Advocating for integrated HIV, noncommunicable disease, and mental health responses

A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

NCD Alliance

TIME TO LEAD
GLOBAL WEEK FOR ACTION ON NCDs

Acknowledgements

NCD Alliance
31-33 Avenue Giuseppe Motta
1202 Geneva, Switzerland

www.ncdalliance.org
#NCDs   @ncdalliance

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

2

Contents

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

3

1. Background

This toolkit is designed to support HIV, noncommunicable diseases (NCDs), mental health (MH) and health advocates to work together in preparation for the 2026 United Nations High-Level Meeting on HIV/AIDS (UN HLM on HIV/AIDS), taking place in June 2026. Its purpose is to help advocates advance integrated HIV and NCD responses and secure strong political commitments to people-centred, rights-based care.

In the lead-up to the UN HLM on HIV/AIDS, the global health response is being reconsidered in the context of constrained financing and ongoing reform of global health architecture. In this context of shifting external support and increasing alignment with country-defined needs and priorities, there is growing emphasis on approaches that maintain hard-won HIV achievements while more holistically responding to the broader health needs of people living with HIV. Across global health institutions and national governments, there is growing recognition that the response is at a turning point and that people are living longer with HIV, many while managing additional chronic conditions, including NCDs and mental health conditions. At the same time, across the global health community there is a clear shift towards integrating care and services.

Global guidance from key health institutions, including the World Health Organization (WHO),[1] the UNAIDS Global AIDS Strategy 2026–2031,[2] and the Global Fund Grant Cycle 8 guidance,[3] emphasises the need to integrate services, including HIV, noncommunicable diseases and mental health, through stronger primary health care as the foundation for sustainable, person-centred care. The Global AIDS Strategy 2026–2031 outlines 16 top-line targets[4] and is supported by a broader 2030 target framework of 50 targets, which includes commitments to strengthen integration into primary health care, including a target that 80% of people living with HIV in need receive screening for hypertension and diabetes.[5]

This moment also calls for closer collaboration across the HIV, NCD, mental health and primary health care movements. Working together strengthens political influence in the UN HLM on HIV/AIDS process and helps ensure that integration improves care for people, rather than reinforcing fragmentation or exclusion. At the same time, integration must be pursued carefully. Without adequate resources, rights protections, and meaningful community leadership, it can increase stigma and create new barriers for marginalised communities.

Copyright free, credit of 'People living with HIV' Shutterstock/VIIV Partnership

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

4

1. Background

What is the 2026 UN High-Level Meeting on HIV/AIDS?

United Nations High-Level Meetings are formal meetings of the United National General Assembly that bring together all Member States to review progress, identify gaps and agree on political direction through negotiated Political Declarations. While Political Declarations are not legally binding, they carry significant political weight and influence national policies, budgets and accountability frameworks.

The 2026 UN HLM on HIV/AIDS will result in a new Political Declaration on HIV and AIDS. It will be the first such Declaration negotiated following the adoption of the Global AIDS Strategy 2026–2031,[6] which emphasises sustainability, integration and alignment with broader public health priorities, including NCDs and mental health.

The Fourth High-Level Meeting of the UN General Assembly on the prevention and control of NCDs and the promotion of mental health and wellbeing (UN HLM on NCDs and mental health),[7] held in September 2025, highlighted the growing burden of chronic conditions and reinforced the importance of integrated, people-centred care, with specific reference to integrating noncommunicable disease, mental health and HIV/AIDS responses, taking into account their linkages. Together, these processes underscore the need for more coherent and coordinated approaches to chronic care across health systems.

The HLM process: before, during and after June 2026

Advocacy around the UN HLM on HIV/AIDS is not limited to the meeting itself. Political positions are shaped over many months through national consultations, regional coordination and negotiations on the zero draft and subsequent revisions of the Political Declaration.

These processes unfold across national capitals, UN Missions in Geneva and New York, with negotiations ultimately shifting to New York closer to June 2026. Ministries of Foreign Affairs, alongside Ministries of Health, play a central role in shaping national positions, as demonstrated during the UN HLM on NCDs and mental health process. Effective advocacy therefore requires sustained engagement before, during and after the HLM, across multiple political and diplomatic spaces.

Purpose of this toolkit

This toolkit is intended for advocates working at community, national, regional and global levels, including networks of people living with HIV, NCD alliances, primary health care and mental health advocates, community-led and rights-based organisations, youth-led groups and civil society coalitions engaged in health governance.

You can use this toolkit to:

- Understand the UN HLM on HIV/AIDS process and key political moments
- Explain why HIV-NCD-MH integration is essential for long-term HIV outcomes and quality of life for people living with HIV
- Align national advocacy with global negotiations
- Engage Ministries of Health and Finance, parliamentarians, UN Missions and regional blocs
- Strengthen accountability by monitoring how governments act on their commitments before and after the UN HLM on HIV/AIDS

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

5

1. Background

Why HIV–NCD–MH integration matters: key facts for advocates

Below are key facts you can use in meetings, webinars, media interviews, social media, advocacy briefs and other advocacy materials and actions.

- **People living with HIV face significantly higher risks of NCDs.** Cardiovascular disease risk is 1.5 – 2 times higher among adults living with HIV;[8] hypertension affects 20–40% of adults on antiretroviral treatment in many settings;[9] women living with HIV have a six-fold higher risk of cervical cancer.[10]

- **Mental health conditions are central to HIV treatment outcomes.** Depression and other mental health conditions affect 30–40% of people living with HIV[11] and are directly associated with antiretroviral adherence, retention in care, viral suppression and mortality.[12] The causal relationship between mental health and HIV treatment success is immediate and well established[13], making mental health integration essential to sustaining HIV gains[14].

- **People living with HIV are ageing.** By 2030, more than one in five people living with HIV globally will be over 50, with higher rates of hypertension, diabetes, cardiovascular disease and cancers.[15] As people living with HIV live longer, multimorbidity is becoming increasingly common and requires coordinated, lifelong care, reinforcing the need for integrated chronic care models anchored in strong primary health care.[16]

- **Fragmented services create barriers and costs.** Visits to multiple clinics, duplicate tests, disclosure of HIV status to different health care workers and repeated user fees contribute to late diagnosis, missed appointments, increased risk of stigma,[17] poor medical outcomes[18] and financial strain.[19]

- **Integrated care improves outcomes.** Integrating NCD and mental health services into HIV platforms, whether through shared chronic care models or strengthened primary health care services, improves early detection and health outcomes, reduces loss to follow-up and stigma, and strengthens health systems.[20]

- **Integration is more sustainable in a constrained funding environment**. While integration requires upfront investments and institutional reform, fragmented and siloed approaches are increasingly unaffordable in the context of declining donor funding and rising domestic fiscal pressures. Over time, integrated care reduces duplication, prevents costly complications and hospitalisations, improves workforce efficiency and strengthens system resilience.[21]

> Analyses of Global Fund funding requests show that **countries are ready for integrated, person-centred care**, with 97% of countries including at least one priority comorbidity in Grant Cycle 7 requests. However, **funding remains a challenge**: only 11% of requests were funded in that cycle.[22]

Copyright free, credit of 'People living with HIV' Shutterstock/ViiV Partnership

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

6

1. Background

The reality of living with HIV, NCDs, and mental health conditions[23]

Stories of lived experience add powerful impact to your advocacy and help to ensure services, policies, and programmes are responsive to the needs of the people they serve. You can include the lived experiences below in your advocacy briefings, media releases, or other materials as prior consent has been obtained from the advocates, but if you have stories from your own local context, these will be even more impactful. Make sure you follow our guidelines on **using lived experience ethically and effectively**.

Ashleigh Nikki Bezuidenhout, South Africa – living with HIV and colon cancer

Ashleigh lived with HIV for many years and repeatedly sought care for severe abdominal pain and rectal bleeding. Each time, her symptoms were treated as constipation, and no further investigations were done. **Providers focused on managing her HIV, but did not look beyond it, leaving her underlying cancer undiagnosed for years.** She finally collapsed and was rushed to hospital, where doctors conducted proper scans and discovered a large mass and multiple tumours. *"The pain at one point was unbearable but no one took the time to take a closer examination and look at the cause of the pain."* The testing found the mass on her left side was nearly the size of an orange, and she also had at least 12 small tumours.

