

Noncommunicable diseases and universal health coverage - learning from AIDS: planning for success and avoiding mistakes



30 JANUARY 2019 | BANGKOK, THAILAND

MEETING REPORT

EXECUTIVE SUMMARY

The 2019 Prince Mahidol Award Conference theme, *The Political Economy of Noncommunicable Diseases: A Whole of Society Approach*, was a call for action for global and country partners to bring their collective experiences and knowledge to the table to identify issues, strategies, lessons learnt and confounding factors, leading to a whole-society approach to resolving the health and development challenges posed by the noncommunicable diseases epidemic.

At the Conference, UNAIDS partnered with the Japan International Cooperation Agency, the Partnership Project for Global Health and Universal Health Coverage, the Thai Ministry of Public Health, the Thai National Health Security Office, and the World Health Organization to organize a side-meeting entitled *Noncommunicable Diseases and Universal Health Coverage: Learning from AIDS—Planning for Success and Avoiding Mistakes*. The meeting was executed through a panel discussion format. The session contributed to the goal of the Conference by exploring the lessons learnt from the global HIV response that could possibly benefit the efforts now being made to reduce the negative impact of the growing noncommunicable diseases epidemic.

This report summarizes the session and highlights the themes emerging from presentations and discussions. The overall message was that to strengthen the noncommunicable diseases response, it may be prudent to understand the structural elements employed by the HIV response, leveraging lessons learnt from the scale-up of the HIV response and the care platforms developed. Identifying synergies between HIV and noncommunicable diseases programmes and aligning both within the movement towards universal health coverage, may also be effective in securing the necessary resources and political will and ultimately overcoming the prevailing inertia of policy-makers and donors towards the noncommunicable diseases response. Other salient messages, determinants and lessons learnt from the HIV response that can be applied to the noncommunicable diseases response include the following:

- It is important to understand, communicate and confront the myths and beliefs surrounding the disease and the challenges that threaten to undermine the response.
- Knowing the epidemic and having timely and accurate data and information to develop strategies and guide action, including advocacy, policy and resource allocation, is essential.
- A balance between prevention and treatment is critical.
- Activism and partnerships between the public sector, civil society, the private sector and academia are required to influence political will and achieve equity.

- The health issue should be situated as part of the pursuit of universal health coverage to bring the value of equity and fairness for accessible and affordable health programmes and services for all.
- Community action needs to be placed on a platform of health as a human right, and the pursuit of social justice used to fuel efforts and address challenges at all levels.
- As much as possible, the dependence on finite external international funding needs to be avoided in order to ensure a sustained response.
- Integration for an effective, affordable and sustained response must ensure that health programmes and services are accessible to all populations, given that societies are not homogeneous. The HIV response has proven that in areas where prevalence is concentrated in key populations, total integration can hinder access by vulnerable populations to programmes and services.
- To reach universal health coverage, we need to rethink how health programmes are delivered, and in resource-limited settings to apply the model of HIV programmes and services to step up services for noncommunicable diseases.

Key messages

- Strong leadership, community engagement, and an unwavering commitment to leaving no one behind.
- Partnerships and building bridges across sectors, disciplines and programmes.
- Equal attention to prevention and treatment.
- People and social justice-centred approaches to yield greater results.
- Data to track the magnitude of the burden and to inform advocacy, policy, programmes and resource allocation.
- Sufficient and sustained funding sources.

INTRODUCTION AND BACKGROUND

The Prince Mahidol Award Conference was held in Bangkok, Thailand from 29 January to 3 February 2019. This annual conference focuses on health-related issues of local and global concerns. In 2019 the theme of the conference was The Political Economy of Noncommunicable Diseases: A Whole of Society Approach.

This report captures the key messages of the side-meeting *Noncommunicable Diseases and Universal Health Coverage: Learning from AIDS—Planning for Success and Avoiding Mistakes*, held on 30 January 2019. The side-meeting was designed to share lessons learnt from the global response to HIV and to invest this knowledge in global and national responses to the current global epidemic of noncommunicable diseases in the context of universal health coverage.

The meeting was hosted by UNAIDS in partnership with the Japan International Cooperation Agency, the Partnership Project for Global Health and Universal Health Coverage, the Thai Ministry of Public Health, the Thai National Health Security Office, and the World Health Organization.

