

Mental Health, HIV and Tuberculosis

“From the Global Fund’s long experience fighting HIV, TB and malaria we now know that mental health is inextricably entwined with the fight against those diseases.”



We must #FightForWhatCounts because there is no health without mental health

With mental health now meaningfully part of the Global Fund’s new five-year strategy, there will be opportunities through the 2023-2025 allocation to dramatically reduce HIV infection and TB case rates, and improve the lives of those most at risk of, or living with, HIV and TB.

From the Global Fund’s long experience fighting HIV and, TB, we now know that mental health is inextricably entwined with the fight against these two diseases. Investing in mental health as part of the response to HIV and TB is critical to delivering effective programs.

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THE CHALLENGE WE FACE

People living with HIV and TB experience higher rates of depression and other common mental health conditions. This has been linked to reduced adherence to treatment leading to higher rates of HIV and TB deaths. **At 24%, depression is higher among people living with HIV in sub-Saharan Africa compared with less than 3% for the general population.**¹

Globally, depression among individuals with TB could reach as high as 50%² due to biological, social and behavioural factors. Depression is also associated with delays in TB diagnosis, treatment, poor treatment outcomes, disability, poor quality of life, treatment failure and death.³

Treatments and care for mental health are often not integrated into HIV and TB essential care packages despite the fact that it is now abundantly evident that without addressing mental health, there will be no end to HIV or to TB.

For too long, mental health has been a missing piece within the global fund HIV and TB response.

- Mental health, HIV and TB are inextricably linked - those living with HIV or TB are more vulnerable to developing mental ill health.
- People with HIV and TB experience higher rates of depression and other common mental health conditions, which has been linked to higher rates of HIV and TB deaths due to reduced adherence to treatment.
- The risk for depression is two and three times higher for people with HIV and TB, respectively.
- Those with mental health illness, such as depression, anxiety, and substance use conditions are less likely to seek testing and less likely to follow advice given in response to their test result.

We therefore need to get the fight to end HIV, TB and malaria back on track.

In the face of the catastrophic impact caused by COVID-19 on the fight against HIV, TB and malaria we need to either increase funding or altogether abandon the Sustainable Development Goal target of finally defeating these pandemics by 2030.

- Even before COVID-19, we were off track compared to the projected trajectories for reductions in infections and deaths in the Global Plans for HIV, TB and malaria. COVID-19 has elevated stress, depression, anxiety and has also adversely affected prioritisation of mental health services.
- For the first time in its history, the Global Fund experienced a marked decline in key programmatic results across all three diseases.

- In 2020 HIV prevention services reaching people declined by 11% while HIV tests taken declined by 22% compared with 2019.⁴
- Owing to the disruptions resulting from COVID-19, the people at the greatest risk of infection have had less access to the information and tools they need to protect themselves from infection.
- In 2020 alone, an estimated 1.5 million people lost their lives to TB.⁵ TB remains one of the leading infectious causes of death worldwide.

Without addressing mental health, there will be no end to HIV or to TB.

THE OPPORTUNITY

The 2023-2025 allocation period is a critical moment to ensure Global Fund grants support context specific interventions for mental health. The Global Fund New Funding Model 4 runs through 2023 to 2025 to enhance the Global Fund's ability to support strategically focused programs that have a greater and more sustainable impact in the fight against AIDS, tuberculosis (TB) and malaria.

This is aligned with;

- The Global AIDS Strategy 2021–2026 which prioritises the integration of mental health and psychosocial support with HIV services and interventions, including those led by communities.
- The 2021 World Health Assembly which recommended the strengthened integration of mental health in public health emergencies preparedness and responses among member states.

What can be done: get connected, prepare ideas and join the dialogue

Each country that receives support from the Global Fund holds ongoing “country dialogues” during which programme managers, policy makers and people affected by the diseases can share their experiences and help define the programs and services that can better meet their needs. It is also where decisions are made about which services the Global Fund should be asked to fund.

Integrating mental health promotion, prevention and treatment at every stage of the HIV and TB service continuum will end the epidemics at a faster rate, and in a cost-effective way. Making a strong argument during country dialogues about why mental health services must be funded is critical.

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- Integrating mental health services, as well as psychosocial support, at every stage of the HIV and TB service continuum would transform the quality of life of those most at risk of HIV and TB, particularly vulnerable groups including sex workers, people who use drugs, children, adolescents, and the LGBTQIA+ community.
- People with lived experience of mental health, HIV and/or TB need to be listened to and help to determine the physical and mental health support they require.
- The integration of mental health services into HIV and TB programmes will contribute to the mainstreaming of mental health into health systems leading to more effective HIV and TB programs, as well as improved pandemic preparedness.
- Every US\$1 invested in mental health, HIV or TB programmes can reap economic returns of US\$4, US\$6.40 and US\$43 respectively.⁶

Combining epidemiological data and first-hand experience from people with lived experience will help to identify specific barriers to accessing or utilising services and be able to suggest how existing services can be improved or which new services, such as mental health promotion, prevention and treatment, should be offered. Proposed interventions should be aligned with existing normative guidance on the integration of mental health services into HIV and TB programming.

WHAT WE COULD ACHIEVE

Integrating mental health into the global HIV and TB response including through Global Fund programmes would deliver big wins.

- It would see almost 1 million people avoid contracting HIV (the same number of infections that is currently predicted for the year 2026).⁸
- Avoid as many as 14 million TB cases - more than predicted cases for any year between now and 2030.⁹
- It would deliver faster progress toward global HIV and TB targets, improve the quality of life for vulnerable groups, and lead to a reduction in the impact of future pandemics.

“Speed up the reductions of HIV infections by 10-17% and of TB cases by 13-20%.”⁷

¹ UNAIDS & WHO, *Integration of Mental Health and HIV interventions: Key considerations*. <https://www.unaids.org/en/resources/documents/2022/integration-mental-health-hiv-interventions>

² National journal of Medicine, *Tuberculosis: an opportunity to integrate mental health services in primary care in low-resource settings*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6489124/>

³ National journal of Medicine, *Tuberculosis: an opportunity to integrate mental health services in primary care in low-resource settings*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6489124/>

⁴ The Global Fund, *COVID-19 Hit TB, HIV and Malaria Programmes Hard, We're Fighting Back* <https://www.theglobalfund.org/en/blog/2021-09-17-covid-19-hit-hiv-tb-and-malaria-programs-hard-we-re-fighting-back/>

⁵ WHO, *Tuberculosis*, [https://www.who.int/news-room/fact-sheets/detail/tuberculosis#:~:text=Key%20facts.with%20tuberculosis%20\(TB\)%20worldwide](https://www.who.int/news-room/fact-sheets/detail/tuberculosis#:~:text=Key%20facts.with%20tuberculosis%20(TB)%20worldwide)

⁶ UnitedGMH, *HIV, TB and the Global Fund* <https://unitedgmh.org/knowledge-hub/hiv-tb-mental-health/>

⁷ UnitedGMH, *HIV, TB and the Global Fund* <https://unitedgmh.org/knowledge-hub/hiv-tb-mental-health/>

⁸ UnitedGMH, *HIV, TB and the Global Fund* <https://unitedgmh.org/knowledge-hub/hiv-tb-mental-health/>

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