An Analysis of Major HIV Donor Investments

Targeting Men Who Have Sex With Men and Transgender People

In Low- and Middle-Income Countries

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EXECUTIVE SUMMARY

Despite tremendous progress made over a period of 30 years, AIDS remains a serious global health issue. Current epidemiological evidence indicates that certain population groups consistently shoulder a disproportionate disease burden when compared to adults in the general population. Men who have sex with men (MSM) and transgender women have recorded exponentially higher HIV prevalence rates in nearly every country where reliable data is available. However, there is a paucity of information regarding AIDS investments reaching these two vulnerable groups for the scale-up of targeted and quality HIV-related services.

In low- and middle-income countries, substantial resources for the AIDS response come from the largest bilateral, multilateral, and private philanthropic donors and from a country's contribution to addressing its own epidemic. There is no reliable indication of what overall proportion of these resources ultimately reaches MSM and transgender people.

In order to begin filling this knowledge gap and to encourage more effective use of donor investments, the Global Forum on MSM & HIV (MSMGF) was commissioned by the Global Fund to Fight AIDS, Tuberculosis and Malaria to undertake a "big picture" mapping of major HIV investments targeted at MSM and transgender people in low- and middle-income countries. Our objective was to examine major donor investments targeted at these two groups in 2009, but we also recorded relevant information from other years (2008, 2010, and 2011) when available. We additionally reviewed national HIV spending data reported by countries in 2010 to better characterize the flow of domestic and international resources that ultimately reach MSM and transgender people in these contexts.

Our investigative inquiry was iterative and involved a combination of desk research and qualitative interviews with a range of stakeholders. Desk research was conducted by reviewing publicly available donor Web sites, reports, grants databases, and United Nations databases. Stakeholder interviews were conducted with (a) global HIV resource-tracking experts, (b) staff members within select donor agencies, and (c) key informants who were civil society, HIV-service and academic organizations. A more detailed explanation of our research process is contained in a later section of this report.

Our analysis first looked at if and how major AIDS donors and national governments track and report their HIV investments targeted at MSM and transgender people. When data was available, we also looked at levels of funding in three areas: (1) prevention, (2) treatment and care, and (3) advocacy or human rights–based approaches. It was beyond the scope of our study to assess research investments among MSM and transgender people.

Based on our cumulative research reviews and analyses, we report two major findings:

1. *Major bilateral, multilateral, and private philanthropic AIDS donors and national governments do not consistently track or publicly report their HIV investments targeted at MSM or transgender people in low- and middle-income countries.*
2. *When data is available, funding levels for MSM and transgender people in low- and middle-income countries are not commensurate to the epidemiological burden and needs of these populations.*

With very few exceptions, a majority of HIV donors do not track or publicly report investments targeted at MSM and transgender people. Only 25% of all national governments reported on HIV prevention spending on MSM in 2010 while none reported HIV prevention spending on transgender people. Thus, overall investment targeted at HIV prevention, treatment, care, and support services for MSM and transgender people in low- and middle-income countries remains unknown.

More specifically, our research revealed that only 2% of total HIV prevention spending was targeted at MSM in 42 low- and middle-income countries. This was based on national HIV spending from both domestic and international sources reported by these countries over a two-year period between 2008 and 2009. We were unable to ascertain prevention spending on transgender people as this was not reported. Without the necessary parameters, total spending on treatment and care focused on MSM and transgender people is nearly impossible to disaggregate from coverage rates for these services. While there are also no reliable estimates of overall spending on advocacy for MSM and transgender people, in general advocacy and rights-based approaches were more likely to receive support from private philanthropic donors.

Our analysis was made difficult by the scarcity of population-specific information available from donor agencies or in publicly reported financials. Our findings nonetheless illuminate the scarcity of resources that ultimately reach MSM and transgender people in low- and middle-income countries. Building on these findings, we discuss key implications for the global AIDS response and provide recommendations for a way forward. These recommendations are targeted at donors and national governments but also intended for civil society advocates and HIV stakeholders who must all work collaboratively toward an equitable AIDS response worldwide. In order to make progress in the global effort to halt AIDS, bilateral, multilateral, and private philanthropic AIDS donors and national governments must immediately lead efforts to increase, track, and publicly report HIV investments targeted at MSM and transgender people.

An appendix section included at the end of this report includes the following attachments:

1. ***Information about donors:*** A listing of donor agencies included in our review with brief descriptions and useful links as relevant.
2. ***Chart on stand-out investments:*** Although an overall estimate on MSM and transgender HIV investments remains unknown, we use this chart to feature stand-out investments that we recorded during our desk reviews and qualitative interviews.
3. ***National HIV Prevention Spending Data:*** A table that lists national HIV prevention spending data for 39 low- and middle-income countries (overall spending versus spending on MSM) in

2008 and 22 low- and middle-income countries (overall spending versus spending on MSM) in 2009. This data was reported in 2010 by 42 countries, some of which reported spending levels from 2008 and 2009.

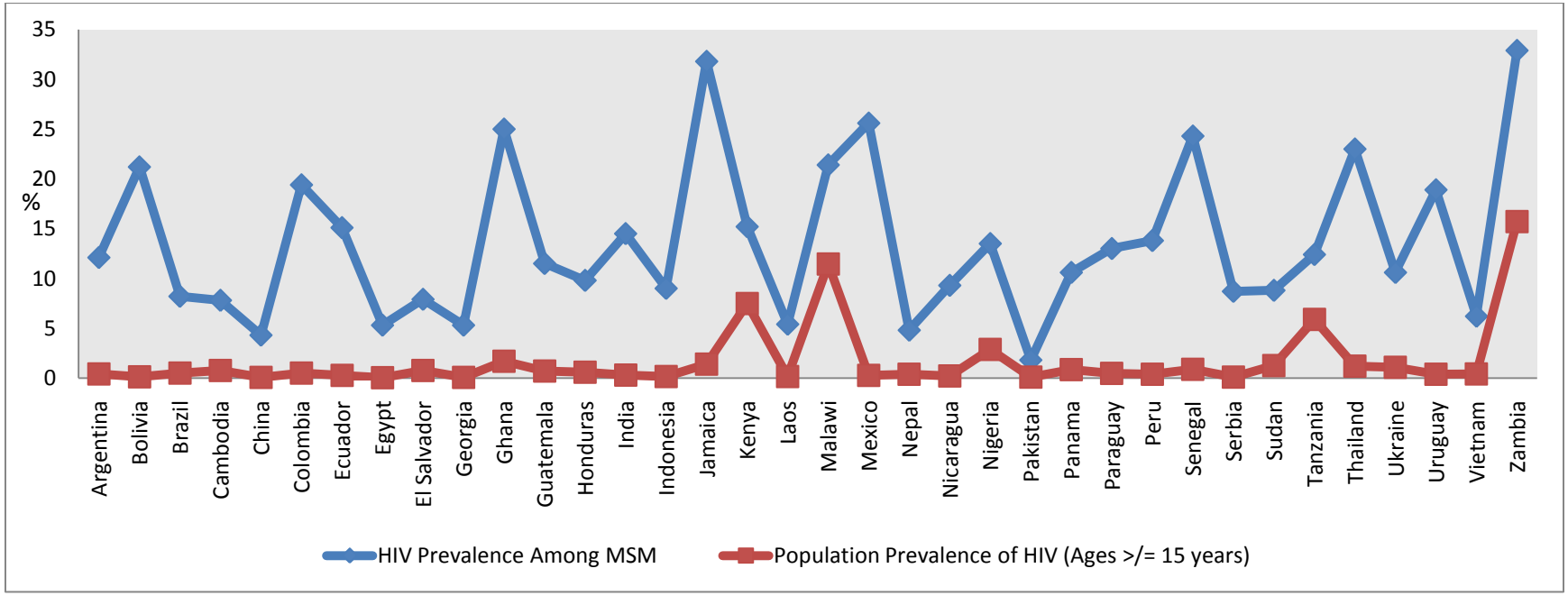
4. ***Glossary of terms***

INTRODUCTION AND CONTEXT

Over the past 30 years, the HIV epidemic has cost many lives worldwide and continues to spread across the planet. Although tremendous progress has been made, 2.6 million new HIV infections occurred in 2009, only about 20% fewer than when infections peaked in 1997.[1] Life-saving antiretroviral therapy has been available for more than a decade, but nearly 10 million people are still awaiting treatment, resulting in high rates of AIDS-related mortality.[1] In 2009, an estimated 1.8 million people died worldwide as a result of complications due to AIDS.

Although the overall decline of HIV incidence in the general population signals progress, HIV infections have increased or remained constant among men who have sex with men (MSM) in some regions of the world. In low- and middle-income countries, MSM are nearly 20 times as likely to be infected with HIV when compared to adults within the general population.[2] The chart on the next page draws attention to disproportionate HIV prevalence rates among MSM when compared to prevalence rates among the general population.[3]

CHART 1: A Survey of HIV Prevalence Among MSM Compared with HIV Prevalence in the General Population (Aged 15 and over) in 36 Low- and Middle-Income Countries



Source: Beyrer C, Baral SD, Walker D, Wirtz AL, Johns B, Sifakis F. The Expanding Epidemics of HIV Type 1 Among Men Who Have Sex With Men in Low- and Middle-Income Countries: Diversity and Consistency [published online ahead of print June 23 2010]. Epidemiol Review. 2010;32(1):137–51.

Targeted surveillance studies among transgender people have been unacceptably hard to find. There are too few HIV prevalence studies focused exclusively on transgender people as a separate population group at risk.[A] The limited data that is available reveals high HIV prevalence rates shouldered by transgender women. The following table includes data compiled from various studies conducted with this population in two world regions.

TABLE 1: HIV Prevalence Rates Among Transgender Women in South America and South Asia

CITY/COUNTRY	HIV PREVALENCE	YEAR, SAMPLE SIZE (n)
South America		
• Rio De Janeiro, Brazil[4]	48%	1993–1997, n = 100
• Sao Paulo, Brazil[5]	78%	1996, n = 82, incarcerated
• Montevideo, Uruguay[6]	21.5%	1999, n = 200
South Asia		
• Thailand[7]	13.5%	2005, n = 474
• Chennai, India[8]	45%	2003, n >1200
• Mumbai, India[9]	56%	2002–2003, n = 163

Source: Keatley J. Transgender Global HIV/AIDS Epidemiology: Powerpoint presentation presented at: Be Heard! Pre-Conference of the Global Forum on MSM & HIV (MSMGF); July 17, 2010; Vienna, Austria.