The lessons of an effective response to HIV were shared through a panel discussion, moderated by UNAIDS, providing experiences from various countries, including Bangladesh, Cambodia, South Africa and Thailand. The evolving health challenges of noncommunicable diseases promise a very negative impact on global and national social and economic status if national and global communities are unable to mount a timely and effective response. As the most recent response to a pandemic is the global and national response to HIV, the key lessons learnt from managing and controlling this global epidemic may prove invaluable to mounting an effective response to noncommunicable diseases.

LESSONS FROM THE HIV RESPONSE

The side-meeting sought to garner the lessons from the HIV response at the country, regional and global levels to better inform national and global responses to the noncommunicable diseases epidemic. In reviewing these lessons, it was expressed that HIV and noncommunicable diseases are similar in some ways—for example, both involve multisectoral, whole-of-government and whole-of-society efforts. However, HIV and noncommunicable diseases also have differing characteristics in the way they are understood and communicated. This is demonstrated by the slow-moving global response to noncommunicable diseases, despite international consensus and national commitments articulated at the United Nations General Assembly Special Session on noncommunicable diseases in 2018, compared with the global action of the HIV response with the strength of individuals and organizations and the political context.

The side-meeting examined some of the key elements of the scale-up of the HIV response that could serve to advance the global noncommunicable diseases agenda; these elements are discussed below.

Evidence-based decision-making

The changing burden of disease demands the mobilization of a noncommunicable diseases epidemic prevention and treatment response involving systems for health and other factors. The HIV experience underlines the importance of having robust health information systems to establish an understanding of the causes of disease and health conditions. Data are needed to provide accurate information for policymakers, programme managers, health-sector leadership, the community and others and allow them to play their roles in an effective response. Such data are fundamental to making effective decisions regarding strategies, changing courses of action. Good-quality data now exist for HIV, tuberculosis and malaria and are needed for an effective noncommunicable diseases response.

Confronting myths

Although initially HIV was a new and highly visible threat, early and persistent myths and beliefs regarding the epidemic presented barriers to action that were critical to mounting an effective response. By situating HIV as a threat to development and security because it visibly affected young and working-age people, and had the potential of undermining development, international and national partners mobilized to develop a joint global response and make affordable treatment a critical tool in that response. Additionally, efforts at prevention

demonstrated successes, and it was recognized that prevention, treatment, and a people- and social justice-centred approach were vital for an effective HIV response.

The threat of noncommunicable diseases continues to be poorly recognized and obstructed by myths and beliefs that suggest no action will be enough to confront the challenges of prevention and control. Noncommunicable diseases continue to be perceived as diseases of preventable individual behaviours, placing responsibility on the populations affected. However, the success of the HIV response at the country level has demonstrated that affordable and accessible treatment, investment in prevention, balancing prevention and treatment, and putting in place systems for health to respond to the epidemic are possible, even in resource-constrained settings. Societal and institutional behaviours can also be addressed and changed through changes and shifts in policy and legislation.

Activism, community engagement and partnerships

The response to HIV was largely created by grassroots community activism led by people affected by HIV, came together to counter stigma and AIDS denialism. The response approached HIV within the context of human rights and equity, demanding access to treatment and care and confronting issues that undermined people's opportunities to be healthy. HIV activism also led to political interest in health—a strategy that may be used by the noncommunicable diseases response, especially since there is generally less civil society engagement in noncommunicable diseases. The HIV response has shown that multisectoral advocacy and outreach to inform communities can increase demand for noncommunicable diseases services and stimulate action from health providers and political leaders. Alignment of noncommunicable diseases activism with global goals, whether in relation to the Sustainable Development Goals or the current movement for universal health coverage, may increase pressure on national governments to reach targets.

As noncommunicable diseases are a collection of diseases and multiple conditions, they may not inspire the passions that HIV did and does as a single disease and a highly visible threat. However, a single issue such as obesity, which is common to many noncommunicable diseases, could serve as a focal point to inspire action and generate advocacy and activism. To this end, the noncommunicable diseases response could target activism and action aimed at those implicated in the noncommunicable diseases epidemic.

