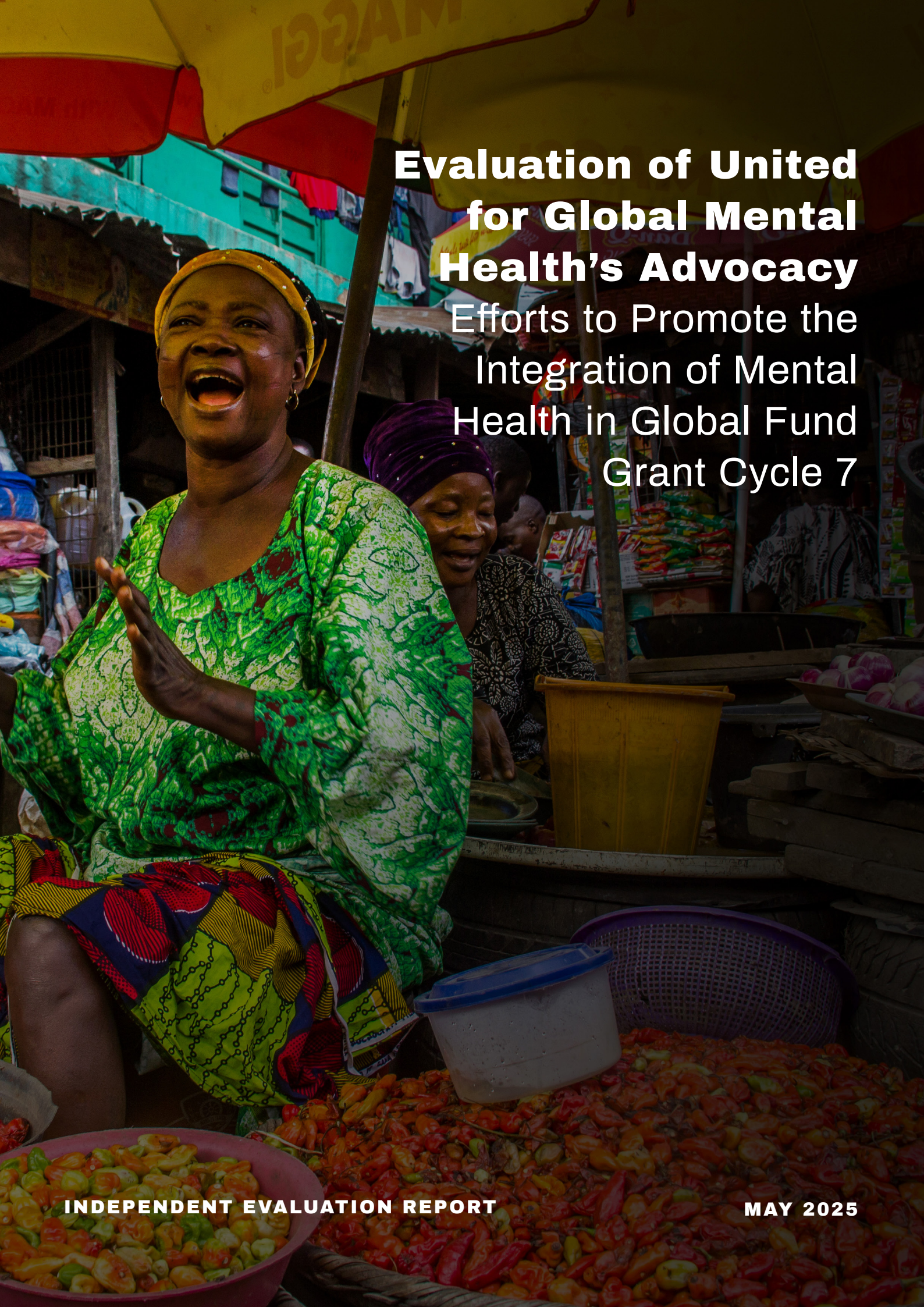

Evaluation of United for Global Mental Health's Advocacy

Efforts to Promote the Integration of Mental Health in Global Fund Grant Cycle 7

INDEPENDENT EVALUATION REPORT

MAY 2025

“We know that mental health is inextricably entwined with the fight against these infectious diseases. If we don’t deal with mental health, we will not deliver the SDG 3 ambition of health and well-being for all.”

– Peter Sands, Global Fund Executive Director,
UnitedGMH Advocacy Video, 2021

ACKNOWLEDGEMENTS

This evaluation was conducted by Dr. Gemma M. Oberth (Independent Consultant & Research Associate at the University of Cape Town's Centre for Social Science Research). The work was overseen by Yves Miel Zuniga and Erin Ferenchick (United for Global Mental Health). The independent evaluator and United for Global Mental Health would like to thank the 48 key informants who gave their time, energy, and ideas to this evaluation. Financial support from the Elton John AIDS Foundation (EJAF) made this project and the evaluation possible.

PHOTO CREDITS

ABBREVIATIONS

ABYM	Adolescent boys and young men
ACHIEVE	Action For Health Initiatives Achieve Inc.
AIDS	Acquired immunodeficiency syndrome
AGYW	Adolescent girls and young women
ALEP	Latin America and the Caribbean (multicounty HIV grant)
AMTP	AIDS Medium Term Plan
APCASO	Asia-Pacific Council of AIDS Service Organisations
APLHIV	Association of People Living with HIV
ART	Antiretroviral therapy
BDB	Breaking Down Barriers
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CE SI	Community Engagement Strategic Initiative
CHAI	Clinton Health Access Initiative
CLM	Community-led monitoring
COP25	Country Operational Plan 2025
CRG	Community, rights and gender
CSO	Civil society organisation
CSEM	Civil Society Engagement Mechanism
DALY	Disability-adjusted life year
DOH	Department of Health
DoMC	Department of Malaria Control
DRC	Democratic Republic of Congo
EJAF	Elton John AIDS Foundation
EMTCT	Elimination of mother-to-child transmission
ETG	Expanded Technical Working Group
EQ	Evaluation question
FPD	Foundation for Professional Development
FSW	Female sex worker
GAVI	Global Alliance for Vaccines and Immunisation
GC6	Global Fund Grant Cycle 6
GC7	Global Fund Grant Cycle 7
GC8	Global Fund Grant Cycle 8
GFAN	Global Fund Advocates Network
GFF	Global Financing Facility
GMH	Global mental health
GMHPN	Global Mental Health Peer Network
HIV	Human immunodeficiency virus
IAWG	Interagency working group
IAS	International AIDS Society
KII	Key informant interview
KVP	Key and vulnerable populations
LG	Local Government Unit
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex, and others
LOE	Level of effort
M&E	Monitoring and evaluation
MH	Mental health
MHEI	Mandate Health Empowerment Initiative
MHPSS	Mental health and psychosocial support services
MSM	Men who have sex with men
NAC	National AIDS Council
NACOSA	Networking HIV/AIDS Community of South Africa
NCD	Non-communicable disease
NEPWHAN	Network of People Living with HIV and AIDS in Nigeria
NGO	Non-governmental organisation
NSP	National Strategic Plan
NSP-ME	National Strategic Plan for Malaria Elimination
ODA	Official development assistance
OIG	Office of the Inspector General
OST	Opioid substitution therapy
PAAR	Prioritized above allocation requests
PAAP TB	Philippine Acceleration Action Plan for TB
PCC	Person-centred care
PEPFAR U.S.	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PR	Principal Recipient
PWUD	People who use drugs
RSSH	Resilient and sustainable systems for health
SAFMH	South Africa Federation for Mental Health
SANAC	South African National AIDS Council
SANPUD	South African Network of People who Use Drugs
SDG	Sustainable Development Goal
SIB	Social impact bond
SRHR	Sexual and reproductive health and rights
SR	Sub-recipient
STI	Sexually transmitted infection
TB	Tuberculosis
TBEC	TB Europe Coalition
TRP	Technical Review Panel
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UQD	Unfunded quality demand
WHO	World Health Organisation

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CONTENTS

EXECUTIVE SUMMARY

The world is experiencing an epidemiological transition in the global burden of disease. Infectious diseases such as HIV, TB and malaria are responsible for fewer and fewer disability-adjusted life years, while non-communicable diseases, including mental health conditions, are on the rise. Despite the increasing burden, funding for mental health remains far below the need, receiving just 0.3% of development aid for health.

For the first time in its 20-year history, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has included mental health as part of its Strategy 2023-2028. Given the co-morbidity of mental health conditions and HIV, TB and malaria, these issues must be addressed in an integrated manner. The risk of developing depression is two and three times higher for people living with HIV and TB, respectively.

Since 2020, United for Global Mental Health (UnitedGMH) has ramped up advocacy efforts at the global, regional, and national levels in support of the Global Fund's strategic prioritisation of mental health. From 2022-2025, UnitedGMH intensified efforts in 32 priority countries to influence mental health integration in Grant Cycle 7 (GC7)—the Global Fund's largest allocation cycle yet, worth some $13.1 billion.

This evaluation examines the effectiveness of UnitedGMH's advocacy efforts, analyses their reach and engagement, explores opportunities for adaptability and learning, and considers sustainability and value for money. Using an outcome harvesting methodology, the evaluation focused on four of UnitedGMH's 'high-touch' countries: Nigeria, Pakistan, the Philippines and South Africa. A desk review of funding requests and other key documents was conducted, complimented by interviews with 48 stakeholders.

UnitedGMH's advocacy efforts are estimated to have directly reached >40,000 people, and indirectly >20 million people (including Global Fund beneficiaries). These people benefited from improved mental health knowledge, expanded access to mental health services, and/or opportunities to further integrate mental health into their work.

As a result, there is increased prioritisation of mental health in the Global Fund funding requests from Nigeria, Pakistan, the Philippines and South Africa. The total number of mental health mentions increased from 19 in Grant Cycle 5 (2017-2019), to 35 in Grant Cycle 6 (2020-2022), to 120 in Grant Cycle 7 (2023-2025).

The 'dosage' of UnitedGMH advocacy made a difference to the outcomes. Mental health was mentioned on average 28 times in GC7 requests from high-touch countries, 20 times in countries that the Interagency Working Group (IAWG) on Mental Health also prioritised, 9 times in medium-touch countries, 11 times in light-touch countries, and 5 times in non-UnitedGMH countries. This relationship is statistically significant ($r = 0.93$, $p = 0.01$).

i

THE NUMBER OF MENTAL HEALTH MENTIONS MORE THAN TRIPLED FROM GC6 TO GC7 IN FOUR PRIORITY COUNTRIES.

i

MORE INTENSIVE ADVOCACY LED TO BETTER MENTAL HEALTH INTEGRATION—A STATISTICALLY SIGNIFICANT FINDING.

i

UNITEDGMH'S ADVOCACY BENEFITED MORE THAN 20 MILLION PEOPLE WITH IMPROVED MENTAL HEALTH SERVICES.

Based triangulated data (trends, dosage, citations, testimonials, and counterfactuals), there is a strong case of direct attribution to UnitedGMH's advocacy for the improved integration of mental health into HIV and TB Global Fund grants for GC7. UnitedGMH and its partners have had direct influence over national strategic plans, country dialogue and prioritisation, Global Fund funding requests, Global Fund Secretariat staff, Global Fund implementers, and CCM members.

There is an effective 'advocacy ecosystem' among UnitedGMH partners at different levels. At least four IAWG members advanced mental health integration at country level. Regional partners supported mental health integration in GC7 in at least two country-level processes through their network. In two countries, national partners collaborated and played off each other's strengths.

UnitedGMH has been highly effective at influencing the Global Fund Secretariat's strategy, policies and guidance, and at capitalising on mobilisation moments such as conferences or high-level meetings to raise the profile of mental health integration in HIV and TB responses. Influence among country-level decision-makers has had mixed results.

This evaluation found limited evidence of UnitedGMH or its partners conducting nuanced country-level advocacy for specific mental health interventions for priority key and vulnerable populations (KVPs). There is consensus among stakeholders interviewed for this evaluation that UnitedGMH may be more effective with tailored advocacy agendas in each of their high-touch countries.

Indeed, mental health is integrated for some KVPs but not all. In GC7, mental health is integrated for 9/15 (60%) prioritised KVPs in Nigeria, 8/14 (57%) in Pakistan, 4/14 (29%) in the Philippines, and 14/18 (78%) in South Africa. Aside from South Africa, mental health is not meaningfully integrated into TB funding requests or prioritised for TB key populations. This is a significant missed opportunity.

MENTAL HEALTH IS NOT WELL INTEGRATED INTO TB FUNDING REQUESTS—A SIGNIFICANT MISSED OPPORTUNITY.

The advocacy grant from EJAF to UnitedGMH may have directly or indirectly influenced the allocation of about $37.7 million in HIV and TB funding for integrated mental health activities, including $27.7 million in GC7 grants. It is estimated that for every $1 invested in UnitedGMH advocacy, $75 in mental health funding was potentially yielded.

Despite this success, mental health integration is at risk of being deprioritized given the shrinking fiscal landscape and competing priorities. To focus this work going forward in a rapidly changing environment, the following strategic recommendations are presented:

1. Continue advocating for mental health integration in Global Fund grants.
2. Intensify efforts at the national level, while maintaining the tri-level advocacy ecosystem (global, regional and national).
3. Develop a Toolkit on Integrating Mental Health in GC8 Funding Requests.
4. Sustain advocacy after funding request submission, focusing on reprogramming opportunities for mental health in year two and three of Global Fund grants.
5. Tailor advocacy messaging to specific contexts by producing differentiated advocacy briefs or fact sheets for each high-touch country.
6. Consider adding another part-time member to UnitedGMH's HIV and TB advocacy team, based in the African region.
7. Strengthen the generation and use of data on mental health and HIV/TB to bolster advocacy in priority countries.
8. Leverage the findings from this evaluation to publish a brief summary report on mental health integration in Global Fund grants.
9. Align mental health advocacy with the HIV and TB sustainability agenda.
10. Strengthen the capacity of mental health technical assistance providers.

FOR EVERY $1 INVESTED IN UNITEDGMH ADVOCACY, $75 IN MENTAL HEALTH FUNDING WAS POTENTIALLY YIELDED.

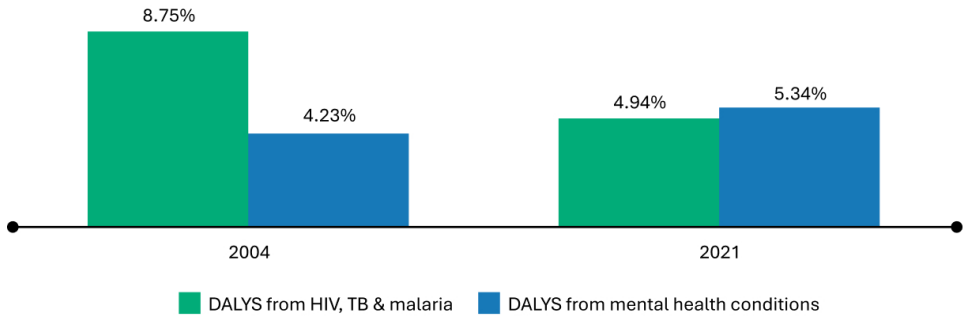
BACKGROUND AND CONTEXT

The world is experiencing an epidemiological transition in the global burden of disease. Infectious diseases such as HIV, TB and malaria are responsible for fewer and fewer disability-adjusted life years (DALYs), while non-communicable diseases (NCDs), including mental health conditions, are on the rise (Table 1). In fact, DALYs from mental health conditions now surpass DALYs from HIV, TB and malaria (Figure 1).

Table 1: % of Total DALYs, Globally, 2004 vs. 2021[1]

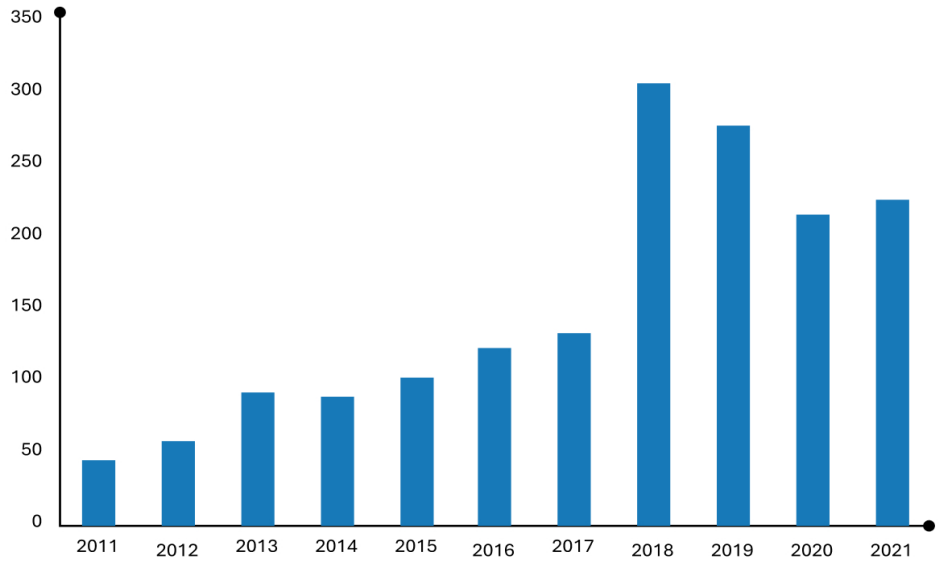
CAUSE	2004	2021
HIV	3.38%	1.40%
TB	2.70%	1.63%
Malaria	2.67%	1.91%
Depression	1.48%	1.95%
Anxiety	1.08%	1.47%
Bipolar disorder	0.23%	0.28%
Schizophrenia	0.43%	0.51%
Autism spectrum disorders	0.35%	0.40%
Conduct disorder	0.17%	0.17%
Intellectual disability	0.14%	0.13%
Eating disorders	0.10%	0.12%
Other mental disorders	0.25%	0.31%

Figure 1. Global DALYs from HIV, TB & Malaria v. Mental Health Disorders, 2004 v. 2021[2]



Despite the increasing burden, funding for mental health remains far below what is needed. Just 0.3% of official development assistance (ODA) for health goes to mental health.[3,4,5] In 2020 and 2021, development assistance for mental health stagnated at US $210 and US $220 million respectively, down from US $300 million in 2018 (Figure 2).[6] Governments also underprioritise investment in mental health. Median government spending on mental health is less than 2% of the overall health budget.[7]

Figure 2. Total Financing for Global Mental Health (millions, US$)[8]



Given the co-morbidity of mental health conditions and HIV, TB and malaria, these issues must be addressed in an integrated manner. The risk of developing depression is two and three times higher for people living with HIV and TB, respectively.[9] Mental health disorders are the most common disability associated with TB, even more than respiratory impairment.[10] Those with mental health conditions and substance use disorders who are not accessing support services have limited access to, and worse outcomes for, HIV prevention, testing, treatment and care.[11,12,13] Half of children admitted to hospitals due to malaria experience neurological complications.[14] Malaria has also been associated with depression.[15]

For the first time in its 20-year history, the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter referred to as the Global Fund) has included mental health as part of its Strategy 2023-2028.[16] UnitedGMH estimates that integrating mental health into the global HIV and TB response, including through Global Fund-supported programmes, would avert nearly 1 million new HIV infections and 14 million TB cases.[17]

Yet, in its review of funding requests for Grant Cycle 7 (GC7), the Global Fund's Technical Review Panel (TRP) noted important services gaps related to mental health and psychosocial support.[18] The TRP also pointed to insufficient HIV prevention cascades—a visual illustration of the coverage and impact of interventions in several sequential steps—with data on mental health often lacking.[19]

Despite the TRP's general assessment, some countries are demonstrating increased prioritisation towards mental health as part of their response to HIV and TB. The TRP commended one (unspecified) country for training civil society organisations on dealing with mental health and gender-based violence, integrated into comprehensive HIV service packages for specific key populations.[20]

OVERVIEW OF UNITEDGMH'S GLOBAL FUND ADVOCACY

Since 2020, United for Global Mental Health (UnitedGMH) has ramped up advocacy efforts at the global, regional and national levels in support of the Global Fund's strategic prioritisation of mental health. This includes the production of a Mental Health, HIV and TB Toolkit[21], the development of a Mental Health, HIV and TB learning module on the Global Fund's iLearn platform[22], support for country-level initiatives, and advocacy at national, regional and global levels.

At the global level, UnitedGMH facilitates information exchange among different international NGOs, civil society organisations (CSOs), global health financing partners (i.e., Global Fund), and technical partners (e.g., WHO, UNAIDS, UNICEF, etc.) working toward the integration of mental health into HIV and TB programming. UnitedGMH established and serves as the convener and neutral facilitator of an informal Interagency Working Group (IAWG) on Mental Health Integration, which has a term of reference to deliver a set of activities around advocacy, knowledge management, and resource mobilisation. At the global level, UnitedGMH also engages directly with a cohort of partners to support internal organisational change for a more enabling environment for integration.

At the regional level, UnitedGMH leverages partnerships with regional networks (e.g., APCASO, African Constituency Bureau, the Global Fund Advocates Network [GFAN] in Asia-Pacific, Seven Alliance), which are influential in supporting national stakeholders in their HIV and TB responses, particularly those representing communities most affected.

Finally, at the national level, UnitedGMH focuses on the provision of direct technical support and capacity building to identified national partners with whom it works closely in a set of 11 priority 'high-touch' countries. It also facilitates key introductions and identifies opportunities for meaningful engagement of these partners. In 20 more medium- and light-touch countries (11 and 10, respectively), UnitedGMH takes a less direct role, fostering stakeholder engagement. In 15 of UnitedGMH's high-, medium, and light-touch countries, the IAWG also intensified advocacy efforts for mental health in GC7. Table 2 provides an overview of the priority countries for UnitedGMH and the IAWG. Countries were selected based on disease burden, mental health investment opportunities, and the presence of strong partners to push advocacy agendas in-country.

Overall, interactions across global, regional and national levels happen when there have been clear needs and benefits identified for national partners to be connected to key global agencies and/or where the activities at the global level have a distal effect.

The main outcomes desired[23] by UnitedGMH's advocacy efforts are as follows:

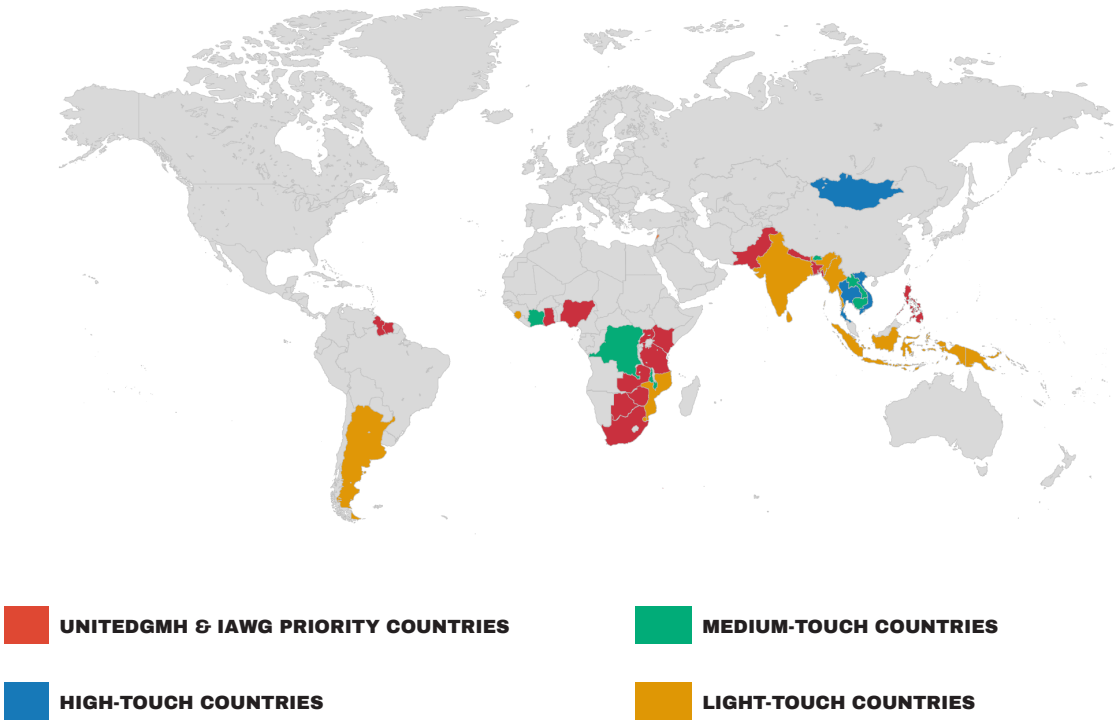
1. Mental health and psychosocial support services (MHPSS) is an integral part of national Global Fund grants in 2023 and beyond.
2. The issue of mental health within young people is visible on the HIV, mental health, global health and development agendas.
3. New financial resources for HIV and MHPSS are mobilized by HIV donors.

