Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes.
Moderation

**DR ALARCOS CIEZA**

Unit head

Department for Noncommunicable diseases, WHO HQ
Welcome address

PROFESSOR JÉRÔME SALOMON
Assistant Director General
UHC/communicable and noncommunicable diseases, WHO HQ
The significance of integration of NCDs in health programmes

DR BENTE MIKKELSEN
Director
Department for Noncommunicable Diseases, WHO HQ
The WHY: NCDs are the leading causes of death worldwide

Almost 3/4 of all deaths in the world are from an NCD

Cardiovascular diseases cause 1 in 3 deaths

Chronic respiratory diseases cause 1 in 13 deaths

Cancers cause 1 in 6 deaths

Diabetes causes 1 in 28 deaths

Source: WHO global health estimates 2019 (2020)
The WHY: Huge national inequalities in the likelihood of dying prematurely from a major NCD

30% likelihood

20% likelihood

10% likelihood

9%: Norway

29%: Cote d'Ivoire
People living with HIV & NCDs

• **People living with HIV** (PLWHIV) have an **increased risk** of **NCDs** (especially CVD, cervical cancer, and diabetes) than people without HIV.

• **Cardiovascular disease** (CVD) is also one of the **leading causes of non-AIDS-related morbidity and mortality** among PLWHIV.

**The WHY:** NCDs are among the leading causes of morbidity and mortality in PLWHIV
The WHY: Diabetes is among the key drivers of the TB epidemic and is associated with adverse outcome

A bidirectional relationship

- Diabetes is associated with a two-to-three-fold risk of TB disease
- Having diabetes during TB treatment is linked to poor TB treatment outcomes
- Significant association between Diabetes and the development of Drug resistant-TB
- TB can deteriorate glycemic control and may trigger the onset of diabetes
The WHY: High proportion of cervical cancer cases attributed to HIV

- In 2018 4.9% of all cases of cervical cancer globally were attributable to HIV
  - 21% in Africa region
  - In 9 countries 40% or more.

Proportion of women with cervical cancer living with HIV by order:
Eswatini (75.0%), Lesotho (69.3%), Botswana (66.5%), South Africa (63.4%) and Zimbabwe (52.2%).

- Good case example for integration into sexual and reproductive health services from prevention and early detection to treatment and rehabilitation
NCDs services integration in PHC is lagging behind for UHC

- NCDs services are mostly provided in hospitals creating several access barriers
- The UHC Monitoring Report 2021 showed slow gain in noncommunicable diseases service capacity and access components compared to communicable diseases and reproductive, maternal, newborn and child health

This shows an urgent need for accelerating the integration of NCD services into PHC including integration into communicable diseases and sexual and reproductive health programmes
**WHO and partners’ ask:** WHO and the Global Fund to collaborate for chronic care of HIV, TB and NCDs

- **PHC for chronic care**
  Encourage common chronic care services for HIV and NCDs at PHC

- **Integrating chronic care into UHC**
  Encourage common chronic care services of HIV and NCDs at PHC

- **Building back better**
  Create a new social contract for HIV, TB, malaria and NCDs to build back better

- **Promoting access to medicines and technologies for chronic care**
  Jointly assess systemic factors such as financial resources, insurance coverage, availability and skill set of the health workforce, health care infrastructure and physical access to health services

- **Health systems that meet the chronic care needs of people living with HIV, TB, malaria and NCDs**
  Moving to chronic disease management

- **Social mobilization**
  Jointly scale up social mobilization against HIV, TB, malaria and NCDs with women at the centre
The Global Fund’s next funding Cycle 2023-2025: Opportunity to respond to a changing development landscape and the evolving needs of countries

- Strengthens health systems
- Promotes human rights and gender equality
- Protects health gains achieved from saving lives from HIV, TB and malaria
- Helps building back better from COVID-19
- Generates domestic revenue streams through the taxation of tobacco products, alcoholic beverages and sugar-sweetened beverages

Global Fund Strategy goals (2023-2028)
The HOW: Integration guidance release
Guidance on Integrating prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes

DR HONGYI XU
Technical officer
Integrated Service Delivery, Department for Noncommunicable Diseases, WHO HQ
“I urge international donors and partners to support the integration of NCDs into health programmes. This would reverse the growing burden of NCDs, while sustaining the gains of other health programmes. It is time to stop the millions of needless deaths.”

