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## **DSD beyond HIV treatment**

# **A pathway to hypertension (HTN) and HIV integration: Lessons from Nigeria**



# Enablers for HTN/HIV integration



1. Supportive guidelines

2. Training of providers

3. Supportive supervision and mentorship for providers

4. Community mobilization for services

5. Engagement of stakeholders and policy makers

6. Availability of fixed-dose combination treatment

7. Simplified treatment algorithm

8. Integrated DSD

# Enabler 1: Supportive guidelines



## Policy on Task-Shifting and Task-Sharing for the Control of Non-Communicable Diseases in Nigeria

AN ADDENDUM TO THE FEDERAL MINISTRY OF HEALTH (FMOH)  
TASK-SHIFTING / TASK-SHARING POLICY FOR ESSENTIAL HEALTH  
CARE SERVICES IN NIGERIA (2018)



## NIGERIA FEDERAL MINISTRY OF HEALTH NON-COMMUNICABLE DISEASES:

CHEW  
Job Aide

2019



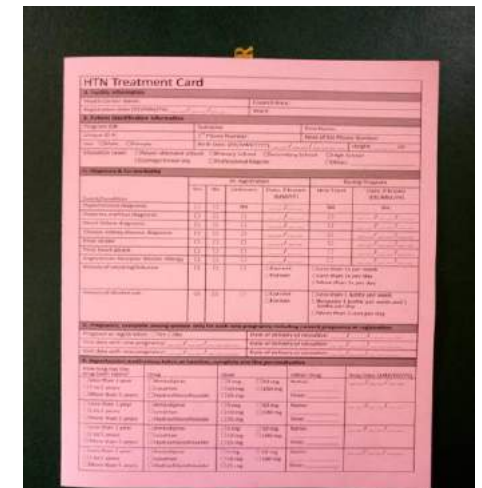
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## Enabler 2: Training of primary care physicians and non-physicians' health workers on management of hypertension in HIV

