16th March 2021

**Dear Members of the Global Fund Strategy Committee**

As the 6th Partnerships Forum takes place, and as we move into a critical year for mental health and the HIV and TB response, the Global Fund has a unique opportunity to do things differently and transform both the response to the co-epidemics of HIV, TB and mental ill health, and the futures of those affected.

It has long been established that HIV, TB and mental and substance-use disorders are inextricably linked - poor mental health is a risk factor for HIV and TB infection and, once infected, having HIV and/or TB is a huge risk factor for developing mental disorders. We know that people with HIV and TB experience higher rates of depression, which has been linked to higher rates of mortality.

As you help the Global Fund define its new strategy for the coming 5 years, integrating quality mental health services into the Fund's programmes will not only strengthen health systems and promote and protect human rights, but it will also significantly improve the quality of life for millions of individuals living with, or at risk of, HIV and/or TB infection. The intrinsic value of doing this was highlighted by Peter Sands who has signalled a commitment to championing mental health in the Global Fund's work including his powerful address on World Mental Health Day 2020 stressing that; “If we don't deal with mental health we will not deliver the SDG 3 ambition of health and wellbeing for all”.

The Global Fund has the resources, technical knowhow, and foresight to fundamentally strengthen health systems, particularly in low-income settings. Placing person-centred mental health at the heart of HIV and TB approaches, through primary and community level health care, the Global Fund can lay the foundations of rights-based, quality universal mental health coverage in many countries.

The Global Fund can become a trailblazer, yet again, by installing a holistic approach to the ending of the HIV and TB crises through fully integrating psychosocial services throughout your investments. The Global Fund - and you as the committee helping to shape the direction of its work - have a unique opportunity to lead in the integration of mental health into health systems and we call on you to seize this moment. We are all ready to fully support you in this because now, more than ever, it is time to invest in mental health.

**Yours in solidarity,**

This letter has been signed by 385 individuals from 75 countries, including the organisations overleaf. The breadth of those who have signed and are campaigning on this issue helps demonstrate that a wide array of countries, organisations and those representing affected populations recognise that integrating mental health is a central element to successful HIV/AIDS and TB programmes. They are calling for the Global Fund to integrate mental health in order to access Global Fund resources and deliver a more effective response at country and community level.
4M Network, United Kingdom
Accare, Netherlands
Addis Ababa University, Ethiopia
AFEW - AIDS Foundation East-West in the Kyrgyz Republic, Kyrgyzstan
Afyakili, Uganda
Alzheimer México IAP, Mexico
AMBANA SIRENDE CBO, Kenya
American Child Soldier Project Inc, United States of America
APCASCO, Thailand
Asociacion de Alzheimer de Puerto Rico, Puerto Rico
Avert, United Kingdom
Awesome Mind Speaks, Uganda
BasicNeeds, Ghana
BasicNeeds, United States of America
Believe Mental Health Care Organization, Kenya
Bernard van Leer Foundation, Netherlands
Boston University School of Public Health, United States of America
Break Margins Africa, Kenya
Buena Gente, Kenya
BuurtzorgT, Netherlands
CBM, Nigeria
Center for Health Policies and Studies (PAS Center), Republic of Moldova
Centre for Global Mental Health, King's College London, United Kingdom
Centre for Positive Living & Resilience Building, Zimbabwe
Chadala Youth Initiative, Kenya
Cheshire Disability Services, Kenya
Child Protection Force, Sri Lanka
Citta Consultancy, Myanmar
Clubhouse international, United States of America
Coalition for Action for Preventive Mental Health, Kenya
Community Wellness Consultancy Services, Kenya
Community Working Group in Health, Zimbabwe
Consumer Action Network Mental Health Lanka (CANMHLanka), Sri Lanka
CRS, South Africa
Cultivation For Users' Hope, Liberia
Doers, India
Dutch International Mental Health Hub, Netherlands
ECOM - Eurasian Coalition on Health, Rights, Gender and Sexual Diversity, Estonia
Emotion Regulation Lab, United States of America
ENOSH, Israel
Epi-Lab, Sudan
Family Planning Association (FPA), Sri Lanka
Friendship Bench, Zimbabwe
Frontline AIDS, Global
GIZ SRP Sri Lanka, Sri Lanka
Global Black Gay Men Connect, Global
Global Health Law Groningen Research Centre, Netherlands
Global Mental Health Peer Network, Global
GNP+, Global
National Institute of Mental Health, Sri Lanka
NEXUS, Global
NM Impact Ltd, United Kingdom
North Rift Theatre Ambassadors, Kenya
Nyalenda Young Turks CBO, Kenya
NYU Grossman School of Medicine, United States of America
ONE OF US - the Danish anti-stigma campaign, Denmark
Ontario Shores, Canada
Ookpik, Canada
Organisation for Public Health Interventions and Development, Zimbabwe
Overseas Development Institute, Global
Partners in Health, Global
Pema, Kenya
Picture Youth Group, Kenya
Powerfirm Ventures International Inc., Philippines
Psyched Solutions Training and Consultancy, Australia
Q5 Partners, United Kingdom
Raintree Foundation, India
Reach 4 TB, India
RefugePoint, United States of America
Research and Training Center for Community Development, Vietnam
RESULTS CANADA, Canada
RESULTS UK, United Kingdom
Rida Mental Health Consultancy, Ethiopia
RTI International, United Kingdom
S. Thomas's College, Mt. Lavinia, Sri Lanka
Sahara Aalhad, India
Salamander Trust, Niger
Sangath, India
Save the Children, Denmark
Save the Children, Netherlands
Sentido - Centro Peruano de Suicidología y Prevención del Suicidio, Peru
Shikilia Jamii Initiative, Kenya
Shraddha Foundation, India
Sierra Leone Psychiatric Teaching Hospital, Sierra Leone
South African Federation for Mental Health, South Africa
Stellenbosch University, South Africa
Steve Cornforth Consultancy, United Kingdom
Stop TB Canada, Canada
STOPAIDS, United Kingdom
StrongMinds, Uganda
Success Capital NGO, Botswana
TB Alert, United Kingdom
Terre des Hommes, Egypt
The Carter Center, Liberia
The Eurasian Coalition for Health, Rights, Gender and Sexual Diversity, India
The Good Practice Group, Sri Lanka
The Indira Gandhi Memorial Hospital (IGMH), Maldives
The Mandate Health Empowerment Initiative, Nigeria
The MHPSS Collaborative, Denmark
Tinada Youth Organization, Kenya
Udapadee Trust, Sri Lanka
United for Global Mental Health, United Kingdom
University of British Columbia, Canada
University of Washington, United States of America
University of York, United Kingdom
University of Zimbabwe, Zimbabwe
UPCH, Peru
Usuarios de Salud Mental por Nuestros Derechos, Argentina
Warchild, Netherlands
Women Volunteers for Peace, Kenya
Netherlands Society of International Health and Tropical Medicine, Netherlands
World Federation of Mental Health, South Africa
World Health Partners, India
World Vision, India
XYZ Social Greens, Singapore
Young Mentorship Community Based Organization, Kenya
Young Professionals in Foreign Policy, United Kingdom
Youth Haven, Canada
YWCA, Sri Lanka
Zambia Therapeutic Art, Zambia
Zenbaba General Hospital, Ethiopia
Zimbabwe OCD Trust, Zimbabwe

“We will never reach our set targets if mental health is not integrated into HIV and TB primary care - the problems will continue to grow and the people continue to suffer.”

Zani de Wit, South Africa