

**International Seminar on
SOCIO-ECONOMIC AND MENTAL HEALTH BURDENS
OF HIV/AIDS IN DEVELOPING COUNTRIES**

21 – 22 November 2011

Palace of the Golden Horses, Kuala Lumpur, Malaysia

Session 3: Care Delivery and Response from the Frontline

Session chair: Mr. Azrul Mohd Khalib (UNTG)

PLENARY SPEECH

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**Global policy Trend of HIV and Non-Communicable Diseases:
Leveraging the HIV Experience**

Outline

1. Introduction
2. UN high level meeting on HIV/AIDS
3. UN high level meeting on NCDs
4. Discussion on NCD/HIV
5. Next steps

What is UNAIDS?

Mission

UNAIDS (the Joint United Nations Program on HIV/AIDS), is an innovative **United Nations Partnership** that leads and inspires the world in achieving **universal access** to HIV prevention, treatment, care and support.

**ZERO NEW INFECTION
ZERO DISCRIMINATION
ZERO AIDS-RELATED DEATHS**

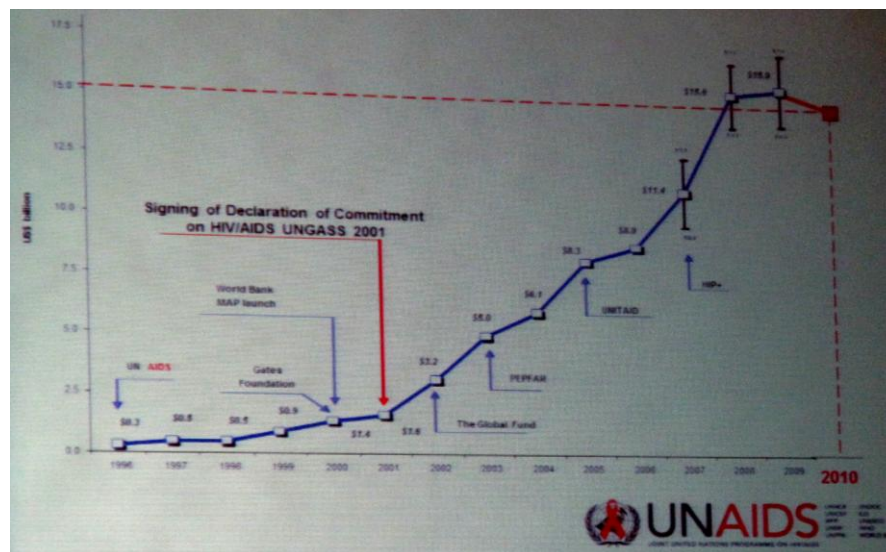
UNAIDS Cosponsors



Global summary of the AIDS epidemic

		2010	2009
Number of people living with HIV	Total	34.0 million	33.3 million
	Adults	30.1 million	30.8 million
	Women	16.8 million	15.9 million
	Children (<15 years)	3.4 million	2.5 million
People newly infected with HIV in 2010	Total	2.7 million	2.6 million
	Adults	2.3 million	2.2 million
	Children (<15 years)	390,000	370,000
AIDS deaths in 2010	Total	1.8 million	1.8 million
	Adults	1.5 million	1.6 million
	Children (<15 years)	250,000	260,000

Global financial trend for HIV/AIDS



Outcomes of the 2011 UN general assembly high level meeting on AIDS

The high level meeting in numbers

- 1 Economist cover
- 2 New York Times editorials
- 5 official panels
- 27 Heads/ Deputies of State/ Government
- 30+ first spouses
- 43 side events
- 89 ministers

- 100s of civil society, private sector and people living with HIV
- 120 National Delegations
- 5000+ news articles

Official panel: Integrating the AIDS response with broader health and development agendas

Key issues:

- HIV and health systems
- HIV, maternal, newborn and child health and sexual and reproductive health
- HIV and TB
- HIV and non-communicable diseases
- HIV and development

Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS

- Recommit to 2006 **Political Declaration** and 2001 **Declaration of Commitment**
- New global **targets** for 2015
- Mobilize **funding** (US \$22-24 billion per year)
- Shared **responsibility**
- Universal **access**
- Key **populations**
- **Trade Related Aspects of Intellectual Property (TRIPS)** principles
- UNAIDS **Strategy 2011-2015**

Bold new targets for 2015

- 50% ↓ in **sexual transmission** of HIV
- 50% ↓ of HIV among **people who inject drugs**
- 50% ↓ **TB deaths** in people living with HIV
- Ensure no **children are born with HIV** and reduction of AIDS-related **maternal deaths**
- **15 million** on antiretroviral treatment

Commitment to HSS and integrating HIV and AIDS into broader health and development

98 Commit by 2015 to... direct resources to and strengthen the advocacy, policy and programmatic link between HIV and TB responses, PHC services, SRH, MCH, hepatitis B and C, drug dependence, **non-communicable diseases** and overall health systems, leverage health-care services to PMTCT of HIV, strengthen the interface between HIV services, related SRH care and services and other health services, including MCH, **eliminate parallel systems** for HIV-related services and information where feasible.....

Ban Ki-moon (*UN Secretary-General*)... “*This is the second health issue ever to be addressed at a special meeting of the United Nations General Assembly. We should all work to meet targets to reduce NCDs.*”

Margaret Chan (*WHO Director-General*): A clear Message For Heads of States and High-level Policy Makers ... “*You have the power to stop and reverse the NCD disaster. You have the power to protect your people and keep your development efforts on track.*”

Political Declaration on NCDs

A challenge of epidemic proportions and its socio-economic and developmental impacts

Recognize that **mental and neurological disorders**, including Alzheimer's disease are an important cause of morbidity and contribute to the global NCD burden, for which there is a need to provide equitable access to effective programmes and health-care interventions.

Note with concern the possible linkages between NCD and some communicable diseases, such as **HIV/AIDS** and call to integrate, as appropriate, responses for **HIV/AIDS** and NCD and, in this regard for attention to be given to people living with **HIV/AIDS**, especially in countries with a high prevalence of **HIV/AIDS** and in accordance with national priorities.

Strengthen national policies and health systems

Encourage alliances and networks that bring together national, regional and global actors, including academic and research institutes for the development of new medicines, vaccines, diagnostics and technologies, learning from experiences in the field of **HIV/AIDS**, among others according to national priorities and strategies.

Major outcomes

- Consensus and clear positions of NCDs as priority within the development agenda
- A strong call for a whole of government approach to implement the Global Strategy and its action plan and WHO's recommendations on surveillance, prevention and health care
- Emphasis on the leading role of WHO in coordinating global action on NCDs
- Specific assignments that WHO has to deliver over the coming months and years
- Great expectations for WHO to strengthen capacity to support member States

Official Side Event on NCDs and HIV

Achieving health equity: Uniting around a common agenda to address NCDs and HIV

Moderator:

Laurie Garrett, Council on Foreign relations

Panel:

Margaret Chan, Director-General, WHO
Michel Sidibe, Executive Director, UNAIDS
Aaron Motsoaledi, Minister of Health, South Africa
Eric Goosby, Global AIDS Coordinator, USA
Nancy Brinker, WHO Goodwill Ambassador for Cancer Control
Tokugha Yepthomi, Civil Society Representative, India

Aim of the event:

