

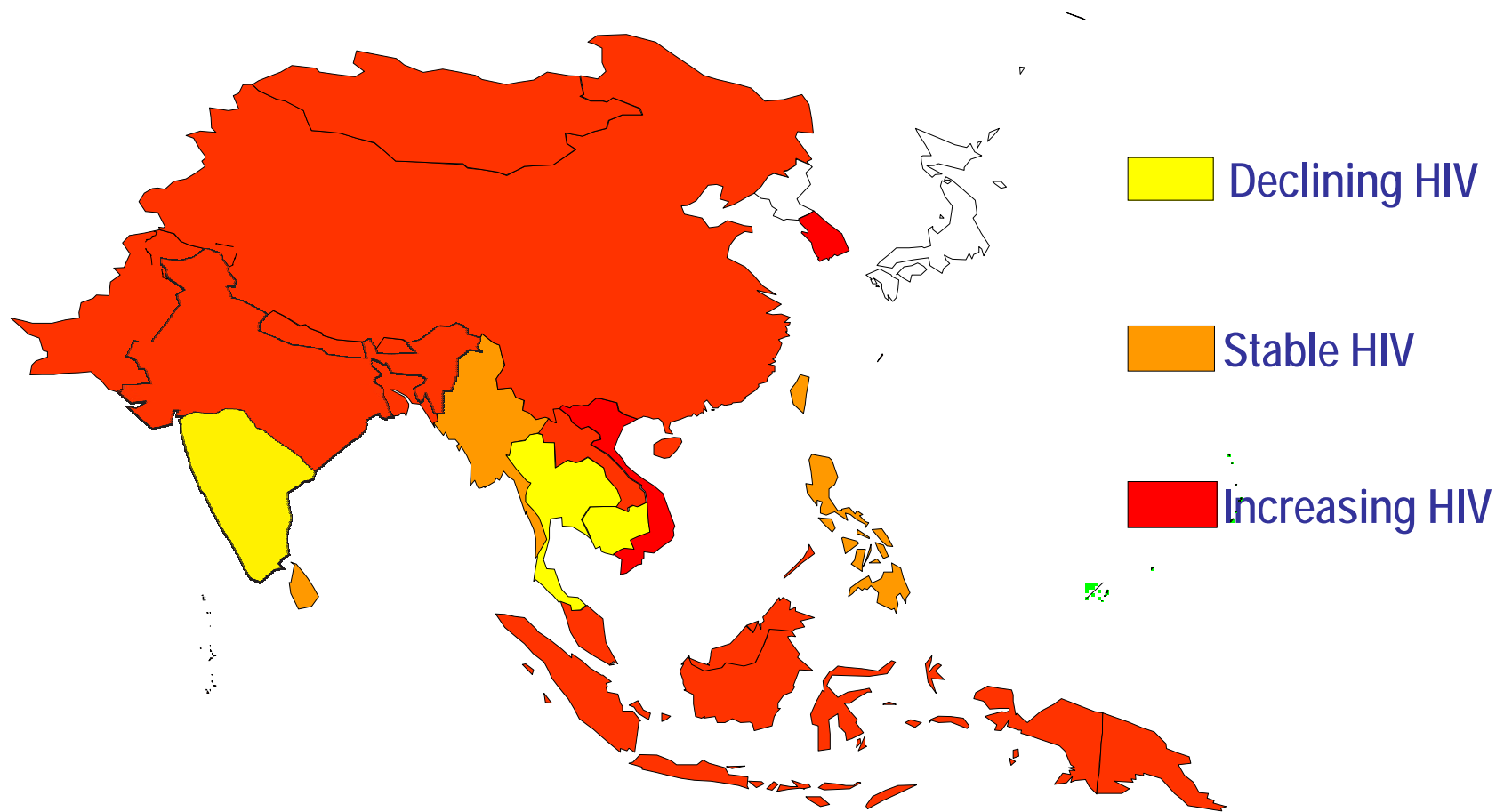


Unfunded Response – Financing MSM program in Asia & the Pacific

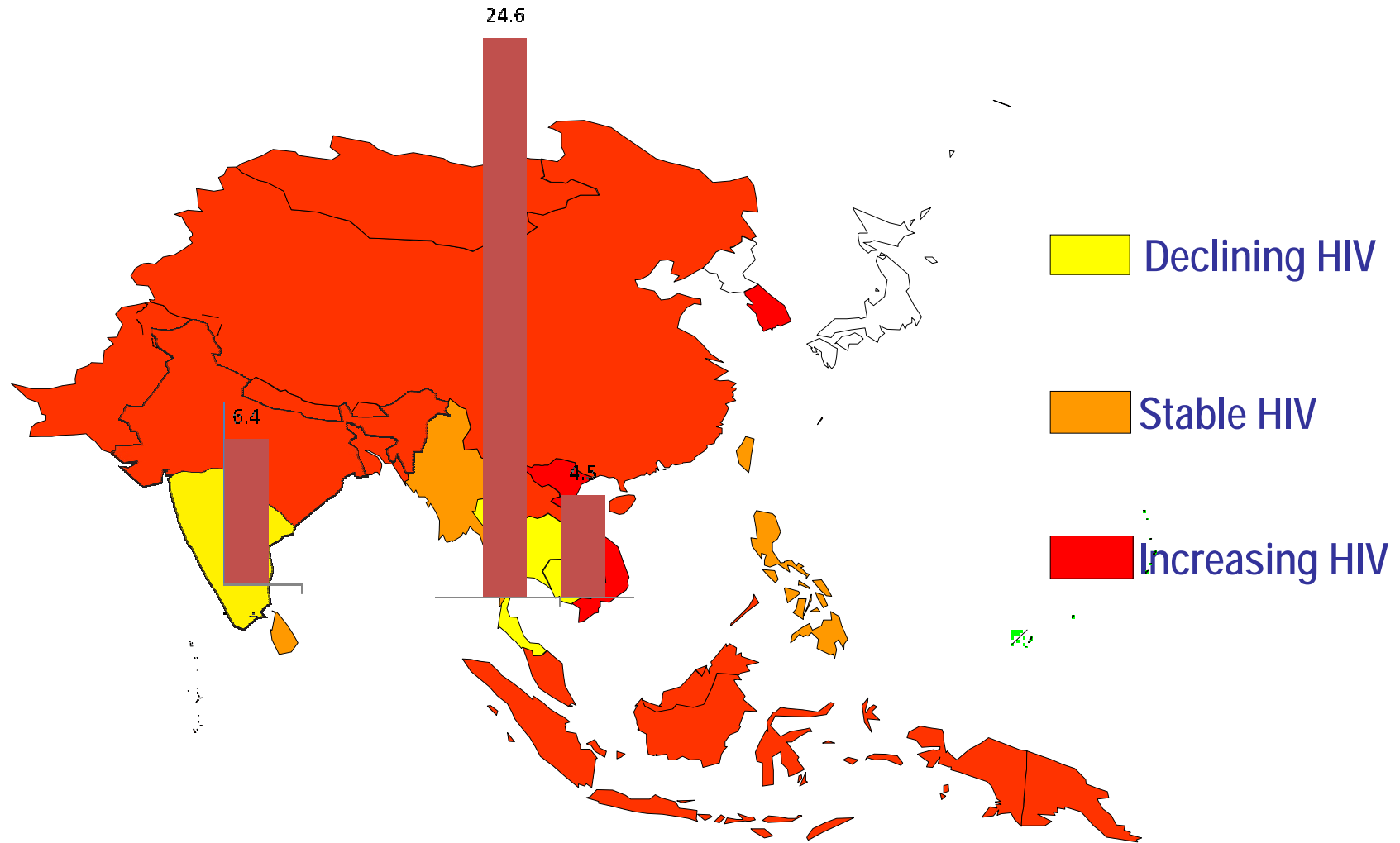
**Swarup Sarkar, Director, Asia Pacific &
CCM Unit**