Serah Mbovi Makau, Kenya – living with HIV, hypertension and diabetes

Serah initially managed both HIV and hypertension at the same clinic, but after losing her job and relocating she discovered that her conditions were treated in entirely separate facilities. Managing appointments in multiple clinics, repeatedly disclosing her HIV status and paying for different visits made care overwhelming. Her health information was not shared across clinics, meaning no one saw the full picture of her needs, leaving her to coordinate her own care across three chronic conditions. *"I now have three clinicians, three different appointments and one of them was not speaking to the other...It was my worst nightmare...What makes this situation even more unbearable is the necessity for me to keep explaining my HIV status whenever I meet new clinicians."*

Using lived experience ethically and effectively

Lived experience strengthens advocacy by grounding political commitments in real human impact. It must always be used in ways that protect safety, dignity and choice.

- Always obtain written informed consent, through a signed consent form that clearly explains how the story will be used, where it may appear, and the potential risks involved.
- Ensure individuals understand their right to refuse, withdraw or limit how their story is shared.
- Avoid disclosing identifiable details unless explicitly agreed in writing.
- Use lived experience to highlight system failures, not individual blame.
- Pair stories with evidence to show broader patterns rather than isolated cases.
- Ensure individuals review how their story is presented before publication or use.
- Remunerate lived experience contributors fairly where possible, recognising expertise as labour.

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

7

2. Key messages for the 2026 UN High-Level Meeting on HIV/AIDS

These key messages highlight priority issues from HIV, NCD and mental health advocates for Member States to include in the 2026 Political Declaration. They can be used in meetings with ministries, parliamentarians, regional blocs, UN Missions in Geneva and New York and civil society networks. Advocates should adapt the messages to local contexts while keeping the core intent of each one to ensure a united voice.

1. **One reality, one response**

2. **Protect the 90% integrated care commitment**

3. **Sustainable responses through primary health care**

4. **Integration with rights at the centre and involvement of people with lived experience of HIV, NCDs and mental health conditions**

5. **From global commitments to national plans and budgets**

6. **Reforming the system to enable integration**

7. **Sustainable financing for integrated, people-centred care**

1. One reality, one response

HIV, NCDs and mental health conditions are interlinked, and we cannot end AIDS or realise the right to health for all without addressing them all. Complex factors mean people living with HIV are often living with comorbidities and are at higher risk of noncommunicable diseases, including cardiovascular disease, diabetes and cervical cancer and mental health conditions. Mental health conditions are also directly associated with antiretroviral adherence, retention in care, viral suppression and mortality, and must be recognised as central to sustaining HIV treatment outcomes. The 2026 Political Declaration must explicitly recognise and reflect interlinked realities between HIV, NCDs and mental health.

2. Protect the 90% integrated care commitment

We call on Member States to reaffirm the 2021 Political Declaration commitment that 90% of people living with HIV should have access to prevention, screening and treatment for noncommunicable diseases, including mental health conditions. This commitment must be not only retained but also strengthened by clear monitoring and accountability mechanisms in the 2026 Political Declaration, while supporting the recommended NCD and mental health targets set out in the UNAIDS Global AIDS Strategy 2026–2031.[i]

3. Sustainable responses through primary health care

Sustainable HIV, noncommunicable disease, and mental health responses depend on strong primary health care and resilient health systems. In the context of funding cuts and a changing global health architecture, person-centred, integrated models that provide comprehensive services across the care spectrum, from disease prevention and early detection to chronic care to rehabilitation and palliation, must be prioritised over vertical and fragmented approaches of care.

---

i   The UNAIDS Global AIDS Strategy 2026–2031 is supported by the Global Task Team's Recommended 2030 HIV Targets framework. Under Area 3 (Integration into primary health care), Target 5 sets a recommended target that 80% of people living with HIV in need receive screening for hypertension and diabetes.

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

8

4. Integration with rights at the centre and meaningful involvement of people with lived experience of HIV, NCDs and mental health conditions

Integrated HIV-NCD-MH responses must protect human rights and ensure continuity of care for all people. Rights-based, gender-responsive and person-centred services are essential to meet lifelong HIV, NCD, and MH care needs and to ensure that integration does not increase stigma, exclusion or inequities. Governments must ensure the meaningful participation of communities, including people living with HIV and NCDs and mental health conditions, in national consultations and follow-up processes.

5. From global commitments to national plans and budgets

Commitments in the Global AIDS Strategy 2026–2031 to integrate the HIV response with other public health priorities, including noncommunicable diseases and mental health, must be translated into national and regional health plans, dedicated budget lines, and measurable accountability frameworks. Accountability frameworks should include indicators on multimorbidity outcomes, continuity of care, financial protection and patient experience, amongst others to ensure integration delivers real improvements in people's lives.

6. Reforming the system to enable integration

Reforms of global health architecture must support integrated, country-led responses to health priorities, including HIV, noncummunicable diseases and mental health. Global health actors, including World Health Organization and UNAIDS, should align norms, guidance, and technical support to enable integrated service delivery through primary health care, including referral pathways and continuity of care. Integration should be understood as a long-term process of health system transformation (including workforce capacity, referral systems, digital infrastructure, supply chains and community platforms) rather than the short-term addition of services onto existing HIV clinics.

7. Sustainable financing for integrated, people-centred care

The 2026 Political Declaration should explicitly recognise that current global funding models strongly shape service delivery models. Sustainable financing mechanisms should evolve to incentivise integrated, people-centred health services, including HIV, NCD, and mental health services, catalyse domestic resource mobilisation, and avoid disincentives for delivering continuity of care. Integration requires upfront investment. Political commitments must be explicit about these costs and provide practical support to implement integration in phases to sustain HIV gains and address growing comorbidities.

Copyright free, credit of 'People living with HIV' Shutterstock/VIIV Partnership

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

9

3. Timeline of political opportunities for the HLM

Each stage of the HLM process offers a different kind of opportunity for advocates. The timeline below explains what each milestone is, why it matters, and how HIV and NCD advocates can engage at global, regional and national levels. Dates will be confirmed once the modalities resolution is adopted.

★ Priority advocacy moment *(orange)*	▲ Advocacy opportunity *(green)*	■ Ongoing advocacy process *(grey)*
High-impact moments where Political Declaration language can be gained, strengthened or lost. These moments require rapid mobilisation, coordinated messaging and close engagement with decision-makers.	Defined windows where advocates can proactively influence positions, priorities and narratives before decisions are finalised. These moments benefit from early engagement and alignment across movements.	

Timing	Political moment	Key advocacy tactics (adapt to your context)	Relevant toolkit sections
MARCH 2026	▲ **Modalities Resolution adopted** UN General Assembly resolution confirming the HLM date, format, participation rules and naming the co-facilitator countries.	▪ Contact civil society partners in co-facilitator countries to coordinate early influence. ▪ Request meetings with Ministries of Health, Foreign Affairs and Permanent Missions of co-facilitator countries. ▪ Share early HIV–NCD-MH messages and request inclusion of integration from the outset. ▪ Map national focal points and begin regular communication. ▪ Ask who will draft the national statement and request a consultation.	▪ Key messages for the UN HLM on HIV/AIDS ▪ Stakeholder mapping tool ▪ Template letter to governments or UN Missions
	▲ **Multi-stakeholder Task Force formed** UN-appointed group shaping civil society participation, themes, speakers and the hearing agenda.	▪ Identify Task Force members and establish direct communication. ▪ Propose HIV–NCD-MH integration as a core theme for the hearing. ▪ Share key messages and lived experience perspectives. ▪ Suggest speakers, including women, youth and people with lived experience. ▪ Provide short briefs on integrated, people-centred care.	▪ Key messages for the UN HLM on HIV/AIDS ▪ Template policy brief
MARCH – APRIL 2026	■ **Regional consultations** UNAIDS, AU, SADC, ECOWAS, ASEAN, PAHO and other regional processes consolidating shared priorities.	▪ Ensure HIV, NCD and mental health advocates participate consistently. ▪ Submit written recommendations and suggested Political Declaration language. ▪ Coordinate cross-country messages to strengthen regional alignment. ▪ Identify champions within regional blocs and brief them. ▪ Advocate for references to integration, PHC and community leadership.	▪ Key Messages for the UN HLM on HIV/AIDS ▪ Template policy brief

