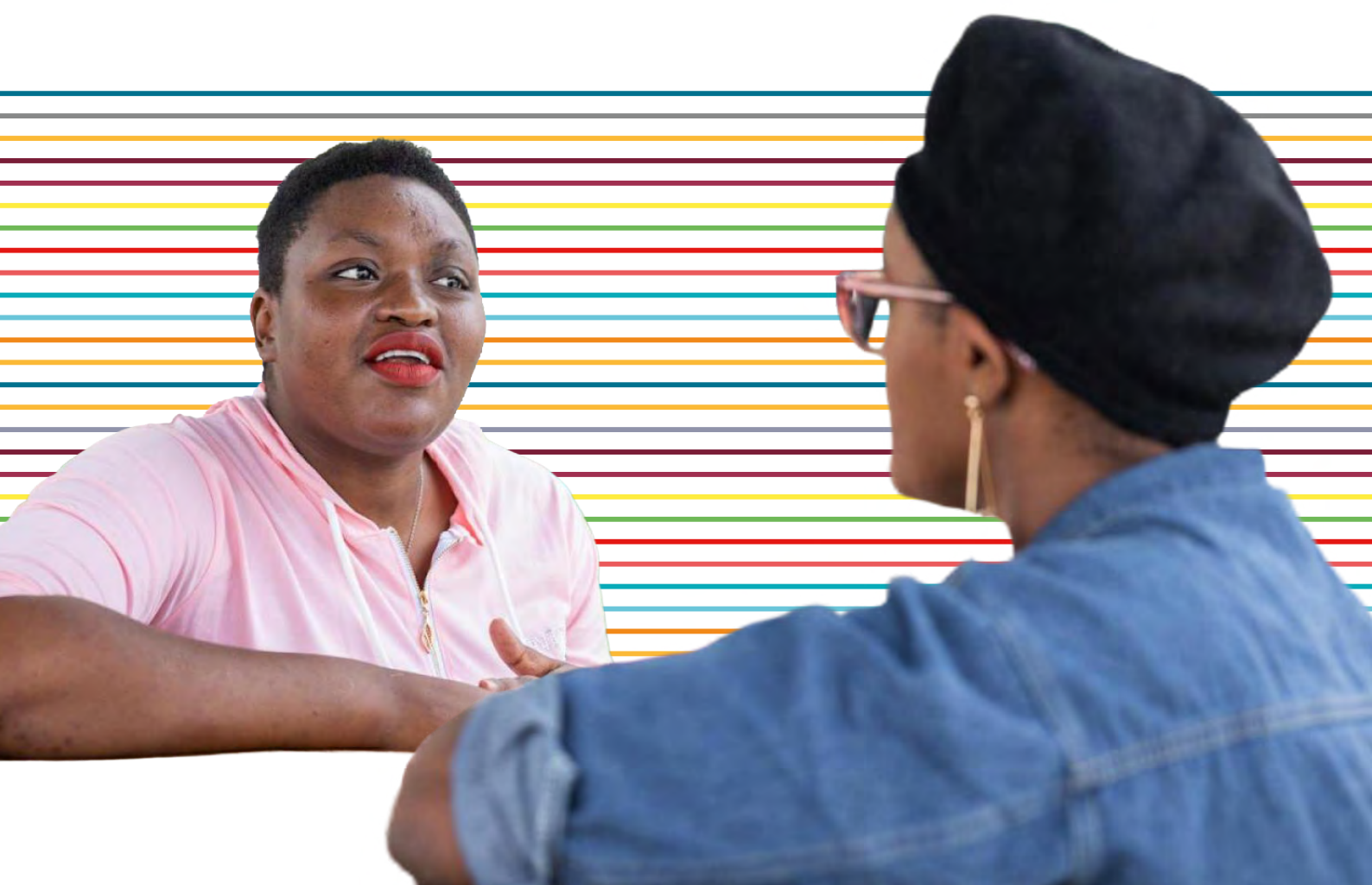


NCD Alliance Advocacy Priorities for the UN High-Level Meeting on HIV/AIDS in 2026



