

PARTICIPANT INFORMATION SHEET

Introduction

This information sheet is about a research study done in a partnership between researchers in Tanzania, Uganda & the UK, and with policy makers, health care providers and patient leaders in Tanzania and Uganda.

The study was conducted to test a new way of providing care for persons living with HIV, high blood pressure (known as hypertension) or high blood sugar (known as diabetes). It was called the MOCCA study.

In this study, we tested to see if this new way of providing care maintained or improved the quality of care people receive. We tested this by looking at the number of people who stayed in care until the end of the study (retention) and how well their condition was controlled. We also looked into if re-organising care for chronic conditions could reduce costs for people with these conditions and for the health service.

We would like to thank you for taking part in this study. As the study has now finished, we have written this leaflet to let you know the findings.



Why was the study conducted?

There are now many people in Africa who have high blood pressure, high blood sugar or both. People with high blood pressure or high blood sugar need to have regular treatment for life to stop these conditions from causing further problems in their body, such as developing heart disease, or nerve, kidney eye or foot damage. There are also other conditions where you have to take treatment for life, such as HIV-infection. We call this *chronic care*.









At the moment, treatment for HIV-infection, high blood pressure and high blood sugar is often organised through separate clinics for each condition. This is not efficient for health services. It also means that people who have two or more of these conditions have to attend multiple clinics.



How was the study conducted?

We re-organised the separate clinics offering services for HIV, high blood sugar and high blood pressure into **ONE** clinic, which we called the Chronic Care Clinic. People who attended this Clinic had either high blood pressure or high blood sugar or HIV or had more than one of these conditions. As a person who took part in this study you will have attended the Chronic Care Clinic.

This study took place in Tanzania and Uganda. The study started in August 2018 and ended in January 2020. In each country, five Chronic Care Clinics were set up in different hospitals. Each clinic was set up in a similar way, people with any of the three conditions attended the same clinic, shared the same waiting area, saw the same doctors in the same consultation rooms, and received their medicines from the same pharmacy as all other people in the study. In this way, we ensured that people in the study received the same quality of care regardless of which disease condition they had.



Who took part in the study?

Overall, 2273 people took part in the study and received their treatment at the Chronic Care Clinics. Of these, about three-quarters had a single condition – either HIV alone, high blood sugar alone or high blood pressure alone – and one quarter had 2 or all 3 of these conditions. Almost three-quarters of the people in the study were women.



What did the study find?

We found that more people using the Chronic Care Clinic stayed in care

The majority of people stayed in care for the whole of the study (83%). This is a much higher number than has been seen in other research looking at retention in clinics that only treat one illness. We found no difference in the amount of people staying in the Chronic Care Clinic between people with one condition only or those with two or more conditions.

We don't exactly know why more people stayed in care in our Chronic Care Clinic. We think it may be health care workers that previously worked on only one of the conditions learned from each other and were able to find better ways to ensure people continued to come to the clinic.







Uganda Virus Research Institute



We found that the control of people's condition stayed the same or even improved

We also looked beyond whether people stayed in care to see how well people's conditions were controlled during the study. We used a number of clinical measurements to examine this. We found that HIV viral load was suppressed in the vast majority and the control of high blood sugar and high blood pressure improved in people.

We think that the control of people's high blood sugar and high blood pressure needs to improve more

In our study the control of high blood sugar and high blood pressure improved over time in people with these conditions. However, at the end of the study the number of people with high blood sugar and high blood pressure whose condition was controlled was still lower than we would like to see and our next research studies will focus on how we can improve the control further.

We found that an integrated Chronic Care Clinic could reduce costs for both the health service and the people using these services

We compared the cost of running our chronic care clinics with the costs of the separate clinics for each condition. Our research showed that combining care into the Chronic Care Clinic reduces costs both for the health service and people with chronic conditions. For example, for people with more than one condition, integrated care means fewer hospital visits and reduced transport costs.

While these results are encouraging, this is the first study of its kind. We are therefore now conducting a much larger study on delivering chronic condition care from one single clinic instead of separate clinics and how this may improve the health service and affect costs.







What are we doing with the study results?

We are also sharing our results with the Ministries of Health in both Tanzania and Uganda and using them to show that there is potential to make changes to the health care services to improve a patient's long-term health, as well as reduce costs to the health system.

We will be publishing the findings of this study in an international peer reviewed journal. This allows our results to be shared amongst other researchers and interested people worldwide.

How will my treatment continue?

You will be able to continue to receive your care here at the health facility as you did before the study. The study team may contact you again to ask if would like to participate in other research studies.











How can I get in touch if I want to talk further about the study?

MRC

If you have any questions or would like any more information about the concluded research or on the upcoming research, please feel free to contact.

Uganda

Dr. Josephine Birungi. *Telephone number:* +256 759888305

Dr. Ivan Namakoola. *Telephone number:* +256 759888303

Professor Moffat Nyirenda. Telephone number: +256 4147704000

Uganda EMERGENCY telephone number: +256 4147704000

Tanzania

Dr. Sokoine Kivuyo. *Telephone number*: +255 763244779 Professor Sayoki Mfinanga. *Telephone number*: +255 784755632

Tanzania EMERGENCY telephone number: +255 222152232

Thank you for taking part in the study

Thank you again for participating in this study. Through your participation we are able to generate useful information that helps ensure health services are providing the best possible care to people.