

# Chronic care guideline development in South Africa

## Rationale, implementation and lessons learned

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Differentiated service delivery for other chronic diseases

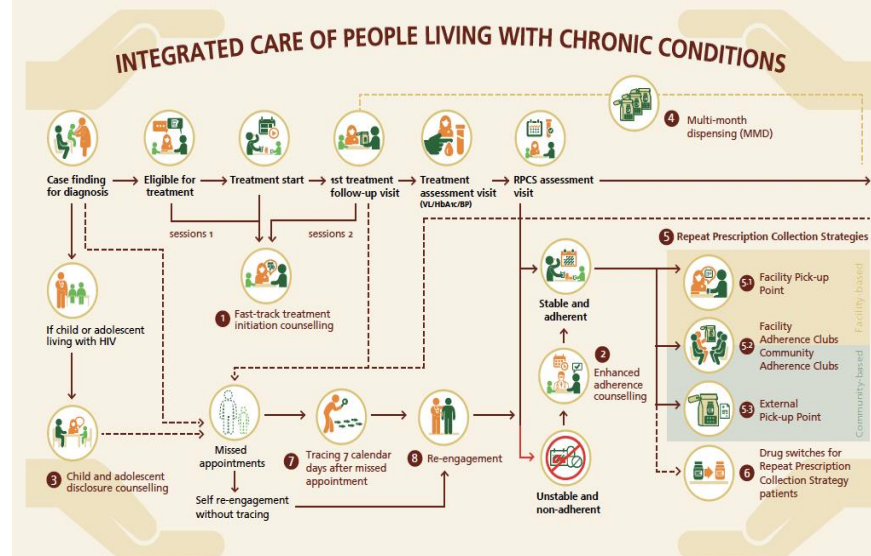
Harare, 5 December 2023

# Why a chronic care guideline?

- The HIV epidemic is aging and the potential for comorbidities is apparent.
- Integration of Policies, Services, and Systems is increasingly critical.
- The high burden of disease on HIV/AIDS, unintended pregnancies, and poor maternal, newborn, and child health (MNCH) call for chronic care Guidelines
- Integration of non-HIV services into HIV programs provides an opportunity to provide holistic person-centered care.
- So, for us to integrate, we need to start somewhere: E.g. SRH / Triple Elimination: starting with the integration of FP services

## STANDARD OPERATING PROCEDURES

### MINIMUM PACKAGE OF INTERVENTIONS TO SUPPORT LINKAGE TO CARE, ADHERENCE AND RETENTION IN CARE



## Adherence Guidelines for HIV, TB and NCDs

Updated April 2023

# How are clients defined as established on treatment?

For adults (18+ years of age)	HIV	HTN	T2DM
Criteria for established on treatment	Most recent viral load (VL) taken in past 12 months <50 copies/ml	2 consecutive BP <140/90	Most recent HbA1c taken in past 12 months ≤8%
<ul style="list-style-type: none"> <li>• Clinically stable with no current TB or other opportunistic infection/condition requiring clinical review more regularly than once every 6 months (see MMD SOP 4 to enable longer treatment supply outside of RPCs).</li> <li>• Clinician confirms the patient's eligibility for RPCs option</li> <li>• Patient voluntarily opts for the RPCs option</li> </ul>			

## Specific eligibility for pregnant and post-partum women and children and adolescents

### Pregnant and post-partum women:

- Women already on ART who become pregnant should be managed within antenatal services with their ART and VL monitoring at ANC (aligned with their BANC plus visits) and are not eligible for enrolment in a RPCs.
- New mothers should continue to receive their ART through MNCWH services until 6 weeks after cessation of breastfeeding if they are receiving integrated care with their infant (preferred option). Where a mother is not receiving integrated care, she may be considered for a RPCs provided she is seen at her facility every 6 months for her 6-monthly VL until cessation of breastfeeding.

### For children and adolescents:

- 5 to 18 years old
- No regimen or dosage changes in last 3 months
- Most recent VL taken in past 12 months <50 copies/ml
- Caregivers counselled on disclosure process where age appropriate disclosure not yet achieved (see SOP 3).
- Clinician confirms the patient's eligibility for RPCs option
- Patient (>12 years/caregiver if patient <12 years) voluntarily opts for the RPCs option
- Clinically stable with no current TB, malnutrition, mental health disorder, other opportunistic infection/condition requiring clinical review more regularly than once every 6 months (see MMD SOP 4 to enable longer treatment supply outside of RPCs).