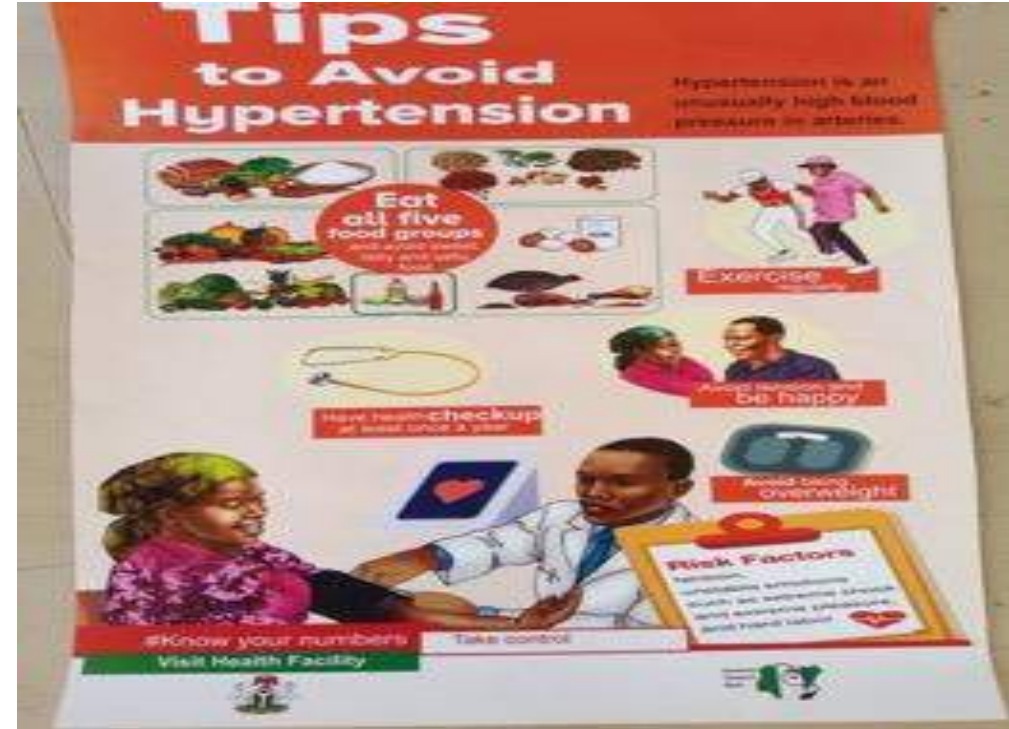




# Enabler 3: Supportive supervision and mentorship



# Enabler 4: Community mobilization



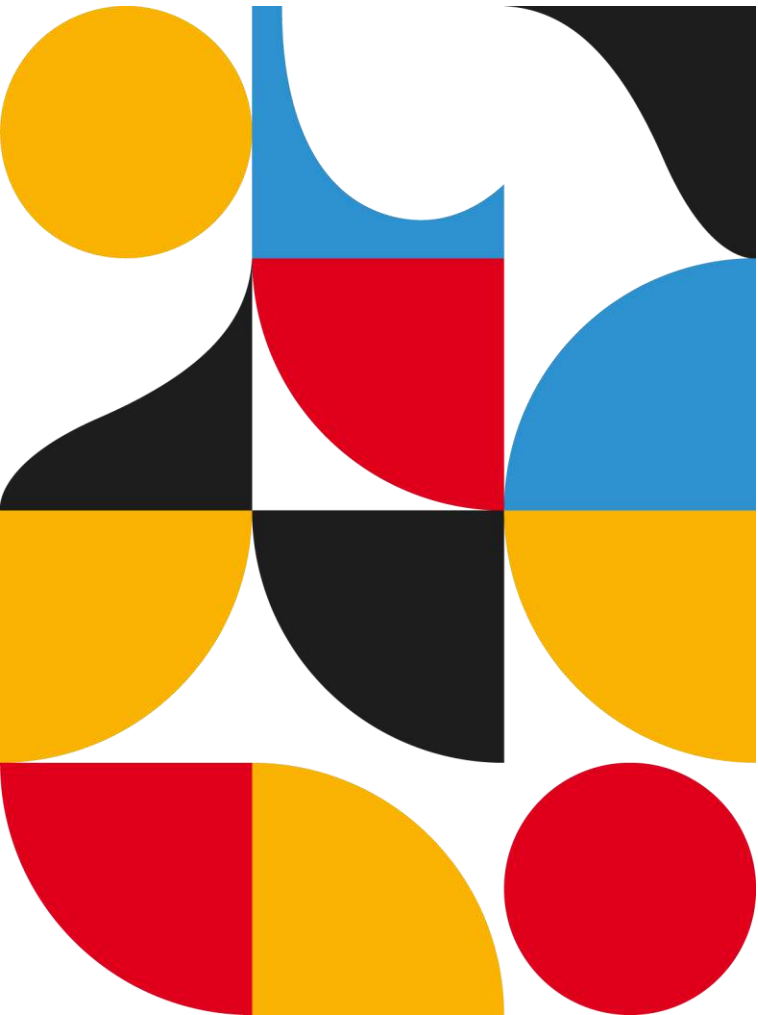
The need to engage the right community in this integration cannot be overemphasized



# Enabler 5: Engagement of stakeholders and policy makers






# Enabler 6: Fixed-dose combination



WILEY

ORIGINAL ARTICLE

## Fixed-dose combination therapy-based protocol compared with free pill combination protocol: Results of a cluster randomized trial

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of the Hypertension Treatment in Nigeria Program Investigators



# Enabler 7: DSD for HTN & HIV: Nigeria's building blocks



 **AIDS 2024**

	<b>HIV</b>		<b>Hypertension</b>	
	Clinical visit	Refill-only visit	Clinical visit	Refill-only visit
<b>WHEN</b>	Once a year	3 – 6 monthly	Once a year	3 monthly
<b>WHO</b>	Doctor Clinical Officer Nurse	Lay counsellor Community health worker	Doctor Clinical Officer Nurse	Lay counsellor Community health worker
<b>WHERE</b>	Primary health care clinic	Primary health care clinic, group meeting room	Primary health care clinic	Primary health care clinic, group meeting room

