

REQUEST FOR PROPOSAL

CONSULTANCY WORK FOR THE DEVELOPMENT OF A POLICY RESEARCH REPORT

Spending wisely: The economic case for integrating HIV/AIDS and NCD service delivery

Background

The health gains in global response to the HIV pandemic are now being threatened by the growing number of NCDs that disproportionately affect people living with HIV (PLHIV), especially in LMICs. Modelling studies in Kenya and Zimbabwe highlighted the disproportionate burden of NCDs among PLHIV versus adults without HIV. By 2035, in Kenya 71% of PLHIV are expected to suffer from one or more NCDs versus 56% in adults without HIV, and in Zimbabwe the proportion of PLHIV with at least one key NCD in 2035 is expected to increase by 26% in PLHIV, against 6% in people without HIV.

Given the linkages between NCDs and communicable diseases, such as HIV/AIDS, there have been several policy frameworks that call for the integration of HIV services in NCDs screening and treatment for PLHIV. The recent Political Declaration on HIV/AIDS adopted at the UN General Assembly in June 2021 sets a goal for contextually appropriate integration of services, including for NCDs, for 90% of people living with, at risk of, or affected by HIV by 2025. This shift in service delivery from a disease-specific approach to a people-centred one leads to improvements in both health and financial outcomes, with the successful integration of NCD services into established, funded disease-specific programmes (e.g., by GFATM and PEPFAR) supporting progress towards Universal Health Coverage (UHC).

In light of the growing recognition, strengthened global policy and increasing high-level commitment to integrated care by the major global health funding mechanisms, there has been the need to better understand how integrated services can be supported in practice. As part of this agenda, the integration of NCD services into existing vertical programmes – that is programmes exclusively focused on single diseases or priority population groups – has been studied. These studies aim at identifying the enablers and barriers of integrating NCDs services into vertical global health financed programmes, for instance on HIV, TB and MNCH, as well as different strategies to scale-up these programmes to the wider population. This vertical integration can be seen as an approach to showcase the feasibility of incremental, rather than radical, changes to existing service delivery models, supporting health systems work towards achieving the ultimate goal of Universal Health Coverage.

Despite the growing enthusiasm about integrated care having the potential to improve both HIV and NCD health outcomes, there are knowledge gaps that need to be filled to support implementation of these models at country level, especially in resource-constrained environments. These include the scope of services and analysis of models of integration related to technical, productive, and allocative efficiency. Furthermore, impacts on health outcomes and cost per patient of integrated services need to be evaluated to provide data and suggest how to best preserve donor and public-sector investments and develop fiscally sustainable solutions.

This research project will build up on NCD Alliance's previous reports on HIV/NCD service delivery integration models, and look to construct an economic case for integrating HIV/NCD service delivery. In particular, it will focus on the cost-effectiveness of integrating HIV/NCD service delivery as compared to non-integrated HIV and NCD care in different contexts. In doing so, it will consider different models of service integration along the treatment cascade (health promotion, prevention, screening, diagnosis, disease management, rehabilitation and palliative care) and for different NCDs (specifically cancer, heart disease, diabetes, chronic lung disease and mental health). This is

particularly relevant as there are substantial similarities in prevention, screening, care and long-term management of HIV and NCDs, which make chronic care management for HIV a platform that can be leveraged to integrate NCD services. At the same time, this will contribute to the evidence on cost-effectiveness of HIV/NCD integration, as most analyses are limited to screening and do not consider the whole continuum of care. Furthermore, the project will consider investment frameworks on HIV/AIDS in assessing cost-effectiveness by including in the analysis both basic programme activities (like the integration of NCD screening in HIV screening) and other programmatic enablers (such as community centred design and programme communication). Lastly, in the scope of this project, the understanding of cost-effectiveness ratios (difference in total costs under both status quo and integration scenarios per health outcome) can include process and intermediate clinical outcomes (e.g., cost per case detected) as well as long-term extrapolated outcomes (e.g., deaths or disability-adjusted life years averted from CVD or cancer) to address different policy questions.

Description of project and services needed

NCDA is looking for a consultant to produce a policy research report with guidance to national governments and funding bodies on the cost-effectiveness of different integration models of HIV/NCD service delivery. This report will generate evidence for preserving and increasing donor and public-sector investment and leverage existing global health programmes and mechanisms. Specific deliverables include:

- Undertake a literature review on different HIV/NCD service delivery integration models;
- Collect a series of case studies showcasing different levels of cost-effectiveness;
- Provide recommendations to different stakeholders.

Profile of consultants

The ideal consultant, or group of consultants, for this project should have a track record of developing research in relevant areas of public health or health policy and advocacy. Global health experience and knowledge of HIV/NCD integration programmes and funding mechanisms is desired.

Period of engagement

The research should be conducted between February and April 2023.

Process to follow

Interested consultants should send their project proposal and budget, together with their CV/portfolio and a sample written resource via email to João Monteiro, Policy and Advocacy Officer (jmonteiro@ncdalliance.org) by 22 January 2023.