An evaluation was solicited to explore if and how UnitedGMH's advocacy efforts from mid-2022 to mid-2025 across the three levels have worked synergistically to achieve results at the country level, and the contribution of these efforts to the integration of mental health activities in GC7 grants.

Table 2. UnitedGMH and IAWG Priority Countries for GC7, by Advocacy "Dosage"

HIGH-TOUCH COUNTRIES	MEDIUM-TOUCH COUNTRIES	LIGHT-TOUCH COUNTRIES
Ghana*	Bangladesh*	Argentina (non-GC7)
Kenya*	Bhutan	Botswana*
Mongolia	Cambodia	Eswatini
Nepal*	Côte d'Ivoire	Guyana*
Nigeria*	Democratic Republic of Congo	India
Pakistan*	Laos	Indonesia
Philippines*	Malawi	Mozambique
South Africa*	Myanmar	Papua New Guinea
Thailand	Tanzania*	Sierra Leone
Uganda*	Zambia*	Sri Lanka
Vietnam	Zimbabwe*	Suriname*
* PRIORITY COUNTRIES FOR THE UNITEDGMH & THE INTER-AGENCY WORKING GROUP		

Figure 3. UnitedGMH and IAWG Priority Countries for GC7, by Advocacy "Dosage"



TECHNICAL APPROACH

This evaluation seeks to respond to the following evaluation questions (EQs), specifically for UnitedGMH's advocacy from mid-2022 to mid-2025, which aimed to influence Global Fund Grant Cycle 7 (2023-2025 allocation period).

EFFECTIVENESS

- **EQ1.1:** To what extent have UnitedGMH's advocacy efforts and activities contributed to the inclusion of mental health activities in Global Fund-supported HIV and TB grants in GC7?
- **EQ1.2:** How have the proposed mental health activities in programmes Global Fund-supported HIV and TB grants in GC7 targeted key populations (i.e., marginalised and criminalised populations)?

REACH & ENGAGEMENT

- **EQ2.1:** What has been the reach of UnitedGMH's advocacy efforts and activities at global, regional, and country levels [quantify and qualify the number of stakeholders]?
- **EQ2.2:** Which of UnitedGMH's advocacy strategies / activities have been most effective in engaging or supporting these stakeholders and what have been the active ingredients (i.e., the aspects that drove most influence, were conceptually well defined, and linked to specific hypothesised mechanisms of action) that made the biggest difference? What has been less effective in engaging key actors to influence change?
- **EQ2.3:** How have the influenced stakeholders facilitated change within and between the global, regional, and country levels?

ADAPTABILITY AND LEARNING

- **EQ3.1:** Are there opportunities for scaling up or replicating UnitedGMH's advocacy strategies in other contexts (e.g., vaccination, NCDs, etc.) and / or with new donors with similar models of country engagement (e.g., GAVI, GFF, etc.)?
- **EQ3.2:** What lessons have been learned, and how can these inform future advocacy efforts in this space?

An additional theme was explored to examine **sustainability and value for money**.

Data from various sources (observation, desk review, key informants) was triangulated to make stronger inferences about UnitedGMH's contribution and / or attribution to observed changes.

EVALUATION METHODOLOGY

Four high-touch countries are the focus of this evaluation: **Nigeria, Pakistan, the Philippines** and **South Africa**. An outcomes evaluation methodology was used, focusing on the effectiveness of the UnitedGMH advocacy programme in producing changes. Outcome harvesting was employed to collect evidence of what has changed (i.e., the proximal outcomes) and then work backward to determine whether and how UnitedGMH's advocacy efforts contributed to the changes.

Consistent with an outcome harvesting approach, for the purposes of this evaluation, an outcome is defined as a change observed in a financial, technical, or strategic element of the Global Fund's grant architecture, that reflects progress toward stronger integration of mental health.

This approach explored the different aspects of UnitedGMH's advocacy efforts and contribution to integrating mental health in Global Fund-supported HIV and TB grants in GC7 at the global, regional, and country levels from beginning to end and gathered data from a broad range of stakeholders involved in UnitedGMH's advocacy efforts and/or targeted by them.

The evaluation was conducted through a desk review, complimented by key informant interviews. SaaS-based artificial intelligence software (e.g., GPT-4o) was used as an ancillary approach to aid in the transcript analysis and identification of major themes.

For the desk review, documents included Global Fund funding requests, UnitedGMH publications, meeting minutes from the Interagency Working Group on Mental Health, Office of the Inspector General audits, TRP reports, thematic evaluations, and others.

For the key informant interviews, a list of 75 potential stakeholders was defined. Of these, 51 were identified by UnitedGMH and 24 by the independent evaluator. Ultimately, 36 interviews with 48 stakeholders were conducted between 3 December 2024 and 11 February 2025. Some stakeholders were excluded based on their willingness, availability, or the prerogative of the evaluator. Of those interviewed, 32 (67%) stakeholders were selected by UnitedGMH and 16 (33%) by the independent evaluator. This sampling method—with one third of respondents not selected by the organisation under evaluation—aimed to optimize objectivity.

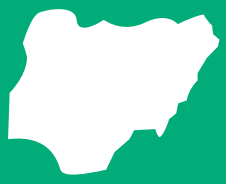
The data in this evaluation reflects 20 (42%) stakeholders from civil society organisations, 10 (21%) from community-led organisations, 10 (21%) from donors, 4 (1%) from technical agencies, 3 (0.6%) from consultants working on GC7 funding requests, and 1 (0.2%) from academia. In terms of gender balance, 27 (56%) key informants were female and 21 (44%) were male. Twenty-two (46%) work at the global level, 4 (8%) at the regional level, and 22 (46%) at the country level, including 8 in South Africa, 6 in the Philippines, 5 in Nigeria, and 3 in Pakistan.

See Annexes 1-3 for more information on the key informant interviews.

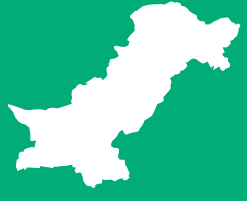
FOCUS COUNTRIES OF THE EVALUATION

SOUTH AFRICA

THE PHILIPPINES



NIGERIA



PAKISTAN

FINDINGS PART I EFFECTIVENESS

EVALUATION QUESTION 1.1:

To what extent have UnitedGMH's advocacy efforts and activities contributed to the inclusion of mental health activities in Global Fund-supported HIV and TB grants in GC7?

INCLUSION OF MENTAL HEALTH IN NATIONAL STRATEGIC PLANS AND GUIDELINES

National Strategic Plans (NSPs) are the foundation of Global Fund investments. Their development and review is considered part of the funding cycle. Shaping these documents is therefore a critical advocacy entry point to influencing Global Fund grants.

At the country level, stakeholders stressed the importance of influencing National Strategic Plans for HIV and TB since these are the foundations for Global Fund investment (KII 3, 14, 18, 20, 24, 26, 27, 28).

> "The countries must want to include mental health. This is a real challenge. They have to have it in their NSP. This is a key first step" (KII 24).

One IAWG member said "they must promote integrated national policymaking" and asked if UnitedGMH are aiming to influence HIV and TB NSPs to integrate mental health (KII 3). She noted that the HIV Sustainability Roadmaps and HIV Prevention Roadmaps may be other opportunities. KII 27 recommended gathering data to show the link between mental health or stigma and discrimination and using this to inform NSP review processes.

In the four focus countries, there is evidence of inclusion and integration of mental health in HIV and TB strategic documents, with some room for improvement.

Nigeria's Human Rights and Gender Action Plan for Tuberculosis Care and Prevention 2021 – 2025 defines people with mental disabilities as a key population for tuberculosis, however, no specific actions are defined for this group.[24] Nigeria's National HIV and AIDS Strategic Framework 2021-2025 says that mental health services should be part of routine care for people living with HIV.[25]

Mental health is not included in Nigeria's National Strategic Plan for Tuberculosis Control 2021–2025, however, this document is now due for review. Pakistan has adopted the World Health Organization's Operational Handbook on Tuberculosis and has included mental health in its Revised National TB Management Guidelines 2024. The Pakistan AIDS Strategy IV 2021-2025 does not include mental health, but it is also due for review.[26]

For the first time, South Africa's National Strategic Plan for HIV, TB and STIs 2023-2028 defines a minimum package of services for people with mental health conditions.[27]

One of UnitedGMH's partners in South Africa, Foundation for Professional Development, said *"we engaged heavily in the NSP process. We got the mental health mentions up from 14 in the old plan to 145 in the new one"* (KII 14).

Another partner in South Africa also spoke about the role UnitedGMH played in helping them influence the NSP (KII 28). UnitedGMH pointed out the absence of a budget for mental health, despite many mentions in the text. They supported them to write a letter on 3 February 2023 to the South African National AIDS Council (SANAC). As a result, the final NSP includes a standalone line item for mental health in the NSP budget. This partner directly attributes the NSP budget for mental health to UnitedGMH advocacy support.

The 7th AIDS Medium Term Plan (AMTP) 2023-2028 Philippines includes an indicator on the percentage of people living with HIV linked to mental health (and other) integrated services, to be measured by community-led surveys.[28] UnitedGMH helped shape the 7th AMTP in the Philippines by advocating during consultations at country-level. The Updated Philippine Acceleration Action Plan for TB (PAAP TB) 2023-2035, launched in May 2024, notes that mental health services will be provided as part of support for persons with tuberculosis. It also contains a set of commitments from the labour protection sector, which include conducting advocacy and information dissemination on primary care including mental health for National Government Agencies and employee groups.[29]

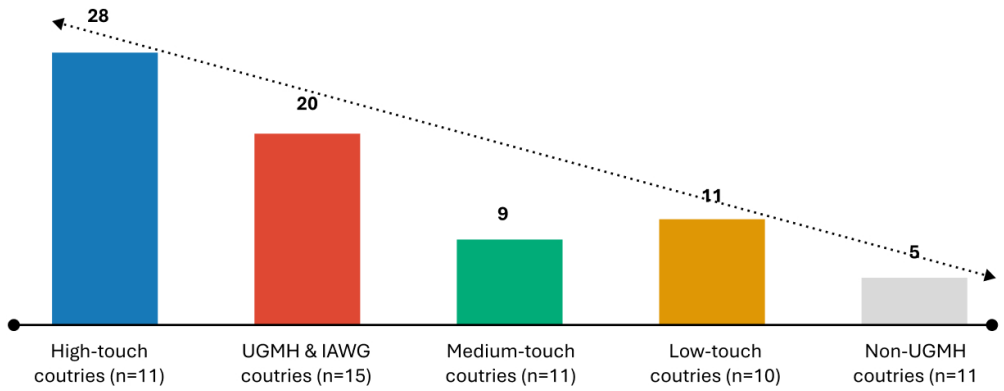
INCLUSION OF MENTAL HEALTH IN NARRATIVE FUNDING REQUESTS TO THE GLOBAL FUND

The number of "mental health" mentions in GC7 funding requests was analysed as a proxy for mental health integration. In UnitedGMH's 11 high-touch countries, there is an average of 28 mentions of mental health in HIV and TB funding requests for GC7 (Figure 5). In countries where UnitedGMH and the IAWG had a collaborative focus, the average number of mental health mentions in GC7 is 20. For the medium and light touch countries, the focus on mental health is much lower, at 9 and 11 mentions on average, respectively. In a random AI-generated sample of low- and middle-income countries that are neither a focus for UnitedGMH or the IAWG, mental health was mentioned an average of just 5 times in their GC7 requests. See Annex 4 for country-specific analysis.

There is a strong statisfically significant relationship between UnitedGMH's advocacy "dosage" and the number of times mental health is mentioned in GC7 requests for high-, medium- and light-touch countries.

The relationship between UnitedGMH's advocacy "dosage" and the level of mental health focus in GC7 funding requests is a striking near linear correlation (*r = 0.93, p = 0.01).*

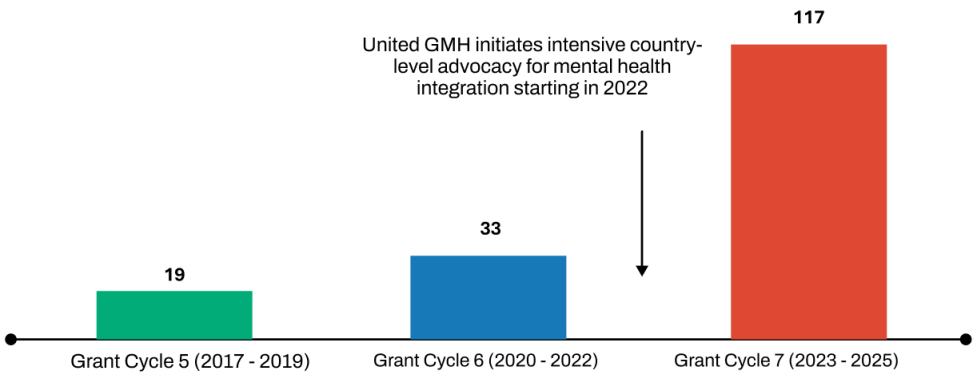
Figure 5. Average Number of Mental Health Mentions in HIV & TB GC7 Global Fund Funding Requests, by UGMH Advocacy "Dosage" (r = 0.93, p = 0.01)



There is also evidence of increased prioritisation of mental health over time—with sharp increases in GC7, when UnitedGMH intensified national-level advocacy. In the Global Fund funding request narratives from Nigeria, Pakistan, the Philippines and South Africa, the total number of mental health mentions across all disease component requests in the four countries increased from 19 in Grant Cycle 5 (2017-2019), to 35 in Grant Cycle 6 (2020-2022), to 120 in Grant Cycle 7 (2023-2025) (Figure 6).[30]

Stakeholders at the Global Fund call this 'big progress' for mental health in GC7 (KII 26). Most of the increased emphasis on mental health in Grant Cycle 7 is in the HIV funding requests of these four countries (105 / 120 mentions). Aside from South Africa, where there is increased prioritisation of mental health in the TB requests, the other countries do not meaningfully integrate mental health into their TB or malaria proposals. This is a gap for future advocacy.

Figure 6. Total Number "Mental Health" mentions in HIV and TB Global Fund requests for Nigeria, Pakistan, Philippines and South Africa, Grant Cycles 5 to 7



Mental health activities are strategically prioritized for vulnerable groups. In Grant Cycle 7, Nigeria will design and develop a framework for MHPSS in key population service delivery settings, rolling it out to key populations, their partners, their children and service providers.[31] Pakistan integrates mental health counselling as part of 'medical malaria camps', aimed at women and children in flood-affected districts.[32] Pakistan also aims to strengthen telemedicine and tel-psych-social support for key populations and people living with HIV, a mental health initiative provided through a community-led 24/7 helpline.[33] The Philippines has prioritised mental health as part of integrated HIV, TB and hepatitis services for people deprived of liberty.[34] South Africa will conduct mental health assessments among children and adolescents with TB.[35]

Of the four focus countries, only Nigeria and Pakistan included mental health in their Resilient and Sustainable Systems for Health (RSSH) Gaps and Priorities Annex—a new mandatory template in Grant Cycle 7. Nigeria notes a key intervention priority to strengthen community-led monitoring (CLM) per state and integrate with mental health.[36] Pakistan notes a priority to create a conducive working environment for healthcare workers, including ensuring minimum standards are adhered to in the workplace, including mental health and psychosocial support.[37]

There is a concern that mental health integration is often 'MHINO' (mental health in name only)—written on paper but not implemented in practice (KII 1). This was dispelled, as the Global Fund confirmed: *"I have definitely seen this translated into the programme. I have met one of the counsellors"* (KII 8). A UnitedGMH partner in Nigeria described ensuring mental health was 'not just a mere mention':

> "We had had conversation with Global Fund, had conversations with PRs, while the grant writing was going on, to make sure it [mental health] was not just a mere mention, but rather, a clearly defined scope of work with tangible outcomes" (KII 19).

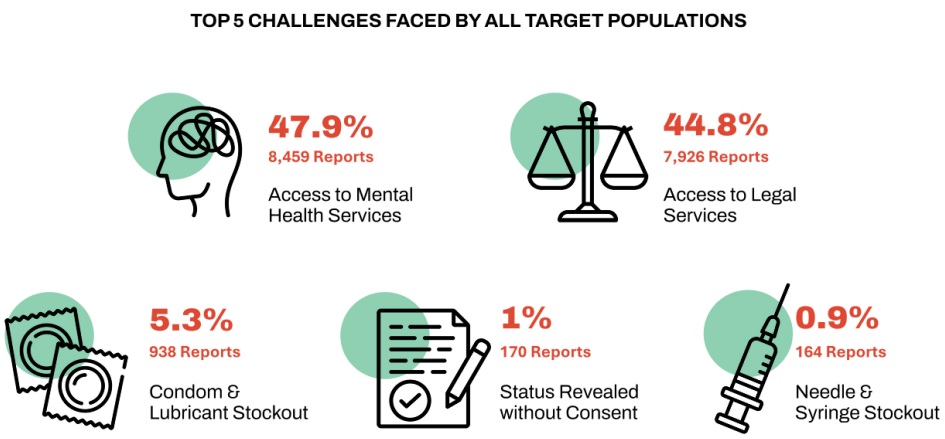
Beyond the clear mentions in the funding request and the budget, there are other ways that mental health is integrated into Global Fund grants that are less obvious but equally important.

In Nigeria, mental health is a key indicator in GC7 community-led monitoring (CLM) (Figure 7). Global Fund CLM operates in 13 states for HIV and 11 states for TB, implemented by the Network of People Living with HIV and AIDS in Nigeria (NEPWHAN). From January to June 2024, 8,459 people reported difficulty in accessing

The total number of "mental health" mentions across all disease component requests in Nigeria, Pakistan, Philippines and South Africa has increased from 19 in Grant Cycle 5, to 35 in Grant Cycle 6, to 120 in Grant Cycle 7.

mental health services, including 48% of people living with HIV (PLHIV), 47% of adolescents and young people, 43% of men who have sex with men (MSM), 44% of transgender people, 40% of people who use drugs (PWUD) and 48% of sex workers.[38] CLM implementers say mental health is one of the key findings, and they recently presented this to the Expanded Technical Working Group to advocate for referral services (KII 4).

Figure 7. Mental Health Integration In Nigeria's GC7 Community-led Monitoring for HIV



In Pakistan, a new mobile app called "Sehat Dost" has been developed through the Global Fund grant, implemented by the United Nations Development Programme (UNDP) as the HIV Principal Recipient (PR) (worth some $159,158.30 in the GC7 budget). Key informants from UNDP say the intention is for this app to include mental health information and services for key populations (KII 25). Launched in May 2024, Sehat currently serves individuals in 13 districts across two of Pakistan's four provinces—Punjab and Sindh. Within 8 months, this app has reached 19,000 people, including 4,200 regular users.[39] It should be noted that two of UnitedGMH's partners voiced scepticism about the potential of telemedicine for mental health (KII 14, 31), while others viewed it as a good opportunity (KII 4).

INCLUSION OF MENTAL HEALTH IN GLOBAL FUND BUDGETS

Across all Global Fund grants, funding for counselling and psychosocial support for people living with HIV increased from $35,492,380.10 in Grant Cycle 5 to $64,032,453.60 in Grant Cycle 6. The Global Fund no longer uses this budget category in Grant Cycle 7.[40] Resources tracking is difficult without a dedicated intervention line for mental health. To understand mental health investments, a detailed budget analysis is needed. This was done for Nigeria, Pakistan, Philippines and South Africa (Table 3).

While mental health is listed in many modules of the funding request narrative, there was not always a traceable budget line in the detailed budget. As one lead writer of a GC7 funding request noted, "*what is written in the proposal, slightly changes in terms of the financing part*" (KII 5). A Global Fund staffer agreed, saying "*It [mental health] is increasingly mentioned, but this hasn't equalled prioritisation or funding"* (KII 10).

While not listed in the budget lines, mental health is meaningfully included in the CLM programme in Nigeria, worth some $2,749,793.97 in GC7. There is also the intention to integrate it into the "Sehat Dost" app in Pakistan, worth some $159,158.30 in the GC7 budget.

Table 3. Budget Lines for Mental Health in GC7 Grants (Four High-Touch Countries)

COUNTRY	MODULE	ACTIVITY	BUDGET (USD)
Nigeria	HIV – Prevention package for MSM	Training of health care workers on MHPSS at the facility and community levels	$3,479,786.21
Nigeria	HIV – Prevention package for MSM	Printing MHPSS screening tools, ensuring availability and use at OSS & community, with appropriate referrals	$255,172.41
Pakistan	HIV – Prevention programme stewardship	Develop and orient stakeholders on guidelines for integrating comprehensive services for KPs including HIV, SRH, STI and Hep screening and mental health.	$34,492.11
Philippines	HIV – Prevention Package for PUDs	Capacity building of providers on Comprehensive Package of Services (including drug dependence interventions integrated with mental health)	$5,099.10
Philippines	HIV – Prevention Package for PUDs	TA to LGU Community Drug Rehabilitation centres to enhance integrated services including drug-related psychosocial and mental health services (11 cities)	$26,782
Philippines	HIV – Prevention for Prisoners	Provision of integrated primary care services (HIV, STI, Hep B/C, TB, mental health) through outreach	$270,269
Philippines	HIV – Treatment, Care and Support	Hire and retool tasks of peer navigators to enhance post-counselling capacities, including mental health	$1,712,665
Philippines	HIV – Treatment, Care and Support	Develop comprehensive policy on treatment and care on HIV, TB, Hep B and C, and mental health	$72,072
Philippines	HIV – Treatment, Care and Support	Build capacity of primary care providers on mental health, sexual identity development, depression, anxiety, trauma, GBV and substance use.	$6,811
Philippines	RSSH – Health Sector Planning and Governance	Strengthen service delivery networks for HIV, integrating non-health sector services like mental health.	$88,000
Philippines	RSSH: CSS	Identify and expand referral network to address things like mental health service providers, etc.	$0
South Africa	HIV – Prevention Package for PUDs	Psychologist / life coach - mental health support	$25,685.39
South Africa	HIV – Prevention package for AGYW	Promote early identification of mental health issues and suicide detection, especially among ABYM - Workshop to develop and print youth friendly materials	$50,942.69
South Africa	RSSH: CSS	CSO training including mental health – HIV/TB comprehensive training	$351,020.33
South Africa	RSSH: CSS	CSO training including mental health – HIV Prevention and HTS plus finger prick and adherence support	$800,994.38
South Africa	RSSH: CSS	CSO training including mental health – Health promotion training (accredited) for medium grant orgs	$583,546.06
South Africa	RSSH: CSS	CSO training including mental health – Training on RTCQI, PSM and TB for 40% from prevention training	$135,333.14
South Africa	RSSH: CSS	CSO training including mental health – Training on mental health and wellbeing	$468,122.78
South Africa	HIV – Prevention package for sex workers	Transport to attend networking meetings, e.g., with mental health sector, DSD, DOH, human rights sector	$355.85
South Africa	HIV – Treatment, care and support	Form teams of doctors, nurses, and mental health specialists to foster collaborative care.	$180,118.78
South Africa	HIV – Treatment, care and support	Launch district based community education sessions on HIV viral load management and mental health awareness across the 33 Global Fund districts.	$105,952.22
South Africa	TB diagnosis, treatment and care	Social Workers & Social Auxiliary Workers to do adherence counselling, mental health assessment, socio-economic assessment and linkage to social support (12 districts)	$4,898,115.79
TOTAL			**$13,551,336**

Based on this analysis, in the four high-touch countries, mental health is integrated into GC7 budget lines worth about $16.5 million.[41] This is likely an underestimate of the true investment in mental health integration. There may be other ways in which mental health is integrated into grants, but may not have been clearly reflected in the budgets. For example, key informants shared that Nigeria recently hired several counsellors for the key population programme (KII 8), and in South Africa people who use drugs receive mental health screening before initiating opioid substitution therapy (OST) (KII 27).

