

MEETING REPORT

HIV TREATMENT

SCOPING CONSULTATION ON NONCOMMUNICABLE DISEASES AND MENTAL HEALTH CONDITIONS IN PEOPLE LIVING WITH HIV:

MEETING REPORT, GLOBAL HEALTH CAMPUS, GENEVA, SWITZERLAND
9-10 APRIL 2019



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ABBREVIATIONS

AH-HA!	Accelerated Action for the Health of Adolescents
AIDS	Acquired immunodeficiency syndrome
HAT	Helping Adolescents Thrive
HbA1C	Glycated haemoglobin
HEARTS	Technical package for cardiovascular disease management in primary health care
HIV	Human immunodeficiency virus
mhGAP	Mental Health Gap Action Programme
PEN	WHO Package of Essential Noncommunicable Disease Interventions
SAFER	WHO-led initiative to reduce death, disease and injuries caused by the harmful use of alcohol using high-impact, evidence-based, cost-effective interventions: strengthen restrictions on alcohol availability; advance and enforce drink driving counter measures; facilitate access to screening, brief interventions and treatment; enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion; and raise prices on alcohol through excise taxes and pricing policies.
TB	tuberculosis

1. BACKGROUND

The scaling up of antiretroviral therapy has significantly reduced the devastating impact of the global HIV epidemic in recent decades. Many people living with HIV are now ageing and require lifelong care and treatment, both for HIV and for chronic comorbidities. People living with HIV now have an increased risk of chronic noncommunicable diseases, including mental health and substance-use conditions. These conditions may be pre-existing, HIV-associated, treatment-associated or age-related. Children and adolescents living with HIV are also at risk of chronic comorbidities such as neurocognitive disorders, which may have life-long consequences and may additionally subject to violence.

The 2016 WHO consolidated antiretroviral therapy guidelines contained limited guidance regarding preventing and managing chronic comorbidities among people living with HIV. The recommendations focus on adults and are limited to assessing and managing cardiovascular risk and depression. The guidelines reference the WHO Package of Essential Noncommunicable (PEN¹) diseases, intervention guide and Mental Health Gap Action Programme (mhGAP) intervention guide for managing these conditions.

The WHO consolidated guidelines for treating HIV infection are being reviewed in 2020–2021. There is increasing global recognition of the burden of chronic comorbidities among people living with HIV and the challenges of managing these chronic comorbidities in low- and middle-income countries. Integrating noncommunicable diseases and mental health conditions and HIV is important as part of universal health coverage. This includes preventing cervical cancer, a flagship initiative of WHO.

Since the 2016 HIV consolidated guidelines were published, other initiatives for managing noncommunicable diseases in low- and middle-income countries, including the HEARTS package endorsed by WHO, have been developed. For children and adolescents, policy documents that address chronic comorbidities have also been produced, such as the Global Accelerated Action for the Health of Adolescents (AA-HA!) and the Nurturing Care for Early Childhood Development Framework. Partners and national programmes are already implementing the integration of the care of noncommunicable diseases and mental health conditions into HIV programmes, with examples of service delivery models of integration.

WHO convened an expert scoping consultation in April 2019, held in Geneva, Switzerland, of policy-makers, academics and partners from the HIV, noncommunicable diseases and mental health communities.²

The objectives of the Consultation were as follows:

- to review the current data on the epidemiology of chronic noncommunicable diseases and mental health conditions and their burden and risk among people living with HIV;
- to review current WHO norms and policies for preventing and managing major noncommunicable diseases and mental health conditions and co-managing these chronic conditions among people living with HIV;
- to identify and set priorities for the technical areas and interventions for co-managing major noncommunicable diseases and mental health conditions among people living with HIV;
- to identify and priorities for the major clinical and programmatic gaps to guide the development of research questions for further systematic reviews and other assessments needed for the future updates of the WHO consolidated HIV treatment guidelines and other technical documents;
- to review country examples of integrating noncommunicable diseases and mental health conditions into HIV treatment programmes and to identify best practices, challenges and opportunities; and
- to create a technical working group to steer a global short- and medium-term agenda on integrating HIV and noncommunicable diseases.

This meeting report summarizes the proceedings and outcomes (areas of consensus) of the Consultation. Annex 1 lists the participants and agenda for the Consultation.

¹ Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings. Geneva: World Health Organization; 2010 (https://www.who.int/nmh/publications/essential_ncd_interventions_lr_settings.pdf, accessed 20 October 2020).

² Integrating the screening and treatment of cervical cancer (and other HIV-associated types of cancer) is acknowledged as being a priority but was outside the scope of this meeting, since other WHO processes are in place for this disease area.

2. SUMMARY OF PRESENTATIONS AND DISCUSSIONS

Introduction from the WHO Department of HIV: WHO normative work in HIV

Presenters: Meg Doherty and Marco Vitoria

A summary of current WHO recommendations on noncommunicable diseases, including mental health conditions included in the consolidated HIV treatment guidelines, was presented. Plans for updating the HIV treatment guidelines in 2020–2021 were shared. Current guidance regarding differentiated service delivery models was also presented, including that, for people who are stable, reduced frequency of clinic visits and community antiretroviral therapy delivery models are recommended. These should be considered in the delivery of integrated care for comorbidities.

The presentation included an analysis of the Global AIDS Monitoring Tool of policy uptake reported by countries regarding HIV policy on antiretroviral therapy providers assessing and managing cardiovascular risk and depression among people living with HIV. The results of an analysis of national HIV treatment guidelines from countries with a high burden of HIV infection were presented. Both analyses showed limited uptake of WHO recommendations on cardiovascular risk and depression.

Community perspectives

Presenters: Manjusha Chatterjee, Prossy Luzinge and Kevin Moody

The experiences and challenges of people living with HIV in Uganda in accessing care for noncommunicable diseases and mental health conditions were shared. These include paying for treatment, frequent stock-outs of medication, violation of rights and lack of knowledge and/or capacity of health-care workers to diagnose and treat people with noncommunicable diseases.

Noncommunicable diseases and mental health conditions are not given priority in funding and resource allocation; mobilizing funding has been an uphill struggle both at the national level and globally. There is now momentum with the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and universal health coverage being recognized as a global priority. There is an opportunity for civil society organizations from the noncommunicable disease and HIV communities to work together to advocate for better access to care and treatment. The noncommunicable disease and mental health conditions movement can learn from the HIV movement, which has established grassroots advocacy and activism using a rights-based approach, which has led to significant investment and funding for HIV.

The important role that civil society can play was stressed, including supporting facilities, engaging leaders and holding governments accountable for meeting targets. Self-care for preventing noncommunicable diseases and mental health conditions is important, and civil society organizations have a vital role to play. This is already happening in the WHO European Region where community-based organizations are working on programmes to prevent noncommunicable diseases

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