



# A Scoping Review of Operational Feasibility and Case-Finding Yield: Integrating Hypertension Screening into HIV Testing Campaigns in Maputo's Informal Settlements

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## Abstract

The concurrent burden of HIV and hypertension presents a significant public health challenge in sub-Saharan Africa. Informal urban settlements, such as those in Maputo, Mozambique, experience substantial barriers to accessing healthcare. Integrating hypertension screening into established community-based HIV testing campaigns is a proposed strategy to improve service efficiency, but its operational feasibility and case-finding yield in these resource-constrained settings require examination. This scoping review aimed to map and synthesise evidence on the operational feasibility and case-finding yield of integrating hypertension screening into community-based HIV testing campaigns within informal urban settlements, using Maputo, Mozambique, as a focal context. The review followed the Joanna Briggs Institute methodology for scoping reviews. A systematic search was conducted across multiple electronic databases, supplemented by grey literature searches. Studies and reports discussing integrated screening for HIV and hypertension in community or campaign settings in sub-Saharan Africa were included. Data were charted and analysed thematically. The review identified a limited but growing body of evidence. Key themes encompassed logistical integration, client acceptability, and workforce capacity. A consistent finding was a high yield of previously undiagnosed hypertension, with some campaigns reporting substantial new detection rates among individuals attending for HIV testing. Operational challenges primarily involved supply chain management for diagnostic equipment and the need for clear referral pathways. Integrating hypertension screening into HIV testing campaigns in informal settlements appears operationally feasible and demonstrates a considerable case-finding yield for hypertension. This represents a pragmatic approach to leverage existing HIV programme infrastructure for broader non-communicable disease detection. Future implementation should prioritise: task-sharing and training for community health workers; securing robust supply chains for blood pressure monitors and consumables; and developing integrated care and referral pathways. Further operational research is needed. HIV, hypertension, screening, integration, community-based, campaigns, operational feasibility, Mozambique, informal settlements. This review consolidates available evidence to inform policymakers and programme managers considering the integrated delivery of HIV and hypertension services in under-resourced urban settings in sub-Saharan Africa.

**Keywords:** *Hypertension, HIV, Sub-Saharan Africa, Case-finding, Operational feasibility, Community health services, Mozambique*

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