INCLUSION OF MENTAL HEALTH IN ABOVE ALLOCATION REQUESTS

While focusing on the funding request development stage is important, it should not be the end of the advocacy road. According to two Global Fund respondents, 2025 is a key year for GC7 reprogramming and an opportunity for UnitedGMH advocacy (KII 8, 11).

There are significant investments for mental health in the Register of Unfunded Quality Demand (UQD). These are interventions in the Prioritized Above Allocation Requests (PAAR) that are deemed technically sound by the TRP but were not prioritized for funding. In the GC7 UQD, 82 budget lines worth $67,215,356 across 35 countries[42] and two multi-country grants include mental health. For the high-touch priority countries in this evaluation, there is $11,245,411 in mental health PAAR interventions (Table 4).

Table 4. Unfunded Quality Demand for Mental Health in Priority High-Touch Countries

COUNTRY	AMOUNT	PAAR ACTIVITY THAT INCLUDES MENTAL HEALTH
Nigeria	$2,000,000	GBV support and post-violence counselling for vulnerable women, female sex workers and women who use drugs in the 4 states, including mental health services (including psychosocial support).
Pakistan	$1,851,725	Train health workers, peer educators and outreach workers to offer mental health services to HIV key populations.
	$6,384,286	To reinforce and support the TB human resources for health, including fulfilling their minimum required standards at the workplace including mental health and psychosocial support.
South Africa	$937,000	Additional capacity building of community organisations including modules on mental health
	$72,400	Train healthcare workers on elimination of mother-to-child transmission triple elimination guidelines, including maternal mental health.
TOTAL	**$11,245,411**	

It is key for advocates in country to understand the PAAR and understand how to push for it. Most reprogramming is done in year 2 and 3 of grants. This is when countries look to the PAAR and see what to include with the accumulated savings. Other times, the Global Fund awards portfolio optimisation (top-up funding) to countries, which is also used to fund PAAR activities. 2025 is the key year for this in Nigeria and the Philippines, and 2026/2027 for Pakistan and South Africa. Historically, about one third of the PAAR is eventually funded during the grant, so this advocacy opportunity is significant.

INCLUSION OF MENTAL HEALTH IN GLOBAL FUND GRANT PERFORMANCE FRAMEWORKS

There are no standard indicators in the Global Fund's performance framework that capture mental health, making it difficult to measure coverage and outcomes of these interventions. A review of all grant indicators suggests limited inclusion of mental health in performance frameworks, save for a few examples.[43]

In Grant Cycle 7, only one country—Sierra Leone (SLE-Z-MOHP04)—defined custom indicators / workplan tracking measures (WPTM) for mental health. The country has included a process indicator (WPTM) on "upgrading lower-skill nurses to professional nurses including mental health nurses (500 estimated - to be confirmed) over a three-year period".

In Grant Cyle 6, the multicounty HIV grant for key populations in Latin America and the Caribbean (known as ALEP, implemented by Hivos: QRA-H-HIVOS2) included mental health in the WPTM to "Design expansion proposals for availability of essential and differentiated services".

A handful of other countries included indicators on broader psychosocial support in their performance frameworks, which may or may not include mental health interventions (Table 5). These are Burkina Faso, DRC, Indonesia, Senegal and Ukraine.

There are no standard indicators in the Global Fund's performance framework that capture mental health. Only seven grants—Burkina Faso, DRC, Indonesia, Multi-country (ALEP), Senegal, Sierra Leone, Senegal and Ukraine—have defined custom indicators for mental health and/or psychosocial support between Grant Cycle 4 and Grant Cycle 7.

Table 5. Custom Indicators Measuring Psychosocial Support in Global Fund Grants[44]

	FUNDING CYCLE			
COUNTRY	2014-2016	2017-2019	2020-2022	2023-2025
Burkina Faso	TB grant			
DRC			HIV grant	
Indonesia		HIV grant		
Senegal	RSSH grant			
Ukraine			TB grant	TB grant

Given that 'what gets measured gets done', future advocacy could be focused on inclusion of mental health indicators / WPTMs in Global Fund grants. Several key informants confirmed this:

"There is going to be a need for an increasing shift to the technical. What should you be measuring? Indicators for mental health are required" (KII 1)

"Performance Frameworks are the biggest downfall: stigma and discrimination, gender, mental health—the fact that we don't have compulsory indicators, it's not taken seriously" (KII 8)

"Mental health indicators. This is a challenge. PEPFAR partners only respond to indicators. We have been trying to get these in. There needs to be separate indicators for mental health treatment interventions" (KII 14)

"It should be within the reporting process of the country. If they are not pushed to report on this, they will never try to find the resources or the answers. There's no accountability mechanism. No reporting. No incentive for mental health" (KII 20)

INCLUSION OF MENTAL HEALTH IN OTHER RELEVANT GLOBAL FUND DOCUMENTS

Several key informants stressed the importance of ongoing advocacy at the Global Fund Secretariat. They noted how Global Fund guidance, including the Modular Framework, plays an important role in what's included (KII 2, 3, 7, 20, 27). One TB stakeholder said, *"If it is not prioritised by the donor, it won't be in. What donors prioritise matters."* (KII 20). The fact that mental health is not a programme essential was said to be a barrier (KII 6, 27). One Global Fund Secretariat staffer noted: *"Mental health is not discussed in joint TB programme reviews. We need to integrate it much better in the internal national documents to make sure it comes up"* (KII 26).

While mental health is included in the Global Fund's Strategy 2023-2028, there are no key performance indicators to track this. As a result, mental health is not mentioned in the Global Fund's recent 2023-2028 Strategy Performance Report, presented at the 51st Board Meeting.[45]

The Modular Framework is not intended as a planning tool, but in practice, many countries use it this way when they are developing their funding requests. Mental health receives slightly less priority in the Modular Framework for Grant Cycle 7 (23 mentions, no intervention for psychosocial support) vs Grant Cycle 6 (26 mentions and an intervention for psychosocial support). [46, 47] There is often quite a lot of scope to modify the Modular Framework during each Allocation Period. There may be advocacy opportunities in Grant Cycle 8 to enhance the presence of mental health in these Global Fund guidance documents.

Audits of Global Fund grants from the Office of the Inspector General (OIG) rarely attend to mental health as a point of programme importance. Analysis of audits from Nigeria (2022), Pakistan (2020), the Philippines (2021), South Africa (2022) indicate that—despite mental health prioritisation in all these countries' grants—only in South Africa did the OIG point out that certain mental health interventions amidst COVID-19 were not implemented.[48] OIG audits carry a lot of weight at the county level. Future advocacy with the OIG about mental health interventions may be useful.

INCLUSION OF MENTAL HEALTH IN GLOBAL FUND STRATEGIC INITIATIVES

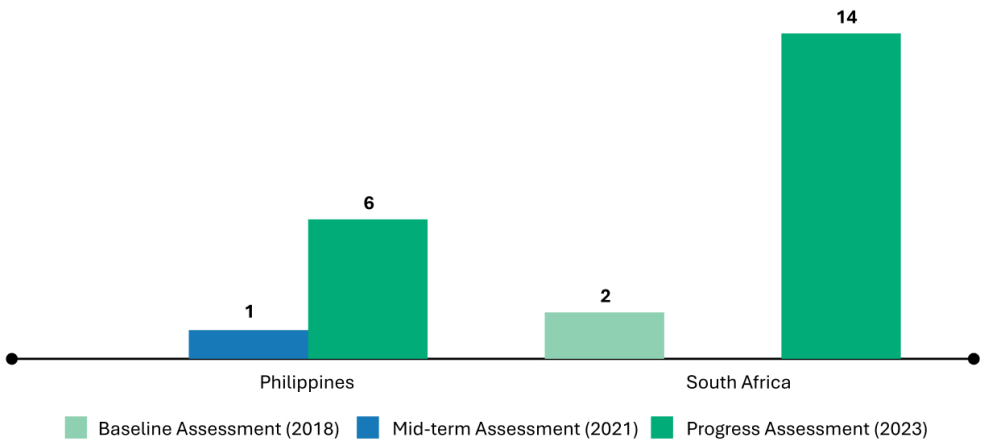
Beyond the country grants, the Global Fund invested $132.5 million through its 10 Strategic Initiatives in GC7.[49] This is another opportunity to influence programming on mental health integration. Further, strategic initiatives often have a direct influence on country grants, through technical support.

Breaking Down Barriers Initiative (Human Rights Strategic Initiative)

At country level, mental health is increasingly included in the Global Fund's Breaking Down Barriers (BDB) Human Rights Strategic Initiative. This is evident in the human rights assessments in the Philippines and South Africa (Figure 8). Nigeria is a new BDB country as of Grant Cycle 7, but has not yet benefited from assessment. Several key informants felt that the Breaking Down Barriers Initiative contributed to the increased focus on mental health in GC7 grants (KII 8, 9, 21). Many more drew a link between HIV-related stigma and mental health (KII 14, 20, 21, 22, 29, 31, 33). Influencing the BDB technical support to countries may therefore be a strategic advocacy entry point to advance the inclusion of mental health in Global Fund grants in BDB countries.

> "Support for mental health has happened at the same time as scale up in human rights budgets, and scale up of key population programmes. There is more budget for stigma and discrimination, paralegals, etc. Because you have the programme that addresses the issues, they go hand in hand. Nigeria and Ghana are both BDB countries, which is key. The assessments always bring it up" (KII 8)

Figure 8. "Mental Health" Mentions in BDB Assessments, Philippines and South Africa[50]



The 2023 BDB Progress Report for the Philippines makes two mental-related recommendations: (1) The Global Fund should fund the development of mental health training and resilience resources for CARE partners, and that (2) The HIV PR and SR for human rights should conduct security risk assessments and develop risk mitigation plans for human rights activities including mental health resources for implementers.[51]

The 2023 BDB Progress Report for South Africa makes one: (1) Ensure support and capacity development for increased TB support groups to be set up and to undertake S&D reduction programmes, including providing counselling and mental health services to address the links between self-stigma, mental health and substance use.[52]

Community Engagement Strategic Initiative (CE SI)

UnitedGMH works closely with partners of the CE SI, including APCASO and Seven Alliance, who have hosted the CRG Regional Learning Hub for Asia-Pacific in GC6 and GC7, respectively. There is evidence of influence on the allocation of CE SI resources towards mental health:

- APCASO prioritized mental health in their CE SI grant, worth some $650,000 in GC6. This including sub-granting to SWING in Thailand to: (1) Conduct a Needs Assessment for Mental Health Services among Sex Workers in Thailand, (2) Publish a Report on the Development of the Mental Health Self-Assessment Tool, and (3) Develop a Mental Health 101 Curriculum for Sex Workers. APCASO also dedicated a half-day session to mental health, delivered by UnitedGMH, during their regional learning event in Viet Nam in October 2022.
- According to stakeholders in the CRG Department, Global Action for Trans Equality (GATE) is integrating mental health in their work through the CE SI. Seven Alliance has held three webinars on integrating mental health into HIV, TB and malaria programmes, in partnership with UnitedGMH (KII 10).

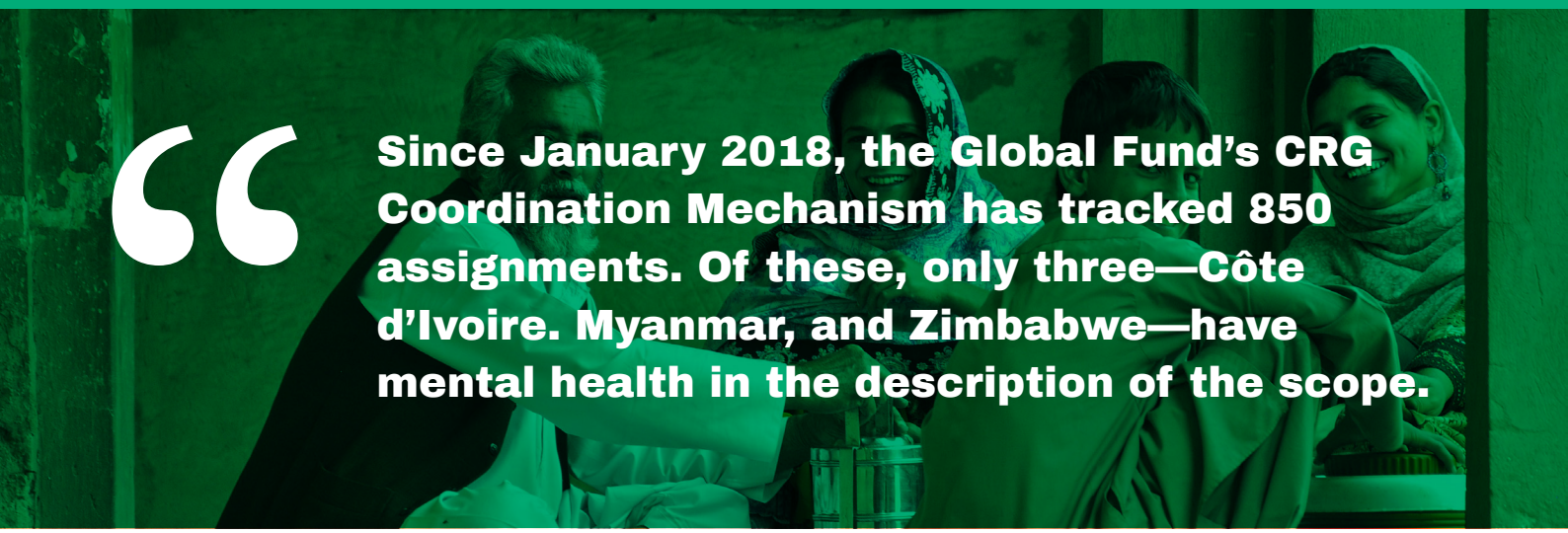
Stakeholders encouraged deeper collaboration with CE SI partners, especially the CRG Regional Learning Hubs (KII 6). There are two Learning Hubs in Africa—one for Francophone countries and one for Anglophone countries—which could help address an identified gap in regional mental health advocacy in Africa (KII 2). In 2022, the Hubs convened a webinar series on community health, where the Platforms and the Global Fund reached more than 1,000 CCM members, PRs and SRs with a four-part capacity building series.[53] Perhaps a similar initiative could be led for mental health.

INCLUSION OF MENTAL HEALTH IN GLOBAL FUND-RELATED TECHNICAL ASSISTANCE

Advocacy with Global Fund technical assistance providers is a significant opportunity for reach and influence. In 2023, L'Initiative supported 37 countries in their applications for Global Fund Grant Cycle 7 (GC7), an all-time record.[54] Through the UNAIDS Technical Support Mechanism, assistance provided by UNAIDS supported the development and submission of 47 funding requests to the Global Fund for GC7.[55]

Mental health is generally underprioritised in Global Fund-related technical assistance (TA), though not completely excluded. The Global Fund's Community, Rights and Gender (CRG) Coordination Mechanism conducts joint TA tracking to civil society and communities from 13 different support streams, including L'Initiative, GIZ (BACKUP Health), Global Fund Community Engagement Strategic Initiative, Stop TB Partnership, Human Rights Strategic Initiative, and others.

Since January 2018, 850 assignments have been tracked by the CRG Coordination Mechanism. Of these, only three (3) have mental health in the description of the assignment scope (Table 6). There may be an opportunity for future advocacy to engage the CRG Coordination Mechanism about the importance of TA for mental health.



> **Since January 2018, the Global Fund's CRG Coordination Mechanism has tracked 850 assignments. Of these, only three—Côte d'Ivoire. Myanmar, and Zimbabwe—have mental health in the description of the scope.**

Table 6. Global Fund-related Technical Assistance to Civil Society and Communities that Includes Mental Health in the Assignment Scope

COUNTRY	START DATE	TA RECIPIENT	TA PROVIDER	ASSIGNMENT SCOPE
CÔTE D'IVOIRE	October 2020	CCM in collaboration with local civil society	Global Fund Community Engagement Strategic Initiative	Develop a comprehensive service package for combination prevention for transgender persons, including TG-specific training curricula for service providers on the themes of sexual identity, mental health, and hormone therapy.
MYANMAR	December 2022	Alliance Myanmar	L'Initiative	Assess the feasibility to mainstream the mental health component in Alliance Myanmar's existing HIV and TB activities and develop a strategy to reshape programme activities and the environment that influence mental health of people infected and affected by TB and HIV.
ZIMBABWE	October 2022	SRHR Africa Trust (SAT)	GIZ BACKUP	Supporting GBV survivors and COVID-19 frontline workers with mental health and psychosocial support and referral to medical centres or other counselling services

In 2022-2023, Pakistan requested and received technical assistance from the UNAIDS Technical Support Mechanism—intended to directly strengthen Global Fund grants—for *"Addressing Mental Health and HIV: Development of a National Training Manual for HIV Counselling and Training of Trainers"*. This assignment enhanced the capacity of counsellors working in ART clinics across Pakistan (54 clinics) and 17 CBOs working under the Global Fund HIV grant. In 2024, the Global Fund provided special technical assistance to Sierra Leone's Ministry of Health (delivered by UNAIDS and OPM) to develop a national Mental Health Policy as well as a Strategic Plan for Mental Health in Sierra Leone 2024-2030.

Technical assistance providers such as UNAIDS and WHO are connected to UnitedGMH through the IAWG. IAWG members as well as Global Fund Secretariat staff acknowledged the need to do more to generate demand for mental health technical support (KII 3, 9). They suggested the development of a review check list for NSPs or GC8 funding requests to support technical agencies to include mental health when reviewing TA products. Other informants recommended using the mock-TRP reviews, usually convened by UNAIDS and WHO, as a key opportunity to push for mental health integration in GC8 (KII 20). The IAWG has been useful to stimulate discussion on this so far. In the IAWG working group meeting on 9 November 2023, members discussed how they could include mental health experts in the consultant database for the UNAIDS Technical Support Mechanism.

INCLUSION OF MENTAL HEALTH IN THE STRATEGIES AND INVESTMENTS OF OTHER TB/HIV DONORS

While this evaluation largely focused on the inclusion of mental health in the Global Fund's strategies, guidance and investments, it also glanced at trends for other major HIV and TB funding partners. This is relevant to UnitedGMH's programme, since a desired intermediate outcome of the EJAF-funded advocacy work is to have "more HIV donors include mental health in their strategies and increase their mental health investment."[56] Some key informants close to UnitedGMH felt this area was the least successful (KII 1, 2, 34). According to KII 27, *"it's not just in the Global Fund that mental health is not prioritized. It's a broader health system deficit and blind spot"* (KII 27).

This evaluation revealed more than $10 million in non-Global Fund HIV and TB donor investments in mental health, linked in some way to the advocacy of UnitedGMH:

1. **L'Initiative (EUR 933,000):** UnitedGMH partner in Ghana, BasicNeeds, is the lead agency for this new grant, which focuses on HIV, sexual and reproductive health, with a mental health component. The grant received sign-off from the Ghana CCM, and BasicNeeds will work closely with Global Fund partners during implementation (KII 2). UnitedGMH first introduced BasicNeeds to the CCM.
2. **CDC (USD 2,000,000):** UnitedGMH partner in South Africa, Foundation for Professional Development, have been implementing this programme since 2021 (KII 14). It is focused on: (1) integrating mental health into HIV treatment programmes, and (2) improving the mental health of healthcare workers who are suffering stress and burnout.
3. **GIZ (EUR 200,000):** UnitedGMH partner in Pakistan, Taskeen, is implementing the "Peace Programme" to integrate mental health into services for refugee populations (KII 31). Refugees are defined as TB key populations and prioritized for investment in Pakistan's GC7 grant.
4. **IAS (USD 24,000):** 20 fellows were accepted for the IAS' Person-Centered Care (PCC) academy in November 2024 in Zambia. These fellows will now get seed grants to document mental health good practice models and address other measurement gaps in PCC approaches. IAS described this as a contribution rather than an attribution to UnitedGMH (KII 15).
5. **RMB (ZAR 25,000,000):** In March 2023, RMB Private Bank closed the R25 million Imagine social impact bond for HIV prevention among adolescent girls and young women (AGYW) in South Africa.57 This impact bond was set up by the Global Fund grant. It did not initially include mental health, but the implementer confirms there are now two mental health screening questions (KII 33). The implementer of the SIB, NACOSA, works closely with UnitedGMH partner, FPD.
6. **Gilead (USD 70,000):** In Pakistan, the People Living with Stigma Index 2.0 was implemented with funding from the Global Fund grant in 2024, via PR UNDP and the Association of People Living with HIV (APLHIV).58 UNDP reports being 'a willing partner' to UnitedGMH and described several advocacy meetings (KII 25). For the first time, they added a section in the Stigma Index tool related to mental health services. Based on this new data, APLHIV raised funds from Gilead in 2024 to integrate mental health into 9 ART centres. They screened 6500 people living with HIV and key populations for mental health, and referred 123 (KII 23).
7. **TB REACH (USD 6,140,000):** In July 2021, Stop TB Partnership's Executive Committee approved US$6.14 million for Wave 9 funding to be awarded to 11 projects, in 8 countries.59 The Executive Director of Stop TB confirms "we funded a lot of mental health in the TB REACH project" (KII 35). She described engaging with UnitedGMH on several occasions at global advocacy events.

Also relevant, one key informant recalled UnitedGMH as a 'leading voice' at the Second Global Financing Dialogue for NCDs and mental health (KII 3).

Many key informants harkened back to COVID-19 as a catalyst for mental health recognition as well as integration into other health programmes (KII 1, 6, 8, 12, 13, 14, 22, 24, 26, 27, 28, 30, 32, 33). The same has been argued in the literature.60 There may be ongoing opportunities to leverage money for broader pandemic preparedness and response to strengthen mental health integration into HIV, TB and other health programmes. The Global Fund's COVID-19 Response Mechanism (C19RM) funds can be used up until December 2025. Absorption for these grants has been low, so there may be an opportunity to influence reprogramming in 2025 to benefit mental health interventions, which were heavily prioritised to begin with.[61] The Pandemic Fund may be another opportunity for mental health integration and investment, as it just announced a US $500 million call for proposals in December 2024.

ATTRIBUTION OF CHANGE TO UNITEDGMH'S ADVOCACY

Attribution is challenging for advocacy work. Many different factors may influence an observed change or outcome. However, several key informants suggested that this case is a little more straightforward; there are few if any other partners doing similar advocacy, and UnitedGMH are the ones 'by default' (KII 1, 6).

> "In my mind, I attributed it to them [UnitedGMH]. There weren't other advocates that I knew of pushing for this" (KII 6)

There are specific examples of UnitedGMH's direct influence over critical documents:

- In the Global Fund's HIV Information Note for GC7, there is a dedicated section on mental health and a UnitedGMH report is referenced.62
- The 2021 South African Mental Health Investment Case specifically credits the role of UnitedGMH in its development.63 Stakeholders noted that GC7 is the first cycle where the Mental Health Investment Case for South Africa exists, and cited this as an influential factor in the design of the Global Fund grant (KII 6).
- Stakeholders in South Africa made a direct link between UnitedGMH advocacy and the content of the GC7 funding request:

> "We got involved with UnitedGMH around the writing of the new funding request for the Global Fund GC7. We got a chance to comment on it, and we worked with UnitedGMH to review our inputs to make sure there was sufficient referencing. They checked this. It was extremely valuable" (KII 14)

Several key informants directly attributed UnitedGMH's advocacy to improved integration of mental health:

> "UnitedGMH were so good during TRP negotiation [for Ghana], giving me the right words" (KII 10)

> "Mental health is the burning topic of the moment. It's the number one topic we talk about. They [UnitedGMH] have done a really good job at putting it at the centre of what is being talked about" (KII 15)

> "What I can say without a doubt, that if it wasn't for the guidance from United, specifically Erin, this [budget line for mental health] would not have happened" (KII 28)

> "Is there the possibility for it [mental health] to be meaningfully integrated in the Global Fund space and in Global Fund grants? I think the space is there and I think it's there because of the advocacy. Bringing those pieces together, putting it into GC7 guidance documents, the advocacy that they [UnitedGMH] did" (KII 12)

In Nigeria, UnitedGMH partners engaged directly with GC7 implementers, including NEPHWAN. UnitedGMH partner, Mandate Health Empowerment Initiative (MHEI), gave a presentation on the integration of mental health in CLM for the PLHIV community (KII 16). Mental health is now integrated into GC7 CLM, and according to NEPHWAN, it is the main CLM advocacy point (KII 4).

