



INTEGRATION OF CONTROLLED NON-COMMUNICABLE DISEASES

Not all national policies explicitly stipulate integration of non-communicable diseases (NCDs) into DSD. This dashboard describes if and how NCDs are integrated into DSD for HIV treatment models as per the national guidelines. It also describes the duration and alignment of NCD refills and clinical reviews.

	Specified in DSD policy	Not eligible for DSD models for HIV treatment	Eligible for DSD models for HIV treatment			
			No guidance on NCD management within DSD models	NCDs managed separately with visit dates aligned	Same, or reduced length, NCD refill in DSD model with separate NCD clinical review	Reduced* ART and NCD refill length and/or more frequent clinical reviews in DSD model
Angola	X					
Burundi	X					
Cameroon	X					
DRC	X					
Eswatini ¹	✓				●	
Ethiopia ²	✓		●			
Ghana ³	✓					●
Kenya ⁴	✓		●			
Lesotho ⁵	✓			●		
Liberia	X					
Malawi ⁶	X		●			
Mozambique ⁷	X					
Namibia	X					
Nigeria ⁸	X	●				
Rwanda	✓					●
South Africa ⁹	✓					●
Sierra Leone	X					
Tanzania ¹⁰	✓		●			
Uganda	✓					●
Zambia ¹¹	✓		●			
Zimbabwe ¹²	✓				●	

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Key

- National policy
- X No
- ✓ Yes

References

Click on the ovals in the table to access the referenced policy.

Acronyms:

- ART – Antiretroviral therapy
- BP – Blood pressure
- DSD – Differentiated service delivery
- FBS – Fasting blood sugar
- MMD – Multi-month dispensing
- NCDs – Non-communicable diseases
- TB – Tuberculosis

* "Reduced" in this dashboard means that clients established on ART with controlled NCDs are ineligible for their specific country's DSD models with the longest refill and least frequent clinical reviews allowed. DSD models with the longest refill are often 6MMD and in some countries, there is provision for an annual clinical review.

** "Same" in this dashboard means that clients established on ART with controlled NCDs are eligible for all their specific country's DSD models, including those with the longest refills and least frequent clinical reviews.

Notes

- 1. Eswatini:** Eligibility criteria are that: an NCD is controlled; the client has been stable on NCD medication for 12 months with at least two ART visits at the health facility; is not pregnant or breastfeeding; does not have TB. NCDs can be managed in all DSD models, including facility and out-of-facility individual and group models, with three-monthly refills and six-monthly clinical reviews.
- 2. Ethiopia:** Clients with controlled NCDs are not excluded from DSD, but limited guidance is provided on integration within DSD models.
- 3. Ghana:** The guidance is to integrate ART and NCD management in DSD models with the same refill length (6MMD) and to have a six-monthly clinical review. Where the NCD medication supply is insufficient to provide 6MMD, the guidance provides for fast-track collection of a shorter refill from the facility pharmacy.
- 4. Kenya:** The guidance is limited; it says only that clients with controlled chronic conditions should not be excluded. There is no specific guidance on integration in DSD models.
- 5. Lesotho:** The eligibility criteria for DSD specify that well-controlled chronic health conditions are not excluded. However, further guidance is limited to this statement: "aligning the provision of non-communicable disease commodities with differentiated service delivery for HIV treatment models is an important component of client-centred care".
- 6. Malawi:** DSD eligibility criteria or DSD management guidance do not address NCDs. HIV management guidance generally recommends aligning clinical visits if full integration is not feasible.
- 7. Mozambique:** Clients with NCDs require monthly clinical review and refill visits.
- 8. Nigeria:** Both the ART guidelines and the DSD policy stipulate that clients with co-morbidities are classified as unstable.
- 9. South Africa:** DSD eligibility specifically includes NCD control criteria. Regarding hypertension, there should be two consecutive BP measurements of <140/90. Regarding diabetes, HbA1C<8% must have been recorded in the past 12 months.
- 10. Tanzania:** DSD eligibility criteria exclude uncontrolled co-morbidities; this is classified as unstable and requires monthly facility-based visits. The policy does not provide any specifics on clinical review or refill frequency.
- 11. Zambia:** Clients with controlled NCDs are not specified as eligible for DSD models. We have assumed such clients are eligible based on clients with uncontrolled NCDs inclusion among more vulnerable clients who require monthly refills and clinical reviews. The only DSD model that specifically includes NCD management is the men's clinic model.
- 12. Zimbabwe:** DSD eligibility specifically includes NCD control criteria. Regarding hypertension, BP of <140/90 must be measured on two occasions at least one month apart. Regarding diabetes, HbA1C of <7% must have been recorded in the past three months or a fasting blood sugar of <7 mmol/L recorded in the past three months. Both NCDs require the same medication regimen for at least three months. The guidance allows NCD management within DSD models managed by a healthcare worker, provided that three-monthly BP or FBS/HbA1C and body-mass index checks can be done in the model. Where the same refill length as ART is not possible due to insufficient stock, the guidance provides for the same multi-month script length with fast-track collection.

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