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

10

3. Timeline of political opportunities for the HLM

Timing	Political moment	Key advocacy tactics (adapt to your context)	Relevant toolkit sections
MARCH – APRIL 2026	■ **National consultations and position-setting** Country-level processes shaping national HLM positions, often led by Ministries of Foreign Affairs with technical input from Health.	▪ Request a national consultation if none is planned. ▪ Present national HIV-NCD-MH data, case studies and proposed language. ▪ Meet parliamentary and budget committees to highlight integration needs. ▪ Build a joint position with PLHIV, PLWNCD, and MH networks, NCD alliances, youth and women's groups. ▪ Ask Ministries to share draft national positions where possible.	▪ Stakeholder mapping tool ▪ Template briefing note ▪ Template letter to governments
MARCH-APRIL 2026 (TBC)	▲ **Civil Society Declaration released** Unified civil society position outlining shared asks and preferred Political Declaration language.	▪ Participate in drafting or formally endorse the declaration. ▪ Use it to brief national delegations and regional blocs. ▪ Translate or adapt it for domestic advocacy. Use it for op-eds, interviews and policy briefings. ▪ Work with coalition partners, including global, regional and national NCD alliances, with shared core asks and key messages.	▪ Key messages for the UN HLM on HIV/AIDS
LATE APRIL / EARLY MAY 2026	★ **Multi-stakeholder Hearing** Main official civil society platform informing the Secretary-General's report and the Zero Draft.	▪ Apply early to speak or nominate lived experience advocates. ▪ Submit written statements with clear, concrete recommendations. ▪ Coordinate messaging across HIV, NCD and mental health advocates. ▪ Support speakers with evidence and key messages. ▪ Use media selectively before and after the hearing.	▪ Key Messages for the UN HLM on HIV/AIDS ▪ Template policy brief
APRIL-MAY 2026	★ **Secretary-General's report and Zero Draft released** First version of the Political Declaration negotiated by Member States.	▪ Conduct a rapid review and/or review analysis done by other organisations of the Zero Draft within 24 – 48 hours. ▪ Prepare and share concise, sentence-level language proposals. ▪ Mobilise regional blocs to protect integration, PHC and community leadership language. ▪ Coordinate messaging across movements.	▪ Key Messages for the UN HLM on HIV/AIDS ▪ Template Policy Brief ▪ Template letter to UN Missions

★ **Priority advocacy moment** ▲ **Advocacy opportunity** ■ **Ongoing advocacy process**

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

11

3. Timeline of political opportunities for the HLM

Timing	Political moment	Key advocacy tactics (adapt to your context)	Relevant toolkit sections
MAY 2026	★ **Political Declaration negotiations** Line-by-line negotiations among all UN Member States in New York.	▪ Identify supportive, neutral and opposing governments and tailor strategies. ▪ Provide concise talking points and country-specific evidence to negotiators. ▪ Support allies with rapid-response messaging and activate national networks to contact missions in New York. ▪ Respond quickly to threats to integration, PHC or community leadership language.	▪ Key Messages for the UN HLM on HIV/AIDS ▪ Template Policy Brief
MAY-JUNE 2026	▲ **Global, regional and national advocacy push** Final window to influence positions before adoption.	▪ Organise coordinated advocacy days targeting UN Missions. ▪ Hold regional webinars or briefings to consolidate positions. ▪ Conduct national media outreach and expert commentary. ▪ Share lived experience testimonies strategically. ▪ Prepare accountability plans for after the HLM.	▪ Key Messages for the UN HLM on HIV/AIDS
JUNE 2026	★ **Key Messages for the UN HLM on HIV/ AIDS** Governments meet in New York and adopt the final Political Declaration.	▪ Brief national delegations ahead of the meeting. ▪ Support civil society, lived experience champions and community speakers at side events. ▪ Amplify key messages through media and social media. ▪ Engage delegations on national implementation of commitments. ▪ Document political commitments made during the meeting.	▪ Key Messages for the UN HLM on HIV/AIDS
POST-JUNE 2026	■ **Implementation and accountability** Translation of commitments into national policies, budgets and monitoring systems.	▪ Track national implementation and budget allocations. ▪ Advocate for dedicated budget lines for HIV-NCD-MH integrated services in national health plans ▪ Engage CCMs, national planning units and monitoring frameworks. ▪ Publish scorecards or shadow reports. ▪ Maintain advocacy through parliamentary and budget cycles. ▪ Sustain cross-movement collaboration over time.	▪ Stakeholder mapping tool

★ **Priority advocacy moment**   ▲ **Advocacy opportunity**   ■ **Ongoing advocacy process**

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

12

3. Timeline of political opportunities for the HLM

Who to engage at different levels of the HLM process

Level	Who to engage	When they matter most
National	Ministries of Foreign Affairs, Ministries of Health, Ministries of Finance, national HIV focal points, UNAIDS country offices	Early position-setting and national consultations, before national positions are transmitted to Permanent Missions
Regional	Regional blocs (such as African Union, Southern African Development Community, Economic Community of West African States, Association of Southeast Asian Nations, European Union, Group of Latin American and Caribbean Countries etc.), regional health bodies, UNAIDS Regional Support Teams	During consolidation of regional positions and coordination meetings, before and during preparation for the zero draft
Global (New York)	Permanent Missions to the UN, Co-facilitators (once appointed)	Zero draft development and line-by-line negotiations of the Political Declaration
Global (Geneva)	Permanent Missions in Geneva, WHO, UNAIDS Secretariat	Ahead of the World Health Assembly, during development of technical guidance and framing that informs national and regional positions

Escalation if integration language is weakened

Negotiations can change quickly, and civil society plays a critical role in protecting strong commitments. This is especially important when new versions of the Political Declaration are released, such as the Zero Draft, revised drafts or clean texts, where language may be weakened, bracketed or removed. Rapid response between draft iterations can prevent harmful changes from becoming consolidated in subsequent versions. These are some actions you can take if integration language is weakened.

- Contact supportive UN Missions immediately, particularly in co-facilitator countries and influential regional blocs.

- Issue short joint statements calling for reinstatement or strengthening of specific language.

- Share lived experience examples that demonstrate why the wording matters.

- Request rapid meetings with Missions to present clear, focused arguments.

- Activate coordinated public messaging where appropriate.

- Raise concerns with Ministries and leadership at national and regional bloc levels to build pressure from multiple directions.

- Activate champion legislators and political allies to use their influence to directly reach out to key text negotiators.

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

13

4. How to use and adapt this toolkit

This toolkit is designed to support HIV, NCD and mental health advocates to work together to influence decisions at national, regional and global levels throughout the 2026 UN HLM on HIV/AIDS process. It is practical and flexible, helping advocates adapt shared messages, plan strategic actions, and use evidence and lived experience responsibly and effectively.

You can use this toolkit at any point in the UN HLM on HIV/AIDS cycle, whether a government is shaping its national position, participating in negotiations in New York, or translating commitments into policies, budgets and accountability mechanisms after the HLM on HIV/AIDS.

Working together across HIV, NCD and mental health movements

Stronger advocacy depends on collaboration across movements. HIV, NCD and mental health advocates bring different strengths, histories and constituencies, and effective joint advocacy requires coordination that respects these differences while building shared purpose.

- Start by agreeing on shared goals, such as reducing preventable illness, improving quality of life and securing sustainable, people-centred health systems.

