NCD Alliance

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Reaching 'the 4th 90' target: **Accelerating the integration of HIV and noncommunicable disease responses to improve quality of life for people living with HIV**

Satellite session report
The 25th International AIDS Society Conference (AIDS 2024)

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Co-hosts:

IAS
World Health Organization
GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV
PATH
STOPAIDS.
FRONTLINE AIDS
Alliance for Public Health

Introduction and scene-setting

Enormous strides have been made in reaching people living with HIV with antiretroviral therapy (ART) over the last decade, to the point that more than 75% of the global population of people living with HIV now have access to lifesaving ART.[1]

But three out of four deaths globally are the result of noncommunicable diseases (NCDs), and people living with HIV are disproportionately affected by NCDs – including cancer, cardiovascular disease, diabetes, chronic respiratory, mental health neurological conditions and substance use. Furthermore, the prevalence of NCDs among people living with HIV is increasing as many people are living longer. It is estimated that by 2035, 71% of people living with HIV will also be living with at least one chronic NCD. The burden of HIV and NCD morbidity and mortality falls heavily on low- and middle-income countries, and time is running out to meet global targets to reduce both NCD and HIV; but one cannot be achieved without the other.

That's why the '4th 90' target, adopted at the UN High-Level Meeting on HIV in 2021 is so important and marks a new frontier in the global HIV response. The 4th 90 target commits governments and global health institutions to ensuring that 90% of people living with and affected by HIV to have access to the full range of essential health services, including NCD and mental health care, by 2025. The pledge recognises that healthy ageing and quality of life are essential outcomes of providing widescale access to ART. At the same time, it creates an opportunity to learn from and build on the success of the global HIV response as the global health landscape shifts from addressing health issues through vertical disease siloes to enabling universal health coverage (UHC).

The NCD Alliance, alongside co-hosts GNP+, STOPAIDS, WHO, PATH, the International AIDS Society (IAS) and Frontline AIDS (represented by Alliance for Public Health), convened a session at the 25th International AIDS Society Conference (AIDS 2024) in Munich. Building on a pre-conference on NCD-HIV integration at the previous edition, AIDS 2022 in Montreal, the session reinforced the partnership, key advocacy messages and compelling data for HIV-NCD integration. It took stock of global policy shifts and growing country evidence and experience over the last two years. Additionally, it raised awareness of the increased risk of NCDs and mental health conditions for people living with HIV, highlighting best practices and challenges for delivering integrated, people-centred health services, and emphasising key strategies, opportunities, and the urgent need to advance the NCD-HIV integration agenda.

[1] Global HIV & AIDS statistics — Fact sheet | UNAIDS

Where are we now? The situation on the ground

The NCD Alliance's new report, '**A case for integration**', launched at the conference, echoed many of the key themes discussed during the satellite session, touching on perspectives from the community, health services, policy and funding.

Duduzile Dlamini, Advocacy Manager at Sweat, and the first speaker, highlighted some of the multi-layered challenges faced by key populations who are living with HIV and or NCDs such as hypertension, diabetes or cancer. She shared the lived experience of these individuals, emphasising the financial and emotional burdens of having to access multiple services for vital screenings, diagnostics care and support. Dlamini also spoke about the difficulties of repeatedly disclosing one's HIV status in multiple facilities, and navigating the judgmental attitudes of health facility staff who view key populations as 'diseased'. These barriers stand in the way of sex workers and other people living with HIV exercising their fundamental right to health.

The lived experience is essential to and must remain the driving principle behind efforts to move towards a more person-centred, integrated and holistic health system, which promotes health equity and quality of care. Following Dlamini's opening remarks, all speakers focussed on the real-world challenges that she highlighted. While integration is clearly needed to sustain the gains of the HIV response, it is the HIV response itself that lights the way forward. The existing HIV infrastructure offers an obvious entry point to integration, and experiences from Kenya, Tanzania and Eswatini highlighted how bringing NCDs into existing HIV points of care can optimise client care without placing the burden of costs and other resources (time, information-seeking, disclosure) onto the client. Evidence coming from countries shows that when screening and treatment for NCDs such as hypertension, diabetes and cervical cancer (among others) are offered within HIV services, neither quality of care, retention in care, nor HIV-related health outcomes are compromised, and could even be improved. HIV-related stigma and discrimination are minimised, health data are improved and there are significant costs savings to be made at the health systems level.

In Kenya, PATH supports over 90,000 people living with HIV to access ART. About a third of these people are over the age of 50, but before the integration of NCD screening, only 2% had been diagnosed with hypertension – well below the national prevalence. In the space of less than a year, and after the introduction of screening for hypertension and diabetes within the HIV programme, 90% of clients were accessing screening services, and 20% had been diagnosed with hypertension and 3% with diabetes.