Although prevalence rates among the general population for these specific cities are hard to estimate for the same time period, the highest rates in recent years have been recorded in Thailand at 1.2%. General population prevalence is much lower in Brazil, India, and Uruguay, which underscores the alarming levels of HIV prevalence recorded among transgender women in these contexts.

Worldwide efforts to map HIV incidence and prevalence among MSM and transgender communities have been hampered by the inability of public health professionals and researchers to reliably reach these groups. A majority of country governments ignore MSM and transgender people altogether in national data collection processes due to high levels of stigma attached to behaviors and identities

[A] There could be many reasons for why HIV surveillance data for transgender people is poorly available. These include (1) stigma, discrimination, and a range of legal barriers; (2) survey questions about gender (or sex) that incorrectly view and document gender (or sex) of a person as either male or female; (3) assumptions or discomfort on behalf of health providers to ask questions about gender identity; and (4) an inappropriate conflation of transgender data with that of MSM (Source: Center of Excellence for Transgender Health, University of California, San Francisco. Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services. http://transhealth.ucsf.edu/trans?page=lib-data-collection. Accessed on June 14, 2011.)

associated with these groups.[10] Stigma and discrimination against MSM and transgender people manifest additionally in punitive laws, insensitive health systems, violence, and harassment from the general public, doctors, nurses, other health care providers or law enforcement officials. Too often, MSM and transgender people must navigate their health and HIV needs within hostile policy and legal environments that undermine effective public health responses and the realization of full human rights.

PREVIOUS RESEARCH ON TARGETED INVESTMENTS

Equally troubling is how little we know about whether AIDS investments are reaching these groups.[11] [12] Existing tracking and reporting mechanisms for HIV funding from major AIDS donors can only tell us overall[B] dollars disbursed by donor agencies. Until very recently, there were no cost estimates for coverage of HIV-related services among MSM and transgender people.[13] Nor are there reliable estimates of current global HIV funding investments directed at MSM and transgender people.

Low levels of prevention investments on MSM

Knowledge that has emerged in recent years shows that HIV prevention programs reaching MSM across several low- and middle-income countries have been underfunded. Consider the following facts that are provided in a table below:

TABLE 2: Previous Research Indicating Low Levels of HIV Prevention Investments for MSM

YEAR	KEY FINDINGS
2004	In Latin America, 60% of people living with HIV were reported to be MSM but on average, only 0.5% of total HIV prevention spending was targeted at them.[14]
2006	In the Asia-Pacific region, a comparison of need and actual spending on HIV prevention services for MSM was mapped. A resource need ranging between $550 million and $2.7 billion to reach 60% of MSM living in the region was estimated.[C] Actual spending on HIV prevention among MSM was estimated to be between $41 million and $207 million (covering 7–17% of demonstrated need of basic prevention services).[15]

[B] By overall we mean aggregate investments made available for HIV-specific projects and not broken down into type of activity, region, or target population.

[C] This range was based on an estimated unit cost for prevention of $47 and an assumption that 1–5% of the adult male population are MSM.

2006	An analysis of HIV prevention spending reported by 55 low- and middle-income countries showed that on average, only 0.6% of total HIV prevention spending was targeted toward MSM in these countries.[16] The implication for this level of resource allocation was illustrated in a subset of 38 countries. UNAIDS estimated a resource need of $29 million assuming 80% coverage of an essential MSM prevention package in these countries but actual spending was reported as only $3 million.

Sources: (1) Izazola-Licea JA, Montoya O, Mayorga R, et al. Lack of correlation between epidemiological data and expenditures on prevention among Men who have Sex with Men [MoPeE4010]. Presented at: XV International AU12 Conference on AIDS; July 15 2004; Bangkok (2) USAID Health Policy Initiative. HIV expenditure on MSM programming in the Asia-Pacific region. http://www.healthpolicyinitiative.com/Publications/Documents/MSM%20HIV%20Expenditures%20FINAL%20Formatted%206-11-07.pdf. Accessed on March 3, 2011. (3) Saavedra J, Izazola-Licea JA, Beyrer C. Sex between men in the context of HIV: The AIDS 2008 Jonathan Mann Memorial Lecture in health and human rights. J Int AIDS Soc. 2008;11:9. http://www.jiasociety.org/content/pdf/1758-2652-11-9.pdf. Accessed on April 30, 2011.

When estimates of population size, share of HIV burden, unit costs, or resource need for optimal coverage are also available, these levels of funding better illuminate the fact that HIV prevention programs reaching MSM are severely underfunded. However, these broader estimates are not consistently and reliably available for each country and every year. Reliable estimates of spending for comprehensive HIV services other than prevention among MSM (ie, treatment, care, or support) do not exist. Similar data does not exist for transgender people.

Poor investments = Poor coverage?

A recent online global survey of MSM and their service providers (n = 5066) conducted by the Global Forum on MSM & HIV (MSMGF) revealed that only 44% of respondents had access to free condoms and 29% had access to free lubricant. 43% of MSM in the survey reported that it was difficult or impossible to access HIV testing and 64% said they had no easy access to HIV treatment.[17] [18] This scenario suggests poor resource allocation based on the observed gaps in coverage among MSM. Similar coverage data does not exist for transgender people.

Poor coverage of HIV-related services resulting from inadequate and untargeted funding should give donors and policy-makers good reason to systematically track AIDS spending. Moreover, the mismatch between HIV disease burden among MSM and transgender people and funding directed to these groups is not helped by an inability to track how resources are spent. Ultimately, advocates should be asking: How do AIDS resources flow? Are AIDS dollars reaching MSM and transgender communities? And how is this money being spent effectively and efficiently?

UNDERSTANDING THE DONOR LANDSCAPE FOR AIDS

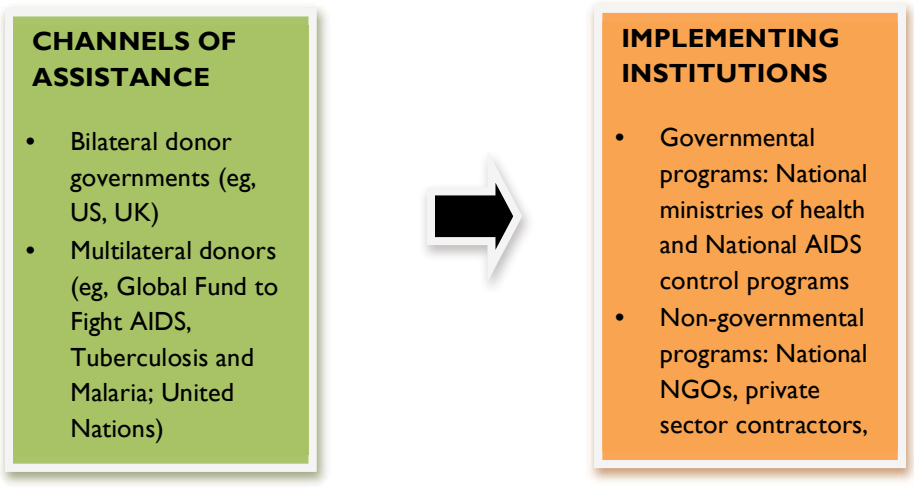
Before we describe our research method, it is important to understand the structure of HIV resource flows to low- and middle-income countries.

Major AIDS funding flows from large bilateral (government), multilateral, and private philanthropic donors. Large donor contributions are typically distributed as bilateral or multilateral aid at the country level. Some large private philanthropies (eg, the Bill and Melinda Gates Foundation) may function like bilateral or multilateral institutions by making contributions to the Global Fund or directly to national AIDS budgets. However, most private philanthropies have self-designed unique approaches, grant giving strategies and priorities that directly channel funds to HIV-service implementers, civil society organizations or research institutions.

Increasingly, some low- and middle-income national governments have started contributing their own resources to slow and reverse the HIV epidemic. With regards to MSM and transgender people, international sources continue to outdo national sources of funding for these groups in a majority of such countries, with a few exceptions, like Chile, Columbia, Mexico, and Venezuela. [D]

The chart below, adapted from the University of Washington, identifies these agencies as "channels of assistance" that facilitate the flow of financial resources to implementing organizations on-the-ground at the country level.[19]

CHART 2: Understanding the Architecture of AIDS Funding



Adapted from: Institute of Health Metrics and Evaluation University of Washington. Financing Global Health 2010: Development Assistance and Country Spending in Economic Uncertainty. http://www.healthmetricsandevaluation.org/publications/policy-report/financing-global-health-2010-development-assistance-and-country-spending-economic-uncertaint. Accessed on June 1, 2011.

[D] Written communication with UNAIDS, April 2011

Mechanisms for grant disbursement vary for different agencies. However, all donor agencies and national governments can make real impact if they also verify that their contributions are responsive to epidemiological trends and actual need.[20] This includes ensuring adequate funding to people most impacted by HIV and directing support to civil society–led organizations at the global, regional and country levels. This is because these organizations are often best equipped to plan and implement services that are tailored to the needs of their own communities. Our review and analysis therefore focuses on HIV investments made by a subset of major donor agencies and national governments who continue to help shape and strengthen the AIDS response.

HOW WE CONDUCTED OUR RESEARCH

Our research process was iterative and involved a combination of desk research reviews and qualitative interviews. Our review of national government spending on HIV related to MSM and transgender people is described separately in this section.

Desk Research

Desk research was conducted by reviewing a range of publicly available records including overall AIDS resource-tracking reports, donor Web sites, annual reports, financial statements, policy papers, grants databases, and UNAIDS databases.

Based on an initial review of the overall structure of AIDS resource flows, we classified donors in the following manner:

1. Bilateral
2. Multilateral
3. Private philanthropic (focused on grant making entities in the United States and Europe).