Dr Zsuzsanna Jakab
Deputy Director-General, WHO
Temporary Officer in Charge, WPRO
OBJECTIVE

To maximize the impact of health services and extend access to NCD care through strategic actions and practical solutions for integrating NCD services into other programmes and broader health systems, as appropriate and relevant to the country context.
Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes

Implementation guidance

Content at-a-glance

- Evidence
- Conceptualization
- 18 Actions in 5 domains
- 44 case studies
Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes

18 actions in 5 domains

- People and community
- Policy and leadership
- Financing
- Capacity and infrastructure
- NCD Model of care
Steps in integrating services for noncommunicable diseases

- Identity priorities
- Analyse characteristics of existing disease
- Review global and local guidelines
- Assess acceptability, resources and capacity
- Redefine and ensure compatibility
- Integration and implementation
THANK YOU
Global Fund strategy 2023-2028: From siloed interventions to integrated, people-centered care

SHUNSUKE MABUCHI

Head of Resilient and Sustainable Systems for Health (RSSH) and Pandemic Preparedness and Response

Technical Advice and Partnerships Department, the Global Fund
Addressing noncommunicable diseases in the Global Fund application cycle 2023-2025

DR MAI ELTIGANY
Technical officer
Integrated Service Delivery, Department for Noncommunicable Diseases, WHO HQ
So far ...

1. Why
2. How
3. Funding opportunities
4. Implementation
Summary of NCDs addressed in three GF grants

**HIV grant**
Integrated services for PLWHIV can include prevention, early detection and management of:
- Cardiovascular diseases
- Diabetes
- Mental health
- Cervical cancer (also for HIV vulnerable groups)

**TB grant**
Diagnose and management of
- Diabetes
- Mental health
Addressing
- NCDs risk factors (smoking & Alcohol)

**Resilient sustainable systems for Health grant (RSSH)**
- NCDs & MH as part of integrated people centered services through PHC
- Only relevant for countries prioritizing the investment in human resources for PHC
Factors influence the uptake of the opportunity for addressing comorbidities the funding requests

- Awareness about the opportunity
- Alignment to countries’ priorities
- Funding envelop size
- Performance of HIV & TB programs
- Advocacy in country
- Expression of demand by patients’ groups
- Knowledge how
What has been done collectively so far to support the inclusion of NCDs & MH in the GF proposals

TECHNICAL BRIEF

Tuberculosis and diabetes – Invest for impact

Tuberculosis and diabetes: Diabetes is associated with a 2–3 times higher risk of tuberculosis (TB) disease and a higher risk of multidrug-resistant TB. People with both TB and diabetes are twice as likely to die during TB treatment and have twice the risk of TB relapse after treatment completion. In 2021, up to 490 000 new episodes of TB were estimated to be attributable to diabetes, and, in 2019, just over 15% of people with TB were estimated to have diabetes globally as compared with 9.3% in the general adult population (aged 20–79 years). Thus, about 1.6 million people with TB and diabetes require coordinated care and follow-up to optimize the management of both conditions.

The prevalence of diabetes is projected to increase globally by 50% between 2019 and 2045, with a median increase of 99% (interquartile range, 69–151%) in countries with a high burden of TB. To respond to the increasing burden of TB and diabetes, people-centred services are required to meet the needs and preferences of affected persons as far as possible, and to minimize the time and financial costs incurred by the end user for accessing services. Programmes should therefore work together to define and reorient models of care to ensure the provision of integrated services, preferably at the same time and location and as close as possible to people in need of the services.

