

# Feasibility of integrating non-communicable disease management into HIV peer education at the community level in Rwanda.

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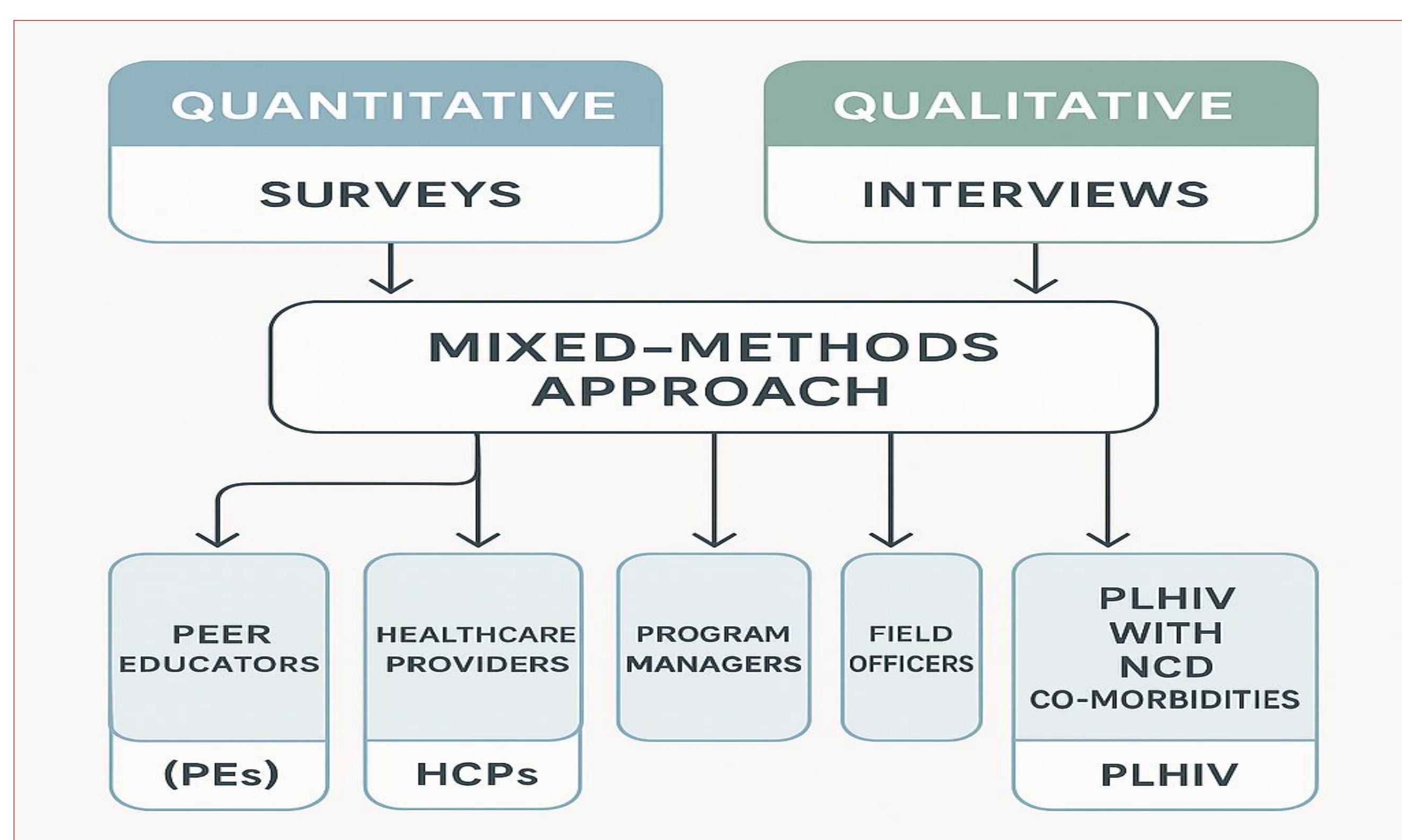
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5: World Health Organization - Rwanda (WHO)



## Background

The extended life expectancy of people living with HIV (PLHIV), due to antiretroviral therapy (ART) has led to a rise of non-communicable diseases (NCDs) such as hypertension and diabetes. Addressing this dual health challenge necessitate integrated care approaches. This study assessed the feasibility of incorporating NCDs management into the Rwanda's HIV peer educator (PE) model to enhance healthcare delivery of NCDs at community level.

