

Integration of HIV and noncommunicable disease care

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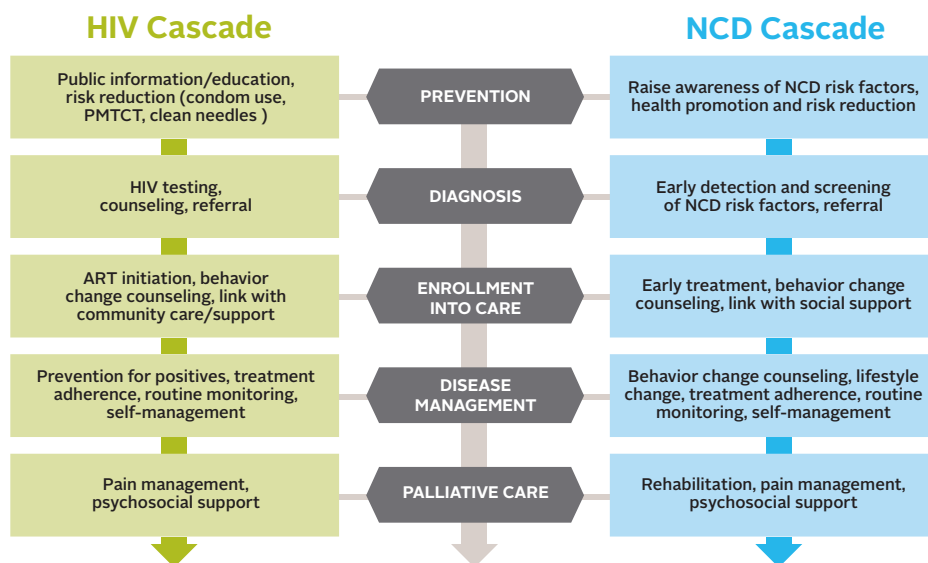
A core part of FHI 360's mission is to improve the overall health of communities around the world. We work across disciplines to improve outcomes and develop interventions that have the greatest impact. FHI 360 has been at the forefront of the AIDS epidemic and also provides leadership to address the emerging global health issue of noncommunicable diseases (NCDs), which include cardiovascular disease (CVD), diabetes and mental health.

According to 2012 estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS), 35.3 million people globally were living with HIV while 1.6 million died from AIDS-related illnesses. The World Health Organization (WHO) estimates that more than 36 million people each year die from NCDs.

Given that the needs of NCD and HIV programming often intersect, FHI 360 integrates accessible and affordable clinical care and prevention for NCDs with HIV programs. Integration strengthens the capacity of health systems to address the full range of needs for HIV patients, at both the community and facility level.

Using the HIV cascade model to prevent and treat NCDs

As the treatment options for HIV have expanded and improved, management approaches have transitioned from acute, emergency care to chronic care. Through experience, we have learned that chronic care management for HIV is a platform that can be leveraged to integrate NCD services that are otherwise lacking. The similarities in prevention, detection, care and long-term management of HIV and NCDs, as shown in the chart, highlight such opportunities.



Cardiovascular disease and HIV

CVD is the leading cause of mortality and morbidity globally, claiming 17.3 million lives per year, according to estimates by WHO. Increasing evidence describes how the interplay of traditional risk factors for CVD, HIV and antiretroviral treatment (ART) lead to an increased prevalence of CVD among HIV-infected individuals. This increased risk is a result of several factors: the HIV disease itself, HIV treatment, higher NCD behavioral risk factors among people living with HIV (such as tobacco use), longevity as a result of ART and an escalating NCD epidemic in the general population that includes people living

About FHI 360: FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender equality, youth, research, technology, communication and social marketing — creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 70 countries and all U.S. states and territories.



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with HIV. Leveraging existing HIV programs provides an avenue by which to successfully integrate CVD services. Our experience indicates that CVD and HIV service integration is both feasible and acceptable in resource-limited settings.

FHI 360's key initiatives to integrate NCD and HIV services

Zambia

As part of the Zambia Prevention, Care and Treatment Partnership (ZPCT II), funded by the U.S. Agency for International Development (USAID), FHI 360 developed a chronic HIV care checklist for clients receiving HIV counseling and testing, prevention of mother-to-child transmission and ART services. This checklist also helps clinicians identify hypertension, diabetes and other conditions.

Kenya

In collaboration with the Ministry of Health and the Kenya Cardiac Society, FHI 360 introduced the integration of biomedical and behavioral screening for CVD and diabetes risk factors within existing HIV services. The integration project began in five USAID-supported AIDS Population and Health Integrated Assistance (APHIA) II project sites in Rift Valley and Coast provinces. Results from this pilot program have been incorporated into national guidelines to ensure that routine screening for CVD and diabetes is included in HIV management.

Nigeria

FHI 360 supports the implementation of a comprehensive chronic care approach to the management of HIV through the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project. This project, funded by USAID, operates in public health care facilities and community support groups in 15 states. The chronic care model ensures that HIV clients are routinely screened for CVD and associated risk factors.

Vietnam

FHI 360 provided technical assistance to the Van Don District Hospital to pilot a program integrating mental health screening and services into HIV palliative care and treatment services. Through this program, funded through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), clients referred for mental health services were assessed by a counselor to determine the degree of their anxiety or depression and to develop a treatment plan, including interventions such as one-on-one cognitive behavioral therapy, group counseling, meditation and yoga, and medical treatment for those with moderate-to-severe depression and anxiety. PEPFAR-supported government clinics across the country have adopted a simplified version of the assessment and supports used in the pilot.

Eastern Africa

Through the ROADS to a Healthy Future (ROADS II) project funded by USAID, FHI 360 led community-based interventions to address alcohol abuse across Kenya, Rwanda and Tanzania. For example, in Busia, Kenya, we introduced substance abuse counseling linked with ART referral in over 100 groups for people living with HIV. Additionally, we conducted a series of rapid assessments on the harmful use of alcohol in our target communities and participated in an assessment of policy and programmatic responses to alcohol use and HIV in Kenya, Rwanda and Zambia.

REFERENCES

- 1 Rotger M, Glass TR, et al. Contribution of genetic background, traditional risk factors, and HIV-related factors to coronary artery disease events in HIV-positive persons. *Clin Infect Dis*. 2013;57(1):112-21.
- 2 Shirley DK, Kaner RJ, et al. Effects of smoking on non-AIDS-related morbidity in HIV-infected patients. *Clin Infect Dis*. 2013;57(2):275-82.