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Dramatic gains in global health can be achieved by pursuing a path towards integrated, high-quality care for all, a call to action expressed in the International AIDS Society–*Lancet* Commission report.¹ This assertion highlights that the siloed nature of current health services impedes the ability to meet the aims of the Sustainable Development Goals (SDGs) and motivates the need to leverage the progress in the fight against HIV to address other emerging health threats, especially non-communicable diseases (NCDs). The Commission looks at how health services targeted at individual diseases might miss a person's other needs, the reality of syndemics, and the potential synergies from combined care platforms. Hence, there is an urgent need for evidence to support the recommendations outlined in the report and to guide policy on which services to integrate, at what level of the health-care system, how to finance it, how and who should deliver the integrated care, and the effects of integration on the coverage and quality of services.

To elucidate the research needed to move integrated care forward and enable countries to design evidence-based health systems, we developed a prioritised research agenda focused on the prevention and management of selected, high-burden NCDs

among people living with HIV in sub-Saharan Africa.² This effort brought together over a hundred participants from across the globe involved in global health research, health policy, community health engagement, and health programme implementation. Our paper,² with its research agenda and current landscape of the evidence, is organised along WHO health-system building blocks, thus, guiding the foci of research activities necessary for informing the development of an effective, integrated chronic health-care platform. Our paper² is part of a research guide³ in which each article includes an assessment of the current evidence, lessons learned from HIV scale-up, and unanswered research questions pertaining to integrated care.

The report¹ and our work² recognise the momentum towards achievement of universal health coverage. The opportunity offered by the progress in HIV care in low-income and middle-income countries can and should be used to advance the third SDG (ie, to ensure healthy lives and promote wellbeing for all people at all ages) into a reality. This target can be accomplished with an expansion of measures of success in the HIV response. In addition to identifying all people living with HIV and achievement of viral suppression, it should also include effective prevention and management of NCDs among these individuals. This addition is important because access to antiretroviral therapy has enabled people living with HIV to live longer, and thus be at increased risk of NCDs.⁴ The success in addressing the NCD threat will depend on how efficient and effective health systems are in delivering person-centred care.

The research agenda, which can be adapted and enacted by countries to address their specific needs, will enable the creation of country-specific evidence to base policies on to provide integrated, holistic care for people living with HIV and the

wider population. A research to policy paradigm such as is commonly used in implementation science, is suggested in which all stakeholders (eg, community, people living with HIV, health-care providers, policy makers, and funding agencies) are involved in the research from the start.⁵ Such a paradigm ensures that the questions asked and answered through research are relevant to those who will use or benefit from the results.

We agree with the *Lancet* Commission's caution against complacency, and assert that there are reasons for optimism for achieving substantial progress in the global health landscape. Scientific advances and evidence-based interventions have underpinned the progress in the response to the HIV epidemic. Similarly, there is the need for rigorous evidence to inform the integrated services proposed by the *Lancet* Commission to enable progress towards achieving the SDGs.

We declare no competing interests.

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