To maximise these gains, government leadership and involvement is essential. Policies that promote and support integration, such as health insurance, investment in primary health services and digital health platforms, education, training and task shifting among health service personnel, and cross-disease communication, information and financing systems are needed.

The World Health Organization (WHO) has provided evidence-based guidelines for integrating HIV, TB and NCDs, recognising these as 'colliding epidemics'. Achieving the global HIV targets by 2025 is impossible without addressing NCDs and other health challenges. This requires shifting away from disease-specific interventions toward programs and services that consider the whole person and address their comprehensive health needs. More UN Member States are adopting these recommendations and are seeing improvements in healthcare efficiency, as well as positive outcomes for patients.

The recent Global Forum to Eliminate Cervical Cancer at Cartagena in March 2024 is a shining example of what can happen when government, donor agencies, technical bodies, civil society and communities come together to support disease-specific goals like the 90-70-90 cervical cancer elimination targets. These focus on increasing vaccination, screening and treatment for women and girls. This approach, which strengthens health systems through improved information, supply chains, capacity building, leadership, and programme management, can be applied across all cancer services and related health responses, including HIV.

Supporting these efforts, there has been a shift in focus by leading global health financing institutions, including the Global Fund to Fight Tuberculosis, AIDS and Malaria (the Global Fund) and the President's Emergency Plan For AIDS Relief (PEPFAR) to sustain gains made in the HIV response. Both institutions in their strategies covering the period 2023 – 2028 have laid new emphasis on integrated, person-centred services, including for HIV and the four major categories of NCDs (cardiovascular diseases, diabetes, cancer and hypertension), including mental health.

The Global Fund's 2023-2028 strategy includes explicit mention of the need to address NCDs among people living with HIV. Its **Guidance Note** on longevity and health for people living with HIV includes seven different areas for prioritisation, and focuses on resilient and sustainable systems for health cutting across all three disease responses. The Global Fund is now supporting HIV services that have incorporated screening for cervical cancer, hypertension and viral hepatitis C programming, among others, as well as drug procurement, distribution and differentiated service delivery (such as medication and adherence clubs in Kenya) and community-based screening for NCDs.

In one adherence club in Kenya, 29% of 1,432 people living with HIV enrolled in the club have been diagnosed with hypertension or diabetes and are now accessing medications for these conditions through the club. Global Fund support for integrated service delivery can include programme packages for key populations, training, tools, and community-led activities, but needs to be led by country Ministries of Health through their National Strategic Plans.

Looking ahead: key enablers and opportunities

Building from the analysis of experience, evidence and progress to date, what becomes clear is that a multi-sectoral response that is country driven and involves the community, civil society, country and global health institutions, as well as the private sector, is essential. The second panel illuminated the role of these actors in taking integration efforts to scale and surfaced key strategies and enablers for an integrated response.

Under the Ambassador's Special Initiative, PEPFAR is rolling out an **HIV-Hypertension integration programme** across five countries that have met the HIV 95-95-95 treatment goals, aiming to support care models that integrate hypertension diagnosis and management. Botswana, Eswatini, Lesotho, Namibia and Rwanda will receive one-year supplemental funding to improve hypertension control and reduce morbidity and mortality among people living with both HIV and hypertension. The initiative will also strengthen integration efforts in line with each country's priorities, transitioning towards a primary health care model that ensures continuity of services, supports viral load suppression in people living with HIV, reduces duplication at heath service level, and maximises retention in care and management of other co-morbidities. Additionally, the initiative will promote learning from different service provision models and contribute to the growing evidence base for integrated, person-centred healthcare. While PEPFAR funding cannot be used to purchase hypertension drugs, the initiative aims to streamline drug use in line with WHO guidance. It is hoped that the program's success will boost Ministry of Health commitments to NCDs and that increased demand will drive down the cost of hypertension medications.

The private sector, particularly the pharmaceutical industry, can play an important role in ensuring access to affordable, high-quality medications in the public sector by working with governments, and using WHO pre-qualification processes to ensure that drugs delivered meet international quality standards. Countries need to harmonise guidelines, use of medications and collaborative regulatory processes, and while working with industry partners to ensure robust quality assurance programmes. Addressing resource constraints – particularly for the procurement of NCD medications – is essential to ensuring access to affordable treatment. Integration of services helps reduce costs at health systems level by synchronising health care visits closer to people's home, task sharing and minimising duplication (among others). The private sector contributes through public-private partnerships that leverage expertise to reach wider populations, as well as training of service providers, development of protocols and job aids, and driving the development of innovative medicines and drug combinations.

Countries must lead these processes, and Ministries of Health are at the helm of setting the direction and steering the course towards integration. In Eswatini, for example, HIV prevalence remains high even though the country has achieved the UNAIDS 95-95-95 targets. At the same time, premature mortality has increased from 27% to 35% since 2015 – the result of several contributing factors.

