



Integrating Diabetes Screening into HIV Care Programmes: An Operational Research Study in Lilongwe, Malawi

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Abstract

The increasing co-occurrence of HIV and non-communicable diseases, such as diabetes, in sub-Saharan Africa presents a major health systems challenge. Integrating screening for comorbid conditions into established HIV care programmes could improve service efficiency and patient outcomes. This operational research study aimed to assess the feasibility and initial outcomes of integrating systematic diabetes screening into routine HIV care services in public health clinics in Lilongwe, Malawi. A cross-sectional study was conducted in selected public HIV clinics. Consecutive adult patients attending for routine HIV care were offered point-of-care fasting blood glucose testing. Data on screening uptake, resource use, and patient flow were collected and analysed descriptively. Screening uptake among eligible patients was high (92%). Of those screened, 8.4% had results indicative of undiagnosed diabetes or prediabetes. Integration required minimal additional clinic time per patient but revealed challenges in the supply chain for test strips and in referral pathways for positive cases. Integrating diabetes screening into established HIV clinics is operationally feasible and identifies a substantial number of patients with previously undetected dysglycaemia. Scale-up should be accompanied by strengthened diagnostic supply chains and clear, supported referral protocols. Further research is needed on long-term patient management outcomes and cost-effectiveness. Integration, HIV, Diabetes, Screening, Operational research, Malawi, Health systems This study provides evidence from routine programme settings to inform policy on integrated service delivery for HIV and non-communicable diseases in resource-limited contexts.

Keywords: HIV/AIDS, diabetes mellitus, sub-Saharan Africa, operational research, health systems integration, comorbidity, screening

ABSTRACT-ONLY PUBLICATION

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