Community Perspectives on Integrated Care on HIV, NCD and Mental Health
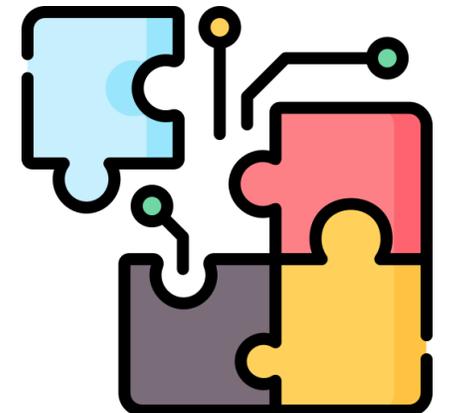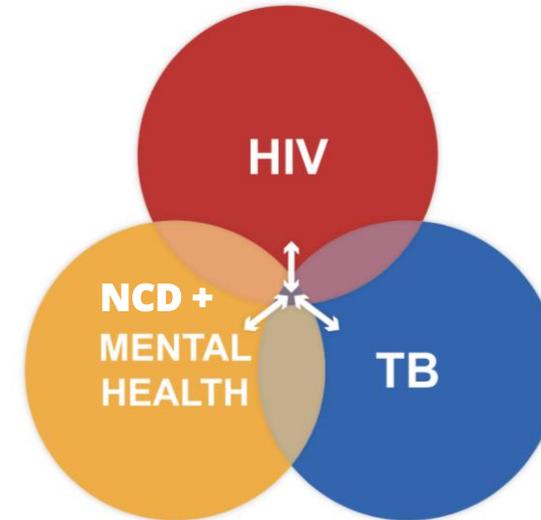
Yves Miel Zuñiga
Policy and Advocacy Advisor
United for Global Mental Health

IAS

Why integration matters now

○ HIV is no longer a stand-alone issue; people living with HIV increasingly face NCDs (CVD, diabetes, cancers) and mental health conditions.

○ Communities experience this as "one life, not three diseases."

○ Yet **systems, financing, and programmes remain fragmented**.

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What communities tell us

○ **Fragmentation burdens the most vulnerable.**

    ○ Intersecting stigmas, particularly on HIV, mental health, and substance use, create **significant barriers to accessing care**.

    ○ Chronic care often requires **out-of-pocket spending** that marginalised communities cannot sustain.

    ○ On the shrinking fiscal space, **¾ of a million** people immediately **lost access to mental health care** at the time of the cuts (more here: https://gmhan.org/news/impact-of-funding-cuts)

Grassroots and community-led solutions

o   On advocacy: Community groups shaping national dialogues on integrated PHC; PLHIV and lived-experience networks pushing for mental health inclusion in HIV platforms.

o   On prevention: Peer education that addresses HIV, substance use, nutrition, and stress together

o   On service pathway and navigation: Community health workers acting as "system translators." Differentiated service delivery models extended to NCD refills.

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When communities work together: the GMHAN Short-Term Action Group

○ The opportunity in 2025: The first UN High-Level Meeting to recognise mental health action as a core component of improving public health worldwide.

○ Strategy:

  ○ Co-led advocacy with more than 100 CSOs to ensure mental health was prioritised in discussions

  ○ Worked with over 60 governments to make the case for strong mental health commitments

