KNOWLEDGE TRANSLATION PLATFORM MALAWI (KTPMALAWI)

Community of Practice Meeting:
Integration of Non-Communicable Diseases
Into HIV Care and Treatment

5-6 November 2013

Cresta Crossroads Hotel, Lilongwe, Malawi

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Executive Summary

Dignitas International (DI) in collaboration with the Ministry of Health (MoH) and with funding from the Evidence-Informed Policy Network (EVIPNet) established the Malawi Knowledge Translation Platform (KTPMalawi) in 2012. The aim of KTPMalawi is to promote evidence-informed health policymaking in Malawi by facilitating a coordinated approach to the generation and utilization of health-related research. In June 2013, KTPMalawi formed a national-level KTPMalawi Steering Committee who prioritized the development of two Communities of Practice (CoP) in: 1) The Integration of Non-Communicable Diseases (NCDs) into HIV Care and Treatment and 2) Supply Chain Management. See Steering Committee Report linked here.

With support from Malawi's Health Research Capacity Strengthening Initiative (HRCSI) and Canada's International Development Research Centre (IDRC), KTPMalawi convened the inaugural Integration of NCDs into HIV Care and Treatment CoP meeting on 5-6 November 2013 in Lilongwe at Cresta Crossroads Hotel. The meeting was co-facilitated by Dr. Damson Kathyola of the Ministry of Health, Dr. Joep Van Oosterhout of DI and Dr. Lonia Mwape from the University of Zambia and the Zambia Forum for Health Research.

The objective of the CoP meeting was to convene NCD-HIV stakeholders and build the outline of an evidence brief that will be developed over the coming months by selected authors from within the CoP.

CoP members followed a structured terms of reference (ToR), shown in appendix 2 developed by the SURE consortium, to narrow the content scope of the evidence brief, describe the problem and brainstorm initial thoughts around potential policy options. CoP members selected hypertension and HIV as the evidence brief's focus and described the problem as "a high burden of undiagnosed hypertension amongst HIV+ patients". Three potential policy options to address the problem were:

1. Routine hypertension screening in HIV clinics with referral for hypertension care to NCD or Chronic Care Clinics (ART provider refers for hypertension care)
2. Full integration of hypertension diagnoses and care in HIV clinics (same provider)
3. Develop/operationalize routine hypertension screening at all health system levels, including but not limited to HIV patients (no specialized clinics)

Over the next several months select members of the CoP will be trained in the development of evidence briefs. These authors will then be supported in developing rigorous evidence briefs. Once completed these briefs will serve as a primary input into policy dialogues, which will convene senior level officials as well as members of KTPMalawi's steering committee and this CoP. The development of this evidence brief and the convening of the policy dialogue will inject timely evidence into the policymaking process.

KTPMalawi Background

In early 2012 through seed funding from the WHO-Evidence-Informed Policymaking Network (EVIPNet), KTPMalawi completed an in-depth context analysis of current KT stakeholders (policymakers, health researchers and practitioners) and systems. This analysis led to two successful capacity building workshops that improved Malawi-based researchers' and policymakers' ability to develop and evaluate systematic reviews and evidence-informed policy briefs. Through these workshops stakeholders provided future directions, objectives and activities of Malawi's KTP – setting the stage for further development.

Also in 2012, working with an emerging community of national KTPs in Africa, KTPMalawi representatives attended two International KT Forums: the EVIPNet International Forum and the EVIPNet Africa Forum. These fora have provided KTPMalawi with opportunities to strategically link with other regional and international KTPs. Lessons learned have been shared across platforms.

On June 17th, 2013 the inaugural KTPMalawi Steering Committee Meeting was held at Kamuzu Central Hospital, Lilongwe with 17 policymakers, health research leaders and civil society members. The purpose of the KTP Steering Committee is to engage Malawi's policy and research leaders in providing overall strategic direction and expertise to KTPMalawi to ensure its success in significantly improving the use of evidence and research in the development and implementation of health policy.

During this meeting, this high-level group, led by Dr. Damson Kathyola, MoH Director of Research reviewed planned KTPMalawi objectives and activities, considered several distinctive KTPMalawi structural models, fed into the KTPMalawi steering committee terms of reference (ToR) and prioritized the development of two Communities of Practice (CoPs):

1. Supply chain management
2. The integration of non-communicable diseases with HIV Treatment and Care

These CoPs will report to the steering committee and will bring together policymakers, researchers and program implementers who are focused on these specific content areas. Each CoP's purpose will be to produce policy-relevant documents, such as graded evidence briefs, based on emerging research within these content areas in close collaboration with the relevant MoH stakeholders and technical work group (TWG) partners.

