

UNAIDS 2015 | REFERENCE

SUSTAINING THE HUMAN RIGHTS RESPONSE TO HIV:

**AN ANALYSIS OF THE
FUNDING LANDSCAPE AND
VOICES FROM COMMUNITY
SERVICE PROVIDERS**

Copyright © 2015 Joint United Nations Programme on HIV/AIDS (UNAIDS) All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. UNAIDS does not warrant that the information published in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

UNAIDS / JC2769E

CONTENTS

Executive summary: the AIDS epidemic cannot be ended without human rights	3
Introduction	7
Human rights in the HIV response	9
Methods, scope of analysis and limitations	13
The voice of human rights implementers: experiences and insights from civil society organizations addressing human rights in the context of HIV	15
Characteristics of those who responded to the survey	15
Experience and expectations of funding for work on HIV and human rights	18
Regional differences in relation to changes in funding for HIV-related human rights	19
Coping with diminishing budgets	20
The funding landscape for HIV and human rights: complicated terrain	22
Global funding for the response to HIV	22
Global funding for human rights	23
Funding for the human rights response to HIV: an emerging picture	25
The Global Fund	26
Donor governments	28
UN agencies	31
Private philanthropy	32
An analysis of donor and policy trends and their impact on the human rights response to HIV	34
HIV and human rights programming and funding: the increasingly artificial divide	34
The increase in relying mainly on domestic HIV funding and the commitment to country ownership: challenges for the human rights response to HIV	35
Policies to promote a human rights-based HIV response: do they lead to more funding?	37
The impact of the integration of HIV into broader health and rights programming	38
Opportunities to sustain the human rights response to HIV	41
The Global Fund's strategies on human rights, gender and key populations	41
Donor collaboration to promote synergies between HIV and human rights	42
The post-2015 development agenda: integrating human rights, justice and development	43
Conclusions and recommendations	44
Annex 1: Research methodology	46
Annex 2: Civil society organizations invited to participate in survey	50
Annex 3: Survey on funding for civil society organizations working on HIV-related legal and human rights issues	57
References	65

EXECUTIVE SUMMARY: THE AIDS EPIDEMIC CANNOT BE ENDED WITHOUT HUMAN RIGHTS

The human rights response to HIV, largely implemented by civil society, has been crucial to the HIV response, but it appears that the funding for this work is insufficient and may be threatened further. Based on these concerns—and with the support of the Ford Foundation—the Joint United Nations Programme on HIV/AIDS (UNAIDS) commissioned research to better understand the current and future funding landscape as experienced by the civil society groups that are implementing key human rights programmes in the HIV response. This paper presents the results of this research and makes recommendations in an effort to ensure sufficient and sustainable funding for that crucial work until the end of the AIDS epidemic.

Since HIV was first identified, people living with and affected by HIV and the civil society groups working on their behalf both have fought for human rights, and their efforts have led to many of the major successes of the HIV response. They have fought AIDS denial; advocated for full funding; demanded their rights to participation, non-discrimination, information and treatment; fought to lower the prices of medication; challenged ineffective policies and practices in the courts; mobilized patients against mandatory testing, segregation and other abuses in health systems; and provided legal services and legal literacy to those who have been discriminated against due to their health or social status.

This human rights work has brought tremendous gains. It has made HIV prevention and treatment affordable and available, supported the uptake of (and adherence to) HIV therapies, and protected the human rights of the populations most affected by HIV (e.g. women, young people, sex workers, gay men and other men who have sex with men, transgender people, people who use drugs, prisoners and migrants). Human rights work has produced unprecedented global solidarity—including global funding—through which the world has taken on the epidemic. It was civil society-driven advocacy that called for the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), one of the world's largest funding mechanisms for those three health conditions, and the Global Fund also includes a strong commitment to human rights in its current strategy. Furthermore, in the 2001 United Nations Political Declaration on HIV/AIDS, the 2006 United Nations Political Declaration on HIV/AIDS, and the 2011 United Nations Political Declaration on HIV and AIDS, governments recognized the importance of protective laws, human rights-based national HIV responses and specific programmes to protect human rights (1). UNAIDS also has made human rights and gender equality one of three pillars—along with prevention and treatment—in its 2011–2015 strategy, *Getting to zero*.

