

# Fast-Track or Off Track?

## How insufficient funding for key populations jeopardises ending AIDS by 2030

This factsheet highlights the findings and recommendations from new research by key populations partnerships Bridging the Gaps and PITCH. It looks into the funding towards HIV programming for key populations: gay and bisexual men and other men who have sex with men, transgender people, sex workers and people who inject drugs in low and middle income countries between 2016-2018, and compares this against funding for the overall HIV response.

In 2016, the global community agreed to work together to end AIDS by 2030. UNAIDS' Fast-Track strategy recognised that investing in programming for key population communities was central to achieving this ambitious goal.

However, gay and bisexual men and other men who have sex with men, transgender people, sex workers and people who inject drugs, continue to bear the brunt of the epidemic, and lack access to HIV services due to stigma and criminalisation.

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

### Key findings

The research has found that:

Resources for HIV programmes for key populations, in the first three years of the Fast-Track approach, fell far short of what was needed.

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

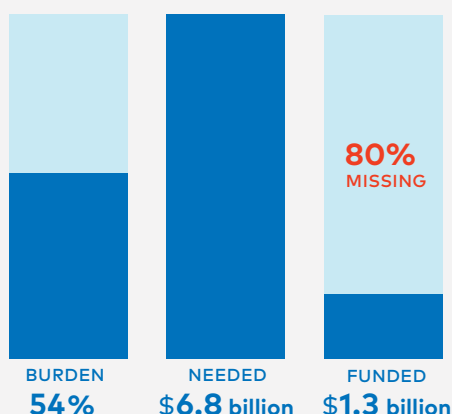
There is a staggering gap of 80% between the budget required for HIV programmes targeting key populations and the amount made available.

### Global shortfall

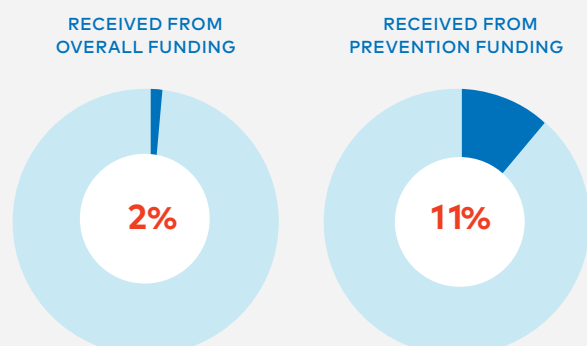
Key populations and their partners accounted for more than half of all new HIV infections globally in 2018.

#### Resource gap

Global rate of new HIV infections burden versus funds needed and funds made available.



#### Percentage of total HIV funding invested in key populations in low and middle-income countries

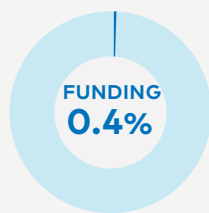


**To end AIDS by 2030, a significant scale-up of resources for HIV programming is needed for - and crucially led by - the populations most affected by HIV**

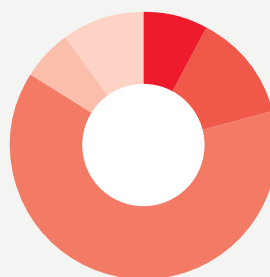
## Insufficient HIV funding for people who inject drugs

