

2 INVESTMENT

Generally speaking, there is significant disproportion between budgetary allocation and need when it comes to countries and donors investing in MSM-specific HIV/AIDS programs and services. Just as they do in day-to-day life, MSM face stigma in the HIV response, despite being disproportionately affected by the epidemic. It is crucial that communities learn exactly how resources are being allocated and spent in their locales and that they advocate for the resources required for an effective response.

Two core investment areas groups can investigate relating to a country's response to HIV/AIDS are (1) budgetary allocation and commitments it has made to programming and (2) actual expenditure patterns. In most cases where there are funds set aside for HIV/AIDS programs, there is a disproportionately lesser amount of resources allocated for programs and services for MSM—assuming, of course, resources have been allocated for MSM at all. To make matters worse, it is not uncommon for this funding information to simply be unavailable. It is crucial that civil society groups begin to understand what the current resource allocation is (if there is indeed an allocation), the degree to which resources are being applied to effective programs and according to budgetary plans, and the amount that is actually required to launch effective programs among MSM. It is particularly important to note gaps between budgets and expenditure, as well as between budgeted amounts and actual needs. Gathering this information forms the foundation for building budgets and expenditure into advocacy activities, and it is recognizably a difficult process when the information is not made available by governments.

This section of the toolkit gives participants an introduction to budgetary research and analysis as well as ideas for building budgets into their advocacy work. The exercises have been designed to give participants a hands-on experience of budgetary information, to facilitate a process whereby they can operate in conditions where there is very little or no information available, as is often the case, and to help them think about advocacy messaging.

Key points:

- Investment should be proportionate to the HIV epidemic's impact in the MSM community.
- Governments should have transparent budgets and expenditure information for HIV program efforts targeting MSM.
- Governments should make a commitment to fulfilling the health and human rights of MSM in their own nations; this responsibility cannot solely be shouldered by external funding bodies, as this is not a sustainable approach.
- Bilateral and multilateral organizations that fund programs for MSM should serve as examples to governments and other actors.
- It is time for urgent action. Where good data do exist, it shows the gap between HIV prevalence among MSM and HIV funding allocated toward HIV leads to MSM becoming the most heavily impacted group in the global epidemic.
- Funding commitments should be long-term and sustainable.

Chapter goals:

Upon completing the exercises in this chapter, participants will be able to:

- Complete simple budgetary analysis using UNGASS data
- Explore budgetary allotments as they relate to HIV burden
- Identify targets for budget advocacy
- Identify tools for estimating budgetary requirements
- Cite key issues relating to budgetary advocacy messaging
- Cite a specific example of budgetary advocacy

EXERCISE 2.0

WORKING WITH COUNTRY-SPECIFIC HIV/AIDS AND MSM INFORMATION

Purpose:

To give participants an introduction to disparities between budgetary allotments and HIV prevalence rates. Also, to give the actual experience of assessing budget allocations/expenditure for MSM using the UNGASS Country Reports.

Goals:

At the end of the exercise, participants will be able to:

- Complete simple budgetary analysis using UNGASS data
- Cite specific examples of disparities in funding allotments versus disease burden for MSM

Materials:

- Handout 2.0

Process:

- ① Facilitator begins session by introducing the exercise:

Budgets are an index of how supportive a country or organization is of meeting the needs of MSM in the global AIDS epidemic. UNGASS reports contain information about key indicators relating to a country's HIV/AIDS response, and often contain rich budgetary information.

- ② Divide the group into 3 teams and assign each team a country (Thailand, Cambodia, or Nepal). Distribute handouts for each country.

The MSMGF Web site (www.msmgf.org) is a powerful information tool. Country-specific information is all collated and available at the click of a button. All information in Handout 2.0 was downloaded from the Web site.

Consider the MSMGF Web site a “1-stop shop” for many of your research needs!

FACILITATOR NOTE:

Explain that the information in the handout was obtained through the MSMGF Web site. Encourage participants to use it as a resource for their own research.

- ① Ask the participants to imagine they are part of a special task force to analyze the degree to which countries are allocating funds relative to HIV prevalence for MSM groups. Ask each team to identify the following elements in the budget:
 - All existing budget items and programs that reflect actions in relation to MSM and HIV & AIDS.
 - The percentage MSM-specific amounts represent of the total prevention budget (divide MSM amount by total prevention amount).
 - The percentage allocated in the budget versus the HIV prevalence rate for MSM.
 - Additional budget information they would like to see that is not available in the data. For example, what percentage of funds *other* than prevention were allocated to MSM in categories such as treatment and care? How did budgets compare to actual expenditure?

