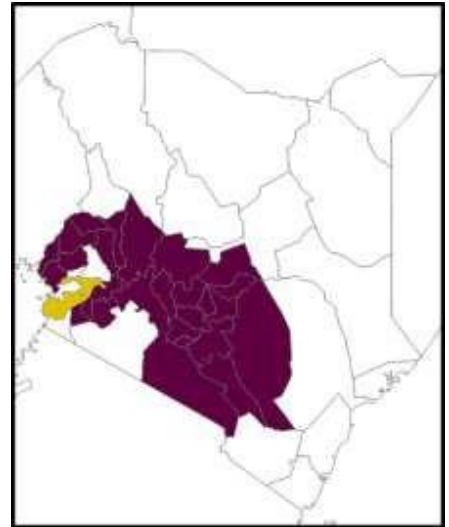


The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and AstraZeneca (AZ) are embarking on an innovative and ambitious public-private partnership to tackle the burden of HIV and hypertension in Africa. The partnership will jointly invest up to \$10 million over five years to integrate hypertension services into existing HIV platforms across Africa to improve access to HIV and hypertension screening and treatment. It is beginning with a one-year pilot programme in Kenya, in collaboration with the Kenyan Ministry of Health, in two counties, Homa Bay and Kisumu.

The partnership between PEPFAR and AstraZeneca marks the first targeted effort to leverage PEPFAR's investments to specifically address hypertension and cardiovascular disease.¹ It is designed to utilise the existing HIV/AIDS service delivery infrastructure and enhance access to healthcare services targeting men. For AstraZeneca, PEPFAR's sizeable patient reach in Kenya presents an opportunity to screen for hypertension during clinical triage; for PEPFAR, the ability to make hypertension screening available alongside HIV/AIDS services will assist in identifying harder-to-reach individuals for HIV testing, particularly men aged 25-50, and provide appropriate referral to HIV/AIDS treatment.

Forty-nine percent of Kenya's HIV burden is concentrated in five counties, four of which are in Western Kenya.² The pilot areas in the counties of Homa Bay and Kisumu were identified due to the high HIV burden in these areas, particularly for working-age males who have not yet been reached by HIV/AIDS programmes. Longer term, the partnership aims to extend to other areas where the burden of both HIV/AIDS and hypertension is also particularly high.

The initial pilot is being implemented by PATH, a Seattle-based PEPFAR partner with extensive expertise implementing both HIV³ and non-communicable disease (NCD)⁴ programming. PATH will support the partnership's goal to promote integrated service delivery models within selected facilities, through the existing U.S. government funded programme, whilst also supporting community interventions focused on increasing male coverage.



Data show that men access HIV/AIDS testing and treatment at far lower rates than women. For example, according to the most recent Kenya AIDS Indicator Survey, 79.8% of women surveyed had received an HIV test whereas only 62.5% of men had received one.⁵ This significant gender disparity leads to HIV-infected men entering care with more advanced disease, being less likely to receive lifesaving antiretroviral therapy (ART), and having higher mortality than HIV-infected women. Late diagnosis also results in missed opportunities for HIV prevention, including early ART initiation, resulting in ongoing transmission to previously uninfected partners.

AstraZeneca created Healthy Heart Africa (HHA) to support national governments in Africa in testing and scaling effective models of hypertension care, including treatment through access to discounted medicines. Since initiation of the programme in Kenya in 2014 and Ethiopia in 2016, HHA has screened over 3.5 million people⁶, trained more than 4,000 healthcare workers⁶, and activated over 500 healthcare facilities to provide hypertension services⁶. HHA has identified new strategies for bringing hard-to-reach populations into hypertension care, including men between the ages of 25 and 50.

Cardiovascular diseases (CVD) are the largest drivers of NCDs across Africa.⁷ Prevalence of hypertension, a major risk factor for CVD, has increased significantly over the past three decades in Africa.⁸ In 2000, there were approximately 80 million adults with hypertension in Sub-Saharan Africa, and that number is expected to increase to 150 million by 2025.⁸ According to the recent WHO/Ministry of Health Kenya STEPwise report, approximately one in four adults have raised blood pressure in Kenya, with 92% of people living with hypertension not on treatment.^{7,9}

The U.S. government through PEPFAR and AstraZeneca expect this partnership to improve services for both HIV infected and hypertensive adults in Western Kenya, thereby doubling the potential impact and supporting a constrained healthcare system.

¹ PEPFAR. Public-private partnerships. Available from <http://www.pepfar.gov/partnerships/ppp/index.htm>. Accessed 22 August 2016.

² PEPFAR. Kenya country operational plan cop 2016 strategic direction summary. (2016). Available from <http://www.pepfar.gov/documents/organization/257644.pdf>. Accessed 23 August 2016

³ PATH. Meeting the global challenge of HIV/AIDS and TB. Available from <http://sites.path.org/hivaidsandtbt/>. Accessed 30 August 2016.

⁴ PATH. Preventing and managing noncommunicable diseases. Available from https://www.path.org/publications/files/RH_ncd_fs.pdf. Accessed 30 August 2016.

⁵ Kenya AIDS Indicator Survey 2012.

⁶ AstraZeneca data on file. Total Programme Numbers Since Start - as at 31st March 2017.

⁷ World Health Organization. (2012). Distribution of causes of non-communicable burden of diseases (percentage of total DALYs_ in the African region. Available from [http://www.who.int/profiles_information/index.php/File:Distribution_of_causes_of_non-communicable_burden_of_diseases_\(percentage_of_total_DALYs\)_in_the_african_region.jpg](http://www.who.int/profiles_information/index.php/File:Distribution_of_causes_of_non-communicable_burden_of_diseases_(percentage_of_total_DALYs)_in_the_african_region.jpg). Accessed 30 August 2016.

⁸ Van de Vijver S, Akinyi H, Oti S, et al. Status report on hypertension in Africa: Consultative review for the 6th Session of the African Union Conference of Ministers of Health on NCD's. Pan African Med J. 2013;16:38.

⁹ Kenyan Ministry of Health, Kenyan National Bureau of Statistics, & World Health Organization. (2015). Kenya STEPwise survey for noncommunicable diseases risk factors 2015 report.

AstraZeneca Pharmaceuticals (Pty) Ltd. Reg. No.: 1992/005854/07. Building 2, Northdowns Office Park, 17 Georgian Crescent West, Bryanston, 2191, South Africa. Private Bag X23, Bryanston, 2021, South Africa. Tel: +27 (0)11 797-6000. Fax: +27 (0)11 797-6001. www.astrazeneca.com.

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