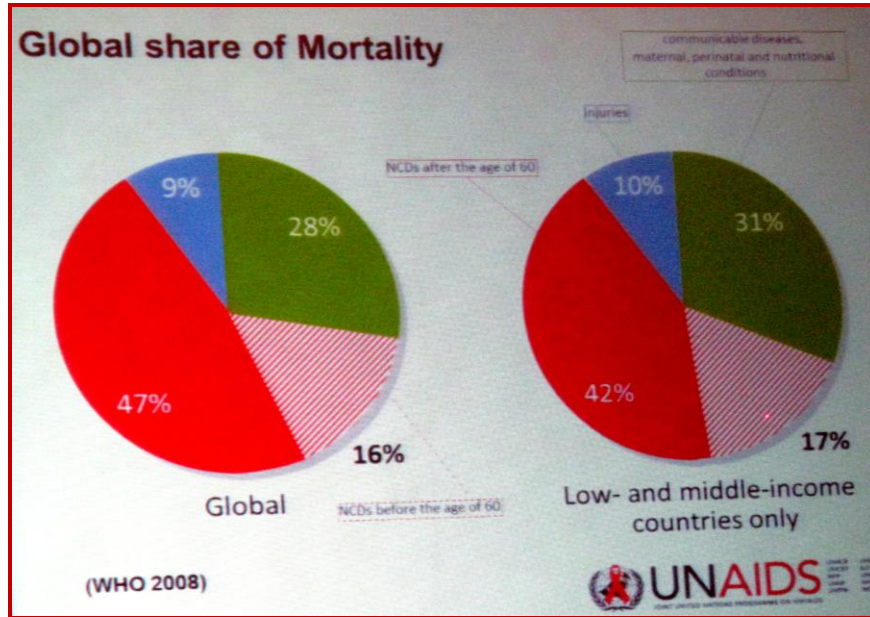
- To draw the attention of key policy makers, to ensure that national development/health plans give attention to the NCD and HIV agendas.

- To review lessons learned for health systems strengthening that can maximize synergies and efficiencies in HIV and NCD responses

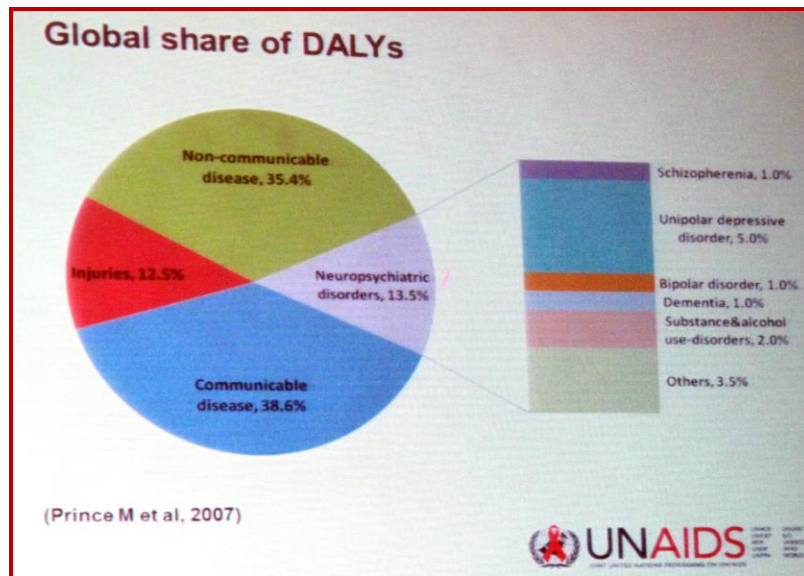
Discussion paper addressed:

- A set of areas for collaborations
 - Strengthening understanding on epidemiological linkages
 - Health systems strengthening
 - Community mobilization

Global share of mortality



Global share of DALYs



Epidemiological links: NCDs as co-morbidity in PLHIV

- (1) NCDs as a consequence of long term survival of the HIV/ART cohort
- (2) Risk of non-AIDS defining cancers as a consequence of the long term immune compromised status
- (3) NCDs as direct side effect of the ART medicines (e.g. treatment related hyper lipideamia, diabetes)

