

15 TRANSFORMATIVE SOLUTIONS

to realise better health in people living with and affected by HIV and NCDs

JOINT POLICY RECOMMENDATIONS

People living with HIV are at an increased risk of noncommunicable disease (NCD) comorbidities, including cardiovascular diseases such as hypertension, depression, diabetes, cervical cancer, and several other cancers and NCDs. Given that the global population of people living with HIV is living longer thanks to increased access and uptake of antiretroviral treatment, the risk of NCDs will only increase. Integration of prevention, diagnosis and care of NCDs with HIV services is increasingly important for achieving Universal Health Coverage (UHC). It will also improve HIV and health outcomes, well-being and quality of life of people living with and at risk of HIV around the world.

In the 2021 Political Declaration on HIV and AIDS, United Nations Member States pledged, among other things, to ensure that 90% of people living with, at risk of and affected by HIV have access to NCD prevention and care services, including for mental health, by 2025. Specifically, the target commits governments to:

“Investing in robust, resilient, equitable and publicly funded systems for health and social protection systems that provide 90% of people living with, at risk of and affected by HIV with people-centred and context-specific integrated services for HIV and other communicable diseases, NCDs, sexual and reproductive health care and gender-based violence, mental health, palliative care, treatment of alcohol dependence and drug use, legal services and other services they need for their overall health and well-being by 2025.”

The adoption of this global commitment offers an unprecedented opportunity. To build on the successes, multi-sectoral and community-led experiences, and rights-based and people-centred approaches of the HIV response. Also, to use HIV service delivery platforms for integration with other health services, like NCD prevention, screening, diagnosis, treatment, care, rehabilitation and palliative care. There is strong support from in-country stakeholders to pursue greater integration of NCD and HIV services as part of UHC, with a growing body of experience showing how, when, and with what results this can be achieved. Even incremental changes to the way health services are delivered, which focus on better addressing the NCD care needs of people living with HIV, can lead to improved equity of access, user satisfaction and trust in programs – all of which increase retention in care and improve health outcomes.

Through the following joint recommendations, the HIV and NCD communities have identified 15 catalytic and transformative solutions to achieve the best possible health outcomes for people living with and affected by HIV and NCDs globally and contribute towards achieving UHC.



OVERARCHING RECOMMENDATIONS

1

Governments – with the support of WHO, UNAIDS, global health donors, and key constituencies, including civil society, communities and people living with HIV and NCDs, and the private sector – must coordinate, fund and drive local context-responsive agendas for HIV-NCD integration to achieve the 90% integrated care target, which emphasises person-centred care and considers the whole care cascade (prevent-find-link-treat-retain).

2

Government strategies, national policies, and strategic plans for HIV-NCD integration must:

- Take a **phased and context-specific approach** to linkages and integration of services and systems;
- **Promote the transition to UHC;**
- **Consider the state of development of different national and local systems for health**, including community systems, their priorities, disease burden, strengths of existing HIV-specific systems and platforms, and availability and affordability of proven interventions;
- **Include essential HIV and NCD prevention and care services as key priorities in COVID-19 recovery plans and the 'building back better' agenda.**

3

All stakeholders must advance and share the evidence base on equitable, impactful, cost-effective, gender-sensitive and age-responsive integration strategies to meet the growing needs for NCD prevention, treatment and care of people living with and affected by HIV.

Stakeholder NATIONAL GOVERNMENTS



Recommendations for health systems

4

Using partnerships, leverage disease-specific/ programmatic systems and platforms to support more integrated prevention and care services, including in national health systems. For example, build on existing service delivery modalities, platforms and systems to link or integrate HIV and NCD services. Also, leverage the supply chain for HIV tests and antiretroviral medicines to source and provide essential NCD medicines and products. This will support the inclusion of **NCD prevention and care services, including access to essential medicines and products**¹ (including disease-preventing vaccines, such as human papillomavirus and hepatitis B), into country UHC packages, reducing catastrophic financial expenditure.



