

Dangerously Off Track

How Funding for The HIV Response is Leaving Key Populations Behind



Executive Summary

Context and methodology

This report examines funding for HIV programs for key populations:¹ gay and bisexual men and other men who have sex with men, people who inject drugs, sex workers and transgender people in low- and middle- income countries for the years 2019-2023.² This is a follow up to an initial report in 2020 which found that only 2% of HIV funding was going to support work with key populations, drastically below what was needed at the time.

The data in the report is primarily drawn from publicly available databases on budgets or expenditures from the US President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to fight AIDS Tuberculosis and Malaria (Global Fund), UNAIDS Global AIDS Monitoring, and the International AIDS Transparency Initiative. Anonymized data on grants made by private philanthropies was provided by Funders Concerned About AIDS. Additional data was drawn from public reporting on key population expenditures from the Global Fund and Harm Reduction International. The main criteria for inclusion within the analysis was budget or expenditure line items or grants between 2019 and 2023 that were primarily or substantially targeting one or more of the key populations in low- and middle- income countries. Funders report differently on their investments in HIV key population programs: PEPFAR reports the beneficiaries of all investments, whereas the Global Fund and domestic public sources only report on funding for specific programs, such as HIV prevention programs. This makes comparability between funders difficult. Due to these and other limitations with the data, the analysis may over-estimate funding for key populations in some respects and under-estimate it in others. Detailed methodological notes for major funders are included in Annex 1.

Key populations are being left behind

In 2021 at the United Nations General Assembly High Level Meeting on HIV/AIDS, governments recommitted to end AIDS as a public health crisis by 2030. In the years since, funding to achieve

this commitment has fallen dangerously short of the estimated \$5.7 billion that is needed annually in low and middle- income countries for prevention programs targeting key populations, and the \$3.1 billion needed to for societal enablers that create the grounds for success.³

Addressing the HIV needs of key populations is a global health and human rights imperative. In 2022, 80% of new HIV infections outside of sub-Saharan Africa and 25% of infections in sub-Saharan Africa were among key populations and their sexual partners.⁴ Yet more than 50% of all people from key populations are still not being reached with prevention services, with the most significant gaps affecting men and women who use drugs, gay and bisexual men and other men who have sex with men, and transgender people.⁵

In most countries, progress is being hampered by high levels of stigma, discrimination, and violence, as well as punitive criminal laws and policies. These increase barriers to essential HIV services for key populations, as well as their vulnerability to HIV. At the same time, key populations and their organizations are facing increasingly hostile environments, fueled by anti-rights, anti-gender and anti-democratic movements and increasing government restrictions that undermine the ability of key population-led organizations to work freely. The combination of hostile environments and limited resources means that HIV services are out of reach for far too many.

Resources are not keeping pace with needs

By 2025, UNAIDS estimates that \$29.5 billion will be needed annually for HIV programs in low- and middle- income countries, with \$5.7 billion of that dedicated towards comprehensive prevention programs for key populations. Despite the need, investments in the HIV response are regressing. In 2023, only \$19.8 billion was available to support HIV programs in low and middle- income countries, falling almost \$10 billion short of what is needed to achieve the 2025 targets.⁶ This is the lowest amount of funding invested in the HIV response since 2011.⁷

The regression in funding extends to programs for key populations: Aidsfonds' prior report estimated that in 2018 approximately \$529.4 million was invested in key population programs in low- and middle- income countries, from both domestic and donor sources.⁸

In 2023, only an estimated \$487.5 million in funding was available for all programs targeting key populations. Of this, an estimated \$261.5 million was focused on comprehensive prevention programs, representing just 4.5% of the need.

The gap between the need and available resources is staggering. Without a drastic increase in funding, the goal of ending AIDS as a public health threat by 2030 may be out of reach.

Major funders

Of the \$2.4 billion spent on HIV programs primarily benefiting key populations between 2019 and 2023, \$969.7 million came from PEPFAR (40.5%), while the Global Fund contributed \$962.3 million (40.1%). Domestic public sources, including funding from national and local governments, accounted for another \$339.9 million (14.2%), while private philanthropies contributed at least \$93.4 (3.7%) million to the overall response. Bilateral donors contributed at least \$36.5 million (1.5%) in direct spending in low- and middle- income countries, with the Netherlands contributing \$22 million of that amount (1% of the total response).

Funding by region

Funding for HIV programs among key populations did not keep pace with the need in any region. UNAIDS estimates that about 20% of all HIV spending in low- and middle- income countries should go towards prevention programs for key populations to meet the 2025 targets;⁹ yet funding for key populations did not even reach 5% in any region. In Asia and the Pacific, where key populations account for 62.8% of all new HIV infections, resources for key population prevention programs and societal enablers comprised only 3% of all available resources. In Latin America, where 57.5% of new infections are among key populations, total spending on key population programs amounted to less than 1% of all HIV expenditures.

The average spending on key population programs across all regions was just 2.6% in 2020.

Funding by key population

Of all funding available for HIV programs that are likely to primarily benefit key populations, at least 44% is not disaggregated by population type. These are often for programs that serve more than one key population and/or that address intersections between them. Another 21% is invested in HIV programs for gay and bisexual men and other men who have sex with men, while 17% and 16% addresses the HIV program needs of people who inject drugs and sex workers, respectively. Just 2% of available key population funding is directed towards HIV programs for transgender people.

