UNAIDS statement at the WHO 148th Executive Board meeting

In regards to agenda item 14.3: Report by the Director-General - Mental health preparedness and response for the COVID-19 pandemic

1. We, UNAIDS would like to pledge UNAIDS’ full support to the United Nations policy brief on COVID-19 and the need for action on mental health from November 2020 and express our full concurrence with and support to the WHO Director General’s report on Mental Health Preparedness and Response for the COVID-19 Pandemic.
2. We are also appreciative of the close collaboration with WHO and other UN agencies in support of the COVID-19 response and preparedness, implementation of integrated mental health and HIV strategies and interventions, and resource mobilization for those at the country, regional and global levels, including by working through the UN Interagency Task Force for the Prevention and Control of Noncommunicable Diseases.
3. UNAIDS Programme Coordinating Board’s last meeting in December 2020 was devoted among many issues to mental health and HIV, including in the context of COVID-19, and future joint efforts at country and global levels, and intensifying efforts in support of community-based, community-led and innovative integrated HIV, COVID19 and mental health service delivery, psychosocial and other support.
4. In follow up to one of the UNAIDS Programme Coordinating Board’s decision points, UNAIDS and WHO have developed a guide for integration of mental health, substance use and dependency, and HIV programmes and services that among many includes considerations in the context of the ongoing COVID19 pandemic – for the use by countries, service providers, programme implementers, development partners and communities. This guide will be available soon.
5. The inclusion in the presently developed Global AIDS Strategy beyond 2021 of the integrated mental health-HIV targets for 2025, and of integrated people-centred, rights-based and local context-responsive interventions and service delivery for people living with and at risk of HIV across the life course for their best HIV and health outcomes, well-being and quality of life. The Strategy will also include pandemic response and preparedness actions. All of these provide an opportunity for mental health and psychosocial support to be further integrated across governments’ and partners’ health, social and economic strategies, COVID19 response, recovery plans and budgets, and community support.
6. Poor mental health and food insecurity are associated with lower quality of life among people living with HIV and vulnerable populations. In many countries, the lockdown measures for COVID19 control have had a significant impact on community- and youth-led programmes and peer and psychosocial support, which feature prominently in the countries' HIV responses. In some countries, including Australia, surveys have found that transgender people have experienced thoughts of suicide or hurting themselves at disproportionately high rates during the pandemic and poor access to health services.
7. The COVID-19 pandemic has increased demand for mental health services and support, and for addressing stigma and discrimination. The pandemic has been associated with increased violence against women and girls, as well as against people from LGBTI, people living with HIV and other vulnerable communities.
8. In a recent UNAIDS supported survey on the impact of COVID-19 pandemic on people living with HIV in 12 Latin American and Caribbean countries, the vast majority (77-91%) of people living with HIV were concerned about their mental health and about HIV-related stigma during the pandemic. Between 27%-62% respondents reported needing psychosocial support to deal with anxiety associated with the COVID-19 pandemic.
9. Health care, social and community workers, faced with heavy workloads, life-or-death decisions, and risk of infection, are particularly affected by psychological distress. In China, health-care workers have reported high rates of depression (50%), anxiety (45%), and insomnia (34%), while 47% of health-care workers in Canada have reported a need for
psychological support. For both HIV and COVID-19, women play critical roles as frontline health and community workers and community leaders, and measures are needed to enable support for women in those roles.

10. Community engagement, buy-in, advocacy, leadership and provision of people- and community-centred services are essential when addressing mental health conditions, drug use, harmful use of alcohol and HIV interlinks, and stigma and discrimination associated with them. The role of communities is also important in ensuring continuum of HIV and mental health care, access to HIV prevention, and support for well-being and building resilience of their own communities, including those in humanitarian and fragile settings. This is especially pertinent during the COVID-19 pandemic.

11. Despite the challenges, many of the changes and innovations in mental health, drug use, harmful use of alcohol and HIV service and support provision implemented during the pandemic in both high-income and resource-constrained settings, among those out-of-health-facility services and dispensation of medicines and digital health intervention, can and should be maintained. They help to decongest health clinics, bring services closer to the people in need and increase the control that is invested in the hands of people and communities.

12. From the HIV response we have learned that when there is a lack of specialized health service providers, task-shifting and capacity building of lay health workers is a good solution. Countries should develop, build capacities of and train a cadre of both specialist and non-specialist providers for prevention, treatment and care for mental health conditions and substance use services.

13. To reinforce the well-articulated actions recommended in the WHO DG’s report, we as UNAIDS strongly encourage actions such as:

- Not to leave behind such vulnerable and affected populations as children, adolescents, young and older people living with HIV and their families; key populations – people who use drugs, sex workers, LGBTI people, prisoners, people on the move and in fragile and humanitarian settings, young people and women.
- Support expansion of mental health and substance use care and psychosocial support providers’ cadre to include non-specialized and lay health workers and community-based organizations.
- Focus efforts on ensuring support and care for both mental and physical health and wellbeing of facility-based and community health care workers, and other health workers (including laboratory, health data and others) and other service providers.
- Call for integrating civil society and community-focused and -led efforts with the inclusion of communities of affected and vulnerable populations, including people living with HIV, women and youth, and rights advocacy groups, in advocacy, monitoring of continuity/disruptions and quality of services and support, and actual delivery of respective mental health, COVID and multi-disease services and psychosocial support.