Integration of Mental Health into the Global Fund’s response to HIV and TB through the Sixth Replenishment Process, October 2019: ‘Better mental health to end HIV and TB.’

Without addressing mental health, there will be no end to HIV or to TB. As a world leader in the fight against HIV, TB and Malaria, the Global Fund must use the opportunity of the 6th Replenishment Conference (being held on World Mental Health Day 2019) to strengthen the integration of mental health into its responses to HIV and TB.

People with HIV and/or TB have greater risk for mental disorders, which are associated with increased morbidity, mortality, drug-resistance, and community transmission. Treating mental disorders among individuals with HIV is associated with greater medication adherence, and the same is likely for TB though more operational research is needed. Integrating mental health treatment into HIV and TB platforms therefore represents an opportune investment to help achieve the SDG 3.3 goals of ending the HIV and TB epidemics by 2030.

The risks and consequences of poor mental health, HIV and/or TB

The relationship between HIV/TB and mental illness is bi-directional: 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.

- **Depression** is the most common mental disorder affecting people living with HIV and/or TB; risk for depression is two\(^{ii}\) and three\(^{iii}\) times higher for people with HIV and TB, respectively. Risk for depression among individuals with TB/HIV coinfection may be even higher.\(^{iv}\) A pooled estimate is that 24% of people with HIV in sub-Saharan Africa have depression (95% CI range was 12.5%-42.1%).\(^{v}\) The prevalence of depression is estimated to be as high as 50% among individuals with tuberculosis\(^{vi}\), with other reviews suggesting even higher levels of co-morbidity between TB and all forms of mental disorder.\(^{vii}\)
- 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,\(^{viii}\) and follow advice given in response to their test result.\(^{ix}\) Mental health conditions **adversely impact medication adherence** for HIV, TB, and TB/HIV coinfection.\(^{x,x,i,x}\) As a result, they are significant risk factors for developing **drug-resistance**,\(^{xii}\) **loss to follow up** and **death**.\(^{xiv}\)
- **Significant risk factors for both HIV** and TB,\(^{xvi}\) include harmful substance use, poor mental health outcomes and traumatic life experiences. There are associated with poor medication adherence and treatment outcomes.
- Several **key populations** (such as gay and other men who have sex with men, sex workers, and people who inject drugs) and **vulnerable groups** (homeless, 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. Moreover, **adolescents** are at higher risk of poor mental health, substance abuse and death by suicide than the average population. **Young women** are at a particularly high risk of poor...
mental health and death by suicide in LMICs; they are also at high risk of HIV and TB infection due to gender based violence and unprotected sexual intercourse.

- Other risk factors include severe mental disorders and adverse side-effects associated with HIV and/or TB medications.

**Poor mental health will negatively impact on global HIV and TB targets**

*It is highly unlikely that the SDG targets for HIV and TB will be met unless global, national and sub-national approaches are supported by adequate attention and resources for mental health.*

In order to attain the SDG 3.3 goal to bring an end to AIDS by 2030, three targets have been set for 2020, known as the three 90’s: by 2020, 90% of all people living with HIV will 1) know their HIV status; 2) will receive ART; and 3) achieve viral suppression. Three more ambitious targets - 95-95-95 - have been set for 2030. The WHO End TB Strategy 2015-35 explicitly calls for tuberculosis and mental health treatment integration, as an essential element of “integrated patient-centered care.” Globally, the 90-90-90 and 95-95-95 targets are off track and will remain so without mainstreaming mental services into HIV and TB interventions - only 57% of people living with HIV globally are on ART, and only 47% are virally suppressed.

**Key populations and vulnerable groups** (including adolescents) have the poorest access to mental health services – and increased risk of HIV and TB transmission – contravening the Leave No One Behind commitment. Such individuals often encounter hostile attitudes on the part of health workers due to stigma and discrimination relating to their identities.

**Integrating mental health into HIV/TB is cost-effective and evidence-based**

Robust evidence suggests that treating depression and substance-use disorders can improves sustained antiretroviral therapy (ART) adherence, with one study showing an 83% improvement in HIV treatment adherence for participants who received mental health services (including pharmacological treatment rather than only psychological services). There is a significant need for operational research to determine whether the same is true for TB. The WHO’s Mental Health Gap Action Programme (mhGAP) has identified several evidence-based psychological and medical interventions that can be delivered effectively by non-mental health specialists with adequate supervision. They have developed a suite of resource materials for both trainers and health workers, ready to be integrated into the frequent standard HIV and TB training curriculums necessary for effective infectious disease control. A recent survey of national TB programme directors from 26 mostly high-burdened TB, TB/HIV and/or drug-
resistant TB countries found very high receptivity to mental health service integration if effective, low-cost interventions were available. xvii

The critical opportunity: the Global Fund replenishment in 2019

The Global Fund replenishment provides a timely and urgently needed opportunity to provide adequate mental health services that will not only lower HIV and TB transmission rates, improve the lives of those living with HIV and TB but also allow the next significant step towards HIV and TB eradication.

For HIV, the Global Fund is the major source of funding for LMICs after the US government’s PEPFAR programme, providing USD 1.98 billion (22%) in 2017 of total external funding of USD 9.01 billion. xviii For many countries, these two sources provide a significant proportion of HIV funding, especially for priority groups such as members of key populations and youth. The Global Fund is the leading international contributor to TB programmes, providing 65% of all international contributions. The Global Fund, therefore, is the critical player in resourcing the continued push to end HIV and TB by 2030. The Global Fund needs to step up on the integration of mental health to end HIV and TB by 2030.

