



INTEGRATED HIV/HTN

Leveraging the HIV platform for hypertension control in Uganda

This project (CSA2018HS-2518) is part of the EDCTP Programme supported by the European Union



EDCTP

Integrated HIV/HTN Project Newsletter

In this newsletter

- Project Summary
- Summary of Work Packages (WP)
- Stakeholder engagement events held
- Support supervision, capacity building and training activities
- Lessons learned and best practices
- Progress highlights
- COVID-19 updates

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Project summary

The Integrated HIV/HTN Project is a five year initiative with a goal of leveraging the HIV platform for hypertension control in Uganda. It is implemented by a consortium made of the London School of Hygiene and Tropical Medicine (LSHTM), Infectious Diseases Research Collaboration (IDRC), Uganda Heart Institute (UHI), Ministry of Health Uganda (MOH) and Makerere University. It is funded by the Second European and Developing Countries Clinical Trials Partnership (EDCTP2), Grant Number: CSA2018HS-2518.

Summary of Work Packages (WP)

WP1

Program management led by the Infectious Diseases Research Collaboration (IDRC). This WP defines terms and references for the coordination of the project so that milestones and deliverables of the project are achieved.

WP2

Research to practice led by IDRC and London School of Hygiene and Tropical Medicine (LSHTM). It evaluates the introduction of an integrated HIV/HTN care model in 13 intervention districts compared to 13 control districts using the standard of care in South-Western Uganda.

WP3

Training and capacity building led by Uganda Heart Institute (UHI). This WP is concerned with capacity building where primary healthcare workers and District Health Officers (DHOs) are trained to implement the integrated HIV/HTN care model including supply chain management and improving the health management information system (HMIS).

WP4

Data management and analysis led by the IDRC. The WP facilitates the revision of Health Management Information System (HMIS) data collection in close collaboration with Ministry of Health data center to include key variables that track patient outcomes including proportions of HIV positive and potentially HIV negative patients screened for hypertension, identified and managed.

WP5

Communication, dissemination and exploitation led by the Ministry of Health. It is responsible for designing and implementing effective communication and dissemination strategies to raise stakeholder awareness about the project, its progress and key results.

WP6

Implementation Science (ImS) training led by Makerere University School of Medicine. It facilitates translation of the proposed integrated HIV/HTN model into policy and practice and provides ImS training to key stakeholders.

Support supervision, capacity building and training activities



Support supervision

The Infectious Diseases Research Collaboration (IDRC), Ministry of Health (MOH) and Uganda Heart Institute (UHI) continue to provide mentorship, training and support supervision to health workers at the health facilities. Support supervision is done periodically at two weeks, one month, 3 months and six month intervals. During support supervision visits, health teams are supported with how to effectively use tools such as patient cards and the HTN registers for integrated HIV/HTN care while identifying challenges and best practices to improve the implementation of the integrated HIV/HTN care model. The challenges are discussed and practical local solutions to improve implementation are agreed upon. Daily interaction between the two teams continues on the joint WhatsApp platforms to enable weekly reporting on HTN screening and real time responses to questions.



Training and capacity building

UHI has also trained Health workers (HWs) from the selected health facilities in the management and integration of HTN into HIV care. UHI has further developed training manuals and desk guides and charts with HTN themes. These are used during the trainings and are distributed to the different implementing health facilities. The training manuals and desk guides are used as quick reference tools by the health workers as they manage the HTN patients. The charts that have been developed include; the management and treatment algorithm for hypertension, the cardiovascular risk score chart, the Body Mass Index chart and the life style change chart. The chart that has life style changes is used by both the health workers and the patients. The patients are able to identify healthy habits and practices in order to control or manage their hypertension; for example, physical exercise, healthy feeding, reducing salt intake among others.



The regional stakeholder meeting

The regional stakeholder meeting was held on 22nd April 2021, in Mbarara district, bringing together District Health Officers (DHOs) and HIV/NCD Focal Persons from 26 districts, as stakeholders in the districts where the Integrated HIV/HTN Project is implemented. The meeting started with introductions from the participants and thereafter, the opening remarks were made by Dr. Gerald Mutungi, the Co-Principal Investigator and Assistant Commissioner NCDs at the Ministry of Health Uganda. By the end of the meeting, health workers cited the problems that they face on ground and brain stormed on local solutions to solve these problems.



The NCD Technical Working Group (TWG) engagements

The Ministry of Health established and now hosts the Non Communicable Diseases (NCD) Technical Working Committee and Technical Working Group (TWG), where the Integrated HIV/HTN Project is able to interface with other actors including policy makers to contribute to the discussion of the NCD agenda with lessons learned, activities implemented and challenges. The contributions are taken note of for further submission to the Senior Management Committee.

