FAST-TRACK or OFF TRACK?

How insufficient funding for key populations jeopardises ending AIDS by 2030

Executive summary

PITCH Partnership to Inspire, Transform and Connect the HIV response

BRIDGING THE GAPS

aidsfonds

Executive summary

In 2016, global community agreed to work together to end AIDS by 2030. United Nations Member States backed UNAIDS' Fast-Track strategy to realise this vision. Key populations, such as gay and bisexual men and other men who have sex with men, transgender people, sex workers and people who inject drugs, were recognised as being central to achieving this ambitious goal. These marginalised communities continue to bear the brunt of the epidemic, prevented from seeking HIV services by stigma and criminalisation.

To end AIDS by 2030 there needs to be a rapid scale-up of funding for effective HIV programmes for key populations

To address this and ensure an effective HIV response, World Health Organization (WHO) guidance stipulated that key populations should either lead, or be meaningfully engaged in, programmes targeting their communities. Yet, three years into the strategy, funding for HIV programming for key populations is way off track. To end AIDS by 2030 there needs to be a rapid scale-up of funding for effective HIV programmes for key populations.

This report highlights the resource gaps in HIV programming for these communities and compares this to funding for the overall HIV response. The analysis is informed by documented spending on HIV programming for key populations in low and middle-income countries (LMICs) between 2016 and 2018. It was commissioned by Aidsfonds and supported by key population partnerships Bridging the Gaps and PITCH[1].

Key populations (and their partners) account for the majority of new infections

Globally, the total number of new HIV infections has hardly declined for several years, stagnant at 1.7 million in 2018. This is far above the Fast-Track target of 500,000 per year by 2020 and reflects a worsening picture for key populations. In 2018, for the first time, key populations and their partners accounted for the majority (54%) of all new infections worldwide. In Eastern Europe and Central Asia, and the Middle East and North Africa, regions where the epidemic is expanding, key populations accounted for almost all new infections (more than 95% of the total).

Key populations

The term key populations throughout this report refers to gay and bisexual men and other men who have sex with men, transgender people, sex workers and people who inject drugs.

Now even more important to target resources

The COVID-19 pandemic has exacerbated the situation; more than ever HIV resources must be targeted where they are most needed. COVID-19 undermines health for the most vulnerable and marginalised people now and, through economic, social and political pressures, in the future. The epidemiological data on HIV demonstrates that in every region of the world, the resources needed most are those that adequately fund HIV programming for key populations.

Only 2% of funding for HIV programmes targets key populations

Between 2016 and 2018, total combined resources for the HIV response in LMICs was approximately $57.3 billion. In the same period, the total funding of HIV programmes for key populations in LMICs is estimated at around US$1.3 billion. So, during the first three years of the Fast-Track approach, programmes targeting key populations received only 2% of all HIV funding, even though key populations accounted for over half of all new infections in 2018.

The figure for total HIV funding above includes HIV treatment. The available data that informs this report does not disaggregate funding for HIV treatment programmes by key populations, so it is likely that some of the funding for HIV treatment in LMICs was in fact directed to key populations.

Programmes targeting key populations received only 2% of all HIV funding, even though key populations accounted for over half of all new infections

However, disaggregated data does exist for HIV prevention programmes, and it still points to a huge disparity. Funding for all HIV prevention programmes in LMICs was estimated at $11.5 billion between 2016 and 2018; funding for all HIV programmes for key populations was $1.3 billion. The gap between those two numbers makes it clear that HIV programmes for key populations are still disproportionately under resourced.

Resource gap for HIV programmes for key populations is 80%

The resource gap for HIV programming for key populations was much bigger than the funding gap for the overall HIV response in LMICs. In 2016 UNAIDS estimated that $6.3 billion was necessary for the delivery of comprehensive service packages for key populations between 2016 and 2018. Another $551 million was required for the distribution of pre-exposure prophylaxis (PrEP) to these communities, making a total of $6.8 billion needed. So, there was a staggering gap of 80% between the budget required for HIV programmes targeting key populations ($6.8 billion) and the amount made available ($1.3 billion).

