In South Africa, the burden of non-communicable diseases (NCDs), especially diabetes and hypertension, is increasing against a backdrop of an existing burden of communicable diseases such as HIV and TB. Preliminary data suggests that 80% of people living with HIV attending a clinic in Cape Town have more than one co-morbidity. The chronic nature of NCDs is putting strain on the health system that is already facing numerous challenges due to the lack of resources and staff shortages. There is a need to integrate care across conditions so that health system processes are streamlined, burden on the health care system reduced, and patients with multimorbidity receive holistic care.

The Department of Health should consult with experts and health managers to make contextualised decisions on implementing integrated care.

Integrated care has been widely promoted by the WHO and other international bodies to help provide services for people with multimorbidity assuming that they achieve more appropriate, better-quality as well as less resource-intensive and therefore more cost-effective care. However, there is a lack of robust evidence to support these assumptions in low-and middle-income countries (LMICs), where care is still mainly provided in silos, according to individual conditions. To address the lack of evidence, we conducted a comprehensive systematic review to examine the evidence on the effectiveness of integrated models of care compared to stand-alone or usual care for people with multi-morbidity that includes diabetes or hypertension, living in LMICs, on health and process outcomes. In addition, we conducted a scoping review of high-quality systematic reviews to describe existing models and to identify effective components of integrated care.

Lack of evidence to guide implementation of integrated care

Integrated models of care: ways to streamline services and provide holistic, person-centered care for multiple conditions in one location, as opposed to fragmented care for individual conditions provided in vertical silos.
It is uncertain whether integrated models of care impact clinical outcomes such as death, blood pressure, depression or HIV due to the very low quality of evidence.

We do not know whether integrated models of care lead to better or worse health outcomes or make no difference at all among people with multimorbidity, and which components of integrated care are most effective. However, there is a need to provide holistic, patient-centered care for people with multiple chronic conditions living in South Africa. Integrated models of care can provide a solution to costly and fragmented care.

Programs and policies on integrated care need to take into consideration context-specific factors related to the health system and the targeted population, as well as available evidence on effectiveness and components. This will guide decision-making and resource allocation to maximize the potential benefits of integrated care. Ultimately this will strengthen the health system and enable achieving universal health coverage in South Africa.

Studies reported poorly on adherence, access to and retention in care, quality, continuity, and cost of care.

Problems related to provision of integrated care, such as staff shortages, drug stock-outs and malfunctioning equipment, affected patient outcomes.

We found key components of integrated models of care in 22 systematic reviews including location of services, type of services provided, healthcare professionals involved in delivery and coordination of care, and patient involvement.