The NCD stakeholder engagement meeting

The NCD stakeholder engagement meeting was organised and hosted by MOH. The meeting brought together different actors in the NCD field to discuss how they can work together to bring about reduced prevalence of NCDs. The meeting was chaired by Dr. Oyoo Akia, the Commissioner NCDs. This meeting was also attended by members of the NCD Technical Working Group meeting which is also hosted by the MOH.



“ 1. I am happy that screening for hypertension is happening now. Hypertension is a silent killer but once diagnosed early, can be controlled. This will reduce on the morbidity and mortality attributable to hypertension in this population.

Dr. Gerald Mutungi
Assistant Commissioner- NCDs
Ministry of Health

“ 2. What we have done to improve HTN diagnosis: I identified a key person responsible for taking BP at every clinic and to report to clinicians every client with a high BP for counselling, investigations, treatment initiations and substitution.

Viola Nakakoza
Enrolled Nurse
Kibaale HCIV, Kibaale district

“ 3. One of the best practices in the integrated HIV/HTN care model is advocating for routine screening of hypertension at every patient visit for easy management of HTN among patients.

Jane Kabami
Principal Investigator
Integrated HIV/HTN Project

“ 4. Community engagement means totally understanding NCDs up to the grassroots. This enables everyone to be part of the fight against NCDs beginning with diagnosis, management and treatment. Above all, community ownership of the services among community members rather than leaving everything to the health care workers is important.

Abesiga Wycliffe
Nursing Officer
Mugarama HCIII, Kibaale district

“ 5. Anyone in the health center other than the clinician once trained on how to take BP measurement using the digital BP machine, is able to take the patients BP measurements and this means a large number of patients can be screened for hypertension not only necessarily by the Clinician.

6. Screening for hypertension among patients attending the ART clinic has been incorporated in some of the routine activities at the health centers. In some facilities screening for hypertension is done at triage by the peers as they take other measurements like weight, height and MAUC.

Elizabeth Arinitwe
Training Coordinator
Uganda Heart Institute

“ 7. Our clinics have always been helping, most especially with health education. When people share experiences with others during the clinics, they are encouraged because most patients think that when they are hypertensive and infected with HIV, death is knocking at their doors. When they hear from senior clients, they are encouraged to take their drugs and improve on their lifestyles. This leads to controlled hypertension. They (senior clients) are very much resourceful especially those who have been hypertensive for more than 15 years and still look healthy.

8. Patients have formed health clubs guided by health personnel and these groups contribute money to buy themselves drugs at a cheaper price. This is done especially when free government drugs are out of stock in health facilities.

Ivan Ssemahoro
Clinical Officer, Hamurwa HCIV
Rubanda district.

Highlights on progress



95 PHC workers trained in HTN medical logistics/ care.



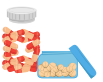
20361 reached with HTN awareness messages.



3990 patients screened for hypertension (4435 patients seen on a monthly basis and 90% are screened for HTN).



34 members attending monthly journal clubs.



52 health facilities supported with HTN drugs.



4 progress review/feedback/Networking's meetings held with stake holders and targeted groups.

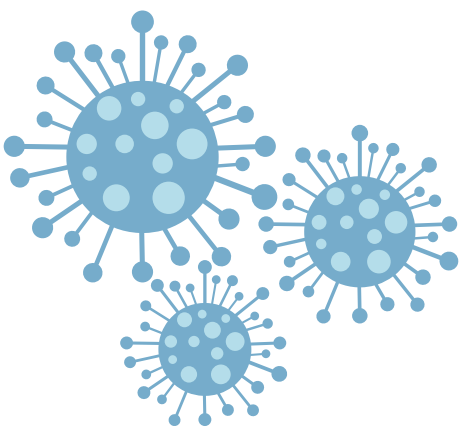


Blood pressure machines distributed to 52 health facilities.



Health Management Information System (HMIS) tools distributed to 52 health facilities.

COVID-19 updates



Uganda continues to report low cases of COVID-19. Hospitalizations are going down. Kampala and Wakiso districts remain the hotspots. Vaccination is ongoing. The project team continues to follow Ministry of Health guidelines and Standard Operating Procedures (SOPs) during activity implementation.

Safety measures taken include; providing Personal Protective Equipment (PPEs) to project teams, managing COVID-19 positive cases according to the Ministry of Health guidelines, sharing updates of COVID-19 regularly, training all staff on COVID-19 infection, prevention and control and encouraging office-based staff to work from home.



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