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Funding should be directed to community-led organisations and programmes

The World Health Organization's (WHO) consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations advises that funds should be channelled to community-led organisations and/or to programmatic responses that are community driven.

It was only possible to identify the ultimate recipients of funds from donor governments that reported through the International Aid Transparency Initiative. This information was not available from other funding data sources used in this study. This means it is not clear how much of the total funds were given to community-led organisations and/or for programmatic responses that were community driven.

Evidence from civil society and donors suggests that funding for community-led organisations and responses is contracting. For example, almost half (46.7%) of the civil society and community-based organisations in East and Southern Africa surveyed reported an overall decrease in their funding over the past three to five years.

It is also not possible to see to what extent funding spent on programmes for key populations was in line with the WHO guidelines, which recommend increased investment in policy and law reform to decriminalise HIV transmission / exposure / non-disclosure, sex work, drug use, same-sex sexual behaviours, gender identities expression, and institutionalising gender equality, ending gender-based violence, and securing access to comprehensive sexual and reproductive health and rights services.

Availability of accurate data obscures true picture

By analysing data on HIV funding between 2016 and 2018 this report provides the most comprehensive mapping to date. It covers funding for key population HIV programming at the global, regional and national levels, including domestic public expenditure and investments by all the major funders of the global HIV response.

The analysis is based on a desk review of existing sources. A single comprehensive data set on funding for key population HIV programming across all funder types does not yet exist, so the mapping drew on a range of data sources for each of the different types of funder.

While this report represents the most comprehensive mapping of funding for HIV programming for key populations available, it does not represent the full picture. Because of the lack of available data, lack of transparency, inconsistency in how data is recorded and historical invisibility of transgender identities within the response, it was not possible to reflect an accurate assessment of actual spending on HIV programming for key populations, or provide a breakdown by key populations.

From the information that was available spending was analysed to assess how much funding was directed to HIV programmes for gay and bisexual men, transgender people, sex workers and people who inject drugs.

Spending on HIV programming for key populations by funder

Of the $1.3 billion spent on HIV programming for key populations over 2016 to 2018, $718.6 million (55%) was disbursed by the Global Fund, while PEPFAR contributed $305.7 million (23%). Private philanthropy accounted for $131.5 million (10%), followed by public domestic expenditure by governments in LMICs of $93.2 million (or 7%). The Dutch Government provided $56.1 million (4%) with other donor governments and multilateral institutions contributing a further $13.1 million (1%).

Spending analysed by key population

Total funding for HIV programmes for gay and bisexual men is less than 3% of all prevention funding

The risk of acquiring HIV was 22 times higher for gay and bisexual men, than for all adult men in 2018. Yet HIV programmes targeting gay and bisexual men accounted for less than 1% of the amount spent on the overall HIV response in LMICs between 2016 and 2018. When compared to the estimated amount spent on prevention during that period, the total spent on programmes for gay and bisexual men was still only 3%. Only one fifth of the estimated resources needed for HIV programming for gay and bisexual men in the 28 Fast-Track LMICs was available between 2016 and 2018.

Only 0.3% of prevention funding reaches programmes for transgender people

Although globally transgender people are 12 times more likely to acquire HIV than the general adult population, the HIV response among transgender communities in LMICs is minimal. UNAIDS estimates that transgender women accounted for around 1% of all new HIV infections globally in 2018, yet funding to specifically address HIV among transgender people in LMICs was less than $40 million between 2016 and 2018. That means only 0.06% of total HIV expenditure and 0.3% of total estimated prevention spending in LMICs over the three years was specifically for HIV programming for transgender people. The $40 million funding represents just over a fifth of the estimated resources needed between 2016 and 2018.

