

Member State Information Session | 28 April 2023

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:

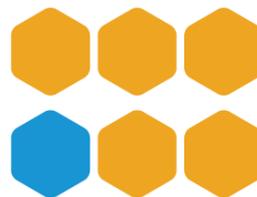
NCDs are the leading causes of death worldwide



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



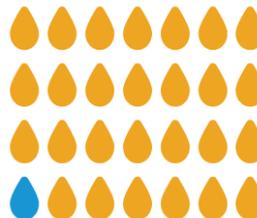
Cardiovascular diseases cause 1 in 3 deaths



Cancers cause 1 in 6 deaths

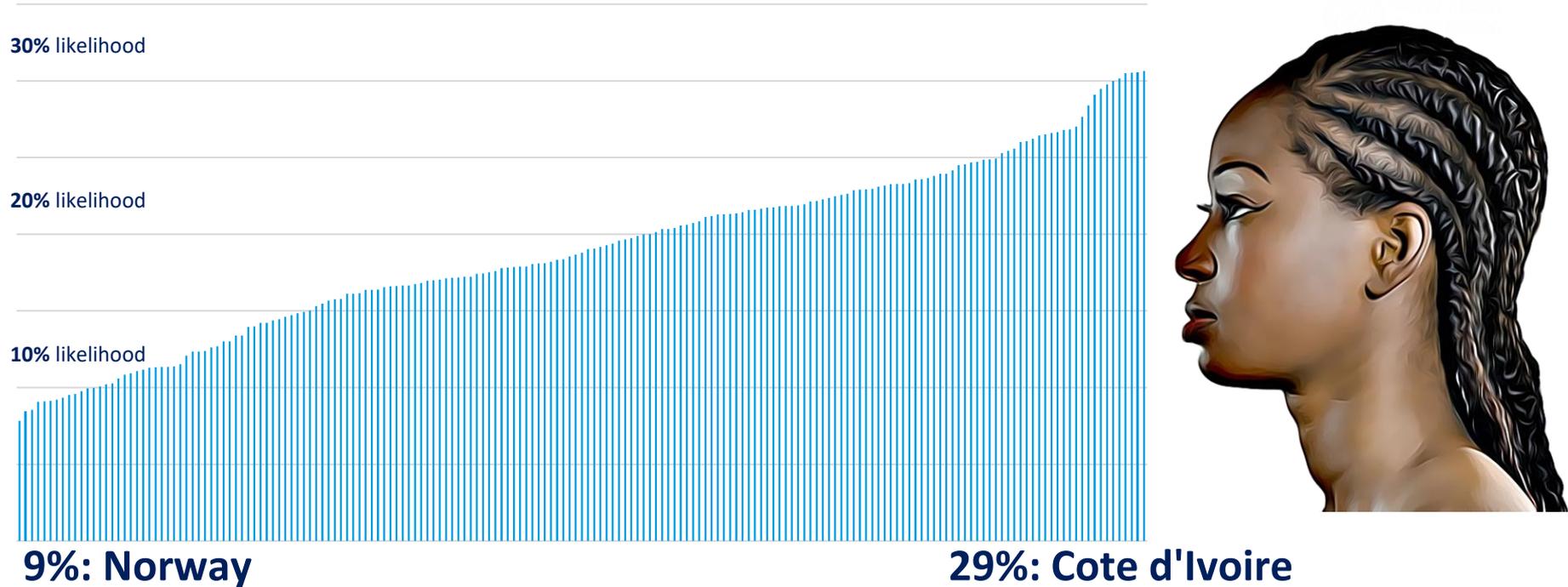


Chronic respiratory diseases cause 1 in 13 deaths



Diabetes causes 1 in 28 deaths

The WHY: Huge national inequalities in the likelihood of dying prematurely from a major NCD



The WHY: NCDs are among the leading causes of morbidity and mortality in PLWHIV



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 PLW HIV



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

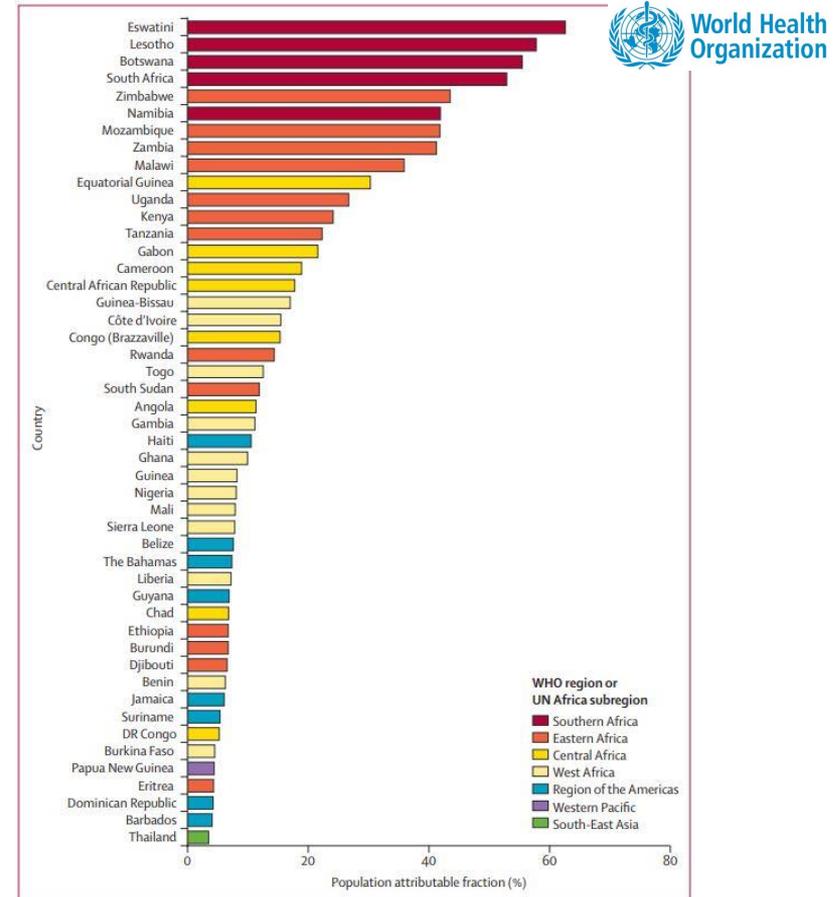
The WHY: High proportion of cervical cancer cases attributed to HIV

- 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



Estimated population attributable fraction for cervical cancer and HIV in the 50 highest ranked countries

The WHY: 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

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

Integrating chronic care into UHC

Encourage common chronic care services of HIV and NCDs at PHC

Health systems that meet the chronic care needs of people living with HIV, TB, malaria and NCDs

Moving to chronic disease management

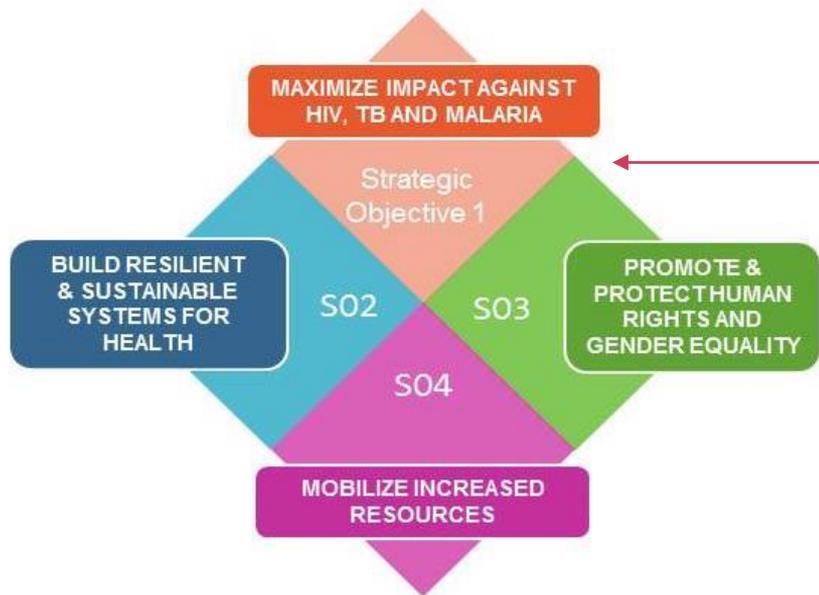
Building back better

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

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



Global Fund Strategy goals (2023-2028)