Similarly, UnitedGMH facilitated a link between Taskeen and UNDP, the Global Fund PR in Pakistan (KII 25, 31). Taskeen gave a presentation at UNDP's offices about the integration of mental health and HIV, and the two organisations agreed to collaborate (KII 31). UNDP also introduced Taskeen to the CCM in Pakistan, and they have engaged there (KII 25). UNDP noted that their new virtual platform, Sehat Dost, will include mental health and should be linked with Taskeen (KII 25).

In South Africa, the lead writer of the GC7 funding request recalled (unprompted) the influence of UnitedGMH partners:

> "Through the South African consultations, there was the South African Federation for Mental Health. Yeah, they were included in the consultations, and they also had indicated that there needs to be mental health services at all levels of health care delivery and then have trained health care workers on mental health" (KII 7)

Global Fund staff describe a sequence of events whereby they sat with UnitedGMH for advocacy meetings, then raised issues of mental health in country grants, then witnessed changes in mental health integration on the ground (KII 8).

In Nigeria:

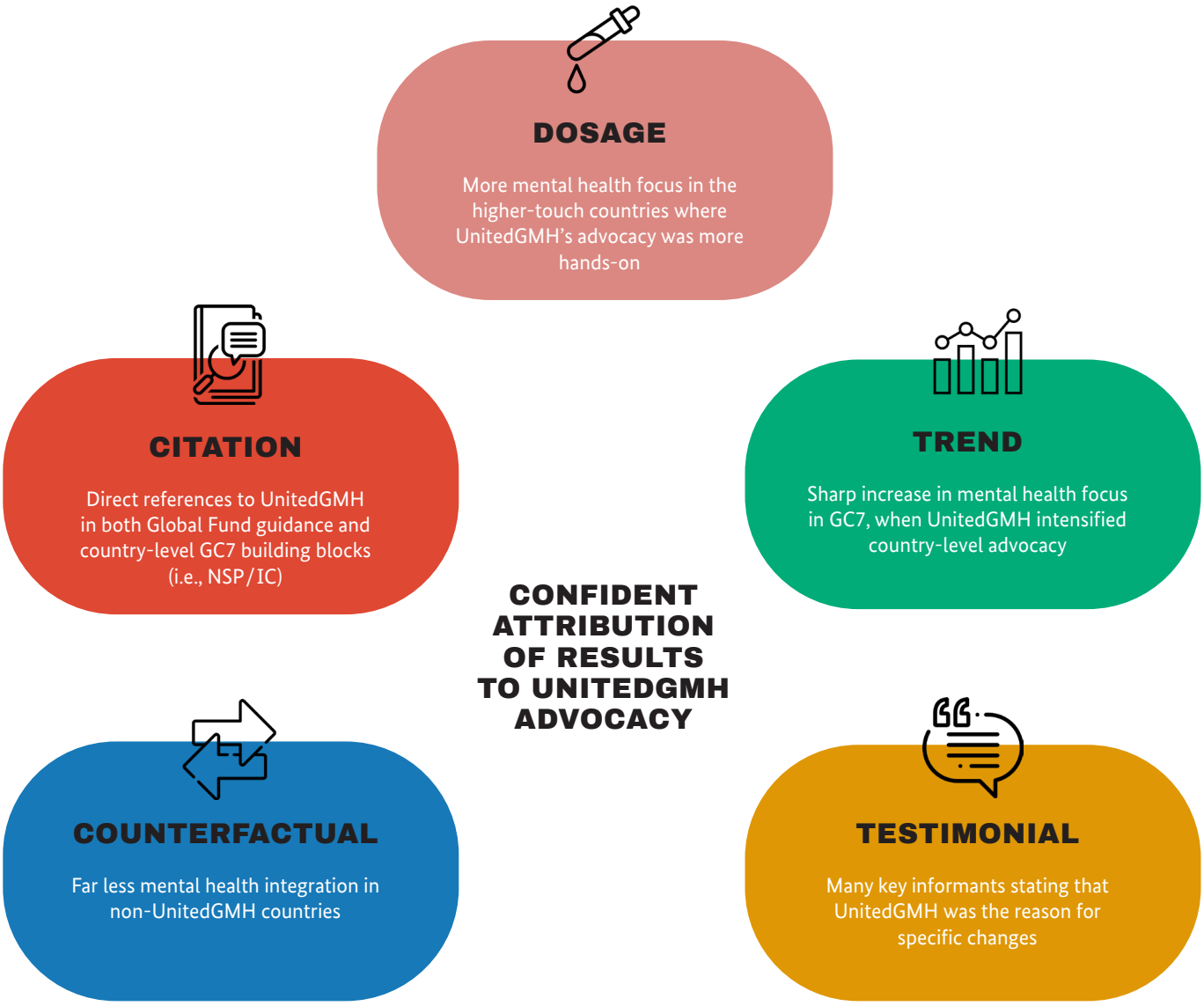
> "I met with UnitedGMH. It was a phenomenal eye-opening couple of hours. Then in May 2024, I went to the programme review meeting. The issues around mental health and key populations kept coming up. I spoke with the Country Team and asked: how are we addressing this? The Country Team followed up and [PR] IHVN actioned it. Counsellors are now in four states and key populations are accessing mental health services" (KII 8)

In South Africa:

> "We had a webinar [with UnitedGMH]. One of the peer counsellors talked about what they are doing. I reached out to UnitedGMH partners and to the TB advisor. He did contact the [GC7] Writing Team about this" (KII 26)

By triangulating several data points, one can be quite confident in the attributive nature of UnitedGMH's advocacy to the improved mental health integration in GC7. This includes: (1) Dosage: More mental health focus in the higher-touch countries where UnitedGMH's advocacy was more hands-on (recall Figure 5 and Annex 4); (2) Trend: sharp increase in mental health focus in GC7, when UnitedGMH intensified country-level advocacy (recall Figure 6); (3) Citation: Direct references to UnitedGMH in both Global Fund guidance and country-level GC7 building blocks (i.e., NSPs/Investment Cases); (4) Testimonial: Many key informants stating that UnitedGMH was the reason for specific changes; and (5) Counterfactual: Far less mental health integration in non-UnitedGMH countries (recall Figure 5 and Annex 4).

Figure 9. Triangulation of Data on the Attribution of Results to UnitedGMH Advocacy



EVALUATION QUESTION 1.2:

How have the proposed mental health activities in programmes Global Fund-supported HIV and TB grants in GC7 targeted key populations (i.e., marginalised and criminalised populations)?

MENTAL HEALTH INTERVENTIONS FOR KEY POPULATIONS IN GC7

Based on a desk review of funding request narratives, mental health is integrated for some key and vulnerable populations but not all (Table 7). In GC7, mental health is integrated for 9/15 (60%) prioritized KVPs in Nigeria, 8/14 (57%) in Pakistan, 4/14 (29%) in the Philippines, and 14/18 (78%) in South Africa.

Table 7. Scorecard of Mental Health Integration in GC7, by Key or Vulnerable Population

POPULATION	INTEGRATION OF MENTAL HEALTH IN GC7 GRANT			
	NIGERIA	PAKISTAN	PHILIPPINES	SOUTH AFRICA
HIV – SEX WORKERS	YES	YES	NO[64]	YES
HIV – MEN WHO HAVE SEX WITH MEN	YES	YES	NO	YES
HIV – PEOPLE WHO USE DRUGS	YES	YES	YES	YES
HIV – TRANSGENDER PEOPLE	YES	YES	NO	YES
HIV – PRISONERS	YES	YES	YES	NO
HIV – PEOPLE LIVING WITH HIV	YES	YES	YES	YES
HIV – CHILDREN LIVING WITH HIV	YES	YES	NO	YES
HIV – ADOLESCENT GIRLS AND YOUNG WOMEN	YES	n/a	n/a	YES
HIV – ADOLESCENT BOYS AND YOUNG MEN	NO	n/a	n/a	YES
HIV – PREGNANT WOMEN	NO	n/a	NO	YES
TB – PEOPLE WITH TB	YES	YES	YES	YES
TB – CHILDREN AND ADOLESCENTS	NO	NO	NO	YES
TB – MOBILE POPULATIONS	NO	NO	n/a	NO
TB – URBAN POOR / SLUM DWELLERS	NO	NO	NO	YES
TB – MINING COMMUNITIES	n/a	NO	n/a	NO
TB – MEN	n/a	n/a	n/a	YES
TB – THE ELDERLY	n/a	NO	NO	YES
TB – PRISONERS	NO	NO	NO	NO
TOTAL SCORE	60% (9/15)	57% (8/14)	29% (4/14)	78% (14/18)

n/a = population not prioritised within the GC7 grant

People who use drugs, people living with HIV, and people with TB are the only populations where mental health was integrated in all four priority countries. There are notable missed opportunities to integrate mental health for sex workers, MSM and transgender people in the Philippines.

In general, mental health is integrated more for HIV key populations than it is for TB key populations.

Except for South Africa, mental health is not integrated for TB key populations in GC7. One key informant working with TB sub-recipients in Nigeria had the same observation (KII 13). She felt that mental health support is much more for HIV key populations, and must less for TB. She attributes this to a lack of amplification of community voices. *"They get a TB treatment supporter. Beyond that, there isn't really mental health"* she said (KII 13). A stakeholder at the Global Fund had the same view for Pakistan, noting better integration of mental health in HIV community interventions, but *"in TB, you hardly hear much about mental health"* (KII 9).

For some populations, the integration of mental health is completely new in GC7. In South Africa, the focus on mental health detection and suicide prevention in particular for adolescent boys and young men is a new addition to the programme (KII 7).

There is evidence of UnitedGMH's advocacy improving access to mental health services for HIV key populations. In Pakistan, where UnitedGMH connected their mental health partner (Taskeen) with the Global Fund PR UNDP, this has improved:

> "We have a coalition of more than 100 organisations working on mental health in Pakistan. It's like a national version of UnitedGMH. In the coalition there are lots of non-mental health groups, including CSOs working on transgender issues, and MSM groups, too. UNDP linked us up with those groups" (KII 31)

FOCUS ON KEY POPULATIONS IN UNITEDGMH'S ADVOCACY

UnitedGMH's Global Fund toolkit emphasises the need for mental health integration for key populations, showcasing examples of people who use drugs in Viet Nam, adolescents living with HIV in Zambia, and lesbian, gay, bisexual, transgender, queer, intersex, and other (LGBTQI+) populations in Algeria, Morocco, and Tunisia.

Based on new WHO guidance, a key message that may be worth including in future advocacy materials, is to never presume that a person needs a psychological intervention just because they have had a difficult life experience, are a member of a key population, or have a physical health condition such as HIV or TB.[65] Nevertheless, many stakeholders at country level said it was key populations who were pushing for the inclusion of mental health interventions in GC7 (KII 4, 5, 7).

FINDINGS PART II
REACH & ENGAGEMENT

EVALUATION QUESTION 2.1:

What has been the reach of UnitedGMH's advocacy efforts and activities at global, regional, and country levels [quantify and qualify the number of stakeholders]?

Quantifying advocacy reach is a challenging task. This evaluation estimates that UnitedGMH's efforts may be directly reached more than 40,000 people, and indirectly more than 20 million people, including Global Fund grant beneficiaries where mental health is integrated into the service package (Table 8).

Table 8. Number of People Reached (Direct) or Potentially Reached (Indirect) through UnitedGMH Advocacy Efforts on Mental Health Integration into HIV and TB Programmes

#	TYPE	DESCRIPTION OF REACH	ADVOCACY OUTCOMES
40	Direct	People knew of UnitedGMH during key informant interviews	Global, regional and national stakeholders have better technical knowledge on mental health integration and apply this to GC7 grants.
6500	Indirect	People screened for MH in Pakistan's ART centres thanks to PLHIV SI data on MH via UNDP, a 'willing partner' of UnitedGMH	People living with HIV have improved access to mental health services.
20	Indirect	IAS fellows	Improved data generation and knowledge production on mental health integration.
589263	Indirect	UnitedGMH partner, FPD students	Technical support improves knowledge and capacity of UnitedGMH partners
15000	Indirect	UnitedGMH partner, LoveYourself PLHIV in their care	People living with HIV have improved access to mental health services.
1100	Indirect	UnitedGMH partner, LoveYourself Volunteers	Technical support improves knowledge and capacity of UnitedGMH partners
150	Indirect	UnitedGMH partner, CHAI Nigeria staff	Technical support improves knowledge and capacity of UnitedGMH partners
43000	Indirect	UnitedGMH partner, MentalHealthPH Members	Technical support improves knowledge and capacity of UnitedGMH partners
15827	Indirect	Reached with MH support through UnitedGMH partner, Taskeen	People have improved access to mental health services.
17870	Direct	UnitedGMH YouTube views	People have access to technical resources and materials to strengthen their global, regional and national mental health advocacy efforts.
733731	Indirect	Telegraph readership	General public has increased awareness about the importance of mental health integration into HIV and TB programmes.
21640	Direct	Website views	People have access to technical resources and materials to strengthen their global, regional and national mental health advocacy efforts.
1000000	Indirect	People benefited through UnitedGMH partner, BasicNeeds Ghana	People have improved access to mental health services.
15401600	Indirect	Targeted Global Fund Beneficiaries with Mental Health Integrated into GC7 Modules	Key and vulnerable populations have improved access to mental health services in GC7.

#	TYPE	DESCRIPTION OF REACH	ADVOCACY OUTCOMES
5000000	Indirect	Reported reach per episode of LoveYourself and MentalHealthPH online show about mental health	People living with HIV and key populations have improved access to mental health services.
105	Direct	GFAN AP Webinars on MH (June / July 2024)	Advocates in the Asia-pacific region have increased knowledge and capacity to push for mental health integration in GC7
700	Direct	AIDS 2024 Networking Zone	Global advocates have increased knowledge and capacity to push for mental health integration in HIV and TB programmes.
400	Direct	AIDS 2024 Satellite Session	
200	Direct	AIDS 2024 Donor Roundtable Workshop	Funding partners are motivated to enhance investments in mental health as part of HIV and TB grants.
500	Direct	Union Conference Plenary Session on TB and Mental Health	Global advocates have increased knowledge and capacity to push for mental health integration in TB programmes.

STAFFING STRUCTURE

It is important to recognize that not all reach is equal. Direct, organic reach, through one-to-one advocacy engagements that leverage personal relationships appeared to be most effective for this project (KII 3, 8, 9, 19, 11, 14, 16, 25, 26, 30, 34). UnitedGMH partners called on them to broker more 'structured bilateral meetings' (KII 16).

The capacity of UnitedGMH to optimise this reach is currently limited with just 125% level of effort (LOE) across two project staff (KII 2). It would strengthen the project to have an additional team member, based in the African region (ideally in Kenya or South Africa, as regional hubs). This person could be part time (25-40% LOE). This change would both enhance capacity for person-to-person advocacy, as well as strengthening regional-level advocacy in Africa. If this person could have specific expertise and advocacy inroads on TB and mental health, this could also address gaps in mental health integration for TB grants and TB key populations.

PARTNERSHIPS

This evaluation reviewed the effectiveness of UnitedGMH's partnerships (Table 9).

Table 9. Country-level partners for UnitedGMH's HIV and TB Global Fund Advocacy

COUNTRY	UNITEDGMH PARTNERS
NIGERIA	• Clinton Health Action Initiative (CHAI) • Mandate Health Empowerment Initiative (MHEI)
PAKISTAN	• Taskeen
PHILIPPINES	• LoveYourself • MentalHealthPH
SOUTH AFRICA	• Foundation for Professional Development (FPD) • South Africa Federation for Mental Health (SAFMH)

The UnitedGMH model is based on loose, informal collaborations that function without MOUs or sub-awards. Some felt this was an effective approach (KII 2, 3, 34) while others disagreed and emphasised the need to 'partner properly' (KII 6, 20, 21, 22, 29).

"It's one of the most functional inter-agency groups that I've been part of—even with no specific cost-sharing arrangements and being relatively informal" (KII 3)

"What a small community organisation can do with $5,000—that can sustain them for the entire year, or the most critical parts of the Global Fund cycle. It's pretty low risk also. It's something for them to think about" (KII 6)

"We don't have budget when it comes to mental health from external funders. Everything we do on mental health is a passion project right now. We have limited resources for the campaigns we are doing. If these can be funded it will help. Small advocacy grants" (KII 21)

"I cannot ask my staff to push for things if the advocacy work is not funded. But the advocacy funding can be small. Small grants, $25,000. This can be very influential. Small advocacy grants can go a long way. If they don't partner properly, it won't bring meaningful results" (KII 21)

Despite these conflicting views, there is evidence of effectiveness of UnitedGMH's partners at the country level. Stakeholders said "they have done well to bring the issue of mental health to other advocates. They have been quite exceptional" (KII 10).

While Ghana was not a focus country for this evaluation, UnitedGMH partner, BasicNeeds, was mentioned in four interviews as highly effective (KII 2, 8, 10, 34). UnitedGMH was responsible for linking BasicNeeds with the Ghana CCM. BasicNeeds collaborated on some harm reduction work in GC6 (KII 2), and are supporting mental health interventions in GC7 (KII 8, 10). The Global Fund reported seeing BasicNeeds respond to mental health questions during a CCM meeting in April 2024 (KII 8). The Global Fund also reported seeing Basic Needs present at a Global Fund community-led monitoring workshop (KII 8). Another Global Fund stakeholder said how effective BasicNeeds was in supporting the Global Fund PR, making a direct link with UnitedGMH advocacy: *"BasicNeeds Ghana, they were the mental health partner. They were so helpful in orienting the PR. They helped them cost and understand integration"* (KII 10).

In Nigeria, some stakeholders felt UnitedGMH is 'speaking to the right people' and has been able to effectively leverage the significant influence of other EJAF partners such as CHAI (KII 1). However, UnitedGMH partners expressed difficulty penetrating the Global Fund decision-making spaces in Nigeria (KII 16). The three Nigeria key informants identified by the evaluator—who were CCM members or GC7 implementers—are not familiar with UnitedGMH or MHEI, which suggests limited influence(KII 4, 13, 18).

In the Philippines, the Global Fund said that *"LoveYourself and SHIP are key groups to work with"* (KII 9), which is aligned to UnitedGMH's partnership structure there.

In South Africa, a Global Fund Secretariat staff said she was aware of UnitedGMH's partners and their advocacy for specific mental health interventions for TB: *"I am pushing the Country Team to look at that model and see if it can be included in the funding request"* (KII 26).

Some potential partnerships are currently underutilised. These are described below.

GOVERNMENT

Several key stakeholders said that government is an important ally in advocacy for mental health integration which UnitedGMH could consider working with more closely (KII 7, 14, 16, 19, 20, 25, 31, 33, 36).

A UnitedGMH partner in Nigeria said that "working with governments is key. The government has the right to insist on what stays in [the Global Fund grant]" (KII 19). In four interviews, Ministries of Education were said to be a key partner in advocacy for mental health integration (KII 7, 20, 33, 36). In South Africa,

the Department of Social Development and even the Police Service were said to have advocated for mental health inclusion in GC7 during the country dialogue (KII 7, 33). In Pakistan, former Minister of Health, Zafar Mirza, is now 'a huge mental health advocate' in his retirement, coordinating a community of practice for mental health practitioners (KII 25).

AFFECTED COMMUNITIES

Many stakeholders noted the power of the voices of affected communities in health advocacy (KII 5, 13, 17, 22). They also said there is a need to elevate these more, especially in the mental health and HIV/TB space.

> "You never know until you hear it from the clients themselves. I haven't heard much demand for mental health services, especially for people with TB" (KII 13)

> "The voices of persons with lived experience need to come out" (KII 17)

> "We highlighted stigma around TB way back in 2007. Everyone tried to say no, no it's only in HIV. We brought out the stories booklets to highlight it. Now, TB stigma is in all the grants. Everyone working on TB is working on it. This is a good lesson. I would like to see mental health achieve the same trajectory. A major factor was the voices of the community" (KII 22)

Because of stigma, stakeholders acknowledged a general *"hesitancy to come forward and share their experiences or their needs"* (KII 4, 5, 32). Other respondents said "we have those stories. There are a lot of stories" and expressed interest in making documentaries about young people living with HIV and mental health (KII 18).

MENTAL HEALTH ORGANISATIONS

Going forward, UnitedGMH should create greater transparency around its network of mental health organisations in Global Fund-supported countries. Many stakeholders called for a mapping or a list of mental health organisations that could be contacted or collaborated with on Global Fund HIV and TB programmes (KII 4, 5, 8, 10, 11, 19). Some referred to this as 'strategic technical assistance provision', to try to influence processes (KII 24).

Global Fund stakeholders said that publishing a list of partners could be quite useful and could be called on to provide technical assistance: *"We could give them quite a lot of business. They could market their expertise"* (KII 8). Another Global Fund Secretariat staff agreed, that UnitedGMH could "market their technical assistance to PRs and SRs" (KII 11). A third Secretariat staff said:

> "Our traditional partners for Global Fund, they don't have mental health partners. We need mental health [expertise], but we don't know who to work with. You see this playing out in the prevention of sexual exploitation and abuse work. The ethics team is wondering, 'who is the partner who comes to provide mental health?'" (KII 10).

The lead writer of the GC7 grant for the Philippines agreed that there is a need to map potential implementers of mental health services:

> "Mental health is part of the prevention package, but the difficulty is in the execution. In the two previous [Global Fund grant] cycles, there were no takers [to implement]. It's very difficult to offer the service" (KII 5).

One community-led organisation working with people living with HIV and key populations in Nigeria expressed difficulty finding mental health organisations to partner with:

> "We don't have a referral centre. We thought we could partner with AHF, AIDS Healthcare Foundation, but that didn't move forward. If these guys [UnitedGMH] are good in that, then we could partner with them" (KII 4).

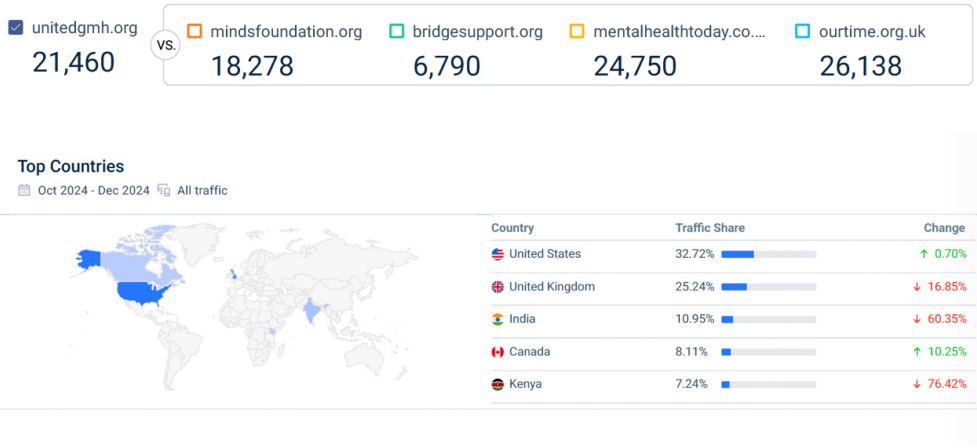
A UnitedGMH partner in Nigeria felt they are well positioned to provide this kind of TA, but the Global Fund Country Team and CCM *"need to see this as a priority"* (KII 19).

DIGITAL FOOTPRINT

In the last quarter of 2024, the UnitedGMH webpage got 21,460 total visits, with an average of 7,153 monthly visits (of which 3,668 are unique monthly visitors).[66] Most website visitors are form the United States or United Kingdom. Among the top 12 are Kenya (7.24% of traffic), the Philippines (3.58% of traffic) and Nigeria (2.39% of traffic). This suggests the resources on UnitedGMH's website are being widely accessed and used by project partners and stakeholders in priority countries.