NCD-HIV CoP Meeting Report

NCD and HIV CoP Opening Remarks - Dr. Kathyola (MoH Director of Research)
The CoP meeting was opened by Dr. Kathyola who welcomed delegates and their commitment to the KTPMalawi initiative. He emphasized that health sector policy and practice must based on evidence and that these forums will assist the MoH to synthesize research findings and develop recommendations for improved policy and practice.

Session 1: Overview of KTP Malawi and CoP Structure and Purpose - Kenneth Phiri (Dignitas International, Research Manager)
The selection, purpose and responsibilities of the two CoPs were presented, including the CoPs mandate to produce policy-relevant documents such as evidence briefs. CoPs are to work closely with relevant MoH stakeholders and corresponding technical working groups (TWGs).

Session 2: Current NCD and HIV Integration Implementation and Research Initiatives - Dr. Beatrice Mwagomba (MoH Programme Manager, NCDs & Mental Health)
Dr. Mwagomba presented an overview of international and Malawian NCD data. Globally, cancers, cardiovascular diseases, chronic respiratory diseases and diabetes were labeled 'silent killers'. According to the Malawi National STEPS Survey for Chronic Non-Communicable Diseases and their Risk Factors high blood pressure or Hypertension (HT) is quite common in Malawi with 33% of participants having high blood pressure or currently on blood pressure medication. High cholesterol leading to cardiovascular disease and diabetes (DM) were also found to be prevalent. (www.who.int/chp/steps/Malawi_2009_STEPS_Report.pdf). The National Cancer Survey (2010) showed >8000 new cancer cases annually. Cervical cancer is the most diagnosed cancer in females (45%) with Kaposi's sarcoma the most diagnosed in men (21%). Delegates were concerned that while health care workers (HCWs) are trained to look for common NCDs in every patient many patients with NCDs are being missed.

Session 3: NCDs in Neno: Integration efforts - Dr. C. Kachimanga (Partners in Health)
Dr. Kachimanga presented PIHs efforts to integrate NCD and HIV care in Neno District. PIH currently integrates HIV care with HT, asthma, DM and epilepsy treatment. Implementation focuses on getting NCD patients in their Chronic Care Clinic to go for HIV Testing and Counseling (HTC) aiming to reduce discrimination. This has been ongoing since 2010. This integration is seen to have assisted many co-morbid patients getting tested and treated appropriately. Patients are referred to clinicians and nurses who responsible for both ART and chronic care assessments and treatment.

Points from discussions:

- 800 Community Outreach Workers are trained and paid MK 6000 per month by PIH as an incentive as they facilitate NCD interventions in Neno.
- The integration of NCDs with HIV, asthma and epilepsy can be adapted to the NCD

care in other facilities.

- Integration of NCDs with HIV, asthma and epilepsy is faced with the challenge of drug supply management (i.e. Insulin, Phenobarbital), so there is a need to involve the MoH, especially with NCD care in rural areas.
- There are 1 or 2 government hospitals in the country with similar services.

Session 4: Narrowing the Content Scope - Dalitso Segula Research Associate MLW and Dr. Joep van Oosterhout – Medical and Research Director Dignitas

Dalitso reviewed the current prevalence of hypertension, diabetes and cervical cancer globally and within Malawi as an overview for all CoP members. Joep then facilitated a discussion with CoP members on narrowing the scope of the proposed evidence brief. CoP members ultimately chose to narrow the scope to the integration of hypertension and HIV.

Session 5: Overview of the Evidence Brief: Terms of reference and international experiences - Dr. Lonia Mwape (Assistant Dean, Zambia University)

Lonia gave an overview of the evidence brief terms of reference that outline the major sections of the evidence brief to be developed (attached as annex 2). This tool was developed by the SURE consortium and is used by several other KTPs globally. Examples of completed evidence briefs can be found here.

Session 6: Defining the Problem and Brainstorming Policy Options - Shiraz Khan

Following important discussion the problem statement was developed and initially agreed to by CoP members as "a high burden of undiagnosed hypertension amongst HIV+ patients". CoP members then split up into smaller groups to discuss potential policy options to address the earlier defined problem. Three possible policy options were brought fourth:

1. Routine hypertension screening in HIV clinics with referral for hypertension care to NCD or Chronic Care Clinics (ART provider refers for hypertension care)
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Over the next several months select members of the CoP will be trained in the development of evidence briefs. These authors will then be supported in developing rigorous evidence briefs. Once completed these briefs will serve as a primary input into policy dialogues, which will convene senior level officials as well as members of KTPMalawi's steering committee and this CoP. The development of this evidence brief and the convening of the policy dialogue will inject timely evidence into the policymaking process.