- 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

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

Implementation guidance

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

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

Implementation guidance

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

Implementation guidance

18 actions in 5 domains



People and community



Policy and leadership



Financing

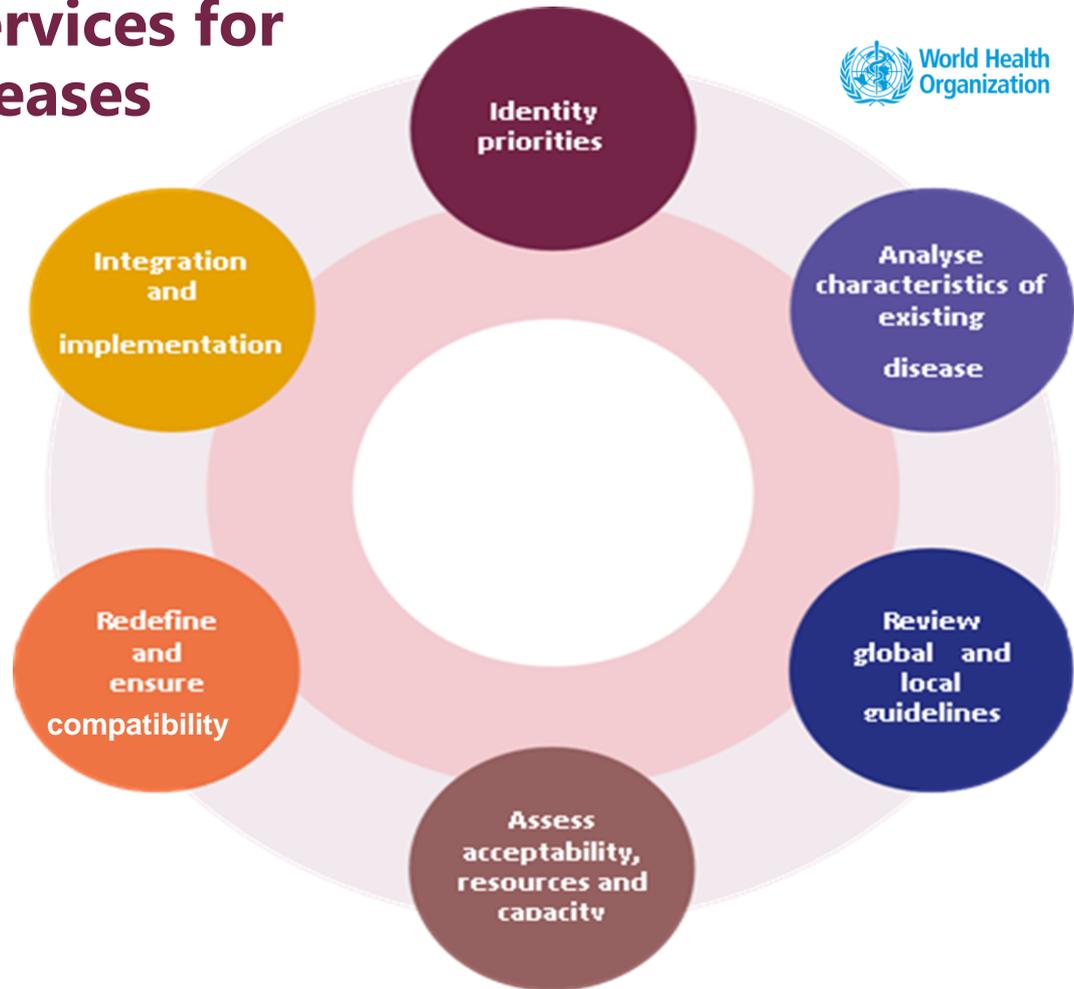


Capacity and infrastructure



NCD Model of care

Steps in integrating services for noncommunicable diseases





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

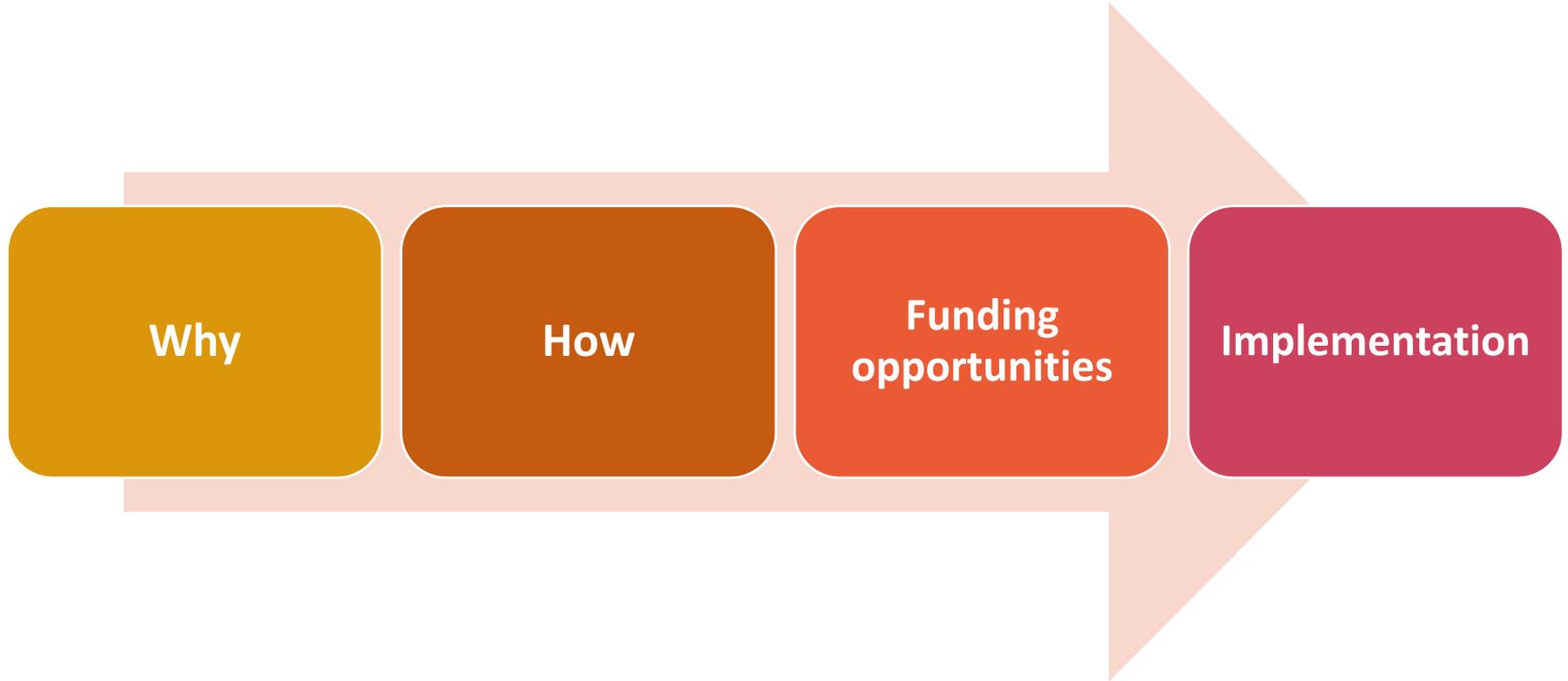


DR MAI ELTIGANY

Technical officer

Integrated Service Delivery, Department for Noncommunicable Diseases, WHO HQ

So far ...



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)

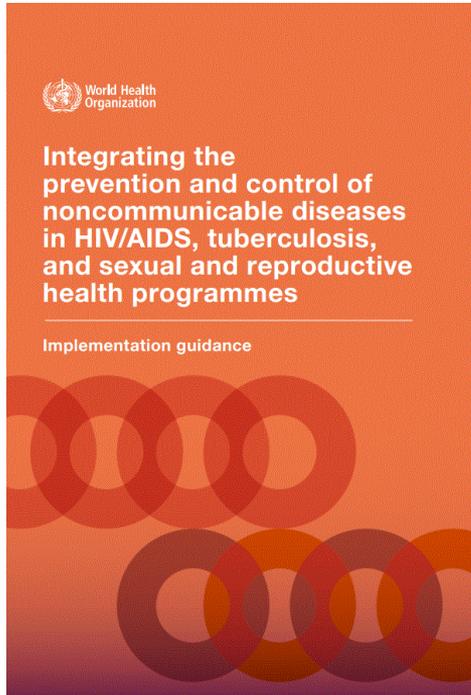
Resilient sustainable systems for Health grant (RSSH)

- 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.

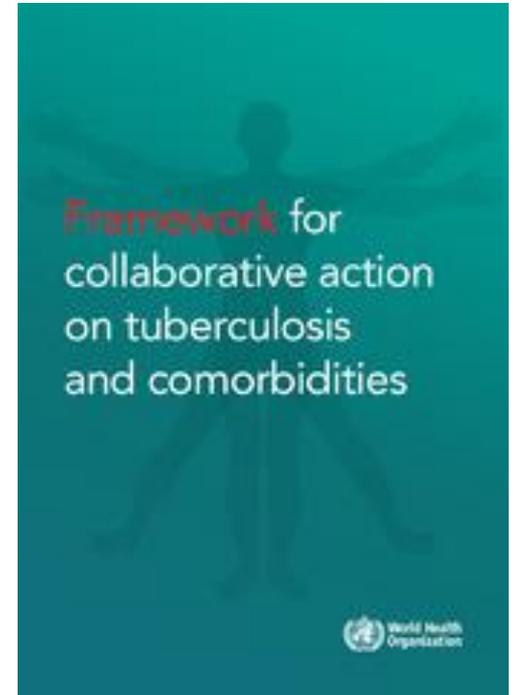
The prevalence of diabetes is projected to increase globally by 50% between 2019 and 2045, with a median increase of 99% (interquartile range, 69–151%) in countries with a high burden of TB. To respond to the increasing burden of TB and diabetes, people-centred services are required to meet the needs 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, 17 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

Prevention

- Perinatal and maternal depression
- Suicide prevention
- Adolescent school/community-based programmes

MH promotion

- Awareness campaigns
- Anti-stigma campaigns
- Involve people with MH and HIV

Management

- Screening and assessment
- Psychological interventions
- Pharmacological interventions
- Addressing social determinants

