotal in reshaping how these clinics and healthcare provision are organised, managed and provided. Focus group discussion participants mentioned that they are not currently involved in or collaborating with healthcare providers when it comes to their care. This would be a substantial impediment to overall care and integration in Rwanda, since integration addresses individual needs through whole-of-person care.

Besides that, the healthcare team members who were part of the focus group discussions, as well as the roundtable discussions, anticipated that the integration of NCDs and HIV services would face some challenges, such as increased workloads at the HIV clinic, the need for increased training for healthcare professionals, and potential effects on other services provided by the same health facility.

> "I sometimes think I can give up attending medical appointments given that I can attend more than twice a week and travel a longer distance. This takes up time that I would otherwise devote to working and providing for my family. I regain spirit when I think of the severity of both conditions." **Focus Group Discussion Respondent, Living With Both HIV and NCDs.**

People-centred care involves tailoring health services to people's needs and delivering these services in collaboration with the people rather than just providing them. Integration of healthcare services necessitates fundamental changes in the approach to healthcare and presupposes reconsidering how healthcare is organised, managed, and provided. It entails moving away from the question, "**What's the matter with you?" to "What matters to you?"** Integrated people-centred health services would benefit Rwanda to reach all individuals, families, and communities, while also strengthening bonds between people living with NCDs/HIV and healthcare providers, increasing access to healthcare services and propelling the country toward achieving Universal Health Coverage.

Based on the desk review, the NCD response in Rwanda is set to implement the integration of NCD prevention, early detection, care and treatment at all levels, with HIV services, but the HIV movement must further recognise the importance of integration of NCDs with HIV services. Through the Focus Group Discussions conducted, the NCD and HIV community stated that they must attend different medical appointments for NCDs and HIV, which has been costly in terms of time and quality of care, with many experiencing delayed NCD detection, and being uninvolved in the care they get. In addition to addressing the root issue of stigma, NCD and HIV communities called for NCD awareness and screening services in

HIV clinics to promote NCD early detection among people living with HIV. Among others, HIV clinic nurses expressed concern regarding workloads at the HIV clinic, as well as training to accomplish required tasks if NCD and HIV services are integrated. Roundtable meetings with organisations working on HIV/AIDs demonstrated that they are willing and supportive of campaigning for NCD and HIV service integration, despite the fact that the majority of them had no NCD and HIV integrated activities. Moreover, it was spotlighted in both focus group discussions and roundtable meetings that the government, through the Ministry of Health, would look for alternative programme funding to achieve integration of NCDs and HIV services, taking into account health facility structural changes, adapting to health technologies, and capacity building for healthcare staff.

To successfully overcome substantial stumbling blocks and achieve people-centred care and NCD and HIV service integration, we must evaluate and monitor the implementation of NCD and HIV integration to learn about its effectiveness, challenges, and recommendations for improvement. Integrating and addressing NCD co-morbidities with HIV and other health services will improve patient outcomes and reduce premature mortality across the country, hence accelerating progress toward universal health coverage.

6. RECOMMENDATIONS

Following a review of the accessed publications and responses to our consultative activities (roundtable discussions, focus group discussions, as well as a validation workshop) on people-centred care and integration of non-communicable disease (NCD) and HIV/AIDS services, the following recommendations have been developed:

6.1. DONORS AND DEVELOPMENT PARTNERS OF HIV/AIDS PROGRAMS

- Prioritise the integration of NCD interventions in funding frameworks to promote integrated, person-centred, and high-quality care services;
- Provide funding and technical support for data collection, monitoring, and evaluation of access to care and quality of life as well as integration of HIV and NCD care services as a way to drive Universal Health Coverage;
- Ensure meaningful involvement of people living with and affected by HIV who also live with NCDs in strategic decision-making and accountability processes, to understand their full health care needs to improve quality of life and physical and financial barriers to access, including accountability for progress towards Universal Health Coverage. For further information, refer to the Greater Involvement of People Living with HIV/AIDS principle[13] and the Global Charter on the Meaningful Involvement of People Living with NCDs[14]

6.2. MINISTRY OF HEALTH AND RWANDA BIOMEDICAL CENTRE (RBC)

- Update national HIV guidelines to include detailed guidance on prevention, testing, referral and treatment of NCDs for people living with HIV to align with 2021 WHO recommendations on service delivery for the treatment and care of people living with HIV[15];
- Scale up and introduce enabling policies and investments in:
  - ➞ Strengthening primary care, considering capacity building and task sharing to bolster the capacity of the health workforce, especially HIV clinic nurses to identify and treat NCDs and NCD risk factors among people living with HIV, as well as introduction of procedures and protocol on shared medical appointments for people living with both NCDs and HIV conditions;
  - ➞ Supply chains for medicines and associated products, considering the coordination of simultaneous multi-month dispensing of HIV and NCD medications for people living with both NCDs and HIV conditions;
  - ➞ Digital health and health information systems that consider the integration of patient data, strengthening of referral systems and monitoring of care in all primary health care facilities;
- Meaningfully engage with and support people living with HIV and NCDs, communities and stakeholders to develop, lead, implement, and monitor progress (including community-led monitoring of quality services) toward a country-led and context-driven agenda, and to leverage HIV platforms;
- Encourage donors and development partners to integrate NCD prevention and care into their existing funding frameworks, to develop more resilient and sustainable health systems.
- Enforce and invest in the implementation of guidelines and practices for NCD screening and detection in HIV clinics, with the input of people living with NCDs and HIV during this process

- Share information and promotions on the benefits of the Community-Based Health Insurance (CBHI) scheme, particularly for the HIV community.

6.3. HIV AND NCD ADVOCATES, CIVIL SOCIETY, COMMUNITY ORGANIZATIONS AND RESEARCHERS

- Convene relationships between NCD and HIV advocates through empowering people living with NCDs and HIV and contributing to evidence-based policies and practises on NCD and HIV services integration.
- Raise awareness of the need for both HIV and NCD services and advocate for integration through existing networks, campaigns, and other civil society-led advocacy and accountability initiatives;
- Use existing HIV funding and programme platforms to advocate for NCD care integration for people living with HIV;
- Create and disseminate contextualised, person-centred, evidence-based advocacy campaigns and knowledge on NCDs and NCD risk-factors for people living with HIV in order to mobilise communities living with HIV and NCDs to call integrated and user-friendly services as well as sharing on successes and lessons learnt from integrative services.

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