TECHNICAL BRIEF

Integration of Noncommunicable Diseases into HIV Service Package

Noncommunicable diseases (NCDs) – primarily cardiovascular disease, cancer, diabetes, and chronic respiratory diseases cause nearly 75% of deaths worldwide. NCDs are associated with huge inequity, often caused by, or exacerbating poverty. Every year, 37 million people under 70 years die of NCDs, and 86% of these deaths are in low- and middle-income countries. Many of those premature deaths could be avoided by addressing major NCDs risk factors and through early detection and treatment.

People living with HIV (PLHIV) and NCDs: PLHIV are at increased risk of NCDs (especially cardiovascular disease, cervical cancer, diabetes, and mental health conditions) than people without HIV. Cardiovascular disease is one of the leading causes of non-AIDS-related morbidity and mortality among PLHIV. Furthermore, with increased coverage of antiretroviral therapy, the life expectancy of PLHIV has improved, exposing them to the risk of diseases common with ageing and exposure to NCD risk factors.
Practical considerations for integrating mental health into HIV and TB services

DR DEVORA KESTEL
Director
Mental health and substance use department, WHO HQ
Comorbidities HIV, TB and MNS

• Bi-directional relationship
• Share risk factors leading to high co-morbidity
• Several key populations and vulnerable groups
• Co-morbidity associated with poorer health outcomes - increased morbidity, mortality, reduced treatment adherence, drug-resistance
• Mental health care for people with HIV, TB improves adherence of HIV, TB treatment completion and cure
Mental health interventions: potential for integration in HIV and TB programmes

<table>
<thead>
<tr>
<th>Prevention</th>
<th>MH promotion</th>
<th>Management</th>
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<tbody>
<tr>
<td>• Perinatal and maternal</td>
<td>• Awareness campaigns</td>
<td>• Screening and assessment</td>
</tr>
<tr>
<td>depression</td>
<td>• Anti-stigma campaigns</td>
<td>• Psychological interventions</td>
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<tr>
<td>• Suicide prevention</td>
<td>• Involve people with MH and HIV</td>
<td>• Pharmacological interventions</td>
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<tr>
<td>• Adolescent</td>
<td></td>
<td>• Addressing social determinants</td>
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<tr>
<td>school/community-based</td>
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<td>programmes</td>
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Supporting wellness and quality of life across the life-course
Entry points: Integrated interventions across the care continuum

<table>
<thead>
<tr>
<th>HIV prevention</th>
<th>• Integrate PrEP with mental health screening, referral, and substance use services</th>
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<tbody>
<tr>
<td>HIV testing</td>
<td>• Post-test counseling that includes mental health screening and referral for relevant services</td>
</tr>
<tr>
<td>ART initiation</td>
<td>• Screening for mental health conditions (including depression, anxiety, and alcohol use) among people initiating ART, according to national standards and mhGAP guidelines</td>
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<tr>
<td></td>
<td>• HIV counseling including psychosocial support for promotion and prevention for mental health</td>
</tr>
<tr>
<td></td>
<td>• Peer support groups and family-based interventions, particularly for adolescents</td>
</tr>
<tr>
<td></td>
<td>• ART prescription in accordance with co-occurring mental health conditions and potential side effects</td>
</tr>
<tr>
<td>ART adherence and viral suppression</td>
<td>• Psychosocial interventions to improve adherence and viral suppression (e.g., peer counselors, phone messages, reminders, cognitive behavioral or behavioral skills therapy)</td>
</tr>
<tr>
<td></td>
<td>• Regular screening for mental health conditions among individuals who have not achieved viral suppression</td>
</tr>
<tr>
<td></td>
<td>• Suspicion and detection of neurological complications (e.g. HAND, neuroinfections)</td>
</tr>
</tbody>
</table>

*Common platforms for combined approaches in other sectors (prisons, harm reduction settings, social services)*
Tools for integrating mental health in TB, HIV programmes

“WHO Operational Handbook on the management of mental disorders in tuberculosis programmes” and its corresponding training module to be launched in Q1 2023
Our approach so far