# Enabler 8: Managing Hypertension Among People Living with HIV: An Integrated Model (MAP-IT)

Collaborators: National Agency for the Control of AIDS; Federal Ministry of Health of Nigeria; Directorate of Nursing (Akwa Ibom State); Akwa Ibom State Agency for Control of AIDS

**Study goal: To evaluate the effectiveness of practice facilitation (PF) on the integration of a task strengthening strategy for HTN control (TASSH) into the HIV care platform in 30 primary healthcare clinics in Akwa Ibom State of Nigeria.**



22 – 26 July · Munich, Germany and virtual



[aids2024.org](http://aids2024.org)



# MAP-IT intervention, implementation strategy and outcomes

## **Task Strengthening Strategy for Hypertension Control (TASSH) (intervention):**

- Identify people with uncontrolled hypertension
- counsel on lifestyle modifications
- treat with medication per Nigeria simplified hypertension protocol,
- refer people with complicated HTN to physicians for further care

## **Practice facilitation (PF) (implementation strategy):**

- Train the trainer model
- Site champion coordinator
- Consensus for quality improvement,
- Peer-to-peer collaboration

**Primary outcome:** Adoption of TASSH

## **Secondary outcomes:**

- % with controlled HTN,
- level of implementation fidelity,
- Level of sustainment of TASSH at the end of the follow-up period