**DRUGS**  
**22X**

HIV RISK:  
22 TIMES MORE LIKELY  
THAN GENERAL ADULT  
POPULATION



PERCENTAGE OF TOTAL HIV  
EXPENDITURE BETWEEN  
2016 AND 2018 FOR PEOPLE  
WHO INJECT DRUGS



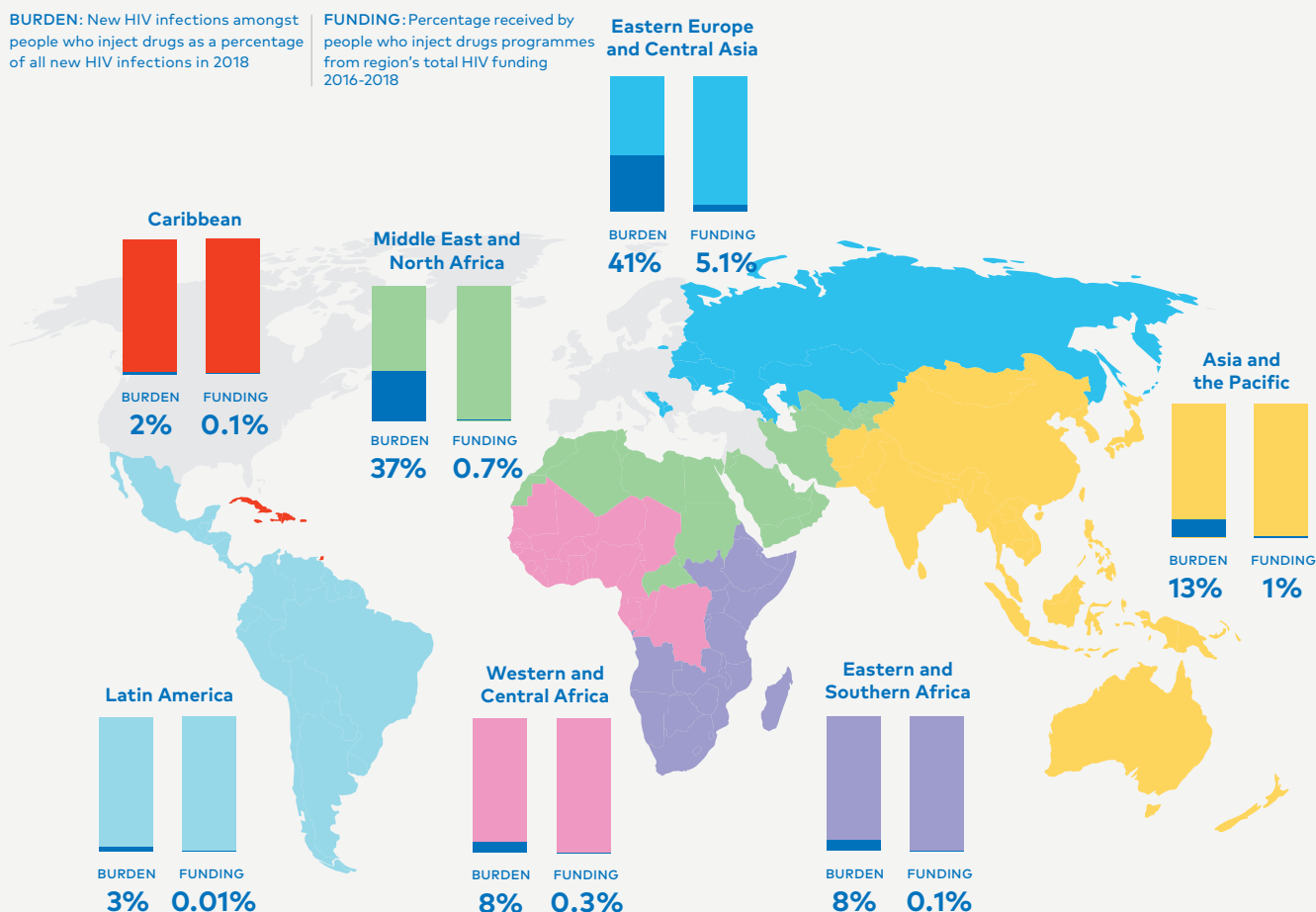
- Domestic public (8%)
- PEPFAR (13%)
- Global Fund (63%)
- EU commission (0%)
- Netherlands (6%)
- Philanthropy (10%)

FUNDING FOR PEOPLE WHO INJECT DRUGS IN  
LMICS IN 2016-2018, BY FUNDER

## Rate of new HIV infections burden versus region's total HIV funding: people who inject drugs

**BURDEN:** New HIV infections amongst  
people who inject drugs as a percentage  
of all new HIV infections in 2018

**FUNDING:** Percentage received by  
people who inject drugs programmes  
from region's total HIV funding  
2016-2018



## Recommendations

Getting on track to end the AIDS epidemic by 2030 will mean for all major funders to:

1. Increase their investments towards the \$36.49 billion needed for HIV programming for key populations, over the next decade.
2. Scale up the proportion of their funding focused on community-led and community-based interventions.
3. Increase the proportion of funding for advocacy and support to key populations to create enabling environments.
4. Undertake concerted and coordinated efforts to systematically disaggregate, track and make public, funding allocation and spending for key population HIV programming.

**Major funders need to significantly increase funding for HIV programming for key populations to get the global AIDS response on track**

For more information and to download the full report visit [aidsfonds.org/fundingkeypopulations](https://aidsfonds.org/fundingkeypopulations)