

HIV, NCDs and Women

Key Points:

- While the HIV epidemic is stabilizing in most regions, noncommunicable disease (NCD) rates are on the rise, most notably in low-and middle-income countries (LMICs).
- The burden for both HIV and NCDs is greatest for women living in LMICs.
- The HIV and NCD epidemics are linked:
 - HIV infection is associated with increased risk of cardiovascular disease (CVD) and cancer.
 - Certain drugs used for HIV management and longer duration on antiretroviral (ARV) treatment are specific determinants for CVD and type 2 diabetes mellitus in people living with HIV (PLHIV).
- Long-term, successful management of both HIV and NCDs share common elements.
- Tools and approaches used in HIV/AIDS programming may be adapted to confront the growing burden of NCDs in resource constrained settings.

In Brief: HIV, NCDs and Women

Throughout the developing world, the incidence of NCDs --- including heart disease, diabetes mellitus, cancer, and chronic lung disease --- continues to increase dramatically. As with HIV, these diseases disproportionately affect women and are most concentrated among the poor.¹ Women living with HIV have an increased risk of developing NCDs, which may result from HIV infection itself; use of ARV medications; and/or the general risk associated with increasing age.² Successful management of both HIV and NCDs involves strategic promotion of healthy behaviors, long-term adherence to treatment regimens, and actively involving both the patient and family in care. A critical opportunity exists to adapt and potentially scale established models, programs, and approaches for HIV and AIDS prevention and treatment to address the growing burden of NCDs among women in LMICs.

Global resources invested in the fight against HIV and AIDS worldwide are now bearing fruit. The epidemic continues to stabilize in many regions of the world, and the availability of ARV treatment has transformed HIV into a chronic disease that can be managed with appropriate care.³ The response to the growing burden of NCDs among women in the developing world should be informed by insights gained over decades of HIV programming: 1) the need for sustained behavior change and support to manage chronic illness; 2) the importance of community awareness and mobilization; 3) the critical role of task-shifting; and 4) the need for standardized protocols for diagnosis, management, monitoring, and referrals. NCD programs can also leverage established facility- and community-based infrastructure to diagnosis and treat common NCDs. Successful integration of NCD programming within existing HIV/AIDS infrastructure can also further normalize HIV and AIDS-related diagnosis and care, which have historically been structured as vertical, and often stigmatizing, programs.

A Look at Opportunities for Learning and Integration Across HIV and NCD Programs:

Cambodia: Peer support programs for long-term illnesses can improve health outcomes, increase community engagement, and impart a greater sense of empowerment among patients.⁴ In Cambodia, a local NGO called

MoPoTyso has screened over 580,000 individuals for type 2 diabetes mellitus and offers its nearly 16,500 registered patients support for self-management using a cadre of 135 peer educators.⁵ Chronic care programs such as these can build upon effective HIV and AIDS peer support models to effectively and efficiently reach their clients.

South Africa: As in many sub-Saharan African countries, confronting the dual epidemic of HIV and NCDs is a public health priority. In Cape Town, South Africa, mobile clinics are successfully being employed to provide clients with screening and counseling for HIV, tuberculosis (TB), diabetes mellitus, and hypertension in a single visit, with linkage to care rates comparable to those of traditional health facilities.⁶

What Needs to Happen Next

The global economic burden of NCDs is estimated to rise to \$13 trillion in 2030.⁷ Prevention and cost-effective diagnosis and treatment will be key to managing the epidemic and ensuring accessible, affordable, and quality health care for women in LMICs. Given the ways in which NCDs negatively affect women in developing countries, it will be crucial to leverage existing models, tools, and services that the HIV response has produced over the past three decades. Testing and disseminating successful evidence-based integrated care models to address both HIV and NCDs is a priority to mitigate the effects of these dual epidemics on women, their families, and communities.

References:

¹ WHO. Commission on the Social Determinants of Health. Geneva: World Health Organization, 2008.

² Nigatu T. *Integration of HIV and Noncommunicable Diseases in Health Care Delivery in Low- and Middle-Income Countries*, Preventing Chronic Disease, 2012; 9 E93. Published online May 3, 2012.

³ Haregu TN, Setswe G, Elliot J, Oldenburg B. *Developing an Action Model for Integration of Health System Response to HIV/AIDS and Noncommunicable Diseases (NCDs) in Developing Countries*, Global Journal of Health Sciences, 6.1:9–12. Published January 2014.

⁴ Fisher EB, Earp, Maman S, Zolotor A. 2010. Cross-cultural and international adaptation of peer support for diabetes management, *Family Practice*; 27; 1: i6–i16.

⁵ Medtronic. 2014. Easing the Burden of Noncommunicable Diseases.: Insights from Early-Stage NCD Programs. Available online at: <http://philanthropy.medtronic.com/grants-and-funding/impactstories/EasingtheBurdenofNoncommunicableDiseases/index.htm>

⁶ Govindasamy D, Kranzer K, van Schaik N, Noubary F, Wood R, et al. (2013) Linkage to HIV, TB and Non-Communicable Disease Care from a Mobile Testing Unit in Cape Town, South Africa. *PLoS One* 8(11): e80017. doi:10.1371/journal.pone.0080017.

⁷ Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettnner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011). The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum. Available at: www.weforum.org/EconomicsOfNCD

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The Task Force on Women and NCDs seeks to respond to the unique and growing burden of non-communicable diseases on women in low and middle income countries (LMICs) by mobilizing leadership, expanding technical expertise and disseminating evidence to inform policymaking, planning and services. The Task Force seeks to inform its partner organizations, local and national governments, and leaders within the health community about the important role of NCDs in women's health. Together, we can improve health outcomes for women.