*Without MSM Intervention
MDG goal will remain
elusive for Asia*

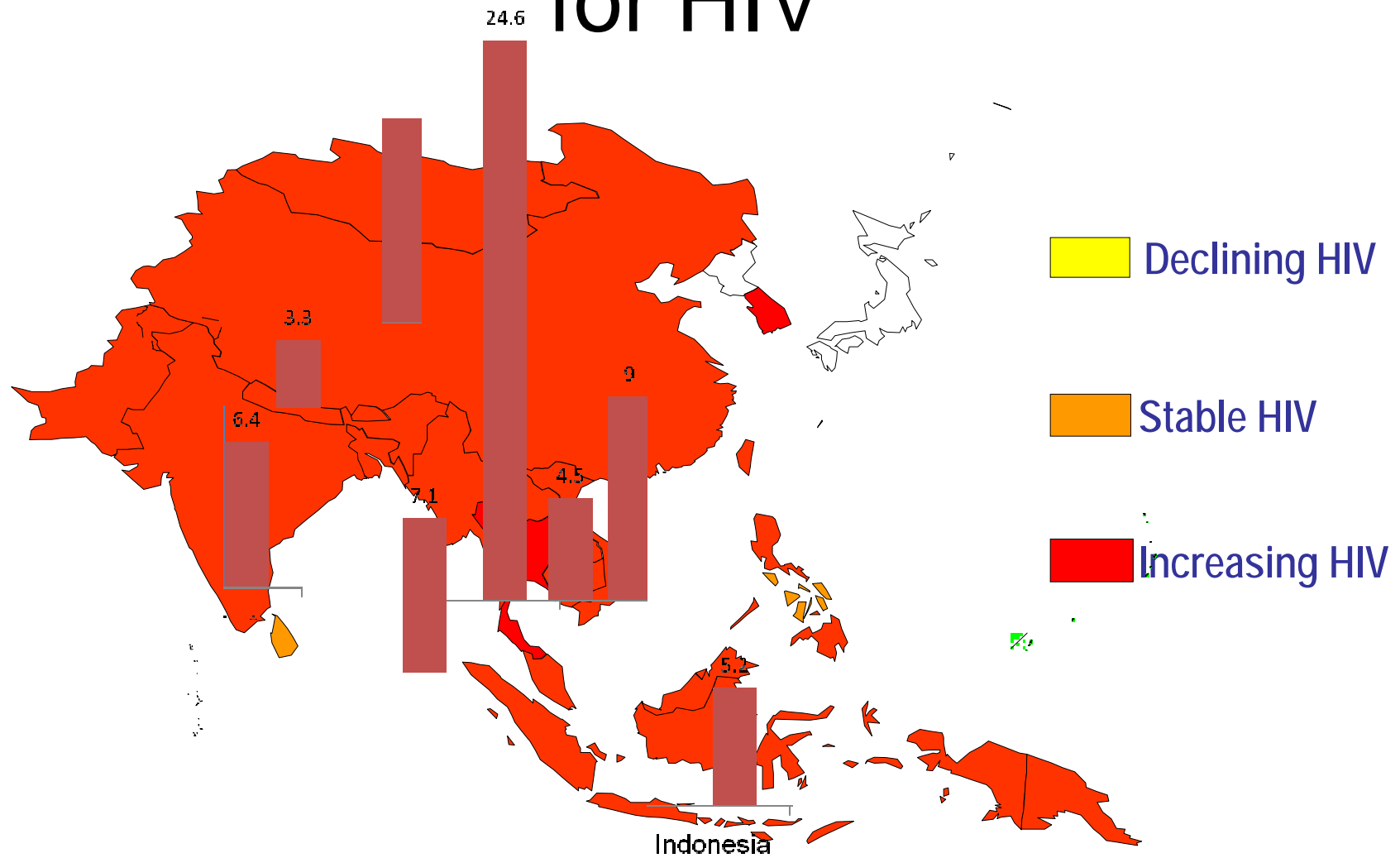
Even When Epidemic declines..



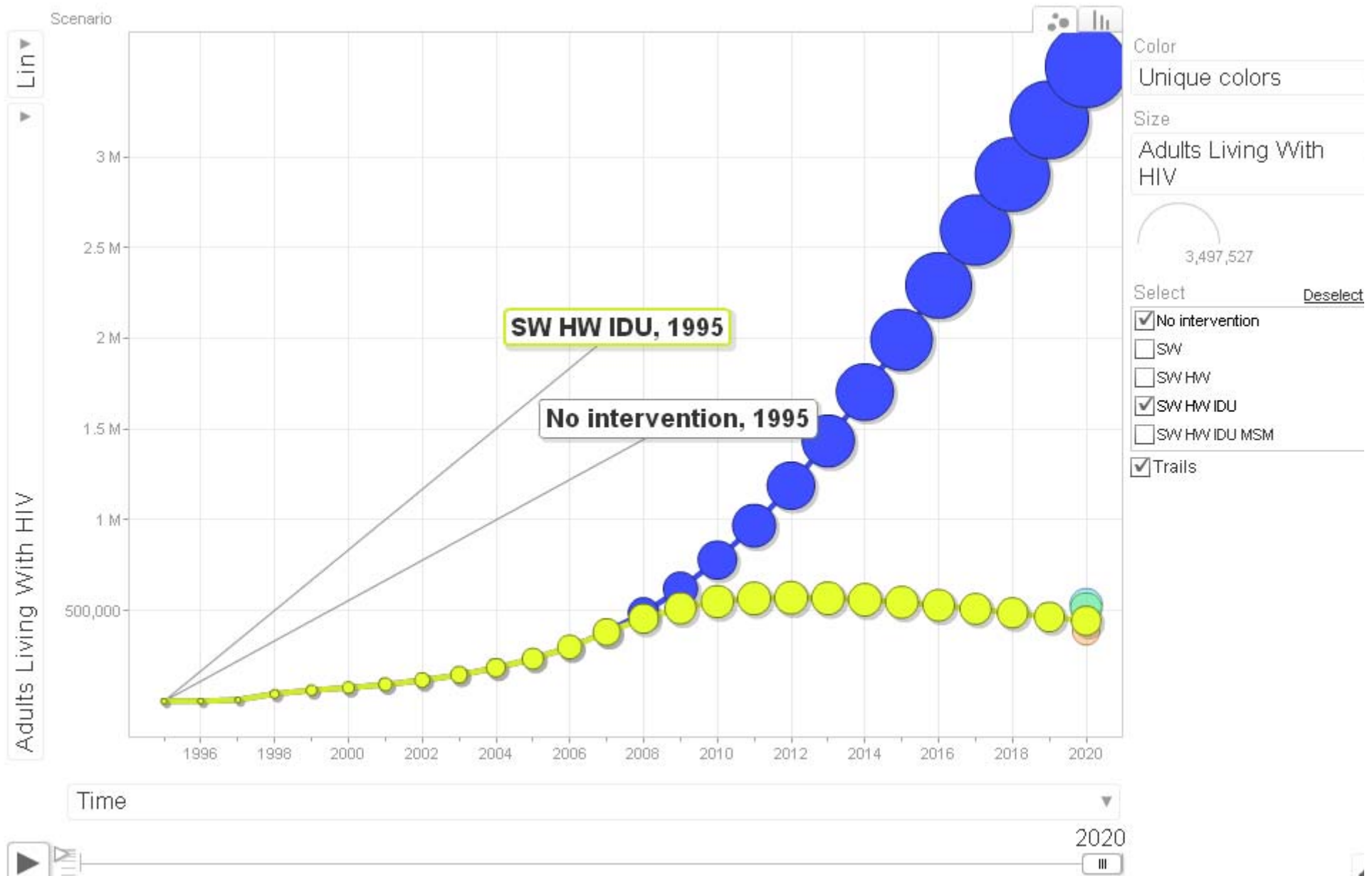
MSM Epidemic Continues to Rise..