- **Be clear early on about what each movement needs to protect. HIV advocates may prioritise dedicated HIV financing, rights-based approaches and community-led responses. NCD advocates may emphasise long-term care, multimorbidity and system strengthening.**

- Agree on shared red lines and accountability mechanisms, including protections against stigma, safeguarding confidentiality, and ensuring integration does not dilute HIV services or exclude marginalised communities.

- Use shared messages for high-level political engagement, while allowing each movement to tailor examples and language for its own communities.

- Divide roles strategically. HIV networks may lead on mobilisation, rights and accountability, while NCD networks may lead on chronic care, integration cost effectiveness and health system arguments.

- Present a united front to governments and UN actors, while ensuring each movement remains visible and recognised.

- Issue common policy briefs and evidence-based advocacy statements.

Lived experience advocate Sally Agallo in the short film '**Combining Care to Save Lives**', part of the Facing Forward series. @NCD Alliance/BBC Storyworks

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

14

4. How to use and adapt this toolkit

Tailoring messages to different audiences

The core messages in this toolkit should be framed differently depending on the audience you are engaging, as the table below outlines.

Framing	Diplomatic actors (Ministries of Foreign Affairs and Permanent Missions)	Multilateral and technical actors (WHO, UNAIDS)	Ministries of Health	Ministries of Finance	Parliamentarians / Oversight bodies	Civil society and communities
Political relevance	Position HIV–NCD-MH integration as essential to ending AIDS and protecting hard-won HIV gains in the context of growing multimorbidity. Highlight the central role of mental health in sustaining HIV treatment outcomes. Link directly to the Global AIDS Strategy 2026–2031 and Political Declaration language.	Emphasise coherence across global health norms and guidance. Align integration with WHO service delivery recommendations and UNAIDS strategic priorities on multimorbidity, mental health and PHC-based care.	Emphasise alignment with national HIV, NCD and MH strategies, primary health care reforms and universal health care commitments. Frame integration as system strengthening rather than programme expansion.	Frame integration as fiscally unavoidable in the medium to long term to sustain HIV gains and manage rising multimorbidity within constrained budgets.	Connect integration to national obligations, constitutional rights and service delivery performance commitments.	Link integration to lived realities of managing HIV and comorbidities, including mental health, financial burden and fragmented care.
Evidence and data	Use concise global evidence linking multimorbidity and mental health directly to adherence, retention, viral suppression and mortality. Focus on measurable commitments and accountability.	Reference WHO normative guidance on integration of hypertension, diabetes and mental health within HIV service delivery platforms. Highlight alignment across global frameworks and accountability indicators.	Prioritise national data on multimorbidity, service gaps, screening coverage, retention challenges and missed diagnoses.	Highlight long-term cost implications of untreated NCDs/MH in people living with HIV, duplication from vertical models and inefficiencies of fragmented care.	Use oversight-relevant data, including inequities, continuity-of-care gaps, financial protection indicators and budget allocation disparities.	Use accessible facts paired with lived experience and community-generated evidence on stigma, service disruption and barriers to care.
Systems and services	Emphasise system coherence and the need for integrated language in the Political Declaration reflecting long-term health system transformation.	Stress PHC-based system reform: workforce capacity, referral pathways, digital infrastructure, supply chains and community platforms enabling continuity of care.	Focus on service delivery continuity across prevention, screening, chronic care, rehabilitation and palliation. Strengthen referral systems and reduce missed diagnoses.	Emphasise phased, cost-effective integration through shared platforms and reduced duplication.	Emphasise system performance, equity of access and implementation accountability.	Highlight how fragmented systems disrupt people's lives and why person-centred integrated care improves continuity and dignity.

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

15

4. How to use and adapt this toolkit

Framing	Diplomatic actors (Ministries of Foreign Affairs and Permanent Missions)	Multilateral and technical actors (WHO, UNAIDS)	Ministries of Health	Ministries of Finance	Parliamentarians / Oversight bodies	Civil society and communities
Rights and equity	Highlight rights-based, people-centred language in global commitments and protect the 90% integrated care commitment.	Ensure alignment with human rights standards, gender equality, non-discrimination and meaningful involvement principles across UN frameworks.	Emphasise stigma-free, accessible services and formal, meaningful participation of communities and people with lived experience in design, implementation and monitoring.	Frame equity and financial protection as essential to effective and sustainable spending.	Link integration to constitutional rights, transparency mechanisms and inclusive oversight.	Centre dignity, safety, mental health, financial protection and formal seats for communities in decision-making processes.
What you are asking for	Clear, specific Political Declaration language reaffirming and strengthening the 90% integrated care commitment, embedding measurable accountability and system reform.	Alignment of norms, guidance and technical support to enable integrated, PHC-based service delivery and multimorbidity monitoring.	Concrete commitments to integrated screening, referral systems, continuity of care and monitoring frameworks embedded in national plans.	Sustainable financing mechanisms that incentivise integrated, people-centred chronic care and support domestic resource mobilisation.	Strong oversight and accountability frameworks, including indicators on multimorbidity outcomes, continuity of care, financial protection and patient experience.	Clear calls to action, mobilisation opportunities and structured participation in monitoring and accountability processes.

©Shutterstock

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

16

5. Template tools

Below are a number of tools that can be adapted to your context. You may wish to use these tools in your advocacy for the HLM on HIV/ AIDS. In communications with external stakeholders, write "noncommunicable diseases" in full, as not all audiences will be familiar with the acronym NCDs.

5.1   Stakeholder mapping tool

Use this tool to identify the key decision-makers involved in the UN HLM on HIV/AIDS in your country or region. Complete the final column with specific names, roles, locations and contact details relevant to your context.

Stakeholder	Role in HLM process and advocacy entry points	Level of influence	Key people to target
Ministry of Foreign Affairs	Leads diplomatic positioning; approves final negotiation instructions; coordinates with UN Missions in New York	Very high	
UN Mission in New York	Negotiates the Political Declaration; engages in line-by-line negotiations; key decision-makers during zero draft and negotiations	Very high	
Co-facilitator countries	Draft and steer the Political Declaration text; shape negotiation process and compromises	Very high	
UNAIDS (country, regional, global)	Technical expertise and ability to convene civil society	High	
Ministry of Health	Provides technical input; shapes national position; engages in consultations and briefings	High	
Regional blocs (AU, SADC, ECOWAS, ASEAN, GRULAC, EU)	Coordinate shared regional positions; influence voting and negotiation dynamics	High	
Geneva Missions	Engage ahead of World Health Assembly; influence health framing and coordination with WHO and UNAIDS processes	Medium	
Multi-Stakeholder Task Force (Hearing)	Shape civil society participation, themes and speakers for the hearing	Medium	
Parliamentary health or budget committees	Domestic oversight; influence national accountability and follow-up	Medium	
National HIV, NCD, and MH alliances	Evidence generation, mobilisation and coordinated advocacy	Medium	
Media allies	Shape public narratives and political pressure	Variable	

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

17

5. Template tools

5.2 Template policy brief

This template helps advocates prepare a short, evidence-based policy brief setting out the case for integrated HIV, NCD and mental health responses. It is designed for use when briefing Ministries of Health or Foreign Affairs, UN Missions, parliamentarians or regional blocs, particularly ahead of national consultations, regional meetings or Political Declaration negotiations.

Use this template when you need to explain the issue clearly, propose specific policy asks, and support them with data and lived experience. Adapt to your context and needs.

Title: Why integrated HIV–noncommunicable disease-mental health care must be reflected in the 2026 Political Declaration

Audience: UN Mission, Ministry of Foreign Affairs, Ministry of Health, Parliamentary Health Committee or Regional Bloc Representative

Purpose: To request support for strong, explicit language on integrated HIV-NCD-MH prevention, screening and care during negotiations for the 2026 UN High-Level Meeting on HIV and AIDS.