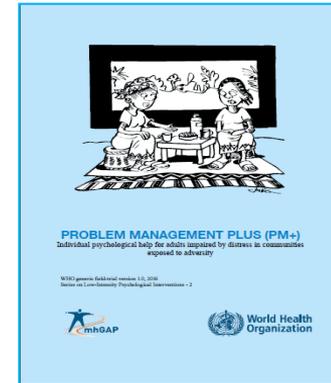
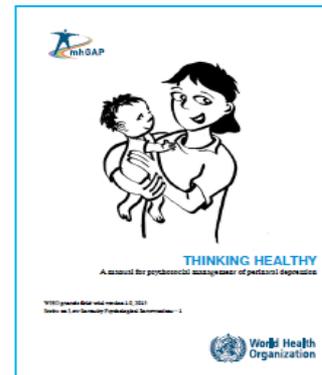
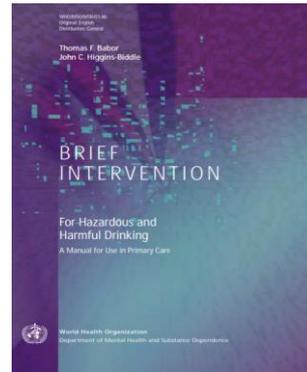
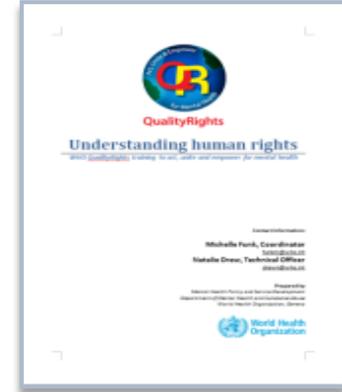
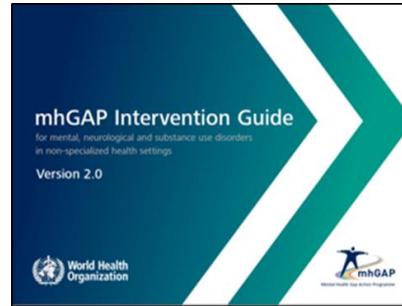
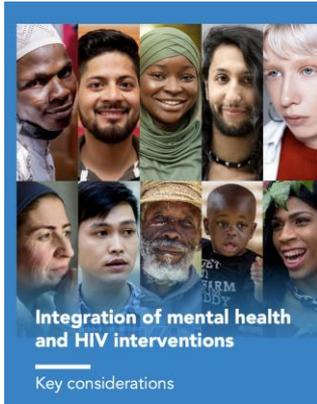
Supporting wellness and quality of life across the life-course

Entry points: Integrated interventions across the care continuum

HIV prevention	<ul style="list-style-type: none">• Integrate PrEP with mental health screening, referral, and substance use services
HIV testing	<ul style="list-style-type: none">• Post-test counseling that includes mental health screening and referral for relevant services
ART initiation	<ul style="list-style-type: none">• Screening for mental health conditions (including depression, anxiety, and alcohol use) among people initiating ART, according to national standards and mhGAP guidelines• HIV counseling including psychosocial support for promotion and prevention for mental health• Peer support groups and family-based interventions, particularly for adolescents• ART prescription in accordance with co-occurring mental health conditions and potential side effects
ART adherence and viral suppression	<ul style="list-style-type: none">• Psychosocial interventions to improve adherence and viral suppression (e.g., peer counselors, phone messages, reminders, cognitive behavioral or behavioral skills therapy)• Regular screening for mental health conditions among individuals who have not achieved viral suppression• Suspicion and detection of neurological complications (e.g. HAND, neuroinfections)

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

Guidance notes

GLOBAL FUND GRANT CYCLE 7
GUIDANCE NOTE ON PLANNING AND BUDGETING FOR THE INTEGRATION OF MENTAL HEALTH SERVICES INTO HIV PROGRAMS SUPPORTED BY THE GLOBAL FUND
Justification and rationale for prioritization and inclusion of mental health in funding requests
Ensuring that mental health is discussed as a critical component during the country dialogue and included in funding requests for the upcoming Global Fund allocation 2023-2025 will enable the Global Fund and its partners to deliver on the ambitious new Strategy: <i>Fighting Pandemics and Building a Healthier and More Equitable World</i> . The strategy recognizes the need not only to integrate mental health fully into HIV programs, but also to engage proactively with people with lived experience, to ensure that national disease programs and their underlying health systems become

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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



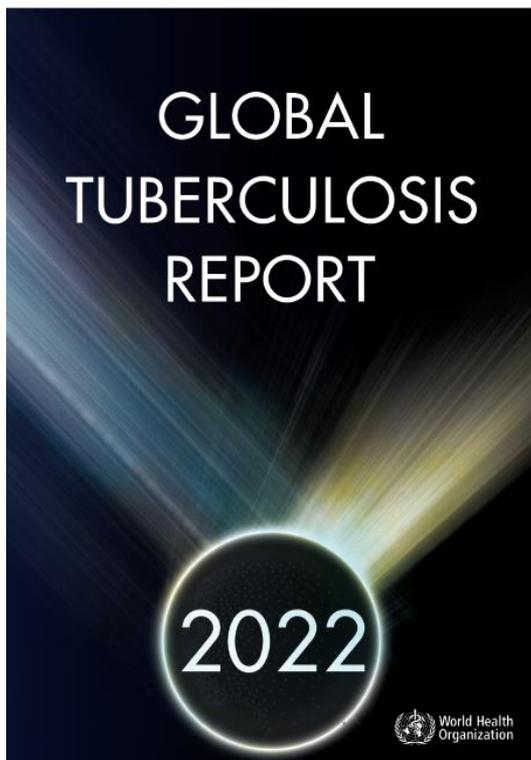
Opportunities for sustaining the gains made towards ending TB through comprehensive people centred services for people with TB

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

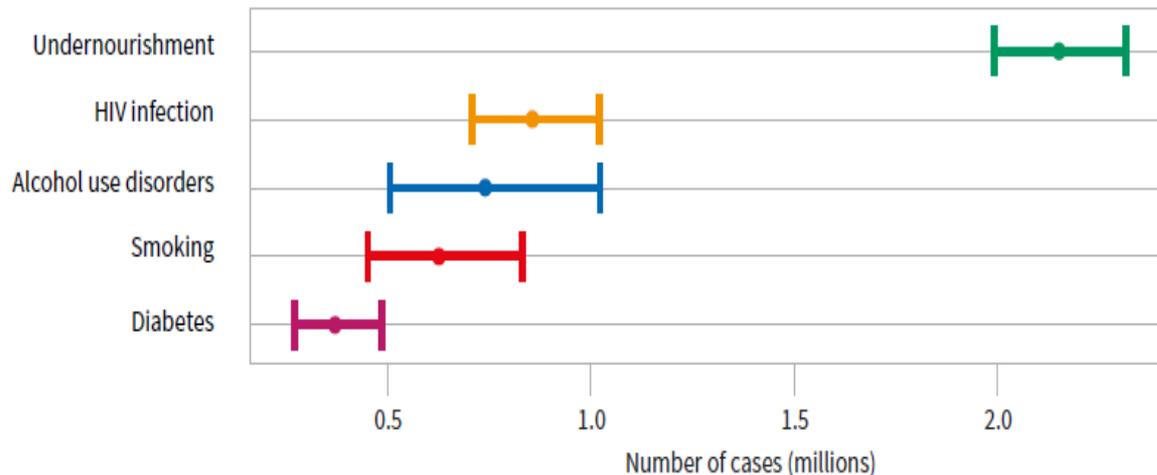
Integrating prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes



≈ 50% of TB is due to 5 health-related risk factors



Global estimates of the number of incident TB cases attributable to selected risk factors, 2021



42%¹ of people with TB have mental disorders -> increased risk of TB treatment delay, multi-drug resistant TB, loss-to-follow-up and death

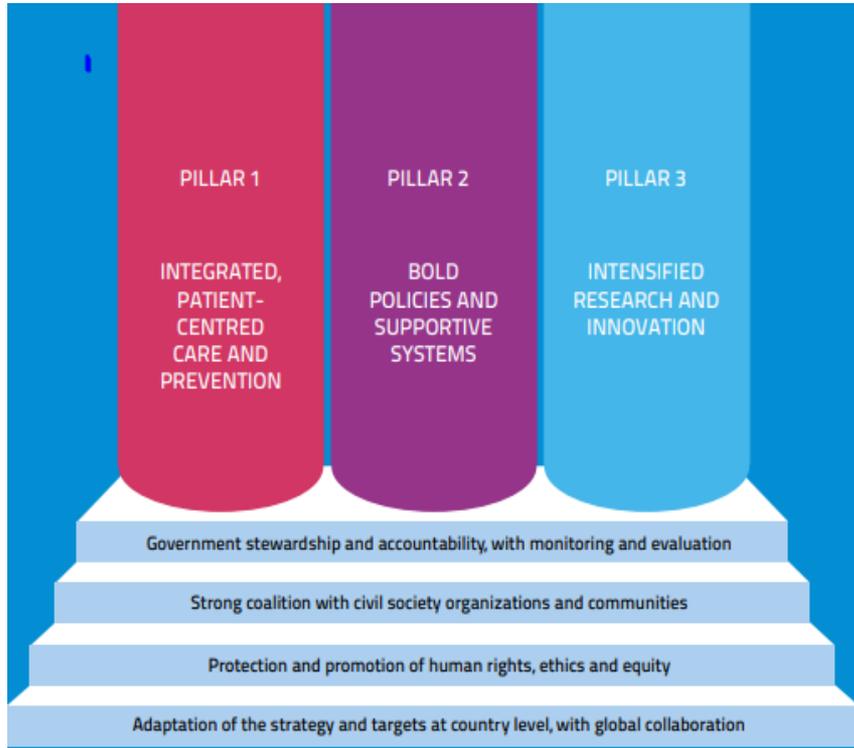
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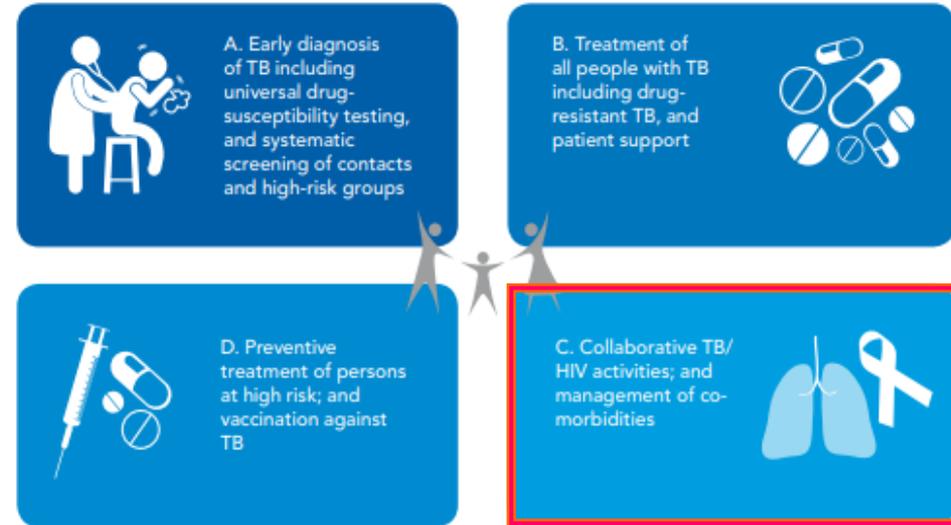
All are associated with poor TB treatment outcomes and require coordinated care and support