FACILITATOR NOTE:

Explain that it may not be possible to find budgetary information for every service provided, or for budgeted amounts as they relate to actual expenditure. There may even be cases where very little information is available at all. Nonetheless, these gaps should be noted, as they constitute important data because they underscore a *lack* of information.⁴

- ① While groups are working, write the latest HIV prevalence data for MSM for each country on a flipchart:

HIV PREVALANCE FOR MSM

Nepal: 5.2 percent¹

Cambodia: over 8.7 percent²

Thailand: 28 percent³

- ② The groups return in a plenary session and discuss their findings. They will find varying allotments for MSM-specific programs relative to total prevention spending, and a disparity between HIV prevalence among MSM and budgetary allocations. Lead a discussion whereby participants discuss their answers to the questions they answered with their data. What are some trends? What information would be useful that is not included? How does budgetary information work in their countries? Is it readily available? Have any participants seen country data with disaggregated amounts for MSM services?

2.1

EXERCISE 2.1

ADVOCACY MESSAGES AND TARGETS

Purpose:

To learn key thinking skills about how to advocate for investment: target audiences, advocacy, messages, and timing.

Goals:

At the end of the exercise, participants will be able to:

- Identify targets for budget advocacy
- Identify tools for estimating budgetary requirements
- Cite key issues relating to budgetary advocacy messaging

Process:

- ① Introduce this exercise with the example of a child who wants money to purchase a chocolate. To whom will the child go? Obviously he will be strategic and present his case to the parent most likely to be sympathetic to his cause. Budget advocacy is almost instinctual!
- ② Group brainstorm: We have identified increasing spending for MSM as our advocacy objective. Thinking through the issue from the power-mapping framework in Exercise 1.4, ask yourself who would be a good audience for your advocacy? How would they best be reached? Think carefully about who influences decisions regarding your country's HIV/AIDS budget. Keep record of potential advocacy targets.
- ③ Break down into smaller groups. Ask the groups to consider how they could craft advocacy messages to communicate the need for more investment. What advocacy messages work? What additional information would they need to make their case? What is the government doing already that has been effective?

2.1

FACILITATOR NOTE:

Ensure these potential targets are covered:

- National AIDS Control Program
- Other government ministries and departments
- Bilaterals and multilaterals (UNAIDS, USAID, DFID, GFATM, WHO, World Bank)
- Media

Encourage participants to think outside the box. Directly approaching governments and explaining a need in terms of *lack* is 1 way, but is it the most effective for every audience? Make it clear that another way to approach messaging is to advocate for more programming and services based on demonstrated success. Governments and budgetary forces could potentially be more receptive to a message demonstrating a positive return on investments they have already made, and also demonstrations of cost-effectiveness.⁴ This is an interesting angle that relates to advocacy research as well.

Think of ways to demonstrate effectiveness, in terms of programs and cost.

This can be a more effective strategic stance than high-lighting lack in many instances.

Ideas for messaging might include:

Message	Additional information required for evidence
Budgeted/expended amounts are not reaching communities	Proof through creative sampling, budget tracking
There is a gap in services required versus services available	Estimation of needs—USAID calculation and RETA
Prevention programs are cost-effective and save money in the long run	Cost-effectiveness analysis of existing programs (use data from other countries, if necessary)
Leverage influence of funding governments	Proof that MSM spending is not happening in as robust a manner as it should
Increase coordination among funders	Which funding organizations are targeting MSM commonly?

FACILITATOR NOTE:

Make it clear that funding agencies have local offices, and getting in touch with them is easier than community members might think.

Calculating funding amounts required to scale up HIV programs for MSM:

There are 2 very good resources for calculating budgetary needs for quantifying the resource gap between budgets and minimum required MSM services. They are:

1. USAID estimate, based on the Asia-Pacific region:
<http://www.healthpolicyinitiative.com/index.cfm?ID=publications&get=pubID&pubID=189>
2. Resource Estimation Tool for Advocacy:
<http://www.futuresgroup.com/resources/software/resource-estimation-tool-for-advocacy/>

2.1

- ④ Raise the following question: What do you do when there is no information available, whatsoever? And explain the following:

Firstly, do not despair. It is a very common for little or no budgetary information to be immediately available. Try getting some information through simple creative sampling. For example, the group can make a simple questionnaire that they distribute to other groups working with MSM. How much money are they receiving from the government to run their intervention? Have their amounts been dispersed in a timely fashion, according to budget? Is the amount sufficient?

Another way to get information about budgets is through freedom of information legislation, if participants' countries have it (and some 85 countries do).

EXERCISE 2.2

CASE STUDY — BLUE DIAMOND SOCIETY, NEPAL

Purpose:

To give participants a real example of budgetary advocacy, and to inspire groups to act with a sense of possibility.