Acknowledgements

This toolkit was authored by the NCD Alliance with inputs from Ani Shakarishvili at UNAIDS and in consultation with the Global Network of People Living with HIV, the NGO Delegation to the UNAIDS PCB, StopAIDS, the International AIDS Society, PATH, United for Global Mental Health, Youthlead, Africa NCDs Network, Bangladesh NCD Forum, Cameroon NCD Alliance, East Africa NCD Alliance, Healthy India Alliance, Rwanda NCD Alliance and Tanzania NCD Alliance.



© 2026 NCD Alliance

Published by the NCD Alliance

Editorial coordination: Jennifer Bajdan

Design, layout and infographics: Mar Nieto

Photo cover: copyright free, credit of 'People living with HIV' Shutterstock/VIIV Partnership



NCD Alliance

31-33 Avenue Giuseppe Motta
1202 Geneva, Switzerland

www.ncdalliance.org

#NCDs @ncdalliance

Why HIV-noncommunicable disease-mental health integration matters

- **People living with HIV face significantly higher risks of noncommunicable diseases (NCDs).** Cardiovascular disease risk is 1.5 – 2 times higher among adults living with HIV;¹ hypertension affects 20–40% of adults on antiretroviral treatment in many settings;² women living with HIV have a six-fold higher risk of cervical cancer.³
- **Mental health conditions are central to HIV treatment outcomes.** Depression and other mental health conditions affect 30–40% of people living with HIV⁴ and are directly associated with antiretroviral adherence, retention in care, viral suppression and mortality.⁵ The causal relationship between mental health and HIV treatment success is immediate and well established⁶, making mental health integration essential to sustaining HIV gains⁷.
- **People living with HIV are ageing.** By 2030, more than one in five people living with HIV globally will be over 50, with higher rates of hypertension, diabetes, cardiovascular disease and cancers.⁸ As people living with HIV live longer, multimorbidity is becoming increasingly common and requires coordinated, lifelong care, reinforcing the need for integrated chronic care models anchored in strong primary health care.⁹
- **Fragmented services create barriers and costs.** Visits to multiple clinics, duplicate tests, disclosure of HIV status to different health care workers and repeated user fees contribute to late diagnosis, missed appointments, increased risk of stigma,¹⁰ poor medical outcomes¹¹ and financial strain.¹²
- **Integrated care improves outcomes.** Integrating NCD and mental health services into HIV platforms, whether through shared chronic care models or strengthened primary health care services, improves early detection and health outcomes, reduces loss to follow-up and stigma, and strengthens health systems.¹³
- **Integration is more sustainable in a constrained funding environment.** While integration requires upfront investments and institutional reform, fragmented and siloed approaches are increasingly unaffordable in the context of declining donor funding and rising domestic fiscal pressures. Over time, integrated care reduces duplication, prevents costly complications and hospitalisations, improves workforce efficiency and strengthens system resilience.¹⁴

Analyses of Global Fund funding requests show that **countries are ready for integrated, person-centred care**, with 97% of countries including at least one priority comorbidity in Grant Cycle 7 requests. However, **funding remains a challenge**: only 11% of requests were funded in that cycle.¹⁵



Copyright free, credit of 'People living with HIV' Shutterstock/VIV Partnership

Key priorities for the 2026 UN High-Level Meeting on HIV/AIDS

These are key priorities identified and developed by HIV, NCD and mental health advocates for Member States and UN Missions, which should be reflected in the 2026 Political Declaration.