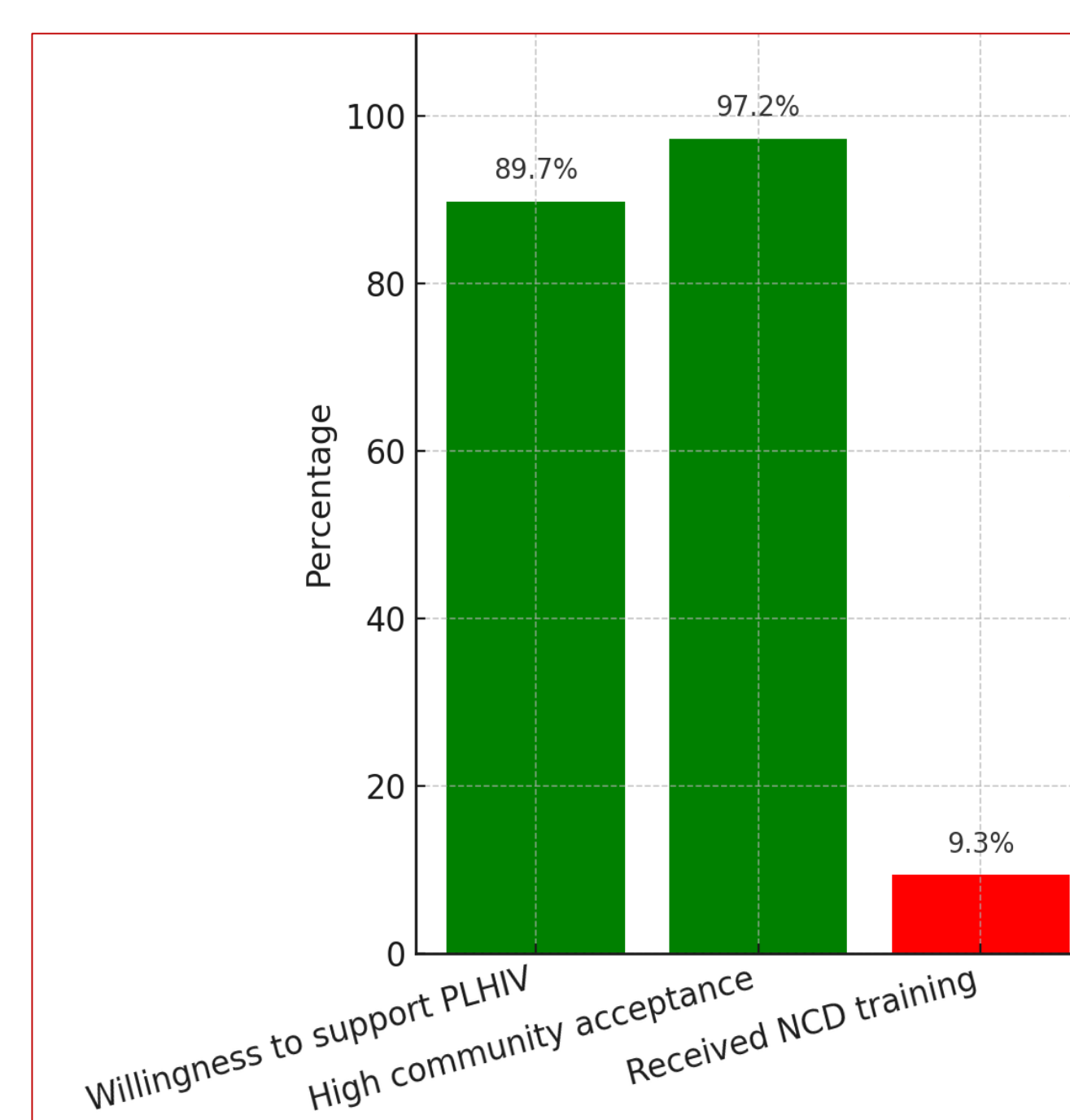
## Method



While A mixed-methods study, was conducted from October to November 2024, across purposively selected rural and urban health facilities in four provinces and Kigali city. The study included a questionnaire survey administered to 107 HIV peer educators (PEs) to assess their readiness to provide hypertension and diabetes management services. Additionally, three focus group discussions (FGDs), each comprising 6–8 participants living with HIV and NCDs, and in-depth interviews with healthcare providers and program managers were conducted to explore barriers, facilitators, and opportunities for integrating NCD care into the HIV peer education model.

## Results

Integration of NCDs care into RWANDA's HIV peer education model



The integration of NCDs care into Rwanda's HIV peer education model is feasible, with 89.7% of PEs expressing willingness to support PLHIV and 97.2% reporting high community acceptance. However, only 9.3% of PEs had received formal training on NCDs management, revealing significant knowledge gaps. Gender and age differences were noted, with younger and female PEs reporting lower confidence levels. Lack of essential tools, such as blood pressure monitors and glucometers were identified as critical needs. Despite these challenges, healthcare providers and program managers emphasized the potential benefits of integration with appropriate training, resource allocation and policy support.

## Conclusion

Integrating NCDs care into the HIV peer education model in Rwanda is a feasible approach to improving health outcomes for PLHIV. The willingness of peer educators, coupled with high community acceptance, demonstrates the model's feasibility. However, addressing gaps in training, resources, and service synchronization is essential for successful implementation. Targeted investments, policy-level support, and cross-sector collaboration are critical for scalability and sustainability.