1. Background (short paragraph)

The 2026 UN High-Level Meeting will negotiate a new Political Declaration shaping global HIV policy and domestic implementation for years to come. With people living with HIV living longer, integrated responses to hypertension, diabetes, cancers and mental health are essential for survival and quality of life. Integration should be understood as a long-term process of strengthening primary health care and health systems, including workforce capacity, referral systems, digital infrastructure, supply chains and community platforms, rather than the short-term addition of services onto existing HIV clinics.

The 2026 UN High-Level Meeting takes place at a moment of transition in global health architecture. Declining external financing, shifting donor priorities and increasing emphasis on domestic resource mobilisation are reshaping how health services are organised and funded. Global funding and governance models strongly influence whether services remain vertically structured or evolve towards integrated, person-centred chronic care. The Political Declaration therefore must not only recognise multimorbidity among people living with HIV, but also support reforms that align financing, governance and accountability mechanisms with integrated service delivery through primary health care.

2. Why integration matters (bullet options for advocates to choose)

- People living with HIV have higher risks of hypertension, diabetes, cardiovascular events and several cancers and face elevated risk of mental health conditions that directly affect HIV outcomes

- More than half of adults living with HIV in several countries have at least one noncommunicable disease and multimorbidity is projected to increase as the HIV population ages

- Mental health conditions are directly linked to adherence, retention in care and viral suppression and are central to protecting long-term HIV gains

- Integrated, person-centred chronic care reduces fragmentation, improves financial protection and strengthens system resilience in a constrained funding environment

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

18

3. Lived experience example

Insert a short narrative that illustrates the consequences of fragmented care that are experienced by people who are using services. Remember to follow the guidelines for using lived experiences ethically outlined in this toolkit.
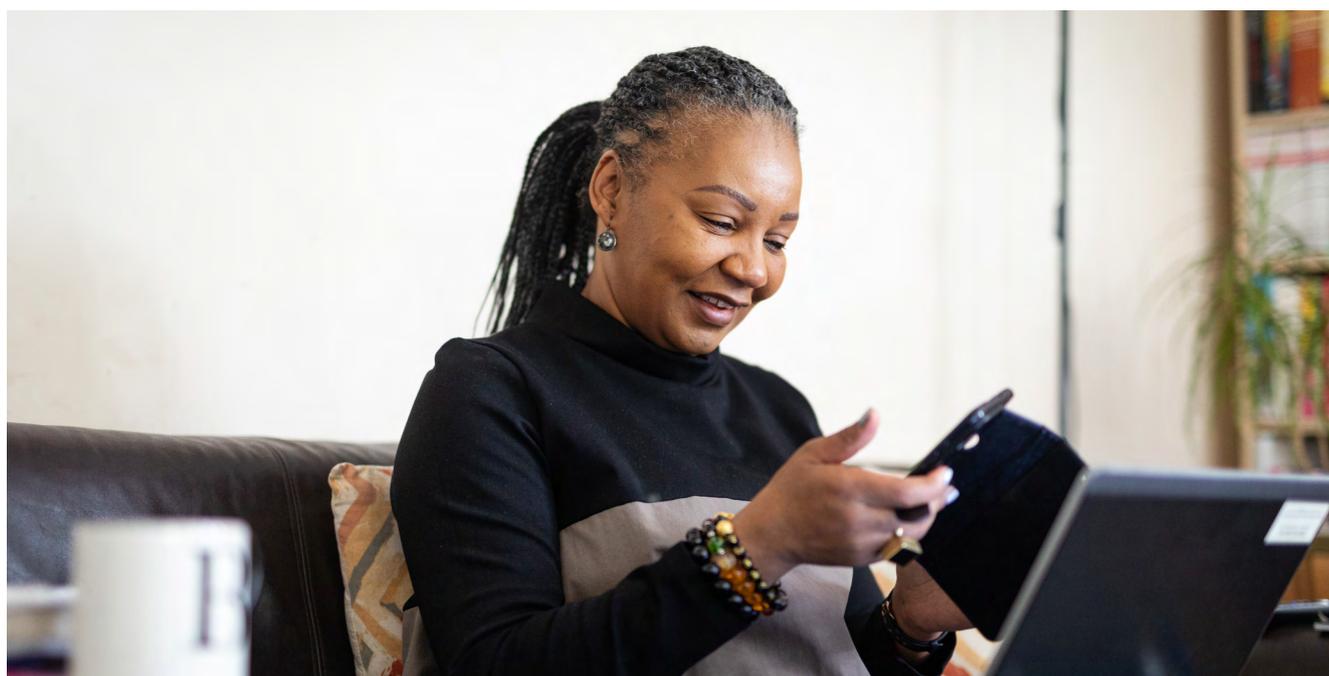
Example structure:

- Who the person is
- What condition(s) they live with
- What happened when services were fragmented
- What could have prevented the harm

4. Key asks for your government

- Support strong, explicit language on integrating HIV, noncommunicable disease and mental health care in the Political Declaration and reaffirm and strengthen the 90% integrated care commitment
- Instruct your UN Mission in New York to champion this during negotiations and translate global commitments into national and regional health plans with dedicated budget lines
- Ensure national HIV and NCD programmes coordinate budgets, service delivery and outcomes monitoring
- Commit to implementing integrated care through primary health care systems and collaboration with community-led services
- Embed measurable accountability frameworks, including indicators on multimorbidity outcomes, continuity of care, financial protection and patient experience
- Ensure meaningful participation of communities and people with lived experience in design, implementation and monitoring processes

5. Contact information

Provide names of the advocates or organisations available to support or answer questions.

Copyright free, credit of 'People living with HIV' Shutterstock/ViiV Partnership

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

19

5. Template tools

5.3   Template letter to governments or UN Missions

This template provides a formal advocacy letter that can be adapted for Ministries of Health, Ministries of Foreign Affairs, UN Missions in New York or Geneva, and co-facilitator governments. It is intended to communicate clear political asks related to HIV–NCD-MH integration in the lead up to the HLM. Use this template to **request action, signal concern, or formally propose language,** especially during key moments such as national position-setting, the release of the zero draft or negotiations.

[Your organisation letterhead] [Date]

To: [Title and Name] [Institution / Ministry / Permanent Mission] [Country]

Dear [Title and Name],

We are writing regarding your country's preparations for the 2026 United Nations High-Level Meeting on HIV and AIDS. This is a rare political moment when all Member States will negotiate a new Political Declaration that will shape the global HIV response for years to come. The decisions made in New York will influence national priorities, financing, and access to essential services.

Across all regions, people living with HIV are increasingly affected by hypertension, diabetes, cervical cancer, cardiovascular disease and mental health conditions. Many are ageing with HIV. By 2030, more than one in five people living with HIV globally will be over age 50. Without accessible noncommunicable disease screening and treatment, preventable illness and deaths will continue to rise. Mental health conditions are directly and consistently associated with adherence, retention in care, viral suppression and mortality, and must be recognised as central to sustaining HIV treatment outcomes.

The 2026 UN High-Level Meeting takes place at a moment of transition in global health architecture. Declining external financing, shifting donor priorities and increasing emphasis on domestic resource mobilisation are reshaping how health services are organised and funded. Global funding and governance models strongly influence whether services remain vertically structured or evolve towards integrated, person-centred chronic care. The Political Declaration therefore must not only recognise multimorbidity among people living with HIV, but also support reforms that align financing, governance and accountability mechanisms with integrated service delivery through primary health care.

Fragmented care results in substantial consequences. People living with HIV often travel to multiple clinics, take several uncoordinated medicines and face repeated out-of-pocket expenses. These gaps reduce adherence, increase loss to follow-up and undermine the ambition to end AIDS as a public health threat. Integration should therefore be framed as a long-term process of strengthening primary health care and health systems (including workforce capacity, referral systems, supply chains and community platforms) rather than the short-term addition of services onto existing HIV clinics.

At a time of constrained global and domestic financing, integrated, people-centred chronic care is fiscally unavoidable in the medium to long term if countries are to sustain HIV gains and manage growing multimorbidity. Political commitments should recognise this trade-off explicitly and support phased, cost-effective implementation.