Co-morbidities within the End TB Strategy



How pillar 1 works : Key components



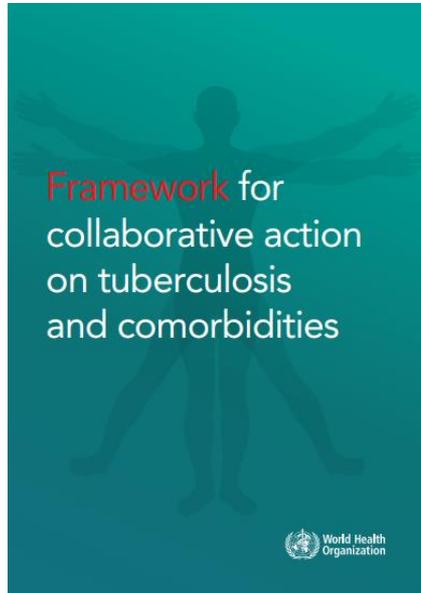
People-centred framework for TB programme planning and prioritization

- 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>



Framework for collaborative action on TB and comorbidities



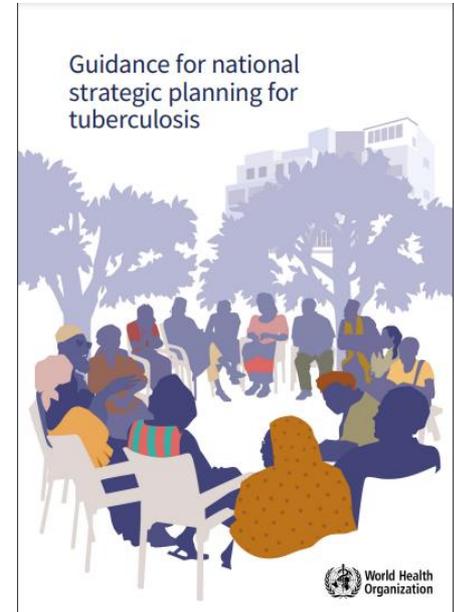
Establish and strengthen collaboration across health programmes and across sectors for delivering people-centred services for TB and comorbidities

<https://www.who.int/publications/item/9789240055056>

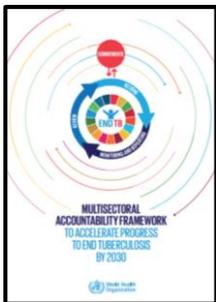


Opportunities in TB strategic planning and implementation

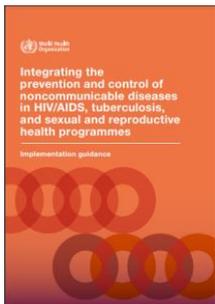
- TB national strategic planning is the bedrock of resource mobilization and introducing new interventions.
- In high TB burden countries, there is a decentralized network of TB services for introducing diabetes services to TB clients and building up PHC
- Strong health management information systems 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/item/9789240061682>

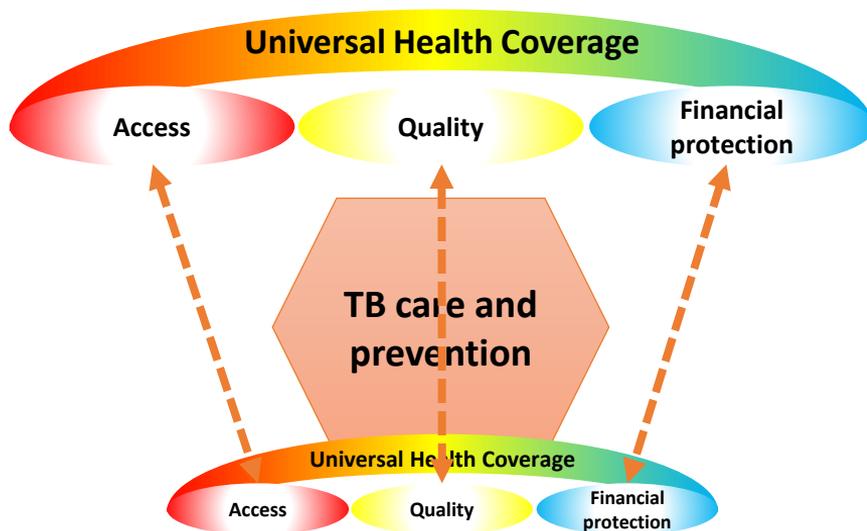
WHO operational handbook on tuberculosis
Module 6: Management of Tuberculosis and comorbidities
TB and diabetes

Available on WHO's TB Knowledge Sharing Platform:
<https://extranet.who.int/tbknowledge>



2023 UNHLMs on TB and UHC

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

TB care and prevention as part of UHC



Achieving UHC within TB care and prevention



**Integrating interventions for
prevention & management of
major NCDs into HIV services to
reduce NCD risks and improve
HIV outcomes**



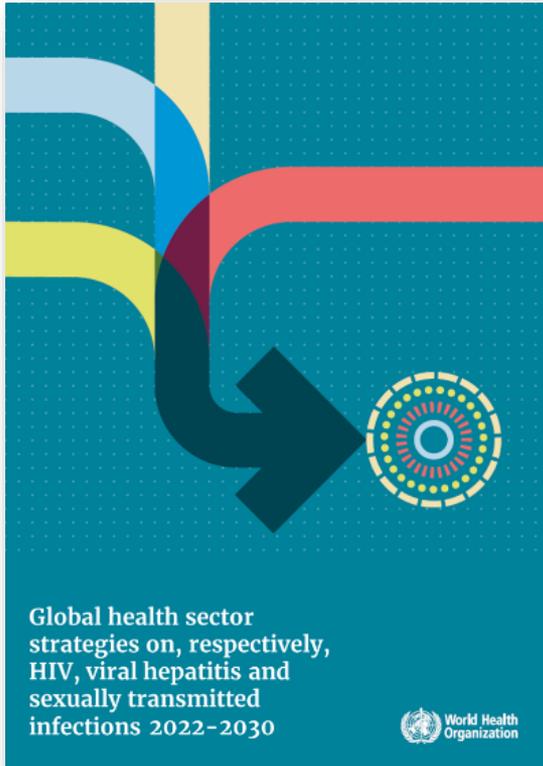
DR MEG DOHERTY

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



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

WHO Consolidated HIV Guidelines (2021) supports Integration of NCDs within HIV services

General care for people living with HIV	Cotrimoxazole prophylaxis	Tuberculosis	Hepatitis - B and - C
Malaria	Buruli ulcer	Leishmaniasis	Cervical cancer
Non communicable disease	Mental health among PLHIV	Drug use and drug use disorders	Sexually transmitted infections
Vaccines	Skin and oral conditions	Nutritional care and support	

GENERAL CARE AND MANAGING COMMON COINFECTIONS AND COMORBIDITIES 06

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Chapter 6: Coinfections and comorbidities (continued)

6.10. Noncommunicable diseases

Assessment and management of cardiovascular risk should follow standard protocols recommended for general population (conditional recommendation, very-low-certainty evidence).

*The WHO Package of Essential Noncommunicable (PEN) disease targets the following populations for cardiovascular disease: hypertension or diabetes, waist circumference (>90 cm for women and >102 cm for men) and premature cardiovascular disease.

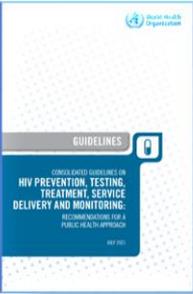
Good practice statement

Strategies for the prevention and risk reduction of cardiovascular diseases by addressing modifiable factors such as blood pressure, smoking, obesity status, unhealthy diet and lack of physical activity should be applied to all people living with HIV.

6.11. Mental health among people living with HIV

Assessment and management of depression should be included in the package of HIV care services for all individuals living with HIV (conditional recommendation, very-low-certainty evidence).

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



<https://www.who.int/publications/i/item/9789240031593>

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Chapter 7: Service delivery (continued)

7.9 Integrating services

7.9.1 Delivering ART in maternal and child health-care settings

In generalized epidemic settings, ART should be initiated and maintained in pregnant and postpartum women and in infants at maternal and child health care settings, with linkage and referral to ongoing HIV care and ART, where appropriate (strong recommendation, very-low-certainty evidence).

