

FULLY FUND THE GLOBAL FUND: MENTAL HEALTH & THE GLOBAL FUND



A fully funded Global Fund can accelerate progress towards ending AIDS and tuberculosis (TB) by protecting and supporting the mental health of vulnerable populations. We only have eight years left to reach the Sustainable Development Goals and end AIDS, TB and malaria as epidemics. We call on donors and governments to fully fund the Global Fund by pledging USD 28.5 billion for the 7th Replenishment, and ensure the integration of mental health into HIV and TB services in low and middle-income countries. Mental health is an essential part of HIV and TB care and prevention, not only to fast-track the end of AIDS and TB as epidemics, but also to ensure that people affected by the disease can live their lives with dignity.

MENTAL HEALTH, HIV & TB

The relationship between HIV, TB and mental illness is bi-directional: poor mental health contributes to higher rates of HIV and TB; and HIV and TB contribute to higher rates of mental health issues. The key and vulnerable populations for mental ill health, HIV and TB¹ overlap considerably and confront the same social and structural drivers, including poverty, homelessness, lack of access to health and social services, and stigma and discrimination. Health systems must be supported to implement and sustain impactful programmes addressing the mental health needs of people at risk of, or living with, HIV and TB².

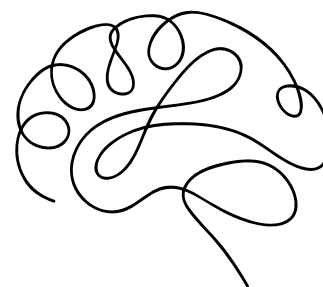
Addressing mental ill health is essential to fighting the HIV epidemic and addressing the inequalities in access to prevention and care. Evidence shows that poor mental health is a risk factor for HIV exposure, complicating the disease course and negatively impacting treatment adherence³⁴⁵. Conversely, people living with HIV have higher rates of depression and other common mental health conditions⁶⁷. People with HIV have a 100-fold higher suicide death rate compared to the general population⁸. The Global Fund is a leader in building resilient and sustainable health systems and must now integrate mental health

services in order to maximise efforts to end the three diseases. The 2023-2028 Strategy makes the integration of HIV and mental health services into an explicit goal with detailed actions⁹. This is in line with other global agencies who have already worked to integrate mental health in HIV programs including PEPFAR, WHO and UNAIDS. New guidance was published in April 2022 by UNAIDS and WHO outlining how best to achieve this integration and gets us closer to the Global AIDS Strategy target of **90% of people living with HIV and people at risk linked to people-centered and context-specific integrated services for other communicable diseases, noncommunicable diseases, sexual and gender-based violence, mental health and other services they need for their overall health and well-being by 2025**. The efforts of other agencies to fulfill this target should inform the future work of the Global Fund¹⁰.

Integrating mental health care services into TB programmes is essential in maximising progress towards global targets. People living with TB have higher rates of common mental health conditions including depression¹¹, which adversely affects treatment adherence¹² - the stigma and discrimination faced by people affected by TB, that can differ depending on key populations and gender, is a major factor in their mental health¹³. Individuals with mental health conditions have a 4 times greater risk of any negative TB outcome; and among people with TB, those with depression are three times more likely to die.¹⁴¹⁵¹⁶ Without addressing mental health, a fully effective response to TB is not possible¹⁷. As with HIV, the integration of TB and mental health services is one of the objectives presented in the Global Fund 2023-2028 strategy along with a set of specific actions, including the need to build strong, capacitated and funded networks of TB affected communities in all countries who can support the mental health of recipients of TB services, and include life after TB in the mental health discussions. A large part of TB services are provided through national government programs, and the Global Fund

should work to promote and support, through co-financing and catalytic initiatives, the integration of mental health in TB services in national programs. There already exists global agreement and guidance to integrate mental health care services in TB programmes¹⁸, so the road ahead is clear. What remains missing is the investment. This is where a fully funded Global Fund can help.

COVID-19 threatens progress in the prevention, diagnosis and treatment of HIV, TB and malaria, as well as exacerbating a global crisis of mental health. Due to the close link between mental, physical health and well-being, the optimal suppression of the COVID-19 pandemic and achievement of the HIV and TB global targets requires investment in mental health and psychosocial support (MH-PSS) alongside investment in physical health measures.