The HIV response is now at a critical juncture. Many countries are seeing a drop in new HIV infections, and more people are receiving treatment. With treatment providing enormous prevention benefits, it has become clear that the world has the science to end the AIDS epidemic. And while there have been overall gains in treatment access and reductions in AIDS-related deaths and new infections, there are inequities within those successes. Ending the AIDS epidemic in a way that leaves no one behind will increasingly require reaching populations that are deeply marginalized and criminalized. In fact, criminalization of key populations most affected by HIV is actually intensifying in some instances. Reaching these populations will require human rights work to overcome legal and social barriers, and to empower affected communities.

Despite the strongest ever policy base and increasing need for human rights work, there are indications that funding for that work is insufficient and may be decreasing. Sources indicate that little of the present annual funding for the global HIV response supports human rights programming. This may drop further as funders move to new priorities and many low-income countries transition to middle-income or high-income status, requiring increased government matches of external funding sources and sometimes leading to funding ineligibility.



A very small fraction of resources for the global HIV response supports programming on human rights

UNAIDS estimates put the annual global spending for the human rights response to HIV at approximately US\$ 137 million. This is a fraction of the US\$ 19.1 billion that was spent in 2013 on the overall HIV response in low- and middle-income countries. Even though they are not directly comparable, these data are consistent with UNAIDS Global AIDS Response Progress Reporting (GARPR) data, which show that 0.13% of total AIDS spending reported to UNAIDS by low- and middle-income countries is allocated for human rights-related programming (2).

Civil society organizations working on HIV-related human rights report uncertain futures

This report was commissioned due to many indications that the civil society organizations and community networks that have led the human rights responses to HIV are under threat of downsizing or disappearing entirely. A survey of 123 organizations working on the human rights response to HIV documents their experiences and perceptions. The findings include the following:

- The majority of survey respondents report that their funding has decreased.
- The majority of survey respondents anticipate that the decrease in funding will limit their ability to carry out HIV-related human rights programming and will lead to organizational downsizing.
- Survey respondents anticipating the most severe decreases in funding for HIV-related human rights programmes are in middle-income countries.



- Survey respondents that anticipate less severe decreases in funding are in sub-Saharan Africa and carry out diversified programming, including service delivery.
- Although domestic funding grew in recent years (3), 70% of survey respondents do not access domestic funds. Respondents also reported that it seems unlikely that governments will provide funding for human rights work that may be seen to be challenging government policies. This mirrors barriers identified in the UNAIDS 2014 *Gap report* (4).
- Survey respondents are accessing funds from bilateral donors, private philanthropic agencies and United Nations (UN) agencies.
- Although their work is on human rights and law, only 51% of survey respondents report accessing funds from non-HIV donors, such as those that focus on human rights, democracy and governance, and lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

The donor base for HIV-related human rights work appears uncertain

Many countries have moved from low-income status to middle- or high-income status, requiring increased government matches of external funding sources and sometimes leading to funding ineligibility. This development makes civil society more dependent on domestic funding that may not be forthcoming for human rights work.

The Global Fund has set maximum country allocations that may result in a reduction in funding for some countries. This has the potential to make competition for those funds between basic biomedical services and critical enablers (including human rights programmes) even more fierce.

As one of its five strategic objectives, the Global Fund *Strategy 2012–2016: investing for impact* includes promoting and protecting human rights in the context of the three diseases. This represents the biggest potential for expanding human rights programming in the future, despite the fact that only 25% of survey respondents report having accessed funding from the Global Fund. However, the proposals that are country-owned and country-driven may not include the optional module on removing legal barriers to access.

Funding priorities of many of international funders are shifting away from HIV to other subjects, such as sexual and reproductive health.

Recommendations

The following recommendations were made by participants at a Meeting on Sustaining HIV and Human Rights Programming in Challenging Contexts, in Geneva on 11–12 June 2014. The meeting was co-organized by UNAIDS and Funders Concerned About AIDS, and the agenda included extensive discussion of the key recommendations made in this paper, including:

- **Governments** should increase support and improve accessibility of domestic resources, and **donors** should increase support to all critical components of the HIV response, paying particular attention to ensuring that sufficient funds are provided for the critical enablers, including the human rights-related programmes that are key to the success of the response.
- **Private foundations** should continue their essential role in providing critical funds for HIV-related human rights work, including supplements for funding shortfalls in domestic or multilateral funding.