We selected donors based on the size of their historical contributions to the global AIDS response. We therefore focused on the four largest bilateral AIDS donors (United States, United Kingdom, Germany, and Netherlands) and the world's largest multilateral donor (the Global Fund).[E]

We selected US- and Europe-based private philanthropic donors because reliable information on overall AIDS investments was most readily available for organizations from these regions. We ranked major US-and-Europe based philanthropies by the size of their overall HIV contributions in 2009. We then narrowed our selection to agencies that had publicly acknowledged support to MSM or transgender

[E] In 2009, the United States contributed nearly 27% of all AIDS funding from all sources in low- and middle-income countries. The U.S. is followed by the United Kingdom (4.7%), Germany (2.4%), and Netherlands (2.3%). Known as the world's largest multilateral financial instrument for AIDS, the Global Fund provided 21% of all international public financing for AIDS in low- and middle-income countries in 2009.

people in their respective Web sites. Eight US- and four Europe-based philanthropies were shortlisted for our desk review.[F]

The following table lists the bilateral, multilateral, and private philanthropic donors that were the focus of our desk research and review.

TABLE 3: List of Bilateral, Multilateral, and Private Philanthropic Donors Included for Desk Review

TYPE OF DONOR	NAME OF DONOR AGENCY
Bilateral Donors	*United States**
	*United Kingdom**
	*Germany**
	*Netherlands**
Multilateral Donors	*The Global Fund**
Private Philanthropic Donors in the US	*amfAR, the Foundation for AIDS Research**
	Bill and Melinda Gates Foundation
	Elton John AIDS Foundation (USA)
	Ford Foundation
	*Levi Strauss Foundation**
	MAC AIDS Fund
	*Open Society Institute**
	Staying Alive Foundation
Private Philanthropic Donors in the UK	*Aids Fonds**
	*Elton John AIDS Foundation (UK)**
	Sidaction
	Viiv Healthcare

*Participated in a qualitative interview

[F] The MSMGF has received or currently receives funding from several of these organizations.

Qualitative Interviews: Who we spoke to and why

We conducted qualitative interviews with three types of stakeholders:

1. Resource-tracking experts
2. Staff members within donor agencies
3. Key informants on the ground (civil society, HIV-service and academic organizations)

We initiated our investigation by speaking to HIV resource-tracking experts to guide our methodology and fine-tune subsequent efforts to yield useful data. Our selection process for conducting additional qualitative interviews with donor agencies and key informants was iterative and based on a range of additional considerations explained below.

Early in the desk review process, and based on information gathered initially from resource-tracking experts, we anticipated and subsequently observed a dearth of information globally regarding HIV resources focused on MSM and transgender people. Initial qualitative interviews in and of themselves yielded little or no information regarding actual dollar figures for MSM or transgender disbursements. We therefore steered our subsequent research process toward an efficiency approach. We focused on large financial contributions made by bilateral and multilateral institutions. This allowed us to capture significant proportions of overall global AIDS investments. We conducted qualitative interviews with each of these donors. We then conducted qualitative interviews with a small subset of private philanthropic donor agencies selected on the basis of their well-known and strategic grant-giving focused on MSM and transgender people. These interviews were aimed at understanding issues around donor-led tracking and reporting of population-specific investments.

Lastly, some donors speculated that potential support for MSM and transgender projects might be embedded within broader AIDS funding or programmatic efforts. This highlighted the challenges involved in disaggregating overall AIDS resource flows by target population, and compelled us to interview on-the-ground grant recipients and implementers. While it was beyond the scope of this project to speak to a full range of grant recipients, we spoke with a small number of targeted key informants. These informants included four civil society organizations, one implementer and one academic center. These interviews were aimed at assessing communication and coordination across investing and implementing agencies.

The following table provides a list of qualitative interviews we conducted with resource-tracking experts, donors, and key informants.

TABLE 4: List of Qualitative Interview Participants

WHO WE SPOKE TO	ORGANIZATIONAL AFFILIATION	NUMBER OF INTERVIEWEES
HIV Resource Tracking Experts	Kaiser Family Foundation	1
	Funders Concerned About AIDS	2
	European Funders Group	1
	The Freemont Center	1
	International Human Rights Funders Group[G]	1
	UNAIDS	2
Bilateral Donors	United States	5
	United Kingdom	1
	Germany	1
	Netherlands	1
Multilateral Donors	The Global Fund	1
Private Philanthropic Donors (US)	Open Society Institute	1
	amfAR, the Foundation for AIDS Research[G]	1
	Levi Strauss Inc & Co	1
Private Philanthropic Donors (Europe)	Aids Fonds	1
	Elton John AIDS Foundation	1
Key Informants	African Men for Sexual Health and Rights	1
	B-CHANGE	1
	Center of Excellence for Transgender Health, University of California, San Francisco	1
	China Male Tongzhi Health Forum	1
	Heartland Alliance	1
	Naz Foundation International/Asia-Pacific Coalition on Male Sexual Health	1

[G] The interview was conducted via electronic communication

Supplementary Study: National spending on HIV prevention among MSM

National governments are mandated to publicly report on their AIDS spending per a set of guidelines outlined in the National AIDS Spending Assessments (NASA).[H] The guidelines are designed to capture resource flows from both domestic and international sources. The reporting process takes place on a biennial basis and includes an indicator for national HIV prevention spending for MSM.[21] There are no indicators for HIV spending on other HIV-related services for MSM and there are no HIV spending indicators for transgender people.

We conducted this study in consultation with resource-tracking experts from UNAIDS and by reviewing UNAIDS databases, located at www.aidsinfoonline.org. In 2010, 113 countries reported overall HIV prevention spending and 49 countries reported HIV prevention spending on MSM.[I] We excluded seven high-income countries and therefore report spending data from 42 low- and middle-income countries over the two year period covered by our analysis.

Why we did not conduct a survey

At the outset of our research, resource-tracking experts told us that with very few exceptions, no donor agency publicly reported spending on HIV-specific projects targeted at MSM or transgender people. The experts also noted that it would be nearly impossible to procure a precise dollar figure for investments targeting most impacted populations. Specifically, we were discouraged from conducting a survey for the following reasons: (a) Donors differ in their enthusiasm for reporting on disbursements and there was therefore reason for concern over a reliable response rate; (b) Many donors feel challenged by requests that ask them to report on overall AIDS spending in a timely manner as they are not compensated for completing such requests; (c) Staff members in donor agencies who do fill out overall spending surveys may not necessarily be equipped to disaggregate financial figures or to understand nuances pertinent to MSM and transgender people; and (d) It typically takes several months and, in some cases, up to one year for donors to fill out surveys about overall AIDS disbursements. When available, this information is dated by two years. Our experience during the research process was consistent with some of these concerns.

[H] This process was established pursuant to consensus among Member States who agreed to report on national progress biennially at the 2001 United Nations High-Level Meeting on AIDS.

[I] 39 countries reported spending levels from 2008 and 22 countries reported spending levels from 2009. There was an overlap of 19 countries that submitted spending data from both years. Accounting for this overlap, MSM HIV prevention spending was available from 49 countries, including 7 high-income countries.

MAJOR FINDINGS

We gathered a rich mix of data from our desk review, qualitative interviews, and supplementary study. Our key findings were drawn by triangulating all of the information gathered from all sources.

Our two major findings are:

1. *Major bilateral, multilateral, and private philanthropic AIDS donors and national governments do not consistently track or publicly report their HIV investments targeted at MSM or transgender people in low- and middle-income countries.*
2. *When available, funding levels for MSM and transgender people in low- and middle-income countries are not commensurate with the epidemiological burden and needs of these populations.*

Major bilateral, multilateral, and private philanthropic AIDS donors and national governments do not consistently track or publicly report their HIV investments targeted at MSM or transgender people in low- and middle-income countries.

With very few exceptions, an estimate broadly indicative of targeted investments on MSM and transgender people was publicly unavailable for nearly all donor agencies included in our review. The precise amount of overall HIV investments reaching MSM and transgender people in low- and middle-income countries therefore remains unknown.

Bilateral donors

Bilateral donors expressed serious challenges related to disaggregating funding data by population and suspected that even implementers on the ground and country missions may not be tracking this information. Recipients of bilateral aid—national governments, country missions, or large implementing agencies—are typically not required to track or publicly report their spending on MSM and transgender people.

We were unable to record total annual HIV investments specifically focused on MSM and transgender people in low- and middle-income countries with the exception of funding by the Dutch and German governments. The Dutch government made a targeted investment (at least $3.3 million in 2009) for lesbian, gay, bisexual, and transgender (LGBT) people toward HIV, health, or sexual rights.[J] We recorded a $1 million investment on LGBT projects made by Germany in 2010 that focused on the health and HIV needs of MSM and transgender people.[K]

[J] Oral communication with staff member at Dutch Ministry of Foreign Affairs, March 2011
[K] Written communication with staff member at the Federal Ministry for Economic Cooperation and Development in Germany, June 2011

Multilateral donors: The Global Fund

Funding decisions made by the Global Fund in 2009 and 2010 resulted in the disbursal of $1.2 billion and $732 million for HIV projects across 36 and 32 countries respectively over the two-year period.[22] The Global Fund Secretariat and its Principal Recipients (PR)[L] do not publicly report estimates of overall spending on MSM or transgender people. When targeted investments were made, it was easier to capture resources reaching HIV programs for MSM and transgender people.

In its Round 9 awards for proposals, the Global Fund gave a five-year $42 million regional grant for MSM and transgender people in South and West Asia and a five-year $27 million country grant for MSM and transgender people in India.[23] [24] In 2010, the Global Fund awarded $47 million for Round 10 proposals through a special MARPS Reserve Fund[M] for most-at-risk populations, namely MSM, sex workers and their sexual partners, people who inject drugs and their sexual partners, and transgender people.[N] As part of a proposal targeting this MARPS reserve fund, the Insular South-East Asian Network for MSM, transgender people, and HIV (covering Indonesia, Malaysia, the Philippines, and Timor-Leste) was awarded a five-year community systems strengthening grant of $12.5 million.[O] These grants are not disaggregated to separately distinguish spending on transgender people from MSM.

Further, we learned from key informants that portions of broader HIV grants intended for MSM or transgender people may not reach these populations at the country level because of homophobia or transphobia among decision-makers at the country level. This signals the need for creative and sensitive mechanisms so that Global Fund investments are properly tracked and reported.