7.9.2 Delivering ART in TB treatment settings and TB treatment in HIV care settings

In settings with a high burden of HIV and TB, ART should be initiated in TB treatment settings, with linkage to ongoing HIV care and ART (strong recommendation, very-low-certainty evidence).

In settings with a high burden of HIV and TB, TB treatment may be provided for people living with HIV in HIV care settings where a TB diagnosis has also been made (strong recommendation, very-low-certainty evidence).

7.9.3 Integrating sexual and reproductive health services, including contraception, within HIV services ★

Sexually transmitted infection (STI) and family planning services can be integrated within HIV care settings (conditional recommendation, very-low-certainty evidence).

Sexual and reproductive health services, including contraception, may be integrated within HIV services (conditional recommendation, very-low-certainty evidence).

7.9.4 Integrating diabetes and hypertension care with HIV care ★

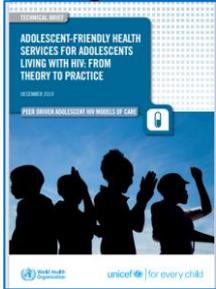
Diabetes and hypertension care may be integrated with HIV services (conditional recommendation, very-low-certainty evidence).

7.9.5 ART in settings providing opioid substitution therapy

ART should be initiated and maintained in people living with HIV at care settings where opioid substitution therapy (OST) is provided (strong recommendation, very-low-certainty evidence).

Service delivery – HIV, SRH, TB, NCDs, OST

Additional resources to complement HHS guidelines

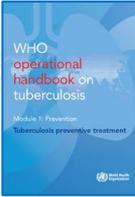


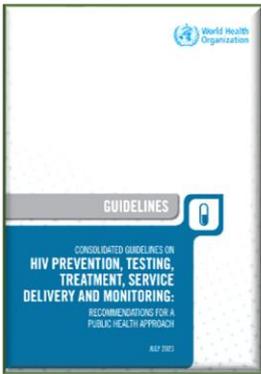
Psychosocial interventions should be provided to all adolescents and young adults living with HIV

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 ARV services. Intensified TB case finding and TPT should be integrated within these models. Establishing DSD 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.

<https://www.who.int/publications/i/item/9789240002906>





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

<https://www.who.int/publications/i/item/9789240031593>

Table 1 Components of the package of care for people with advanced HIV disease

	Intervention	CD4 cell count	Adults	Adolescents	Children
Diagnosis	Sputum Xpert® MTB/RIF as the first test for TB diagnosis among symptomatic people	Any	Yes	Yes	Yes
	LF-LAM for TB diagnosis among people with symptoms and signs of TB	≤100 cells/mm ³ Or at any CD4 count if seriously ill	Yes	Yes	Yes*
	Cryptococcal antigen screening	≤100 cells/mm ³	Yes	Yes	No

Information note

Global TB Programme and Department of HIV/AIDS

CONSIDERATIONS FOR ADOPTION AND USE OF MULTIDISEASE TESTING DEVICES IN INTEGRATED LABORATORY NETWORKS



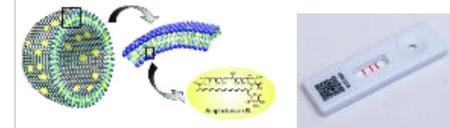
Optimization of diagnosis & treatment monitoring of co-infections and co-morbidities

Updated Recommendation	Tuberculosis	Cryptococcal Meningitis	Histoplasmosis	Visceral Leishmaniasis
Timing of ART initiation (shorter)	✓		✓	
New tools for screening and diagnosis	✓	✓	✓	
New treatment regimens		✓	✓	✓
New preventative regimens	✓			

TB screening algorithms for PLHIV

Outpatients not on ART W455+ then CRP (>=5 mg/L)	Outpatients on ART Parallel W455 + X-ray	Medical Inpatients >10% TB prevalence - mWRD alone
Sens: 0.84 [0.73-0.90] Spec: 0.64 [0.55-0.72]	0.85 [0.69-0.94] 0.33 [0.15-0.58]	0.77 [0.69-0.84] 0.93 [0.89-0.96]
Compared with W455 alone		
Sens: 0.84 [0.75-0.90] Spec: 0.57 [0.25-0.50]	0.53 [0.38-0.69] 0.70 [0.50-0.85]	0.96 [0.92-0.98] 0.11 [0.08-0.14]

Liposomal Amphotericin B **Lateral flow assay**



WHO Consolidated HIV Guidelines – 2021 **NEW** Service Delivery Recommendations



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 Health. *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



PMCT programmes

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

Benefits of integrating HBV PMCT into existing PMCT interventions (triple testing for HIV/Hep B/ syphilis)



- Significant regional prevalence of HIV/HepB/syphilis
- Cost effective
- Optimises space and sustainable implementation
- Streamlined programme (benefits already available in PMCT programme)
- Simplified training of healthcare personnel
- Aligned with the SDGs and health sector strategies for HIV, viral hepatitis and STI

The elimination of vertical transmission can be validated by WHO with standardized processes and now includes HBV



CRITERIA FOR VALIDATION OF ELIMINATION OF VIRAL HEPATITIS B AND C: REPORT OF SEVEN COUNTRY PILOTS

<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.⁴

PRIMARY PREVENTION

Girls 9–14 years

- HPV vaccination

Girls and boys, as appropriate

- Sexuality education tailored to age and culture
- Condom promotion/provision for those engaged in sexual activity
- Male circumcision
- Health information and warnings about tobacco use

SECONDARY PREVENTION

All women >30 years of age

- Screening with high-performance test equivalent to or better than HPV test
- Followed by immediate treatment or as quickly as possible, of precancerous lesions

Women living with HIV 25 years and older

- Screen, triage and treatment of precancerous lesions

TREATMENT OF INVASIVE CANCER

All women, as needed

Treatment of invasive cancer at any age

- Surgery
- Radiotherapy
- Chemotherapy
- Palliative care



WHO Policy uptake (WHO/UNAIDS, GAM)



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

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: 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:

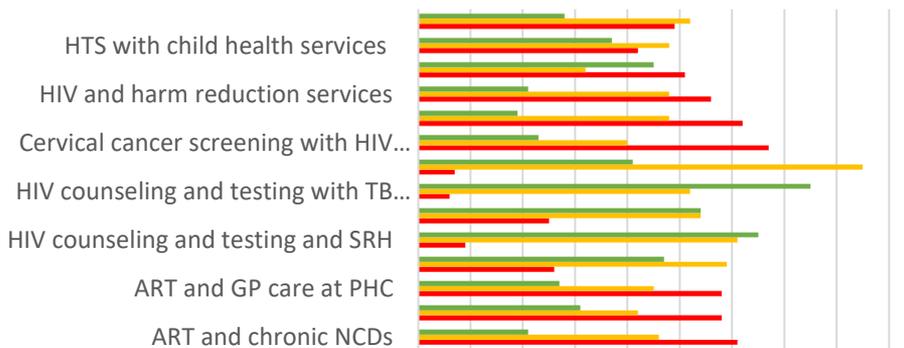
- HPV DNA* detection in a **screen, triage and treat approach** starting at the **age of 25 years** with **regular screening every 3 to 5 years**.

* 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

Integrated National Strategic Plan & Programme review tools in response to the country needs

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



■ fully integrated in all health facilities ■ integrated in some facilities

World Health Organization
 Health sector response to HIV, viral hepatitis and sexually transmitted infections
 Guidance for national strategic planning (NSP)
 April 2023

World Health Organization
 Guide to conducting programme reviews for HIV, viral hepatitis, and sexually transmitted infections
 2023



Part II – Core components of strategic plans

- Planning processes
- Situation analysis
- Priority setting
- Service delivery
- Monitoring and evaluation
- Costing and budgeting
- Implementation arrangements

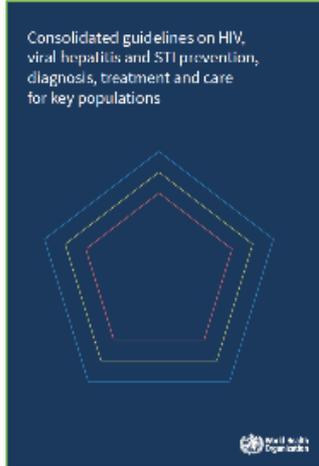
General descriptions of core components

Strategic planning for HIV – disease specific considerations	Strategic planning for viral hepatitis – disease specific considerations	Strategic planning for STIs – disease specific considerations
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- Shared approaches across related programmes
- System integration

Service integration and shared approaches

New Integrated WHO Guidance



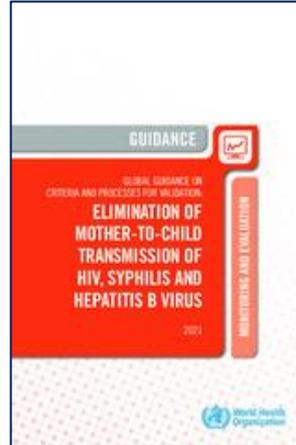
Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations

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



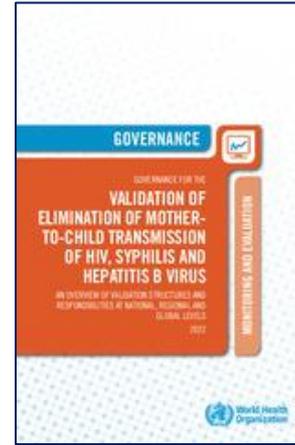
REPORT ON SEVEN COUNTRY PILOTS OF WHO CRITERIA FOR COUNTRY VALIDATION OF VIRAL HEPATITIS ELIMINATION