- **The Global Fund Secretariat** should continue to work closely with governments, civil society and technical partners to realize and implement fully the human rights components of its strategy. This includes its current efforts to ensure that (a) technical assistance and support is provided towards the inclusion of human rights programming in country dialogues and concept notes, (b) such programmes are retained in grant budgets and are actually implemented, and (c) the funding amounts for such programmes are monitored on a regular basis.
- **UNAIDS**—in its support of grant implementation and the development of investment cases, national strategic plans (NSPs), Global Fund-related country dialogues and concept notes—should ensure that human rights-related programmes, either as critical enablers or on their own, are included, costed, budgeted, implemented and evaluated as part of national HIV responses.
- **UNAIDS, with partners**, should improve tools and capacities to track expenditures and cost human rights programmes so that funding for such programmes can be better measured and followed.
- **Existing donor collaborations** that foster synergies between HIV and human rights—such as the Robert Carr civil society Networks Fund, the Global Equality Fund and others—should be enlarged in terms of the funding provided and the groups that can benefit. This will provide a greater funding base for HIV-related human rights work.
- **Human rights and HIV donors** should work with civil society organizations to optimize the political space and resources that HIV funding has opened for human rights. They also should support HIV organizations working on human rights to integrate into (and benefit from) the funding of broader human rights initiatives and programmes.

INTRODUCTION

Over the 30 plus years of the HIV response, there has been a growing consensus among governments, UN agencies, donor institutions and civil society that human rights are central to an effective HIV response (5, 6, 7). This reality has been demonstrated dramatically by the hard and courageous work of civil society itself, particularly those living with and vulnerable to HIV. By demanding their rights to non-discrimination, participation and treatment, they have helped ensure one of the most compelling and effective global responses to any health crisis in history.

According to the research presented in this paper, however, only US\$ 137 million is spent annually on the global human rights response to HIV. That is a fraction of the US\$ 19.1 billion that was spent in 2013 on the overall HIV response in low- and middle-income countries. Even they are not directly comparable, these data are consistent with UNAIDS Global AIDS Response Progress Reporting (GARPR) data, which shows that 0.13% of total AIDS spending reported to UNAIDS by low- and middle-income countries is allocated for human rights-related programming¹ (2).

In the context of this relatively small amount, the civil society organizations that were surveyed for this report indicate that funds available for programming aimed at identifying and removing human rights and legal barriers to effective HIV responses are decreasing, even as human rights violations fueling the epidemic persist (or increase) in a number of places. This is occurring despite the world's commitment to ending AIDS and leaving no one behind by providing everyone affected, including the most marginalized, with HIV services. This is also despite the fact that the policy base for human rights work and human rights programming in the HIV response has never been stronger, as shown in the 2001 Political Declaration, the 2006 Political Declaration, the 2011 Political Declaration, UNAIDS' *Getting to zero: 2011–2015 strategy*, the investment approach to HIV, and the human rights components of the *Global Fund Strategy 2012–2016: investing for impact* (5, 7).

Thus, as the world pushes toward the end of the AIDS epidemic, it appears to be insufficiently committed to funding the human rights work by civil society that is crucial to achieving this

Civil society organizations invited to participate in the survey fit one or more of the following criteria:

- organizations with the primary mission of addressing the human rights response to HIV;
- human rights organizations with significant HIV programming; and
- HIV or key population organizations with significant human rights programming.

Note: "Human rights programming" is understood to incorporate the seven key programmes recommended by UNAIDS to reduce stigma and discrimination, and to increase access to justice in national HIV responses (1).