The reach of UnitedGMH's website compared to other similar pages is very strong (Q4 2024):

Figure 10. UnitedGMH website reach, October to December 2024



UnitedGMH knowledge products have also been picked up by popular press, including the Telegraph.[67] This paper has quite a large reach, most recently reporting 733,731 subscriptions across print and digital.[68]

UnitedGMH has published about opportunities for the Global Fund and mental health and HIV integration in the Lancet Psychiatry.[69] Lancet journals have extensive global reach with more than 36.6 million annual visits and 108.1 million downloaded articles across TheLancet.com and ScienceDirect.[70] The article itself has been cited 3 times in other peer-reviewed literature, including a highly influential piece by then PEPFAR Ambassador John Nkengasong, entitled *"Sustaining the HIV/AIDS response: PEPFAR's vision".*

UnitedGMH's YouTube channel has 5,598 views. UnitedGMH videos are also cross-posted on the YouTube channel of the Global Mental Health Action Network, which has a total of 12,272 views.

EVALUATION QUESTION 2.2:

Which of UnitedGMH's advocacy strategies/activities have been most effective in engaging or supporting these stakeholders and what have been the active ingredients (i.e., the aspects that drove most influence, were conceptually well defined, and linked to specific hypothesised mechanisms of action) that made the biggest difference? What has been less effective in engaging key actors to influence change?

UnitedGMH's advocacy strategy is embedded in its HIV and TB Project Plan for 2022-2025. This includes approaches such as delivering educational products, working with the Global Fund Secretariat, collaborating with other global actors, working with national partners, and supporting national partner advocacy strategies. Other advocacy activities have been more opportunistic, leveraging personal relationships and opportunities that arise ad hoc. One key informant said, *"I could see the strategy. They had thought this out. They were consistent. They understood the process"* (KII 6).

COMMUNICATIONS / MESSAGING / ADVOCACY MATERIALS

There is consensus that the communications and advocacy materials produced by UnitedGMH are high-quality and effective (KII 5, 6, 10, 24). Several people especially mentioned the Technical Toolbox[71] as being useful (KII 5, 6, 24). The Toolbox supports partner advocacy for the integration of mental health into HIV and TB programmes. One South African partner said: *"I always talk about the toolkit in all of my talks. In every context that I am, I talk about that and point people towards United"* (KII 24). Another stakeholder said *"They really know how to message. Their campaign was the best. It was everything. It really, really hit all the marks. Short and catchy messaging with really powerful evidence"* (KII 10). A TB activist found the UnitedGMH website to be very helpful, recalling a specific story she read there about a person from Azerbaijan (KII 22).

The combination of advocacy materials / tools and influential relationships is important. *"It's less effective to produce toolkits. It's better to know the power brokers. Have your tools ready but be able to integrate where you see those opportunities"* (KII 25).

One stakeholder had an interesting perspective on the tone and tenor of UnitedGMH advocacy messaging:

> "I think United is quite gentle. And sometimes that may not be so good. Especially when the need and the urgency is so great. I would like to see United be a little more forceful in their advocacy for mental health" (KII 22).

INFLUENCING THE GLOBAL FUND SECRETARIAT

UnitedGMH has been effective at influencing the Global Fund Secretariat (KII 1, 8, 9, 10, 11, 34). There is evidence of UnitedGMH directly influencing Secretariat staff—mostly in the CRG Department, but also on Country Teams—to become stronger internal advocates for mental health (KII 8, 9, 10, 11). One

staffer specifically mentioned a mental health brownbag session organized in partnership with the TB department as being 'very helpful' (KII 9). This session was an internal learning event aimed at strengthening knowledge among Global Fund staff about TB and mental health integration. There is evidence that this impacted country-level processes. One CRG advisor reports 'keeping tabs' on mental health integration in three of her countries (KII 8). The lead writer for South Africa's GC7 funding request said: *"we had guidance from the Global Fund to include mental health and other co-morbidities"* (KII 7).

Still, some felt their visibility could be better, noting they did not get much exposure to UnitedGMH (KII 8). It was also reported that other priorities, such as safety and security, have dominated discussions of late, detracting from the focus on mental health.

Stakeholders credit UnitedGMH with the inclusion of mental health in the 2023-2028 Strategy (KII 34). There is also clear evidence of influence over the Global Fund's HIV Information Note for GC7, where there is a dedicated section on mental health and a UnitedGMH report is referenced.[72]

Some Global Fund stakeholders noted that the Secretariat is not unified in its support for mental health integration (KII 8, 10). *"Internally there are barriers"*, said KII 10. *"TAP [Technical Advice and Partnerships] does not fundamentally believe that it is key to HTM [HIV, TB and malaria) programmes. They really don't. This means it is at risk"*.

DATA-DRIVEN ADVOCACY

The TRP Window 2 Debrief notes *"There was a lack of data on main co-morbidities (non-communicable diseases including mental health"* (slide 23). In some countries, community-generated data on mental health supported advocacy for investment:

In Zimbabwe, community-led research by women living with HIV influenced the GC7 funding request. Their study showed that among the sample of 247 people living HIV over the age of 50 years (213 women and 32 men) 47.9% said they need but do not get mental health services. As a result, almost $1 million worth of mental health activities were included in the GC7 request.

In Pakistan, one key stakeholder said *"We had no evidence, no data on how mental health is going on"* (KII 23). Ater adding mental health to the Stigma Index 2.0 tool (supported by the Global Fund grant), and collecting the information, they were able to raise $70,000 for a mental health and HIV project from Gilead.

In Nigeria, the data generated from Global Fund-supported CLM revealed challenges for HIV key populations access mental health services. This data was presented to the Expanded Technical Working Group (ETG) (KII 4).

As a first step, ensuring the availability of robust country-specific mental health data, as well as data on the outcomes of mental health investments, were said to be important. *"Just having some hard core, hard data around the impact [of mental health interventions] on treatment, I think would be useful"* said KII 10. In agreement KII 12 said *"there are ways to build the data to make the case better"*. She called for more data from Global Fund programming. One of UnitedGMH's partners in the Philippines specifically noted that the lack of robust data on the prevalence of mental health conditions makes their advocacy difficult (KII 17). KII 27 recommended gathering data to show the link between mental health or stigma and discrimination and using this to inform NSP review processes.

Where data is available, many stakeholders felt UnitedGMH could be more data-driven in their advocacy (KII 2, 10, 12, 17, 19, 27, 36). KII 7 spoke about research she had done on the mental health of sex workers' children in South Africa, noting this could be useful to influence the Global Fund grant (which already includes parenting support for sex workers). KII 8 committed to sharing data from the Nigeria GC7 grant on which populations are accessing mental health services, which could also be useful.

> "There could be a little more data-driven advocacy. UGMH has put out a lot of really amazing advocacy packages. But they need to make sure they know what's going on in countries, what data is collected, and how this can affect the advocacy. Everything needs to be data driven" (KII 36)

> Are they getting the data they need to reinforce the utility of their advocacy? Post-COVID everyone thinks mental health is important, but unless the actual metrics are there, the sustainability path is a little harder" (KII 2)

> "They did this the first time, but they should do it again: We must generate local data from countries that showcases the importance and potential impact of these services that concern the Global Fund. We have to be more aggressive about that. Robust fact sheets, services provided so far, impact analysis, projected benefits going forward, etc" (KII 19)

UnitedGMH's role in the *"Countdown for Global Mental Health 2030 Dashboard"*[73]—alongside Global Mental Health at Harvard, WHO, UNICEF, and the Global Mental Health Peer Network (GMHPN)—could be leveraged to strengthen data-driven advocacy with the Global Fund and others. This interactive dashboard brings together a wide array of useful information on key national mental health indicators, empowering users to advocate more effectively for mental health using quality data and evidence. Data from the Dashboard could be integrated visually into country-specific advocacy briefs.

SHAPING DIALOGUE AT THE GLOBAL FUND BOARD

While UnitedGMH is generally very effective at global-level advocacy, there may be a need to refocus on influencing discussion at the Global Fund Board level. This is especially crucial in the context of big changes in the funding landscape.

A former delegation focal point said "*They were consistently reaching out to us. I also remember seeing them at a pre-board day session"* (KII 6). However, a current Board member said *"We are not really talking much about this [mental health]. At that [Board] level, people are focused on their own priorities. It is something we need to amplify"* (KII 4). A member of the African Constituency Bureau declined to be interviewed for this evaluation because *"Mental health was not on the agenda for the committee or the Board. Thus, it is not among our talking points."*

INFLUENCING COUNTRY PARTNERS

An unexpected finding in this evaluation is the way UnitedGMH's country-level partners reported being influenced by their advocacy. One partner in Nigeria said *"They are very effective at what they do. They have influenced some of our decisions we have taken as an organisation"* (KII 19). In this sense, your partners may be your allies and also your targets with advocacy messaging.

ENGAGING COUNTRY COORDINATING MECHANISMS (CCMS)

Engaging the CCMs directly was an important advocacy strategy for UnitedGMH (KII 1). UnitedGMH has been instrumental in facilitating linkages between the mental health advocates and the Global Fund CCM and/or grant recipients (KII 2, 25, 28, 31). However, these introductions did not always translate into engagement or influence.

In Pakistan, UnitedGMH facilitated an introduction between their partner Taskeen and UNDP, the PR. Taskeen came to the UNDP offices, and UNDP told them what the CCM is, how the proposal development works. UNDP also introduced Taskeen to the CCM in Pakistan, and they did engage there (KII 25). UNAIDS also supported the link to the CCM for Taskeen. UnitedGMH's direct involvement was crucial, but momentum dwindled without it: *"When United would touch base with me, and set things up, things would move"* (KII 25). *"We were supposed to work on joint opportunities together, but there was no follow-up from either side"* (KII 31).

In Ghana, things were more successful. UnitedGMH was responsible for linking BasicNeeds with the Ghana CCM (KII 2), and the Global Fund reported seeing BasicNeeds respond to mental health questions during a CCM meeting in April 2024 (KII 8). BasicNeeds is now involved in Global Fund service delivery, which helps maintain access to the CCM.

In Nigeria, UnitedGMH's partner expressed real difficulty penetrating the Global Fund grant architecture at country level. He requested UnitedGMH support to help mental health organisations 'get into the CCM fold':

> "We have not had a direct handshake with the Global Fund Coordinating Office. It's like a closed cartel for them. If you're not working in the HIV or TB sector, you can't come in. It's just so sad" (KII 16).

Nevertheless, CCM members in Nigeria are in touch with UnitedGMH partners, and report that at least three CCM members are pushing for mental health integration, including the CCM Executive Secretary (KII 4).

In South Africa, it was also a challenge to engage the CCM. UnitedGMH approached the Global Fund Country Team for help with this in August 2022. The Country Team assisted with an introduction, but it was not until January 2023 that they got a response from the CCM Secretariat (KII 11). Despite this delay, UnitedGMH partners felt: *"They have been doing a good job in terms of advocacy. They have been very effective with the Global Fund people in SA"* (KII 14).

In two countries (Ghana and South Africa), UnitedGMH has supported local mental health organisations to vie for a seat as an elected CCM representative (KII 2, 28). This has not been successful and was reported as a barrier to engagement (KII 1). In South Africa, another strategy to influence the CCM has been to write letters directly to SANAC (KII 28). The letters did not receive a response, although SANAC did mention UnitedGMH partner, South African Federation for Mental Health, as being effective during GC7 country dialogue (KII 7).

UnitedGMH may be more effective at influencing the CCM by forming alliances with relevant representatives—such as those representing adolescents and young people, key populations, or people with disabilities—and advocating through them.

Beyond CCM, there are also the many National HIV and TB Technical Working Groups where UnitedGMH could have influence, especially related to adolescents and young people (KII 18). This may be an area to explore in future. This could be a way to respond to one key informants advice to *"find out who the CCM will listen to"* (KII 20).

NUANCED AND COUNTRY-SPECIFIC MESSAGING

Linked to the above section on CCMs, some questioned, *"When they [UnitedGMH] talk with CCMs, do they have a tailored product on how to incorporate these [mental health] interventions?"* (KII 12). This evaluation found limited evidence of nuanced country-specific advocacy for specific mental health interventions for specific key populations.

Key informants suggested documenting and sharing 'change stories' to show good examples of mental health integration in Global Fund grants and their contribution to key outcomes (KII 6, 10, 15, 26). UnitedGMH's GC7 toolkit showcases examples from the MENA region (funded by FHI360/USAID), Viet Nam (funded by L'Initiative) and Zambia (funded by Grassroot Soccer/PEPFAR). Showcasing examples from Global Fund grants may be more effective.

There is consensus that UnitedGMH may be more effective with tailored advocacy agendas in each of their high-touch countries (KII 7, 9, 12, 13, 14, 27, 25, 32).

"Mental health is a broad area. We need to get more granular. What are we actually pushing for here? What exactly do we want to see? What are the specific interventions?" (KII 7)

"What are we looking for? What kind of counselling would support? Be more specific about what you are asking for in terms of mental health. It needs to be specialized to the HIV and TB programme" (KII 22)

NIGERIA: In the context of shrinking resources, stakeholders encouraged UnitedGMH to pick a specific issue to push for. Issues around mental health and drug use, especially young people who use drugs, was raised as a priority advocacy issue (KII 13).

SOUTH AFRICA: partners felt that addressing the human resources gap for mental health should be the main advocacy priority (KII 14). Others said advocacy should centre on mental health and HIV prevention—such mental health screening for PrEP or OST initiation, PrEP adherence, etc—since this is the focus of the Global Fund grant and its performance framework (KII 27). Another suggestion was to focus on the mental health of sex workers' children, who are already prioritised in the grant (KII 7).

PAKISTAN: stakeholders report a recent transition from heroin to methamphetamine as the more common drug of choice, which has a very different mental health profile (KII 25). Advocacy for mental health interventions in this specific context may be important.

PHILIPPINES: As in South Africa, there were notable "*big gaps for mental health integration in RSSH. We need healthcare workers who are trained on mental health and the linkages"* (KII 9). Stakeholders also said that "because of the wide range of communities affected in the Philippines for TB, for HIV, there needs to be a lot of nuancing and customisation" (KII 32). She provided greater detail, with recommendations for UnitedGMH:

"Personally, what I'm lacking is an effective, comprehensive framework that we can use and say, for these communities, these are the experiences at the community level, and these are the manifestations of the issues that they experience that is unique to each of these communities. Therefore, the range of services that should be available for them is this. I think that would really be a good area for expansion for someone like United for Global Mental Health" (KII 32).

GLOBAL MOBILISATION MOMENTS

Many stakeholders perceive UnitedGMH's capitalisation on mobilisation moments—such as international conferences or high-level meetings—as highly effective (KII 1, 2, 3, 9, 12, 15, 28, 29, 30, 32, 35).

At AIDS 2024 in Munich, UnitedGMH and partners convened many high-profile events (Table 10). The Networking Zone alone reached more than 700 people with key advocacy messages about integrating mental health into HIV and TB programmes.[74] The conference report shines a spotlight on mental health, with one delegate saying, *"My key takeaways from the conference were the urgent need for increased mental health funding and the integration of mental health into HIV care."*[75]

Table 10. UnitedGMH Advocacy Mobilisations at AIDS 2024 in Munich, July 2024

DATE	SESSION TYPE[76]	TOPIC
22 JULY 2024	Satellite Session	From Commitments to Action: A Thoughtful Dialogue on Integrating Mental Health into HIV Prevention, Treatment and Care
23 JULY 2024	Donor Roundtable	Investing in Mind Transforms Lives: A Call for Increased Donor Investment in Mental Health, HIV/AIDS, and TB
22-25 JULY 2024	Networking Zone	Mental Health Networking Zone at the Global Village: Integrating Mental Health into HIV and TB Programmes

The outcome of these high-level engagements is evident at the policy level. Mental health is included in the Political Declaration on Universal Health Coverage, which has been described as an 'historic first'.[77] Key informants drew a direct link between UnitedGMH partners, the Civil Society Engagement Mechanism (CSEM), community consultations for the HLM and the resulting language in the declaration (KII 12, 29).

Table 11. UnitedGMH Advocacy Activity "Report Card", Based on Effectiveness

ADVOCACY ACTIVITY	DESIRED EFFECT	EVALUATOR'S GRADE
COMMUNICATIONS / MESSAGING / ADVOCACY MATERIALS	Global, regional and national-level advocates have improved technical knowledge to advance mental health integration	B – Effective
THE IAWG ON MENTAL HEALTH	Technical partners are well-coordinated to advance issues at country level through technical support.	B – Effective
DATA-DRIVEN ADVOCACY	Decision-makers are compelled to act based on evidence of need and effectiveness of mental health integration	C – Somewhat Effective
SHAPING DIALOGUE AT THE GLOBAL FUND BOARD	Influence policy and strategy at the Global Fund to include mental health	B – Effective
INFLUENCING COUNTRY PARTNERS	Improve technical knowledge and capacity of national partners to be effective advocates in GC7	A – Highly Effective
SHAPING NSPS/INVESTMENT CASES	Influence Global Fund building blocks to include mental health integration	B – Effective
SHAPING GLOBAL FUND FUNDING REQUEST DEVELOPMENT	Influence content and budgets at the proposal stage for GC7	A – Highly Effective
SHAPING GRANT DECISIONS AFTER THE FUNDING REQUEST WAS SUBMITTED	Influence grant-making decisions, reprogramming, and implementation	C – Somewhat Effective
ENGAGING GLOBAL FUND SECRETARIAT	Influence Global Fund to encourage or require countries to prioritize mental health in their grants	B – Effective
COMMUNITY, RIGHTS AND GENDER DEPARTMENT	Influence CRG Advisors to Influence Country Teams	A – Highly Effective
GRANTS MANAGEMENT DIVISION	Influence Country Teams Directly	C – Somewhat Effective
TECHNICAL ADVICE AND PARTNERSHIPS	Influence Technical Advisors to Influence Country Teams	C – Somewhat Effective
ENGAGING COUNTRY COORDINATING MECHANISMS (CCMS)	Influence decisions on country-level funding for mental health activities	C – Somewhat Effective
ENGAGING GLOBAL FUND GRANT IMPLEMENTERS	Ensure mental health activities are implemented to a high technical standard.	C – Somewhat Effective
NUANCED AND COUNTRY-SPECIFIC MESSAGING	Equip national-level partners and other advocates to push specific messages and activities	C – Somewhat Effective
GLOBAL MOBILISATION MOMENTS	Improve technical knowledge and capacity of global advocates for mental health integration	A – Highly Effective

EVALUATION QUESTION 2.3:

How have the influenced stakeholders facilitated change within and between global, regional, and country levels?

THE UNITEDGMH "ADVOCACY ECOSYSTEM": SYNERGY AT DIFFERENT LEVELS

UnitedGMH coordinates across partners at the global, regional, and national levels to create an 'advocacy ecosystem'. One key informant said: *"Their unique approach of working at global level as well as in countries is an absolute asset"* (KII 3).

Among other initiatives, UnitedGMH serves as the convener and neutral facilitator of an informal Interagency Working Group (IAWG) on Mental Health Integration. This evaluation assessed the efficacy of UnitedGMH's advocacy at all three levels, including the IAWG MH as a key entry point. A review of the IAWG MH meeting minutes is presented in Box 1.

There is evidence of IAWG members influencing GC7 processes at country level, suggesting a linkage between UnitedGMH advocacy 'levels'.

"We [IAWG members] decided who would take each country, during peer reviews of the draft country proposals. We would check with each other" (KII 3)

The UNAIDS TSM's Virtual Support Desk for GC7 has a checklist for Funding Request peer reviews. Mental health integration is encouraged three times in this guide.

"There is a woman from the PEPFAR team who was really championing mental health on the [Nigeria] CCM during GC7 funding request development" (KII 4)

"When they attended PR review meetings, UNAIDS and WHO, the WHO used to send in mental health experts to really encourage them to include mental health in the GC7 grants" (KII 7)

Others felt differently. When asked if the advocacy work in the IAWG influences country-level processes, KII 36 said: *"As of now, it hasn't. Right now it has been very focused at global level. But I do see an opportunity to link up with our country offices. We would need to figure out how best to do it."*

Beyond the IAWG, there is evidence of regional partnerships influencing country-level processes. UnitedGMH partners with APCASO at the regional level in Asia-Pacific. Stakeholders credit research led by APCASO network member in the Philippines, ACHIEVE, as being the catalyst for mental health integration in the Global Fund grant (KII 5). Similarly, APCASO network member in Pakistan describes the GC7 consultation process they led with more than 500 people, which pushed for mental health inclusion (KII 23). APCASO supported these consultations with Global Fund resources as host of the CRG Learning Hub (part of the Community Engagement Strategic Initiative).

There is also good evidence of UnitedGMH partners working synergistically at country level. In South Africa, one partner noted *"he's really doing the advocacy work, and I'm bringing the technical piece"*, referring to the other UnitedGMH partner (KII 24). In the Philippines, one UnitedGMH partner said *"[organisation name] is a good ally of ours. We have a joint show, an online show"*, referring to another UnitedGMH partner (KII 21).

BOX 1

ANALYSIS OF MEETING MINUTES OF THE INTERAGENCY WORKING GROUP (IAWG) ON MENTAL HEALTH (SUPPORTED BY ARTIFICIAL INTELLIGENCE SOFTWARE)

KEY THEMES IN **DISCUSSIONS OF THE IAWG ON MENTAL HEALTH**

FUNDING ALLOCATION AND GRANT ACCESS	RESOURCE DEVELOPMENT AND TOOLKITS	COUNTRY-LEVEL ENGAGEMENT	TRACKING AND EVALUATION
There are recurring discussions on integrating mental health into funding requests, specifically within HIV and TB programmes, to justify prioritisation within Global Fund grants. Partners often highlight the need for clear justifications connecting mental health impact to broader health outcomes (e.g., HIV/TB).	The group frequently discusses tools such as technical toolkits, e-learning modules, and practical guidelines for integrating mental health into grant proposals. This reflects a focus on ensuring resources are available for effective advocacy and implementation at the country level.	Emphasis is placed on supporting specific countries in including mental health in their Global Fund submissions, particularly countries with high comorbidities and countries marked as priorities in previous funding windows. Engagement strategies include webinars, templates, and regional training workshops.	There is an ongoing effort to track the impact of these integrations and conduct evaluations to understand how well mental health components are supported in Global Fund-supported projects.

POTENTIAL GAPS IN **DISCUSSIONS OF THE IAWG ON MENTAL HEALTH**

SUSTAINABLE FUNDING MODELS	HOLISTIC BUDGETING FOR MENTAL HEALTH PROGRAMMES	INNOVATIVE FINANCING MECHANISMS	EMPHASIS ON MENTAL HEALTH IN DIVERSE POPULATIONS
There is limited mention of discussions on long-term or multi-year funding strategies for mental health programmes beyond immediate Global Fund cycles. Addressing this could help ensure continuity for mental health initiatives once initial grants expire.	Discussions seem to focus on funding mental health within the context of HIV/TB. There could be a broader consideration of comprehensive mental health budgeting that includes training, infrastructure, community outreach, and integration into primary health care beyond specific disease categories.	Discussions do not highlight innovative financing models like public-private partnerships or social impact bonds, which could provide additional financial resilience for mental health programmes.	While there is a focus on key populations, including youth and persons affected by HIV/TB, there is less emphasis on diverse population needs, such as those impacted by substance use disorders, gender-specific needs, or trauma-related mental health issues.

CONCLUSION: These insights suggest that, while the IAWG meetings are consistently tackling integration and immediate funding needs, there may be an opportunity to broaden the discussion to encompass more sustainable financing models and more comprehensive budgeting approaches for mental health initiatives.

FINDINGS PART III
ADAPTABILITY & LEARNING

EVALUATION QUESTION 3.1:

Are there opportunities for scaling up or replicating UnitedGMH's advocacy strategies in other contexts (e.g., vaccination, NCDs, etc.) and/or with new donors with similar models of country engagement (e.g., GAVI, GFF, etc.)?