To address this, Eswatini has begun working on an integrated chronic disease framework, using a person-centred approach to reduce premature mortality from various health conditions, including NCDs and communicable diseases. The framework focuses on integrating services at the primary health care level. Under this model, HIV care will be transitioned into chronic disease clinics, allowing clients to receive care in a one-stop-shop. Ms Ginindza, from the NCD Department of Eswatini's Ministry of Health, emphasised the importance of community involvement in guiding the design of the integrated care framework. She highlighted the potential of differentiated services, including community-based delivery models, to expand and improve chronic disease care across the country.

Building on this, Zahedul Islam from Alliance for Public Health in Ukraine spoke about the role of civil society and community in advancing integrated, person-centred care models. He highlighted the need for bi-directional learning and cross-sharing of experiences from other health interventions, such as integrating TB, Hepatitis C and opioid agonist treatment with HIV prevention, treatment and care. Mr Islam emphasised the need for country leadership, especially as there are very limited donor programmes funding NCD treatment interventions. Government leadership is crucial, but this can sometimes limit opportunities for civil society engagement. However, community-led monitoring initiatives have been instrumental in HIV responses, ensuring both availability and quality of treatment. In Ukraine, and elsewhere, these initiatives have been welcomed by government.

Community involvement in addressing issues related to HIV has also led to the growth of movements focused on specific disease areas, such as TB. There is potential for HIV-focused civil society to foster similar movement-building efforts around NCDs. This advocacy is essential for securing sustainable funding, resource allocation, and continued community engagement.

A supportive policy environment, led by national and local governments, is key to advancing the integration agenda. This includes addressing HIV-related stigma and discrimination in all its forms to ensure equitable access to health care for people living with and affected by HIV. Currently, efforts to integrate NCD care into broader health services are hindered by stigma, both within communities and the health system. Effective communication between different areas of health within the Ministry or Department of Health is essential to create cohesive policies. Government commitment to funding integration is also crucial, as vertically funded HIV programmes often do not support integrated care. While seed funding from global health institutions like the Global Fund and PEPFAR can initiate this process, long-term success depends on national government ownership.

Developing specific chronic disease care protocols can help estimate intervention costs, guide the implementation of policies, and ensure that the quality of care for patients is not compromised during integration.

There are a number of bottlenecks that still need to be overcome. For example, people living with HIV who are managing their condition well can benefit from differentiated service delivery models, such as multi-month dispensing antiretroviral drugs through community adherence groups. Would these models work equally well for other chronic disease management? There is currently limited monitoring of conditions like hypertension and diabetes among these groups to assess whether community-based models can be adapted for managing chronic co-morbidities. In Tanzania, the Ministry of Health has started to decentralise service delivery and is committed to integrating HIV treatment and care into primary health care. Policy shifts that enable task-sharing, decentralisation of service delivery, community-based dispensing, and so on – without compromising on quality of care – are needed, and multi-stakeholder engagement is essential for ensuring policy cohesion.

The upcoming 2025 High-Level Meeting on NCDs and the review of HIV targets offer opportunities to advance this agenda. This is especially important as, by 2035, nearly three-quarters of people living with HIV are projected to also have at least one other chronic health condition.

Conclusion

The satellite session builds on the 2022 pre-conference held in Montreal, a policy brief, **15 Transformative Solutions** developed in partnership by the NCD Alliance and the co-hosts, and the advocacy of satellite partners to establish a conceptual and practical framework for quality of life of people living with HIV in the context of universal health coverage. There is an urgent need to build on the HIV movement's historical momentum and secure increased funding to advance a more holistic, integrated service model. The upcoming 2025 High-Level Meeting on NCDs and the review of global HIV targets provide critical opportunities to push this agenda forward.

To maximize impact, two global health challenges must be addressed. First, in the post-COVID era, there is a growing risk that health may lose its priority within the broader development agenda, as reflected in the limited attention it received in the Summit of the Future zero draft. Maintaining a strong global focus on health, both as a standalone issue and in its connections with other global goals like climate justice and food security, is essential, especially against the backdrop of polycrisis. Additionally, the widely accepted notion that health funding will inevitably stagnate, or decline should be challenged. Adequate funding can be secured by presenting a compelling case for its necessity.

Second, careful attention is needed in framing the pathways to achieve key global health goals. HIV and NCDs should not be positioned as competing priorities. Instead, we should promote initiatives that address people's diverse health needs holistically while improving health equity. Integrating HIV and NCD efforts is about sustaining the HIV response while ensuring it's relevance in the context of new global health challenges. We must avoid repeating the inequalities witnessed during the COVID-19 pandemic, both at national and global levels.

While global health institutions are discussing equitable stakeholder representation and improved communication, real change will occur at the national level through country ownership and coordination. It is crucial for all stakeholders to engage in these processes, building on the advances made during the HIV response and the ongoing progress toward HIV-NCD integration.

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