



Leveraging differentiated service delivery for HIV treatment to integrate hypertension and diabetes care

7th and 14th January, 2021
3pm CET/4pm CAT/5pm EAT

Background

Given the increased risk of cardiovascular morbidity and mortality among people living with HIV and the aging of antiretroviral therapy (ART) cohorts, addressing the comorbidities of hypertension and diabetes is an essential component of a comprehensive package of care. The World Health Organization (WHO) 2016 “Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection” includes a recommendation to screen all people living with HIV for cardiovascular risk. Currently, a new recommendation to integrate non-communicable disease (NCD) and HIV care is under consideration within the revised guidelines due to be published later in 2021.

Differentiated service delivery (DSD) is a client-centred approach that simplifies and adapts HIV services across the cascade, in ways that both serve the needs of PLHIV better and reduce unnecessary burdens on the health system. Clients with other chronic co-morbidities such as hypertension and diabetes may benefit from the integration of the care for these conditions in existing DSD models.

The [PEPFAR COP21](#) guidance also includes an important new provision to support comprehensive person-centered health services for people living with HIV and indicates a possible opportunity to support integrated services, including screening, diagnosis and treatment of hypertension and diabetes, in high-performing districts/provinces/sub-national units.

The [Differentiated Service Delivery Initiative](#) of the International AIDS Society (IAS), ICAP at Columbia University’s [CQUIN project](#) and [Resolve to Save Lives](#) are keen to explore how to support countries interested in leveraging differentiated service delivery for HIV to integrate hypertension and diabetes prevention, care and support.

Objective

The objective on this initial meeting is to brainstorm, discuss and explore potential collaboration among various stakeholders. Attendees include representatives from implementing partners and civil society from Eswatini, Kenya, Uganda and Zambia.



Agenda

15:00-15:10	Introduction	Helen Bygrave (IAS)
15:10-15:20	Who is “Resolve to Save Lives” and what’s new in hypertension?	Jen Cohn (RTSL)
15:20-15:30	CQUIN and opportunities to integrate hypertension and diabetes care	Miriam Rabkin (ICAP)
15:30-16:00	<p>Facilitated discussion (Part 1)</p> <ol style="list-style-type: none">1. Clinical management<ol style="list-style-type: none">a. Opportunities for optimization of hypertension treatment using SAANE algorithm approachb. Choice, sourcing and cost of hypertension and diabetes medication2. Integration in Differentiated service delivery models<ol style="list-style-type: none">a. What existing examples of integration in differentiated service delivery are there to build on?3. What is needed to make integration within DSD a reality?<ol style="list-style-type: none">a. Is there interest to advocate for this within the people’s COP2021 to make this integration a reality?b. Which partners and civil society are keen to support this integration? <p>What are the other funding opportunities for integrating hypertension and diabetes care within DSD for HIV treatment?</p>	Helen Bygrave (IAS)
16:00-16:20	<p>Facilitated discussion (Part 2)</p> <p>What ongoing support is needed to make this a reality?</p>	Andrew Moran (RTSL)
16:20-16:30	Next steps	Helen Bygrave (IAS)