Social justice and people-centred approaches

Partnerships of numerous social, political and economic players generated a force for action that led to expanded HIV prevention programmes, access to treatment, changes in the health system, and vulnerable populations becoming visible and empowered to demand equity in access to affordable, good-quality care. Groups such as the lesbian, gay, bisexual, transgender and intersex community, sex workers, and women and girls exposed to violence became more visible, and the response to HIV linked multiple vulnerabilities, energizing a demand not only for prevention, treatment and care, but also for broader social justice.

From the vantage point of seeking just societies, the noncommunicable diseases response could also be framed within the context of targeting for example the sources that lead to particular noncommunicable diseases. The HIV experience also demonstrates the value and need for person-centred programmes and services across health systems, including community-based care.

Integration of programmes and services

The HIV response started within the context of vertical programmes, but this later presented challenges to enabling an integrated health-sector response. The noncommunicable diseases response could learn from this and initiate programmes using an integrated approach. The value of vertical programmes should ensure that all programmes and services are accessible to marginalized vulnerable groups, especially in areas where health issues are prevalent among marginal and key populations. In this situation, total integration of health programmes and services can hinder access by vulnerable populations due to stigma and discrimination. Therefore, a combination of vertical programmes and integration is required to ensure that no one is left behind.

Community-based HIV responses have taken health care beyond the health facility and enabled a more robust and efficient person-centred multisectoral approach to prevention, care and treatment. Moving away from traditional hospital-based approaches to community and private care may also be used to address noncommunicable diseases. The HIV response demonstrated that screening and testing can be executed at the community level. It has been recommended that blood pressure and diabetes testing be done in communities. In low-resource settings where health care is organized around HIV, programmes and services could be expanded to noncommunicable diseases.

Financing and sustainability for an effective response

The funding environment has shifted since the onset of HIV, with the ever-growing global development agenda, shifting donor priorities, and continuing shifts in the global economy posing challenges to financing efforts for global health issues, including HIV and noncommunicable diseases. By securing political will, the HIV response has increasingly centred on increased domestic funding and reduced dependency on finite international sources of funds. Once costed, the noncommunicable diseases response should find sustainable domestic sources of funding.

Financing is not only a matter of garnering enough resources but also of improving cost-effectiveness, increasing efficiencies and reducing costs. The HIV response was able to influence the reduction in the cost of medicines and to encourage investment in prevention, as treatment by its nature could be more costly. The noncommunicable diseases response could examine this option.

Conclusion

There are many useful parallels between HIV and noncommunicable diseases. Both issues have attracted global concern due to their potential to threaten the overall development efforts of countries. Important variations include the differences in the health conditions. However, both the parallels and the differences provide opportunities and challenges to mounting a successful response to the threat of noncommunicable diseases to human health security and development. There are some fundamental elements and lessons learnt from the HIV response that may be used to enhance the global noncommunicable diseases response.

ANNEX

Moderator and panellists

Moderator:

Mr Eamonn Murphy, Regional Director for UNAIDS Asia and the Pacific

Panellists:

Dr Yogan Pillay, Deputy Director General, National Department of Health, South Africa: *HIV, TB, communicable diseases and noncommunicable diseases in South Africa: a helicopter perspective on noncommunicable diseases and universal health coverage—learning from AIDS—planning for success and avoiding mistakes using examples of South African experiences*

H.E. Ieng Mouly, Senior Minister and Chair, National AIDS Authority, Cambodia: *Funding is the lifeblood of sustained and effective initiatives to halt the HIV epidemic*

Ms Yukie Yoshimura, Chief Advisor, Japan International Cooperation Agency Project for Strengthening Health Systems through Organizing Communities in Bangladesh: *Critical element of universal health coverage and its relevance to noncommunicable diseases*

Khuât Thị Hải Oanh, Executive Director, Centre for Supporting Community Development Initiatives, Viet Nam: *What works and what does not from the perspective of equity in health in the context of AIDS, noncommunicable diseases and universal health coverage, and lessons from HIV on equity in health and how to pursue equity for noncommunicable diseases and universal health coverage*

Mr Apiwat Kwangkeaw, President, Thai Network of People Living with HIV: *People-centred approaches and community engagement in universal health-care systems benefit people living with HIV, reduce health disparities and improve health outcomes, and apply AIDS lessons to noncommunicable diseases and universal health care*

Dr Anders Nordström, Sweden's Global Ambassador for Global Health: *Comments and reality-check on all the speakers' presentations*



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