



**THE UNITED REPUBLIC OF TANZANIA**  
**MINISTRY OF HEALTH**  
**NATIONAL INSTITUTE FOR MEDICAL RESEARCH**



**PRESS RELEASE**

**COMMUNITY-BASED INTEGRATED CARE FOR HIV, DIABETES AND  
HYPERTENSION SAFELY EXPANDS ACCESS WHILE EASING PRESSURE ON  
HEALTH FACILITIES IN SUB-SAHARAN AFRICA**

**Dar es Salaam, 14<sup>th</sup> March 2026**

Health systems in sub-Saharan Africa could safely expand access to chronic disease care by delivering integrated services in communities, according to a new multi-country clinical trial. The study found that community-based management of HIV, diabetes and hypertension achieved clinical outcomes comparable to facility-based care while improving access and convenience for patients.

The findings come from the 'Integrated community-based versus integrated facility-based care for people living with HIV, diabetes or hypertension (INTE-COMM) trial', a cluster-randomised study conducted in Uganda and Tanzania and published in *the Lancet*. Integrated community care was delivered from focal points in the community such as places of worship and schools by nurses and lay-workers. This model was compared integrated facility care delivered by doctors and nurses.

These results build on earlier evidence from the [INTE-AFRICA trial](#), which demonstrated that integrating HIV, diabetes, and hypertension services within health facilities maintained high-quality care while reducing service duplication and costs for both patients and health services.

The INTE-COMM trial enrolled 1,800 participants across 14 primary health facilities in Uganda and Tanzania and followed up for 12 months, making it one of the largest evaluations of health care approaches. The trial found that clinical outcomes remained comparable between community-based and facility-based care, including blood pressure control among participants with hypertension, blood glucose outcomes among those living with diabetes, and HIV viral suppression among those with HIV.

These findings demonstrate that chronic care services can safely and effectively be decentralised. The results come at a critical time for many African countries facing cuts in international health funding and a rapidly rising burden of non-communicable diseases alongside ongoing HIV care needs.

*"The study findings are very exciting. Integrated community care is helpful to us. It eases the entire process in obtaining care in that it reduces the long waiting time spent at the*

*facility, the high transport expenses incurred to move to the health facility. It also reduces stigma since all the 3 conditions are screened and managed jointly in the villages,” testified an INTE-COMM study participant in Uganda.*

*“With patients who have multiple conditions being managed simultaneously from their communities, the model significantly eased our workload as healthcare providers. Patients have also found the integrated community care model so convenient and beneficial that many of those who previously received care at the facility continue to request to join the community care groups,” commented Ms Annet Nakibonge, Nurse, Namayumba Health Centre, Uganda.*

Researchers emphasise that the evidence generated could enable health services to manage stable patients in the community and allow health facilities to focus resources on individuals requiring more complex care.

*“These findings demonstrate how locally generated evidence can guide innovative approaches to managing chronic diseases in our communities. At NIMR, we are proud to have contributed to the study that informs policies aimed at improving access to care for people living with HIV, diabetes and hypertension in Tanzania,” said the Director General of the National Institute for Medical Research in Tanzania, Prof. Said Aboud.*

*“The INTE-COMM study reflects our strong collaboration with policymakers in Uganda and Tanzania to identify practical solutions for managing chronic diseases in the region,” said Prof. Moffat Nyirenda, joint senior author of the INTE-COMM paper and Director of the MRC/UVRI/LSHTM Uganda Research Unit. “We are grateful to the Ministries of Health in both countries for their partnership and support in conducting this research.”*

*“The findings provide rigorous new evidence for policymakers to consider extending service research, improving continuity of care and reducing pressure on overstretched health systems across sub-Saharan Africa, and enhancing equity for patients with different conditions” said ‘Prof Kaushik Ramaiya, Secretary of the Tanzania NCD Alliance and joint senior author on the paper.*

*“These findings have global relevance for the management of chronic conditions. They show that services can be brought together for common chronic conditions and delivered in the communities and away from health facilities, with all round benefits for communities. They dispel fears that for example, diabetes always needs specialist management or that HIV care, because of stigma, needs to be delivered through vertical standalone clinics” said Prof Shabbar Jaffar, joint senior author and Director, UCL Institute for Global Health.*

The Ministries of Health were involved with the research right from the outset.

*“The Ministry of Health [Uganda] welcomes this important evidence from the INTE-COMM study. The findings will inform national programming and help decongest our health facilities, as many stable patients with non-communicable diseases will be managed in their communities. We will use the already existing outreach clinics which are currently focused primarily on HIV, TB and Immunization,” affirmed Dr. Gerald Mutungi, Assistant Commissioner, Non-Communicable Diseases Programme at the Ministry of Health, Uganda.*

*“We will use these findings and work with colleagues in the East Africa region, to plan to re-programme our chronic care services.”* Said Dr Omary Ubuguyu, Assistant Director of the Tanzania Non-Communicable Diseases and Mental Health programme at the Ministry of Health, Tanzania.

The INTE-COMM study was funded by the UK National Institute for Health and Care Research (NIHR) and conducted through the RESPOND-AFRICA research collaboration, a multi-country partnership involving African and international research institutions working closely with the Ministries of Health of Uganda and Tanzania and supported by community partners.

### **Notes to Editors**

- INTE-COMM was a multi-country pragmatic cluster-randomised trial conducted in Uganda and Tanzania comparing integrated community-based and integrated facility-based care for HIV, diabetes, and hypertension.
- The INTE-COMM study was conducted through the RESPOND-AFRICA collaboration, an equitable multi-country partnership involving research institutions, Ministries of Health and civil society organisations in Uganda and Tanzania and international academic partners. The academic partners include MRC/UVRI and LSHTM Uganda Research Unit (Uganda), the National Institute for Medical Research (Tanzania), Tanzania NCD Alliance, Shree Hindu Mandal Hospital, University College London (UK), the Liverpool School of Tropical Medicine (UK), Makerere University (Uganda).
- INTE-COMM follows the earlier [INTE-AFRICA cluster-randomised trial](#) (DOI: 10.1016/S0140-6736(23)01573-8) evaluating facility-based integrated care for HIV, diabetes, and hypertension in Uganda and Tanzania.
- The study enrolled 1,864 participants across 124 patient clusters spread evenly across the facility-based and community-based arm and followed for 12 months.
- The trial was conducted under routine health-service conditions using public-sector health workers.
- The manuscript DOI (to be updated when available)

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