- Guidance notes
- Identifying priority countries with RO
- Sharing information with countries: Webinars WHO Regions & HQ, UNAID and Global fund – To continue
- Sensitization of communities and civil society – To continue
- Review funding request Window 1 countries – To continue
- Early support to Window 2 countries
- Joint efforts:
  - Interagency Working Group
  - NCD colleagues
Thank you
Opportunities for sustaining the gains made towards ending TB through comprehensive people centred services for people with TB

DR FARAI MAVHUNGA

Unit Head

Vulnerable populations, communities and comorbidities, Global Tuberculosis Programme, WHO HQ
Opportunities for sustaining the gains made towards ending TB through comprehensive people centred services for people with TB

Dr Tereza Kasaeva, Director of the Global TB Programme, WHO

Integrating prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes
≈ 50% of TB is due to 5 health-related risk factors

42% of people with TB have mental disorders -> increased risk of TB treatment delay, multi-drug resistant TB, loss-to-follow-up and death

All are associated with poor TB treatment outcomes and require coordinated care and support

1. Alene et al BMC medicine (2021) 19:203
Co-morbidities within the End TB Strategy

How pillar 1 works: Key components

A. Early diagnosis of TB including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups

B. Treatment of all people with TB including drug-resistant TB, and patient support

C. Collaborative TB/HIV activities; and management of co-morbidities

Government stewardship and accountability, with monitoring and evaluation

Strong coalition with civil society organizations and communities

Protection and promotion of human rights, ethics and equity

Adaptation of the strategy and targets at country level, with global collaboration
People-centred framework for TB programme planning and prioritization

• Responding to demand for support to strengthen evidence-based planning and programming for TB services

• Systematically consolidating evidence along the care continuum to facilitate planning for comprehensive people centred services

https://www.who.int/publications/i/item/9789241516273
Establish and strengthen collaboration across health programmes and across sectors for delivering people-centred services for TB and comorbidities.
Opportunities in TB strategic planning and implementation

• TB national strategic planning is the bedrock of resource mobilization and introducing new interventions.

• In high TB burden countries, there is a decentralized network of TB services for introducing diabetes services to TB clients and building up PHC

• Strong health management information systems for integrating new indicators and building PHC

• Established discipline of regular programme reviews and epidemiological review.

• Well-established monitoring and evaluation with annual global reporting.
Other resources to strengthen comprehensive people centred services for TB and comorbidities

https://apps.who.int/iris/handle/10665/331934

https://www.who.int/publications/i/item/9789240061682

Available on WHO’s TB Knowledge Sharing Platform: https://extranet.who.int/tbknowledge
The TB response (e.g. treatment access, epi indicators) can serve as index to measure progress towards universal health coverage, especially in countries with a high TB burden.

Within TB services TB care and prevention should also fulfil key attributes of UHC (access, quality and financial protection) in a coherent manner.

2023 UNHLMs on TB and UHC

TB care and prevention as part of UHC

Achieving UHC within TB care and prevention
It’s time for action
It’s time to END TB
Integrating interventions for prevention & management of major NCDs into HIV services to reduce NCD risks and improve HIV outcomes

DR MEG DOHERTY

Director

Department of HIV, Hepatitis and Sexually Transmitted Infections, WHO HQ
WHO GHSS: people-centred care & integrated services via PHC for UHC

Offers strategic guidance for national strategies & targets for services HIV, coinfections and NCDs integration

<table>
<thead>
<tr>
<th>GHSS TARGETS for HIV, coinfections and co-morbidities integrations, including NCDs</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of PLHIV and people at risk who are linked to integrated health services, including STIs and viral hepatitis</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>% of PLHIV, viral hepatitis and STIs and priority populations who experience stigma and discrimination</td>
<td>&lt;10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>% of PLHIV who receive preventive therapy for TB</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Number of countries validated for the elimination of vertical (mother-to-child) transmission of either HIV, hepatitis B, or syphilis</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>% of girls fully vaccinated with human papillomavirus vaccine (HPV) by 15 years of age</td>
<td>50%</td>
<td>90%</td>
</tr>
<tr>
<td>% of women screened for cervical cancer using a high performance test, by the age of 35 years &amp; again by 45 years</td>
<td>&gt;40%</td>
<td>&gt;70%</td>
</tr>
<tr>
<td>% screened and identified as having pre-cancer treated or invasive cancer managed</td>
<td>40%</td>
<td>90%</td>
</tr>
</tbody>
</table>

https://www.who.int/publications/i/item/9789240053779
WHO Consolidated HIV Guidelines (2021) supports Integration of NCDs within HIV services