The Global Fund is a uniquely democratic vehicle for foreign aid, both at country level and at Board level. This means that voices of communities, or any other interested party, count for more in terms of the Fund's grant architecture. The Global Fund's transparency means that UnitedGMH has direct access to funding data, grant implementers, CCM members, and others, which helps facilitate advocacy. For this reason, the country-level strategy to support stakeholders to engage in open processes may not translate to other funding mechanisms.

A large part of UnitedGMH's success is attributable to strategic hiring of individuals to know the Global Fund intimately, and maintain close relationships with people who work at the Secretariat. This model could be replicated for other donors.

Given the link expressed between COVID-19 and mental health (KII 1, 6, 8, 12, 13, 14, 17, 22, 24, 26, 27, 28, 30, 32, 33), exploring replicability of this advocacy model for things like the Pandemic Fund may be worthwhile. To date, $885 million in grants have been allocated with $3.7 billion co-financing. The Strategy includes mitigation of pandemics among those most marginalised.

EVALUATION QUESTION 3.2:

What lessons have been learned, and how can these inform future advocacy efforts in this space?

THE NEED FOR INFORMATION ON BEST-PRACTICES

Many, many stakeholders called for a list of cost-effective evidence-based mental health interventions that could be easily integrated into HIV and TB programmes (KII 6, 7, 8, 9, 10, 12). This kind of basic information could really strengthen advocacy going forward. It should not be assumed that people know what to push for when it comes to mental health integration.

PAIRING ADVOCACY WITH CAPACITY BUILDING

Another useful lesson learned is the need to build capacity at the same time as conducting advocacy (KII 3, 13, 16, 17, 20, 21, 32): *"We discovered it's not enough just to advocate. The targets of the advocacy need to be capacitated so that we can justly expect them to integrate these things into policy"* (KII 32).

THE IMPORTANCE OF SUSTAINED ADVOCACY

While there were lots of reports about advocacy during NSP review, country dialogue, funding request development, it was less apparent how UnitedGMH was sustaining advocacy for mental health integration throughout the funding cycle. As noted earlier in this evaluation, there are significant opportunities to push for the inclusion of PAAR mental health activities during reprogramming in year 2 and 3 of the grants. Technical support to country partners during grant reprogramming may be a useful strategy.

At the time of writing, South Africa is still in grant-making (until September 2025). One stakeholder noted *"We still have an opportunity [to include mental health] during the finalisation of grant-making, finalizing M&E tools"* (KII 7).

THE IMPORTANCE OF PERSONAL RELATIONSHIPS

A major finding of this evaluation is the importance of personal relationships in advocacy success. In 22 out of 36 interviews, either Erin or Yves were mentioned by name as having a direct contribution to advocacy outcomes (KII 1, 3, 7, 8, 9, 10, 12, 14, 15, 17, 21, 22, 24, 25, 26, 27, 28, 29, 31, 32, 34, 35). As one stakeholder put it: *"A lot of advocacy is about individual relationships and how you come across and if people want to work with you. Relationships are an advocate's currency"* (KII 34).

UnitedGMH recognises that their advocacy has been 'opportunistic', taking advantage of personas and connections (KII 2).

UnitedGMH should continue to exploit relationships that already exist in their network to strengthen their advocacy. They should also seek to expand access to stakeholders through engaging or partnering with other organisations or experts who have other existing inroads.

There are changes in the Global Fund implementation arrangements at country level, which form both challenges and opportunities for personal advocacy relationships. There are two new Principal Recipients in South Africa for GC7 (grant starting September 2025): The Aurum Institute and the Centre for Community Impact (CCI) (KII 11). There is also a new CCM Manager, who used to be a Fund Portfolio Manager at the Global Fund. There is a new sub-recipient for human rights in the Philippines, which may be worth meeting and connecting with (KII 9, 21). In Pakistan, the grant implementation arrangements have changed for GC7, which started in January 2025. Now, the Government is responsible for all HIV treatment, while UNDP retains HIV prevention and all procurement (KII 25).

FINDINGS PART IV – SUSTAINABILITY & VFM

EVALUATION QUESTION 4.1:

How could UnitedGMH ensure the sustainability of mental health integration into HIV and TB programmes, and maximize value for money?

SUSTAINABILITY CONSIDERATIONS

Even before the recent stop-work order and dismantling of USAID by the Trump administration, stakeholders expressed sustainability concerns that will likely impact mental health investments in the coming years:

> "The funding crunch is coming. UnitedGMH need to think about how to position the advocacy as a solution to the sustainable financing problem rather than adding to it. ROI, cost-saving, etc." (KII 12)

> "Depending on the replenishment and some other practicalities that we all are very concerned about, this area may be ignored. Not because of a lack of understanding, but rather, the prioritisation may not necessarily end up with mental health listed among the areas for Global Fund investment" (KII 3)

In the context of shrinking resources, UnitedGMH may need to pivot their advocacy to position mental health as a priority for investment. Some called for a stronger link to be made with domestic and other donor funding: *"We can't just rely on the Global Fund to invest in these kinds of intersectionalities alone, without domestic budgeting and other partners' investments"* (KII 3).

There is some preliminary evidence of good planning. For instance, the Philippines TB funding request for GC7 notes that the country will review the PhilHealth (national social health insurance) TB, HIV and malaria benefit packages to integrate mental health interventions.[78] UnitedGMH partners expressed eagerness to support this kind of activity: *"For PhilHealth package, we are interested to advocate in this. We have good relationships with the DOH and national center for mental health"* (KII 17). These kinds of sustainability-related interventions could be encouraged by UnitedGMH in GC8.

Other key informants also noted the importance of domestic funding for mental health (KII 20, 34). In GC8, the new Sustainability, Transition and Co-financing Policy now requires all applicants to demonstrate domestic co-financing of key populations programmes.[79] This could be an opportunity to push for co-financing of mental health services for key and vulnerable populations.

Some suggested that UnitedGMH develop advocacy materials that address mental health in the context of sustainability, or how mental health contributes to sustainability of the HIV and TB responses (KII 6). As countries are now developing HIV Response Sustainability Roadmaps, this is another opportunity to ensure sustainability of mental health interventions as part of the HIV response. Mental health is integrated in many Sustainability Roadmaps already (Table 12). This is also linked to UnitedGMH advocacy; in the IAWG working group meeting on 9 November 2023, members discussed how they could provide guidance on the Sustainability Roadmaps to ensure that mental health was included.

HIV Response Sustainability Roadmaps will be a basis for investment from PEPFAR in COP25 and Global Fund in GC8. UnitedGMH should consider advocating for investment in the activities below in GC8 (and COP25).

Table 12. Inclusion of Mental Health in HIV Response Sustainability Roadmaps

COUNTRY	MENTAL HEALTH IN THE HIV RESPONSE SUSTAINABILITY ROADMAP
BOTSWANA	Identifies a risk that HIV may not receive adequate funding due to legitimate competing health priorities (NCDs, mental health), especially with decreasing donor contributions. Proposes government funding for HIV Increase from BWP 856m in 2022 to BWP 1,256m+ by 2030, even if this increases HIV's share of health spending.[80]
GHANA	The country plans to develop an HIV integration strategy to integrate HIV with other health services (mental health, NCDs, etc.) within the primary care delivery system[81]
LESOTHO	High-level outcome to institutionalise person-centred care for HIV and TB. A pathway for change is to integrate NCDs, mental health, STIs, and TB into routine HIV care. Aims to promote self-referrals (alongside facility referrals) by enhancing innovative client-driven self-care strategies for HIV, TB, mental health, diabetes, and NCDs.[82]
NAMIBIA	In 2022, the Ministry developed a concept note and SOPs on integration of mental health into HIV services. The Roadmap now includes mental health as part of HRH sustainability in two ways: (1) Align recruitment efforts with the specific needs of the population, prioritizing critical areas such as mental health; (2) Develop training programmes for specialisation in high-demand areas such as mental health.[83]
TANZANIA	High-level outcome to see 90% of people living with HIV and others most at risk linked to people-centred and context-specific integrated services, including other communicable diseases, noncommunicable diseases, mental health, drug and substance use, and other health and social welfare services.[84]
TOGO	Gradual integration of HIV with SRH, mental health, sexual and gender-based violence prevention and care, drug treatment, hepatitis B and C prevention and care, TB, health in prisons, and NCD diseases (diabetes and high blood pressure). HIV and mental health integration features in the high-level results framework.[85]
ZANZIBAR	High-level outcome to see 90% of people living with HIV and others most at risk linked to people-centred and context-specific integrated services, including other communicable diseases, noncommunicable diseases, mental health, drug and substance use, and other health and social welfare services[86]
ZIMBABWE	Principle of the roadmap is to have Integrated Services: Linking SRHR / HIV services with other health services, such as mental health and substance use treatment.[87]

In terms of cost-effectiveness, many stakeholders called for Global Fund grants to focus more on mobilising lay providers, such as peer educators, for mental health services (KII 14, 24, 27, 30, 31, 33).

"In our context we shouldn't be relying on psychologists. What can't a lay person or a peer be doing for mental health integration?" (KII 27)

"The big advocacy point must be about getting these trained lay counsellors. Mozambique has built their whole mental health system on this" (KII 14)

"You don't even need psychologists! You actually need lay counsellors from the community. People with lived experience. Train them! They are the best people to deliver these services. They are cheaper. It's impossible to find 100 competent psychologists. But you can find 100 people from the MSM community who can be trained. The majority of cases can be delt with at that level" (KII 31)

"We bring in mental health screening questions that anyone who isn't a psychologist or social worker can ask. Maybe a coach or a peer in the school" (KII 33)

VALUE FOR MONEY

Some stakeholders felt the value-for-money argument is coming across clearly in UnitedGMH's advocacy:

"What is the cost-savings? This is very well done and compelling. They use a good value for money lens that way" (KII 1)

"The economic argument, that [UnitedGMH] report, is incredible. They know what's needed and fill those gaps" (KII 24)

Others called for guidance on mental health costing, which could help advocacy. *"Are we talking $100k? $500k?"* one key informant asked. They said it is key to be clear in the financial ask when pushing for priorities in Global Fund grants (KII 8, 9).

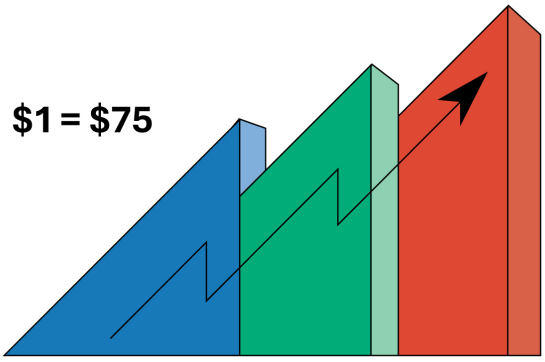
For sure, challenges remain with the perception of mental health interventions and their impact on HIV and TB:

"We need to get over the perception that mental health is an add-on, or a luxury. We need people to consider it as a necessary part of an effective HIV or TB programme" (KII 34)

RETURN ON INVESTMENT

In the four priority high-touch countries, mental health is integrated into GC7 budget lines worth about $16.5 million, with another $11 million in the PAAR. A further $10 million in non-Global Fund grants were linked in some way to UnitedGMH advocacy or partnerships. Therefore, the advocacy grant from EJAF directly or indirectly influenced the allocation of about $37.7 million in HIV and TB funding for integrated mental health activities. This means that for every $1 invested in UnitedGMH advocacy, $75 in mental health funding was potentially yielded.

Figure 11. Estimated Return on Investment from UnitedGMH's Global Fund Advocacy



According to one key informant, UnitedGMH should *"be more targeted and just be focusing on key populations. This will be a better return on mental health resources"* (KII 27). UnitedGMH's *"Mental Health in the Global Fund Strategy"* advocacy document already notes that *"Groups most at risk for mental health conditions, HIV and TB overlap considerably [...] providing considerable return on investment of mental health services and significant impact and efficiency of interventions."*[88]

RECOMMENDATIONS

1. **Continue advocating for the integration of mental health into HIV and TB Global Fund grants.** There is clear evidence of positive impact from UnitedGMH''s advocacy, with potential for more in GC8. In future, advocating for mental health integration into RSSH components of HIV and TB funding requests may be a useful additional approach.
2. **Intensify efforts at the national level, while maintaining the tri-level advocacy ecosystem (global, regional and national).** Identify allies who are members of the CCM and advance mental health advocacy through those representatives. This could be members representing people living with the diseases, key populations, adolescents and young people, people with disabilities, or others such as national HIV/TB programmes. Where IAWG agencies are CCM members, this could also be the inroad. Advocating through existing elected CCM members is likely to be more effective than trying to secure mental health seats on the CCM, or writing letters directly to the CCM Executive Secretaries.
3. **Develop a Toolkit on Integrating Mental Health in GC8 Funding Requests. This should include:** (1) a technical brief on mental health integration in HIV and TB grants; (2) a menu of evidence-based mental health interventions that can be easily and cost-effectively integrated into Global Fund grants, including examples from current grants; (3) information with which to defend their inclusion, such as references to Global Fund information notes, the modular framework, etc.; (4) basic costing guidance and resource estimate needs for the recommended interventions; and (5) suggested indicators and workplan tracking measures for the performance framework.
4. **Sustain advocacy beyond the funding request, focusing on reprogramming opportunities for mental health PAAR interventions in year 2 and 3 of the grants.** This could be done by analysing the UQD register and supporting CCM members to advocate for funding mental health PAAR interventions during reprogramming. Letters could also be written to the Global Fund Country Team, arguing for portfolio optimisation investment to fund mental health PAAR activities. Countries may need access to technical support for these advocacy actions. UnitedGMH could also support their partners to request funding from other donors for mental health PAAR activities, including L'Initiative and GIZ.
5. **Tailor advocacy messaging to specific contexts.** Produce differentiated advocacy briefs or fact sheets for each high-touch country, reflecting local epidemiology, local research, and unique aspects of the Global Fund grants. Within this, elevate the voices of affected communities in advocacy messaging. For instance, personal stories of how Global Fund mental health interventions helped someone adhere to PrEP would be quite powerful.
6. **Consider adding another member** to UnitedGMH's HIV and TB advocacy team (could be part time at 25-40% LOE), based in the African region, with specific expertise in HIV and TB key populations and mental health.
7. **Strengthen the generation and use of data on mental health and HIV/TB to bolster advocacy in priority countries.** This could be through partnerships with universities, or through community-led research. UnitedGMH could broker technical support to country partners to conduct relevant studies. They could also build capacity on how to use the Countdown for GMH 2030 Dashboard.
8. **Leverage the findings from this evaluation to publish a brief summary report on mental health integration in Global Fund grants**. Showcase the positive examples ("change stories"), the impact, and the opportunities.
9. **Align mental health advocacy with the HIV (and TB) sustainability agenda**. It is strategic to use the HIV Response Sustainability Roadmaps to advocate for specific mental health and HIV integration interventions in GC8 and COP25.
10. **Strengthen the capacity of mental health technical assistance providers.** This could be done by developing a technical assistance package that includes: (1) a list of technical support providers who offer TA on HIV/TB and mental health; (2) a list of consultants or organisations with experience and expertise in HIV/TB and mental health, including UnitedGMH partners; (3) mini case examples of past assignments and how they helped strengthen mental health integration in Global Fund grants; and (4) checklists for reviewing assignment products (especially NSPs and GC8 requests) to ensure integration of mental health. UnitedGMH should disseminate the TA package through the Global Fund's CRG Coordination Mechanism, IAWG member agencies, and to country partners.

ANNEX 1
List of Key Informants

Table 13. List of Key Informants for UnitedGMH Global Fund Advocacy Evaluation

NAME	ORGANISATION	STAKEHOLDER TYPE	LEVEL	IDENTIFIED BY
Ameh Abba Zion	Mandate Health Empowerment Initiative	Civil Society Organisation	Nigeria	UnitedGMH
Andrew Scheibe	PWID Technical Expert, TB/HIV Care / SANPUD	Community-led Organisation	South Africa	Evaluator
Ani Shakarishvili	Joint United Nations Programme on HIVA/IDS	Technical Agency	Global	UnitedGMH
Annika Sweetland	Columbia University Mental Wellness Equity Center	Academia	South Africa	UnitedGMH
Asghar Satti	Association of People Living with HIV	Community-led Organisation	Pakistan	Evaluator
Babamole Ramon	The Youth Network on HIV/AIDS in Nigeria (NYNeTHA)	Community-led Organisation	Nigeria	Evaluator
Blessi Kumar	Global Coalition of TB Activists	Community-led Organisation	Regional	UnitedGMH
Claudia Ahumada	Global Fund	Donor	Global	UnitedGMH
David Bryden	RESULTS / CHIC	Civil Society Organisation	Global	Evaluator
Edilito Toledo	LoveYourself	Community-led Organisation	Philippines	UnitedGMH
Emma Williams	International AIDS Society (IAS)	Civil Society Organisation	Global	UnitedGMH
Erin Ferenchick	United for Global Mental Health	Civil Society Organisation	Global	UnitedGMH
Gavin Reid	Global Fund	Donor	Global	UnitedGMH
Georgina Caswell	Global Fund	Donor	Global	Evaluator
Gustaaf Wolvaardt	Foundation for Professional Development (FPD)	Civil Society Organisation	South Africa	UnitedGMH
Heather Doyle	United Nations Development Programme (UNDP)	Technical Agency	Pakistan	Evaluator
Hyeyoung Lim	Global Fund	Donor	Global	Evaluator
James Sale	United for Global Mental Health	Civil Society Organisation	Global	UnitedGMH
Jamie Tonsing	Global Fund	Donor	Global	UnitedGMH
Jennifer Ho	Global Fund Advocates Network Asia-Pacific / APCASO	Civil Society Organisation	Regional	UnitedGMH
Katy Kydd Wright	Global Fund Advocates Network	Civil Society Organisation	Global	UnitedGMH
Keith Mienies	Global Fund	Donor	Global	UnitedGMH
Kristin Schreiber	Global Fund	Donor	Global	Evaluator
Lesley Odendal	Independent Consultant – GC7 Community Annexes	Consultant	South Africa	Evaluator
Lifutso Motsieloa	South African National AIDS Council	Civil Society Organisation	South Africa	Evaluator
Lindsay Hayden	Elton John AIDS Foundation	Donor	Global	UnitedGMH
Loena Le Goff -Gestin	International AIDS Society (IAS)	Civil Society Organisation	Global	UnitedGMH
Lucica Ditiu	Stop TB Partnership	Donor	Global	UnitedGMH
Luis Garcia Espinal	Elton John AIDS Foundation	Donor	Global	UnitedGMH
Mara Quesada	ACHIEVE	Civil Society Organisation	Philippines	Evaluator

NAME	ORGANISATION	STAKEHOLDER TYPE	LEVEL	IDENTIFIED BY
Marieta de Vos	Networking HIV, AIDS Community of South Africa (NACOSA)	Civil Society Organisation	South Africa	Evaluator
Michael Angelo Pereira	MentalHealthPH	Civil Society Organisation	Philippines	UnitedGMH
Nere Otubu	Clinton Health Access Initiative (CHAI)	Civil Society Organisation	Nigeria	UnitedGMH
Olayide Akanni	Journalist Against AIDS in Nigeria (JAAIDS), GC7 TB Consultant	Civil Society Organisation	Nigeria	Evaluator
Priyanka Aiyer	Global Fund Advocates Network	Civil Society Organisation	Global	UnitedGMH
Quentin Batreau	Global Fund Advocates Network	Civil Society Organisation	Global	UnitedGMH
Ronnievin Pagtakhan	LoveYourself	Community-led Organisation	Philippines	UnitedGMH
Roy Dahildahil	MentalHealthPH	Civil Society Organisation	Philippines	UnitedGMH
Ruthy Libatique	Independent Consultant – Lead Writer for GC7 (the Philippines)	Consultant	Philippines	Evaluator
Savvy Brar	UNICEF	Technical Agency	Global	UnitedGMH
Scott Chiossi	World Health Organisation	Technical Agency	Global	UnitedGMH
Shayni Geffen	South African Federation For Mental Health	Civil Society Organisation	South Africa	UnitedGMH
Simon Sentumbwe	Independent Consultant – Lead Writer for GC7 (South Africa)	Consultant	South Africa	Evaluator
Taha Sabri	Taskeen	Community-led Organisation	Pakistan	UnitedGMH
Vlada Rabinova	TB Europe Coalition (TBEC)	Community-led Organisation	Regional	UnitedGMH
Yuliia Kalancha	TB Europe Coalition (TBEC)	Community-led Organisation	Regional	UnitedGMH
Yves Miel Zuniga	United for Global Mental Health	Civil Society Organisation	Global	UnitedGMH

ANNEX 2
Key Informant Interview Schedule

Thank you for agreeing to participate in the Evaluation of United for Global Mental Health's Advocacy Efforts to Promote the Integration of Mental Health Activities in Global Fund HIV and TB Grants During Grant Cycle 7.

The interview will take approximately 1 hour. With your consent, the discussion will be recorded for the purposes of transcription. Your perspectives will remain completely anonymized in the final report. As such, you are encouraged to speak frankly and freely.

1. Can you tell me about your role in Global Fund-related process at country, regional, and/or global level. How have you been engaged in GC7?
2. From your perspective, is mental health meaningfully integrated into Global Fund grants at country level? If yes, how? If not, why not?
3. Do you think the emphasis on mental health in Global Fund grants is more, less, or about the same as previous grant cycles? To what do you attribute this trend?
   Probe: Has GC7 guidance contributed to more mental health inclusion?
   Probe: If change is observed, do you think UnitedGMH's advocacy has contributed? If so, what are the mechanisms and sequence by which UnitedGMH contributed to change?
   Probe: Are there other factors and actors contributing? Who/What?
4. What are the barriers for integrating mental health into Global Fund grants? What enabling factors could help overcome such barriers?
5. Are you familiar with the work of United for Global Mental Health? If yes, how do you engage with them? Have you encountered any of their advocacy materials or other resources? If yes, how did you use them? In future, how could UnitedGMH's advocacy materials be improved?
   Probe: Seen their "Mental Health, HIV and Tuberculosis" Toolkit?
   Probe: Seen their "Bending the Curve" Brief on The Impact of Integrating Mental Health services on HIV and TB Outcomes
   Probe: Seen their "Financing Mental Health" report?
   Probe: Attended any of their webinars or virtual learning events?
   Probe: Viewed the e-Learning module on HIV, TB and Mental Health?
6. How effective is United for Global Mental Health's advocacy to integrate mental health into GC7 HIV and TB grants? What could make it better?
   Probe: Is the advocacy effort directly contributing to desired change (i.e., greater integration of mental health into Global Fund grants)?
7. Are there things that UnitedGMH is not current focusing on, but should?
   Probe: Has UnitedGMH tapped into the right advocacy entry points, with the right activities?
   Probe: what other things could have been done, what moments where used effectively and what not?
8. Is there anything else you would like to share for this evaluation?