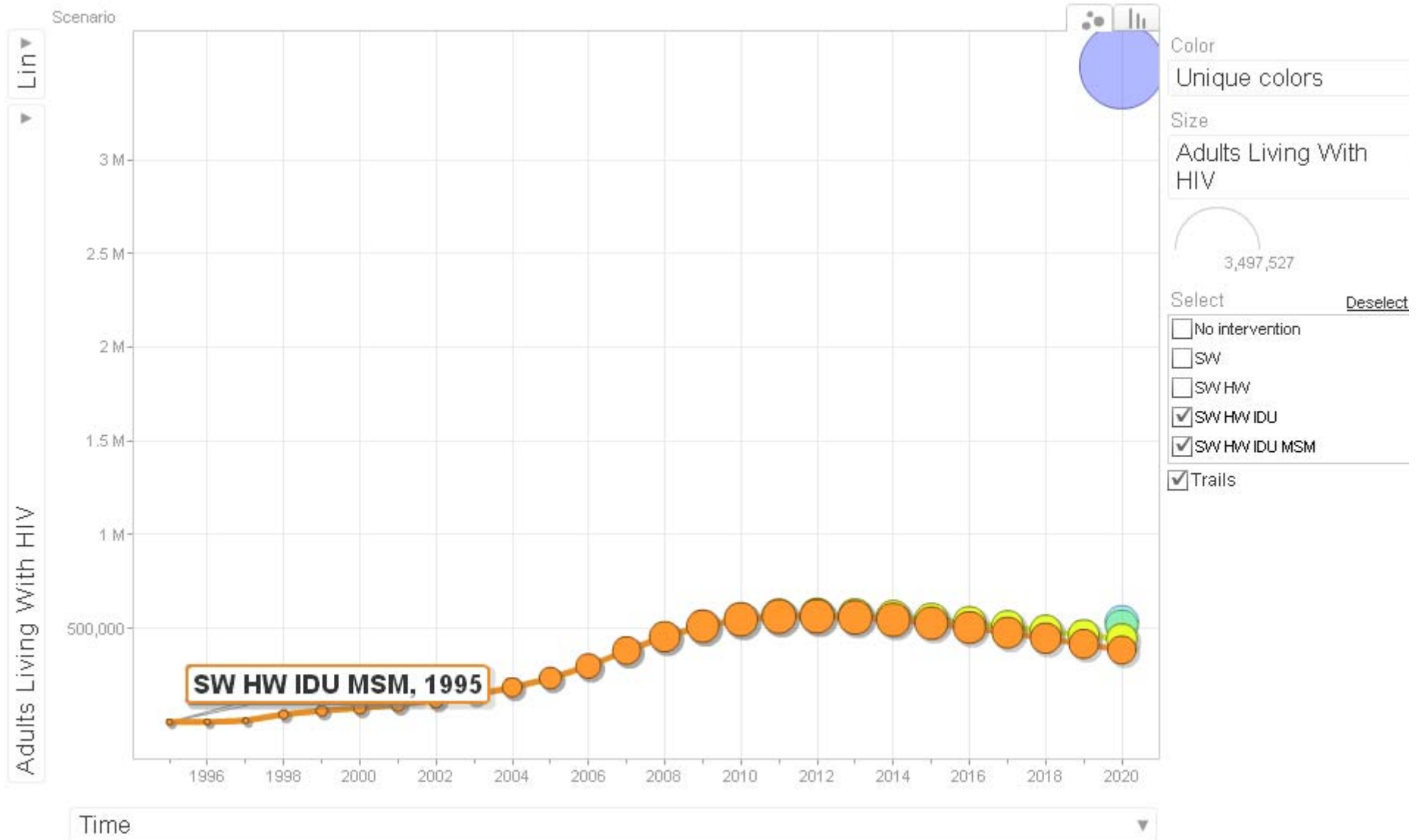
Making MSM epidemic a Challenge for HIV



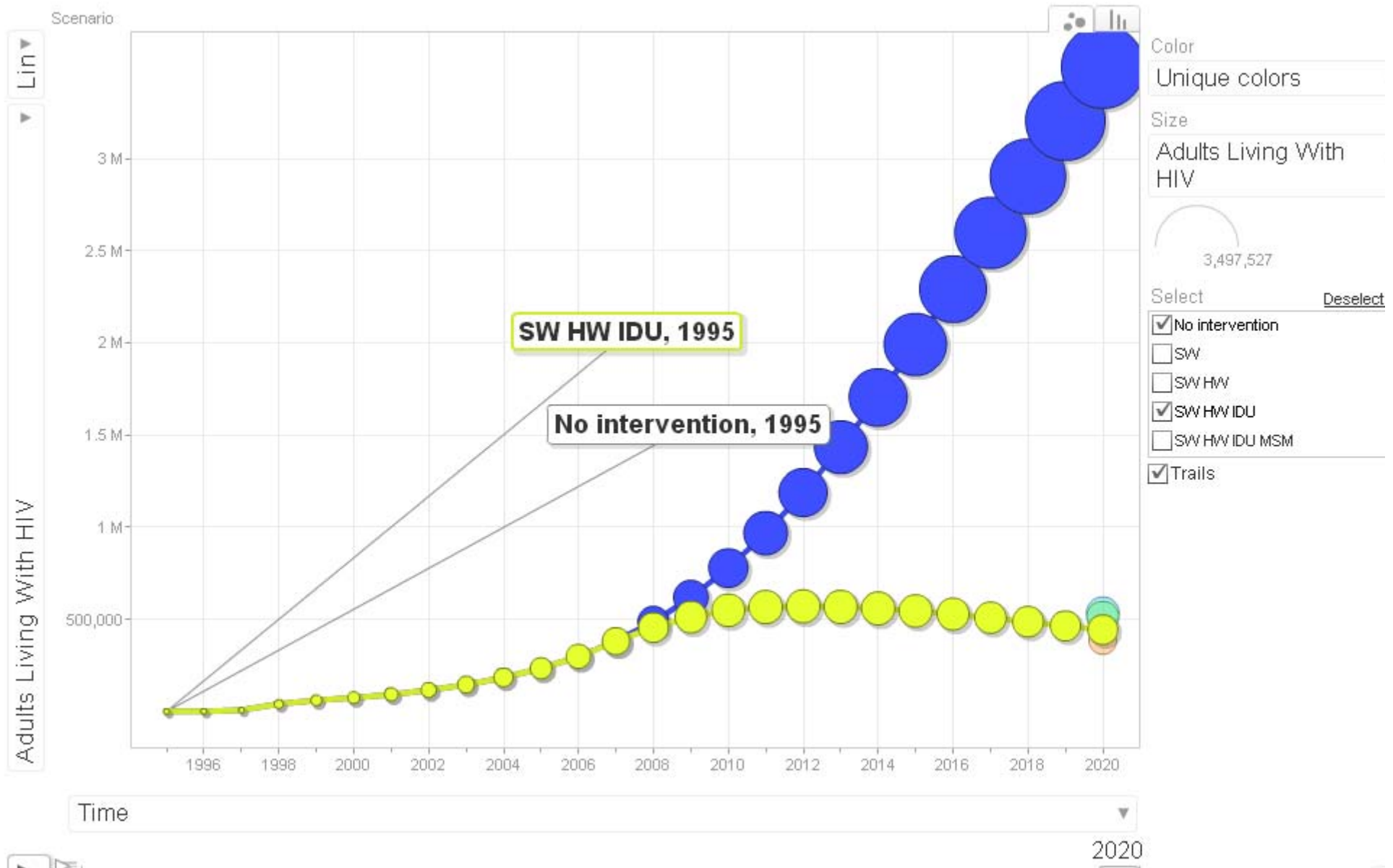
MSM – litmus test for MDG Asia.