- Management of CVR in PLHIV
- Mental health in PLHIV
- Cervical cancer in WLHIV

Psychosocial interventions should be provided to all adolescents and young adults living with HIV

Chapter 5. TB preventive treatment - Differentiated HIV service delivery and implications for TPT scale-up

Key point: Differentiated HIV service delivery is being scaled up for ARVs. Intensified TB care finding and TPT should be integrated within these models. Establishing DSO should not become a reason for delaying or denying benefits of TPT to PLHIV. In fact, patient visits should be scheduled such that they can pick up ARV and TPT drugs at the same time.
Diagnostic technologies can test for multiple diseases, such as TB, HIV early infant diagnosis, HIV viral load, HCV viral load (ex. Xpert use in MTB/RIF diagnosis, ART monitoring VL HIV-1 & VL HCV)

This can optimize workflow, increase patient access, create efficiencies, and optimize device utilization.
SRH services, including contraception, may be integrated with HIV services

Conditional recommendation, very low certainty evidence

Examples

South Africa: chronic medication dispensing
>3 million people registered. Integrated NCD/ART medication pickup at community based pick up points

Eswatini: Community distribution
83 facilities and 721 community distribution points implementing community health commodities distribution

USAID, WHO, Ministry of Heath. JIAS 2023

Research gaps

- Long term data on health outcomes of people with HIV & NCDs
- Cost effectiveness of integration models
- Definition of health promotion activities to protect PLHIV against NCDs
- Integration into DSD models
- Values and preferences of integration
Opportunities for HIV & Hepatitis Integration

High impact catalytic interventions for integrated viral hepatitis B&C prevention and care

HIV Prevention & treatment programmes

HIV PREP
- Testing for hepatitis B (&C) important especially in endemic areas for HBV

Harm reduction services
- Integrated KP services and care

General prevention
- HBV vaccination for PLHIV
- Hepatitis stigma and discrimination in health care settings

Treatment programmes:
- Micro-elimination for HCV
- HBV treatment assurance especially in view of changing 1st line therapies not containing TDF

EMTCT: vertical transmission of HIV, syphilis HBV
- Testing for HIV, syphilis and hepatitis B and ANC
- Provide maternal prophylaxis where required to prevent transmission of the infection(s) to the newborn
- Counseling for women and their partners and families' households
- Follow up of exposed infants, including the hepatitis B

PMCT programmes

https://www.who.int/publications/i/item/9789240055292
Opportunities for HIV & STI integration

Integration via UHC & PHC packages

Sexual and Reproductive Health Services
- Pregnancy Test
- Family Planning services
  - FP counseling
  - Sexual history
  - Menstrual hygiene
  - Promote FP methods
  - Assess need and counsel on
  - Basket of FP choices
- Adolescent services – sexuality education
- Maternal and child health / EMTCT
- Reproductive tract cancer screening
  (cervical, breast, ano-rectal and prostatic)
- Care for unintended pregnancy
  (post abortion care)
- Services for gender-based violence
- Men sexual health

Primary Health Care
1. STI prevention – condoms
2. Risk assessment (Sexual History)
3. STI management – syndromic
4. Referral

Integrated STI Services
(Sexual health)
- Prevention
- Testing
- Case management
- Partner management

Community Services
- Health care seeking behaviors
- Coordination with outreach
- Community engagement
- STI / clinic committee