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



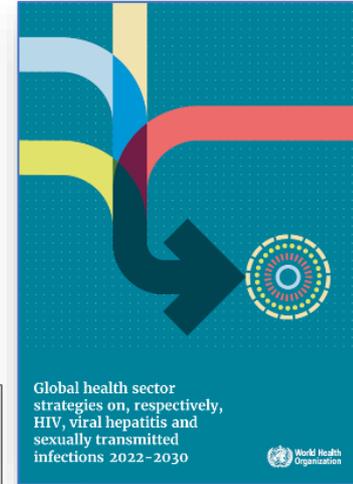
GUIDANCE
GLOBAL GUIDANCE ON CRITERIA AND PROCESSES FOR VALIDATION
ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV, SYPHILIS AND HEPATITIS B VIRUS
2021

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



GOVERNANCE
GUIDANCE FOR THE VALIDATION OF ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV, SYPHILIS AND HEPATITIS B VIRUS
AN OVERVIEW OF VALIDATION STRUCTURES AND RESPONSIBILITIES AT NATIONAL, REGIONAL AND GLOBAL LEVELS
2022

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



Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections 2022-2030

<https://www.who.int/publications/i/item/9789240053779>

NEW April 2023



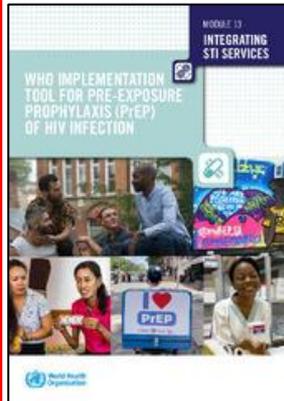
New recommendation on hepatitis C virus testing and treatment for people at ongoing risk of infection
Policy brief

<https://www.who.int/publications/i/item/9789240071872>



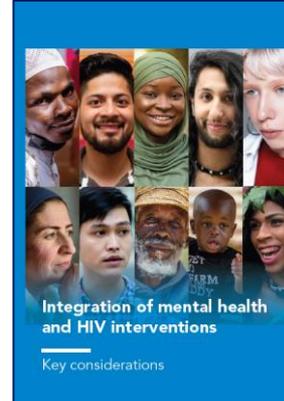
Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people who inject drugs
Policy brief

<https://www.who.int/publications/i/item/9789240071858>



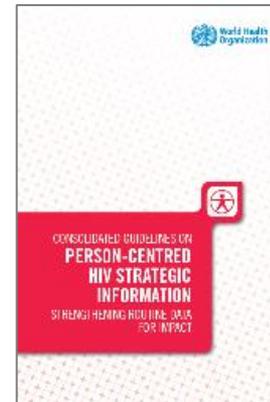
MODULE 13
INTEGRATING STI SERVICES
WHO IMPLEMENTATION TOOL FOR PRE-EXPOSURE PROPHYLAXIS (PrEP) OF HIV INFECTION

<https://www.who.int/publications/i/item/9789240057425>



Integration of mental health and HIV interventions
Key considerations

<https://www.who.int/publications/i/item/9789240043176>



CONSOLIDATED GUIDELINES ON PERSON-CENTRED HIV STRATEGIC INFORMATION
STRENGTHENING ROUTINE DATA FOR IMPACT

<https://www.who.int/publications/i/item/9789240055315>

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



**World Health
Organization**





Opportunities for screening and treatment of NCDs when implementing sexual and reproductive health (SRH) programmes

Opportunities for screening and treatment of NCDs when implementing sexual and reproductive health programmes



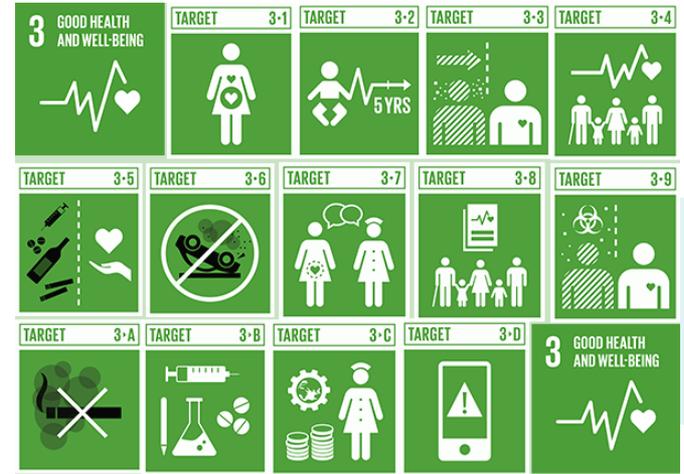
DR LALE SAY

Unit head

Sexual and Reproductive Health, Integration in Health Systems, WHO HQ

Sustainable Development Goal 3: Health

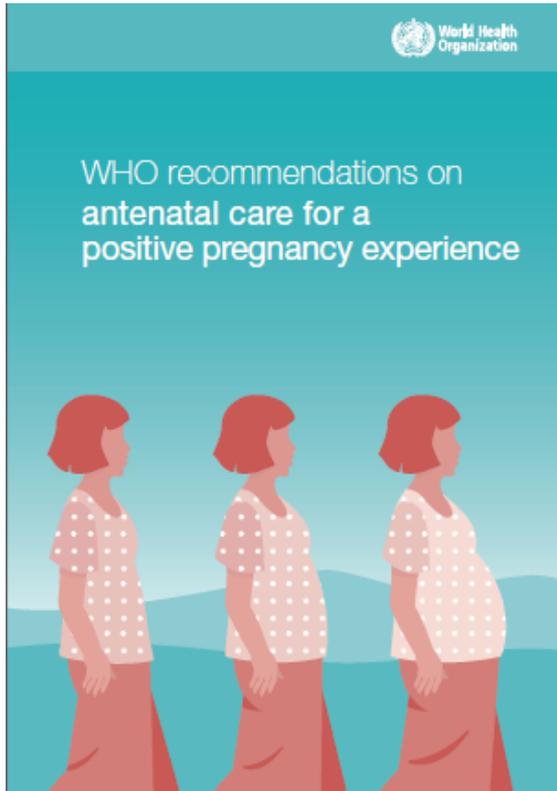
- NCDs are an increasing problem in all populations, and **the proportion of deaths in women 15-49 due to NCDs has increased from 41% in 2008 to 51% in 2017**
- Given that 80-90% of women conceive in their lifetimes, the intersection between pregnancy and NCDs is inevitable
- Other SRH services reaching 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



ANC: prevention/screening/monitoring of NCDs

Recommended in all settings (5)

Counselling about healthy eating and keeping physically active

Daily oral iron and folic acid supplementation

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.

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.

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.

Recommended in specific contexts (1)

Full blood count testing is the recommended method for diagnosing anaemia in pregnancy. 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.

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



World Health Organization



human reproduction programme
research for impact
UNFPA · UNICEF · WHO · WORLD BANK

WHO recommendations on self-care interventions

Human papillomavirus (HPV) self-sampling as part of cervical cancer screening and treatment,

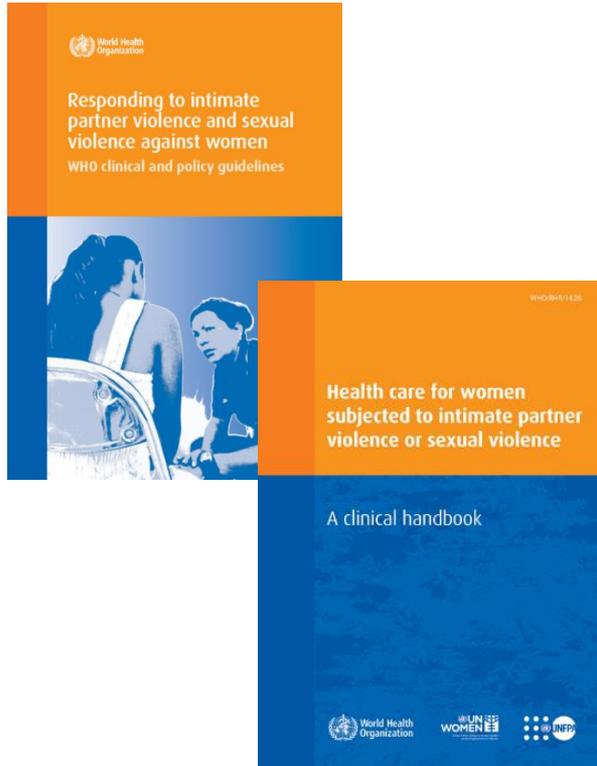


Table 1. How sexual and reproductive health interventions are grouped in the UHC Compendium

Group	Subgroup	Intervention category
Reproductive and sexual health	Pregnancy and birth	Antenatal care
		Labour and childbirth care
		Postnatal care
		Abortion*
		Ectopic pregnancy*
	Sexual health and family planning	Contraception and family planning
		Infertility
		Sexual health**
		Female genital mutilation (FGM)
		Intimate partner and sexual violence
Noncommunicable diseases and mental health	Cancers	Comprehensive sexuality education***,****
		Breast cancer****
		Cervical cancer
		Prostate cancer****
		Ovarian cancer****
		Uterine cancer****