Only with all MARP intervention Epidemic halts and reverses



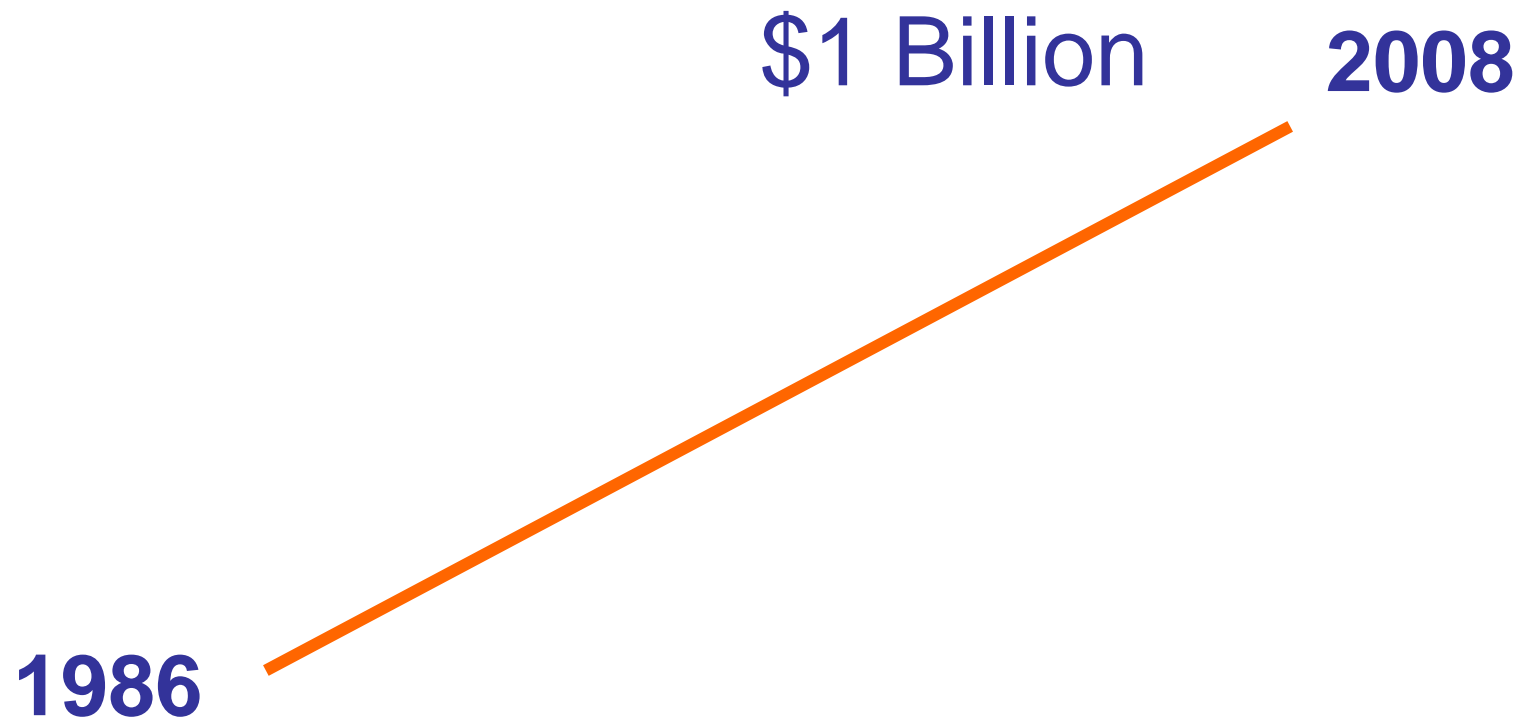
MSM – litmus test for MDG Asia.



*Resources for MSM is
disproportionately
low*

Resources touching 1 billion

(Estimated resources available-2008)

