

# Building upon successes with HIV control in Africa to prevent and treat cancer, diabetes, hypertension and other diseases

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of hypertensive adults have their blood pressure under control. Meanwhile, only 20% of those with diabetes live in higher-income countries where better quality care is more available. Currently, effective and cost-effective prevention and treatment is feasible but largely unavailable for these conditions and others.



## Umar Bala

*Retired Government Office Clerk, based in rural Nigeria*

“My father was a diabetic patient who died five years ago due to the problem of no proper care.”

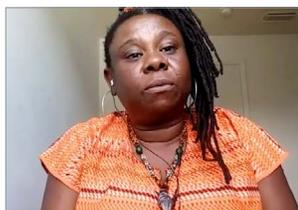
## Our Goal

We will transform the delivery of primary care for non-communicable diseases (NCDs) in Africa by building on the successes that revolutionized the treatment and prevention of HIV/AIDS in Africa.

We will demonstrate that by taking advantage of cutting-edge science in **Nigeria, South Africa, and Uganda**, we can then scale-up across the continent, ensuring quality access to life-saving care and preventive services for heart disease, cancer, diabetes, family planning, mental health, and other disabling but treatable NCDs. We will advance human rights by reducing health inequities and by delivering cost-effective, quality care for all who are in need.

## The Problem

NCDs are a significant and growing cause of disability and death in Africa. **We have the tools** to prevent, screen, and treat many of these conditions, but thus far, they have not been effectively implemented. Rates of heart disease in sub-Saharan Africa, for example, have increased 81% since 1990, and only 7%



## Unoma Azuah

*Nigerian Author and Human Rights Activist*

“Public health facilities are officially free. Yet fees are demanded. As a result, some patients pray for cures.”

## Our Solution and Long-term Vision

We will build on the successes and infrastructure of PEPFAR, the U.S. program that has already saved millions of lives in Africa through prevention, testing, and providing medicines for HIV/AIDS as well as by improving clinical, laboratory, and supply chain infrastructures. Our team will work closely with the ministries of health in Nigeria, Uganda, and South Africa to implement and scale-up evidence-based interventions to prevent, screen, and treat chronic diseases **for everyone** using existing HIV/AIDS clinics. Our programs will stimulate efficiency, streamline costs, and expand community and political support. We will engage local communities as partners as we implement quality services that ensure maximum utilization, impact, and sustainability.



Cancer, heart disease, stroke, and depression are killing hundreds of thousands every year in Africa.

Help us prevent these deaths through proven interventions.



IN NIGERIA

223,166

LIVES WERE LOST TO PREVENTABLE NCDs IN 2019



IN UGANDA

30,547

LIVES WERE LOST TO PREVENTABLE NCDs IN 2019



IN SOUTH AFRICA

129,365

LIVES WERE LOST TO PREVENTABLE NCDs IN 2019



TO LEARN MORE, VIEW OUR 90-SECOND VIDEO HERE.

### What could we do with \$5 million over 5 years?

- Engage stakeholders at community, private sector, and government levels to conduct a detailed review of barriers and facilitators to implementation of NCD interventions
- Select one district/region in each country to implement integrated NCD care in HIV clinics
- Remedy barriers to service delivery and conduct disease-specific trainings with clinical staff
- Launch campaigns to enhance demand for clinic- and community-based interventions
- Evaluate successes and challenges with a focus on sustainability
- Secure funding to spread best practices to additional districts in each country
- Deploy a proven intervention package of integrated NCD care in HIV clinics, and prevent at least 25% of deaths from preventable NCDs – cancers of colon and rectum and cervix uteri, diabetes, depression, heart disease, and stroke – in one region in each country

### What could we do with \$10 million over 5 years?

- Expand the integrated NCD program to 9 districts/regions, with economies of scale
- By deploying this proven intervention package, we will prevent at least 25% of colorectal and cervical cancer deaths, and deaths from diabetes, depression, heart disease, and stroke in these 9 regions

## Our Team

We have created an exceptional team of internationally renowned global health researchers and clinicians with broad expertise in health promotion, clinical care, monitoring and evaluation, human rights, and community engagement.

### Sten Vermund,

Dean of the Yale School of Public Health, is a pediatrician and infectious disease expert who works in developing countries to improve access to HIV/AIDS care and prevention, adolescent and reproductive health, and cervical cancer prevention.

### Donna Spiegelman,

Director of Yale's Center for Methods in Implementation and Prevention Science, has decades of experience in Africa and expertise in quantitative design, analysis, monitoring, and evaluation.

### Three in-country leaders,

**Muktar Gambo Aliyu**, director of Nigeria's National Agency for Control of AIDS; **Gerald Mutungi**, head of Uganda's Ministry of Health NCD Department; and **Dave Clark**, group COO of Aurum Institute working with South Africa's National Department of Health.

### Three physician-scientists,

**Muktar Aliyu** (Nigeria/Vanderbilt U.), **Sheela Sheno**i (South Africa/Yale U.), and **Jeremy Schwartz** (Uganda/Yale U.), all with decades of combined medical and public health experience and close working relationships with health ministries in each of our target countries.

### Gregg Gonsalves,

A 2018 MacArthur Fellow and expert in using mathematical modeling and forecasting to improve health outcomes.

### Marcella Nunez-Smith,

A physician-scientist who brings extensive experience in community engagement and health coalition-building among underserved populations in the U.S. and abroad.

Help us save lives from these preventable and treatable diseases.

### Please Contact:

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