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Informing the 2011 UN Session on Noncommunicable Diseases: Applying Lessons from the AIDS Response

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Introduction

The United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in 2001 was a critical event that dramatically enhanced the global AIDS response. Ten years later, the September 2011 UN High-Level Meeting on Noncommunicable Disease Prevention and Control provides a similar opportunity for the international community and national stakeholders to raise awareness and launch an effective global response to noncommunicable diseases (NCDs). It is an opportunity that should not be missed as it will not likely occur again.

Infectious diseases continue to have a devastating impact on the health and development of low- and middle-income countries (LMICs). However, NCDs have silently become “the poor world’s greatest health problem” and the major causes of premature deaths in LMIC [1].

Despite the growing burden in developing countries, NCDs have received little attention and funding to date [2]. Tremendous advances in the control of NCDs were achieved in the second half of the 20th century, mostly to the benefit of wealthy countries. LMIC should not only look at the lessons learned in the control of NCDs in developed countries, but also those from other areas of public health, especially AIDS, which can inform the design of an effective and sustainable response to NCDs in developing countries.

Applicable Lessons Learned for the NCD Response

Strengths of the AIDS Response

First, the success in substantially increasing funding for AIDS programs over the last decade provides lessons in resource mobilization and advocacy to the NCD community. This dramatic increase was fueled by a variety of factors, including the impact of the disease on children and women, the availability of inexpensive diagnostics, reduced treatment costs, and the disparity in access to care between developed and developing countries. The AIDS response demonstrates the need to create a committed, diverse, and broad coalition comprised of multilateral and bilateral agencies, the donor community, national and regional leadership, and those whose lives are affected by the disease. Like AIDS, NCDs should be positioned as a leading cause of morbidity and mortality in LMIC with devastating social and economic impacts.

Next, policymakers must recognize that as devastating as the AIDS pandemic and other infectious diseases have been, the burden of NCDs have the potential to be much worse in LMICs. There is an urgent need to change national and international priorities and resource allocation policies to address these deficiencies. For example, Sridhar et al. propose the appointment of an NCD czar and leveraging existing high level leadership such as the UN Secretary General, Director General of World Health Organization (WHO), and the NCD Alliance to advocate for the leadership for NCD [3].

Another valuable lesson from the AIDS response is the role of strong national and community leadership. Such leadership was critical in achieving a coordinated and broad-based national response to AIDS over the course of many years. To tackle NCDs, the response must start with national leadership of country-owned and -managed strategies and programs.

Furthermore, the AIDS response demonstrated that in order to develop sustainable and effective programs, community health infrastructures must be strengthened. Community-based organizations have successfully reached the most-at-risk populations, and experience from AIDS treatment points to the critical role of community-based care as part of a package of essential entitlements for access to healthcare [4]. The same must be done for NCD prevention and treatment.

Lastly, the AIDS response has shown that a primarily vertical health infrastructure can result in improvements in the laboratory infrastructure, pharmacy, and supply chain management of drugs and other medical commodities. Some of these health systems improvements have benefited non-HIV services, such as reproductive health [5]. The NCD response should use the results of vertical AIDS programming such as: (1) a valuable health services platform on which a more integrated and horizontal response can be built for other chronic diseases, (2) lessons learned in...
Summary Points

- The September 2011 UN High-Level Meeting on Noncommunicable Diseases provides an opportunity for the international community and national stakeholders to raise awareness and launch an effective global response to noncommunicable diseases (NCDs).
- Valuable policy lessons have been learned in the control of AIDS that can help inform the global dialogue when designing a NCD response in developing countries.
- The AIDS response demonstrates successes in advocacy and resource mobilization, priority setting, coalition building, strong national and community leadership, strengthening of community health infrastructures, and health systems strengthening.
- Weaknesses of the AIDS response to avoid when building a NCD response include creation of stove-pipe vertical programs, ineffectiveness of prevention efforts, and inefficient and uncoordinated use of resources.
- The lessons learned in the global response to AIDS are relevant to the likely outcomes of the UN High-Level Meeting on NCDs: (1) improvement in advocacy and recognition of the NCD burden, (2) greater attention in national planning and resource allocation, (3) a longer-term investment of donors, and (4) greater emphasis on strengthening health systems.

Box 1. Lessons for Global NCD Response

- Position NCDs as a leading cause of morbidity and mortality in LMICs with devastating social and economic impacts
- Appoint czar or other high-level leadership to increase profile of NCDs
- Invest international and donor support in country-led NCD plans
- Strengthen community health infrastructures
- Adopt horizontal or diagonal health infrastructure to address multiple health issues simultaneously
- Focus on prevention, not just treatment
- Synergize donor and governmental efforts against NCD
- Agree on priority conditions, risk factors, and evidence-based interventions for NCD
- Ensure access to the most feasible, cost-effective, and sustainable NCD interventions to the populations at most risk
The upcoming UN High-Level Meeting on NCDs should lead to: (1) a significant improvement in advocacy and recognition of the NCD burden at the national and global levels, (2) greater attention in national planning and resource allocation, (3) modest immediate resource commitment, but more likely a longer-term investment of donors, and (4) greater emphasis on strengthening health systems for a more horizontal response to broader disease burdens. As we have indicated, several lessons from the AIDS epidemic can inform this meeting (Box 1).

The global response to AIDS has demonstrated it is feasible to scale-up both prevention and treatment programs and drastically reduce both morbidity and mortality. Scale-up of even a limited number of interventions can have an even more dramatic reduction on NCDs. The AIDS response has taught us that efforts to address a pandemic are incremental and can take time. We need to be both opportunistic and strategic to achieve an NCD response of significant magnitude. Unless the pandemics of NCDs are addressed now, the lives of those living in developing countries will be saved from communicable diseases only to be lost prematurely from noncommunicable diseases.

**Author Contributions**

Conceived and designed the experiments: PL MM PP. Wrote the first draft of the manuscript: PL RD. Contributed to the writing of the manuscript: PL MM PP RD. ICMJE criteria for authorship read and met: PL MM PP KSR RD. Agree with manuscript’s results and conclusions: PL MM PP KSR RD.

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