Mental Health in the Global Fund’s post-2022 strategy narrative

August 2021
This document aims to provide the Global Fund with suggested narrative for their post-2022 strategy, with example text for each section of the document showing how mental health and psychosocial support (MHPSS) can be fully integrated into the strategy, and therefore into the Global Fund’s work, grants, and approach. The document shows how the Global Fund can instill a holistic approach to mental health, instead of viewing mental health as a sub-sector of the health system. It also highlights how critical MHPSS is to achieving global HIV and TB targets.

The text in this report has been written by United For Global Mental Health and partners, as a suggestion for how the Global Fund should integrate mental health into their post-2022 strategy, the headings are those we expect to see in the strategy narrative, following the agreed strategy framework, but may change.

Note: while there is documented evidence of the impacts of cerebral malaria on mental health, this briefing is focused on HIV and TB where there is greater evidence at this time of the urgent need to integrate mental health in all programming.

OVERVIEW

The relationship between HIV/TB and mental illness is bi-directional and negatively synergistic, and key vulnerable population groups for mental ill health, HIV and TB overlap considerably. Countries must be supported to implement and sustain impactful programmes targeting the psychosocial impact and risks for people at risk of, or living with HIV and TB.

THE CURRENT CONTEXT

COVID-19 threatens progress in the prevention, diagnosis and treatment of HIV, TB and malaria, as well as exacerbating the global mental health crises. Due to the close link between mental and physical health, optimal suppression of the COVID-19 pandemic, reaching HIV and TB targets requires investment in mental health and psychosocial support (MHPSS) alongside investment in physical health measures.

HIV/AIDS

Addressing mental health and substance use problems is essential to fighting the HIV epidemic. Evidence shows that poor mental health is a risk factor for HIV exposure, complicating the disease course and negatively impacting treatment adherence

Conversely, people living with HIV have higher rates of depression and other common mental health conditions. As HIV and mental health are intrinsically linked, all Global Fund HIV programmes must take mental health into account in order to contribute to building resilient and sustainable systems for health as well as maximizing the impact against HIV.

TUBERCULOSIS

Integrating mental health care services into all Global Fund programmes is essential in maximizing the impact against TB. Individuals with mental disorders have a 4 times greater risk for any negative TB outcome; and for people with TB, those suffering from depression are three times more likely to die. Research shows that alcohol use disorders are linked to 10% of all TB infections. People living with TB have higher rates of common mental health conditions including depression, which adversely affects treatment adherence.

Without addressing mental health and substance use problems, an effective response to TB will remain elusive.

1 Depression is a risk factor for noncompliance with medical treatment: meta-analysis of the effects of anxiety and depression on patient adherence. 
2 Psychological predictors for attendance of post-HIV test counselling and linkage to care: the Umred cohort study in Goa, India. 
3 UNAIDS MENTAL HEALTH AND HIV. 
6 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6953784/ 
MALARIA
Providing MHPS to people at risk of or living with malaria should be provided as part of efforts to ensure universal provision of MHPS for all those requiring support.

MUTUALLY REINFORCING CONTRIBUTORY OBJECTIVES

Maximising people-centred integrated systems for health delivery impact, resilience and sustainability
Operational objective: mental health and psychosocial support is integrated into all relevant Global Fund financed programmes.

The Global Fund acknowledges that viral suppression and biological treatment is not the ultimate goal of treatment, people living with HIV or TB in particular, should also have support to be empowered, engaged and resilient with a good quality of life. Resources will be allocated to quality of life initiatives, especially person-centred community-led mental health and psychosocial support initiatives, as part of essential support and services for people living with HIV, TB, and malaria. This will include, but not limited to, mental health screening, peer-to-peer support, counselling and other talking therapies, and pharmaceuticals.

Placing mental health and psychosocial support at the heart of HIV and TB approaches, primarily through primary and community level health care using a rights-based approach, the Global Fund will begin to lay the foundations of quality universal mental health coverage in many countries. It will help ensure universal health coverage really does include physical and mental health.

Maximising the engagement and leadership of most affected communities to leave no one behind
Operational objective: work with the leadership of key populations to ensure that mental health promotion and prevention efforts of the Global Fund reach those most in need.

Groups most at risk for mental health conditions, HIV and TB overlap considerably, not only reinforcing the bidirectional nature of mental ill health, HIV and TB but also providing considerable return on investment of mental health services and significant impact and efficiency of interventions.

Working with leaders in these key populations to ensure a holistic approach to mental health and psychosocial support and HIV / TB prevention, will be a huge opportunity to advance the rights of all persons and reduce infection rates.

