

Title: Integrating Village Health Teams into The Prevention and Management of Hypertension and Diabetes Among People Living with HIV In Rural Uganda

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Abstract

Background: People living with HIV (PLHIV) increasingly face non-communicable diseases (NCDs), particularly hypertension and diabetes, due to aging and long-term antiretroviral therapy (ART). Access to early detection and management of these conditions is limited in rural Uganda. Village Health Teams (VHTs) could bridge this gap through community-based screening, education, and referrals. This study assessed the feasibility of integrating VHTs into the prevention and management of hypertension and diabetes among PLHIV in Nakaseke District.

Methods: A mixed-methods, cross sectional cohort study enrolled 90 PLHIV, 12 VHTs, and 6 healthcare workers. Quantitative data were collected through structured questionnaires and community-based screening, while qualitative data came from key informant interviews and focus group discussions. VHTs received a three-day training on NCD health education, screening, and referral. Pre- and post-tests evaluated knowledge acquisition. Data were analyzed using descriptive statistics and thematic analysis.

Results: At baseline, only 16.7% of VHTs demonstrated adequate knowledge of diabetes and hypertension; post-training, 91.6% scored above 68%. VHTs successfully conducted screenings, assessing 98.5% of participants for hypertension (34.6% confirmed) and 78.5% for diabetes (6.9% diagnosed). Key risk factors identified included physical inactivity (23.8%), excessive salt intake (28.5%), and harmful alcohol use (16.9%). Among PLHIV, 65.6% were unaware of their increased risk to Diabetes and Hypertension, and 91.1% reported insufficient information on their prevention and management. Despite these gaps, 78.9% supported VHT integration, 83.3% were comfortable being screened by VHTs, and all VHTs (100%) endorsed integration, but highlighting the need for training and additional resources.

Conclusion: Integrating VHTs into NCD prevention and management among PLHIV is feasible and well-accepted. Scaling up this approach through structured training, provision of equipment, and stronger health system linkages could strengthen community-based care and reduce the dual burden of HIV and NCDs in rural Uganda.

Keywords: HIV; Hypertension; Diabetes; Village Health Teams; Task Shifting.