¹ GARPR data include self-reported data from reporting countries (low- and middle-income countries). It cannot be assumed that there are no expenditures for human rights programmes in countries that do not report them. Expenditures at global and regional levels are also not reflected.

goal. There are several factors at play that impact efforts to ensure and sustain a human rights-based response to HIV:

- Although there is global recognition among many key stakeholders that the protection and promotion of the rights of those affected by HIV is a central part of the response, that recognition is neither universal nor adequately acted upon. This results in continued threats to the health and human rights of people living with HIV, women, young people, gay men and other men who have sex with men, transgender people, sex workers, people who use drugs, prisoners and migrants.
- Several developments may result in even fewer funds being dedicated to human rights work. Globally, HIV funding has remained static, and many low-income countries are moving to middle- or high-income status, which decreases their eligibility for external funding. Furthermore, new treatment guidelines indicate millions more are now in need of treatment, while donor priorities are shifting toward other areas of health, development and human rights.
- Although there has been an increase in domestic funding for HIV, many governments—particularly those in areas where stigma faced by groups affected by HIV is high and legal environments are punitive—may not dedicate funding to HIV-related human rights programmes.

In addition to the key findings of the research described in the Executive Summary and analysed in the body of this report, the following trends and perceptions were identified through the research presented here. They provide context for the issues that are addressed in this report:

- Donors and civil society organizations believe that while policy statements and global commitments that prioritize human rights in the HIV response (e.g. the 2011 Political Declaration and *Getting to zero*) are useful advocacy tools, they have not led to increased funding for HIV-related human rights work.
- Survey and interview respondents understand that the Global Fund's new strategy and funding model hold both promise and risk for funding the human rights response to HIV.
- Donors are trending toward integration of HIV into primary health, sexual and reproductive health and rights, and broader rights movements offer both risks and opportunities in relation to funding the human rights components of the HIV response.
- Civil society organizations appear to be integrating HIV and human rights. HIV and human rights donors, however, often appear to work in isolation from one another.

As stated above, the HIV-related human rights work of civil society has led to some of the greatest successes in the response. As the world seeks to end the AIDS epidemic in a way that leaves no one behind, the human rights response to HIV is more important than ever.

HUMAN RIGHTS IN THE HIV RESPONSE

Not since the bubonic plague and leprosy (and not until the recent Ebola global health emergency) have health conditions carried so much fear, stigma and discrimination—and as many punitive responses—as HIV and AIDS. Human rights violations fuel vulnerability to HIV transmission and exacerbate the impact of HIV and AIDS on individuals and communities around the world. This has meant that the protection and realization of human rights always have been an inextricable part of any effective HIV response. That is still true over 30 years since the identification of the HIV virus: HIV prevention and treatment have the capacity to normalize HIV into a chronic manageable condition, but they have not yet been able to do so fully.

The HIV response has been an entry point and a pathfinder for addressing issues around broader human rights, social justice, equitable access to services, and meaningful participation of affected populations in decision-making. HIV is not just a health issue, and HIV-related vulnerabilities are first and foremost human rights issues. That is why the symbiotic relationship between human rights and the HIV response has long been recognized by governments, the UN system and civil society. In an effort to articulate the components necessary for an effective global and national AIDS, UNAIDS made “human rights and gender equality” one of three strategic directions (the other two being prevention and treatment) in its *Getting to zero* Strategy. In describing this strategic direction, UNAIDS states that advancing human rights and gender equality for the HIV response means ending the HIV-related stigma, discrimination, gender inequality and violence against women and girls that drive the risk of, and vulnerability to, HIV infection by keeping people from accessing prevention, treatment, care and support services. ... At the core of these efforts is protecting human rights in the context of HIV—including the rights of people living with HIV, women, young people, men who have sex with men, people who use drugs and sex workers and their clients (7).



Thus, an effective response to the AIDS epidemic should occur in accordance with international human rights standards, and it should be grounded in respect for civil, cultural, economic, political and social rights, as well as the right to development. Key areas of attention include—but are by no means limited to—the following:

- Overly broad criminalization of HIV exposure, non-disclosure and transmission
- Criminalization of sex workers, people who use drugs, gay men and other men who have sex with men, and transgender people, as well as the high levels of violence, discrimination and denial of health care experienced by these populations
- Ongoing high levels of stigma and discrimination in the education, employment, health care, community and justice sectors against people living with HIV
- Gender inequality and gender-based violence that increases vulnerability to HIV
- Violations of women's property and inheritance rights
- Forced sterilization of women living with HIV
- Denial of age-appropriate sexual education and life skills training
- Lack of access to HIV prevention and treatment for incarcerated populations
- Compulsory detention without due process of sex workers and people who use drugs
- Trade and intellectual property laws and regulations that keep prices high for first-, second- and third-line antiretrovirals and other medication, making them inaccessible to the majority of people who need them now (or who will need them in future).