HIV Prevention and Link to Care and Treatment
- STI Services for key population
  - Syndromic Case Mgt.
  - Routine STI screening including
  - Syphilis, MPX Screening
  - Presumptive treatment for STIs
- STI and PrEP
- Condom promotion
- STI services for PLHIV
- Link to treatment and care
  - HIV testing
  - ART
  - PEP/PrEP
- HIV care support groups
Opportunities for integration of NCDs with HIV services - HIV & Cervical Cancer Integration

CERVICAL CANCER IS A PREVENTABLE, CURABLE DISEASE AND CAN BE ELIMINATED AS A PUBLIC HEALTH PROBLEM WITH PRIMARY AND SECONDARY PREVENTION, TREATMENT AND CARE OF CERVICAL CANCER.¹

2021: cervical cancer screening and treatment guidelines with 16 new and updated recommendations for WLHIV
WHO suggests using the following strategy for cervical cancer prevention among women living with HIV:

▪ HPV DNA* detection in a screen, triage and treat approach starting at the age of 25 years with regular screening every 3 to 5 years.

* Where HPV DNA testing is not yet operational, use a regular screening interval of every 3 years when using VIA or cytology as the primary screening test among WLHIV

2022: WHO New Monitoring Approach in HIV strategic information guidelines
▪ Following people over time to track cervical screening and treatment as a package of services for WLHIV

2021: >2 million women screened in 19 countries
2022: WHO Policy uptake
▪ 78 of 85 reporting countries had policies on cervical cancer screening among WLHIV
  ▪ 32 countries updated guidelines according to WHO 2021 recommendations

WHO Policy uptake (WHO/UNAIDS, GAM)
2019 data suggested that more efforts were needed especially for integration of HIV services at PHC levels, chronic NCDs care, Cx Ca, viral hepatitis C treatment.

Number of countries reporting health facilities delivering integrated services for PLHIV, 2019

- HTS with child health services
- HIV and harm reduction services
- Cervical cancer screening with HIV...
- HIV counseling and testing with TB...
- HIV counseling and testing and SRH
- ART and GP care at PHC
- ART and chronic NCDs

Source: Latest policies update, GAM/Laws and policies, UNAIDS/WHO, 2019
New Integrated WHO Guidance

Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations

https://www.who.int/publications/i/item/9789240052390

https://www.who.int/publications/i/item/9789240055292

https://www.who.int/publications/i/item/9789240039360

https://www.who.int/publications/i/item/9789240065093

NEW April 2023

https://www.who.int/publications/i/item/9789240053779
Thank you

For more information, please contact:

Global HIV, Hepatitis and Sexually Transmitted Infections Programmes
E-mail: hiv-aids@who.int
www.who.int/health-topics/hepatitis
Opportunities for screening and treatment of NCDs when implementing sexual and reproductive health (SRH) programmes

DR LALE SAY

Unit head

Sexual and Reproductive Health, Integration in Health Systems, WHO HQ
Sustainable Development Goal 3: Health

- NCDs are an increasing problem in all populations, and the proportion of deaths in women 15-49 due to NCDs has increased from 41% in 2008 to 51% in 2017.
- Given that 80-90% of women conceive in their lifetimes, the intersection between pregnancy and NCDs is inevitable.
- Other SRH services reaching large numbers of people during their life course, provide opportunities for screening and managing NCDs.
NCDs in pregnancy

- About 1/3 of maternal deaths are associated with NCDs
- Priority thematic areas requiring attention in pregnancy care:
  - Cardiovascular conditions
  - Diabetes
  - Hemoglobinopathy
  - Mental health/substance use
  - Respiratory conditions
WHO Antenatal care (ANC) Guidelines

WHO recommendations on antenatal care for a positive pregnancy experience

Regular contact with health services throughout your pregnancy will protect you and your baby’s health.
ANC: prevention/screening/monitoring of NCDs

