Unfunded Response – Financing MSM program in Asia & the Pacific

Swarup Sarkar, Director, Asia Pacific & CCM Unit
Without MSM Intervention MDG goal will remain elusive for Asia
Even When Epidemic declines..

Declining HIV

Stable HIV

Increasing HIV
Declining HIV
Stable HIV
Increasing HIV

MSM Epidemic Continues to Rise..
Making MSM epidemic a Challenge for HIV
MSM – litmus test for MDG Asia.

Scenario

Color
Unique colors

Size
Adults Living With HIV

Select
Deselect

- No intervention
- SW
- HW
- IDU
- SW-HW
- SW-HW IDU
- SW-HW IDU MSM
- Trails

Time

2020
Only with all MARP intervention
Epidemic halts and reverses
MSM – litmus test for MDG Asia.
Resources for MSM is disproportionately low
Resources touching 1 billion
(Estimated resources available-2008)

$1 Billion
2008

1986

Unpublished study: AIDS Spending in Asia ADB 2008
AIDS Spending last 5 years
Cumulative Spending  4 billion
(Estimated resources available-2008 )

Not Volume alone: Allocation is also crucial

- Thailand: >80% from government funding
- Cambodia: >80% from donor funding

Bar chart showing
- Required and Spent for Sex Worker, MSM, ART
- Breakdown of spending:
  - Prevention: 11%
  - Treatment: 86.4%
  - Program Management: 2.6%
Quality is Crucial:
Indicator 18: Condom Use - MSW

UNGASS 18: MSW - Condom usage

- Bangladesh
- India
- Indonesia
- Lao
- Mongolia
- Nepal
- Pakistan

Year: 2005, 2007
GF – Towards a promise for Global Health
Increasing GF budget for Asia
More strategic resource allocation:
More MARP Budget

Round 6

- VCT: 46.4%
- Blood safety: 9.1%
- Workplace interventions: 0.0%
- Youth: 16.9%
- Migrants/Mobile populations: 0.7%

Round 8

- VCT: 13.1%
- Blood safety: 1.6%
- Workplace interventions: 0.0%
- Youth: 1.2%
- Migrants/Mobile populations: 17.3%

- STI Treatment: 5.9%
- Condom social marketing: 0.2%
- Mass Media: 0.1%
- PMTCT: 1.7%

MARP
- Round 6: 24.3%
- Round 8: 58.7%
Increasing MSM Budget -

MSM budget is

2% of total : Round 1- 7

7% of Total : Round 8

GF is the largest funder of MSM intervention yet only covers less than 10% of total need possible 80% of total resources
Some Good News…

- Source of new infection data to TRP
- TRP has sexual minority and Asia Specialist
- MSM, IDU and CS specialists on board
- MARP audit planned for Asia
- Regional CS briefing for TRP planned
- Enhanced CCM funding
- Regional MSM proposal
However, Too Little and too late: Needs and Gaps

<table>
<thead>
<tr>
<th>Need</th>
<th>Available</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>USD Thousands (Million)</td>
<td>MARP</td>
<td>MSM</td>
</tr>
</tbody>
</table>
## Resource available and Need (million) 2004-2007

**Battle for Prioritization not won yet**

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2007</th>
<th>Need</th>
<th>(Cost $/DALY)</th>
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</thead>
<tbody>
<tr>
<td><strong>MARP</strong></td>
<td>13</td>
<td>86</td>
<td>1.2</td>
<td>3-39</td>
</tr>
<tr>
<td><strong>Other Prevention</strong></td>
<td>79</td>
<td>274</td>
<td>300</td>
<td>186-2700</td>
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<tr>
<td><strong>MSM</strong></td>
<td>0.1</td>
<td>30</td>
<td>300</td>
<td>39</td>
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</tbody>
</table>
Addressing the Context

- 75% countries do not have any funding for MSM in country plan
- 12 countries have illegal status
- 15 countries with quasi-legal status experience same violence
Agenda for Action ….

- Continued advocacy for global health
- Increased resources
- Defined elements and standards of services
- Capacity building
- De-criminalisation and Policy Changes
Wining the Argument of Community System Strengthening
“... We will never see equitable progress if some parts of the population are still denied basic health and human rights – people living with HIV, sex workers, men who have sex with men, and young people who inject drugs. I look to Asian Governments to amend outdated laws criminalizing the most vulnerable sections of society and take all the measures needed to ensure they live in dignity.”

– UN Secretary General, March 2008
Promoting Activism and Wining the Society
Poor Resource

- Available resources are not enough

![Graph showing Available Resource and Estimated resource need from 2005 to 2007, with values 1.3 billion in 2005, 1.4 billion in 2006, and 1.6 billion in 2007. The estimated need increases to 2.2 billion in 2005, 2.8 billion in 2006, and 5.1 billion in 2007.](image)
International AIDS Assistance:
G8/EC Funding Channels for
Disbursements, 2007

<table>
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<tr>
<th></th>
<th>Global Fund</th>
<th>Bilateral</th>
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<tbody>
<tr>
<td>All</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Australia</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>U.K.</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>13%</td>
<td>87%</td>
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<tr>
<td>Ireland</td>
<td>14%</td>
<td>86%</td>
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<tr>
<td>U.S.</td>
<td>15%</td>
<td>85%</td>
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<tr>
<td>Sweden</td>
<td>17%</td>
<td>83%</td>
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<tr>
<td>Canada</td>
<td>24%</td>
<td>76%</td>
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<tr>
<td>Germany</td>
<td>31%</td>
<td>69%</td>
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<tr>
<td>EC</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>Other Gorts</td>
<td>51%</td>
<td>49%</td>
</tr>
<tr>
<td>Japan</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>France</td>
<td>82%</td>
<td>18%</td>
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<tr>
<td>Italy</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Sources: UNAIDS and Kaiser Family Foundation analysis June 2008; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query June 2008; OECD CRS online data query June 2008. Notes: Bilateral funding includes HIV-earmarked multilateral funding, other than the Global Fund; Global Fund contributions adjusted to represent estimated HIV share based on Global Fund grant distribution by disease to date (58% for HIV). See Methodology for additional detail.
Resources Available for AIDS from All Sources Compared to UNAIDS Estimate of Resources Needed, 2007

USD billions

$10b Available

$18.1b Needed
Total Global Resource Needs in Low & Middle Income Countries

$8.1
$6.3
$3.7

$6.3
$8.1
$3.7

$10b

Donor Governments (Bilateral)
All Other (Multilateral, Private, Domestic)
Gap

Sources: UNAIDS and Kaiser Family Foundation analysis June 2008; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query June 2008; OECD CRS online data query June 2008; UNAIDS, 2006 Report on the Global AIDS Epidemic. Notes: Bilateral funding includes HIV-earmarked multilateral funding other than the Global Fund; Global Fund contributions adjusted to represent estimated HIV share based on Global Fund grant distribution by disease to date (58% for HIV). Other financing sources include multilateral, private, and domestic government funding. Resources available are estimated and represent disbursements to date. Source: Kaiser Family Foundation.