**Pathways to care for patients with Type 2 Diabetes, HIV/AIDS and other chronic comorbidities in Soweto: A Health System’s Perspective**

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**Abstract**

**Background:** South Africa has a high burden of colliding epidemics of HIV, tuberculosis (TB), Type 2 diabetes (T2DM), and/or hypertension (HT), and in many cases patients have more than one of these conditions. The National Department of Health (NDoH) in South Africa initiated the Integrated Chronic Disease Management (ICDM) model to respond to this high disease burden, which integrates the HIV platform with other chronic conditions. However, the model has not been implemented in most clinics. Instead, a multiple level system requires patients to seek care from primary health center in their community and specialty medical care at hospitals upon referral.

**Objective:** This research project investigates the trajectory and pathways to patient care from primary health care (PHC) to a tertiary hospital in a low-income neighborhood in urban South Africa through ethnographic research methods. The project focuses on patient and provider experiences and perspectives of how the healthcare system functions to care for patients with comorbid T2DM and HIV.

**Methods:** We employed ethnographic and survey methods. The first author observed the working of primary health care clinics and specialty clinics in the tertiary hospital. This also involved lengthy interviews with actors within the health system -administrators and health care providers (from different disciplines, N=30) and patients (N=50). Field notes from clinical observations and qualitative interviews were transcribed and analyzed verbatim with the aid of QSR NVivo 12 software.

**Results:** We found that patients with comorbid T2DM and HIV attend multiple, different clinics for care, which is disease specific. Despite legislation that promotes integrated care, we found limited collaboration across different levels of care. Gaps identified were at the referral system, non-unified/centralized records, poor communication between providers, non-involvement of patients and their families in decision making, and overburdening workload in part due to staff shortage.

**Conclusion:** PHC facilities in urban South Africa have not benefited from the ICDM model and this has produced an overburdening of public hospitals. Limited collaboration between healthcare providers across different levels of care as well as lack of coordination between providers, patients and their families necessitate the need to strengthen the health system in order to address the existing gaps. Without putting people first, integrated and collaborated healthcare would still face challenges because no established direct relationship between individuals, families and health care providers exists.