<table>
<thead>
<tr>
<th>Recommended in all settings (5)</th>
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<tbody>
<tr>
<td>Counselling about healthy eating and keeping physically active</td>
</tr>
<tr>
<td>Daily oral iron and folic acid supplementation</td>
</tr>
<tr>
<td>Hyperglycaemia first detected at any time during pregnancy should be classified as either gestational diabetes mellitus (GDM) or diabetes mellitus in pregnancy, according to WHO criteria.</td>
</tr>
<tr>
<td>Health-care providers should ask all pregnant women about their tobacco use (past and present) and exposure to second-hand smoke as early as possible in the pregnancy and at every antenatal care visit.</td>
</tr>
<tr>
<td>Health-care providers should ask all pregnant women about their use of alcohol and other substances (past and present) as early as possible in the pregnancy and at every antenatal care visit.</td>
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<thead>
<tr>
<th>Recommended in specific contexts (1)</th>
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<tr>
<td><strong>Full blood count testing is the recommended method for diagnosing anaemia in pregnancy.</strong> In settings where full blood count testing is not available, on-site haemoglobin testing with a haemoglobinometer is recommended over the use of the haemoglobin colour scale as the method for diagnosing anaemia in pregnancy.</td>
</tr>
</tbody>
</table>
Opportunities in other SRH services

- Other SRH services provide opportunities for screening and managing NCDs for example:
  - Contraception, abortion, STI services – breast cancer, cx cancer screenings and referral for management
  - WHO Guidelines for self-care interventions in SRH
  - SRH- mental health linkages
SRH and mental health intersections
the example WHO’s Violence against women work

- Mental Health Recommendations:
  - Provision of first-line support – based on psychological first aid
  - Provision of psychosocial support
  - Assess for moderate-to-severe mental health problems
  - Treat moderate to severe mental health conditions in line with mHGAP – CBT or EMDR delivered by health providers with good understanding for VAW suffering from PTSD.
  - For children of mothers subjected to intimate partner violence – psychotherapeutic interventions with and without the mother.
Wrap up including AFRO experiences and end of session

DR PREBO BARANGO

Team lead

Noncommunicable Diseases Department, WHO AFRO
Countries in the region are experiencing colliding epidemics of chronic infectious (CD) and non-communicable diseases (NCD).

Over the past two decades, substantial progress has been made in the Region in the UHC SCI. In 2019, the latest year for which data is available, the SCI ranged from 28 to 75 (out of 100) across all Member States.

Regarding the SCI subcomponents, the infectious disease subindex saw the most improvement between 2000 and 2019 (from 6 to 48), with a pronounced acceleration in 2005 due to the rapid scale-up of HIV, tuberculosis and malaria services. The RMNCH subindex also witnessed significant progress. The noncommunicable disease (NCD) component of the SCI was the slowest to progress.

Source: Our projections data from NCD country profile 2011, 2014, 2018, GLOBAL AIDS UPDATE UNAIDS 2016; and AIDS deaths if 2025 targets are achieved. https://doi.org/10.1371/journal.pmed.1003831.g002
The links between ageing and NCDs are increasingly visible in low- and middle-income countries

63% of 50 years and above PLWHIV are in SSA

People aged 50 and over living with HIV by sex


2. Aging with HIV in Africa: the challenges of living longer

Joel Negin, MIA,1 Edward J Mills, PhD,2 and Till Bärnighausen, MD, PhD3
Due to changing lifestyle and population ageing, prevalence of hypertension in Africa is among the highest globally.

Countries in Africa have high prevalence of raised blood pressure.

- In the African region, the average age-standardized prevalence of hypertension among adults aged 30-79 years, is 35.5% with a range from 23.7% in Malawi to 45.1% in Sao Tome and Principe.
- Prevalence of raised blood pressure in most countries in the region is above the global average prevalence of raised BP.
- Recent STEPS from 11 African countries shows that 82% of adults with raised blood pressure either not aware or not on treatment.

Prevalence of raised blood pressure in adults in African region.

Source: WHO Global Health Observatory data repository: http://apps.who.int/gho/data/view.main.2464ESTSTANDARD
Despite high prevalence, only a small fraction are under control

Hypertension cascade stratified: a gender divide

Of those people estimated to have HTN, only a proportion have received a diagnosis.