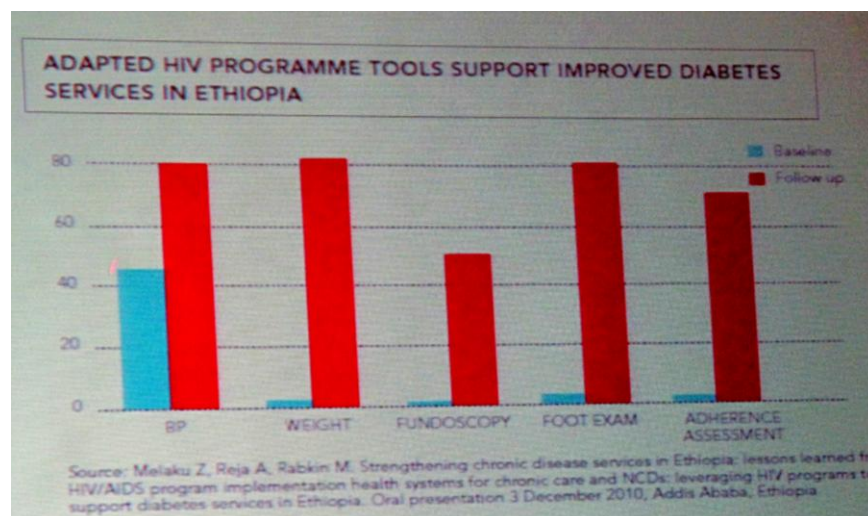


At a median age at death of 60 years, 35% will die of CVD, 26% of cancer, 12% of liver failure and 28% of other causes (Scott Braithwait et al 2005)

Epidemiological links: Mental health and PLHIV

- Evidence base is still weak
- Between 11% and 63% of people living with HIV in LMIC experience depression
- PLHIV are also prone to anxiety, stress and panic disorder (Clay, 2006)
- Stress impairs immune function (Chandrashekar S et al. 2007)
- Depression is linked to poor adherence to ART

Synergies between HIV and NCD programmes



Integrated HIV, DM and HT services in Cambodia

- Chronic disease clinics for HIV, diabetes and hypertension in Cambodia
- A fully integrated model using a patient-centred case management approach
- N = 9000 (2002 – 2005)
 - 5000 living with HIV
 - 2500 with diabetes
 - 1500 with hypertension
- This programme demonstrated:

- High retention rates of between 70-90% for the various diseases
- Median CD4 count of people living with HIV rising from 53 to 316 per mm³ at 24 months
- Median HbA1c of people with diabetes falling from 11.5% to 8.6%
- 68% of people being treated for hypertension reaching the target blood pressure within six months
- NO difficulties noted from HIV-related stigma

Advocacy and community mobilization

HIV	NCDs
<ul style="list-style-type: none"> • High level political leadership was cultivated well beyond health sector – including UNGASS 	<ul style="list-style-type: none"> • Led by biomedical technical groups – not so political until HLM 2011
<ul style="list-style-type: none"> • Strong civil society led advocacy and activism 	<ul style="list-style-type: none"> • Success in Tobacco control but no strong global activism in other diseases or risk factors
<ul style="list-style-type: none"> • Activism with high profile global and local champions and celebrity support 	<ul style="list-style-type: none"> • Volunteerism with no public figures across epidemics
<ul style="list-style-type: none"> • Based on a right-based framework 	<ul style="list-style-type: none"> • Almost no linkage between NCD and disability advocates

General agreement on the importance of:

- Uniting stakeholders around common agendas to address NCDs and HIV
- Identifying synergies for health systems strengthening between HIV and NCDs programmes
- Mobilizing stakeholders, within and beyond the health sector, including civil society
- Leveraging lessons learnt to maximize synergies and efficiencies in dealing with HIV and NCDs

Preliminary ideas for further collaboration between HIV + NCDs

Key task:

- To work together to promote the issues highlighted at the high-level meeting and discussion paper
- To use every opportunity to strengthen the linkages between HIV and NCDs through individual policies, strategies, plans and programmes as well as in technical norms, standards and guidelines

Opportunities include:

- Reporting to WHO EB and WHA in 2012 and beyond
- Possible partnership for multi-sectoral coordination
- The World Health Day 2012 publication on ageing
- HIV related conferences
- Discussions around the post-MDGs development agenda

Possible consideration for mental health

- **Apply lesson learnt from HIV**
e.g. multi-sectoral response?, target setting?, advocacy?, community mobilization?, human rights approach?, TRIPS?
- **Apply lessons learnt from NCDs**
e.g. regulatory approach?, risk reduction?, best buy approach?
- **Strengthen evidence base on MH+HIV, MH+NCDs**
e.g. Epidemiological links, service intergration, effect of MH intervention on HIV outcomes
- **Leverage every opportunity for post HLM processes and post-MDGs discussions**