Annex 1: CoP Participants

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Annex 2: Evidence Brief Terms of Reference

Terms of Reference for the Evidence Brief
The Integration of Non-Communicable Diseases into HIV Care and Treatment

Notes about this document:

- The purpose of this document is to outline the problem, policy options and implementation considerations that will be addressed in an evidence brief about **The Integration of Non-Communicable Diseases into HIV Care and Treatment**. The evidence brief will be used to inform a stakeholder dialogue being planned on the same topic.
- This document is developed iteratively and informed by research evidence and data, as well the views and experiences of Community of Practice committee members and key informants. The "Provisional / Draft Responses" reflect the input received to date.
- This document is divided into six parts:
  1. Context: The evidence brief will mobilize both global and local research evidence about a health systems problem, three options for addressing the problem, and key implementation considerations. However, the dynamic nature of health systems is such that the policy and political context for the issue should be borne in mind.
  2. Scope: The scope of the evidence brief should be defined in ways that spark insights about the issue, while establishing some parameters that bring focus to the purpose of the brief.
  3. Equity considerations: Health disparities and different challenges are faced by many groups. Such disparities and challenges are often determined by factors including: place of residence (e.g., rural and remote populations); race/ethnicity/culture (e.g., Aboriginal populations, immigrant populations, linguistic minority populations); occupation or labor-market experiences more generally (e.g., those in 'precarious work' arrangements); gender; religion; educational level (e.g., health literacy); socioeconomic status (e.g., economically disadvantaged populations); social capital / social exclusion. One or two groups that are affected by health inequities such as these will be chosen as examples to bring attention to equity issues that should be considered in terms of the problem, policy options and implementation considerations.
  4. The problem: Problems related to health systems are complex and multi-facetted. As such, it is useful to break down health systems problems into components that help to identify the issues underlying them.
  5. Policy or programmatic options to address the problem: Although the problem (or the factors that contribute to it) could be addressed through numerous policy or programmatic options, three will be identified and characterized in the evidence brief as examples. The options should be sufficiently broadly based yet appropriate to the context. Each option should address how it involves the program, service or drug currently being used to address a risk factor, disease or condition or the current health system arrangements within which programs, services and drugs are provided.

6. Implementation considerations: The successful implementation of these options can be influenced by the capacity to take advantage of potential windows of opportunity, but also the capacity to identify strategies to overcome potential barriers. The evidence brief will describe windows of opportunities and barriers that can be found at four levels: patient/individual, provider, organization and system.

- Questions are identified in each section to guide development of the content for the evidence brief and the input received by key informants.
- Citations should be included where appropriate in order to keep track of all relevant data and evidence.

1. Context

Question(s)	Provisional / Draft Responses
What important political or policy issues should be considered within the context of this evidence brief?	•

2. Scope

Question(s)	Provisional / Draft Responses
What concepts should be defined and what definitions should be used?	•
What *should* the evidence brief address?	•
What should the evidence brief *not* address?	• • •

3. Equity considerations

Question(s)	Provisional / Draft Responses
What group(s) should be given particular attention in the evidence brief because the problem, policy options or implementation considerations disproportionately affects them?	•

4. The problem

Question(s)	Provisional / Draft Responses
How does the problem relate to a risk factor, disease or condition?	•
How does the problem relate to a program, service or drug currently being used?	• • •
How does the problem relate to the current health system arrangements within which programs, services and drugs are provided?	• Delivery arrangements • Financial arrangements • Governance arrangements
• How does the problem relate to current degree of implementation of an agreed upon course of action (e.g., a policy)?	•

5. Policy or programmatic options to address the problem

Question(s)	**Provisional / Draft Responses**
What are three viable policies or programmatic options to address the problem?	• Option 1: o o o o Elements of this option might include: ▪ • Option 2: o o o o Elements of this option might include: ▪ • Option 3: o o Elements of this option might include: ▪

6. Implementation considerations

Question(s)	Provisional / Draft Responses		
	Option 1	**Option 2**	**Option 3**
What are the potential barriers that could influence the successful implementation of these policies or programmatic options?	• Patient/individual ○ ○ • Provider ○ ○ • Organization ○ ○ • System ○ ○	• Patient/individual ○ ○ • Provider ○ ○ • Organization ○ ○ • System ○ ○	• Patient/individual ○ ○ • Provider ○ ○ • Organization ○ ○ • System ○ ○

Potential windows of opportunity for implementing the options

Type	Option 1 -	Option 2 -	Option 3 -
General			
Option-			