



PEPFAR COP21 Technical Guidance (p106)

- **Viral Hepatitis and Other Services.** Within PEPFAR OUs, districts (SNUs) that have demonstrated at least 80% ART coverage of all PLHIV and, importantly, 90% retention of clients in continuous ART services, 80% viral load coverage and 90% viral load suppression among all clients, may offer, as part of operational plan strategy, **funding for more comprehensive services for PLHIV, such as diagnosis and treatment of hepatitis C, diabetes mellitus (DM) or hypertension (HTN).**

Programmatic Overlap: HIV and Hypertension Programs



- Potential for SAANE (simple, algorithmic, affordable, non-toxic, effective) guidelines for diagnosis and treatment



- Feasible task shifting and self- or community-care



- Decentralizable models of care



- Lifelong oral medications



- Clear indicators for monitoring patient and program success

Why Integrate Hypertension Care and Treatment?

- Ageing populations living with HIV
 - Cardiovascular disease is a growing cause of morbidity and mortality among PLHIV
- Accelerated cardiovascular disease in PLHIV
- Integration of hypertension services helps improve delivery of HIV care!
 - Increases demand for HIV services – especially among men (PEPFAR Solutions, Malawi)
 - Increases retention in HIV services (Osetinsky, JAIDS 2019)
 - Feasible to attain high rates of hypertension control AND HIV virologic suppression! (Muddu et al, AIDS2020)