Private philanthropic donors

With the exception of very few private philanthropic donors, an accurate estimate of targeted investments on MSM and transgender people was extremely difficult to ascertain from publicly available records.

amfAR, the Foundation for AIDS Research has a small grants program to provide funding support to community-based organizations around the world. This grants program, called amfAR's *MSM Initiative*,[25] is exclusively focused on MSM and transgender people, making it easier to track and publicly report spending on these two populations. In Fiscal Year 2010, amfAR awarded $743,000 for MSM and

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[L] The Global Fund signs a legal grant agreement with a Principal Recipient (PR), which is designated by the CCM. The PR receives Global Fund financing directly, and then uses it to implement prevention, care, and treatment programs or passes it on to other organizations (sub-recipients) that provide those services. Many PRs both implement and make sub-grants. There can be multiple PRs in one country. The PR also makes regular requests for additional disbursements from the Global Fund based on demonstrated progress toward the intended results.

[M] As part of the Global Fund Round 10 grant application process, the Global Fund set up a Reserve Fund specifically targeting the needs of most-at-risk populations, the MARPs Reserve Fund. These populations include MSM, sex workers and their sexual partners, people who inject drugs and their sexual partners, and transgender people. This reserve fund was the result of a board decision that dedicated a maximum of $75 million over 2 years (200 million over 5 years) for proposals that focused exclusively on these groups. This reserve helps alleviate some concerns at the country level where Global Fund resources can potentially be subjected to hostile national planning structures that may not channel funds to communities of key populations.

[N] Written communication with the Global Fund, December 2010

[O] Written communication with key informant, July 2011

$190,000 for transgender people in several small grants to organizations in low- and middle-income countries. The US-based Elton John AIDS Foundation contributed $300,000 to this program in 2010. [P]

Sidaction, a Europe-based private philanthropic agency, regards MSM in Francophone Africa as a strategic priority in their grant giving and therefore allocates a known percentage of their overall funding to MSM in this region.[26] Among private philanthropies with whom we spoke, other agencies that made targeted MSM grants were able to name these investments on MSM. They included the UK-based Elton John AIDS Foundation and Levi Strauss Inc., which made multi-year awards in 2010 of $1 million and $340,000 respectively.[Q]

National Governments

Given the scarcity of information that we gathered on donor investments, we looked at national spending data to understand if and how governments tracked and reported resource flows targeted at MSM and transgender people. As explained earlier, country-level reporting processes are guided and coordinated by UNAIDS through a set of core indicators. The only indicator that was relevant to our analysis was spending on prevention programs for MSM.[27] We therefore focused our analysis on this indicator.

Of the 192 UN Member States, 113 countries (59%) reported overall HIV prevention spending data covering the years 2008–2009, but only 49 countries (25%) included HIV prevention spending data on MSM. There is no separate indicator for spending on transgender people as outlined in the UNAIDS NASA guidelines. As a result, not a single country (0%) reported on HIV spending on transgender people.

A note on tracking and reporting on investments reaching transgender people

With the exception of amfAR, no other agency publicly reported on investments targeted specifically toward transgender people (in Fiscal Year 2010, $190,000).[P] In a vast majority of cases, we found that nearly all donors do not track or publicly report their HIV spending on transgender people. Some of this is related to the lack of tracking of investments on MSM and transgender people as two separate target population groups. Many donors indicated that their transgender spending is likely to be subsumed within MSM HIV spending. Additionally, and as observed above, there are no core indicators that are currently recommended by UNAIDS to track and report spending targeted at transgender people at the country level. These problems continue to undermine any effort to assess if resources are reaching this vulnerable group at all.

[P] Written communication with amfAR, June 2011
[Q] Elton John AIDS Foundation (UK) Oral and written communication, March 2011 and July 2011, Levi Strauss Inc. oral communication, March 2011.

When data is available, funding levels for MSM and transgender people in low- and middle-income countries are not commensurate with the epidemiological burden and needs of these populations.

Our research shows that despite the lack of tracking and public reporting of investments, when limited information is available, there is an unacceptably low proportion of overall HIV investments targeted at MSM and transgender people in low- and middle-income countries. We looked at investments in three areas: (1) prevention, (2) treatment and care, and (3) advocacy and rights-based approaches.

HIV prevention investments

US Bilateral Investments: Dominican Republic, Ghana, and Nigeria

Case examples of bilateral investments in HIV prevention services at the country level were slightly easier to ascertain than targeted funding for treatment and care services. For example, the US government awarded $7.3 million (1.5 million per year) for HIV prevention activities targeted at MSM and transgender people in Nigeria, information which we gathered through key informant interviews. Total AIDS investment in 2010 from the US government in Nigeria was $459 million.[28]

In 2010, an average of 36% of all US government HIV funds was earmarked for prevention activities through individual country and regional operational plans.[29] If 36% of U.S. AIDS funding to Nigeria ($165 million) is devoted to HIV prevention services, then less than 1% of US HIV prevention funding in Nigeria was focused exclusively on MSM and transgender people. We similarly estimated levels of US bilateral funding in the Dominican Republic and Ghana, where targeted HIV prevention investments for MSM and transgender people were 5.5% and 3.2% of overall US bilateral prevention investments, respectively (see table below).

TABLE 5: United States Bilateral Investments in USD in the Dominican Republic, Ghana, and Nigeria in 2010: Total Prevention Investments Compared to Prevention Investments Focused on MSM[R]

COUNTRY	TOTAL AIDS INVESTMENTS IN 2010[30]	ADJUSTED FOR PREVENTION (35.9%)	MSM PREVENTION INVESTMENT/YEARS	ADJUSTED FOR 1 YEAR (2010)	PROPORTION OF MSM INVESTMENT (%)
Dominican Republic	15 million	5.4 million	2 million/5 years	300,000	5.5
Ghana	13 million	4.7 million	450,000/3 years	150,000	3.2
Nigeria	459 million	165 million	7.3 million/5 years	1.5 million	0.9

[R] MSM investments were gathered based on a qualitative interview with key informants

In all of these contexts, MSM and transgender people continue to shoulder a disproportionate disease burden that is fueled by high levels of stigma and discrimination. The Nigeria project is regarded as the largest investment for MSM in Africa to date and therefore must be viewed as a bold step by a bilateral donor to invest in a context where MSM and transgender people are highly stigmatized. In Nigeria and Ghana, MSM are 5 and 15 times more likely to be infected with HIV respectively when compared to adults in the general population. Both these countries also criminalize homosexuality, which shows that targeted services can be programmed despite structural barriers. The percentage of new infections among MSM, people who inject drugs, and sex workers and their clients is as high as 43% in Ghana but national spending on prevention for these population groups was only 0.24%. Our estimate of 3.2% only focused on US bilateral investments. HIV prevention investments reaching MSM in Ghana are predominantly from international sources but largely inadequate. In the Dominican Republic, a prevalence rate of 6% among MSM in 2008 rose to 11% in 2010 as reported to UNAIDS signaling the need for increased and continued overall funding in the way forward. Although similar prevalence data does not exist for transgender people, there continues to be a need for increased investments aimed at the collection of robust data and at focused services to meet their unique health and HIV needs.

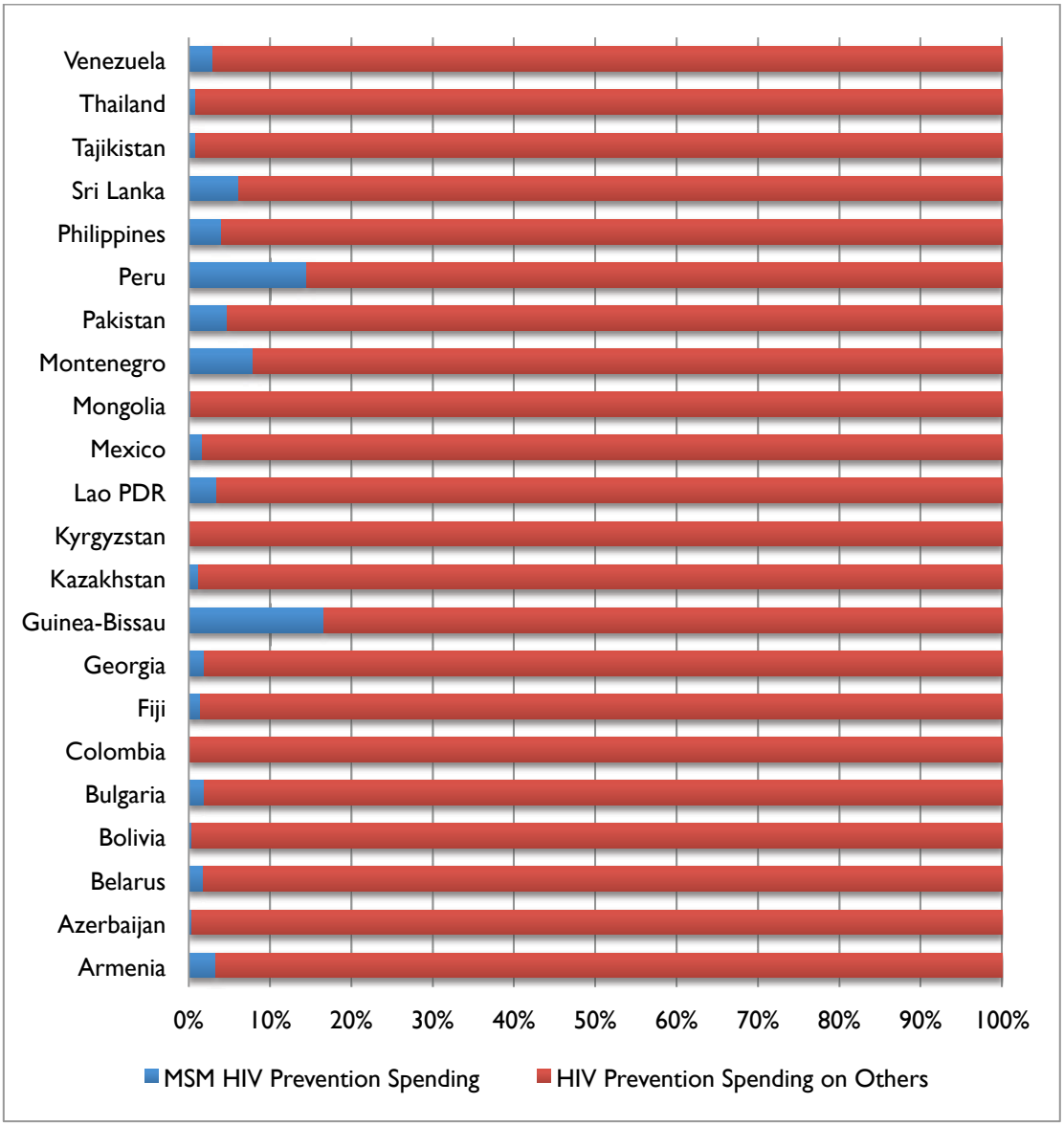
National Spending on HIV Prevention

For the subset of 42 low- and middle-income countries included in our study on national HIV spending, we found that spending on prevention programs for MSM ranged anywhere between 0.05% and 16.7% of overall HIV prevention spending. Despite a seemingly high upper range, on average only 2%[S] (or $15.8 million) of the total $800 million spent on HIV prevention was specifically targeted at MSM in these countries.[T] We were also able to ascertain that about 75% of this came exclusively from international sources.[U]

The following chart shows 2009 funding levels for MSM prevention services when compared with other populations in 22 out of the 42 low- and middle-income countries that provided this data for 2009.