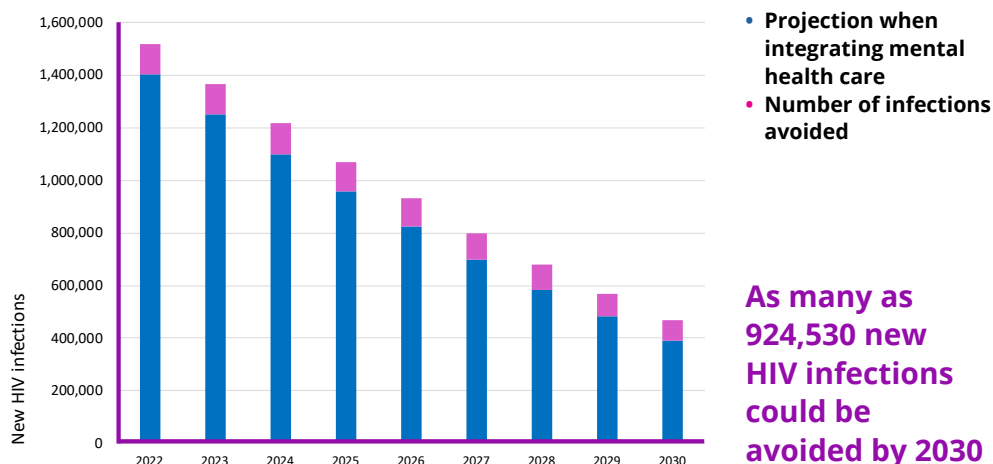
What is Possible

Conservative projections, based on UNAIDS' most up-to-date data, estimate that the reduction in new HIV infections could be between 10% and 16.5% faster as a result of integrating mental health services in HIV programmes¹⁹. In other words, better integration of mental health could avert between 700,000 and 924,000 HIV infections by 2030.

The potential for mental health support to positively impact TB outcomes is even greater. Using official data on SDG target 3.3.1 from the World Health Organisation (WHO), it is estimated that there could be a 12.6% to 20% faster reduction in TB incidence as a result of integrating mental health and psychosocial support into TB programmes²⁰. This means that between 9.7 and 14 million

cost-effectively.

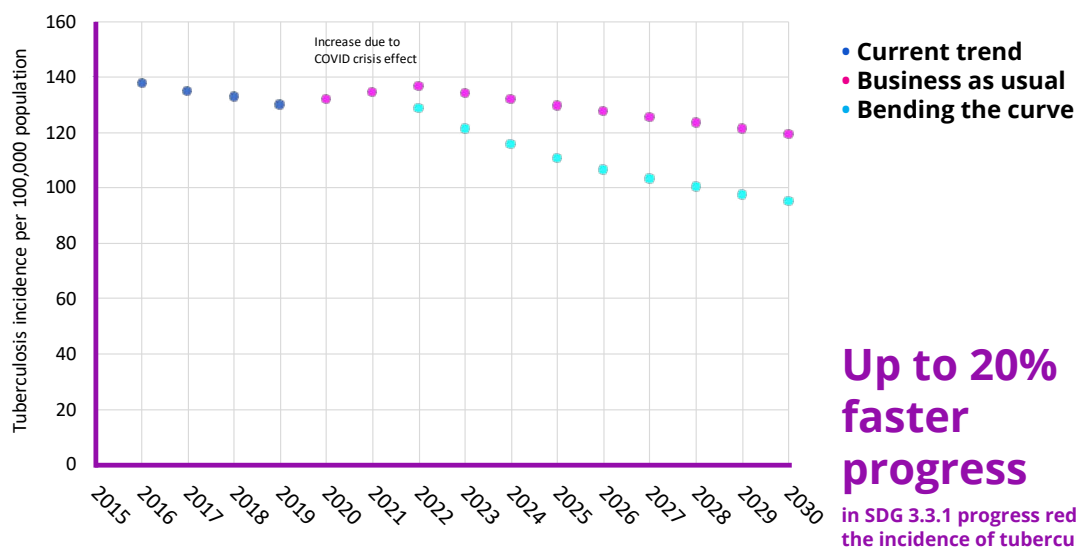
Given the strong focus on prevention coupled with the integration of mental health in the new Global Fund strategy, focusing on integrating mental health services within the Global Fund portfolio will be an important avenue for reaching that 68% reduction in new HIV infections by 2026 as well as its comple-



TB infections could be avoided by 2030.

Integrating mental health and psychosocial services into HIV and TB programmes will not only help millions of vulnerable people with mental ill-health but contribute to ending these pandemics much more quickly and

mentary goal of a 27% reduction in new TB cases on the same timelines. The Global Fund needs to be given the means to deliver on the commitments to integrate mental health into HIV and TB services contained in the 2023-2028 strategy.



Cost Effectiveness

Economic modeling suggests that for every US\$1 invested in treating common mental health conditions, up to US\$5 is saved in economic cost and health returns²¹. For HIV and TB, savings are estimated at \$6.40 and \$43, respectively for every US\$1 invested²². Upfront investments to integrate mental health and psychosocial support into HIV and TB programmes will pay for themselves by reducing upstream and downstream costs related to com-

munity transmission and drug resistance, as well as social and economic costs to individuals and households affected by these multi-morbidities. Mental health and psychosocial support integration is very cost-effective, as shown repeatedly through studies carried on in Global Fund implementing countries^{23,24,25}.

