



Integrating HIV and hypertension care for enhanced health outcomes

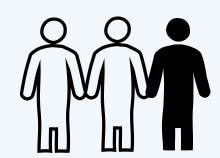


38 million People are living with HIV

1.3 billion People have high blood pressure

Rationale for integration

- Improve access to services for advancing towards universal health coverage
- Contribute to sustaining the gains made in survival by the introduction of antiretroviral therapy
- WHO recommends integration of hypertension care with HIV services



Key facts

01 Hypertension burden in people living with HIV

Increasing prevalence of hypertension risk factors and ageing of people living with HIV, antiretroviral treatment (ART) effects

02 Common concerns on risk factors

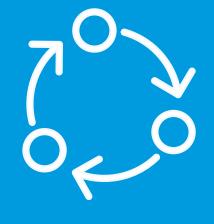
Behavioural and socioeconomic Factors: sedentary lifestyle, unhealthy diets, tobacco and alcohol use, combined with limited access to health care

03 Impact of comorbidity

High morbidity and mortality rates in people living with HIV with cardiometabolic diseases

Benefits of programmatic integration

- ✓ Streamlined health care delivery:
 - Reduces the need for multiple clinic visits, saving time and costs for patients and health care systems
- ✓ Efficient resource utilization
 - Shared health care resources (e.g. infrastructure, workforce, budgets) reduces costs
 - Streamlined services prevent duplication
- ✓ Improved health outcomes
 - Early detection and management of hypertension in people living with HIV
 - Enhanced adherence to treatment regimens



Strategies for effective integration

✓ HEARTS technical package^{*}

- Implement HEARTS framework for managing hypertension within HIV care settings.
- Standardize quality hypertension care with focus on blood pressure control.**

✓ People centred care#

- DSD is an opportunity and upcoming evidence from countries is important to follow.
- Enhance people-centred care and leveraging HIV infrastructure.
- Added value of HIV peer supporters and community-based services.
- Opportunities of aligning with reduced frequency of clinical visits and ART refills.

✓ Governance and cross-sector collaboration

- Partner HIV and NCD departments at ministries of health for streamlined policies and resources.
- Strengthen monitoring systems and cross-departmental coordination.

Priority hypertension indicators

• Establish indicators, emphasizing BP control, to monitor and improve outcomes.

National hypertension treatment protocol

- Develop/adapt a protocol for consistent, evidence-based care within HIV settings.
- ✓ Use of automated or semi-automated blood pressure measuring devices validated for clinical use
- ✓ Integrate hypertension medications into ART provision services and supply chain for consistent access in HIV programmes

A call to action

- Urgency: The integrated management of HIV and NCDs, with special focus on hypertension can reduce the risks of NCDs among people living with HIV and improve HIV treatment outcomes.
- Collaborative effort: Success depends on the combined efforts of policy-makers, health care providers, communities, national and international partners.
- Vision for the future: Integrated programmes will lead to healthier populations, resilient health systems and more cost savings.



Scan for more WHO resources

References

^{*} HEARTS technical package for cardiovascular disease management in primary health care. Risk-based CVD management. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/bitstream/handle/10665/333221/9789240001367-eng.pdf, accessed 29 November 2024).

^{**} Guideline for the pharmacological treatment of hypertension in adults, Geneva: World Health Organization; 2021 (https://apps.who.int/iris/bitstream/handle/10665/344424/9789240033986eng.pdf, accessed 25 April 2023).

[#] Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240031593, accessed 29 November 2024).