Goals:

At the end of the exercise, participants will be able to:

- Cite a specific example of budgetary advocacy

Materials:

- Handout 2.1

Process:

- ① Distribute Handout 2.1.
- ② Introduce the material: The Blue Diamond Society in Nepal, an organization championing the rights of MSM and other sexual and gender minorities, has done very successful advocacy with its government, including securing a provision in the country's constitution to protect the rights of sexual and gender minorities. This handout is an excerpt from the Ministry of Finance's budget speech, whereby the government makes known a specific portion of the budget that has been allocated to sexual and gender minorities.
- ③ Lead a discussion. Some questions:
 - Surely there are more than 50 sexual minorities in Nepal. Is this inclusion significant? If yes, why?
 - What do you feel about the language of the document? Is it specific? How is sexual difference conceptualized?

Pretend for a moment that all funds relating to MSM and HIV were to dry up tomorrow. Would programs be able to continue? Do most organizations and projects have backup plans? What are they? What happens when HIV/AIDS is no longer a hot funding topic, and governments continue to neglect MSM? Think about sustainability as it relates to funding. *What happens when no one is providing funding?*

2.2

- Is a government commitment on a piece of paper enough? If not, what are some other actions required to ensure the advocacy has reached its goal?
- How can this speech be used for further advocacy? In Nepal? Elsewhere?

Why invest in HIV services for MSM?

- There is a disparity between the disease risk and disease burden borne by MSM and the current level of spending on HIV prevention programs for MSM.
- Targeted interventions to prevent HIV among MSM have been proven to be effective, resulting in a reduced number of sexual partners, increased condom use, and less unprotected sex.
- An example from a large sub-national location in the region illustrates that MSM are not only an important source of the number of new infections, **but also are a cost-effective option to include in a strategic response to HIV in Asian countries.**

from USAID Health Policy Initiative. HIV Expenditure on MSM Programming in the Asia-Pacific Region.⁴

INVESTMENT RESOURCES

HANDBOOK FOR INCORPORATING BUDGET WORK INTO ADVOCACY PROJECTS (PRELIMINARY VERSION)

International Planned Parenthood Federation (IPPF)

http://www.ippfwhr.org/en/advocacy_budget_work_handbook

The handbook is divided into 5 work modules. The first module is devoted to raising awareness regarding the relevance of governance, transparency, and advocacy work, explaining and defining each of the concepts. Modules 2 to 5 provide a step-by-step guide to introducing the budget work dimensions when designing and effective advocacy projects.

BUDGET ADVOCACY

International Budget Partnership Web site

<http://www.internationalbudget.org/budget-advocacy/strategies-tools-tactics-opportunities/>

The International Budget Partnership collaborates with civil society around the world to analyze and influence public budgets in order to reduce poverty and improve the quality of governance. Good resources for budget advocacy.

HIV EXPENDITURE ON MSM PROGRAMMING IN THE ASIA-PACIFIC REGION

USAID

<http://www.healthpolicyinitiative.com/index.cfm?ID=publications&get=pubID&pubID=189>

The aim of the paper is to (1) compile information on expenditure for HIV prevention programs for MSM in the Asia-Pacific region and compare it with overall HIV prevention expenditure; (2) identify the main financing sources of MSM expenditures and the implications from a public economics perspective, raising specific issues such as predictability, sustainability, and additionality, among others, as they apply to the financing of MSM programs; and (3) estimate the resource requirements for MSM-related programming in the Asia-Pacific region and, based on current expenditure, quantify the resource gap.

RESOURCE ESTIMATION TOOL FOR ADVOCACY (RETA)

Futures Group

<http://www.futuresgroup.com/resources/software/resource-estimation-tool-for-advocacy/>

The Resource Estimation Tool for Advocacy (RETA) is a new tool to estimate resource needs for scaling up comprehensive HIV prevention programming for men who have sex with men and transgenders. RETA estimates the resources needed for a 5-year period, based on user input of population size estimates, target coverage levels, and local costs of HIV prevention services.

CHAPTER 2

REFERENCES

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2. World Health Organization. Health sector response to HIV/AIDS among men who have sex with men: Report of the consultation 18-20 February 2009. http://www.wpro.who.int/internet/templates/FCS_Meeting.aspx?NRMODE=Published&NRNODEGUID={6CE7E3C1-4018-4882-A882-0EDE3193918E}&NRORIGINALURL=/sites/hsi/meetings/msm_meeting_feb2009_hongkong.htm&NRCACHEHINT=Guest. Accessed June 30, 2010.
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4. 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>. Published September 2006. Accessed June 23, 2010.