28.5 billion
means
saving more
lives like mine
#GetBackonTrack

GFAN Speaker **Anton Basenko** was one of the first patients of **Global Fund**-financed opioid substitution therapy in Ukraine.

He is now a **vocal advocate** for people living with HIV & people who use drugs.



The 2023-2028 Global Fund Strategy for the first time meaningfully includes mental health, as part of the mutually reinforcing contributory objectives of 'Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability' and 'Maximizing Health Equity, Gender Equality and Human Rights'.

In accordance with the new Global Fund five year strategy a fully funded Global Fund has committed it will:

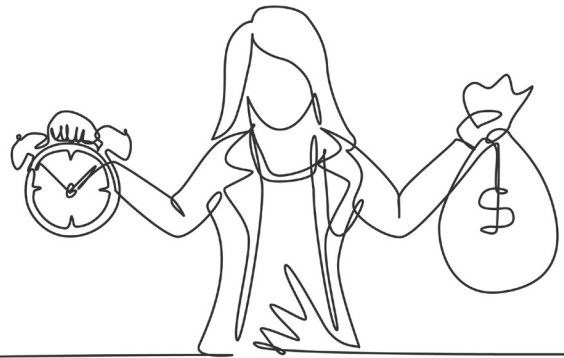
- Leverage advances in HIV research including new prevention and treatment modalities, precision public health approaches, as well as support synergies between HIV services and mental health.
- Promote HIV service integration with those for mental health, and as part of services for Antenatal care (ANC) and Postnatal Care (PNC), Sexual and Reproductive Health and Rights (SRHR) and harm reduction, with care pathways adapted for aging populations and the promotion of peer support for youth among Key Populations and adolescent women and girls.
- Support comprehensive quality TB services that are human rights based, gender responsive, people-centred, and integrated into health and community systems to co-manage existing conditions and co-morbidities including mental health in collaboration with other stakeholders.
- Programme resources in a way that promotes integrated, people-centred quality services and enhances partnerships to ensure effective and efficient service delivery, including by integrating HTM service provision into Primary Health Care (PHC), as well as with other relevant services including mental health.
- Proactively engage people living with disabilities and the mental health community at national, regional and global levels to ensure that Global Fund-supported and national programs become more responsive and accessible to people living with disabilities and mental health challenges and give greater attention to the numerous intersectionalities between these communities and those affected by the three diseases, including efforts to prevent and address disabilities associated with HTM disease and its treatment.
- Increase alignment with patient-led advocacy groups across relevant health sectors, including with groups focused on SRHR, NCDs, mental health, long COVID, social justice, and the health and well-being of front-line health care workers, to strengthen and underpin taking integrated, people-centred approaches to HIV, TB and Malaria and broader health programming.
- Improve health service delivery sensitivity toward adolescent girls and young women and young key populations, including LGBTQI youth, with a focus on scaling up effective peer-based, integrated services (including with sexual reproductive health rights and mental health) as part of the national approach.



The inclusion of mental health and wellbeing in the new strategy as detailed above is an excellent first step. Now the Global Fund, and all those it works with, need to deliver on this commitment. Immediate steps that the Global Fund can take include:

- Global Fund Secretariat:
 - » Collaborate with various Technical Assistance programs, partners and providers to ensure that mental health experts and expertise is incorporated in technical assistance programmes and schemes
 - » Finalize the technical guidance to Country Coordination Mechanisms (CCMs) on Mental Health and promote the inclusion of mental health specialists and advocates on CCMs; release a guidance note on mental health ahead of the next allocation cycle
- Technical Review Panel: Review current provisions and expertise of reviewers in the area of mental health and ensure that new reviewers with mental health expertise are recruited to contribute to reviews

The promotion and protection of the right to good mental health for all, and particularly the key and vulnerable populations that are most vulnerable to ill mental health and HIV and/or TB, must be core to the future work of the Global Fund.



CREDITS

PROJECT LEAD:

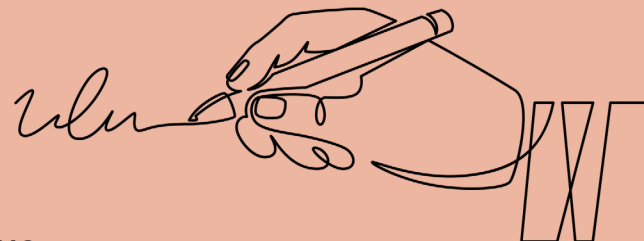
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END NOTES

- 1 Overlapping key populations for HIV, TB and mental health include: people who inject drugs, transgender women, sex workers, gay men and other men who have sex with men, prisons and people living in closed environments, including migrants and refugees. Youth and women and girls are also shown to face challenging circumstances that affect their mental health and access to care. See UNAIDS and WHO, *Integration of Mental Health and HIV interventions: Key considerations*, 2022 (UNAIDS: Geneva), p.10-11.
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