Maximising health equity, gender equality and human rights
Operational objective: The right to the highest attainable level of mental health will be upheld

The right to good mental health is a global public good, and a fundamental human right for all. There are significant overlaps between key and vulnerable groups for mental ill health and those at risk from HIV and TB. Far too often these key and vulnerable groups have their human rights abused or disregarded due to their mental ill health as well as the reasons that make them vulnerable to HIV and TB infection. The Global Fund will help to promote and protect the right to good mental health amongst people that are vulnerable to ill mental health, HIV and TB. The Global Fund will continue to fight inequity by focussing mental health and psychosocial support efforts on these vulnerable populations as part of the holistic HIV and TB planning and upholding a rights-based approach.

Overlapping key and vulnerable populations include:
- Gay men, and other men who have sex with men
- Sex workers
- People who inject drugs
- Adolescents
  - ‘Adolescents and young people living with HIV are in particular need of tailored services that address their physical and mental health and well-being, and that support them as they transition to adult health services.’ (UNAIDS 2021 strategy)
- People who are homeless, or incarcerated have higher levels of poor mental health and substance abuse, in part due to stigma, and therefore greater risk for HIV and/or TB.

EVOLVING OBJECTIVES

Contribute to pandemic preparedness and response
Operational objective: The full and immediate integration of mental health and psychosocial support into pandemic preparedness and responses.

The current COVID-19 pandemic has highlighted the impact that pandemics can have on mental health and the need for mentally healthy societies to help reduce the impact of future pandemics. Some groups are proven to be more vulnerable to mental ill health during and after pandemics and this include: those with existing mental health conditions, frontline workers, COVID-19 patients and their families, drug and alcohol users, the elderly, women, children, the LGBT+ community and those living in conflict settings. In some cases, such as long-COVID, the impacts are expected to be long-lasting.
to last several years. In other cases, marginalised communities such as the LGBT+ community are targeted during pandemics and made scapegoats in the absence of a full understanding of the disease impacting their community.

During public health emergencies, vulnerabilities to HIV and TB infection, such as mental ill health reducing treatment adherence, can also be heightened. The Global Fund will ensure that mental health and psychosocial support is fully and immediately integrated into pandemic preparedness, response and recovery efforts, focussing particularly on vulnerable populations, in order to support and treat those with mental ill health, prevent mental ill health, protect HIV and TB physical outcomes, and build good mental health and resilience in preparation for future pandemics.

GLOBAL PLANS AND TARGETS

Tuberculosis
By 2028 90% of people that have TB are screened for a mental health condition, and 90% of people who are identified as needing mental health support receive quality MHPSS as part of their TB care.

HIV
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. Poor mental health, and mental disorders, are associated with increased morbidity, mortality, drug-resistance, and community transmission. Therefore, promoting good mental health is a means to prevent infection and strengthen adherence to HIV and TB 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 End TB Strategy, as well as the SDG 3.3 goals of ending the HIV and TB epidemics by 2030. This can be achieved by comprehensively including mental health in the Global Fund 2023-2028 strategy.

ANNEX 1 - MENTAL HEALTH, HIV AND TB

WHY SHOULD THE GLOBAL FUND ENSURE MENTAL HEALTH IS A KEY COMPONENT OF THE 2023-2028 STRATEGY?

The relationship between HIV/TB 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 and/or TB are significant risk factors for developing mental disorders and then not adhering to HIV and TB treatments.

A 2020 paper that reviewed the link between depression and TB reported, “most studies on the comorbidity of TB and depression reveal a significant correlation between depression and poor adherence to TB treatment, as well as higher rates of treatment failure, development of antimicrobial resistance, and higher mortality rates.”

Individuals with TB have a 3 times greater risk for depression than those without TB: for these individuals, depression is associated with a 3 times greater chance of death and almost 9 times higher risk for loss to follow up during TB treatment. Investing in the treatment of mental disorders could mitigate these outcomes by improving survival and preventing further disease spread.

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 Global Fund’s actions can have a profound impact on global health security and strengthening health systems through catalytic investment in mental health services, especially given the distinct lack of funding for mental health despite increased awareness of the issue.

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

The potential impact of mental health integration into HIV and TB programmes

New research commissioned by United for Global Mental Health (UGMH) now demonstrates what has been long suspected: integrating basic mental health and psychosocial services into HIV and TB programmes will not only help millions of vulnerable people with ill mental health, but contribute ending these pandemics much quicker, it does not need to be expensive. The research shows that between now and 2030 it would:

- Speed up the reduction of HIV infections by 10-17%
- Speed up the reduction of TB infections by 13 - 20%
- See almost 1 million people avoid contracting HIV - the equivalent to the total number of new infections currently predicted for 2026
- Avoid as many as 14 million TB infections - more than the total number of new infections predicted for 2026

Psychosocial services do not need to be expensive and it is certainly cost-effective: evidence shows benefits outweigh the investment required; while integration may not increase the cost of treatment.

