Can the Success of HIV Scale-Up Advance the Global Chronic NCD Agenda?

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ABSTRACT

Noncommunicable diseases (NCD) are the leading causes of death and disability worldwide but have received suboptimal attention and funding from the global health community. Although the first United Nations General Assembly Special Session (UNGASS) for NCD in 2011 aimed to stimulate donor funding and political action, only 1.3% of official development assistance for health was allocated to NCD in 2015, even less than in 2011. In stark contrast, the UNGASS on human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) in 2001 sparked billions of dollars in funding for HIV and enabled millions of HIV-infected individuals to access antiretroviral treatment. Using an existing analytic framework, we compare the global responses to the HIV and NCD epidemics and distill lessons from the HIV response that might be utilized to enhance the global NCD response. These include: 1) further educating and empowering communities and patients to increase demand for NCD services and to hold national governments accountable for establishing and achieving NCD targets; and 2) evidence to support the feasibility and effectiveness of large-scale NCD screening and treatment programs in low-resource settings. We conclude with a case study from Swaziland, a country that is making progress in confronting both HIV and NCD.

In September 2011, the United Nations (UN) convened a UN General Assembly Special Session (UNGASS) on noncommunicable diseases (NCD). The event was the second UN High Level Meeting ever held for a health issue, following the successful UNGASS on human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) in 2001. Modeled after its predecessor, the 2011 meeting was intended to catalyze a response to what the World Health Organization (WHO) called an epidemic of "silent killers" that were the leading causes of death and disability worldwide, yet receive little attention from the global health community [1].

Looking back to the prior UNGASS on HIV/AIDS a decade earlier, the NCD meeting aspired to similar goals: rallying multisectoral and cross-national partnerships; stimulating robust donor funding; spurring ambitious targets and commitments on the part of national governments; and catalyzing rapid scale-up of NCD services in resource-limited settings [2]. Advocates highlighted similarities between chronic NCD and HIV/AIDS, including a stark mismatch between the burden of disease and available funding, and the need for programmatic innovation, continuity care, and health systems strengthening [3-5].

The UNGASS on NCD was successful at producing a Political Declaration to combat NCD [6], and many countries affirmed a commitment to ambitious NCD targets and to implementing evidence-based "best buys" [7,8]. Yet 5 years later, the global NCD response has languished in what some have called an environment of "malignant neglect" [9]. Despite the fact that NCD account for 37% of disability-adjusted life years in low-income countries [10], only 1.3% of official development assistance for health was allocated to NCD in 2015 [11], a proportion that decreased between 2011 and 2015 [12]. Few resource-limited countries have operational national NCD strategies or adequate NCD services, awareness of and treatment-seeking rates for NCD have not improved [13], and the vast majority of people with cardiovascular disease, diabetes, cancer, and chronic respiratory disease remain undiagnosed and untreated [14,15]. In contrast, in the years that followed the 2001 UNGASS, global spending on HIV increased by billions of dollars and the number of people initiating antiretroviral treatment (ART) in low- and middle-income countries soared from 400,000 in 2003 to nearly 17 million in 2015 [16].

DIFFERING GLOBAL RESPONSES TO HIV AND NCD

The sluggish response to NCD despite the global consensus and national commitments articulated at the UNGASS meeting raises the question as to why some health issues galvanize action while others fail to do so. Studies of the comparative effectiveness of global health advocacy efforts suggest that objective characteristics of health issues rarely explain their success or failure in terms of attracting

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TABLE 1. Comparison of selected determinants of political priority setting from the early global responses to the HIV/AIDS and NCD epidemics adapted from the Shiffman [17] framework

HIV/AIDS	NCD
1) Ideas: the way the health challenge is understood and communicated	
• HIV is a single disease and was a new and highly visible health threat	• NCD are a collection of diseases, not perceived as novel threats
• ART was widely understood to be highly effective—its impact was described as "Lazarus-like," returning people from the brink of death. Disparities in access to ART were starkly visible.	• NCD treatment varies from condition to condition; treatment effectiveness is also variable; therapeutic nihilism about the feasibility of treatment for some NCD is prevalent
• HIV was framed as a threat to development and security, as it visibly affected young, working-age people and destabilized economies	• Incorrectly considered "diseases of the elderly" and "diseases of the wealthy," the NCD threat is poorly recognized
• HIV is commonly framed as a humanitarian crisis by civil society	• NCD are often perceived as a secondary issue to infectious diseases, "a crisis for future generations"
2) Actor power: the strength of the individuals and organizations concerned with the issue	
• Grassroots community activism led by those affected by HIV arose to dispel stigma and AIDS denialism	• Generally low awareness and demand from patients, and low civil society involvement, especially in low-resource settings where healthcare is organized around HIV
• In 1996, Joint United Nations Programme on HIV/AIDS formed as a dedicated UN branch to tackle the HIV/AIDS epidemic, offering crucial central leadership and organizing power	• Multisectoral partnerships (e.g., NCD Alliance and GACD in 2009) have organized to unite policy makers, donors, researchers and civil society organizations; WHO GCM/NCD was established in 2014 to coordinate global efforts and improve accountability to NCD targets
3) Political context: the environments in which actors connected with the issue operate	
• In 1980s, dominantly conservative U.S. politics emphasized personal responsibility and abstinence, effectively blaming HIV-infected persons and stagnating HIV efforts	• NCD currently perceived as largely "diseases of preventable individual behaviors," placing responsibility on populations affected
• HIV UNGASS occurred in the context of global economic growth and increased funding scale and diversity	• NCD UNGASS occurred during global economic crisis, with reduced funding availability
• Long-term financial commitments were demonstrated by the Global Fund to fight AIDS, Tuberculosis and Malaria; PEPFAR; and other international initiatives	• To date, no large-scale dedicated funding commitment for NCD akin to PEPFAR for AIDS
• HIV, and other infectious diseases (e.g., malaria, tuberculosis) were explicitly included in 2000 MDG targets	• NCD targets were omitted from MDGs but included in SDGs in 2015

AIDS, acquired immune deficiency syndrome; ART, antiretroviral therapy; GACD, Global Alliance for Chronic Diseases; GCM/NCD, Global Coordination Mechanism on NCDs; HIV, human immunodeficiency virus; MDG, Millennium Development Goals; NCD, noncommunicable disease; PEPFAR, U.S. President's Emergency Plan for AIDS Relief; SDG, Sustainable Development Goals; UN, United Nations; UNGASS, United Nations General Assembly Special Session; WHO, World Health Organization.

attention, funding, and action [17]. Instead, as Shiffman [17] observes, critical elements include the clarity and cohesion of ideas used to define, describe, and frame the issue; the strength and nature of the actors lobbying for collective action; and political contexts that enhance leadership support. The framework developed by Shiffman provides useful insights into why some important health issues fail to garner appropriate resources and attention. It has been used to analyze the responses to maternal mortality [18], maternal and child health [19,20], cervical cancer [21], oral health [22], mental health [23], and NCD [24]. In this paper, we use Shiffman's framework to contrast characteristics of HIV and NCD that may explain the different global responses to the 2 entities and suggest potential avenues for the path forward (Table 1).

Ideas: framing the problems

At the onset of the HIV epidemic, HIV was a new condition never observed before, and it was lethal and frightening. Affecting children, youth, and adults in their most productive years, its devastating impact was evident to families and communities, and its threat to the economies of most severely affected countries was apparent to their governments and to the global donor community [2]. The development of effective treatment resulted in what has been called the Lazarus effect, which transformed HIV into

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