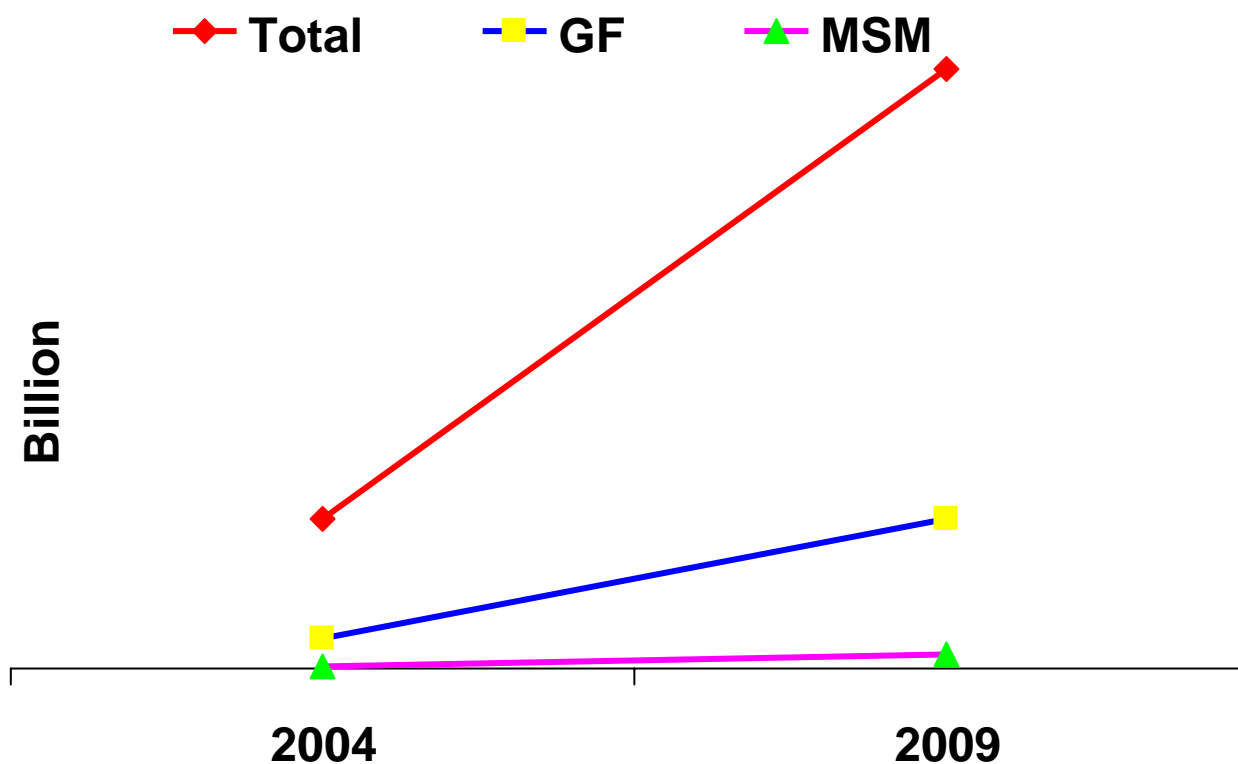


Unpublished study: AIDS Spending in Asia ADB 2008

AIDS Spending last 5 years

Cumulative Spending 4 billion

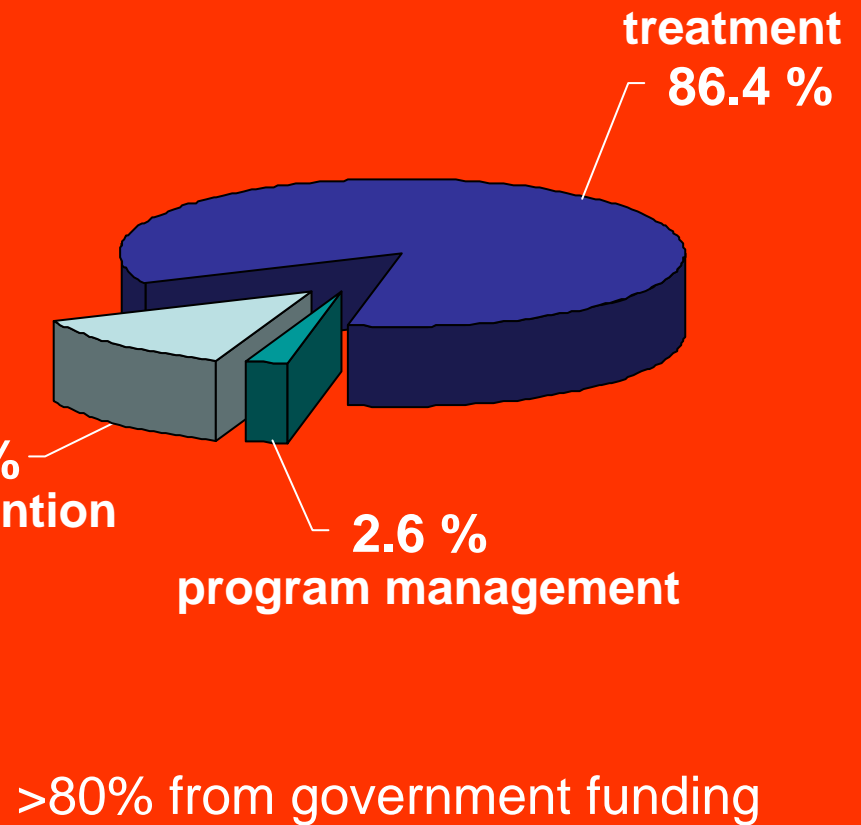
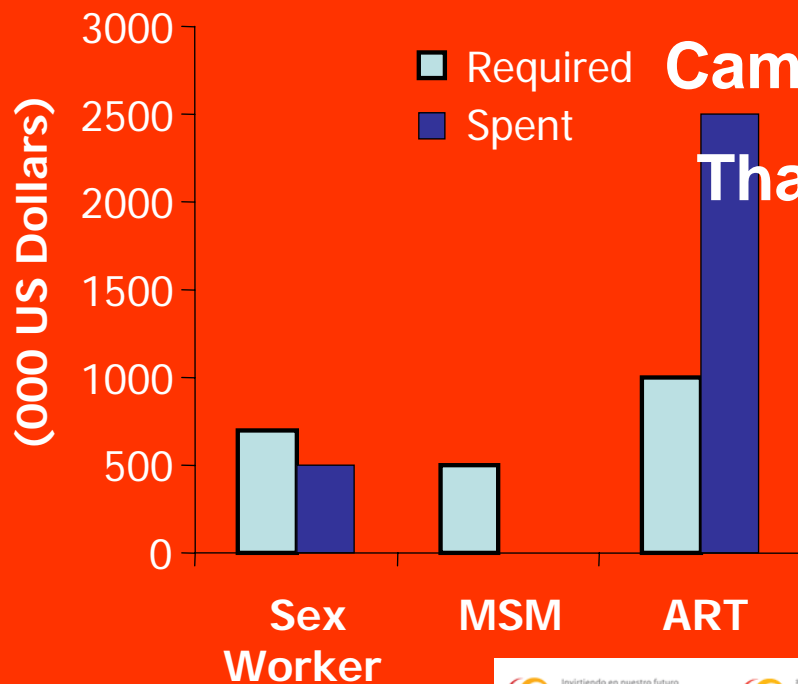
(Estimated resources available-2008)



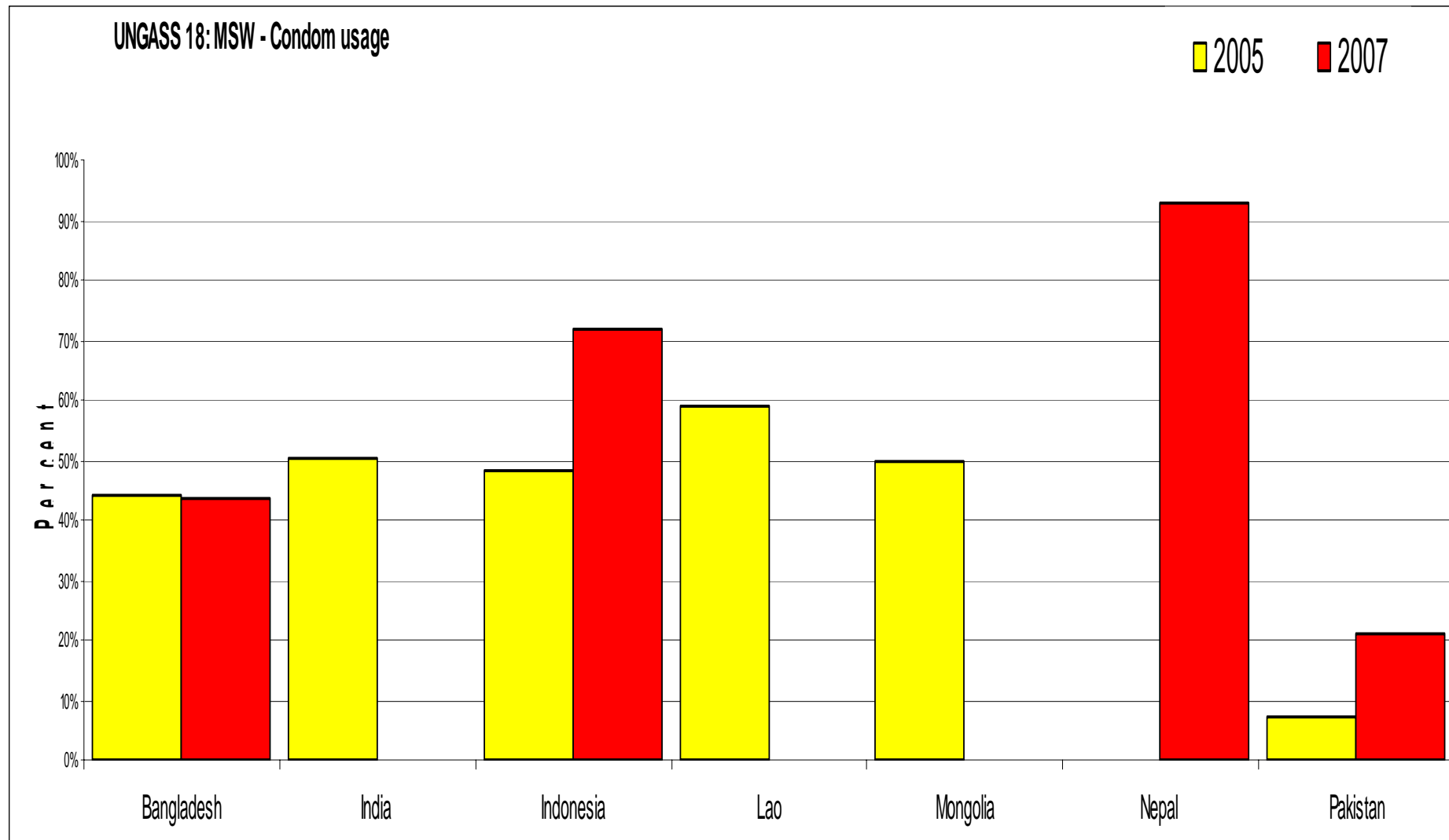
Source : ADB 2008, , USAID/ Policy 2007; GF 2009 Unpublished