Recommendations for community-based services

5

Meaningfully engage with and support people living with HIV and NCDs, communities and stakeholders to develop, lead, implement, and monitor progress (including community-led monitoring of quality services) toward a country-led and context-driven agenda, and to leverage HIV platforms and COVID-19 adaptation strategies. This engagement should be included in and supported by national strategies, policies and public budgets. For further information, refer to the **Greater Involvement of People Living with HIV/AIDS principle**² and the **Global Charter on the Meaningful Involvement of People Living with NCDs**.³

1 <https://apps.who.int/iris/rest/bitstreams/1301957/retrieve>

2 https://data.unaids.org/pub/briefingnote/2007/jc1299_policy_brief_gipa.pdf

3 <https://www.ourviewsourvoices.org/global-charter>



Recommendations for primary health care

6

Scale up and introduce enabling policies and investments in:

- **Human resources**, considering capacity building and task sharing and through enhanced national pre-service and in-service curricula, to **bolster the capacity of the health workforce to identify and treat NCDs and NCD risk factors among people living with HIV.**
- **Supply chains for medicines and associated products**, considering the **coordination of multi-month dispensing of HIV and NCD medications.**
- **Digital health and health information systems that consider the integration of patient data, strengthening of referral systems and monitoring of care.**



Recommendations for secondary or tertiary health care

7

Update national HIV guidelines to include detailed **guidance on prevention, testing, referral and treatment of NCDs for people living with HIV** to align with 2021 [WHO recommendations on service delivery for the treatment and care of people living with HIV](https://www.who.int/publications/i/item/9789240023581).⁴ Include current, evidence-based, simplified and streamlined algorithms for NCD management. Add a context-specific set of NCD-specific indicators (including risk factors, e.g. tobacco use) to national HIV monitoring and evaluation systems, and can be used to integrate common NCD comorbidities into HIV-focused funding proposals according to local needs.

Stakeholder

MULTILATERALS AND DONORS



Recommendations for health systems

8

Create funding and technical support opportunities for activities relating to HIV and NCD prevention and care integration as a path towards UHC.



Recommendations for community-based services

9

Ensure meaningful engagement of people living with and affected by HIV who also live with other chronic conditions, such as NCDs, in strategic decision-making and accountability processes at global and country levels. So to understand their full health care needs to improve quality of life and physical and financial barriers to access, including accountability for progress towards UHC.



Recommendations for primary health care

10

Provide **financial and technical support for integrated NCD and HIV services in primary health care (PHC)** to develop more resilient and sustainable health systems. Support could include the **mandatory consideration of NCD prevention and care** within PHC-level HIV programmes and funding proposals, and supporting communities to conduct community-led monitoring of the quality of integrated services at PHC level.



Recommendations for secondary or tertiary health care

11

Provide financial and technical support for data collection, monitoring, and evaluation of access to care and quality of life for people living with HIV and NCDs to advance the evidence base on:

- current gaps in secondary and tertiary health care for these patient groups.
- equitable, impactful, cost-effective, gender-sensitive and age-responsive integration strategies at the secondary or tertiary level.

4 <https://www.who.int/publications/i/item/9789240023581>

HIV AND NCD ADVOCATES, CIVIL SOCIETY, COMMUNITY ORGANIZATIONS AND RESEARCHERS



Recommendations for health systems

12

Raise awareness of the need for both HIV and NCD services and call for integration through existing networks, campaigns (including UHC), and other civil society-led advocacy and accountability initiatives. Ensure the engagement of all populations, including older people and women living with HIV and NCDs, in these initiatives.



Recommendations for community-based services

13

Develop and disseminate contextually appropriate, person-centred, evidence-based advocacy campaigns and knowledge products, which demonstrate successes and lessons learnt from integrative services. In addition to information and education materials about NCDs and NCD risk factors for people living with HIV to help mobilise communities living with HIV and NCDs to demand integrated and user-friendly services.



Recommendations for primary health care

14

Include NCD indicators in community-led HIV monitoring initiatives.



Recommendations for secondary or tertiary health care

15

Use existing HIV funding and programme platforms to advocate for increased investment in secondary and tertiary health care, including NCD care integration, for people living with HIV. Seek technical support for such activities via Country Coordinating Mechanisms, WHO, UN Inter-agency Taskforce on NCDs and NCD researchers and experts.



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