

Proposed edits to the Zero Draft Political Declaration for the UNAIDS High Level Meeting on HIV

The relationship between HIV and mental illness is not only bi-directional, but negatively synergistic: poor mental health is a risk factor for HIV and TB infection and, once infected, having [HIV](#) is a significant risk factor for developing mental disorders and then not adhering to HIV treatments.

Psychosocial services should be provided at every stage of the care continuum.

Promoting good mental health is a means to prevent infection and strengthen adherence to HIV treatment. Integrating mental health treatment into HIV and TB platforms represents an opportune investment to help achieve global HIV 95-95-95 targets and the SDG 3.3 goals of ending the HIV and TB epidemics by 2030.

Due to the inseparable connection between mental and physical health, optimal suppression of the COVID-19 pandemic also requires investment in mental health services and support alongside investment in physical health measures. The HLM can have a profound impact on global health security and strengthen health systems through catalytic investment in mental health services, especially given the current [lack of funding for mental health](#) despite increased awareness of the issue.

We are asking governments to incorporate the language below into the political declaration for the UNAIDS HLM on HIV. Without integrating mental health and psychosocial services into the HIV care continuum, we will not reach the global targets UNAIDS is committed to achieving.

Below you will see an opportunity to integrate mental health into select sections of the zero draft political declaration. We have included the proposed additional text **in yellow**.

Part 1: CALL TO ACTION

Suggested additional point: Acknowledge the importance of mental health and psychosocial support services as a key priority in the fight against HIV; and commit to supporting quality of life initiatives, especially person-centred community-led initiatives, as part of the essential support and services for people living with HIV.

Reasoning: *Due to the close link between mental and physical health, overlapping key populations, the optimal suppression of the COVID-19 pandemic while also achieving HIV targets requires investment in mental health and psychosocial support (MHPSS) alongside investment in physical health measures.*

PART II: THE END OF AIDS IS IN REACH, BUT URGENT ACTION IS NEEDED

Progress and gaps

Proposed edit to para 32: Note that over 26 million people living with HIV are on antiretroviral treatment, **and these people should be offered regular mental health screening and access to quality mental health and psychosocial support in order to improve quality of life.** Note that - 12 million people living with HIV still do not have access to treatment and that these 12 million are prevented from accessing treatment due to

inequalities, multiple and intersecting forms of discrimination and structural barriers, **offering mental health support alongside ART is one way to decrease these structural barriers.**

PART III: COMMITMENTS

Effective implementation of combination HIV prevention

Proposed edit to para 46/a: Increasing national leadership, resource allocation and other evidence based enabling measures for proven HIV combination prevention, including condom promotion and distribution, pre-exposure prophylaxis, voluntary male medical circumcision, harm reduction, including needle syringe programmes and opioid substitution treatment, sexual and reproductive health services, including screening and treatment of sexually transmitted infections, **mental health and psychosocial services, including regular screening for mental health conditions and access to quality psycho-social support**, enabling legal and policy environments and age-appropriate, evidence-based comprehensive sexuality education, in and out of school;

Proposed edit to para 46/c: Using national epidemiological data to identify other priority populations who are at higher risk of exposure to HIV and work with them to design and deliver comprehensive HIV prevention services; these populations may include women and adolescent girls and their male partners, young people, persons with disabilities **(including psychosocial disabilities)**, ethnic and racial minorities, indigenous peoples, people living in poverty, migrants, refugees and people in humanitarian emergencies and conflict and post-conflict situations;

HIV testing, treatment and viral suppression

47: Commit to achieve the 95–95–95 testing, treatment and viral suppression targets within all subpopulations, age groups and geographic settings, including children and adolescents living with HIV, ensuring that by 2025, at least 32 million people living with HIV access treatment, by:

Proposed additional sub-paragraph, 47e: **Committing to achieve the ‘fourth 90’: by 2028 90% of people living with HIV and people at risk are linked to people-centred and context-specific integrated mental health and psychosocial services. [\(as proposed by UNAIDS strategy, pg 83\)](#)**

Gender equality and empowerment of women and girls

Proposed edit to para 49d: Eliminating all forms of sexual and gender-based violence, including intimate partner violence, by establishing and enforcing laws, changing harmful gender and social norms, perceptions and practices, and providing tailored services that address multiple and intersecting forms of discrimination and violence faced by women living with HIV, indigenous women, women with disabilities **(including psychosocial disabilities)**, women who use drugs, women in prisons, transgender women, sex workers, migrant women and other key and marginalized women;

Proposed edit to para 49f: Ensuring by 2025 that 95% of women and girls of reproductive age have their HIV and sexual and reproductive **and psychosocial** health and service needs met;

Community leadership

Proposed edit to para 50c: Adopting and implementing laws and policies that enable the sustainable financing of people-centred, integrated, community-led HIV service delivery, **including associated community based mental health and psycho-social support** - including through social contracting and other public funding mechanisms;

Realizing human rights and eliminating stigma and discrimination

Proposed edit to para 51b: Adopting and enforcing legislation, policies and practices that prevent violence and other rights violations against people living with HIV and key populations and protect their rights to the highest attainable standard of health **including mental health**, education and adequate standard of living, including adequate, food, housing, employment, and social protection, and that prevent the use of criminal and general laws to discriminate against people living with HIV and key populations;

Investments and resources

52: Commit to enhancing global solidarity to close the HIV response resource gap and increasing annual HIV investments in low- and middle-income countries to US\$29 billion by 2025 by:

Proposed additional sub-paragraph, 52f: **Committing to integrating quality MHPSS into all relevant investments for people living with or at risk of HIV.**

Reasoning: *Groups most at risk for mental health conditions, HIV and TB overlap considerably, not only reinforcing the bi-directional nature of poor mental health, HIV and TB but also providing considerable return on investment of mental health services and significant impact and efficiency of interventions.*

Universal Health Coverage and Integration

53: Commit to accelerating integration of HIV services into universal health coverage and strong systems for health and social protection, building back better and fairer from COVID-19 and humanitarian crises, and strengthening global health security and future pandemic preparedness by:

Proposed additional sub-paragraph, 53c: **Increasing resources and capacity to provide mental health and psychosocial services at every stage of the care continuum. The right to good mental health must be promoted and protected especially among the key populations that are vulnerable to HIV and poor mental health, in order to achieve successful HIV outcomes. In focussing psychosocial support efforts on these vulnerable populations as part of a holistic HIV response, we will also be promoting a person-centred communities-based approach whilst fighting inequity.**

Reasoning: *In order to achieve long term gains, there needs to be an increase in resources and capacity for providing psychosocial services at every stage of the care continuum. It is critical, that as with an entire health system, mental health promotion, prevention and treatment services are fully integrated into the strategy to end HIV and AIDS.*



*There is [significant evidence](#) that without integrating mental health and psychosocial support across the care continuum the SDGs and global 95-95-95 targets will not be achieved. By **having mental health placed at the core of the approach** (instead of as a 'bolt-on'), progress could be expedited and global targets met sooner.*

UNAIDS Joint Programme

Proposed edit to para 56b: Requesting UNAIDS to continue to support Member States in addressing the social, economic, political, financial, **psychosocial**, human rights and structural drivers of the AIDS pandemic;