[S] We estimated an actual figure of 1.98%
[T] In 2008, national spending on HIV prevention among MSM was $10.7 million and in 2009, this was $5 million. Levels of spending must be understood in the context of this 2-year period taken together since the UNAIDS reporting process takes place biennially.
[U] Written communication with UNAIDS, April 2011

CHART 3: Percentage of HIV Prevention Spending Among MSM Versus HIV Prevention Spending on Others in 22 Low- and Middle-Income Countries (2009)



We found four high-performers (or promising exceptions), namely Guinea-Bissau (16.7%), Myanmar (13.2%), Peru[v] (10.6%), and the Seychelles (11.8%). When we calculated the proportion of global HIV spending on MSM by excluding spending by these four countries, the average spending dropped down to 1.4% (or $10.6 million) for a subset of 38 countries. This means that four countries accounted for a third of the total prevention spending on MSM among all 42 countries.

[v] Peru spent 6.9% of its HIV prevention budget on MSM in 2008 and more than doubled this investment in 2009 by spending 14.4%.

HIV prevention coverage for MSM is therefore quite low when compared to overall spending on HIV prevention programs. In 2010, UNAIDS reported that overall total coverage of prevention programs averaged just over 55% in a subset of countries reporting on HIV prevention expenditures.[1] Senegal spent only 1.8% of its prevention budget on MSM that same year. This is disconcerting given that up to 20% of new infections in that country could be linked to unprotected sex between men.[1] Similarly, 30% of new infections in Burkina Faso is among MSM, people who inject drugs, and sex workers and their clients. However, prevention spending in 2010 for these population groups added up to only 1.7% in this country.[1]

HIV treatment and care investments

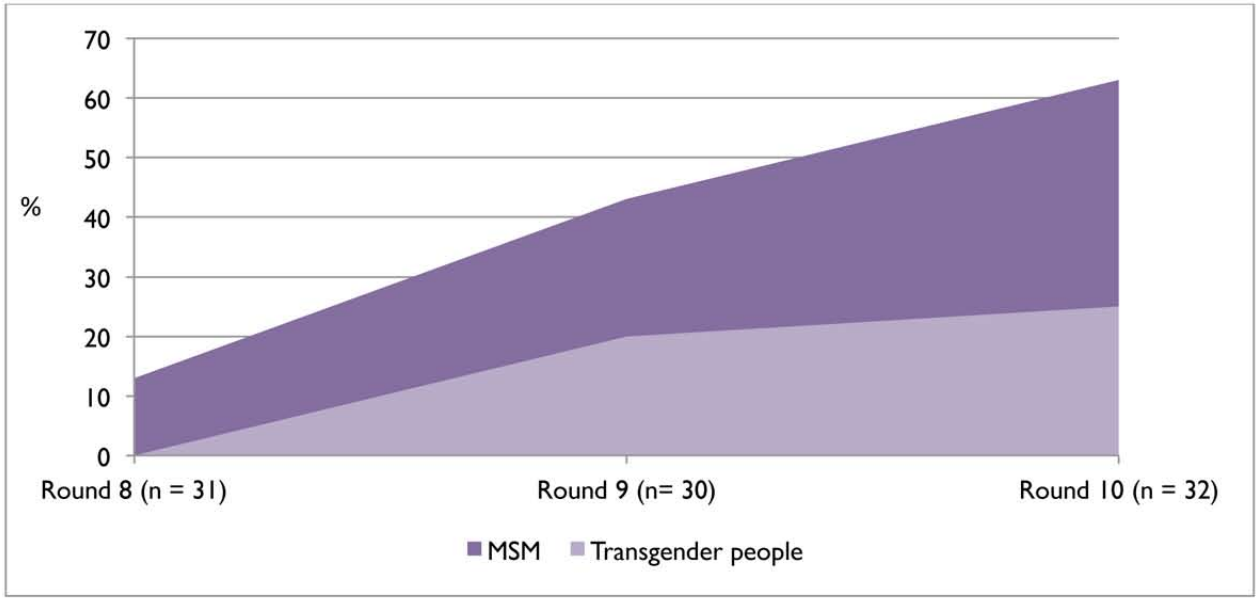
According to UNAIDS, about 50% of overall global AIDS spending goes to the treatment and care of people living with HIV in low- and middle-income countries.[31] We were unable to ascertain the proportion of these resources that reach MSM and transgender people living with HIV. We recognize that MSM and transgender people receiving HIV care are less likely to have their confidential medical information—including information regarding their sexual orientation or gender identity—reported back to donors or to national governments, especially without strong mechanisms in place to protect the confidentiality of this information. Therefore, resource flows for treatment and care of MSM and transgender people must be viewed and understood in the context of access and coverage estimates. As pointed out earlier, only 36% of MSM and their providers indicated easy access to treatment across the world in 2010.[18]

Investments in advocacy and rights-based approaches

The total proportion of donor investments supporting advocacy or human-rights based approaches among MSM and transgender people is unknown. Bilateral, multilateral, and private philanthropic donors who participated in our qualitative interviews also differed in their opinions about whether or not support for such initiatives constituted HIV programming. Examples of advocacy support gathered during our research include support for legal services for decriminalization of same-sex behavior or high-level policy and advocacy targeting major bilateral and multilateral agencies or regional/in-country initiatives that enable MSM and transgender people to advocate for their own health rights in their local contexts.

In May 2009, the Global Fund launched its strategy focused on Sexual Orientation and Gender Identities (SOGI).[32] The Global Fund has subsequently noted an increase in proposals that include activities specific to MSM and transgender people in low- and middle-income countries. This also includes an increase in the number of activities related to the mitigation of stigma or focused on rights-promotion across all HIV proposals (see chart below).[33] However, there is no indication of levels of spending on these kinds of activities.

CHART 4: Percentage of Funded Round 8, 9, and 10 Global Fund Proposals That Included at Least One Activity Related to Stigma or Rights-Promotion on Behalf of MSM and Transgender People



Source: Analysis of Rounds 8, 9, and 10 Global Fund HIV proposals in relation to men who have sex with men, transgender people and sex workers. csactionteam.org/download/?file=133. Accessed on June 3, 2011.

We also found that private philanthropic donors were more likely to regard advocacy as a core priority in their grant giving and therefore direct larger proportions of their overall AIDS investments to these kinds of activities. This was not the case for bilateral and multilateral institutions, which did not explicitly target notable proportions of their overall AIDS investments in advocacy or human rights. The exceptions were the Dutch and German governments who specifically fund rights-based approaches in the health context.

IMPLICATIONS

Our first major finding illuminates the lack of coordinated tracking and public reporting of spending by donors and national governments, which makes it impossible to determine what proportion of overall HIV investments are reaching MSM and transgender people. This contributes to ongoing challenges in assessing real impact even though some financial support from most donor agencies may be reaching MSM and transgender people in low- and middle-income countries. It also raises questions about how equipped the AIDS donor community is to truly measure success, assess progress, and make course corrections as required.

With the limited information we were able to review, funding for HIV-related services targeted at MSM and transgender people is incommensurate with the HIV disease burden being shouldered by these groups in most places around the world. Health outcomes are diminished and overall progress in the global AIDS response is stalled when adequate resources are unavailable to scale up HIV programs for these groups. HIV prevention funding was easiest to estimate among the group of countries that report population-specific funding information. Additionally, a range of human rights abuses and structural barriers continue to impede public health approaches intended for MSM and transgender people. Support for advocacy and rights-based approaches must therefore be regarded as a necessary component in all HIV investments targeted at MSM and transgender people.

RECOMMENDATIONS

As the AIDS crisis extends into its fourth decade, our analysis points to glaring gaps in knowledge and significant challenges in meaningfully shaping the global response. To enhance overall transparency, major AIDS donors, national governments, and a range of HIV stakeholders must therefore work collaboratively to ensure that resources targeted at MSM and transgender people are tracked, publicly reported, and commensurate with overall AIDS spending and epidemiological burden. At every level, this shared effort must include the respectful and timely engagement of civil society organizations, AIDS advocates, and the MSM and transgender communities. Based on our findings and discussed implications, we provide two main recommendations targeting donors and national governments. These recommendations are also intended for advocates who must generate appropriate measures to encourage meaningful investments for MSM and transgender people as two distinct populations.

I. Major bilateral, multilateral, and private philanthropic donors and national governments must consistently track and publicly report HIV investments targeting MSM and transgender people in low- and middle-income countries.