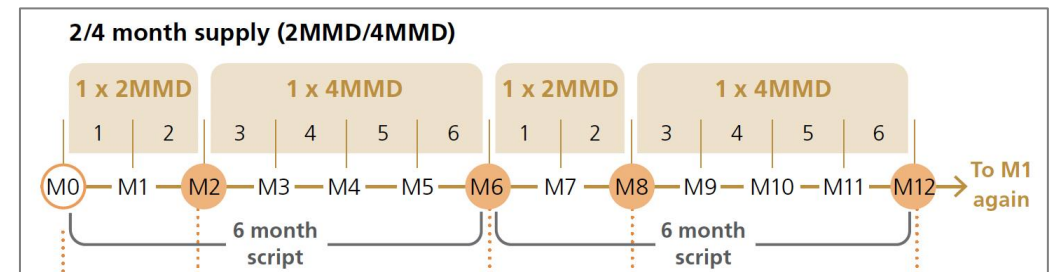
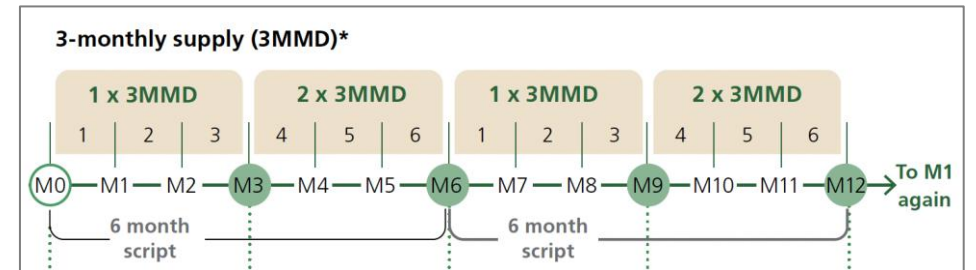
**Stable family members should be encouraged to join the same RPCs option with the same treatment supply collection location and appointment date to support family adherence.**

# Service delivery intervention -

## WHEN

	WHEN clinical visit	WHEN refill visit
HIV	6-monthly comprehensive clinical visit + 6-monthly rescripting visit*	2-4 months (3m + 3m, or 2m + 4m)
Hypertension		
Diabetes		

\*At the clinician's discretion, they can be required to see a clinician at their rescripting visit for a brief clinical check-up.



# Service delivery intervention - WHERE

	WHERE clinical visit	WHERE refill visit
HIV	Health facility	Facility pick-up point / adherence club / external pick-up point
Hypertension		
Diabetes		

- The following are examples of EX-PUPs:
  - Treatment supply pick-up from a private pharmacy
  - Treatment supply pick-up from a designated community venue (not an adherence club)
  - Treatment supply pick-up from a post box/ATM or similar automated system located inside or outside of a facility
  - Treatment supply pick-up from a container operated by a private service provider located inside the grounds of or outside of a facility

# Service delivery intervention - WHO

	WHO clinical visit	WHO refill visit
HIV	Clinician	"RPCS service provider"
Hypertension		
Diabetes		

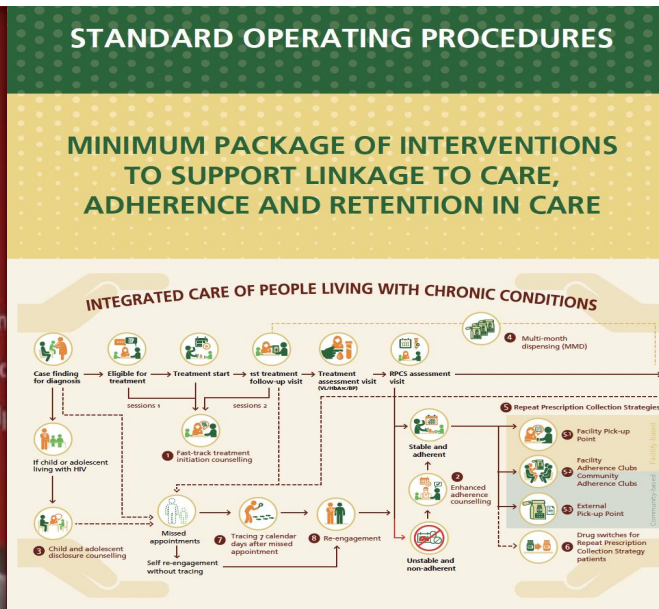
	Treatment supply only	Clinical consultation
WHEN (service frequency)	3-monthly	6-monthly
WHERE (service location)	FAC-PUP/adherence club/ EX-PUP	Health facility
WHO (service provider)	RPCs service provider	Clinician
WHAT (service package)	Second treatment supply (3MMD)	Clinical review Adherence check Rescript for 6 months First treatment supply (3MMD)

