POLICY BRIEF

NCD-HIV SERVICES INTERGRATION

TANCDA Tanzania NCD Alliance

2022

Acknowledgements

This policy brief on the integration of non-communicable diseases (NCDs) with HIV prevention and care services draws from NCD Alliance's 'Our Views, Our Voices' initiative to promote integration across the global NCD response. Consultative efforts to produce this policy brief were supported by the NCD Alliance as part of its partnership with The Leona M. and Harry B. Helmsley Charitable Trust.

Special thanks to Tanzania NCD Alliance (TANCDA) members and the NCD clinics of Shree Hindu Mandal Hospital, Temeke Referral Regional Hospital Vijibweni Hospital and The National Council of People Living with HIV NACOPHA who facilitated the recruitment of people living with NCDs and HIV. Special thanks to people living with NCDs and HIV who shared their perspectives and asks during the consultations, and whose efforts were pivotal to building this policy brief.

Thanks to Professor Andrew Swai, Professor Kaushik Ramaiya, Dr Tatizo Waane, Happy Nchimbi and Vivid Maimu of TANCDA who were involved in spearheading the consultative efforts with people living with NCDs.

This policy brief was reviewed by members of TANCDA (Hilda Missano and Mr. Waziri Ndonde), people living with NCDs (Ms. Arafa Saidi, Ms. Neema Mohamed and Norbert Silayo), people living with HIV, Ministry of Health (NCD unit) and other key stakeholders including the Management and Development for Health, The National Council of People Living with HIV (NACOPHA), MEDITRONIC LAB, Ministry of Health TB and Leprosy program, Tanzania Diabetes Association (TDA), Tanzania Commission for AIDs (TACAIDs), ILALA council HIV and NGOs coordinators, Nutrition, Health and Sustainable Development Centre (NUDEC) , and Grassroots Initiative for Youth and Elderly Development Organization before being finalized. Thanks also to Ms. Katrina Barker and Ms. Cristina Parsons Perez of the NCD Alliance for their collaboration and inputs.

Published by Tanzania NCD Alliance (TANCDA)
Copyright © 2022 Tanzania NCD Alliance
Printed in Dar es Salaam, Tanzania
Editorial Team: Happy NCHIMBI and Katrina Barker
Released in 2022

Tanzania NCD Alliance
P.O.Box 65201
Dar es Salaam, Tanzania
Tel +255 22 2152119,+255 754764465
Fax +255 22 2150312
Email:info@tancda.or.tz,
web:www.tancda.or.tz

The Case for Integration of NCD and HIV services in Tanzania

Global mortality attributable to non-communicable diseases (NCDs) occurs in more than 36 million people annually with 80% of these deaths occurring in resource-limited countries. People living with HIV are at an increased risk of NCD comorbidities, including cardiovascular diseases such as hypertension, depression, diabetes, cervical cancer, and several other cancers. Among people living with HIV and AIDS, studies have reported higher prevalence of NCDs compared to the general population.

This is no different in the Tanzania context, where the burden of NCDs and the risk of people living with HIV developing NCD comorbidities is rising. Causes of this can be attributed to a range of factors, including the impact of HIV, HIV treatment or lack of adherence to treatment, as well as the ageing cohort of people living with HIV. A study conducted in 2022 on the prevalence of NCDs among people living with HIV in Dar es Salaam, Tanzania (Irene Kato et al.), analyzed 612 people living with HIV enrolled in antiretroviral therapy (ART), half of whom were using ART and others were not. A correlation was found between long-term use of antiretroviral drugs and NCDs; hypertension was documented in 25.2% of those on ART compared to 6.9% of those not using. Impaired glucose tolerance was found in 22.9% and 4.6% among those using ART compared to those not, and diabetes mellitus was detected in 17.0% of those on ART compared to 3.9% not. Conversely, studies have found correlations between mental health conditions such as depression and lack of adherence to ART and thus poorer HIV outcomes, which is more pronounced in LMICs.

People living with multiple chronic conditions including NCDs and HIV accrue a disproportionate health and cost burden (Marengoni et al., 2011) and experience difficulties in accessing care, particularly for NCDs due to costs associated with treatment and accessing facilities offering NCDs services.

In Tanzania HIV care and services are free at all levels but it's not the case with the NCDs, where you need to have Insurance card or incur costs from the pocket. More than half of people living with multiple chronic conditions often need to refer to three or more different physicians, as well as face higher out-of-pocket healthcare expenditures (Medical Expenditure Panel Survey, 2006). Stronger, integrated, equitable health systems are thus critical to address the challenges in order to progress towards UHC.