ANNEX 3
Key Informant Characteristics

Figure 12. Key Informant Interviews. By Level (N=48)

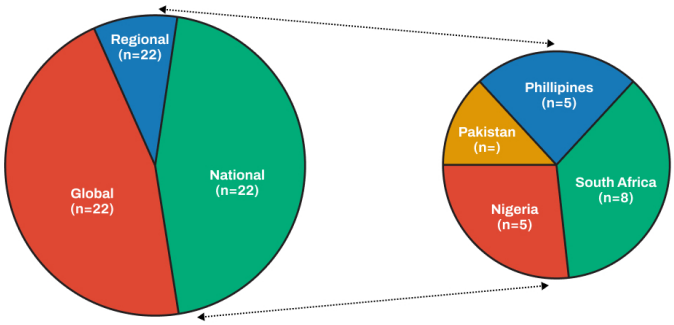


Figure 13. Key Informant Interviews by Stakeholder (N=48)

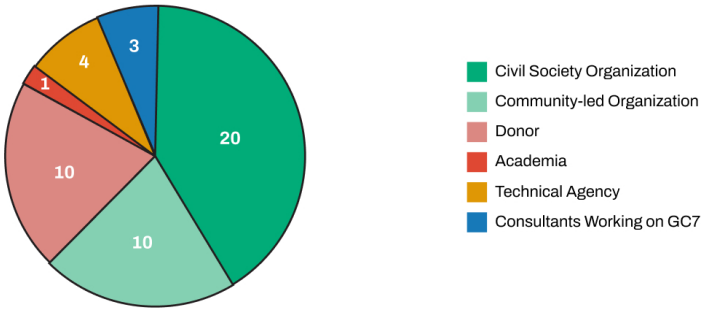


Figure 14. KIIs by Gender (N=48)

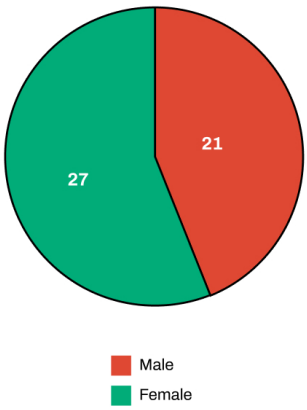
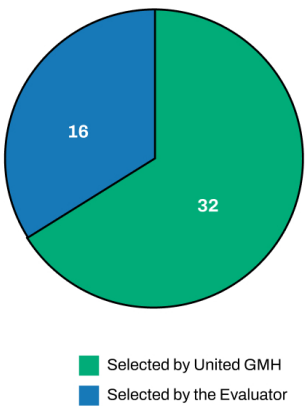


Figure 15. KIIs by Selection (N=48)



ANNEX 4

Number of "Mental Health" Mentions in HIV & TB GC7 Requests, by UGMH Advocacy 'Dosage'

Table 14. Number of "Mental Health" Mentions in HIV & TB GC7 Requests, by UGMH Advocacy 'Dosage'

HIGH-TOUCH COUNTRIES (N=-11)	MENTAL HEALTH MENTIONS	MEDIUM-TOUCH COUNTRIES (N=11)	MENTAL HEALTH MENTIONS	LIGHT-TOUCH COUNTRIES (N=10)	MENTAL HEALTH MENTIONS
Ghana	15	Bangladesh	13	Argentina (non-GF)	n/a
Kenya	41	Bhutan	0	Botswana	14
Mongolia	48	Cambodia	11	Eswatini	19
Nepal	28	Côte d'Ivoire	17	Guyana	8
Nigeria	17	DRC	5	India	11
Pakistan	49	Laos	0	Indonesia	15
Philippines	15	Malawi	6	Mozambique	10
South Africa	36	Myanmar	3	Papua New Guinea	3
Thailand	39	Tanzania	5	Sierra Leone	24
Uganda	14	Zambia	27	Sri Lanka	4
Vietnam	1	Zimbabwe	12	Suriname	4
AVERAGE	28	AVERAGE	9	AVERAGE	11

UGMH & IAWG COUNTRIES (N=15)	MENTAL HEALTH MENTIONS	RANDOM SAMPLE (AI-GENERATED) OF NON-UGMH, NON-IAWG COUNTRIES (N=11)	MENTAL HEALTH MENTIONS
Ghana	15	Angola	3
Kenya	41	Burundi	2
Nepal	28	El Salvador	0
Nigeria	17	Ethiopia	25
Pakistan	49	Kazakhstan	10
Philippines	15	Kyrgyzstan	2
South Africa	36	Madagascar	3
Uganda	14	Morocco	0
Bangladesh	13	Senegal	2
Tanzania	5	Solomon Islands	0
Zambia	27	Tajikistan	3
Zimbabwe	12	AVERAGE	5
Botswana	14		
Guyana	8		
Suriname	4		
AVERAGE	20		

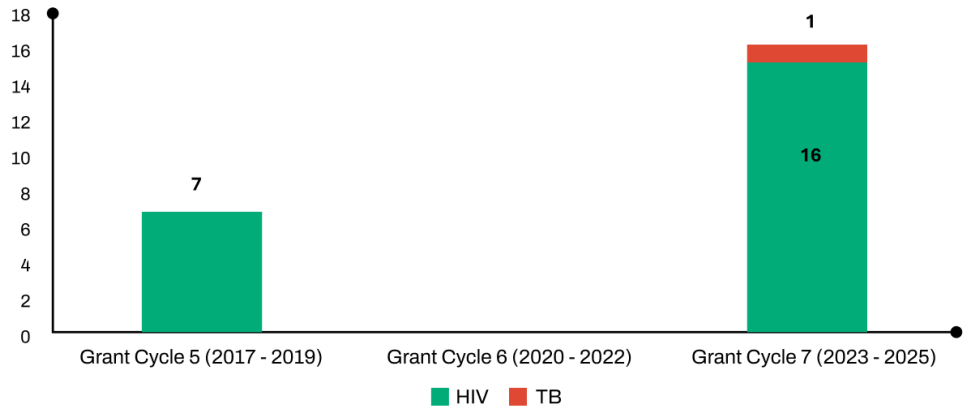
ANNEX 5
Nigeria Country Case Study

In Nigeria, UnitedGMH collaborated with the Clinton Health Action Initiative (CHAI), and the Mandate Health Empowerment Initiative. Together with these partners, UnitedGMH aimed to influence increased mental health integration in Nigeria's HIV and TB Global Fund grants for GC7.

National Strategic Plans (NSPs) are the building blocks for Global Fund proposals. Nigeria's Human Rights and Gender Action Plan for TB 2021–2025 defines people with mental disabilities as a key population for TB, however, no specific actions are defined for this group.[89] Nigeria's National HIV and AIDS Strategic Framework 2021-2025 says that mental health services should be part of routine care for people living with HIV.[90] Mental health is not included in Nigeria's NSP for TB Control 2021–2025, however, this document is due for review.

Despite limited prioritisation in NSPs, there is increased emphasis on mental health in Nigeria's GC7 HIV and TB grants. Mental health was mentioned 16 times for HIV and once for TB in GC7 the funding request, up from 0 in GC6, and 7 (for HIV only) in GC5 (Figure 16). In addition, Nigeria's GC7 RSSH Gaps and Priorities Annex notes a key intervention priority to strengthen community-led monitoring (CLM) per state and integrate with mental health.[91]

Figure 16. "Mental Health" Mentions in Nigeria's HIV/TB Global Fund Requests

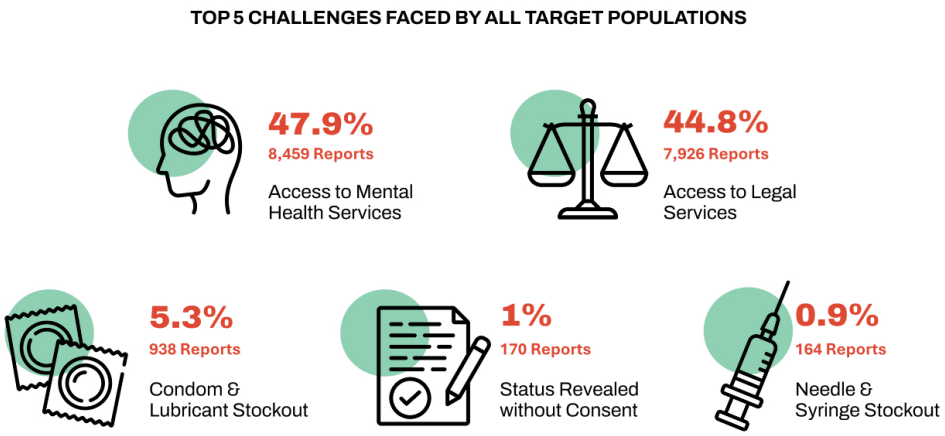


Mental health activities are strategically prioritised for vulnerable groups. In GC7, Nigeria will design and develop a framework for MHPSS in key population service delivery settings, rolling it out to key populations, their partners, their children and service providers.[92] For the prioritised populations in GC7 with mental health integration, UnitedGMH's advocacy may benefit up to 5,835,084 recipients of care in Nigeria. However, while Nigeria's funding request includes packages for 15 TB and HIV key populations,

mental health is integrated for only 9 of them (60%). For HIV, mental health is not integrated for adolescent boys and young men or pregnant women. For TB, mental health is not integrated for children and adolescents, mobile populations, urban poor / slum dwellers or prisoners. These are gaps for future advocacy.

In Nigeria, mental health is a key indicator in GC7 community-led monitoring (CLM) (Figure 17), implemented in 13 states for HIV and 11 states for TB. From January to June 2024, 8,459 people reported difficulty in accessing mental health services, including 48% of people living with HIV, 47% of adolescents and young people, 43% of men who have sex with men, 44% of transgender people, 40% of people who use drugs and 48% of female sex workers.[93] CLM implementers say mental health is one of the key findings, and they recently presented this to the Expanded Technical Working Group to advocate for referral services (KII 4). This is a good example of data-driven mental health advocacy.

Figure 17. Mental Health Integration In Nigeria's GC7 Community-led Monitoring for HIV



Nigeria's GC7 request had traceable mental health budget lines worth about $8.5 million (Table 15). This is likely an underestimate, since mental health may be integrated in other ways that the budget does not state. For instance, key informants shared that the Principal Recipient recently hired several counsellors for the key population programme (KII 8).

Table 15. Traceable Mental Health Budget Lines in Nigeria's GC7 Funding Request

MODULE	ACTIVITY	BUDGET (USD)
HIV - PREVENTION PACKAGE FOR MSM	Training of health care workers on MHPSS at the facility and community levels	$3,479,786.21
HIV - PREVENTION PACKAGE FOR MSM	Printing MHPSS screening tools, ensuring availability and use at OSS & community, with appropriate referrals	$255,172.41
RSSH: COMMUNITY SYSTEMS STRENGTHENING	Community-led monitoring in 13 states (with mental health indicators)	$2,749,793.97
RSSH: HEALTH SECTOR PLANNING AND GOVERNANCE FOR INTEGRATED PEOPLE-CENTERED SERVICES	GBV support and post-violence counseling for vulnerable women, female sex workers and women who use drugs in the 4 states, including mental health services (including PSS).	$2,000,000 (above allocation request)
	TOTAL	$8,484,752.59

There is a concern that mental health integration is often 'MHINO' (mental health in name only) – written on paper but not implemented in practice (KII 1). The Global Fund advisor for Nigeria confirmed verifiable improvements: *"I have definitely seen this translated into the programme. I have met one of the counsellors"* (KII 8). A UnitedGMH partner in Nigeria described ensuring mental health was 'not just a mere mention':

> "We had had conversation with Global Fund, had conversations with PRs, while the grant writing was going on, to make sure it [mental health] was not just a mere mention, but rather, clearly defined scope of work with tangible outcomes" (KII 19).

There is evidence of direct attribution to UnitedGMH's advocacy for the mental health integration in Nigeria's GC7 grant. UnitedGMH partners engaged directly with GC7 implementers, including Network of People Living with HIV and AIDS in Nigeria (NEPWHAN), the CLM implementer. MHEI gave a presentation on the integration of mental health in CLM for the PLHIV community (KII 16). Mental health is now integrated into GC7 CLM and according to NEPHWAN it is the main CLM advocacy point (KII 4).

Further, Global Fund staff describe a sequence of events for Nigeria whereby they sat with UnitedGMH for advocacy meetings, then raised issues of mental health in country grants, then witnessed changes in mental health integration on the ground (KII 8):

> "I met with UnitedGMH. It was a phenomenal eye-opening couple of hours. Then in May 2024, I went to the programme review meeting. The issues around mental health and key populations kept coming up. I spoke with the Country Team and asked: how are we addressing this? The Country Team followed up and IHVN actioned it. Counsellors are now in four states and key populations are accessing mental health services" (KII 8).

In terms of partnerships, the evaluation had mixed results for Nigeria. Some stakeholders felt UnitedGMH is 'speaking to the right people' and has been able to effectively leverage the significant influence of other EJAF partners such as CHAI (KII 1). However, UnitedGMH partners expressed difficulty penetrating the Global Fund decision-making spaces in Nigeria (KII 16). He requested UnitedGMH support to help mental health organisations 'get into the CCM fold':

> "We have not had a direct handshake with the Global Fund Coordinating Office. It's like a closed cartel for them. if you're not working in the HIV or TB sector, you can't come in. It's just so sad" (KII 16).

The three Nigeria key informants identified by the evaluator—who were CCM members or GC7 implementers—are not familiar with UnitedGMH or MHEI, which suggests limited influence (KII 4, 13, 18). A UnitedGMH partner in Nigeria said there may me a missed opportunity not working closer with the government: *"working with governments is key. The government has the right to insist on what stays in [the Global Fund grant]"* (KII 19).

Nevertheless, CCM members in Nigeria are in touch with UnitedGMH partners, and report that at least three CCM members are pushing for mental health integration, including the CCM Executive Secretary (KII 4). Nigeria is among the top 12 countries where people visit the UnitedGMH's website, comprising 2.39% of total traffic. This suggests good reach and penetration of digital advocacy materials and messages in a priority country.

UnitedGMH coordinates across partners at the global, regional, and national levels to create an 'advocacy ecosystem'. Among other initiatives, UnitedGMH serves as the convener and neutral facilitator of an informal Interagency Working Group (IAWG) on Mental Health Integration. There is evidence of IAWG members influencing GC7 processes at country level, suggesting a linkage between UnitedGMH advocacy 'levels':

> "There is a woman from the PEPFAR team who was really championing mental health on the [Nigeria] CCM during GC7 funding request development" (KII 4).

An unexpected finding in this evaluation is the way UnitedGMH's country-level partners reported being influenced by their advocacy. One partner in Nigeria said *"They are very effective at what they do. They have influenced some of our decisions we have taken as an organisation"* (KII 19). In this sense, UnitedGMH's partners were allies as well as beneficiaries of advocacy messaging and mental health information.

The link between mental health-focused and HIV-focused organisations appeared to need strengthening in Nigeria. One community-led organisation working with people living with HIV and key populations in Nigeria expressed difficulty finding mental health organisations to partner with:

> "We don't have a referral center. We thought we could partner with AHF, AIDS Healthcare Foundation, but that didn't move forward. If these guys [UnitedGMH] are good in that, then we could partner with them" (KII 4).

A UnitedGMH partner in Nigeria felt they are well positioned to provide support to HIV programmes, but the Global Fund and CCM *"need to see this as a priority"* (KII 19).

There is consensus that UnitedGMH may be more effective with tailored advocacy agendas in each of their high-touch countries (KII 7, 9, 12, 13, 14, 27, 25, 32). In the context of shrinking resources, stakeholders encouraged UnitedGMH to pick a specific issue to push for. In Nigeria, issues around mental health and drug use, especially young people who use drugs, was raised as a priority advocacy issue (KII 13).

Country-specific Recommendations for Nigeria:

1. Foster direct links / introductions between UnitedGMH partners and the CCM.
2. Seek meetings with Global Fund grant implementers to offer technical support.
3. Advocate for mental health integration for specific HIV and TB key populations.
4. Push for funding of above allocation mental health activities using grant savings.
5. Explore opportunities to partner with state or federal government stakeholders.

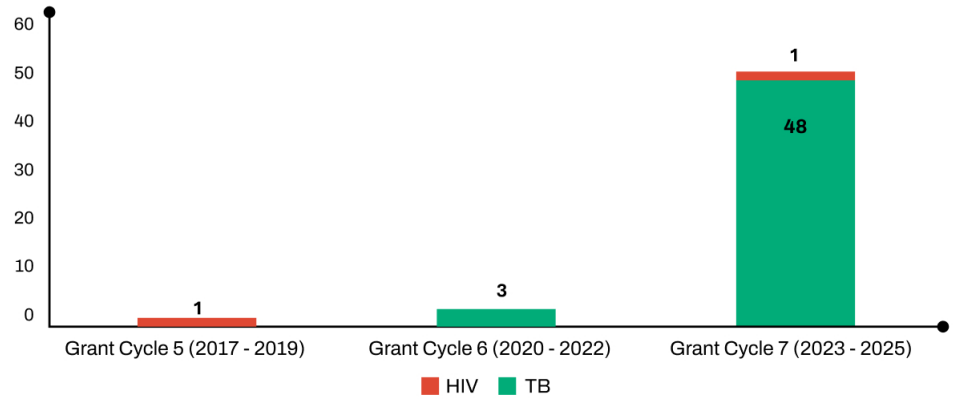
ANNEX 6
Pakistan Country Case Study

In Pakistan, UnitedGMH collaborated with Taskeen, a community-led mental health organisation. Together with this partner, UnitedGMH aimed to influence increased mental health integration in Pakistan's HIV and TB Global Fund grants for GC7.

National Strategic Plans (NSPs) are the building blocks for Global Fund proposals. Pakistan has adopted the World Health Organisation's Operational Handbook on Tuberculosis and has included mental health in their Revised National TB Management Guidelines 2024. The Pakistan AIDS Strategy IV 2021-2025 does not include mental health, but it due for review.[94]

Despite limited prioritisation in NSPs, there is increased emphasis on mental health in Pakistan's GC7 HIV and TB grants. Mental health was mentioned 48 times for HIV and once for TB in GC7 the funding request, up from 3 times in GC6 (for HIV only) in once in GC5 (for TB only) (Figure 18). In addition, Pakistan's GC7 RSSH Gaps and Priorities Annex notes a priority to create a conducive working environment for healthcare workers, including ensuring minimum standards are adhered to in the workplace, including mental health and psychosocial support.[95]

Figure 18. "Mental Health" Mentions in Pakistan's HIV/TB Global Fund Requests



Mental health activities are strategically prioritized for vulnerable groups. In GC7, Pakistan aims to strengthen telemedicine and tele-psychosocial support for key populations and people living with HIV through a community-led 24/7 helpline as a mental health initiative.[96] For the prioritized populations in GC7 with mental health integration, UnitedGMH's advocacy may benefit up to 884,452 recipients of care in Pakistan. However, while Pakistan's funding request includes packages for 14 TB and HIV key populations, mental health is integrated for only 8 of them (57%). All HIV key populations receive mental health services, but no TB key populations do (including children and adolescents, mobile populations, urban poor/slum dwellers, mining communities, the elderly, or prisoners). These are gaps for future advocacy.

In Pakistan, a new mobile app called "Sehat Dost" has been developed through the Global Fund grant, implemented by UNDP (worth some $159,158.30 in the GC7 budget). Key informants from UNDP say the intention

is for this app to include mental health information and services for key populations (KII 25). Launched in May 2024, Sehat currently serves individuals in 13 districts across two of Pakistan's four province provinces – Punjab and Sindh. Within 8 months, this app has reached 19,000 people, including 4,200 regular users.[97] It should be noted that two of UnitedGMH's partners voiced scepticism about the potential of telemedicine for mental health (KII 14, 31), while others viewed it as a good opportunity (KII 4).

Pakistan's GC7 request had traceable mental health budget lines worth about $8.0 million (Table 16) however, nearly all (98%) of this in the above allocation request. Mental health may be integrated in other ways that the budget does not state.

Table 16. Traceable Mental Health Budget Lines in Pakistan's GC7 Funding Request

MODULE	ACTIVITY	BUDGET (USD)
HIV - PREVENTION PROGRAMME STEWARDSHIP	Develop and orient stakeholders on guidelines for integrating comprehensive services for KPs including HIV, SRH, STI and Hep screening and mental health.	$34,492.11
HIV - PREVENTION PROGRAMME STEWARDSHIP	Develop a new mobile app called "Sehat Dost" to include mental health information and services for key populations	$159,158.30
HIV - PREVENTION PACKAGE FOR SEX WORKERS	Train health workers, peer educators and outreach workers to offer mental health services to HIV key populations.	$400,373 (above allocation request)
HIV - PREVENTION PACKAGE FOR MSM	Train health workers, peer educators and outreach workers to offer mental health services to HIV key populations.	$400,373 (above allocation request)
HIV - PREVENTION PACKAGE FOR PEOPLE WHO USE DRUGS	Train health workers, peer educators and outreach workers to offer mental health services to HIV key populations.	$400,373 (above allocation request)
	Orient and train health workers on provision of OAMT integrated package of services including SRH and mental health services	$250,233 (above allocation request)
RSSH/PP HRH PLANNING, MANAGEMENT AND GOVERNANCE INCLUDING FOR COMMUNITY HEALTH WORKERS	To reinforce and support the TB human resources for health, including fulfilling their minimum required standards at the workplace including mental health and psychosocial support.	$6,384,286 (above allocation request)
	TOTAL	$8,029,288.41

In addition to Global Fund investments, this evaluation also found evidence of mental health integration into other donor-funded programmes serving HIV and TB key populations, linked in some way to UnitedGMH's advocacy:

- **GIZ (EUR 200,000):** UnitedGMH partner in Pakistan, Taskeen, is implementing the "Peace Programme" to integrate mental health into services for refugee populations (KII 31). Refugees are defined as TB key populations and prioritized for investment in Pakistan's GC7 grant.
- **Gilead (USD 70,000):** In Pakistan, the People Living with Stigma Index 2.0 was implemented with funding from the Global Fund grant in 2024, via UNDP and the Association of People Living with HIV (APLHIV).[98] UNDP reports being 'a willing partner' to UnitedGMH and described several advocacy meetings (KII 25). For the first time, they added a section in the Stigma Index tool related to mental health services. Based on this new data, APLHIV raised funds from Gilead in 2024 to integrate mental health into 9 ART centres. They screened 6500 people living with HIV and key populations for and referred 123 as a result (KII 23).

There is evidence of direct attribution to UnitedGMH's advocacy for the mental health integration in Pakistan's GC7 grant. UnitedGMH facilitated a link between Taskeen and UNDP, the Global Fund Principal Recipient in Pakistan (KII 25, 31). Taskeen gave a presentation at UNDP's offices about the integration of mental health and HIV, and the two organisations agreed to collaborate (KII 31). UNDP told them what the CCM is, how the proposal development works, and also introduced Taskeen to the CCM in Pakistan, where they did engage (KII 25). UNDP noted that their new virtual platform, Sehat Dost, will include mental health and should be linked with Taskeen (KII 25). The link created between Taskeen and Global Fund PR UNDP has improved access to mental health services for HIV key populations:

> "We have a coalition of more than 100 organisations working on mental health in Pakistan. It's like a national version of UnitedGMH. In the coalition there are lots of non-mental health groups, including CSOs working on transgender issues, and MSM groups, too. UNDP linked us up with those groups" (KII 31)

While this link between Taskeen and UNDP as the Global Fund PR has yielded some good outcomes, the relationship could be strengthened. UnitedGMH's direct involvement was crucial, but momentum dwindled without it according to both Taskeen and UNDP: *"When United would touch base with me, and set things up, things would move"* (KII 25). *"We were supposed to work on joint opportunities together, but there was no follow-up from either side"* (KII 31).

Additional partnerships with government stakeholders may be a future opportunity. In Pakistan, former Minister of Health, Zafar Mirza, is now 'a huge mental health advocate' in his retirement, coordinating a community of practice for mental health practitioners (KII 25).

In Pakistan, community-generated data on mental health is supporting advocacy. One key stakeholder said *"We had no evidence, no data on how mental health is going on"* (KII 23). Ater adding mental health to the Stigma Index 2.0 tool (supported by the Global Fund grant), programming for mental health integration was initiated.

UnitedGMH coordinates across partners at the global, regional, and national levels to create an 'advocacy ecosystem'. Among other initiatives, UnitedGMH serves as the convener and neutral facilitator of an informal Interagency Working Group (IAWG) on Mental Health Integration. There is evidence of IAWG members influencing GC7 processes at country level, suggesting a linkage between UnitedGMH advocacy 'levels'.

UNAIDS is an active IAWG member. In 2022-2023, Pakistan requested and received technical assistance from the UNAIDS Technical Support Mechanism—intended to directly strengthen Global Fund grants—for *"Addressing Mental Health and HIV: Development of a National Training Manual for HIV Counselling and Training of Trainers"*. This assignment enhanced the capacity of counsellors working in ART clinics across Pakistan (54 clinics) and 17 CBOs working under the Global Fund HIV grant. UNAIDS also supported the link to the CCM for Taskeen.

Beyond the IAWG, there is evidence of regional partnerships influencing country-level processes. UnitedGMH partners with APCASO at the regional level in Asia-Pacific. APCASO network member in Pakistan describes the GC7 consultation process they led with more than 500 people, which pushed for mental health inclusion (KII 23). APCASO supported these consultations with Global Fund resources as host of the CRG Regional Platform (part of the Community Engagement Strategic Initiative).