This supports the case that mental health needs to be immediately placed at the centre of the world’s HIV and TB response, through full integration supported by adequate funding.

**Projection for SDG target 3.3.1 - Number of new HIV infections per 1,000 uninfected population**

**Projection for SDG target 3.3.1 - Tuberculosis incidence per 100,000 population**

- **Current trend**
- **Business as usual**
- **Bending the curve**

At least 10% faster progress in SDG 3.3.1 progress reducing the number of new HIV infections.

Up to 20% faster progress in SDG 3.3.1 progress reducing the incidence of tuberculosis.

As many as 924,530 new HIV infections could be avoided by 2030.

As many as 14 million TB cases could be avoided by 2030.
Given the significant benefits that integrating mental health into HIV and TB programmes would have, governments, donors and global institutions must:

Increase investment in providing mental health and psychosocial services at every stage of the HIV and TB care continuum. Take a holistic approach that fully integrates mental health and psychosocial services throughout HIV and TB programmes, not see this as an “add on.” Focus protection of the rights of key populations who are most vulnerable to mental ill health, as part of fighting inequity.

Expand on research to better understand the potential physical, mental and financial returns of integrating mental health and psychosocial support into HIV and TB programmes.

WHY INVESTING IN MENTAL HEALTH MATTERS

TESTING
Individuals with unsupported mental health conditions, such as depression, anxiety, and substance use disorders are less likely to seek testing for HIV and/or TB, and less likely to follow advice given in response to their test result.

ADHERENCE
Mental health conditions adversely impact medication adherence for HIV, TB, and TB/HIV coinfection. As a result, they are at significant risk to developing drug-resistance, loss to follow up and increased mortality.

OVERLAPPING RISK FACTORS
Significant risk factors for HIV, TB and many mental health conditions include harmful substance and alcohol use, and traumatic life experiences. These are associated with poor medication adherence and treatment outcomes.

OVERLAPPING KEY AND VULNERABLE POPULATIONS
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.

RETURN ON INVESTMENT
Economic modeling suggests that for every $1 invested in treating common mental disorders, up to $5.70 is saved in economic cost and health returns. For HIV and TB, savings are estimated at $6.40 and $43, respectively, but investment is needed to achieve these gains. Investing in the integration of mental and substance use disorder treatments, as well as harm reduction interventions, into HIV and TB platforms may synergistically increase those gains by reducing community transmission and drug resistance, as well as social and economic costs to individuals and households affected by these multimorbidities. Integrating mental health services into TB and HIV platforms can lead to long term savings but may require a modest up front investment (e.g. hiring staff).

If the international community is able to target these key populations with a holistic approach to mental health support and HIV/TB prevention, this will be a huge opportunity to reduce infection rates.

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  - ‘Adolescents and young people living with HIV are in particular need of tailored services that address their physical and mental health and well-being, and that support them as they transition to adult health services.’ (UNAIDS 2021 strategy)
  - People who are homeless, or incarcerated have higher levels of poor mental health and substance abuse, in part due to stigma, and therefore greater risk for HIV and/or TB.

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HOW CAN MENTAL HEALTH BE INTEGRATED INTO EXISTING HIV AND TB PROGRAMMES?

Several low-cost, evidence-based community mental health interventions exist which offer a proven, cost-effective way to improve these outcomes, some examples can be found in the following list:

1. Key Considerations For Differentiated Antiretroviral Therapy Delivery For Specific Populations: Children, Adolescents, Pregnant And Breastfeeding Women And Key Populations
2. UNAIDS fourth annual progress report,
3. Prevailing Against Pandemics - UNAIDS (Pg 68 table 8)
4. MHGap Intervention guide
5. Tuberculosis: an opportunity to integrate mental health services in primary care in low-resource settings
6. A Deadly Divide: TB Commitments vs. TB Realities
7. Mental health and HIV/AIDS, the need for an integrated response

In order to achieve long term gains, the Global Fund should increase 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 approach of the Global Fund to end HIV and TB. There is significant evidence that without integrating mental health and psychosocial support across the care continuum the aims of the Global Fund will not be achieved. By having mental health placed at the core of how the Global Fund approaches human rights, (instead of as a ‘bolt-on’), progress could be expedited and global targets met sooner.

The Global Fund should help to promote and protect the right to good mental health in the populations that are vulnerable to poor mental health, HIV and TB. In focussing psychosocial support efforts on these vulnerable populations as part of holistic HIV and TB planning, the Global Fund will also be promoting a person-centred communities-based approach whilst fighting inequity.