As your delegation develops its position for the UN HLM on HIV/AIDS, we respectfully request that you support:

- A clear commitment to integrated HIV, NCD and mental health services, aligned with the Global AIDS Strategy 2026–2031.

- Language that promotes people-centred primary health care and protects access to essential diagnostics and medicines.

- The meaningful participation of communities, including people living with HIV and people living with NCDs, in national consultations and follow-up processes.

- A Political Declaration that strengthens equity, sustainability and accountability in the HIV response and reaffirms and strengthens the 90% integrated care commitment and the targets outlined in the Global AIDS Strategy for 2026 – 2031 related to integrated HIV, noncommunicable diseases and mental health conditions.

We would welcome an opportunity to meet with you to provide evidence and lived experience that illustrate why strong integration commitments are essential for achieving national health goals.

Thank you for your leadership and dedication to improving health outcomes for all.

Yours sincerely, [Name][Position] [Organisation] [Email / Phone]

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

20

5. Template tools

5.4 Template email requesting a meeting

This template helps advocates request meetings with government officials or UN Missions in a clear, concise and professional way. It is designed to increase the likelihood of a response by clearly stating the purpose of the meeting and the specific issues to be discussed.

Use this template when seeking meetings ahead of consultations, hearings, negotiations or travel to New York, and adapt it to reflect urgency at different stages of the HLM process.

Subject: Request for a short meeting on the 2026 UN High Level Meeting on HIV and AIDS

Dear [Name],

I am writing from [organisation], which works closely with communities affected by HIV, noncommunicable diseases, and mental health conditions in [country/region]. As your delegation prepares for the 2026 UN High Level Meeting on HIV and AIDS, we would welcome the opportunity to share evidence and lived experience on why integrated HIV, noncommunicable diseases and mental health services are essential for achieving the commitments outlined in the Global AIDS Strategy 2026–2031.

In particular, we would like to discuss the importance of reaffirming and strengthening the 90% integrated care commitment, embedding measurable accountability, and framing integration as long-term primary health care and health system reform rather than short-term programme expansion.

We would be grateful for a short meeting with [you / relevant team members] to discuss:

- Key messages for the Political Declaration, including the importance of integration
- Lived experience examples showing the real impact of fragmented services
- Opportunities to align the country's national priorities with the HLM process
- How civil society can support your delegation during negotiations

Please let us know a convenient time. We can adapt to any format, including virtual meetings. We are attaching a short briefing note for your reference. [attach Policy Brief]

Warm regards,

[Name]

[Position/Organisation]

[Contact]

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

21

5.5   Template media opinion piece

This template supports advocates to write an opinion piece or commentary for national or regional media. It helps translate technical policy issues into accessible public messaging that highlights the human impact of fragmented HIV-NCD-MH care.

Use this template to raise visibility, build public pressure and influence political narratives, particularly during moments when governments are setting positions or negotiating language.

Headline suggestion:

HIV and noncommunicable diseases: Why the 2026 UN High-Level Meeting must deliver integrated care now

By [Name], [Affiliation]

Opening paragraph (lived experience lead):

Begin with a short, powerful, personal story from your community. Choose an experience that captures the urgency of integrating HIV and NCD services.

Suggested structure for the op-ed

Paragraph 1:
The problem

Explain that people living with HIV are increasingly living longer, but many are facing hypertension, diabetes, cancers and other noncommunicable disease that clinics are not equipped to diagnose or manage. Note that fragmented care leads to late diagnoses, avoidable deaths, higher costs and worsening inequities. Emphasise that mental health conditions are directly linked to adherence, retention in care and viral suppression, making integration essential to sustaining HIV treatment outcomes. Note that integration is not about adding services onto HIV clinics, but about strengthening primary health care systems to respond to lifelong, interconnected health needs.

The 2026 UN High-Level Meeting takes place at a moment of transition in global health architecture. Declining external financing, shifting donor priorities and increasing emphasis on domestic resource mobilisation are reshaping how health services are organised and funded. Global funding and governance models strongly influence whether services remain vertically structured or evolve towards integrated, person-centred chronic care. The Political Declaration therefore must not only recognise multimorbidity among people living with HIV, but also support reforms that align financing, governance and accountability mechanisms with integrated service delivery through primary health care.

Paragraph 2:
Why this matters for the UN HLM on HIV/AIDS

State that UN Member States will negotiate a new Political Declaration that sets global expectations for HIV policy and investment. Integrated, person-centred HIV-NCD-MH care must be included clearly in that document because it affects survival, quality of life and the sustainability of health systems. Governments have already committed in the 2021 Political Declaration on HIV/AIDS that 90% of people living with HIV should have access to noncommunicable disease prevention, screening and treatment. The 2026 Declaration must reaffirm and strengthen that commitment with clear monitoring and accountability. At a time of constrained global and domestic financing, integration is not optional, it is fiscally unavoidable if countries are to protect HIV gains and manage growing multimorbidity.

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

22

5. Template tools

Paragraph 3:
Evidence and urgency

Use one or two facts from Section 2 of the toolkit (not too many: opinion pieces must stay readable).

Examples you may insert:

- People living with HIV have higher risks of hypertension, diabetes, cardiovascular disease and cervical cancer, yet most do not receive routine screening.

- Many countries report that more than half of adults living with HIV are also living with at least one noncommunicable disease.

- Mental health conditions significantly increase the risk of treatment interruption and poor HIV outcomes.

Choose the facts that best fit your national context and audience.

Paragraph 4:
What governments must commit to

List two or three action-oriented recommendations, for example:

- Include explicit language in the Political Declaration committing governments to routine noncommunicable disease screening and treatment as part of HIV care and reaffirm the 90% integrated care commitment

- Protect investments for HIV while improving the quality and reach of integrated primary health care

- Ensure people living with HIV, NCDs and mental health conditions drive policy decisions, not just respond to them

- Embed measurable accountability, including indicators on multimorbidity, continuity of care and financial protection

Paragraph 5:
National leadership

Explain what your government can do before the HLM: consult with communities, champion integrated care language in negotiations, and commit to implementing changes at home.

Governments should translate global commitments into national health plans with dedicated budget lines, strengthen primary health care systems, and ensure meaningful participation of communities and people with lived experience in implementation and monitoring.

Closing paragraph

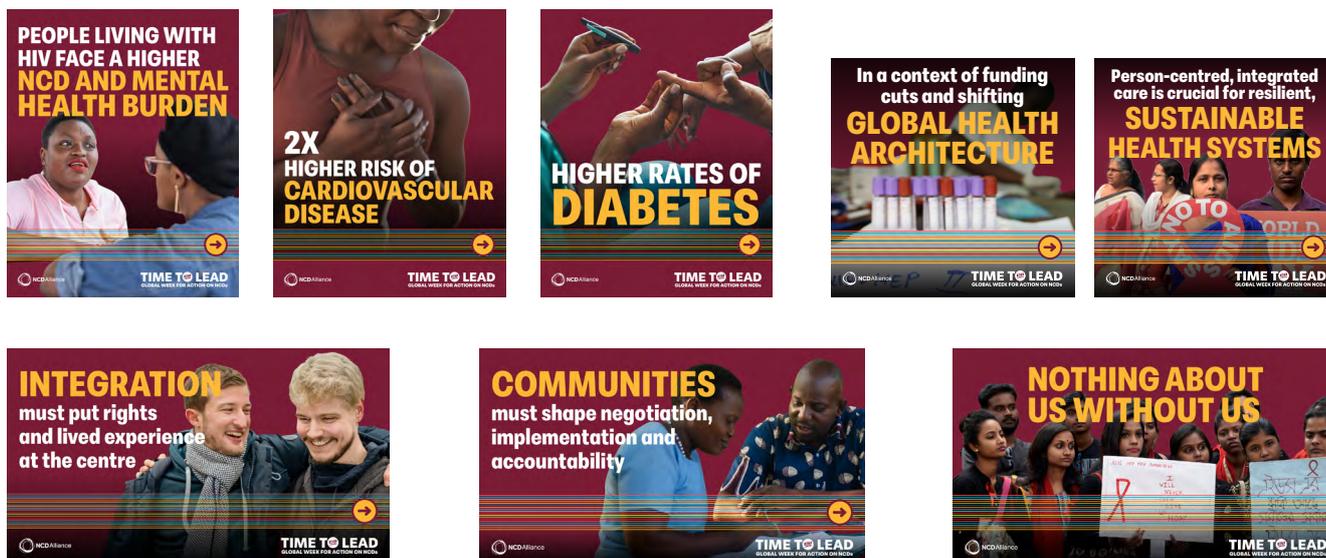Bring back the opening story and end with a call for political leadership:

"If governments get this right, integration will protect decades of HIV progress, strengthen health systems and ensure that no one is left managing multiple chronic conditions alone. The 2026 HLM is our chance to make sure of it."