Not Volume alone : Allocation is also crucial

>80% from donor funding

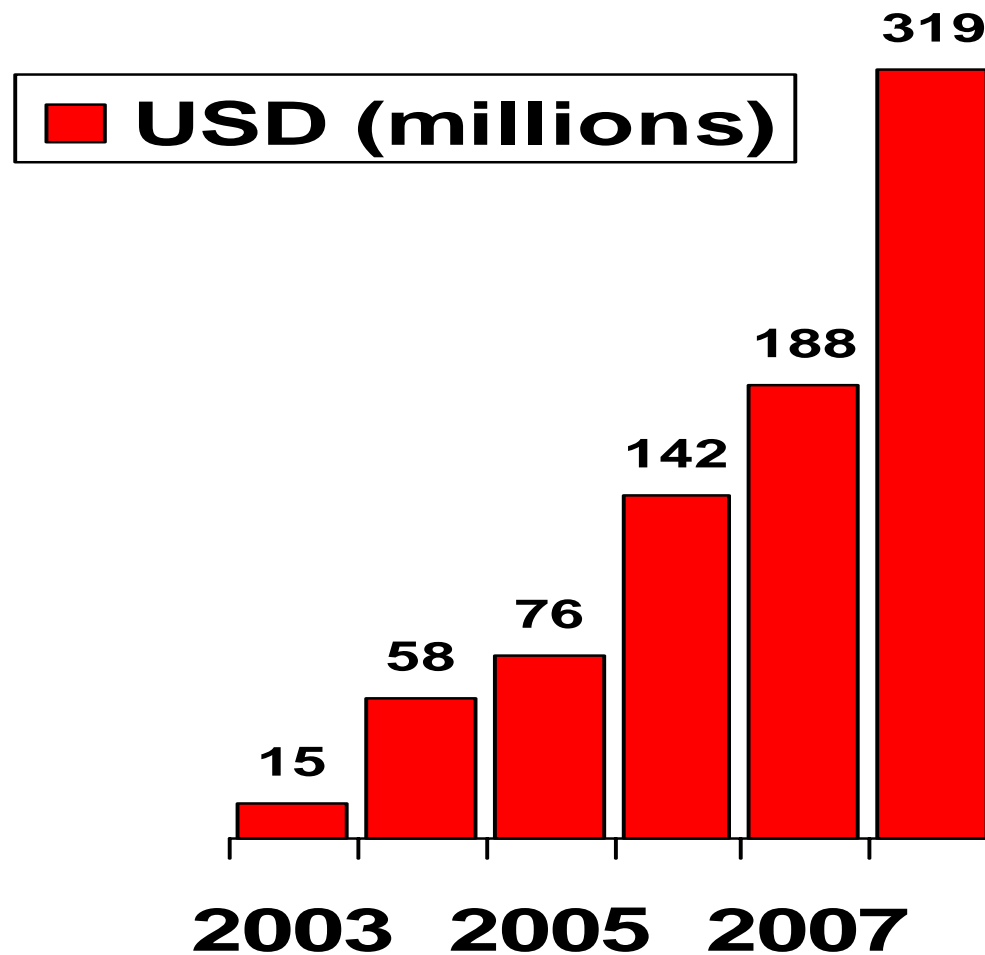


Quality is Crucial : Indicator 18: Condom Use - MSW



GF – Towards a promise for Global Health

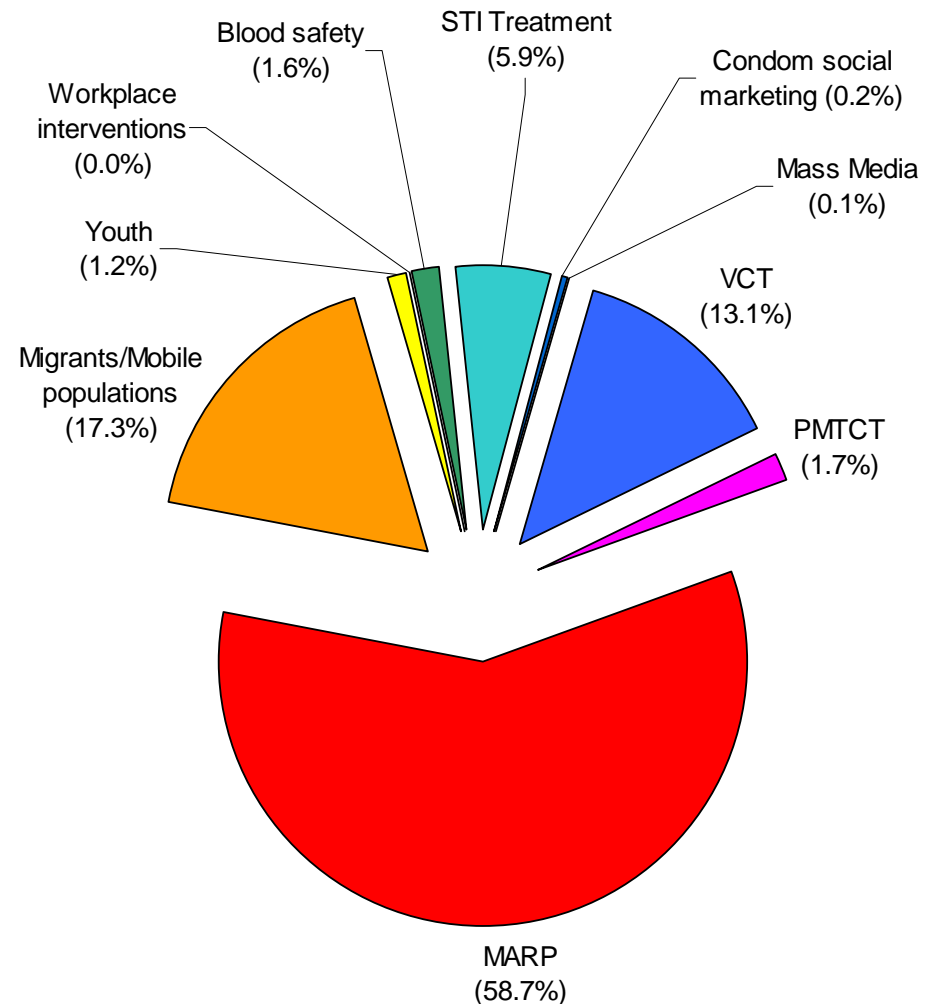
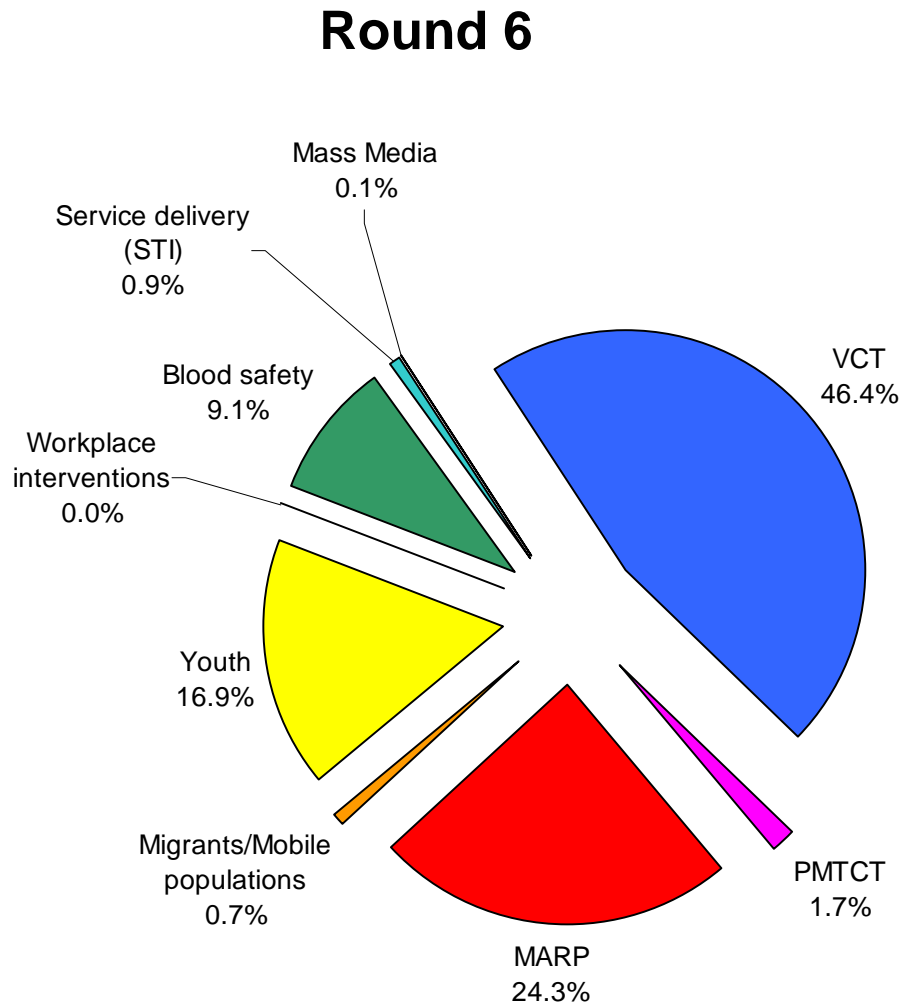
Increasing GF budget for Asia