1. One reality, one response
2. Protect the 90% integrated care commitment
3. Sustainable responses through primary health care
4. Integration with rights at the centre and involvement of people with lived experience of HIV, NCDs and mental health conditions
5. From global commitments to national plans and budgets
6. Reforming the system to enable integration
7. Sustainable financing for integrated, people-centred care

1. One reality, one response

HIV, NCDs and mental health conditions are interlinked, and we cannot end AIDS or realise the right to health for all without addressing them all. Complex factors mean people living with HIV are often living with comorbidities and are at higher risk of noncommunicable diseases, including cardiovascular disease, diabetes and cervical cancer and mental health conditions. Mental health conditions are also directly associated with antiretroviral adherence, retention in care, viral suppression and mortality, and must be recognised as central to sustaining HIV treatment outcomes. The 2026 Political Declaration must explicitly recognise and reflect interlinked realities between HIV, NCDs and mental health.

2. Protect the 90% integrated care commitment

We call on Member States to reaffirm the 2021 Political Declaration commitment that 90% of people living with HIV should have access to prevention, screening and treatment for noncommunicable diseases, including mental health conditions. This commitment must be not only retained but also strengthened by clear monitoring and accountability mechanisms in the 2026 Political Declaration, while supporting the recommended NCD and mental health targets set out in the UNAIDS Global AIDS Strategy 2026–2031.¹

3. Sustainable responses through primary health care

Sustainable HIV, noncommunicable disease, and mental health responses depend on strong primary health care and resilient health systems. In the context of funding cuts and a changing global health architecture, person-centred, integrated models that provide comprehensive services across the care spectrum, from disease prevention and early detection to chronic care to rehabilitation and palliation, must be prioritised over vertical and fragmented approaches of care.

¹ The UNAIDS Global AIDS Strategy 2026–2031 is supported by the Global Task Team's Recommended 2030 HIV Targets framework. Under Area 3 (Integration into primary health care), Target 5 sets a recommended target that 80% of people living with HIV in need receive screening for hypertension and diabetes.

4. Integration with rights at the centre and meaningful involvement of people with lived experience of HIV, NCDs and mental health conditions

Integrated HIV-NCD-MH responses must protect human rights and ensure continuity of care for all people. Rights-based, gender-responsive and person-centred services are essential to meet lifelong HIV, NCD, and MH care needs and to ensure that integration does not increase stigma, exclusion or inequities. Governments must ensure the meaningful participation of communities, including people living with HIV and NCDs and mental health conditions, in national consultations and follow-up processes.

5. From global commitments to national plans and budgets

Commitments in the Global AIDS Strategy 2026–2031 to integrate the HIV response with other public health priorities, including noncommunicable diseases and mental health, must be translated into national and regional health plans, dedicated budget lines, and measurable accountability frameworks. Accountability frameworks should include indicators on multimorbidity outcomes, continuity of care, financial protection and patient experience, amongst others to ensure integration delivers real improvements in people's lives.

6. Reforming the system to enable integration

Reforms of global health architecture must support integrated, country-led responses to health priorities, including HIV, noncommunicable diseases and mental health. Global health actors, including World Health Organization and UNAIDS, should align norms, guidance, and technical support to enable integrated service delivery through primary health care, including referral pathways and continuity of care. Integration should be understood as a long-term process of health system transformation (including workforce capacity, referral systems, digital infrastructure, supply chains and community platforms) rather than the short-term addition of services onto existing HIV clinics.

7. Sustainable financing for integrated, people-centred care

The 2026 Political Declaration should explicitly recognise that current global funding models strongly shape service delivery models. Sustainable financing mechanisms should evolve to incentivise integrated, people-centred health services, including HIV, NCD, and mental health services, catalyse domestic resource mobilisation, and avoid disincentives for delivering continuity of care. Integration requires upfront investment. Political commitments must be explicit about these costs and provide practical support to implement integration in phases to sustain HIV gains and address growing comorbidities.