Major AIDS donors and national governments must adopt a principled approach to investment that includes the consistent tracking and public reporting of HIV investments targeting MSM and transgender people. This can help ensure value for money especially in an era of fiscal contraction. This would entail a coordinated effort as outlined here:

1. *Bilateral:* Bilateral donors must require implementing agencies, country missions, and recipient governments to track and report on resources reaching MSM and transgender people. When national governments are unresponsive to MSM and transgender needs due to stigma and other structural barriers, bilateral donors can ensure that mechanisms are in place so that aid can directly reach civil society. This can also allow for easier disaggregation and tracking of resources.
2. *Multilateral:* Multilateral donors like the Global Fund must hold their Principal Recipients accountable to tracking and reporting on spending on MSM and transgender people, especially when resources for these populations are embedded within broader HIV grants. When targeted grants specifically tailored to the needs of MSM and transgender people are made available through financing mechanisms such as the MARPs Reserve Fund, financial information must be reported separately for each target population.
3. *Private Philanthropic Donors:* Private philanthropies that support MSM and transgender people must coordinate and work together on making investment information available on a publicly accessible Web site. This may be more easily done for grants that are unique to MSM and transgender people. These agencies must shadow their broader AIDS investments so that support reaching MSM and transgender people is accurately documented.
4. *National Governments:* Levels of reporting on HIV spending on MSM continue to remain low. Only 22% of all UN Member States reported on HIV prevention spending on MSM in 2010. Governments must recognize their responsibility in knowing their epidemic and steering national responses to reach those populations most vulnerable to HIV. This must include the tracking and public reporting of spending on MSM. Governments must also work together through multilateral mechanisms, especially the United Nations, to generate indicators that can measure spending on prevention among transgender people and a wider range of HIV-related services, including treatment, care, and support for MSM and transgender people.

In all of the above cases, communication mechanisms for reporting back from the ground can enhance donor knowledge regarding the use of resources. All donors must invest in MSM and transgender people through population-specific grants and focused initiatives to ensure that investments reach intended users with great impact and that those investments can be easily tracked.

II. Bilateral, multilateral, and private philanthropic agencies and national governments must exponentially increase their contributions to MSM and transgender communities in low- and middle-income countries.

Current levels of investments for MSM and transgender people are inadequate to address rising HIV epidemics and poor HIV service coverage rates worldwide. MSM and transgender people face substantial structural challenges. Donors need to focus and increase their investments to enhance the overall health of these communities. In doing so, donors must recognize up front that civil society organizations are uniquely positioned and best equipped to provide knowledge and strategic information about communities' own needs and the realities most pertinent to their well-being. Therefore, all approaches to increasing investments must include an advocacy component to minimize stigma and discrimination and allow MSM and transgender people to freely access the full range of necessary health and HIV services. Robust investments are needed in three key areas:

1. *Prevention:* Bilateral, multilateral, and private philanthropic donors that contribute to national AIDS budgets, and national governments that in turn disburse these funds, must ensure the steady increase of HIV prevention investments reaching MSM and transgender people. This increase in targeted funding could benefit from the redirecting of funds away from ineffective interventions that do not work, such as generalized, large-scale public campaigns.
2. *Treatment and care investments:* Bilateral, multilateral, and private philanthropic donors and national governments must increase their treatment and care investments for MSM and transgender people living with HIV. This will ensure better coverage rates for such services among these groups. Based on coverage rates for treatment access among MSM living with HIV (36%), current levels of investment on treatment must significantly increase to ensure 100% coverage for all those in need. Coverage needs for treatment and care of transgender people living with HIV must be determined. Bilateral, multilateral, and private philanthropic donors and country governments must also fund approaches to strengthen health systems aimed at the collection and reporting of treatment and care data so that spending on these broader HIV services can be tracked and publicly reported. This includes building sensitive health information systems and training staff workers so that data that is collected and reported remains confidential and anonymous.
3. *Investments in advocacy and rights-based approaches:* In order to move forward, the global AIDS response must take into account the need to resource communities at risk for HIV so that they can advocate effectively on their own behalf and gain full human rights and universal access to HIV-related services. All bilateral, multilateral, and private philanthropic donors must fund community systems strengthening as an integral component of overall HIV and health responses so that MSM and transgender people can have improved access to non-discriminatory, community-based services. These investments must be designed to help build capacity within each community.

A CALL FOR GLOBAL ADVOCACY

Gaps in knowledge regarding investments for MSM and transgender people are discouraging. They also provide an important opportunity for change. A collaborative response is urgently needed to increase, track, and publicly report investments targeted at the HIV-related services needs of MSM and transgender people in low- and middle-income countries. Political will and leadership will be central to an effective response, as will the meaningful and respectful engagement of civil society at every level. We call on all AIDS donors and national governments to immediately lead efforts to increase, track, and publicly report their investments on MSM and transgender people.

APPENDIX 1: INFORMATION ABOUT DONORS

DONORS (Overall AIDS investment in 2009 in USD)	DESCRIPTION AND CONTEXT
BILATERAL	
UNITED STATES (5.5 billion)	The US has been the single largest donor to the global AIDS response with overall HIV investments in low- and middle-income countries sustained and increasing over time in past years. In 2004, the US made a landmark commitment through the President's Emergency Plan For AIDS Relief (PEPFAR) which was signed into legislation and made available $15 billion[34] over 5 years to fight AIDS, Tuberculosis and Malaria in low- and middle-income countries. In 2008, the PEPFAR legislation was reauthorized to make available up to $39 billion for HIV alone for a period of 5 years. PEFPAR remains the largest component of the US Government's Global Health Initiative (GHI) which is the mechanism for coordination and collaboration across all US agencies in the government's response to global health. **Major channels of disbursement** The majority of PEPFAR funds is disbursed through the State Department which in turn is transferred to other agencies. Other agencies that receive PEPFAR funds include the National Institutes of Health, USAID, Centers for Disease Control and Prevention and the Department of Defense. By virtue of partnerships with US government agencies, several country governments and private implementing institutions work in collaboration with US government agencies to deliver HIV-related services on the ground. The Office of the Global AIDS Coordinator (OGAC) administers the PEPFAR program. **Contributions to the Global Fund** The US helped support the creation of the Global Fund in 2001 and is its single largest contributor making $5.1 billion available to date. At the Third Voluntary Replenishment Conference organized by the Global Fund in 2010, the US pledged $4 billion for the time period 2011–2013. Global Fund contributions from the US are primarily channeled through the State Department and the NIH and through legislation are limited to 33% of overall funds raised globally.[35] **Leadership on MSM and transgender issues** In both public forums and at the United Nations General Assembly, the US government has increasingly advocated for the rights and health of MSM and transgender people and for the mitigation of stigma, discrimination, and violence targeted at these individuals. PEPFAR policy and programmatic efforts help contextualize this in the health context by including MSM as a strategic priority in the 2008 legislation. However, transgender people are conspicuous in their absence in the 2008 legislation. The US has supported meaningful work with MSM and transgender populations within the scope of bio-behavioral surveillance, research, civil society support and the development of national AIDS strategies. In May 2011, the US government released a new technical guidance for HIV prevention among MSM to facilitate focused health and HIV responses on the ground through country missions and large implementing agencies. With no formal announcement regarding the release of this guidance or resources allocated for roll-out, meaningful utility for the guidance remains a concern for MSM advocates around the world. **Useful links** PEPFAR Web Site: http://www.pepfar.gov/

	PEPFAR Fact Sheet: http://www.kff.org/globalhealth/upload/8002-03.pdf Global Health Initiative Fact Sheet: http://www.kff.org/globalhealth/upload/8116-02.pdf Country Operational Plans: http://www.pepfar.gov/countries/cop/2010/index.htm PEPFAR Partnership Frameworks: http://www.pepfar.gov/frameworks/index.htm PEPFAR MSM Guidance: http://www.pepfar.gov/guidance/combinationprevention/combprevmsm/index.htm
UNITED KINGDOM (779 million)	The United Kingdom disburses resources for AIDS in low- and middle-income countries primarily through the Department for International Development (DFID). In 2008, HIV disbursements from DFID amounted to $968 million. In 2009, DFID's bilateral contribution went down by over 30% to $653 million. We were unable to solicit specific information on the UK's spending targeted at MSM or transgender populations but provide a summary that paints in broad brush strokes how the UK addresses the health and rights of these communities worldwide. **Major channels of disbursement** The main channel of disbursement of AIDS funds from the UK is the Department for International Development (DFID). **Contributions to the Global Fund** The UK government is a major contributor to the Global Fund, having pledged $2.3 billion in the time period 2001–2015 for AIDS, Tuberculosis, and Malaria. These contributions have steadily increased in the last 3 years, peaking at a 2010 contribution of $312 million, up from $79 million in 2008 and $184 million in 2009. A recent multilateral aid review led by the UK government to assess value for money invested ranked the Global Fund high in its evaluation model. This signals a positive finding that will encourage the UK government and other donors to continue their collective efforts at sustained HIV responses worldwide.[36] **Leadership on MSM and transgender issues** DFID's funding to key populations differs by concentration of epidemic. This allows for considerable funding to reach key populations in concentrated epidemics in Asia and Eastern Europe. The recent years have seen an increased focus on the health and rights of key populations at higher risk, including men who have sex with men. DFID envisions multilateral support and engagement to enhance the health and rights of MSM who may otherwise be neglected by national responses. Transgender people are not mentioned in the most recent HIV position paper released by DFID.[37] **Useful Links** DFID Projects: http://projects.dfid.gov.uk/
GERMANY (389 million)	As the world's third largest bilateral donor to the AIDS response, Germany holds HIV as one of its key strategic priorities within the country's global health policy framework. In 2009, Germany contributed $389 million to AIDS in low- and middle-income countries. **Contributions to the Global Fund** During the 2010 Third Voluntary Replenishment of the Global Fund, Germany was the third-largest donor with a pledged contribution of $822 million for the period 2011–2013.[38] The total contribution pledged to the Global Fund since its inception until 2013 is $2.1 billion. **Major channels of disbursement** The Federal Ministry for Economic Cooperation and Development (BMZ) is the agency that defines global health priorities for Germany's aid disbursement processes through bilateral and multilateral mechanisms.