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

23

5. Template tools

5.6　Social media

A variety of social media cards can be downloaded here.

Hashtags

Consider using three to five of the below as you see appropriate.

Primary hashtags:		
#HIVandNCDs	#ActOnNCDs	#RethinkRebuildRise

Secondary hashtags:		
#HLMHIV (#HLM 2026 on #HIV & #AIDS)	#AIDS2026	#HealthForAll
#LeaveNoOneBehind	#EndAIDS2030	#IAS2027

Tags

Identify and tag your decision-makers, government institutions and national and regional partners where appropriate.

Organisations to tag to help you amplify your messaging on the global level:

1.　NCD Alliance	11.　Tanzania NCD Alliance
2.　International AIDS Society	12.　NCD Alliance Kenya
3.　StopAIDS	13.　Bangladesh NCD Forum
4.　Frontline AIDS	14.　East Africa NCDA
5.　GNP+	15.　Healthy India Alliance
6.　NGO delegation to UNAIDS board	16.　NGO Delegation to the UNAIDS PCB (Twitter, Facebook)
7.　UNAIDS	17.　Youth LEAD (Instagram. Facebook)
8.　United for Global Mental Health	18.　Africa NCDs Network (Twitter, Facebook)
9.　South East Asia Regional Alliance	19.　Cameroon NCD Alliance
10.　Rwanda NCD Alliance	

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

24

5. Template tools

You can post these sample messages on social media or use them for inspiration to create your own posts.

POST 1: Toolkit
X, threads, BlueSky:
Ahead of the #HLM2026 on #HIV/#AIDS the world focuses on sustaining hard-won HIV gains, while addressing other health needs of affected communities. Check out the HIV-NCD-MH Advocacy Toolkit that helps advocate for people-centred integrated care [link]
Ln, Fb and Instagram (please add the link to your bio beforehand):
Insightful resources for #HIVandNCDs communities! As the 2026 UN High-Level Meeting on HIV and AIDS draws near, we are thrilled to share an HIV-NCD-Mental Health Advocacy Toolkit. Developed in collaboration with many partners and people with lived experience, this toolkit supports advocates to push for integrated, rights-based, person-centred care in the Political Declaration and beyond. Download, adapt and share [link]/Link in bio (for Instagram)

POST 2: Movement Unity
X, Threads, BlueSky:
#HIVandNCDs movements are stronger together. As people living with HIV age and multimorbidity increases, siloed responses are no longer sufficient. Integration is essential to protect decades of HIV progress and respond to lifelong, interconnected health needs.
Ln, Fb, Instagram:
#HIVandNCDs movements are stronger together. As people living with HIV age and multimorbidity increases, siloed responses are no longer sufficient. Integration is essential to protect decades of HIV progress and respond to lifelong, interconnected health needs. We are calling on decision makers to ensure integrated people-centered care that saves lives and strengthens health systems

POST 3: The Political Ask
X, Threads and BlueSky:
Ahead of #HLM 2026 on #HIV/#AIDS, we call on governments to reaffirm and strengthen their commitment to integrated #HIVandNCDs care which is rooted in primary healthcare, focuses on the person, not the disease, reduces stigma and increases equity.
Ln and Fb, Instagram:
Ahead of #HLM 2026 on #HIV/#AIDS, we call on governments to: ▪ Reaffirm and strengthen the 2021 HLM commitment to ensure access to NCD prevention, diagnostics and care for 90% of all people living with HIV. ▪ Embed measurable accountability and primary health care-based integration ▪ Ensure integrated HIV/NCD/mental health care is included in the Political Declaration.

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

25

5. Template tools

POST 4: Why It Matters

X:

Living with #HIV often means managing more than one health condition

For example:

- depression affects up to 40% of people living with HIV.
- 2x higher risk of heart disease
- People-centred integrated care protects HIV gains & addresses other health needs.

Ln, Fb and IG:

Living with HIV often means managing more than one health condition

Cardiovascular disease risk is significantly higher among adults living with HIV.

Depression affects up to 40% of people living with HIV.

Fragmented care undermines adherence, retention and long-term outcomes.

Integrated #HIVandNCDs care is essential to sustaining HIV gains.

POST 5: Global Health Architecture

X, Threads, BlueSky:

With shrinking financing and changing global health architecture, the health community is focusing on sustaining HIV gains, while meeting the broader health needs.

We call on Member States to protect integrated healthcare in the #HLM 2026 Political Declaration text.

Ln, Fb and Instagram:

With a shrinking financing landscape and global health architecture being reimagined, the health community is focusing on sustaining hard-won HIV gains, while meeting the broader health needs of affected communites.

Integration is the only way forward.

We call on Member States negotiating the Political Declaration to be adopted at #HLM 2026 on #HIV/#AIDS to protect integrated healthcare in the text.

POST 6: Community Leadership

X, Threads, BlueSky:

Integration must position human rights and meaningful community leadership at its heart.

Communities living with #HIVandNCDs must be meaningfully involved in shaping national positions, negotiations and implementation.

Nothing about us without us.

Ln, Fb and Instagram:

Integration must position human rights and meaningful community leadership at its heart.

People living with #HIVandNCDs must have a seat at the table — shaping national positions, influencing negotiations, and driving implementation.

Health policies are stronger, fairer, and more effective when they are co-created with the communities they are meant to serve.

Nothing about us without us.

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

26

5. Template tools

POST 7: Call to Action

X, Threads and BlueSky:

The #HLM 2026 on #HIV & #AIDS is a defining political moment.

Governments have an opportunity to protect HIV gains and strengthen health systems through integrated, accountable and sustainably financed HIV–NCD-mental health responses.

We urge decision-makers to act.

Ln, Fb, IG:

The 2026 UN High-Level Meeting on #HIV and #AIDS is a defining political moment. Governments now have a critical opportunity — not only to protect hard-won progress on HIV, but also to strengthen health systems by advancing integrated, accountable, and sustainably financed HIV–NCD-mental health responses.

This is the time to move from commitments to action.

We urge decision-makers to act.

POST 8: Direct National Targeting (Adapt Per Country)

X, Threads, BlueSky:

As [Country] prepares its position for #HLM 2026 on #HIV/#AIDS, we encourage @Min of Health[Country] and @Ministry of Foreign Affairs [Country] to champion integrated HIV–NCD-mental health care in the Political Declaration.

National leadership now will protect health outcomes for years to come.

Ln, Fb, IG:

As [Country] prepares its position for #HLM 2026 on #HIV/#AIDS, we encourage @Min of Health[Country] and @Ministry of Foreign Affairs [Country] to champion integrated HIV–NCD-mental health care in the Political Declaration.

Embedding integration now will help protect hard-won health gains, strengthen the health system, and save and improve lives and help the economy for years to come.

Copyright free, credit of 'People living with HIV' Shutterstock/ViiV Partnership

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

27

6. Useful HIV, NCD and mental health integration resources

NCD Alliance – Combining Care to Save Lives: HIV and NCD Integration.

https://ncdalliance.org/es/node/5276

A compelling lived experience narrative demonstrating the human cost of fragmented HIV and noncommunicable disease services and how integrated, primary health care-based responses can improve continuity of care and quality of life.

