

# Protecting HIV and TB Investments Through Mental Health Integration

In today's constrained funding environment, HIV and TB programmes must prioritize interventions that deliver the greatest impact for every dollar invested. Evidence shows that untreated depression and other mental health conditions significantly reduce treatment adherence and retention in care. Integrating cost-effective mental health services into the HIV and TB response is a core strategy for protecting results and maximizing the return on existing investments.

## The challenge we face

People living with HIV and/or TB experience significantly higher rates of depression and other common mental health conditions. These conditions are strongly linked to reduced treatment adherence, delayed care seeking, treatment interruption, and higher mortality.<sup>1</sup>

At an estimated 24%, depression is far more common among people living with HIV in sub-Saharan Africa compared with less than 3% in the general population.<sup>2</sup>

Globally, depression among people with TB may reach as high as 50%<sup>3</sup> due to biological, social, and behavioural factors. Mental health conditions are associated with delayed TB diagnosis, poor treatment outcomes, disability, reduced quality of life, treatment failure, and death.<sup>2</sup>

When mental health needs go unmet, HIV and TB programme performance suffers, and health outcomes worsen.

### A new funding reality: prioritisation is essential

HIV and TB programmes are operating in a tighter global financing environment, with increased pressure to demonstrate measurable impact, efficiency, and value for money. Countries and partners must make difficult prioritisation decisions.

In this context, mental health should not be viewed as an added cost or parallel programme but as a high-impact integration strategy that protects core HIV and TB investments.

### Without addressing key mental health barriers:

- **treatment adherence declines**
- **retention in care weakens**
- **prevention uptake falls**
- **programme outcomes deteriorate**
- **prior investments lose effectiveness**

Integrating targeted mental health services helps safeguard programme performance and accelerates progress toward HIV and TB targets.



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1 Remien RH, Stirratt MJ, Nguyen N, Robbins RN, Pala AN, Mellins CA. Mental health and HIV/AIDS: the need for an integrated response. *AIDS*. 2019;33(9):1411-1420. doi:10.1097/QAD.0000000000002227

2 Patel P, Rose CE, Collins PY, et al. Noncommunicable diseases among HIV-infected persons in low-income and middle-income countries: a systematic review and meta-analysis. *AIDS*. 2018;32(suppl. 1):S5-S20.

3 Sweetland AC, Jaramillo E, Wainberg ML, et al. Tuberculosis: an opportunity to integrate mental health services in primary care in low-resource settings. *Lancet Psychiatry*. 2018;5(12):952-954. doi:10.1016/S2215-0366(18)30347-X

## High-impact, cost-effective integration

Evidence shows strong economic and programmatic returns from investing in integrated mental health, HIV and TB services.<sup>4</sup> In constrained funding environments, countries and partners can prioritize integration at high-impact points along the prevention, diagnosis and treatment continuum where mental health support most directly strengthens programme performance.

### Examples of high-impact, cost-effective entry points include:

- Routine mental health screening at key clinical milestones
- Task-shared psychological interventions delivered in HIV/TB platforms and primary care settings
- Integrated adherence and retention support within ART and TB treatment services

This integration approach aligns with funding realities while safeguarding HIV and TB outcomes.

## What can be done now

### Engage in the Country Dialogue

Each Global Fund-supported country conducts a country dialogue where programme priorities are defined and funding requests are shaped. This is an opportunity to ensure that mental health integration is positioned as a strategy to address specific programmatic gaps such as improved treatment adherence, reduced loss to follow-up, increased viral suppression, and higher TB treatment success rates.

### Advocates can:

- **Present evidence linking mental health to priority HIV/TB outcomes**
- **Propose targeted, scalable integration models tied to programmatic indicators**
- **Emphasize efficiency and protection of existing investments**
- **Elevate lived experience perspectives**
- **Identify delivery models that fit current budgets and systems**

Combining epidemiological data with lived experience helps identify practical barriers and cost-effective solutions.

## What we could achieve

Integrating mental health into HIV and TB responses can deliver major gains:

- faster reductions in HIV infections and TB cases
- improved treatment adherence and retention
- better outcomes for vulnerable populations
- stronger programme efficiency
- improved quality of life
- greater resilience to future health shocks



**Evidence suggests that integrating mental health into HIV and TB programmes could accelerate reductions in HIV infections by 10–17% and TB cases by 13–20% by 2030.<sup>5</sup>**

5. United for Global Mental Health. *Bending the curve: The impact of integrating mental health services on HIV and TB outcomes*. Published June 2021.

4 Ferenchick EK, Hijazi Z, Bains A, et al. Integration of mental health services with HIV prevention, treatment and care. *Bull World Health Organ*. 2025;103(10):635-637. doi:10.2471/BLT.25.293646