Only a proportion of those with a diagnosis have been treated...

...and in only a proportion of these is their HTN under control.
Countries with the highest burden of Cervical cancer are mostly in Africa

20 countries with highest rates in the world

20 countries with highest rates in Africa
Despite evidence of association, there is poor integration.

Prevalence of cervical cancer screening among HIV-positive women

Country experiences with integration of NCDs into HIV and TB
Zimbabwe
TB-DM Bidirectional screening cascades: Operations Research

DM screening among TB patients (OR):
Apr ‘16 – Sep ‘17

TB screening among DM patients (OR):
Apr ‘16– Sep ‘17

- # DM patients registered: 1617
- # Screened for TB: 1305 (89%)
- # with RBS > 6.1 mmol/L: 617 (47%)
- # with FBS done: 427 (69%)
- # with FBS > 7 mmol/L: 111 (8.5%)
- NNS: 12

- # Screened for TB: 510
- # Diagnosed with TB-DM: 111 (8.5%)
- NNS: 18

- # Screened for TB: 454
- # Diagnosed with TB-DM: 25
The country expanded routine bi-directional screening of TB and DM to Integrated TB/HIV Care sites (ITHC)

Through clinical attachments and provision of screening consumables

- One day classroom learning
- Three days attachment to CoE
- One day feedback

Total 66 sites had HCW capacitation to date
Country Experience

UGANDA

Delivery of integrated sexual reproductive health and rights services to increase access to cervical cancer and HIV services for vulnerable women and girls (especially key populations, people living with HIV and adolescent and young people engaged in risky sexual behaviours) – (UNFPA, 2016–2020)

Activities:

• national advocacy for resource mobilization and embedding cervical cancer screening and referral into the various SRH, HIV and gender-based violence services in 17 UNFPA-supported districts

• HPV testing was prioritized for people living with HIV

• M&E plan and health management information system tools developed

• Resources were leveraged from additional funding sources (i.e PEPFAR)
Country Experience

Kenya

Utilization of GeneXpert machines that are already available through the tuberculosis and HIV programmes for HPV DNA testing

Senegal

Integration of HIV and cervical cancer screening and treatment services for people living with HIV at health and community structures for key populations
Unitaid and the Clinton Health Access Initiative, in collaboration with the Federal Ministry of Health, set out to accelerate access to screening and treatment in three states, working with 177 health-care facilities (including 136 ART sites reaching women living with HIV).

The programme strengthens the capacity of health-care workers and engages civil society organizations to generate demand for cervical cancer services among women living with HIV.

Services: women use self-sampling kits, supported by the existing multiplex testing platform. AVE screening technology is used. Portable thermal ablation and Loop Electrosurgical Excision Procedure (LEEP) devices for the treatment of precancerous lesions.
Development of a joint cervical cancer and HIV programme response, with the formulation of the joint national coordination structure, comprising the Department of HIV and AIDS, Reproductive Health Directorate, and National Aids Commission.

The national Government and USAID/ PEPFAR provided financial support.

A national HIV/cervical cancer technical working group was set up to oversee the technical aspects of cervical cancer and HIV implementation.

The approach increased service uptake and treatment, and there is potential to scale up from 311 to 750 HIV treatment sites, if sufficient financial resources are available.
Conclusion

Integration of NCD services is key to improving outcomes from HIV and TB

Integrating interventions to prevent and manage major NCDs in PLHIV can reduce the risks of non-communicable diseases among people living with HIV and improve HIV treatment outcomes.

Addressing TB and diabetes will result in better treatment outcomes for the two conditions.

Ensure the provision of people-centered services and minimize the time and financial costs incurred by patients for accessing services.

Bringing NCDs services closer to the community allows early detection and control.

PLWHIV are vulnerable to NCDs thus integration will ensure their well-being.

Integration of NCD services ensures that PLWHIV have access to diagnosis treatment and care for CVD, diabetes and other NCDs.
Thank you
Moderated discussion with Member States

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Conclusion

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