UNAIDS Global AIDS Strategy 2026–2031.

https://www.unaids.org/sites/default/files/2025-11/PCB57_Global_AIDS_Strategy_2026-2031_281125.pdf

Sets the strategic direction for the HIV response, explicitly calling for integration with NCDs, mental health and primary health care.

International AIDS Society – Differentiated Service Delivery for Chronic Disease (HIV and NCDs)

https://www.differentiatedservicedelivery.org/wp-content/uploads/IAS_DSD-for-chronic-care-supplement_2024_WEB.pdf

Explores how HIV service delivery models can be adapted for long-term NCD and multimorbidity care, with relevance for integration and PHC.

NCD Alliance, IAS, UNAIDS, GNP+, FrontlineAIDS – 15 Solutions to Integrate HIV and NCD Responses

https://ncdalliance.org/resources/15-transformative-solutions-to-realise-better-health-in-people-living-with-and-affected

Advocacy-focused resource outlining why and how HIV, NCD and MH services should be integrated, with clear policy framing and key messages.

NCD Alliance & partners – Systems That Save Lives: Integrating HIV and NCD Care

https://ncdalliance.org/sites/default/files/2025-06/systems_that_save_lives-case_study_3-ncds_hiv-eng_1.pdf

Case study showing how integrated HIV-NCD-MH approaches strengthen health systems and improve outcomes for people with chronic conditions.

NCD Alliance - From Siloes to Synergies: Integrating noncommunicable disease prevention and care into global health initiative and universal health coverage

https://ncdalliance.org/resources/from-siloes-to-synergies-integrating-noncommunicable-disease-prevention-and-care-into

Brief overview of barriers and solutions for integrating noncommunicable disease services into globally supported health initiatives, with case studies from Kenya, Malawi and Zambia.

HIV Policy Lab and Love Alliance - HIV/AIDS Language Compendium

https://www.hivpolicylab.org/publications/the-hiv-language-compendium

A practical reference of agreed UN HIV language that helps advocates defend rights-based terms during negotiations when wording is challenged or weakened.

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

28

References

1   World Health Organization. WHO guideline on HIV service delivery: updated guidance on the integration of diabetes, hypertension and mental health services, and interventions to support adherence to antiretroviral therapy. Geneva: World Health Organization; 2025. Available from: **https://www.who.int/publications/i/item/9789240113879**

2   UNAIDS, Global AIDS Strategy 2026-2031. 2025 Available at: **https://www.unaids.org/sites/default/files/2025-12/PCB57_Global_AIDS_Strategy_2026-2031.pdf**

3   **https://resources.theglobalfund.org/en/technical-guidance/core-guidance/**

4   UNAIDS, Global AIDS Strategy 2026-2031. 2025 Available at: **https://www.unaids.org/sites/default/files/2025-12/PCB57_Global_AIDS_Strategy_2026-2031.pdf**

5   UNAIDS Global Task Team on 2030 HIV Targets. Global HIV Target Setting for 2030 Recommendations. 2025. Available from: **https://www.unaids.org/sites/default/files/2025-05/20250328_recommended_2030_HIV_targets_livedocument_en_13_May_2025.pdf**

6   UNAIDS, Global AIDS Strategy 2026-2031. 2025 Available at: **https://www.unaids.org/sites/default/files/2025-12/PCB57_Global_AIDS_Strategy_2026-2031.pdf**

7   **https://ncdalliance.org/stories/news-blogs/2025/un-adopts-political-declaration-marking-major-step-forward-for-ncds-and**

8   Shah ASV, Stelzle D, Lee KK, et al. Global burden of atherosclerotic cardiovascular disease in people living with HIV: a systematic review and meta-analysis. The Lancet HIV. 2018;5(12):e673–e684 **https://doi.org/10.1161/CIRCULATIONAHA.117.033369**

9   Derick KI, Khan Z. Prevalence, awareness, treatment and control of hypertension among people living with HIV in sub-Saharan Africa: a systematic review and meta-analysis. Cureus. 2023;15(4):e37422. **https://doi.org/10.7759/cureus.34587**

10   Liu G, Sharma M, Tan N, Barnabas RV. HIV-positive women have a higher risk of HPV infection, precancerous lesions, and cervical cancer: a systematic review and meta-analysis. AIDS. 2018;32(6):795–808 **https://journals.lww.com/aidsonline/abstract/2018/03270/hiv_positive_women_have_higher_risk_of_human.13.aspx**

11   Hu FH, Liu P, Jia YJ, et al. Prevalence of mental health problems in people living with HIV: a systematic review and meta-analysis. Psychology, Health & Medicine. 2025;30(3):397–413. Available from: **https://doi.org/10.1080/13548506.2024.2424998**

12   Huang B, Younger A, Gallant MP, O'Grady TJ. Depressive symptoms and HIV viral suppression: a systematic review and meta-analysis. AIDS and Behavior. 2025;29(3):870–883. Available from:**https://link.springer.com/article/10.1007/s10461-024-04571-0**

13   These findings are reflected in recent WHO HIV service delivery guidance, which recognises mental health integration as essential to sustaining effective, people-centred HIV care. World Health Organization.

14   Huang B, Younger A, Gallant MP, O'Grady TJ. Depressive symptoms and HIV viral suppression: a systematic review and meta-analysis. AIDS and Behavior. 2025;29(3):870–883. Available from: **https://link.springer.com/article/10.1007/s10461-024-04571-0**

15   UNAIDS. The Path That Ends AIDS. Geneva: UNAIDS; 2023. Available from: **https://www.unaids.org/en/resources/documents/2023/global-aids-update-2023**

16   World Health Organization. WHO guideline on HIV service delivery: updated guidance on the integration of diabetes, hypertension and mental health services, and interventions to support adherence to antiretroviral therapy. Geneva: World Health Organization; 2025. Available from: **https://www.who.int/publications/i/item/9789240113879**

17   Turan B, Budhwani H, Fazeli PL, et al. How does stigma affect people living with HIV? The mediating roles of internalized and anticipated stigma. AIDS and Behavior. 2017;21(1):283–291. **https://link.springer.com/article/10.1007/s10461-016-1451-5**

18   Rosen S, Fox MP. Retention in HIV care between testing and treatment in sub-Saharan Africa: a systematic review. PLoS Medicine. 2011;8(7):e1001056 **https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001056**

19   Mills EJ, Nachega JB, Bangsberg DR, et al. Adherence to HAART: a systematic review of developed and developing nation patient-reported barriers and facilitators. PLoS Medicine. 2006;3(11):e438. **https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0030438**

20   World Health Organization. WHO guideline on HIV service delivery: updated guidance on the integration of diabetes, hypertension and mental health services, and interventions to support adherence to antiretroviral therapy. Geneva: World Health Organization; 2025. Available from: **https://www.who.int/publications/i/item/9789240113879**

21   Shiri T, Birungi J, Garrib AV, et al. Patient and provider costs of integrated HIV, diabetes and hypertension ambulatory health services in low-income settings. BMC Medicine. 2021;19:209. **https://link.springer.com/article/10.1186/s12916-021-02094-2**

22   UNAIDS and United for Global Mental Health. Review and mapping of Global Fund investments in priority comorbidities in Grant Cycle 7 to improve the health and well-being of people living with or at risk of HV and / or TB. Geneva: Joint United Nations Programme on HIV/AIDS; 2026. Available from: **https://unitedgmh.org/app/uploads/2026/03/GC7-Review-and-Mapping-Study.pdf**

23   NCD Alliance. A Case for Integration: A collection of the lived experiences of people living with NCDs and HIV. Geneva: NCD Alliance; 2024. Available from: **https://ncdalliance.org/sites/default/files/resource_files/a_case_for_integration_2.pdf**

Advocating for integrated HIV, noncommunicable disease, and mental health responses
A toolkit for the 2026 United Nations High-Level Meeting on HIV/AIDS

29

NCDAlliance

Accelerating action on NCDs to promote health,
protect rights and save lives