  ○ Published multiple reports, briefings and responses to consultations calling for integrated, people-centred care
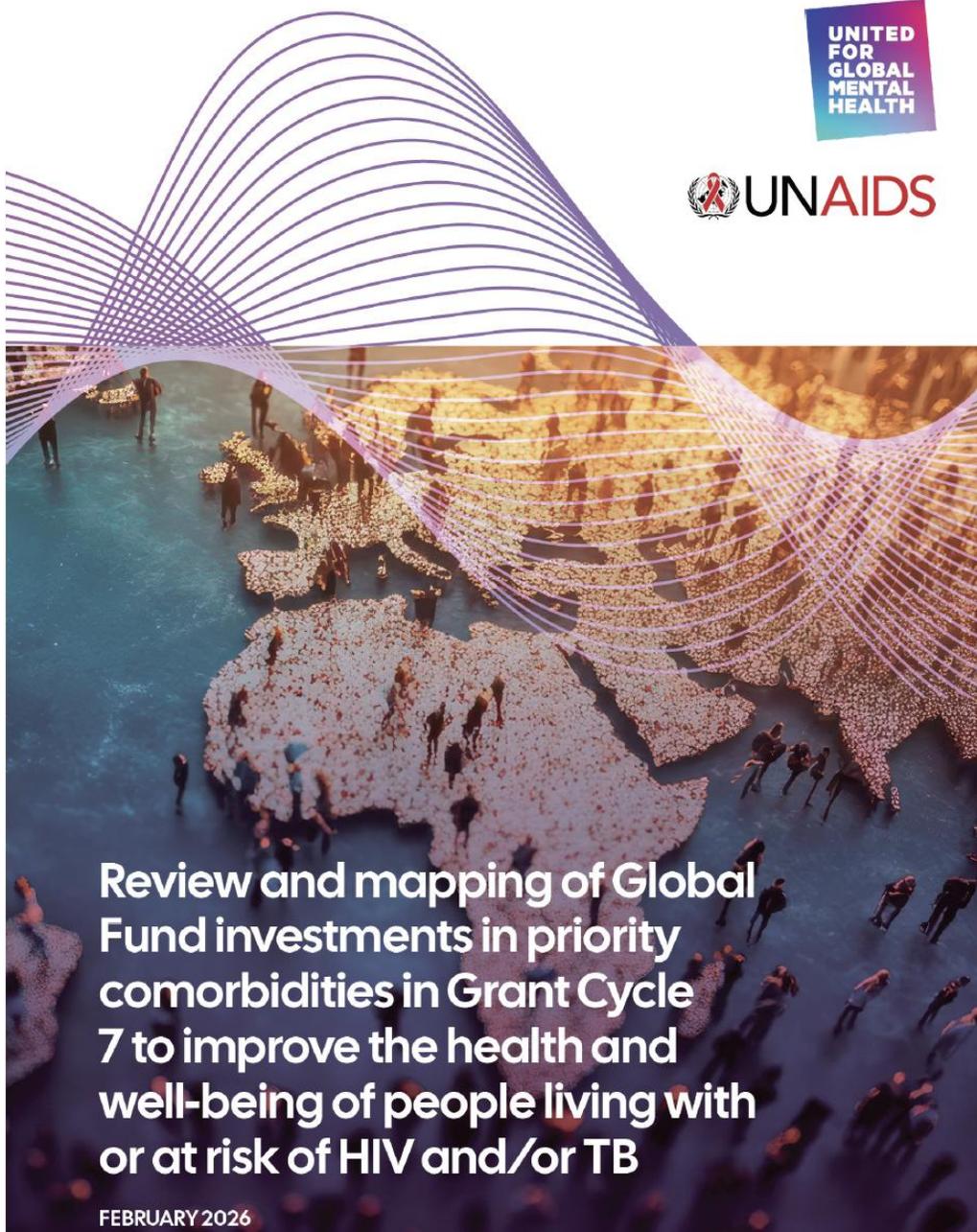
Global Mental Health Action Network

When communities work together: the GMHAN Short-Term Action Group

○ The High-Level Meeting's Political Declaration was the first of its kind to have strong commitments on priority mental health issues
○ More than 100 governments spoke about mental health at the UN and pledged to support national commitments to reform

Yves Miel Zuniga

Community perspectives

When partnership leads to more evidence: Joint review of Global Fund investments by UnitedGMH and UNAIDS [embargoed]

- **There is a sharp increase in country demand for integrated comorbidity responses.**
- The "Rhetoric vs. Resource" Gap
  - Mental health is frequently mentioned in narratives but often lacks a dedicated budget.
- Only 11% of approved comorbidity investments are currently in core allocations.
- While community service delivery is recognised, **community systems strengthening remains underfunded for integration.**

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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 HIV and/or TB

FEBRUARY 2026

Call to action

○ Lead with evidence
  ○ Strengthening monitoring and accountability by developing standardized metrics for coverage, quality and outcomes, and updating the Global Fund performance framework

○ Champion meaningful engagement of communities
  ○ Embedding community engagement in decision-making, budgeting, performance monitoring and direct integrated service delivery

○ Protect funding
  ○ Protecting comorbidity services during GC7 reprogramming to prevent budget and activity cuts from undermining progress on integration and planning proactively for GC8, embedding sustainable, integrated approaches into national health strategies and co-financing frameworks.

»"People do not live in silos… and neither should our health systems."«

Let's connect at yves@unitedgmh.org

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Community perspectives