

Utilizing HIV/AIDS Infrastructure as a Gateway to Chronic Care of Hypertension in Africa (ZAF 1)

Target behaviour change: Hypertension control

Behaviour change target groups: HIV+ individuals

Country/countries: South Africa

Barriers/enablers to behaviour change

Since the present study is still in the data collection stage there is no data on hypertension in the HIV+ population at a national level, but two studies revealed hypertension prevalence of 19%-19.5% which appear to be lower than in the general population. Furthermore, no study has reported on awareness, detection and treatment of hypertension in HIV+ patients in South Africa. These ratings are therefore based on the general population.

	Community	Non-physician healthworkers	Doctors	Notes
Capability – physical/psychological	Low	Medium	High	1
Motivation – reflective/automatic	Low	Medium	Medium	2
Opportunity – physical/social	Low	Low	Low	3

Notes

1 – At a national level, studies showed low awareness of hypertension in the population. It is thought this applies to HIV+ patients also though HIV-infected people regularly access HIV care facilities for their treatment. HIV clinics have not typically provided care for chronic co-morbidities in HIV+ patients due partly to the vertical health care system. Although nurses and community health workers (CHWs) have played a crucial role in providing care at a primary health care level, they often lack the skills to comprehensively deal with NCDs such as hypertension and diabetes. Physicians on the other hand are more equipped for dealing with these diseases.

2 - Cultural influences promoting obesity, a high risk factor for diabetes and hypertension, existing in many South African communities could be a major factor constraining the success of promoting behaviour changes in the communities. The CHWs and nurses have proved to be effective in HIV and TB care, thereby they may also contribute to the success of NCD management in HIV+ patients. Several experimental programmes using CHWs to improve the management of NCDs such as diabetes and hypertension in the general population showed significant results. Like many other under-developed and developing countries, the existing health care system in South Africa is established more for responding to communicable infectious diseases with health staff often having other priorities that compete with NCDs, sometimes leading to a lack of motivation for caring for NCDs among health care staff.

3 - Currently the overburdened and under-resourced health care system is unlikely to be fully meeting patients' needs. Physicians and nurses have insufficient time to do health promotion among patients. CHWs however have greater opportunities to interact with the patients, via home visits for example. Additionally, a report from a recent national survey indicates a low proportion (18%) of participants expressing NCDs as their reason for seeking care at health care facilities. This implicates

underutilization of health care system in prevention and control of NCDs. Among others, a lack of awareness of NCDs in the population may prevent or delay them seeking help.

Intervention classification

Intervention	GACD project	Notes
Restrictions	N/A	
Education	N/A	
Persuasion	N/A	
Incentivisation	N/A	
Coercion	N/A	
Training	N/A	
Enablement	N/A	
Modelling	N/A	
Environmental restructuring	N/A	
Policy factors		
Guidelines	N/A	
Environment/social planning	N/A	
Communication/marketing	N/A	
Legislation	N/A	
Service provision	N/A	
Regulation	N/A	
Fiscal measures (eg. taxation)	N/A	

Notes

Policy factors:

National guidelines for hypertension and diabetes managements have been produced to assist the health workers in diagnosing and controlling these conditions

The South African food-based dietary guidelines have been developed and disseminated to promote healthy eating among South Africans.

Tobacco legislation has been comprehensively implemented in 2001.

South African ground-breaking salt legislation signed by the Minister of Health, Dr Aaron Motsoaledi on the 18 March 2014 will be put into effect in 2016. This regulation requires salt reductions in processed foods to prevent and reduce hypertension in South African populations

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