ENHANCING MANAGEMENT OF NCDs AMONG PEOPLE LIVING WITH HIV SEEKING SERVICES AT KERUGOYA COUNTY REFERRAL HOSPITAL CCC

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ABSTRACT

Background: People living with HIV are living longer due to improved ART, but NCDs, particularly hypertension, remain a growing concern. Viral suppression does not eliminate NCD risk.

Methods: A retrospective record review with a quality improvement component was conducted at Kerugoya County Referral Hospital CCC, comparing baseline (2024–2025) and post-intervention (2025–2026) data for adults aged ≥18 years.

Key Results: Documented NCD cases increased from 516 (26.1%) to 614 (30.5%), while hypertension cases rose from 410 to 472 and diabetes cases from 28 to 39.

Interventions and Challenges: Interventions included permanent NCD documentation in KenyaEMR, integrated MOPC-CCC consultations, random blood-glucose monitoring, renal-function monitoring, adherence counselling, health education and psychosocial support. Challenges included financial constraints, pill burden and resistance to shorter ART collection intervals.

Conclusion: Integrating NCD screening and management into routine HIV care can strengthen comprehensive patient care. Improved linkage of renal-function results to ART substitution records is a key area for future quality improvement.

Keywords: HIV, PLHIV,NCDs, Integrated care, Renal-function, T AFLD

INTRODUCTION

Improved access to antiretroviral therapy (ART) has increased life expectancy among people living with HIV (PLHIV), However a growing burden of non-communicable diseases (NCDs), particularly hypertension, diabetes mellitus, and chronic kidney disease is a major health concern.

Viral suppression does not eliminate the risk of developing NCDs, making integrated screening, early diagnosis, and effective management essential components of comprehensive HIV care.

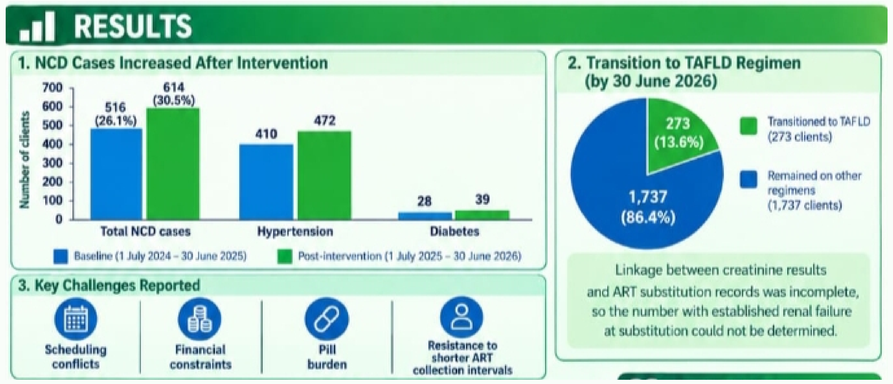
This quality improvement initiative aimed to strengthen NCD identification, documentation, and management among adult PLHIV receiving care at Kerugoya County Referral Hospital Comprehensive Care Clinic (CCC).

METHODS

This was descriptive crosssectional retrospective record review with a quality improvement component.

- **Study period**
  a) baseline 1st July 2024 to 30th June 2025
  b) Post intervention
  1st july 2025 to 30th june 2026
- **Target Population**
  PLHIVs /CCC clients ≥18 years (census aproach)
  1974 at baseline and 2010 post intervention.
- **Data source :** " Taifacare" KenyaEMR, patient files.
- **Interventions** (as listed in abstract):-
  - Record all NCDs on KenyaEMR
  - Free random blood glucose monitoring once per year
  - Routine creatinine testing and calculated eGFR
  - NCD scheduling MOPC/CCC clinic
  - Health education and adherence support
  - Renal-friendly ART(TAFLD
  - Reduced multi-month dispensing to three months or less.

RESULTS



DISCUSSION

The increase in documented NCD cases from 516 (26.1%) at baseline to 614 (30.5%) post-intervention suggests an improvement in NCD identification and documentation . However, the increase may also reflect changes in disease burden and should not be interpreted as a direct measure of intervention effectiveness.

Hypertension remained the leading NCD, highlighting the importance of routine blood pressure monitoring and timely management among people living with HIV. The integration of CCC and (MOPC) services, adherence counselling, treatment-supporter involvement and community blood pressure monitoring provided opportunities to strengthen continuity of care and address barriers to treatment

The transition of 273 clients to tenofovir alafenamide (TAF)-based regimen (TAFLD) demonstrates the implementation of ART regimen substitution in line with the applicable criteria. However, incomplete linkage between renal-function results and ART substitution records limited the assessment of number of clients with established renal failure(EGFR 30-60)at switching. Strengthening documentation and traceability of renal-function results is therefore essential.

Persistent barriers, including financial constraints, pill burden, scheduling conflicts and resistance to shorter ART collection intervals, highlight the need for individualised care and patient-centred approaches. Overall, the findings support integrating NCD screening, documentation and management into routine HIV services to improve comprehensive care for people living with HIV.

CONCLUSION

- Integrating NCD management into routine HIV care can strengthen comprehensive care. Improved linkage of creatinine results to treatment decisions is an important priority for future quality improvement.

CONTACT

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