Key Facts about the Linkages between HIV and NCDs

- CARDIOVASCULAR DISEASE, CVD is a significant cause of morbidity among PLHIV, including - in some settings - among those under 40.16 The risk of CVDs is increased by up to 50% among PLHIV due to a combination of factors, including HIV infection itself, ART and HIV-induced metabolic effects. (1)
- DEPRESSION • PLHIV are twice as likely to experience depression than people without HIV. Depression is one of the most prevalent mental health comorbidities in people living with HIV in LMICs and high-income countries, although there is a higher prevalence rate of depression in LMICs.(2)
- DIABETES, PLHIV are more likely to have Type 2 diabetes than people without HIV. Some ART may increase the risk of Type 2 diabetes in PLHIV.(3)
- CANCER, PLHIV are at higher risk of certain cancers than individuals without HIV, including lymphoma, cervical cancer, and Kaposi's sarcoma

1. Vos A., Tempelman et el, 2017. HIV and risk of cardiovascular disease in sub-Saharan Africa: Rationale and design of the Ndlovu Cohort Study, European Journal of Preventive Cardiology, [online],
2. Rezaei et el 2019. Global prevalence of depression in HIV/AIDS: a systematic review and meta analysis. BMJ Supportive & Palliative Care,
3. AIDS map, 2021. Type 2 diabetes and HIV. [online]. Available at: https://www.aidsmap.com/about-hiv/type-2-diabetes-and-hiv

As part of a Universal Health Coverage (UHC) and primary healthcare (PHC) focus, extending affordable NCD services to all who need them is essential, and has received increasing political attention over the past decade. Significantly, a formal commitment to invest in publicly funded, equitable health systems providing integrated care with respect to HIV/AIDs services was made in the recent Political Declaration on HIV/AIDS adopted at the UN General Assembly in June 2021.

The commitment recognizes the central role of integration and whole-of-person care and sets a goal for contextually appropriate integration of services, including for NCDs, for 90% of people living with, at risk of, or affected by HIV by 2025.

Advocacy efforts to promote integrated, people-centered care are pressing and timely. It is critical that governments provide leadership in coordination and collaboration across disease areas, and that NCD civil society actively seeks to build critical linkages between stakeholders from the NCD movement with the HIV movement and other health areas with shared agendas.

Accordingly, this policy brief outlines current challenges and shared priorities around integration of NCD and HIV services, and proposes a set of recommendations to advance the integration agenda in Tanzania.

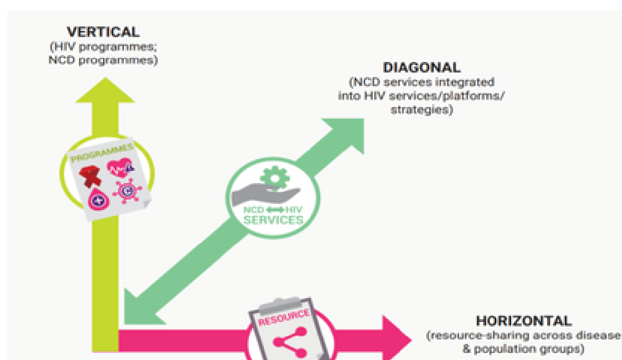
Methodology for Development of this Policy Brief

The consultative activities that contributed to this policy brief involved 67 people living with HIV and NCDs. These individuals are associated with clinics in the Dar es Salaam and Pwani regions in both private and public hospital facilities (Shree Hindu Mandal Hospital, Temeke Referral Regional Hospital, Vijibweni Hospital and Mkuranga District Hospital), as well as NACOPHA, an organization dealing with people living with HIV.

The specific activities included 3 focus group discussions (FGDs) involving 22 people living with NCDs and HIV, in-depth interviews (IDIs) involving 11 people living with NCDs and HIV, and a multi-stakeholder meeting involving 34 people living with NCDs and HIV as well as participants from the following 10 organizations: Ministry of Health NCD Unit, Management and Development for Health (MDH), The National Council of People Living with HIV (NACOPHA), MEDITRONIC LAB, Ministry of Health TB and Leprosy program (MoH), Tanzania Diabetes Association (TDA), Tanzania Commission for AIDs (TACAIDs), ILALA council (including both HIV and NGO coordinators), Health and Sustainable Development Centre (NUDEC), Grassroots Initiative for Youth and Elderly Development Organization (GIYEDO).