	Leadership on MSM and transgender Issues With closely linked priorities in health systems strengthening and sexual and reproductive health and rights, Germany's overall global health strategy is guided by a rights-based approach. The Federal Ministry for Economic Cooperation and Development recognizes the link between the criminalization of homosexuality and access to quality health services for MSM in countries where same-sex behavior is criminalized. Germany invests resources in implementing organizations within the country that in turn may support health-related programs for MSM and transgender people in low- and middle-income countries. Limited information is available regarding this or additional MSM or transgender HIV programs directly supported by Germany. **Useful links:** German Federal Ministry for Economic Cooperation and Development: http://www.bmz.de/en/
NETHERLANDS (383 million)	The Netherlands has provided significant resources to the epidemic in recent years and in 2009 ranked fourth among global donors with a contribution of $383 million. The Dutch government provides AIDS funding for different kinds of activities, namely core operating support for organizations, funds to the Global Fund and bilateral funds for direct provision of HIV-related services on the ground. **Channels of disbursement** The Dutch government, through its Ministry of Health, supports HIV programming in low- and middle-income countries by resourcing implementing organizations like COC Netherlands, Schorer Foundation, and Hivos. The Dutch government also funds to the Global Fund and bilateral funds for direct provision of HIV-related services on the ground. **Leadership on MSM and transgender issues** A key distinction of the Dutch government is the nature of policies within the nation itself, which has had consistently progressive policies and a relatively increased level of tolerance toward same-sex sexual behavior or non-conforming gender identity. One of the ways the government has made the most of its money is by following the epidemic and pursuing targeted efforts on behalf of those most-at risk, including MSM and transgender people, rather than expending resources on mass campaigns. **Useful links** Dutch Ministry of Foreign Affairs HIV/AIDS Page: http://www.minbuza.nl/en/Key_Topics/HIV_AIDS
MULTILATERAL	
GLOBAL FUND (1.2 billion)	The Global Fund was founded in 2002 as a public-private partnership and multilateral financial institution to enhance the global response against 3 diseases, namely, AIDS, Tuberculosis, and Malaria. In 2009, the Global Fund had provided 29% of international public funding for HIV. In 2010, the Global Fund managed to raise $11.7 billion for tackling the 3 diseases between 2011 and 2013. For more information on the Global Fund and to view a short film: http://www.theglobalfund.org/en/about/?lang=en **Core structures** *Country Coordinating Mechanism* – the structure at the country level responsible for submitting proposals to the Global Fund and composed of all key stakeholders of the 3 diseases. *Global Fund Secretariat* – manages the overall functions of the Global Fund and based in Geneva, Switzerland. It also manages grants, screens proposals, and instructs disbursements and implementation of grants.

	Technical Review Panel – an independent group of experts in each disease area and cross-cutting issues such as health systems. This panel of experts reviews proposals based on set criteria and provide recommendations for funding to the Global Fund Board. *Global Fund Board* – governs the Global Fund and makes decisions regarding funding and budget-setting. It is also involved in fundraising activities. It is composed of representatives from donor and recipient governments, civil society, private sector, private foundations, and communities living with and affected by the diseases. *Principal Recipient* – signs the legal grant agreement with the Global Fund and receives funding directly. It can use the funds directly to implement services and/or disburse it to other agencies through sub-grants. *Local Fund Agents* – monitor implementation and provide recommendations to the Global Fund Secretariat on the capacity of organizations and soundness of funding requests. **Leadership on MSM and transgender issues** The Global Fund has demonstrated bold leadership in recent years toward enhancing the AIDS response among MSM and transgender people. The increasing recognition at the Global Fund to address the needs of the epidemic on behalf of MSM and transgender people has been a process that has evolved since the organization's founding in 2002. This has included not only creating procedural mechanisms (such as the Round 10 MARPs Reserve Fund) but a range of research activities to better understand gaps and opportunities in the grant-giving process and educational activities to sensitize and enhance the expertise of the Global Fund Secretariat and the Technical Review Panel. *Strategy in Relation to Sexual Orientation and Gender Identities* – In May 2009, the Strategy in Relation to Sexual Orientation and Gender Identities (SOGI) was released as a complement to the Gender Equality Strategy to reinforce the need to channel resources in a meaningful way to those who are most affected by HIV including MSM, transgender people and sex workers. According to the Global Fund, both these strategies "promote inclusiveness and diversity in Global Fund procedures and decision-making structures, and both emphasize the importance of linking funding decisions to evidence and measurable results." *Global Fund Partnership Strategy* – The Global Fund Partnership Strategy adopted in 2010 prioritizes rights-based approaches to HIV programming that explicitly name MSM and transgender people among other priority populations recognizing the stigmatization suffered by these groups in almost every nation. **Useful links** Global Fund Web site: http://www.theglobalfund.org/en/
PRIVATE PHILANTHROPIES	
US-BASED	Annual resource tracking reports conducted and released by Funders Concerned About AIDS (FCAA) shows that US philanthropic disbursements for AIDS decreased by $48 million between 2008 and 2009. Of the total $585 million disbursed in 2009, 83% of these resources went to regions outside the US. At least 33% of funders who participated in the FCAA survey, including the largest US-based philanthropy, the Bill and Melinda Gates Foundation, indicated that philanthropy funding levels will continue to decrease in 2010. International funding from the US was directed mostly toward research (32%), prevention (28%), and treatment (16%). **Leadership on MSM and transgender issues** Like other donor agencies, US philanthropies code and report their finances differently from one another. But there are a handful of foundations that have demonstrated leadership by

	prioritizing MSM in their grant-giving processes or have provided considerable resources to their HIV and health needs. **Useful links** *Bill and Melinda Gates Foundation http://www.gatesfoundation.org/Pages/home.aspx* *amfAR, the Foundation for AIDS Research: http://www.amfar.org/* *MAC AIDS Fund: http://www.macaidsfund.org/* *Elton John AIDS Foundation: http://www.ejaf.org/* *Levi Strauss Foundation: http://www.levistrauss.com/about/foundations/levi-strauss-foundation* *Open Society Institute: http://www.soros.org/* *Staying Alive Foundation: http://www.staying-alive.org/en/* *Ford Foundation: http://www.fordfoundation.org/*
EUROPE-BASED	The European HIV/AIDS Funders Group conducted an analysis of top HIV and AIDS funders in Europe and noted that, contrary to the trend in the United States, European donors increased their overall AIDS disbursements in 2009 by about $30 million compared to 2008. **Leadership on MSM and transgender issues** A very small number of agencies explicitly prioritize MSM populations. These include the Elton John AIDS Foundation (EJAF) in the United Kingdom, Aids Fonds, Sidaction, and Viiv Healthcare. **Useful Links** *Elton John AIDS Foundation (EJAF), UK: http://www.ejaf.com/Home* *Aids Fonds: http://www.aidsfonds.nl/* *Sidaction: http://www.sidaction.org/* *Viiv Healthcare: http://www.viivhealthcare.com/*

APPENDIX II: CHART ON STAND-OUT INVESTMENTS

STAND OUT INVESTMENTS[W] (in USD)			
DONOR (Total MSM/Transgender Investments in 2009)	**ESTIMATED INVESTMENTS (Total number of years)**	**REGIONS**	**NATURE OF ACTIVITY**
BILATERAL			
United States	2 million (5 yrs) 450 000 (3 yrs) 7.3 million (5 yrs) 8 million (5 yrs)	Dominican Republic Ghana Nigeria Haiti	Peer-led prevention, development of community centers, human rights and advocacy, staff salary, skills building, office equipment.
United Kingdom	Not publicly available *(Overall investment for high-risk populations of 27 million over 7 years from 2004–2011)*	Nepal *(Awarded to Government)*	Provision of advocacy and preventative services to optimize prevention and reduce social impact of HIV/AIDS transmission among young people aged 10 to 24 years, labor, migrants, male sex workers, men who have sex with men, people who inject drugs and people living with HIV.
	1.2 million (3 yrs; 2009–2012)	Global *(Awarded to the Global Forum on MSM & HIV)*	Global advocacy and policy on behalf of men who have sex with men worldwide.
Germany	Approximately 1 million (2010) *(Overall LGBT investment is 1.4 million)*	Belize, Haiti, Jamaica, Kenya, Madagascar, Suriname, South Africa and the Caribbean and Central American regions	A range of activities related to HIV prevention, SRH promotion, gender-sensitive programming, and implementation of HIV/AIDS strategies. *In 2010, 3 million Euro were available for NGOs working in the field of human rights and development, and 1 of the 5 funding priorities within this are "projects for the realization of human rights for sexual minorities."*
Netherlands	10.5 million (2006–2011)	Eastern Europe, Central Asia	HIV, health and human rights.
	4.6 million (4 yrs)	Africa, Latin America, Suriname	HIV, health and human rights.
	141 million (2011–2015)	Bolivia, East Timor, Ecuador, Guatemala, Honduras, India, Indonesia, Iran, Iraq, Kenya, Malawi,	HIV, health and human rights.

[W] When no references are included, the figures were obtained through oral or written communication with the range of agencies with which we conducted qualitative interviews.

		Namibia, Nicaragua, Peru, South Africa, Syria, Tanzania, Uganda, Zambia, Zimbabwe	
	Not publicly available	Mozambique, South Africa, Zambia	HIV, health and human rights.
MULTILATERAL			
Global Fund	12 473 394 (5 yrs)	Indonesia, Malaysia, Philippines, Timor-Leste	To reduce (a) the vulnerability and risks of MSM and transgender to HIV infection and (b) the impact of HIV and AIDS on their lives in Insular Southeast Asia (Indonesia, Malaysia, the Philippines, and Timor Leste).
	42 million (5 yrs)[23]	Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka	Behavioral change communication, community outreach, condom distribution, counseling and testing, STI diagnosis and treatment, advocacy initiative, policy development including workplace policy, strengthening of civil society and institutional capacity building., monitoring and documentation of community and government interventions.
	27 million (5 yrs)	India	To strengthen MSM, hijra and transgender communities in their fight against HIV.[24]
PRIVATE PHILANTHROPIES (USA)			
Gates Foundation	1 million (2 yrs; 2009-2011)	Global *(Awarded to the Global Forum on MSM & HIV)*	To support educational activities targeting regional networks of MSM worldwide in anticipation of findings from international clinical trials of pre-exposure prophylaxis.
	Estimated at 16 million *(Overall grant involves a multi-yr 50 million award)*	China	To work in partnership with government and local non-government organizations to expand HIV prevention efforts for people most vulnerable to HIV infection.[39]
	Not publicly available *(Overall grant is 338 million over 5 years)*	India	81 000 high-risk MSM and transgender people were reached with HIV prevention services.[40] [41] [42]
Ford Foundation	Not publicly available	Africa	Funded MSM network and surveillance research in South Africa through Population Council (completed in 2009/2010)[43] and a regional network MSM consultation in Kenya in 2008.[44]
	150 000 *(Obtained through an online search on the donor's grants database)*	Global	Awarded to the International Gay and Lesbian Human Rights Commission (IGLHRC).
	Not publicly available	Vietnam, China	Capacity building/care and support work in Vietnam among MSM and male