# IAS Which DSD models for clients established on treatment are included in the guideline

- **Facility pick-up points** - facility-based individual model
- **External pick-up points** – out-of-facility individual model
- **Adherence clubs** - Group model managed by healthcare worker



**Pelebox Smart Lockers creates easy access for chronic medication – Example of External Pick-Up Points**



**Adherence Guidelines for HIV, TB and NCDs**  
Updated April 2023



**Community Adherence Club in session – Eastern Cape – Amathole District**

# Current status of differentiated models of care for HIV and chronic conditions in South Africa

	Facility pick-up point (FAC-PuP)	Adherence club	External pick-up point (Ex-PuP)
ART + other chronic meds (Diabetes & HTN)	<b>788 995</b>	<b>214 458</b>	<b>1 707 795</b>
<b>TOTAL</b>	<b>2 711 248</b>		

- There has been an increase, nationally, of 636,031 in the number of clients that have been decanted (2075217 (FY22Q4) to 2,711,248 (FY23Q4))
- All provinces achieved > 75% of their NDOH targets by September 2023

# Lessons learned for other countries

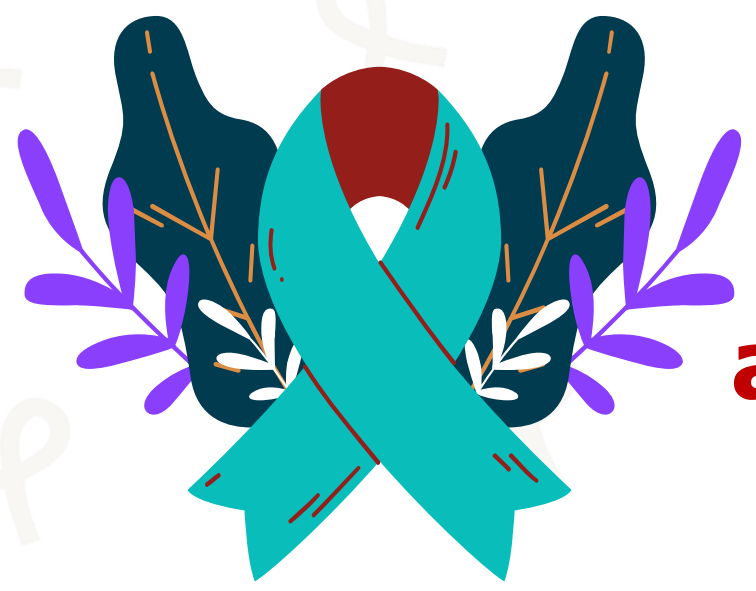
- **A systematic review by the NCD Alliance suggests that integration of NCD care into HIV facilities:**
  - May potentially improve clinical outcomes of clients
  - May not worsen HIV outcomes
  - More substantial clients' economic benefits of 85% accrue than the healthcare systems
  - Attributed not enough evidence regarding cost effectiveness – Hence we need to explore more in this area to determine more benefits of integration.

Integrate TB/HIV services into less-intensive models

Integrate NCDs services into less-intensive models

Integrate family planning into less-intensive models

HIV and Mental Health integration is increasingly becoming crucial



**South African National  
Development Plan (NDP) 2030  
is our policy enabler that  
emphasizes on recognizing  
our future of integrated  
approach and calls for all of us  
to **Make it work****



# Thank You!!



**Do you have further questions?  
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