Copyright free, credit of 'People living with HIV' Shutterstock/VIV Partnership

References

- 1 Shah ASV, Stelzle D, Lee KK, et al. Global burden of atherosclerotic cardiovascular disease in people living with HIV: a systematic review and meta-analysis. *The Lancet HIV*. 2018;5(12):e673–e684 <https://doi.org/10.1161/CIRCULATIONAHA.117.033369>
- 2 Derick KI, Khan Z. Prevalence, awareness, treatment and control of hypertension among people living with HIV in sub-Saharan Africa: a systematic review and meta-analysis. *Cureus*. 2023;15(4):e37422. <https://doi.org/10.7759/cureus.34587>
- 3 Liu G, Sharma M, Tan N, Barnabas RV. HIV-positive women have a higher risk of HPV infection, precancerous lesions, and cervical cancer: a systematic review and meta-analysis. *AIDS*. 2018;32(6):795–808 https://journals.lww.com/aidsonline/abstract/2018/03270/hiv_positive_women_have_higher_risk_of_human.13.aspx
- 4 Hu FH, Liu P, Jia YJ, et al. Prevalence of mental health problems in people living with HIV: a systematic review and meta-analysis. *Psychology, Health & Medicine*. 2025;30(3):397–413. Available from: <https://doi.org/10.1080/13548506.2024.2424998>
- 5 Huang B, Younger A, Gallant MP, O’Grady TJ. Depressive symptoms and HIV viral suppression: a systematic review and meta-analysis. *AIDS and Behavior*. 2025;29(3):870–883. Available from: <https://link.springer.com/article/10.1007/s10461-024-04571-0>
- 6 These findings are reflected in recent WHO HIV service delivery guidance, which recognises mental health integration as essential to sustaining effective, people-centred HIV care. World Health Organization.
- 7 Huang B, Younger A, Gallant MP, O’Grady TJ. Depressive symptoms and HIV viral suppression: a systematic review and meta-analysis. *AIDS and Behavior*. 2025;29(3):870–883. Available from: <https://link.springer.com/article/10.1007/s10461-024-04571-0>
- 8 UNAIDS. *The Path That Ends AIDS*. Geneva: UNAIDS; 2023. Available from: <https://www.unaids.org/en/resources/documents/2023/global-aids-update-2023>
- 9 World Health Organization. *WHO guideline on HIV service delivery: updated guidance on the integration of diabetes, hypertension and mental health services, and interventions to support adherence to antiretroviral therapy*. Geneva: World Health Organization; 2025. Available from: <https://www.who.int/publications/i/item/9789240113879>
- 10 Turan B, Budhwani H, Fazeli PL, et al. How does stigma affect people living with HIV? The mediating roles of internalized and anticipated stigma. *AIDS and Behavior*. 2017;21(1):283–291. <https://link.springer.com/article/10.1007/s10461-016-1451-5>
- 11 Rosen S, Fox MP. Retention in HIV care between testing and treatment in sub-Saharan Africa: a systematic review. *PLoS Medicine*. 2011;8(7):e1001056 <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001056>
- 12 Mills EJ, Nachega JB, Bangsberg DR, et al. Adherence to HAART: a systematic review of developed and developing nation patient-reported barriers and facilitators. *PLoS Medicine*. 2006;3(11):e438. <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0030438>
- 13 World Health Organization. *WHO guideline on HIV service delivery: updated guidance on the integration of diabetes, hypertension and mental health services, and interventions to support adherence to antiretroviral therapy*. Geneva: World Health Organization; 2025. Available from: <https://www.who.int/publications/i/item/9789240113879>
- 14 Shiri T, Birungi J, Garrib AV, et al. Patient and provider costs of integrated HIV, diabetes and hypertension ambulatory health services in low-income settings. *BMC Medicine*. 2021;19:209. <https://link.springer.com/article/10.1186/s12916-021-02094-2>
- 15 UNAIDS and United for Global Mental Health. *Review and mapping of Global Fund investments in priority comorbidities in Grant Cycle 7 to improve the health and well-being of people living with or at risk of HIV and / or TB*. Geneva: Joint United Nations Programme on HIV/AIDS; 2026. Available from: <https://unitedgmh.org/app/uploads/2026/03/GC7-Review-and-Mapping-Study.pdf>



**Accelerating action on NCDs to promote health,
protect rights and save lives**