			sex workers[45] and HIV testing support for MSM in China.[46]
Open Society Institute	Not publicly available	Global	The Sexual Health and Rights Project (SHARP) was launched in 2005 with an aim to increase access to health care and advance the health-related rights of those who are marginalized because of their sexual practices, sexual orientation and/or gender identity.[47]
	100 000 for Year One plus travel support for 50 transgender people to attend meeting in 2011	Argentina, Kyrgyzstan, Serbia, Peru, South Africa, Nepal, India *(Awarded to Center of Excellence for Transgender Health, San Francisco)*	Awarded for development of medical guidelines for transgender health delivery in the Global South.
M•A•C AIDS Fund and M•A•C Cosmetics	Not publicly available	Dominican Republic, Haiti, Jamaica	To strengthen prevention, care, treatment, and advocacy programs Has supported AIDS-Free World's anti-homophobia work in this region.[48]
Elton John AIDS Foundation (USA)	300 000	Latin America and the Caribbean	amfAR's MSM community grants program in Latin America and the Caribbean
amfAR, the Foundation for AIDS Research	MSM: 743 000 (2009–2010) Transgender: 190 000 (2009–2010)	Central and South America, Africa (both North and sub-Saharan), Eastern Europe and Central Asia, South Asia and Southeast Asia.	Supporting and empowering grassroots LGBT/MSM organizations by providing direct financial support and capacity-building in the form of community awards. Building understanding and awareness about HIV epidemics among MSM and other groups. Advocating for effective policies, legal reform and increased funding for programs and initiatives addressing MSM at risk of or living with HIV/AIDS. Each award includes an approximate allocation of $2000 for technical assistance provided by amfAR.
Levi Strauss Inc.	140 000	Latin America	To help facilitate civil society dialogue with the government in Latin America and specific advocacy initiatives in Argentina.
	100 000 (2 yrs)	Global	Funded the MSMGF to support breakthrough advocacy initiatives in various regions.
	100 000	Asia	Funded Fridae.com to develop a Web-based network platform to support sexual and gender minorities living with HIV in Asia.
PRIVATE PHILANTHROPIES (EUROPE)			
Elton John AIDS Foundation (UK)	1 million	Ukraine, South Africa, Kenya, Uganda	To link MSM to care through the facilitatory role of local organizations.
Sidaction	435120 (2010)	Francophone Africa	Advocacy, HIV counseling and testing,

	(Rough estimation calculated based on information in online report, ie, 7% of overall investment goes to francophone MSM)[26]		broader prevention activities, trainings/workshops, core operating support, and strengthening capacity of local organizations.
Viiv Healthcare	Not publicly available	Asia-Pacific Mexico and El Salvador	amfAR's MSM initiative for MSM and HIV projects in Asia and the Pacific. Funded Vida Digna to fight stigma against HIV and against MSM and transgender people.
Aids Fonds	Not publicly available	Global	Key funding area centers on prevention, treatment, care, and advocacy for MSM. Supports global advocacy work on behalf of MSM through the MSMGF. Supports amfAR's MSM Initiative's community grants program for MSM and transgender people in Africa.

APPENDIX III – NATIONAL HIV PREVENTION SPENDING AS REPORTED BY 42 LOW- AND MIDDLE-INCOME COUNTRIES IN 2010 (in USD)

(Source: www.aidsinfoonline.org)

2008

Year	Country	HIV Prevention – MSM	HIV Prevention – Others	Overall HIV Prevention
2008	Algeria	3867	427,691	431,558
2008	Armenia	21,070	1,078,499	1,099,569
2008	Azerbaijan	59,870	3451,928	3,511,798
2008	Belarus	167,036	12,198,361	12,365,397
2008	Bolivia	3870	2,173,914	2,177,784
2008	Brazil	54,372	41,704,800	41,759,172
2008	Bulgaria	5928	4,705,547	4,711,475
2008	Burkina Faso	6758	12,949,730	12,956,488
2008	Cambodia	635,516	19,293,288	19,928,804
2008	Chile	56,107	20,264,929	20,321,036
2008	Colombia	31,611	20,755,919	20,787,530
2008	Egypt	67,947	2,533,064	2,601,011
2008	El Salvador	134,288	8,203,993	8,338,281
2008	Fiji	403	916,258	916,661
2008	Georgia	90,312	3,127,233	3,217,545
2008	Ghana	50,896	8,255,810	8,306,706
2008	Honduras	398,001	14,022126	14,420,127
2008	Indonesia	1,300,577	23,402,503	24,703,080
2008	Kyrgyzstan	12,648	5,534,501	5,547,149
2008	Lao PDR	27,723	1,543,615	1,571,338
2008	Macedonia	57,052	2,775,798	2,832,850
2008	Madagascar	123,561	4,879,251	5,002,812
2008	Mali	73,541	11,913,490	11,987,031

2008	Mexico	925,174	49,681,049	50,606,223
2008	Mongolia	15,306	2,740,979	2,756,285
2008	Montenegro	22,503	290,026	312,529
2008	Morocco	530,683	4,154,182	4,684,865
2008	Myanmar	2,055,566	13,490,700	15,546,266
2008	Pakistan	794,385	8,914,234	9,708,619
2008	Peru	973,477	13,161,947	14,135,424
2008	Philippines	130,603	3,331,741	3,462,344
2008	Russian Federation	559,603	181,342,005	181,901,608
2008	Senegal	128,957	7,018,940	7,147,897
2008	Seychelles	11,557	86,465	98,022
2008	Tajikistan	2150	2,927,967	2,930,117
2008	Thailand	215,874	45,071,541	45,287,415
2008	Togo	20,477	5,866,909	5,887,386
2008	Ukraine	846,216	21,962,115	22,808,331
2008	Venezuela	69,767	5,591,748	5,661,515

2009

Year	Countries	HIV Prevention – MSM	HIV Prevention – Others	Overall HIV Prevention
2009	Armenia	30,168	863,393	893,561
2009	Azerbaijan	15,940	3,924,129	3,940,069
2009	Belarus	175,198	9,881,661	10,056,859
2009	Bolivia	10,000	2,764,598	2,774,598
2009	Bulgaria	110,034	5,600,246	5,710,280
2009	Colombia	39,178	21,424,409	21,463,587
2009	Fiji	9067	626,098	635,165
2009	Georgia	57,361	2,937,310	2,994,671
2009	Guinea-Bissau	166,775	834,278	1,001,053
2009	Kazakhstan	192,231	15,730,665	15,922,896
2009	Kyrgyzstan	8945	6,412,678	6,421,623
2009	Lao PDR	73,881	2,086,110	2,159,991
2009	Mexico	794,657	47,447,151	48,241,808
2009	Mongolia	6260	2,582,905	2,589,165
2009	Montenegro	37,771	442,506	480,277
2009	Pakistan	738,492	14,783,539	15,522,031
2009	Peru	1,957,210	11,592,839	13,550,049
2009	Philippines	234,477	5,625,396	5,859,873
2009	Sri Lanka	55,948	861,551	917,499
2009	Tajikistan	23,616	2,854,866	2,878,482
2009	Thailand	233,257	29,025,495	29,258,752
2009	Venezuela	178,815	5,834,077	6,012,892

APPENDIX IV: GLOSSARY

Bilateral donor: By bilateral donor we mean a country (donor) that provides financial resources to a low- or middle-income country (recipient) for the implementation of HIV-related services and programs and strengthening of related health systems. Examples include the US, the UK, Germany, and the Netherlands.

Multilateral donor: By multilateral donor we mean an institution that pools large amounts of financial resources from different countries and then distributes these resources to low- or middle-income countries for HIV-related services and programs. Examples include the Global Fund to Fight AIDS, Tuberculosis and Malaria. In some cases, private institutions can act as donors to multilateral agencies and non-governmental organizations can act as recipients for implementing HIV programs.

Private Philanthropic Donor: By private philanthropies we mean private institutions that are based in the US or Europe and distribute financial resources for HIV in low- and middle-income countries through other funding or implementing organizations. Examples include the Gates Foundation and Sidaction.

Key Populations: The term "key populations" or "key populations at higher risk of HIV exposure" refers to those most likely to be exposed to HIV or to transmit it—their engagement is critical to a successful HIV response, ie, they are key to the epidemic and key to the response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients, and seronegative partners in serodiscordant couples are at higher risk of HIV
exposure to HIV than other people. (Source: UNAIDS)

Men who have sex with men: Men who have sex with men is an inclusive public health construct used to define the sexual behaviors of males who have sex with other males, regardless of the motivation for engaging in sex or identification with any or no particular "community." Perhaps the most important distinction to make is one between men who share a non-heterosexual identity (ie, gay, homosexual, bisexual, or other culture-specific concepts that equate with attraction to other men) and men who view themselves as heterosexual but who engage in sex with other males for various reasons (eg, isolation, economic compensation, sexual desire, gender scripts). (Source: WHO)

Transgender people: Transgender is an umbrella term for persons whose gender identity and expression does not conform to the norms and expectations traditionally associated with the sex assigned to them at birth. Transgender people may self-identify as transgender, female, male, transwoman or transman, trans-sexual, hijra, kathoey, waria, or one of many other transgender identities, and may express their genders in a variety of masculine, feminine and/or androgynous ways. (Source: WHO)

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The Global Forum on MSM & HIV (MSMGF) is an expanding network of AIDS organizations, MSM networks, and advocates committed to ensuring robust coverage of and equitable access to effective HIV prevention, care, treatment, and support services tailored to the needs of gay men and other MSM. Guided by a Steering Committee of 20 members from 18 countries situated mainly in the Global South, and with administrative and fiscal support from AIDS Project Los Angeles (APLA), the MSMGF works to promote MSM health and human rights worldwide through advocacy, information exchange, knowledge production, networking, and capacity building.

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An Analysis of Major HIV Donor Investments Targeting Men Who Have Sex with Men and Transgender People in Low- and Middle-Income Countries
August 2011

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