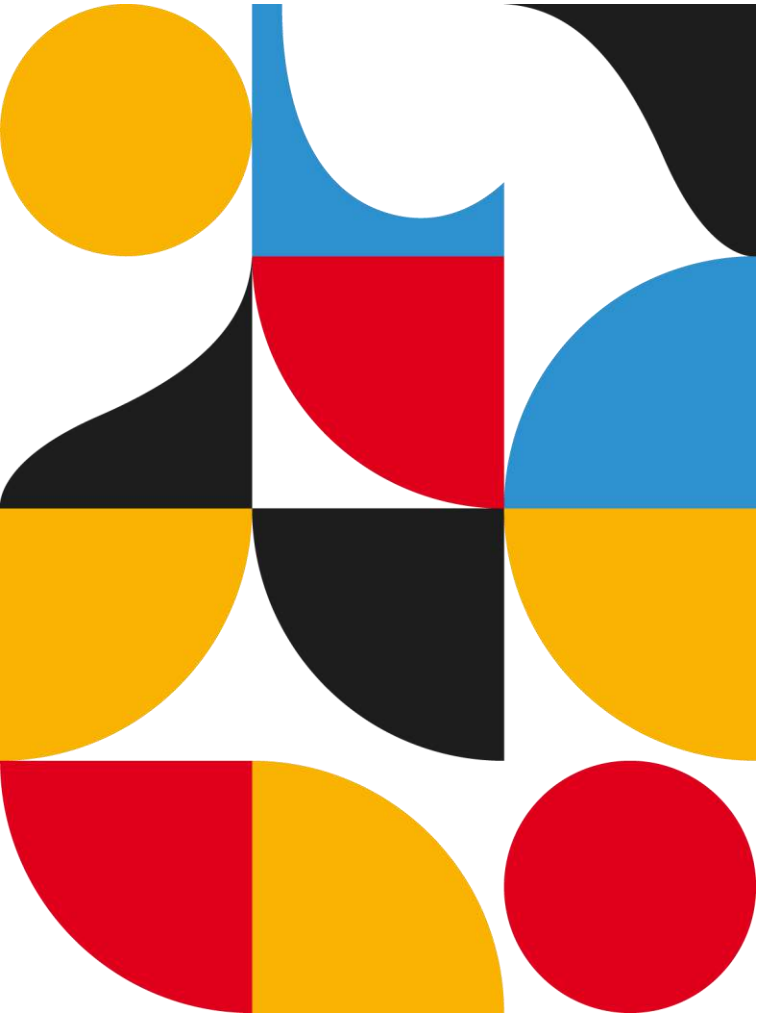


# Preliminary results

	Prior to practice facilitation (n=22)			Post practice facilitation (n=30)		
	Baseline (n=22)	First follow up visit (n=16)	Last follow up visit (n=16)	30 days (n=19)	60 days (n=26)	90 days (n=22)
BP control, n(%)	0 (0)	11 (68.8)	10 (62.5)	5 (26.3)	13 (50.0)	13 (59.1)
Systolic blood pressure <sup>^^</sup> , mean (sd)	153.5 (10.9)	134.2 (16.8)	136.8 (18.3)	141.6 (14.5)	140.2 (15.5)	137.0 (19.0)
Diastolic blood pressure, mean <sup>^^</sup> (sd)	94.7 (10.4)	85.6 (8.6)	88.1 (9.4)	87.9 (9.4)	85.7 (9.9)	86.1 (11.1)

- Systolic and diastolic blood pressure decreased from the first visit prior to practice facilitation to the visit 90 days post-practice facilitation
- The proportion of participants with blood pressure control increased from the first visit prior to practice facilitation to the visit 90 days post-practice facilitation

# Key learning points

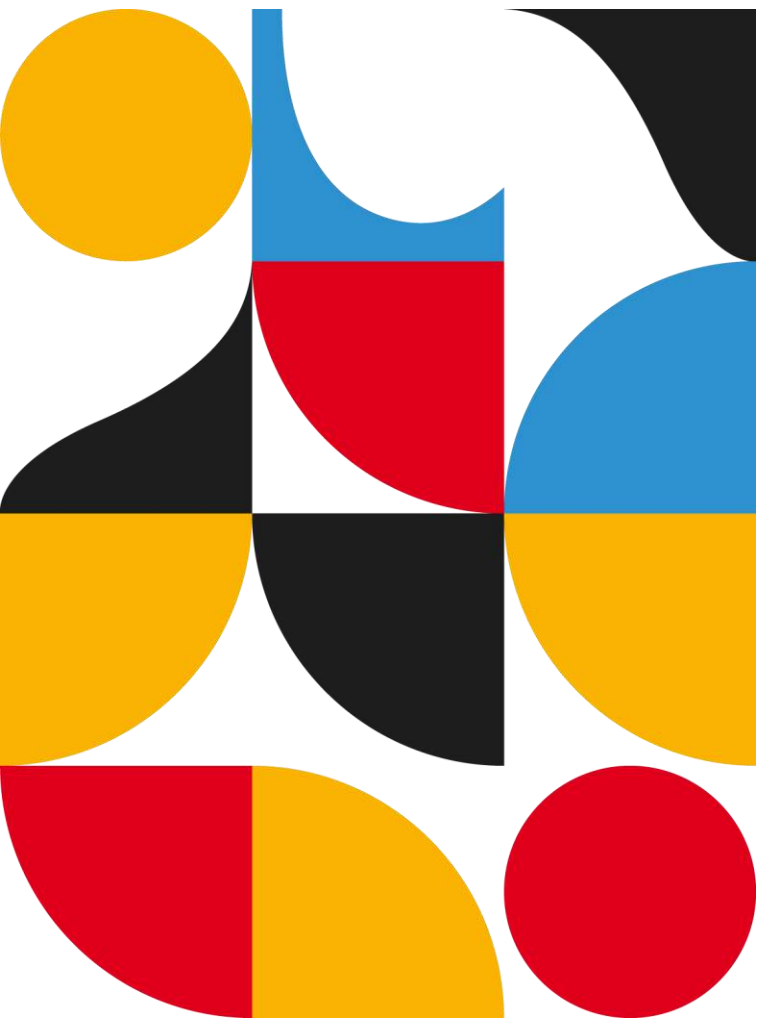


- People living with HIV are living longer and facing increased co-morbidities especially RFs for CVDs.
- Systems for HIV service delivery are well developed and can be utilized to deliver integrated HIV and hypertension treatment.
- HIV and hypertension are both chronic diseases requiring lifelong therapy and robust systems to retain patients in care.
- Integration of HTN into HIV care especially in the primary health care setting in LMICs like Nigeria is quite feasible.



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# Acknowledgements



- Staff Cardiovascular Research Unit of University of Abuja and University of Abuja Teaching Hospital
- Managing Hypertension Among People Living with HIV: An Integrated Model (MAP-IT) Study Team