Addressing these challenges is necessary and difficult, but there is much experience on which to draw. A rights-based approach to HIV involves programmes that support governments to realize human rights related to HIV and empower civil society to know and claim those rights. It involves the recognition and application of critical human rights principles—including non-discrimination, participation and accountability—and the implementation of HIV programmes that achieve human rights goals of health, education, equality, security and dignity. It also involves attention to the most marginalized populations in order to overcome that marginalization, and it requires programmes to empower those living with and affected by HIV.

UNAIDS describes seven key programme areas as components of every HIV response that help reduce stigma and discrimination and increase access to justice (1):

1. Stigma and discrimination reduction
2. HIV-related legal services
3. Monitoring and reforming laws, regulations and policies relating to HIV
4. Legal literacy (“know your HIV-related rights and laws”)
5. Sensitization of law-makers and law enforcement agents to HIV concerns and key populations
6. Training for health-care providers on human rights and medical ethics related to HIV and health
7. Reducing discrimination, violence, harmful gender norms and problematic laws experienced by women that increase their vulnerability to HIV.

These programmes comprise what are known under a strategic investment approach to HIV as “critical enablers.” In such an approach, governments and funders are encouraged to invest in evidence-based basic programmes (programmes that have been proven to work for prevention and treatment), in critical enablers (which help overcome barriers to basic programme access and uptake), and in development synergies (investments in other sectors that can have a positive effect on HIV outcomes).

The programmes listed above enable basic programmes and help achieve human rights and health objectives in national HIV responses. They are particularly important for ensuring effective and comprehensive service delivery for key populations, including people living with HIV, women, young people, sex workers, gay men and other men who have sex with men, transgender people, people who use drugs, prisoners and migrants. Due to stigma and discrimination, members of these groups often are unable or unwilling to access essential services. Rights-based approaches and critical enablers therefore should be imbedded in HIV service delivery.

The following programmes were reported by survey respondents as examples of good practices that address HIV and human rights challenges:

REDUCING DISCRIMINATION

In Nanjing, China, the Justice for All (Tianxiagong) organization works to respond to discrimination related to HIV, disability, gender and health-care access. Justice for All is known as the organization that provided legal counsel to the plaintiff in China’s first-ever instance of compensation for HIV-related employment discrimination. Their efforts also have resulted in the removal of the requirement for HIV tests for teaching candidates in Guangdong province.

SENSITIZATION OF LAWMAKERS AND LAW ENFORCEMENT AGENTS

In eastern Europe, the Sex Workers' Rights Advocacy Network (SWAN) supports sex workers and their allies to document rights violations and seek recourse, protection and policies to prevent future violations. For example, SWAN worked with sex workers across eastern Europe and central Asia in 2011 to develop a Human Rights Abuse Documentation Project that helps sex workers collect and compile data and evidence of violence and abuse by clients, law enforcement officers and others. These locally collected statistics were then used to advocate for changes in national laws, policies and practices. Greater security and empowerment has been shown to enable sex workers to avoid rape, negotiate safe sex and take up prevention and treatment, thereby radically reducing their viral load if they are living with HIV (7).

TRAINING ON HUMAN RIGHTS AND MEDICAL ETHICS RELATED TO HIV FOR HEALTH-CARE PROVIDERS

In Mexico, the International Secretariat of Indigenous and Afro-Descendant People and HIV/AIDS, Sexuality and Human Rights (SIPIA) works with health-care workers, community leaders and academics in Oaxaca to address the sociocultural and medical needs of indigenous people and those of African descent. It also works to develop and disseminate non-discriminatory health promotion education messages, as well as protocols on human rights, sexuality, HIV prevention, stigma and discrimination.

HIV-RELATED LEGAL SERVICES

In Jakarta, Indonesia, Lembaga Bantuan Hukum Masyarakat (LBH Masyarakat) obtains data for policy advocacy from researchers in Indonesia who document rights violations during the pre-trial phase of people who use drugs. Through its legal team—members of which come from the community of people who use drugs—LBH Masyarakat also increases access to legal aid for those vulnerable to or living with HIV due to drug use. These actions help people who use drugs access harm reduction measures to avoid HIV infection (or treatment, if they are living with HIV).