More strategic resource allocation: More MARP Budget

Round 8

Round 6



Increasing MSM Budget -

MSM budget is

2% of total : Round 1- 7

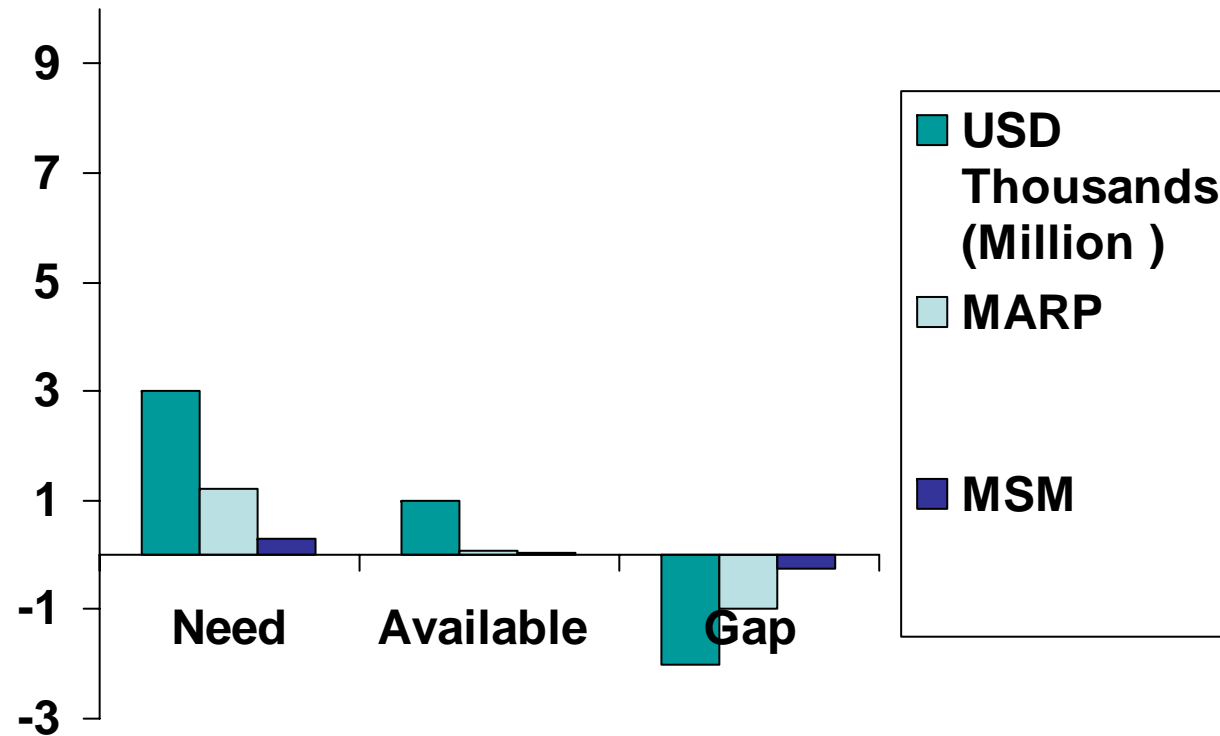
7% of Total : Round 8

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



Resource available and Need (million) 2004-2007

Battle for Prioritization not won yet

| | 2004 | 2007 | Need | (Cost \$/ DALY) |
|---------------------|------|------|------|--------------------|
| MARP | 13 | 86 | 1.2 | 3-39 |
| Other Prevention | 79 | 274 | 300 | 186-2700 |
| MSM | 0.1 | 30 | 300 | 39 |

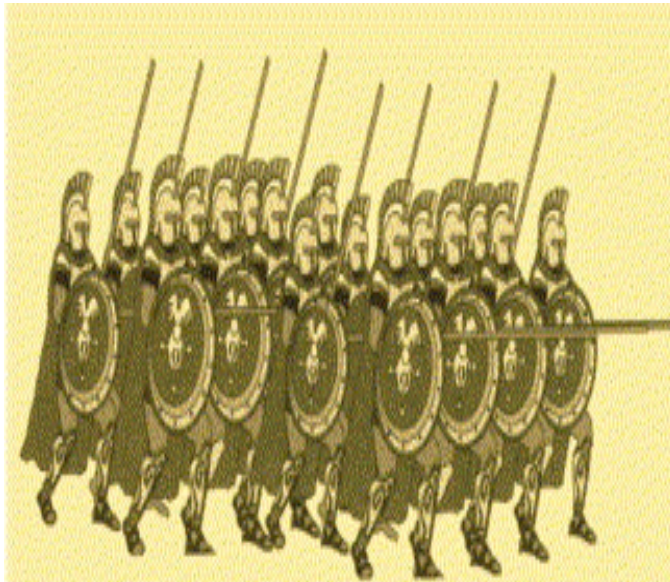
Addressing the Context

- 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



Statement by the UN Secretary General on HIV in Asia

"... 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."

