

New Trends for HIV Clinical Platforms: Prevention, Care, and Treatment of NCDs

Concurrent Session | Oct. 8, 2015 | 11:00am - 12:30pm | Balcony Room E

Moderator: Mychelle Farmer, Jhpiego

Speakers: Susan Vorkoper, Fogarty International Center, National Institutes of Health; Rebecca Dirks, FHI 360; Jason Sreedhar, Global Health Fellow, Public Health Institute; and Amisha Gandhi, National Institute of Mental Health

Overview

Non-communicable diseases (NCDs) include chronic diseases, such as heart disease, diabetes, cancer, and respiratory diseases, and these conditions are responsible for more deaths in low- and middle-income countries than infectious diseases. Although there are many factors contributing to the high prevalence of NCDs, many adults infected with HIV can experience one or more of these conditions. This session provided information supporting integrated care and treatment for NCDs within HIV clinical care programs. Experts in HIV and chronic diseases are now taking a closer look at correlations between these conditions, and participants learned about their work during this concurrent session. They also had the opportunity to learn from CORE Group members who developed successful programs to address the dual burdens of HIV and NCDs. This session gave participants an opportunity for small group discussions about integrating NCD care into their organizations' health programs.

By the end of this session, participants were able to:

- Describe the importance of HIV clinical platforms for the prevention and control of NCDs in low- and middle-income countries.
- Identify at least two ways that clinical programs can be strengthened through improved dialogue with the research community.
- Identify at least two challenges clinical programs experience as they integrate NCDs into HIV care and treatment.

- 1) Research to Guide Practice: Enhancing HIV/AIDS Platforms to Address NCDs in Low-resource Settings
Presented by: Linda Kupfer and Susan Vorkoper, NIH/FIC

As HIV has evolved from a “death sentence” to a chronic condition people live with, the NIH conducted research to guide practice that can address how to treat NCDs in people living with HIV in low- and middle-income countries. Priority NCDs for people living with HIV are cervical cancer, cardiovascular disease (CVD)/stroke, depression, and diabetes. For this work, the NIH conducted a literature analysis and identified priority research questions with Technical Operating Groups to examine four countries' NCD and HIV policies from September 2014-July 2015. This process included key informant interviews with Ministry of Health officials and academics, and contributed to the leDEA network survey on health sites' NCD capacity.

A sample of the priority research questions:

1. What is needed for successful integration?

2. What are the optimal program models to link PLHIV to care/management and retention of those patients in HIV programs?
3. What kind of systematic interventions might be used to promote readiness and capacity for integration of NCD diagnosis and treatment strategies into current health care structures?

After the research phase, they conducted a landscape analysis to action at a 2nd annual meeting on July 29-30, 2015 to identify research questions, develop an actionable strategy to address the questions, and leverage the skills and influence of people and organizations at the meeting.

Current project activities:

1. Incorporating NCD-PLHIV questions into existing surveys.
2. Developing a country-led compendium of existing NCD protocols' policies and guidelines.
3. Refining and prioritizing HIV-NCD integration implementation science research questions.
4. Comparing current HIV-NCD integration models.
5. Prioritizing and developing NCD awareness resources for PLHIV.
6. Editing and publishing landscape analyses.

2) Experience from the field: CVD/HIV integration

Presented by: Rebecca Dirks, FHI 360

FHI 360 integrates CVD screening, treatment, and services in various USAID-funded HIV programs, and partners with Ministries of Health, USAID, and local non-communicable disease institutions.

Target populations for CVD risk assessments:

1. HIV counseling and testing clients.
2. HIV-positive clients in care.
3. ART clients.
4. PMTCT clients.

Through the USAID-funded Zambia Prevention, Care and Treatment Partnership, FHI 360 provides chronic care screenings during HIV counseling and testing, ART, and PMTCT services at health centers and hospitals. The program screened 75,000 clients from May 2010-December 2013. Screenings use a checklist that examines NCD-related risk factors (BMI, hypertension, diabetes) and other health concerns (tuberculosis and gender-based violence). Following these screenings, FHI 360 is studying facilitated referrals for depression within Zambia's chronic care model. For this step, two hospitals will use facilitated referrals to support services for diabetes and depression among HIV patients. From HIV and NCD integration programs in Zambia, Kenya, and Nigeria, FHI 360 has learned this integration is feasible, effective, and cost-effective; strengthens the capacity of health systems to address HIV patients' needs; offers a platform for reaching patients, regardless of their HIV status; and offers the opportunity to reduce stigma as services are also available for clients who do not have HIV. However, challenges still exist, including disparities in out-of-pocket expenses for NCD and HIV, inadequate health systems' capacity for addressing NCD services, and poor national and global funding for NCD programs.

Notes from Research Break-out Group

- Focus on prevention vs. training and treatment.
- Get involved with:
 - Doctors, nurses, and community health workers (CHWs).

- WHO, UN, and other advocacy organizations.
- Researchers should speak with implementers.
 - Should avoid doing the same projects as often and be more efficient; incorporate monitoring and evaluation and stringent standards.

Notes from Programmatic Challenges Break-out Group

How can you build a platform that will integrate?

- Be engaged at all levels of action—work within common sites.

Discussion

- Need to connect research in the lab to on-the-ground work in countries.
- Focus on the importance of implementation science—as the world is shrinking, so is the research field, thus integrating NCDs into care and treatment is important.
- CHWs are not always considered “cutting edge” in research, but they can be a great cadre for putting together new ideas and approaches.
- Need to better measure impact.
- Need to advocate to governments the importance of integrating NCD services into HIV care.