The general format of the consultative activities was through open discussions; for the FGDs, participants were arranged into groups of 6-8 people whereby questions were presented and each participant was given the opportunity to respond. The IDIs were one-to-one interviews where questions were open-ended, enabling participants to freely share their challenges, lived experiences and recommendations. Prior to the stakeholder meeting, the first draft of this policy brief was compiled based on the findings from the FGDs and IDIs, and then presented during the meeting. The stakeholders from different organizations, as well as people living with NCDs and HIV, were given the chance to contribute their feedback particularly with regards to the recommendations presenting at the end of this brief.

Service delivery approaches



Overview of Key Findings

Based on the findings of the consultative activities, most people are receiving care for HIV and NCDs separately, and often must attend clinic appointments on different days. At HIV clinics, participants stated that they only receive HIV treatment and counselling, and are not provided with any NCD services besides basic health screenings such as checking of heights and weights.

People living with HIV and NCDs revealed that the specific challenges they face span from prevention and screening to access and quality of treatment. They expressed that there is lack of education and awareness around understanding and recognizing the symptoms of NCDs, and that there is lack of diagnostic facilities for NCDs at HIV clinics resulting in issues with late diagnosis. Furthermore, there are low numbers of health services providers and hence limiting the ability to deliver HIV and NCD services at once; this lack of coordination is exacerbated by the absence of a comprehensive data system linking patient information across facilities. As most people live below the poverty line, the high costs of NCD care and unaffordable health insurance schemes mean restricted access to essential services, and multiple visits to health facilities for HIV and NCD care means high transport costs. Finally, unavailability of NCD medicines was also flagged as a key issue.

Advantages of NCD integration for the health system and patients mentioned by people living with NCDs and HIV includes

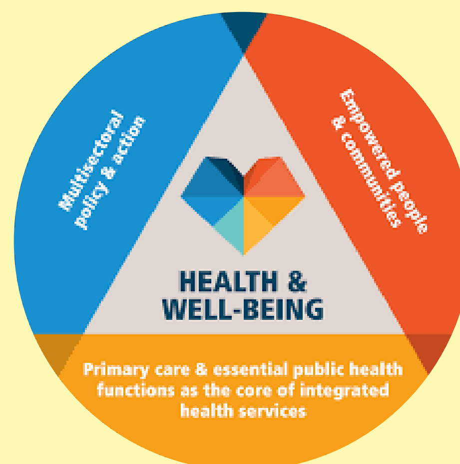
- Reduction in duplication and fragmentation of services by reducing multiple visits
- Reducing costs and inconvenience for patients with multiple morbidities.
- This will help in coordinating on NCDS and HIV among the clinics regionally, district etc.
- Integration of NCDs within HIV clinics is a good avenue for diagnosis improvement and identification of undiagnosed NCDs among patients living with HIV

In terms of recognizing the advantages and need for integration, stakeholders from the NCD/HIV movement and people living with HIV and NCDs expressed the importance and need for NCD-HIV integration. They seconded the importance of integrating NCD and HIV services as a way to increase much-needed coverage of NCD services and advance potential improvements in health outcomes for people living with HIV.

Recommendations for Integration of NCDs with HIV Prevention and Care Services: Government

- Strengthen the capacity of health systems to provide integrated care of NCDs and HIV
    - Increase availability of diagnostic equipment and screening services for NCDs at HIV clinics
    - Implement training programs for healthcare providers in the HIV clinics to detect and control NCDs
    - Increase overall employment of healthcare providers to boost capacity of the health workforce
    - Introduced guidelines for integration at HIV clinics for uniformity of service provision
    - Establish a committee on NCD-HIV integration led by the Prime Minister's Office
    - NCD unit should work closely with HIV and TB programs within Ministry of Health.
    - Establishment of a fund for HIV-NCD integration to achieve the 90% integrated care target

TANCDA Tanzania NCD Alliance



Recommendations for Integration of NCDs with HIV Prevention and Care Services: NGO's and Civil Society Organizations

- **Involve people with lived experience in planning and program design**
    - Introduce training for people living with NCDs and HIV to equip them with knowledge and skills to contribute to developing policies and strategies on integration
    - Create peer support groups, including a 'Champions Group' for people living with NCDs and HIV to inspire others through their lived experiences and spread awareness on integration
- **Strengthen collaboration among stakeholders and communities**
    - Channel NCD interventions into existing 'vertical' programs like HIV and TB programs led by Ministry of Health