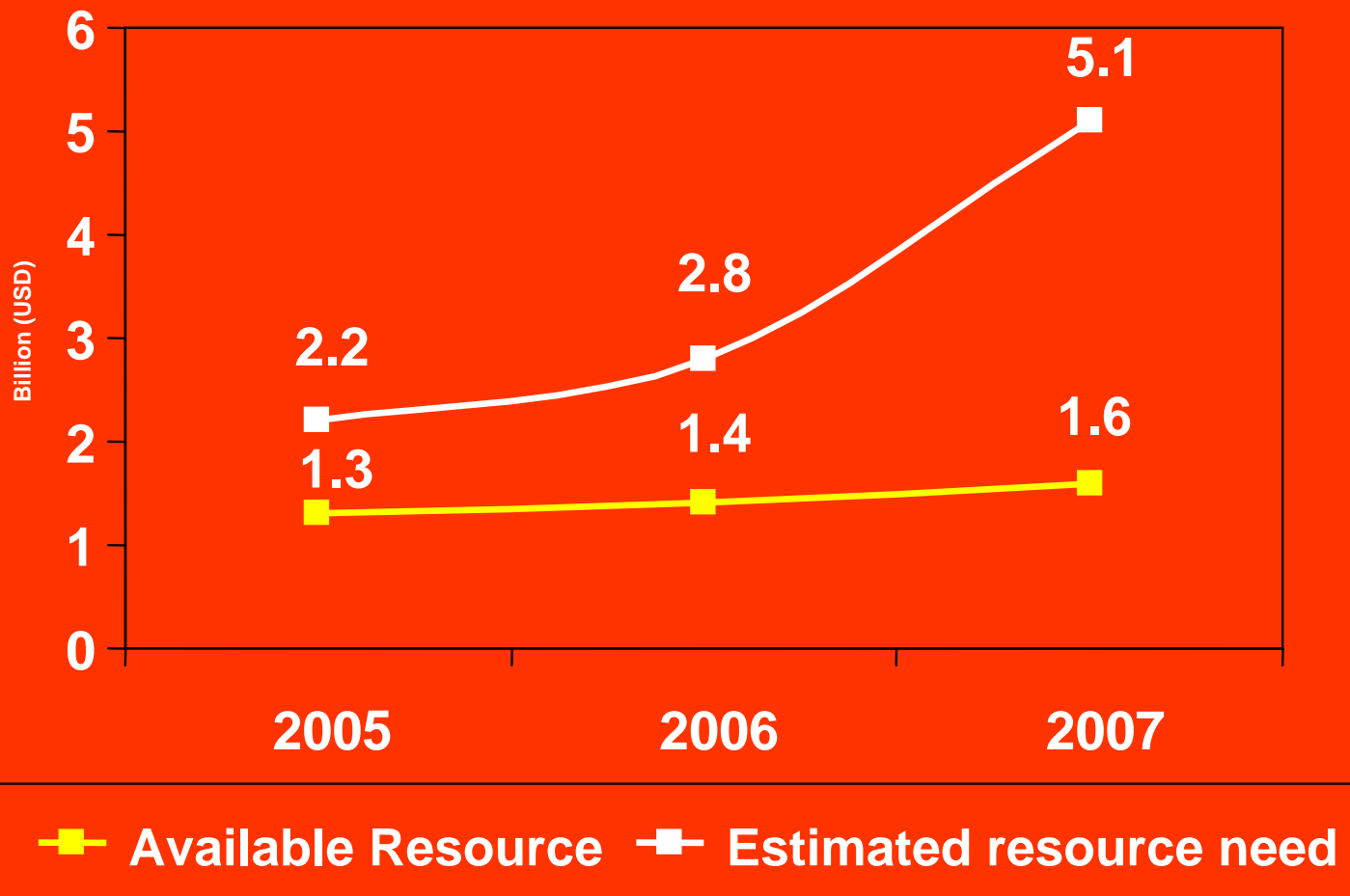
– UN Secretary General, March 2008

Promoting Activism and Wining the Society



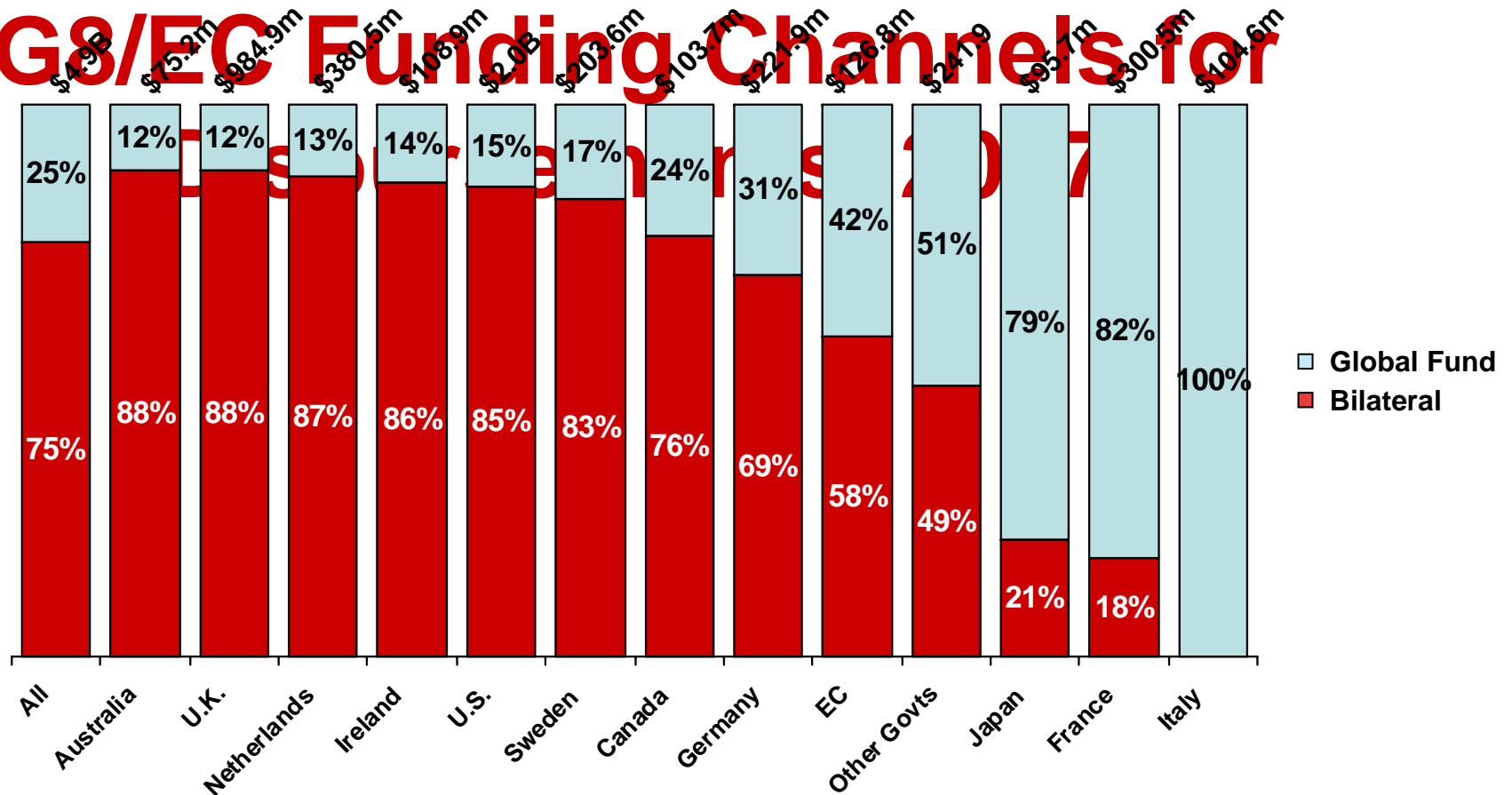
Poor Resource

- Available resources are not enough



International AIDS Assistance:

G8/EC Funding Channels for 2007



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



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

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 from all sources. See [www.kff.org](#) for additional information.