Sex workers 21 times more likely to acquire HIV yet funding just 3% of spending on all HIV prevention

In 2018 sex workers accounted for 6% of all new HIV infections globally. According to UNAIDS, sex workers are 21 times more likely to acquire HIV than the rest of the adult population. Yet, between 2016 and 2018, funding for HIV programming for sex workers in LMICs totalled just $356.7 million, 0.6% of all HIV expenditure and just 3% of estimated total HIV prevention funding. Less than a fifth of funding needed for HIV programming for sex workers in the 28 Fast-Track LMICs was provided from 2016 to 2018.

People who inject drugs account for 12% of new infections yet funding just 2.1% of spending on all HIV prevention

People who inject drugs are 22 times more likely to acquire HIV than the general population. In 2018, 12% of all new infections globally were attributed to these marginalised people. Between 2016 and 2018 funding for programmes addressing HIV among people who inject drugs in LMICs totalled $243.5 million, just 0.4% of total HIV expenditure and 2.1% of total estimated HIV prevention funding.

Recommendations to get on track

Resources for HIV programmes for key populations, in the first three years of the Fast-Track approach, fell far short of what was needed. It is time for a significant scale-up of resources for HIV programming for, and crucially led by, the key populations most affected by HIV. Programming must be in line with the evidence and human rights-based WHO consolidated guidelines on HIV prevention, treatment and care for key populations.

To be able to assess whether the global community is achieving its ambition there needs to be an overhaul on how funding data is tracked and recorded. For transparency and accountability, the availability, quality and consistency of data on resource flows for HIV programming for key populations must be improved.

Specifically, to get on track to end the AIDS epidemic by 2030 will mean that:

- All major funders collectively invest the $36.49 billion needed for HIV programming for key populations, over the next decade.
- All major funders commit to scaling up the proportion of their funding focused on community-led and community-based interventions.
- All major funders commit to increasing the proportion of their funding for advocacy and to support key populations to create enabling environments.
- UNAIDS leads global target setting on investments for HIV programming for and led by key populations.
- All major funders make concerted and coordinated efforts to systematically disaggregate, track and make public, funding allocation and spending for key population HIV programming.
- UNAIDS systematically monitors resource flows of HIV programming for key populations, to inform and improve funding strategies and priorities across all donors and governments.

The full report can be downloaded on aidsfonds.org

About us...

PITCH Partnership to Inspire, Transform and Connect the HIV response | aidsfonds | FRONTLINE AIDS | Ministry of Foreign Affairs

About the Partnership to Inspire, Transform and Connect the HIV response

The Partnership to Inspire, Transform and Connect the HIV response (PITCH) enables people most affected by HIV to gain full and equal access to HIV and sexual and reproductive health services.

The partnership works to uphold the sexual and reproductive health and rights of lesbian, gay, bisexual, and transgender people, sex workers, people who use drugs and adolescent girls and young women. It does this by strengthening the capacity of community-based organisations to engage in effective advocacy, generate robust evidence and develop meaningful policy solutions.

PITCH focuses on the HIV response in Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Uganda, Ukraine, Vietnam and Zimbabwe. Partners in these countries also share evidence from communities to influence regional and global policies that affect vulnerable populations.

PITCH is a strategic partnership between Aidsfonds, Frontline AIDS and the Dutch Ministry of Foreign Affairs.

BRIDGING THE GAPS
Health and rights for key populations

About Bridging the Gaps

Bridging the Gaps is an alliance of nine international organisations and networks and more than 80 local and regional organisations in 15 countries, working towards the end of the AIDS epidemic among key populations. To get there we envision a society where sex workers, lesbian, gay, bisexual and transgender (LGBT) people and people who use drugs (PWUD), including those living with HIV, are empowered and have their human rights respected.

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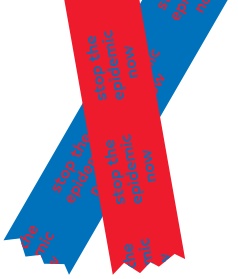
INPUD International Network of People who Use Drugs | ITPC International Treatment Preparedness Coalition | MAINline | GNP+ Global Network of People Living with HIV | nswp



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