



MENTAL
HEALTH
IN THE
GLOBAL
FUND
STRATEGY

**UNITED
FOR
GLOBAL
MENTAL
HEALTH**

MENTAL HEALTH IN THE GLOBAL FUND'S

POST-2022 STRATEGY

This document aims to provide the Global Fund with suggested text 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.

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.

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.

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.

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).

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.

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.

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.

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.

The text below 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.

OVERVIEW

The relationship between HIV/TB and mental illness is bi-directional and negatively synergistic, and key vulnerable population groups for ill mental 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, whilst 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^{1 2 3}. Conversely, people living with HIV have higher rates of depression and other common mental health conditions^{4 5}. 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^{6,7,8}. 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 depression⁹, which adversely affects treatment adherence¹⁰. Without addressing mental health and substance use problems, an effective response to TB will remain elusive.

STRATEGIC THEMES

Resilient and Sustainable Systems for Health

Placing mental health at the heart of HIV and TB approaches, primarily through primary and community level health care, 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.

Rights based, person centred approach

The right to good mental health is a global public good, and a fundamental human right for all. 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 psychosocial support efforts on these vulnerable populations as part of the holistic HIV and TB planning.

Quality of life

Resources will be allocated to quality of life initiatives, especially person-centred community-led initiatives, as part of essential support and services for people living with HIV¹¹ and/or TB. The Global Fund acknowledges that viral suppression and biological treatment is not the ultimate goal of treatment, people living with HIV or TB, individuals should also have support to be empowered, engaged and resilient with a good quality of life.

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.¹²

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 Umeed cohort study in Goa, India

3 UNAIDS MENTAL HEALTH AND HIV

4 IHME. Global Health Data Exchange - GBD Results Tool. 2017

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

6 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6953784/>

7 <https://pubmed.ncbi.nlm.nih.gov/29179720/>

8 <https://pubmed.ncbi.nlm.nih.gov/33173879/>

9 Sweetland AC, Kritski A, Oquendo MA, et al. Addressing the tuberculosis-depression syndemic to end the tuberculosis epidemic. *Int J Tuberc Lung Dis* 2017; 21: 852-61. [PMC free article] [PubMed] [Google Scholar]

10 Ambaw F, Mayston R, Hanlon C, Medhin G, Alem A. Impact of untreated depression on tuberculosis treatment outcomes, disability, and quality of life in Ethiopia: a cohort study. *WHO Bulletin* 2018; 96: 243-55.

11 https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf page 72

12 https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf page 83

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MARCH 2021



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