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

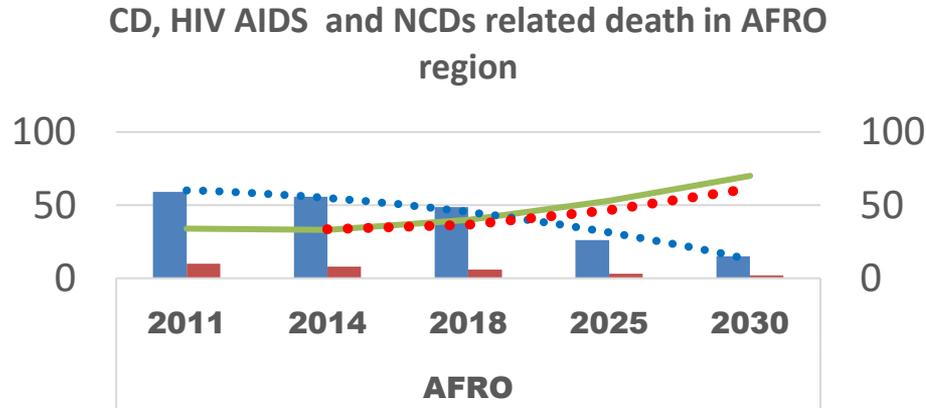


DR PREBO BARANGO

Team lead

Noncommunicable Diseases Department, WHO AFRO

Countries in the region are experiencing colliding epidemics of chronic infectious (CD) and non-communicable diseases (NCD)



CD, Maternal, perinatal and nutritional

AIDS related death



Tracking Universal Health Coverage in the WHO African Region, 2022



- ❖ 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

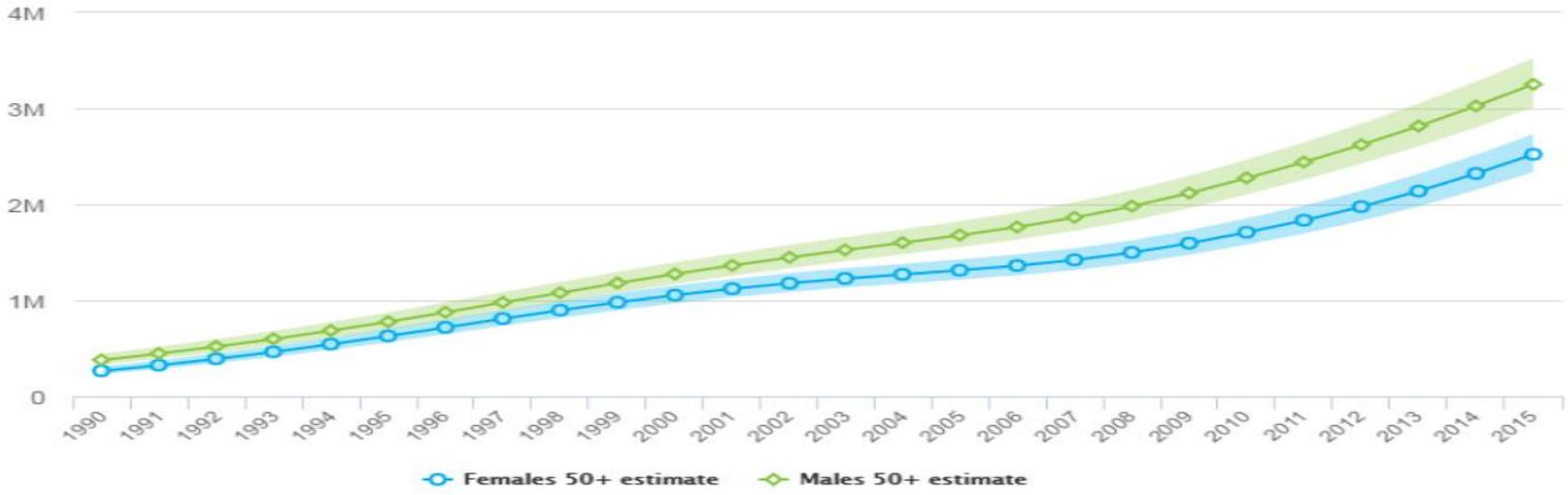
Source : Our projections data from NCD country profile 2011, 2014, 2018, GLOBAL AIDS UPDATE UNAIDS 2016 ; and AIDS deaths if 2025 targets are achieved.
<https://doi.org/10.1371/journal.pmed.1003831.g002>

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



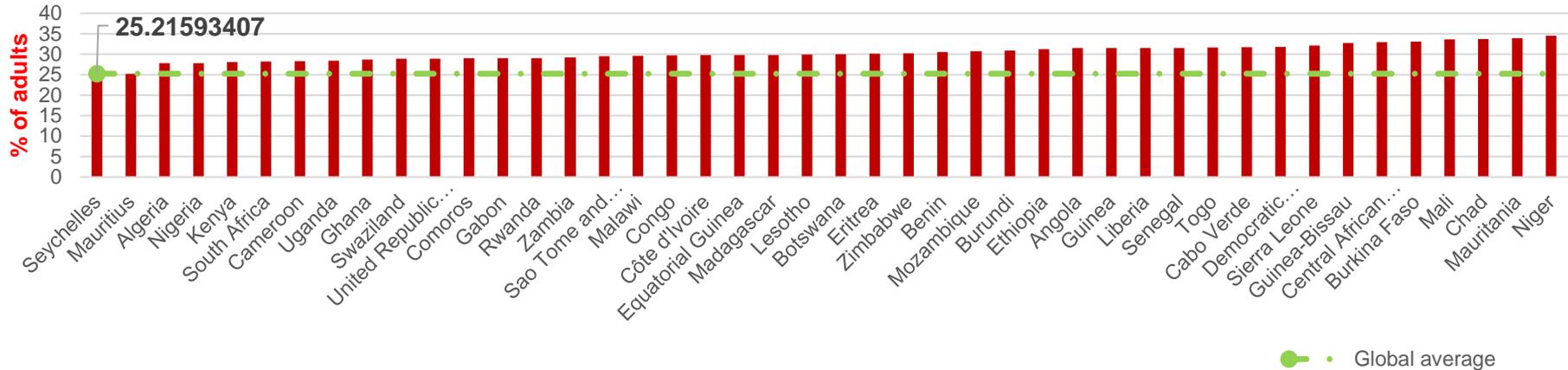
HIV, NCDs and ageing

1. Toward a systemic research agenda for addressing the joint epidemics of HIV/AIDS and noncommunicable diseases. Geneau, Robert; Hallen, Greg AIDS: [31 July 2012 - Volume 26 - Issue - p S7-S10](#) doi: 10.1097/QAD.0b013e328355cf60
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



Prevalence of raised blood pressure in adults in African region.

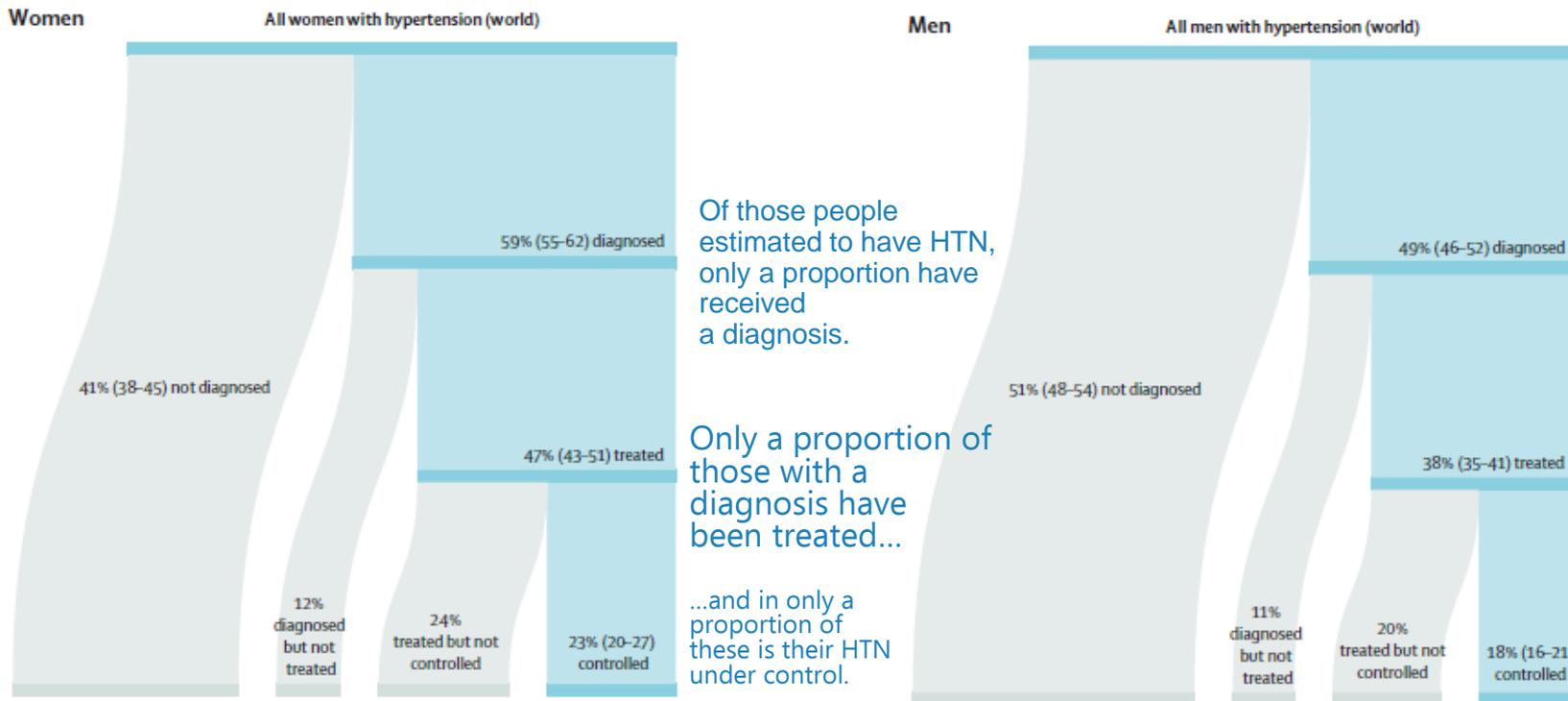


Source: WHO Global Health Observatory data repository
<http://apps.who.int/gho/data/view.main.2464ESTANDARD6>

