



**2026 Political Declaration on HIV/AIDS
NCD Alliance Priority Comments on the Zero Draft (19 May 2026)**

We welcome:

The NCD Alliance welcomes the inclusion of references to noncommunicable diseases, mental health, multimorbidity, primary health care, Universal Health Coverage and integrated systems throughout the Zero Draft of the 2026 Political Declaration on HIV/AIDS. We particularly welcome the recognition that people living with HIV are increasingly ageing and experiencing noncommunicable diseases, mental health conditions and other co-morbidities.

We express concern:

In the 2021 High-Level Meeting on HIV/AIDS Political Declaration, several important commitments were made on integrated, people-centred care, including commitments on integrated HIV and noncommunicable disease services, mental health, social protection systems, continuity of care and broader wellbeing outcomes. We note with concern that the measurable commitments from the 2021 Political Declaration on HIV/AIDS related to integrated service delivery, continuity of care, and integrated health, are not fully reflected in the current Zero Draft.

Strong commitments to integrated, people-centred care are particularly important in ongoing global health architecture discussions, which increasingly recognise shifting disease burdens, demographic change, and the need for health systems that can respond to lifelong and interconnected health needs. We urge Member States to align behind commitments that protect progress made in the HIV response while ensuring that the current health needs and priorities of people and communities are met.

We call upon Member States to:

1. Reaffirm the “Fourth 90” integrated care commitment

We express deep concern that the 2026 Zero Draft removes the 2021 commitment to ensure that “90 per cent of people living with, at risk of and affected by HIV” receive integrated, people-centred services for HIV and other communicable diseases, noncommunicable diseases, sexual and reproductive health care, mental health and broader wellbeing needs [2026 Zero Draft Part IV, P.44].

- While the Zero Draft reaffirms previous Political Declarations, including the 2021 Political Declaration [2026 Zero Draft Part II, P.2], one of the clearest measurable accountability commitments on integrated care is not fully reflected in the current text.

- The operative paragraph under Part IV contains broad integration language but lacks measurable accountability for integrated service delivery, multimorbidity and long-term chronic care outcomes [2026 Zero Draft Part IV, P.44].
- Retaining measurable integrated care commitments would strengthen implementation, improve accountability, support health systems strengthening, and better reflect the realities of ageing, multimorbidity and long-term HIV care.

We urge Member States to reinsert the following language from the 2021 Political Declaration under Part IV, P. 44 of the 2026 Zero Draft:

“Investing in robust, resilient, equitable and publicly funded systems for health and social protection systems that provide 90 per cent 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, non-communicable diseases, 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 2030.”

2. Strengthen recognition of ageing with HIV and multimorbidity

We strongly welcome Part III, P. 24 of the 2026 Zero Draft, which recognises that people living with HIV are increasingly ageing and experiencing noncommunicable diseases including cancers, mental health conditions, and other co-morbidities. However, the implications of ageing with HIV and multimorbidity are not sufficiently operationalised throughout the commitments section.

- The operative paragraphs under Part IV do not explicitly commit to integrated lifelong chronic care systems or continuity of care.
- Mental health remains largely framed as a co-morbidity rather than a cross-cutting determinant of HIV outcomes and wellbeing.
- The implications for primary health care systems, workforce capacity and long-term financing remain insufficiently addressed.

We urge Member States to strengthen Part III, P.24 through the inclusion of:

“highlighting the urgent need for integrated, lifelong HIV, NCD and mental health care and support systems”

We further urge Member States to strengthen Part IV, P.44 through the inclusion of:

“including through lifelong, people-centred care models that address ageing with HIV, multimorbidity and long-term wellbeing”

3. Strengthen accountability and sustainable financing for integrated care

The Zero Draft contains important references to integration, primary health care, Universal Health Coverage and broader health systems throughout the text [Part IV, P.38–46]. However, while the Zero Draft repeatedly emphasises integrated systems and integrated

service delivery, there are currently no measurable indicators, accountability mechanisms or financing commitments related to integrated HIV–NCD–mental health services, multimorbidity, continuity of care or long-term chronic care outcomes.

- The current text risks framing integration as a broad systems aspiration without corresponding implementation and financing commitments.
- Integration risks becoming a rhetorical commitment without sustained investment in workforce capacity, referral systems, integrated monitoring systems, continuity of care and community-led services.
- Shrinking financing and changing global health financing dynamics risk undermining integrated care efforts and community-led responses.
- Unless safeguards are put in place, integration into broader health systems may unintentionally increase barriers to care and disengagement from services for key populations and vulnerable communities.

We further urge Member States to restore stronger accountability and financing commitments for integrated HIV–NCD–mental health services, including continuity of care, workforce capacity, integrated monitoring systems and community-led responses.