There is consensus that UnitedGMH may be more effective with tailored advocacy agendas in each of their high-touch countries (KII 7, 9, 12, 13, 14, 27, 25, 32). In Pakistan, stakeholders report a recent transition from heroin to methamphetamine as the more common drug of choice, which has a very different mental health profile (KII 25). Advocacy for mental health interventions in this specific context may be especially important.

Country-specific Recommendations for Pakistan:

1. Engage in the NSP review in 2025 to strengthen mental health inclusion in GC8.
2. Advocate for mental health integration for specific TB key populations.
3. Push for funding of above allocation mental health activities using grant savings.
4. Re-ignite the relationship between Taskeen and UNDP for sustained collaboration.
5. Explore opportunities to partner with government stakeholders.

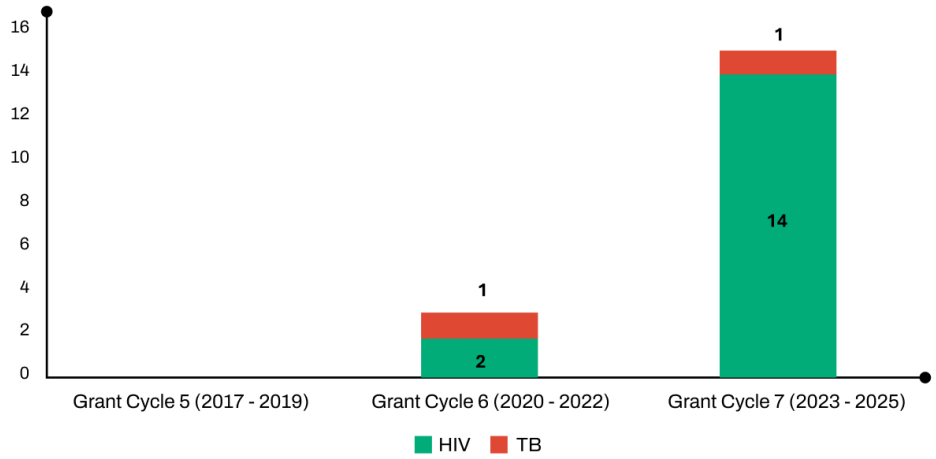
ANNEX 7
Philippines Country Case Study

In the Philippines, UnitedGMH collaborated with LoveYourself and MentalHealthPH. Together with these partners, UnitedGMH aimed to influence increased mental health integration in the Philippines' HIV and TB Global Fund grants for GC7.

National Strategic Plans (NSPs) are the building blocks for Global Fund proposals. The 7th AIDS Medium Term Plan (AMTP) 2023-2028 Philippines includes an indicator on the percentage of people living with HIV linked to mental health (and other) integrated services, to be measured by community-led surveys.[99] UnitedGMH helped shape the 7th AMTP in the Philippines by advocating during consultations at country-level. The Updated Philippine Acceleration Action Plan for TB (PAAP TB) 2023-2035, launched in May 2024, notes that mental health services will be provided as part of support for persons with tuberculosis. It also contains a set of commitments from the labour protection sector, which include conducting advocacy and information dissemination on primary care including mental health for National Government Agencies and employee groups.[100]

There is increased emphasis on mental health in the Philippines' GC7 HIV and TB grants. Mental health was mentioned 14 times for HIV and twice for TB in GC7 the funding request, up from twice for HIV and once for TB in GC6, and no mentions at all in GC5 (Figure 19).

Figure 19. "Mental Health" Mentions in the Philippines' HIV / TB Global Fund Requests



Mental health activities are strategically prioritized for vulnerable groups. In GC7, the Philippines has prioritized mental health as part of integrated HIV, TB and hepatitis services for people who use drugs, people deprived of liberty and people living with HIV.[101] For the prioritized populations in GC7 with mental health integration, UnitedGMH's advocacy may benefit up to 567,135 recipients of care in the Philippines.

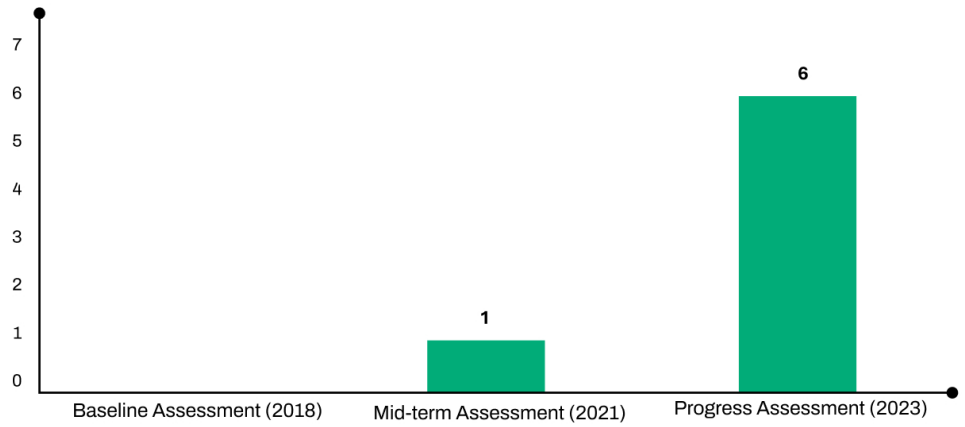
However, while the Philippines' funding request includes packages for 14 TB and HIV key populations, mental health is integrated for only 4 of them (29%). For HIV, mental health is not integrated for sex workers, men who have sex with men, transgender people, or children living with HIV. For TB, mental health is not integrated for children and adolescents, urban poor / slum dwellers, the elderly, or prisoners. These are gaps for future advocacy.

Mental health is increasingly included in the Global Fund's Breaking Down Barriers (BDB) Human Rights Strategic Initiative in the Philippines (Figure 20). Several key informants felt that the Breaking Down Barriers Initiative contributed to the increased focus on mental health in GC7 grants (KII 8, 9, 21). Influencing the BDB technical support to countries may therefore be a strategic advocacy entry point to advance the inclusion of mental health in the grants. Pushing for mental health in the human rights modules is also key. There is a new sub-recipient for human rights in the Philippines in GC7, which may be worth meeting and connecting with (KII 9, 21).

> "Support for mental health has happened at the same time as scale up in human rights budgets, and scale up of key population programmes. There is more budget for stigma and discrimination, paralegals, etc. Because you have the programme that addresses the issues, they go hand in hand" (KII 8)

The 2023 BDB Progress Report for the Philippines makes two mental-related recommendations: (1) The Global Fund should fund the development of mental health training and resilience resources for CARE partners, and that (2) The HIV PR and SR for human rights should conduct security risk assessments and develop risk mitigation plans for human rights activities including mental health resources for implementers.[102]

Figure 20. "Mental Health" Mentions in BDB Assessments in the Philippines[103]



The Philippines's GC7 request had traceable mental health budget lines worth about $2.2 million (Table 17). This is likely an underestimate, since mental health may be integrated in other ways that the budget does not state. There were no above allocation requests for mental health activities, which may be a missed opportunity.

Table 17. Traceable Mental Health Budget Lines in the Philippines' GC7 Funding Request

MODULE	ACTIVITY	BUDGET (USD)
HIV – PREVENTION PACKAGE FOR PUDS	Capacity building of providers on Comprehensive Package of Services (including drug dependence interventions integrated with mental health)	$5,099.10
HIV – PREVENTION PACKAGE FOR PUDS	TA to LGU Community Drug Rehabilitation centres to enhance integrated services including drug-related psychosocial and mental health services (11 cities)	$26,782
HIV – PREVENTION FOR PRISONERS	Provision of integrated primary care services (HIV, STI, Hep B/C, TB, mental health) through outreach	$270,269
HIV – TREATMENT, CARE AND SUPPORT	Hire and retool tasks of peer navigators to enhance post-counselling capacities, including mental health	$1,712,665
HIV – TREATMENT, CARE AND SUPPORT	Develop comprehensive policy on treatment and care on HIV, TB, Hep B and C, and mental health	$72,072
HIV – TREATMENT, CARE AND SUPPORT	Build capacity of primary care providers on mental health, sexual identity development, depression, anxiety, trauma, GBV and substance use.	$6,811
RSSH – HEALTH SECTOR PLANNING AND GOVERNANCE	Strengthen service delivery networks for HIV, integrating non-health sector services like mental health.	$88,000
	TOTAL	$2,181,698.10

There is evidence of direct attribution to UnitedGMH's advocacy for the mental health integration in the Philippines' GC7 grant. UnitedGMH partners with APCASO at the regional level in Asia-Pacific. The lead writer for the Philippines' GC7 grant credits research led by APCASO network member in the Philippines, ACHIEVE, as being the catalyst for mental health integration in the Global Fund grant (KII 5).

In terms of partnerships, Global Fund stakeholders felt UnitedGMH is partnering with the *"key groups to work with"* (KII 9). There also appeared to be very good collaboration between the two national-level partners in the Philippines. One UnitedGMH partner said the other partner *"is a good ally of ours. We have a joint show, an online show"*, with a reported viewership of 5 million people (KII 21).

The Philippines is among the top 12 countries where people visit the UnitedGMH's website, comprising 3.58% of total traffic. This suggests good reach and penetration of digital advocacy materials and messages in a priority country.

One of the key barriers identified was data availability. One of UnitedGMH's partners in the Philippines specifically noted that the lack of robust data on the prevalence of mental health conditions makes their advocacy difficult (KII 17).

Another barrier was a lack of clarity around the specific advocacy asks: "what are we actually pushing for here? What exactly do we want to see? What are the specific interventions?" (KII 7). There were notable "big gaps for mental health integration in RSSH. We need healthcare workers who are trained on mental health and the linkages" (KII 9). Stakeholders also said that "because of the wide range of communities affected in the Philippines for TB, for HIV, there needs to be a lot of nuancing and customisation" (KII 32). She provided greater detail, with recommendations for UnitedGMH:

> "Personally, what I'm lacking is an effective, comprehensive framework that we can use and say, for these communities, these are the experiences at the community level, and these are the manifestations of the issues that they experience that is unique to each of these communities. Therefore, the range of services that should be available for them is this. I think that would really be a good area for expansion for someone like United for Global Mental Health" (KII 32).

Finally, the lead writer of the GC7 grant for the Philippines said that there is a need to map potential implementers of mental health services:

> "Mental health is part of the prevention package, but the difficulty is in the execution. In the two previous [Global Fund grant] cycles, there were no takers [to implement]. It's very difficult to offer the service" (KII 5).

There is some preliminary evidence of good sustainability planning. For instance, the Philippines TB funding request for GC7 notes that the country will review the PhilHealth (national social health insurance) TB, HIV and malaria benefit packages to integrate mental health interventions.[104] UnitedGMH partners expressed eagerness to support this kind of activity: *"For PhilHealth package, we are interested to advocate in this. We have good relationships with the DOH and national centre for mental health"* (KII 17). These kinds of sustainability-related interventions could be encouraged by UnitedGMH in GC8.

Country-specific Recommendations for the Philippines:

1. Explore opportunities for mental health integration in human rights modules.
2. Push for a more ambitious mental health request in GC8, including above allocation.
3. Define population-specific mental health activities, and map potential implementers.
4. Foster community-led research on mental health to improve data availability.
5. Prioritize sustainable financing of mental health, including PhilHealth integration.

ANNEX 8
South Africa Country Case Study

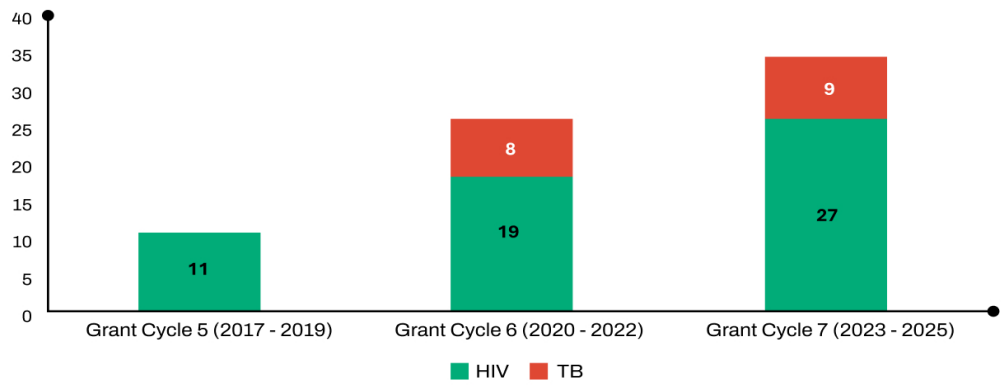
In South Africa, UnitedGMH collaborated with the Foundation for Professional Development and the South Africa Federation for Mental Health. Together with these partners, UnitedGMH aimed to influence increased mental health integration in South Africa's HIV and TB Global Fund grants for GC7.

National Strategic Plans (NSPs) and Investment Cases are the building blocks for Global Fund proposals. For the first time, South Africa's National Strategic Plan for HIV, TB and STIs 2023-2028 defines a minimum package of services for people with mental health conditions.[105] Mental health had one mention in South Africa's 2017-2022 NSP, compared to 157 mentions in the 2023-2028 NSP. In 2021, South Africa launched its first ever Mental Health Investment Case.[106]

This evaluation found a link between the increased emphasis on mental health in South Africa's NSP and Investment Cases, and the advocacy work of UnitedGMH and its parnters. One of UnitedGMH's partners in South Africa said *"we engaged heavily in the NSP process"*, noting the increased emphasis on mental health in the new NSP (KII 14). Another partner in South Africa spoke UnitedGMH's role helping them influence the NSP (KII 28). UnitedGMH pointed out the absence of a budget for mental health, despite many mentions in the text. UnitedGMH supported local partners to write a letter on 3 February 2023 to the South African National AIDS Council (SANAC). As a result, the final NSP includes a standalone line item for mental health in the NSP budget. This partner directly attributes the NSP budget for mental health to UnitedGMH advocacy support: *"What I can say without a doubt, that if it wasn't for the guidance from United, specifically Erin, this [budget line for mental health] would not have happened"* (KII 28). The Mental Health Investment Case also specifically credits UnitedGMH in the process of its development.[107]

Following the successful advocacy for mental health integration in the NSP, there is increased emphasis on mental health in South Africa's GC7 HIV and TB grants. Mental health was mentioned 27 times for HIV and 9 for TB in GC7 the funding request, up from 19 for HIV and 8 for TB in GC6, and 11 mentions in GC5 (all for HIV) (Figure 21).

Figure 21. "Mental Health" Mentions in the South Africa's HIV/TB Global Fund Requests



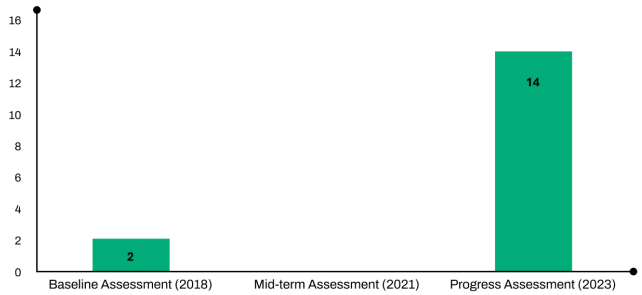
Mental health activities are strategically prioritized for vulnerable groups. In GC7, South Africa's funding request includes packages for 18 TB and HIV key populations, and mental health is integrated for 14 of them (78%). For the prioritized populations in GC7 with mental health integration, UnitedGMH's advocacy may benefit up to 8,174,029 recipients of care in South Africa. The only key populations where mental health is not explicitly integrated in the narrative or budget are prisoners (for HIV and TB), mobile populations (TB), and mining communities (TB). These are gaps for future advocacy.

Mental health is increasingly included in the Global Fund's Breaking Down Barriers (BDB) Human Rights Strategic Initiative in the Philippines (Figure 22). Several key informants felt that the Breaking Down Barriers Initiative contributed to the increased focus on mental health in GC7 grants (KII 8, 9, 21). Influencing the BDB technical support to countries may therefore be a strategic advocacy entry point to advance the inclusion of mental health in the grants. Pushing for mental health in the human rights modules is also key.

> "Support for mental health has happened at the same time as scale up in human rights budgets, and scale up of key population programmes. There is more budget for stigma and discrimination, paralegals, etc. Because you have the programme that addresses the issues, they go hand in hand" (KII 8).

The 2023 BDB Progress Report for South Africa makes a key mental-related recommendation, which guide future advocacy: Ensure support and capacity development for increased TB support groups to be set up and to undertake S&D reduction programmes, including providing counselling and mental health services to address the links between self-stigma, mental health and substance use.[108]

Figure 22. "Mental Health" Mentions in BDB Assessments in South Africa[109]



South Africa's GC7 request had traceable mental health budget lines worth about $8.6 million (Table 18). Of this, $1.0 million is in the above allocation request, which could potentially be funded with savings. The total mental health funding in GC7 may be underestimated, since budgets do not always explicitly note mental health integration.

Table 18. Traceable Mental Health Budget Lines in South Africa's GC7 Funding Request

MODULE	ACTIVITY	BUDGET (USD)
HIV – PREVENTION PACKAGE FOR PUDS	Psychologist / life coach - mental health support	$25,685.39
HIV – PREVENTION PACKAGE FOR AGYW	Promote early identification of mental health issues and suicide detection, especially among ABYM - Workshop to develop and print youth friendly materials	$50,942.69
RSSH: COMMUNITY SYSTEMS STRENGTHENING	CSO training including mental health – HIV/TB comprehensive training	$351,020.33
RSSH: COMMUNITY SYSTEMS STRENGTHENING	CSO training including mental health – HIV Prevention and HTS plus finger prick and adherence support	$800,994.38
RSSH: COMMUNITY SYSTEMS STRENGTHENING	CSO training including mental health – Health promotion training (accredited) for medium grant orgs	$583,546.06
RSSH: COMMUNITY SYSTEMS STRENGTHENING	CSO training including mental health – Training on RTCQI, PSM and TB for 40% from prevention training	$135,333.14
RSSH: COMMUNITY SYSTEMS STRENGTHENING	CSO training including mental health – Training on mental health and wellbeing	$468,122.78
HIV – PREVENTION PACKAGE FOR SEX WORKERS	Transport to attend networking meetings, e.g., with mental health sector, DSD, DOH, human rights sector	$355.85
HIV – TREATMENT, CARE AND SUPPORT	Form teams of doctors, nurses, and mental health specialists to foster collaborative care.	$180,118.78
HIV – TREATMENT, CARE AND SUPPORT	Launch district based community education sessions on HIV viral load management and mental health awareness across the 33 Global Fund districts.	$105,952.22
TB DIAGNOSIS, TREATMENT AND CARE	Social Workers & Social Auxiliary Workers to do adherence counselling, mental health assessment, socio-economic assessment and linkage to social support (12 districts)	$4,898,115.79
RSSH: COMMUNITY SYSTEMS STRENGTHENING	Additional capacity building of community organisations including modules on mental health	$937,000 (above allocation request)
ELIMINATION OF VERTICAL TRANSMISSION OF HIV, SYPHILIS AND HEPATITIS B	Training healthcare workers on EMTCT triple elimination guidelines, including maternal mental health.	$72,400 (above allocation request)
	TOTAL	$8,609,587.41

There is evidence of direct attribution to UnitedGMH's advocacy for the mental health integration in South Africa's' GC7 grant. Stakeholders noted that GC7 is the first cycle where the Mental Health Investment Case for South Africa exists, and cited this as an influential factor in the design of the Global Fund grant (KII 6). Stakeholders in South Africa also made a direct link between UnitedGMH advocacy and the content of the GC7 funding request:

> "We got involved with UnitedGMH around the writing of the new funding request for the Global Fund GC7. We got a chance to comment on it, and we worked with UnitedGMH to review our inputs to make sure there was sufficient referencing. They checked this. It was extremely valuable" (KII 14).

In South Africa, the lead writer of the GC7 funding request recalled (unprompted) the influence of UnitedGMH partners:

> "Through the South African consultations, there was the South African Federation for Mental Health. Yeah, they were included in the consultations, and they also had indicated that there needs to be mental health services at all levels of health care delivery and then have trained health care workers on mental health" (KII 7)

Stakeholders at the Global Fund Secretariat also report being influenced by UnitedGMH advocacy, and taking action to engage the South African GC7 writing team:

> "We had a webinar [with UnitedGMH]. One of the peer counsellors talked about what they are doing. I reached out to UnitedGMH partners and to the TB advisor. He did contact the [GC7] Writing Team about this" (KII 26)

In terms of partnerships, UnitedGMH's South African partners are influential in mental health policy space, though not necessarily in the 'inner fold' of Global Fund decision-making. It was a challenge to engage the CCM. UnitedGMH approached the Global Fund Country Team for help with this in August 2022. The Country Team assisted with an introduction, but it was not until January 2023 that they got a response from the CCM Secretariat (KII 11). Despite this delay, UnitedGMH partners felt: *"They have been doing a good job in terms of advocacy. They have been very effective with the Global Fund people in SA"* (KII 14).

UnitedGMH has also supported local mental health organisations to vie for a seat as an elected representative on the South Africa CCM (KII 2, 28). This has not been successful and was reported as a barrier to engagement (KII 1). In South Africa, another strategy to influence the CCM has been to write letters directly to SANAC (KII 28). The letters did not receive a response, although SANAC did mention UnitedGMH partners as being effective during GC7 country dialogue (KII 7).

UnitedGMH may be more effective at influencing the CCM by forming alliances with relevant representatives—such as those representing adolescents and young people, key populations, or people with disabilities—and advocating through them. Nevertheless, there is also good evidence of UnitedGMH partners working synergistically at country level. In South Africa, one partner noted *"he's really doing the advocacy work, and I'm bringing the technical piece"*, referring to the other UnitedGMH partner (KII 24).

Penetration at the Secretariat seemed better. A Global Fund Secretariat staff said she was aware of UnitedGMH's partners and their advocacy for specific mental health interventions for TB in South Africa: *"I am pushing the Country Team to look at that model and see if it can be included in the funding request"* (KII 26).

Additional partnerships with government stakeholders may be a future opportunity. In South Africa, the Department of Basic Education, Department of Social Development and even the Police Service were said to have advocated for mental health inclusion in GC7 during the country dialogue (KII 7, 33).

There is consensus that UnitedGMH may be more effective with tailored advocacy agendas in each of their high-touch countries (KII 7, 9, 12, 13, 14, 27, 25, 32). Partners felt that addressing the human resources gap for mental health should be the main advocacy priority in South Africa (KII 14). Others said advocacy should centre on mental health and HIV prevention—such mental health screening for PrEP or OST initiation, PrEP adherence, etc—since this is the focus of the Global Fund grant and its performance framework (KII 27). Another suggestion was to focus on the mental health of sex workers' children, who are already prioritized in the grant (KII 7).

There are changes in the Global Fund implementation arrangements at country level, which may form an opportunities for personal advocacy relationships. There are two new Principal Recipients in South Africa for GC7 (grant starting September 2025): The Aurum Institute and the Centre for Community Impact (CCI) (KII 11). There is also a new CCM Manager, who used to be a Fund Portfolio Manager at the Global Fund.

In terms of cost-effectiveness, many stakeholders called for Global Fund grants to focus more on mobilizing lay providers, such as peer educators, for mental health services (KII 14, 24, 27, 30, 31, 33). In South Africa, task-shifting for mental health was noted as a key priority:

> "In our context we shouldn't be relying on psychologists. What can't a lay person or a peer be doing for mental health integration?" (KII 27)

> "The big advocacy point must be about getting these trained lay counsellors. Mozambique has built their whole mental health system on this" (KII 14)

> "We bring in mental health screening questions that anyone who isn't a psychologist or social worker can ask. Maybe a coach or a peer in the school" (KII 33)

Country-specific Recommendations for South Africa:

1. Engage the new Principal Recipients and CCM manager about mental health in GC7.
2. Identify allies on the CCM and aim to influence decisions through them.
3. Advocate for mental health integration for specific neglected key populations.
4. Push for funding of above allocation mental health activities using grant savings.
5. Explore opportunities to partner with government stakeholders.

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