## PEPFAR COP21 Techincal 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).

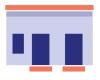
### **Programmatic Overlap: HIV and Hypertension Programs**



• Potential for SAANE (simple, algorithmic, affordable, nontoxic, 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)

