



A Comparative Study of Integrating Diabetes Screening into HIV Care Programmes in Lilongwe's Public Clinics, 2006

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Abstract

The concurrent burden of HIV and non-communicable diseases, such as diabetes, in sub-Saharan Africa requires integrated service delivery models. In Lilongwe, established HIV care programmes lacked systematic diabetes screening, presenting an opportunity for service integration. This operational research compared the feasibility, uptake, and preliminary outcomes of two models for integrating point-of-care diabetes screening into existing HIV care programmes within public clinics. A comparative study was implemented across several public clinics in Lilongwe. Clinics were assigned to one of two models: a fully integrated model, where HIV clinic staff conducted screening during routine consultations, or a partially integrated model with a separate, co-located screening station. Data were collected on screening uptake, staff time utilisation, and patient flow. The fully integrated model achieved a significantly higher screening uptake (89% of eligible patients) compared to the partially integrated model (62%). The fully integrated approach required task-shifting training for staff and initially increased consultation durations. Operational themes highlighted the importance of streamlined workflows and the central role of nurse-led care. Integrating diabetes screening into HIV care is operationally feasible in a resource-constrained public health setting. A fully integrated model, despite needing initial training investment, achieves higher coverage and appears more sustainable. Programme planners should adopt a fully integrated, nurse-led screening model within HIV clinics, supported by specific task-shifting training. Future scale-up should incorporate cost-effectiveness analysis and longitudinal assessment of clinical outcomes. HIV, diabetes mellitus, screening, integrated health services, operational research, Malawi, sub-Saharan Africa This study provides comparative evidence on operational models for integrating diabetes screening into HIV care, informing programme design in similar resource-limited settings.

Keywords: *Integrated healthcare, Diabetes screening, HIV/AIDS programmes, Sub-Saharan Africa, Operational research, Public clinics, Non-communicable diseases*

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