



REAL VOICES. REAL FUNDING. REAL CHANGE

This World Mental Health Day, “Lived experiences heard: real voices, real change” must change how people receive care. The [Global Fund Advocates Network Asia-Pacific \(GFAN AP\)](#), [Activists’ Coalition on TB – Asia-Pacific \(ACT! AP\)](#), [CSO Platform](#), [Seven Alliance](#) and [United for Global Mental Health](#) call on governments, donors and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) partnership to full and sustainably integrate mental health into HIV, tuberculosis (TB), malaria and primary health care. People with lived experience must have the power to shape decisions and access care that protects their dignity, rights and well-being.¹

HIV, TB and Malaria and Mental Health

For people living with HIV and key populations, stigma, criminalisation and financial insecurity can put mental health support and HIV services out of reach. A [five-country Asia-Pacific study](#) published in 2022 found moderate-to-severe depressive symptoms in 19% of 864 adults attending HIV clinics in China, Malaysia, the Philippines, South Korea and Thailand.

“Make peer-led mental health support a core part of HIV care, where key populations feel safe, respected and understood. Governments and donors must fund permanent peer roles with training, supervision and clear pathways to clinical support, so no one risks discrimination, exposure or punishment when asking for help,” said Sita Shahi, Regional Coordinator, International Community of Women Living with HIV Asia Pacific (ICWAP).

Confidential counselling, peer support and mental health care must be part of HIV prevention, treatment, and care, with clear referral pathways when additional support is needed. Governments must translate WHO’s 2025 recommendation to integrate mental health care into HIV services into accessible, rights-based services where young people, women and key populations can seek care without judgement or coercion.

TB can bring isolation, financial strain, and distress on top of the demands of treatment. In a [2024 study in Nepal](#), nearly one in three adults with pulmonary TB screened positive for at least mild depressive symptoms during treatment. Mental health support should therefore be integrated from TB screening and diagnosis through treatment, recovery and reintegration, rather than offered only when distress becomes severe.

“TB is not only a disease of the lungs. It can affect a person’s mind, family, livelihood, dignity, and hope. We cannot ask people whether they are struggling, screen them for distress, and then leave them to find support on their own. Mental health counselling must be available at every point of TB care, alongside diagnosis, treatment and follow-up. Support must also go beyond the counselling room; this must cover transport cost, consider lost income, and address stigma and discrimination that can make it impossible for people to complete their treatment and rebuild their lives. People affected by TB and TB survivors must not simply be recipients of services; our voices must shape the services we receive. If we want to end TB, we must care for the person, not just treat the disease,” stressed Karishma Banjara, Program Coordinator, Trishuli Plus.

Malaria responses must protect people’s well-being as well as prevent and treat infection. A [2025 study of more than 64,000 adults aged 45 and over in India](#) found that people reporting malaria in the preceding two years had higher odds of depressive symptoms. Several other global studies have found relationships between malaria and mental health, often for life, and can affect children. Mental health must therefore be considered alongside malaria care, with services able to recognise emotional distress and other mental health concerns, offer psychosocial support and connect people to further care when needed.

For malaria-affected communities facing conflict, displacement and financial hardship in the Mekong region, community outreach can be an important route to both malaria services and psychosocial support. Local and community organisations need the resources to reach people who may otherwise be missed by formal health services and ensure that their mental health needs are not overlooked.

¹ The Seven Alliance is a consortium of Asia-Pacific networks of key populations and people living with HIV composed of APCOM, APN+, APNSW, APTN, ICW-AP, NAPUD and Youth LEAD.

“Malaria-affected communities should decide how mental health support reaches us. Give local organisations the authority and flexible resources to adapt outreach when conflict or displacement cuts people off from care to leave no one behind,” emphasised Dr Moh Moh Lwin, National Director, Sun Community Health.

Responding to overlapping needs

Poverty, displacement and exclusion deepen distress across HIV, TB and malaria. A [2020 study on the Thai-Myanmar border](#) found that 18.5% of 567 refugee and labour migrant women experienced moderate-to-severe depression during pregnancy or the first month after giving birth. Mental health care must reach people regardless of migration status or ability to pay, particularly those already facing displacement, economic insecurity, and barriers to accessing formal health services.

Global Fund integration and primary health care

The [Global Fund’s 2023–2028 Strategy](#) and [Grant Cycle 8 \(GC8\) guidance](#) call for more integrated person-centred HIV, TB and malaria services, including stronger primary health care (PHC). Countries should use this opportunity to make mental health a routine part of PHC and universal health coverage, with prevention, early identification, psychosocial support and treatment close to where people live. Integration must change the experience of care: teams should coordinate support, make timely referrals and follow up so people do not have to navigate fragmented systems on their own.

Community-led and community-based organisations are essential to making this integration work. They reach people who are too often excluded from services, challenge stigma and connect clinical care with peer and social support. Governments and donors must recognise them as partners with decision-making power, fairly paid staff and predictable funding. Their knowledge should shape how services are designed and delivered, while helping hold health systems accountable to the communities they serve.

Our calls to action

We call on governments, donors, the Global Fund partnership, Country Coordinating Mechanisms, technical partners and communities and civil society to:

1. **Put people with lived experience in charge.** Ensure people affected by HIV, TB and malaria have a meaningful role in designing mental health services, funding requests and evaluation. Recognise and pay people fairly for their expertise and participation.
2. **Make integrated care a reality.** Include mental health in national disease plans, PHC service packages and GC8 requests. Establish clear pathways for assessment, counselling, treatment, referral and rehabilitation. Prioritise service availability within HIV, TB and malaria screening and care. Back integration with eligible GC8 investments and sustainable domestic financing.
3. **Invest in the workforce.** Expand mental health staffing within national TB frameworks and across HIV, malaria and PHC services. Fund training, supervision and fair pay for peers, community health workers and primary care providers, and protect their own mental well-being.
4. **Make rights non-negotiable.** Embed human rights, non-discrimination and do-no-harm principles throughout GC8 design, delivery and monitoring. Protect confidentiality and informed consent, end coercion and remove punitive barriers. Make services culturally appropriate and responsive to people’s age, gender and circumstances.
5. **Keep care within reach.** Integrate psychosocial support into HIV, TB and malaria outreach, particularly in remote communities and settings affected by conflict and displacement. Ensure continuity of care for migrants and displaced populations and connect individuals and families to accessible social protection and other forms of support.
6. **Finance commitments and track results.** Honour Global Fund pledges and increase equitable domestic financing. Protect community-led services during funding cuts and transitions. Fund community-led monitoring that shows whether people receive timely support, complete referrals and experience better quality of life.

Real change will be measured not simply by whether mental health is written into a strategy or funding request, but by who receives care and who still goes without. #MoreNowThanEver, governments, donors and service providers must turn lived experience into integrated care that supports the mental health and well-being of every community affected by HIV, TB and malaria.