Between 2019 and 2022, the years that data is most complete, an estimated annual average of:

- \$106.4 million was allocated towards programs for gay and bisexual men and other men who have sex with men;
- \$86.1 million was allocated towards programs for people who inject drugs;
- \$79.3 million was allocated towards programs for sex workers; and
- \$9.8 million was allocated towards programs for transgender people.

Average annual funding decreased for all key populations compared to the 2020 report, except funding for people who inject drugs.

For all key populations, the share of funding was a fraction of what is needed to address their HIV needs. While men who have sex with men comprise 20% of all new HIV infections, in 2020 funding for HIV programs focused on men who have sex with men represented only 0.3% of all available HIV funding. People who inject drugs and sex workers account for 8% and 7.7% of all new HIV infections respectively, however just 0.5% and 0.4% of all HIV resources in 2020 were available to meet their needs. For transgender people, who represent 1.1% of all new infections, only 0.03% of all funding was directed towards HIV programs for them in 2020. At a time when urgent attention is needed to accelerate access to HIV services for key populations, the world is dangerously off track.

Recommendations

All major funders – national governments in low- and middle- income countries, the Global Fund, PEPFAR, other bilateral donors, and private philanthropies – must recommit and take decisive action to ensure that the needs of key populations are being centered within HIV responses, and resources allocated accordingly. National governments should take action to reduce their reliance on donors to fund key population programs by increasing funding from domestic public sources, and work in partnership with key population-led organizations to remove harmful punitive laws and other barriers to access to HIV services. Other donors should set ambitious targets for their HIV spending among key populations that are in line with what is needed to achieve UNAIDS funding targets. Ensuring that money reaches organizations that are led by key populations themselves will increase the effectiveness of key population prevention programs and help ensure longer term sustainability.

HIV funders should:

1. Provide long-term, flexible and unrestricted funding directly to key population-led organizations.
2. Reduce barriers to funding for key population-led organizations.
3. Set ambitious benchmarks for investments in comprehensive prevention programs for key populations.
4. Increase investments in programs to address human rights-related barriers to HIV services and other societal enablers for key populations.
5. Publicly push back against oppressive and criminal laws, attacks on civic space, and the influence of anti-gender, anti-rights and anti-democratic movements.
6. Strengthen mechanisms that support the leadership of key populations in defining priorities and making funding decisions, including in national HIV strategies and budgets, and in funding requests.
7. Ensure that key populations are included in funded research and data collection efforts.

8. Ensure that HIV programs and services that are implemented by non-key population-led organizations meet the needs of key populations and are consistent with the World Health Organization's consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations.
9. In countries that are facing the end of bilateral or multilateral funding ("transition countries"), work in collaboration with key populations, national governments, philanthropy, and other donors to ensure that critical key population programs are sustained.
10. Increase data transparency by ensuring that budgets for HIV prevention programs and investments in human rights and other societal enablers are disaggregated by key population, and are publicly available.
11. Ensure that staff within funding organizations have sufficient capacity and expertise to support the active engagement of key population-led organizations in the design, implementation, monitoring and evaluation of grants.

The lack of funding for comprehensive HIV programs addressing the needs of key populations is not just undermining progress towards the global goals, it's harming already marginalized communities who are bearing both the brunt of the HIV epidemic and the fallout from a world that is experiencing political and social upheaval. At a moment when democracy and fundamental human rights are at risk, support for key populations, who are often the first to be targeted, is more important than ever.

Gay and bisexual men and other men who have sex with men, people who inject drugs, sex workers, and transgender people cannot wait any longer for comprehensive and effective programs that meet their needs. It's past time. A dramatic increase in political will and funding is needed now.

End notes

- 1 In this report, the term key populations is used to refer collectively to gay and bisexual men and other men who have sex with men, people who inject drugs, sex workers and transgender people. Information about specific key populations is disaggregated and discussed as needed. This analysis does not examine funding specifically for people in prison and other closed settings, however some funding for HIV key populations that is not disaggregated by population may also include funding specifically addressing their HIV needs.
- 2 This research looks at all reported funding by international donors – including PEPFAR, other major bilateral donors, the Global Fund to Fight AIDS, TB and Malaria, and philanthropic organizations – where key populations were either target populations or named beneficiaries. It also examines funding from domestic public sources to the extent available. Prevention programs, including specific funding earmarked for PrEP, is analyzed separately, to the extent possible.
- 3 UNAIDS (2022). End Inequalities. End AIDS. Global AIDS Strategy 2021-2026. Geneva: UNAIDS. P. 150.
- 4 UNAIDS (2024). The Urgency of Now: AIDS at a Crossroads. Global AIDS Update 2024. UNAIDS: Geneva, available at: https://crossroads.unaids.org/wp-content/uploads/2024/09/GAU-2024-Full-report_En.pdf.
- 5 UNAIDS (2024).
- 6 UNAIDS, HIV Financial Dashboard. Accessed October 10, 2024. Available at <https://hivfinancial.unaids.org/>.
- 7 UNAIDS. HIV Financial Dashboard.
- 8 Aidsfonds (2020).
- 9 UNAIDS (2024).



Ministry of Foreign Affairs of the
Netherlands