
World AIDS Day – let's end inequalities in access to NCD services for people living with HIV



In the lead up to World AIDS Day on 1 December, UNAIDS is calling on all of us to unite to end the inequalities holding back the HIV response.

Under the slogan 'EQUALIZE', they are urging for increased availability, access and suitability of HIV prevention, treatment and care services; the removal of punitive laws and policies that perpetuate stigma and discrimination of people living with and affected by HIV; and equal access to the best HIV science, between communities and between the Global South and North.

Contributing to the campaign, NCDA is calling for increased access and affordability of integrated HIV and noncommunicable disease (NCD) care around the world. Integrated care should serve as a stepping stone towards Universal Health Coverage (UHC), which will ensure NCD care for **all** who need it.

NCDs threaten decades of progress on HIV

Antiretroviral treatment (ART) is one of science's greatest achievements, transforming HIV from a death sentence into a chronically manageable illness. But these gains are threatened by NCDs.

As people living with HIV live longer, they face the same increasing threat from NCDs as the wider population. In many cases, they face a higher risk because of their status. By 2035, a projected 71% of people living with HIV will also live with one or more NCDs, versus 56% of people without HIV. And, death rates from NCDs are nearly twice as high in low- and middle-income countries compared to high-income countries. Keeping people living with HIV healthy will require a new integrated approach to health care.

Making the link between HIV and NCDs

In the 2021 Political Declaration on HIV and AIDS, countries committed to 90% of people living with, at risk of and affected by HIV have access to noncommunicable disease prevention and care services, including for mental health, by 2025.

But around the world, access to NCD services is severely unequal.

Until the past two decades, the main disease burden in much of the developing world has been infectious diseases, including HIV, with the majority of resources being allocated there. NCDs are a relatively new threat, and simply do not receive the same funding. This means fewer clinics are available, and they are not as well equipped, translating into far fewer opportunities to access quality care.

Also, people living with HIV in most countries receive free HIV services, but have to pay out-of-pocket for NCD services. Out-of-pocket expenses for NCDs are often catastrophic, driving 100 million people into poverty each year.

Integrated HIV/NCD service delivery has been shown to be more affordable and sustainable in low- and middle-income countries, while better meeting the needs of people living with HIV and chronic diseases. However, there are precious few examples where integrated care has been implemented. More data is urgently needed to support the understanding, development and implementation of integrated HIV and NCD care.

WATCH: Combining HIV and NCD care to save lives

After losing two children soon after birth, Sally was diagnosed with AIDS, then cervical cancer. At the Rangi Tatu clinic in Tanzania, vital connections are being made between HIV and NCDs – see why this matters to patients like her.

NCD Alliance resources making the link between HIV and NCDs

[15 transformative solutions to realise better health in people living with and affected by HIV and NCDs](#) [1]

NCD Alliance alongside UNAIDS, GNP, IAS, STOPAIDS and Frontline AIDS have published [joint policy recommendations](#) [1] to support and encourage the realisation of the 90% integrated care target set at the UN High Level Meeting for HIV/AIDS in 2021. The document provides 15 recommendations, broken down by stakeholder and level of health care.



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 rising 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-based 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 increased 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.



[2]

[Long, full, healthy lives: Delivering on the commitment to integrated NCD care for people living with HIV by 2025](#) [3]



[3]

[Policy Brief - From Siloes to Synergies: Integrating noncommunicable disease prevention and care into global health initiatives and universal health](#) [4]



[4]

Post Date: Tuesday, 29 November, 2022

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Links

[1] <http://ncdalliance.org/resources/15-transformative-solutions-to-realise-better-health-in-people-living-with-and-affected-by-hiv-and-ncds>

[2] <https://ncdalliance.org/resources/15-transformative-solutions-to-realise-better-health-in-people-living-with-and-affected-by-hiv-and-ncds>

[3] <https://ncdalliance.org/resources/long-full-healthy-lives-delivering-on-the-commitment-to-integrated-ncd-care-for-people-living-with-hiv-by-2025>

[4] <https://ncdalliance.org/resources/policy-brief-from-siloes-to-synergies-integrating-noncommunicable-disease-prevention-and-care-into-global-health-initiatives-and-universal-health>

[5] <https://ncdalliance.org/taxonomy/term/1427>

[6] <https://ncdalliance.org/taxonomy/term/647>

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[9] <https://ncdalliance.org/taxonomy/term/594>