Currently, the Global Fund works to a five-year cycle. Replenishment occurs primarily through a conference with the next scheduled for Lyon, France on 10 October 2019 (World Mental Health Day). Typically, it takes a further year to develop guidance, for implementing partners to develop proposals, and the Global Fund to review proposals and agree grants. Implementation follows for the next three years. Replenishment therefore provides a highly important one-in-three years opportunity for the Global Fund to acknowledge the importance of, and act on, the integration of mental health into its response to HIV and to TB. Commitment to integration is already rising among key stakeholders including UNAIDS and WHO, the US government through PEPFAR, and the UK government through DFID.

The global TB community has recognized TB and mental health integration as a priority, though more operational research is sorely needed. TB and mental health service integration has been recognized as a critical element of the WHO End TB Strategy, and the Declaration of the High-Level Meeting on TB held in September 2018 made a clear commitment to integration of mental health into the TB response. Recipient countries are also recognizing its importance in national HIV and TB strategies and clinical guidelines. Despite this progress, leaving this acknowledgment for implementation after the next replenishment in 2022 will be too late for the attainment of the 2030 targets.

Stepping up the integration of mental health into its responses to HIV and to TB would align with key themes in the Global Fund’s Investment Case, ‘Step up the Fight’. In particular, the emphasis on scaling up prevention and treatment, and on innovation and executing programmes more effectively.

Themes in the Global Fund’s Investment Case: ‘Step up the Fight’

- Scaling up prevention and treatment, especially:
  - for key populations
  - for adolescent girls
  - to reach the missing to access testing and treatment
  - for TB, ‘today’s most deadly infectious disease, and with deaths from drug-resistant TB accounting for about one-third of all AMR deaths’
- Taking two key approaches: Innovation & Executing Programmes More Effectively
Further, mental health interventions would directly contribute to two of the current Global Fund KPIs: (1) number of people alive on ARV therapy (2) number of TB cases treated according to WHO end TB strategy.

**Recommendations**

As a world leader in the fight against HIV and TB, the Global Fund must use the opportunity of the 6th Replenishment Conference (being held on World Mental Health Day 2019) to introduce integration of mental health into its responses to HIV and TB.

- **Specific actions of the Global Fund:**
  - Clear affirmative guidance provided in the information for prospective implementing partners formulating proposals that states mental health should be integrated into plans to prevent and treat HIV and TB.
  - Commitments to integration of mental health supported by timely and adequate funding to deliver these programmes.
  - Agreement to work closely with WHO and other organisations in order to have the appropriate technical capacity to promote mental health integration.
  - Ensure that for people with severe mental disorders and TB and/or Hepatitis B, prescribers should take into account the potential for drug-drug interactions between TB medicines, medicines for hepatitis B and C with psychotropic medicines (in accordance with WHO guidelines, 2018).xxxv xxxvi
  - Ensure that for people with severe mental disorders and HIV/AIDS, prescribers should take into account the potential for drug-drug interactions between antiretroviral drugs and psychotropic medicines (in accordance with the WHO guidelines, 2018).xxxvii

- **Prospective donors**, in their engagement relating to the replenishment, should endorse the integration of mental health as an innovative approach to improve programme efficiency, particularly to increase numbers accessing treatment for HIV and for TB, and to improve treatment outcomes.

- **UNAIDS and WHO** should publish clear guidance on the effective integration of mental health into the responses to HIV and to TB as a matter of urgency.

- **Donors working with the Global Fund** must ensure that the integration of mental health is coordinated across global and national actors, using global mechanisms such as the SDG 3 Action Plan, and ensuring mental health integration into HIV and TB services through whole system UHC approaches at national and sub-national levels.

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This paper was produced by United for Global Mental Health with the help of Nigel Taylor; Mark van Ommeren and Tarun Dua (WHO); Pamela Collins (University of Washington); and Annika Sweetland (Columbia Mailman School of Public Health).

For more information on United for Global Mental Health see: [www.unitedgmh.org](http://www.unitedgmh.org)
Endnotes

i United for Global Mental Health would like to thank Nigel Taylor; Mark van Ommeren and Tarun Dua (WHO); Pamela Collins (University of Washington); Annika Sweetland (Columbia Mailman School of Public Health).


xix WHO (2010), Mental health and development: targeting people with mental health conditions as a vulnerable group, WHO


Copenhagen Consensus Center. Health - Infectious Diseases.


WHO. Mental Health. mhGAP evidence resource centre.


See documents from the UNAIDS thematic meeting on ‘mental health and HIV’ at the 43rd PCB meeting in December 2018

For example, , page 388ff.

See para 14 and 17: https://www.who.int/tb/unhlmonTBDeclaration.pdf.

For example, the South Africa National Strategic Plan for HIV, TB and STIs, 2017-22. WHO (2016) Implementing the End TB Strategy: the essentials.

For example, Consolidated guidelines for the prevention and treatment of HIV and AIDS in Uganda, September 2018

https://www.theglobalfund.org/en/stepupthefight/

WHO (2018), Management of physical health conditions in adults with severe mental disorders, WHO


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