- 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

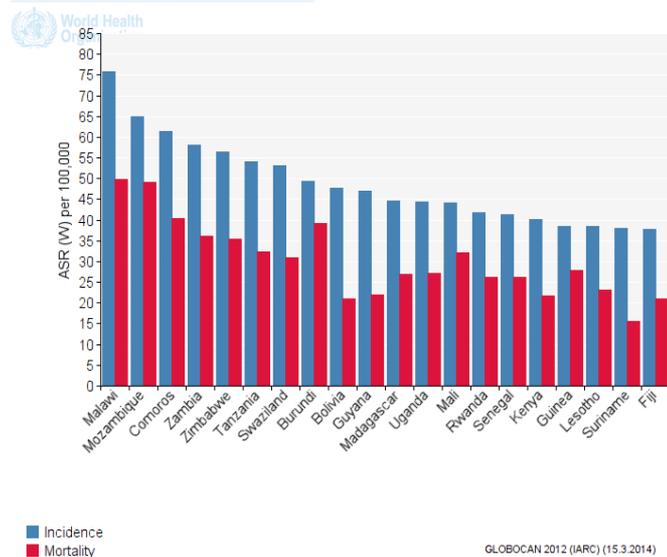
Despite high prevalence, only a small fraction are under control

Hypertension cascade stratified: a gender divide



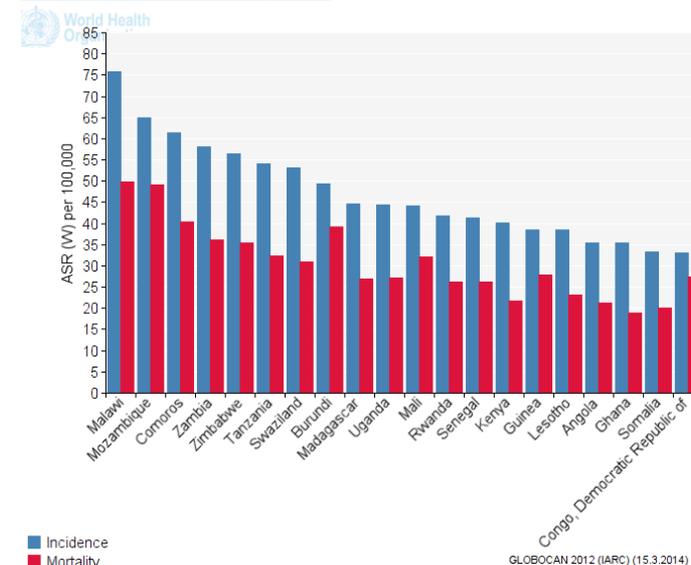
Countries with the highest burden of Cervical cancer are mostly in Africa

International Agency for Research on Cancer Cervix uteri, all ages



20 countries with highest rates in the world

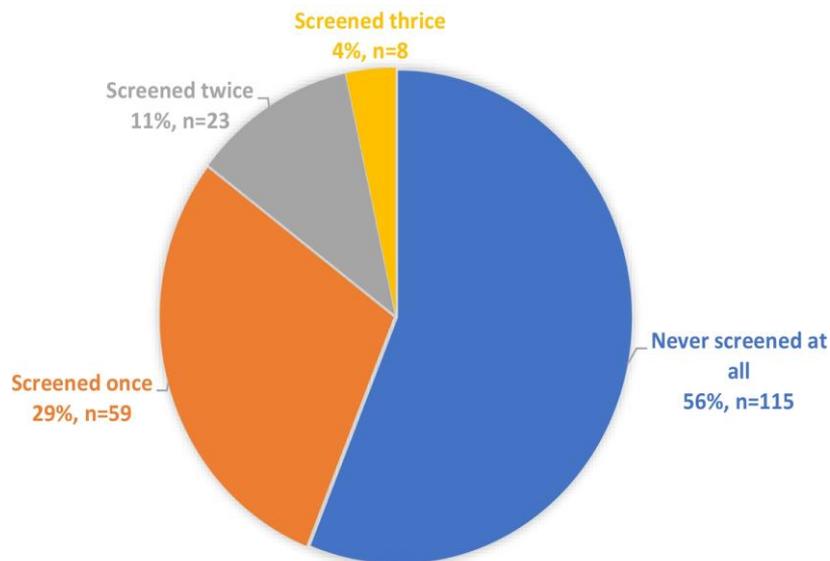
International Agency for Research on Cancer Cervix uteri, all ages



20 countries with highest rates in Africa

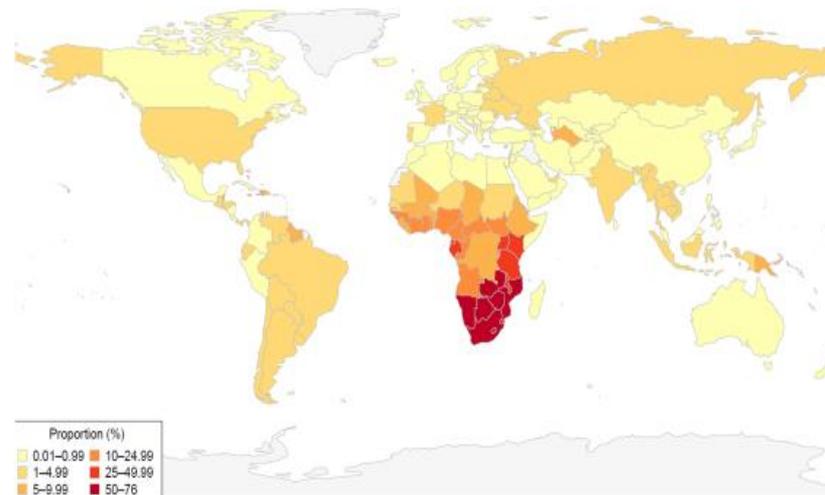
Despite evidence of association, there is poor integration

Prevalence of cervical cancer screening among HIV-positive women



HIV and Cervical Cancer

Proportion of WLHIV Among Incident Cervical Cancer Cases



Sarah Maria, N., Olwit, C., Kaggwa, M.M. *et al.* Cervical cancer screening among HIV-positive women in urban Uganda: a cross sectional study. *BMC Women's Health* **22**, 148 (2022). <https://doi.org/10.1186/s12905-022-01743-9>

Country experiences with integration of NCDs into HIV and TB

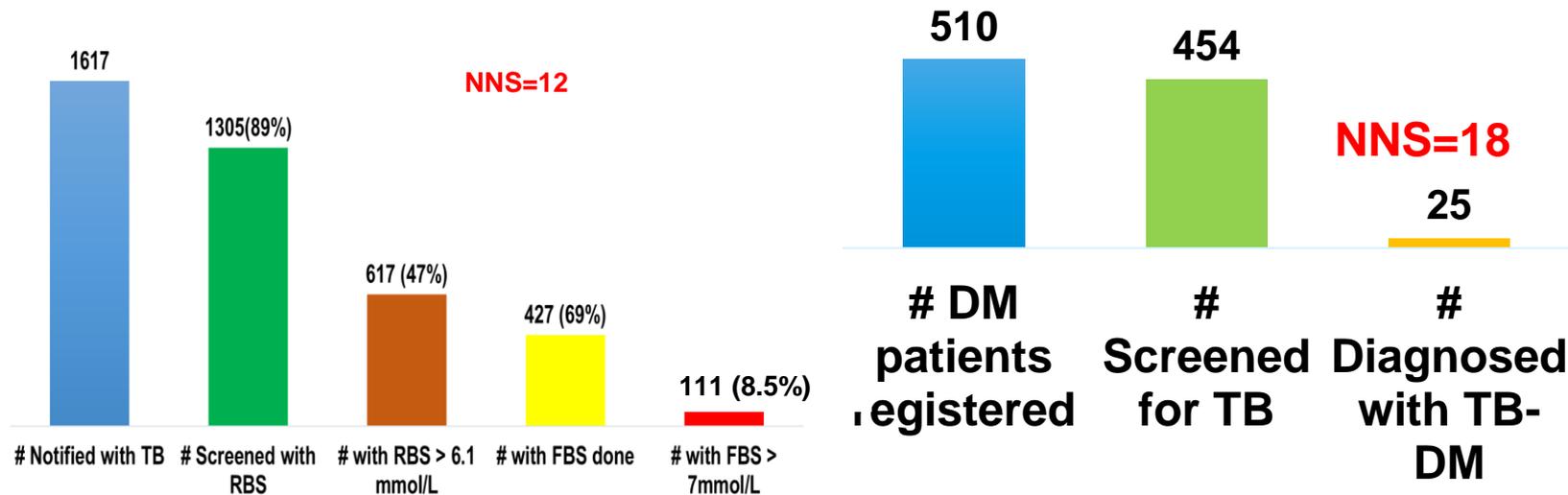


Zimbabwe

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



Country Experience



TB/DM Rollout in Zimbabwe

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

Country Experience

NIGERIA



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

Country Experience

MALAWI



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

DR ALARCOS CIEZA

Unit head

Department for Noncommunicable diseases, WHO HQ



Conclusion

DR BENTE MIKKELSEN

Director

Department for Noncommunicable Diseases, WHO HQ