



Non-communicable diseases service integration with a community-based HIV care and treatment activity in Ethiopia



E.S. Ebrahim¹, D.A. Tsegaye¹, G.A. Bikis¹, F. Shiferie¹, A. Tekeste¹, A. Hayes², E. Liddell², L. Wogayehu¹, L.A. Mekuria¹, and Afework Negash³
¹Project HOPE, Addis Ababa, Ethiopia; ²Project HOPE, Washington DC, United States; ³USAID, Addis Ababa, Ethiopia

Poster Number: **WEPEE614**

Abstract AS-AIDS-2024-08231

Presenting Author: **Endris Seid Ebrahim**

Email Address: **eseid@projecthope.org**

Category: **E8: Integration of HIV services with other health and support services**

endris_seid06@yahoo.com

1. Background

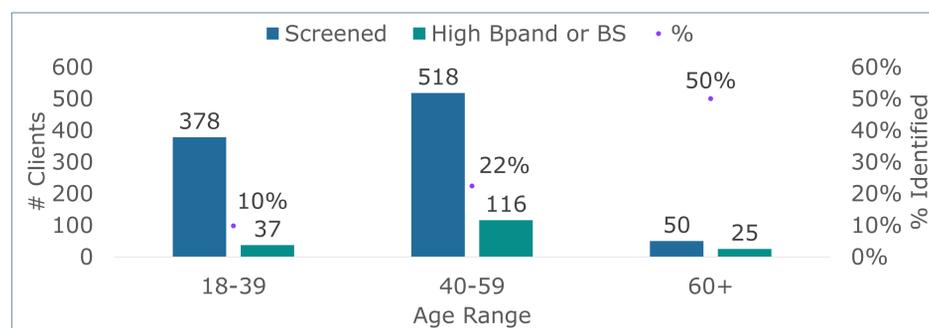
- ➔ Non-communicable diseases (NCDs) pose an increasing health challenge to people living with HIV (PLHIV) in developing countries.
- ➔ Despite PLHIV having a higher risk of developing NCDs, clinical follow-up visits are often limited due to the use of differentiated ART refilling models.
- ➔ In Ethiopia, the USAID-funded Community-based HIV Care & Treatment (CHCT) activity integrated NCD services to provide an innovative and cost-effective approach to early detection and mitigation of NCDs among PLHIV.
- ➔ We analyzed the pilot integration services with the CHCT activity in community settings.

2. Program Description

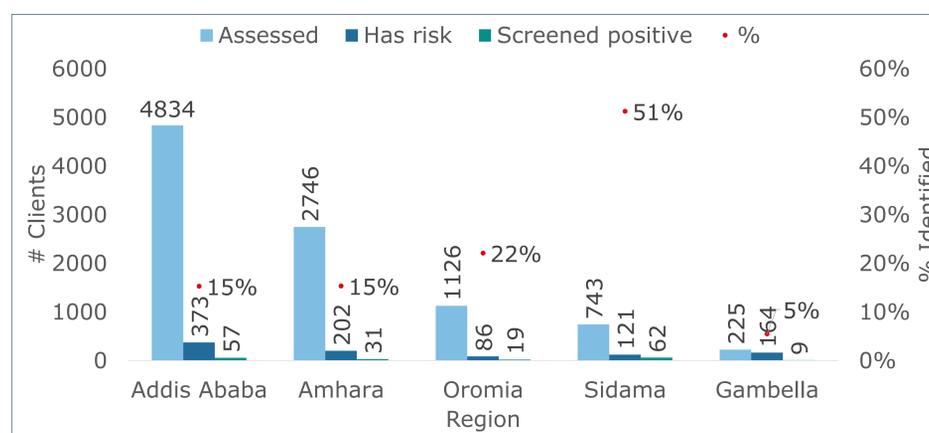
- ➔ Project HOPE trained community healthcare workers (CHWs), provided technical assistance to local implementing partners, and distributed NCD screening kits.
- ➔ Between January 2023 to January 2024, CHWs provided risk screening to PLHIV during home visits, service provision, group sessions, and community ART refills.
- ➔ Clients identified with NCD risk factors were enrolled into the community NCD service package and clients with high blood pressure (HBP) and high blood sugar (HBS) were referred to health facilities for NCD diagnosis.
- ➔ Client-level data were collected using CommCare and descriptive analysis was conducted using SPSS software.

3. Results

- ➔ A total of 9,674 PLHIV were assessed for NCD risk factors, of which, 946 (10%) were risk positive. The mean age was 41.7 years (SD=9.9) and 76% were female.
- ➔ Almost all (895/946; 95%) were enrolled into the NCD service package. Of which, 178 clients (19%; 95% CI: 18.1-19.5) had HBP and/or HBS. Among these, 82% had HBP, 11% had HBS, and 7% had both.
- ➔ The proportion of PLHIV with HBP and/or HBS increased when age groups increased and regional variations were observed, the highest was 51% in SNNPR/Sidama and the lowest was 5% in Gambela Region.
- ➔ The majority, (139/178, 78%) were referred to health facilities for NCD diagnosis and treatment, where 85% were confirmed for hypertension, 12% for diabetes mellitus, and 3% for both.



Graph 1: Clients screened for NCD risk and identified with HBP & HBS by age range (n=946).



Graph 2: Clients assessed, had NCD risk & identified with HBP & HBS by region (n=9674).

4. Conclusion

- ➔ The combination of screening for NCD risk factors, taking blood pressure, and testing blood sugar levels was a feasible and accurate strategy to identify NCDs.
- ➔ The approach was effective and increased access for prevention, early detection, and community-level NCD service provision.
- ➔ We recommend the scaleup of the NCD service integration with the CHCT activity to improve health outcomes and retention in care among PLHIV in Ethiopia.

5. Acknowledgements

- ➔ We would like to thank PEPFAR / USAID Ethiopia for funding and providing technical guidance.
- ➔ Federal Ministry of Health and Regional Health Bureaus for their unreserved support, and local implementing partners for performing NCD service integration.