MONITORING AND REFORMING LAWS, REGULATIONS AND POLICIES RELATING TO HIV

In the United States of America, the Centre for Health and Gender Equity (CHANGE) and its allies have worked since 2003 to eliminate the so-called abstinence-only budget allocation (or earmark) mandated by Congress, replace abstinence-focused prevention guidance with comprehensive prevention guidance, and focus greater attention on gender inequalities and violence against women. These advocacy efforts have helped to change law and policies on these matters in the United States.

METHODS, SCOPE OF ANALYSIS AND LIMITATIONS

This report represents a first attempt to assess the funding landscape for the human rights programmes within the HIV response. Limitations in the scope and depth of analysis stem from the lack of previous analysis of funding through a human rights lens and insufficient granularity in the tracking of funding of human rights HIV programmes that has been performed by implementers and donors.

The research informing this report had two major components:

- Primary quantitative and qualitative data from a survey among civil society implementers and key informant interviews among civil society and donors.
- A desk review of secondary data on donor funding and policies to estimate global funding levels for human rights responses to HIV.

Quantitative data on perceptions of civil society organizations implementing HIV-related human rights programmes was collected through an online survey during the first three months of 2014 (see Annex 3 for a copy of the survey). The goal of the survey was to reach out to a mix of organizations and advocates with current experience in both HIV and human rights work to gather their views about funding trends and challenges in their work. The sampling frame was developed in consultation with donors, civil society activists and UNAIDS Cosponsors in an attempt to produce a representative database of the civil society implementers of the key human rights programmes recommended by UNAIDS (1).

An invitation to participate in the survey was sent to 265 organizations that met one or more of the following criteria, including:

- Having a primary mission of addressing legal and human rights related to HIV
- Having a primary mission of legal and human rights, with significant HIV programming
- Having a primary mission of working on HIV or with key populations, with significant legal and human rights programming.²

Of the 265 organizations invited to participate in the survey, 123 responded (a 46% response rate).

By virtue of the respondents' selection methodology, there are certain limitations and biases:

- The inclusion criteria focused only on civil society organizations
- The set of organizations invited to participate are likely to be well-connected internationally to the HIV response
- The responding organizations had Internet access, fluency in one of four major world languages, and the time and capacity to read the survey and respond to it.

While the limitations in representation of the respondent sample are recognized, the sample (N=123) demonstrates balances in geographic representation, language, organization size and programmatic focus.

² For more details on the sampling frame, see Annex 1; for a list of the invited organizations, see Annex 2.

The intent of this study was to collect data and perspectives from a core group of organizations. Respondents offered objective (albeit selective) data about what is happening in the field, subjective opinions about the reasons for the changing funding landscape, and suggestions for how to respond to it.

To complement the information gathered through the online survey, 30 individuals were selected for key informant interviews. They were identified based on their roles as leading donors, implementers, policy-makers and advocates in human rights responses to HIV. Of the 30 individuals selected, a total of 13 responded to the request for an interview and provided input over telephone or Skype.

The desk review of secondary data to inform the analysis and derive the funding estimate for the human-rights response to HIV is outlined in Annex 1. Funding estimates were quantified based on the following approach:

- Major donor contributions were extracted for a specific period of time—2012 or the latest 12-month year—and measured for specific contributions to HIV-related human rights programmes or proxies (such as advocacy grants by AIDS private funders).
- Funding amounts were adjusted based on documented total funding amounts for HIV and prevailing funding patterns in the fields of HIV and human rights.
- To eliminate double counting, care was taken to ensure that contributions cited by donor governments did not include their contributions to multilateral sources (such as the UN and the Global Fund) or collaborative funding mechanisms (such as the Robert Carr civil society Networks Fund).

Given that survey results show that roughly half of respondents access funding from non-HIV funders, it is likely that the amount of funding for human rights-related HIV programming is higher. The paucity of data on funding for HIV-related human rights from non-HIV donors, however, made it impossible to include them in the analysis.

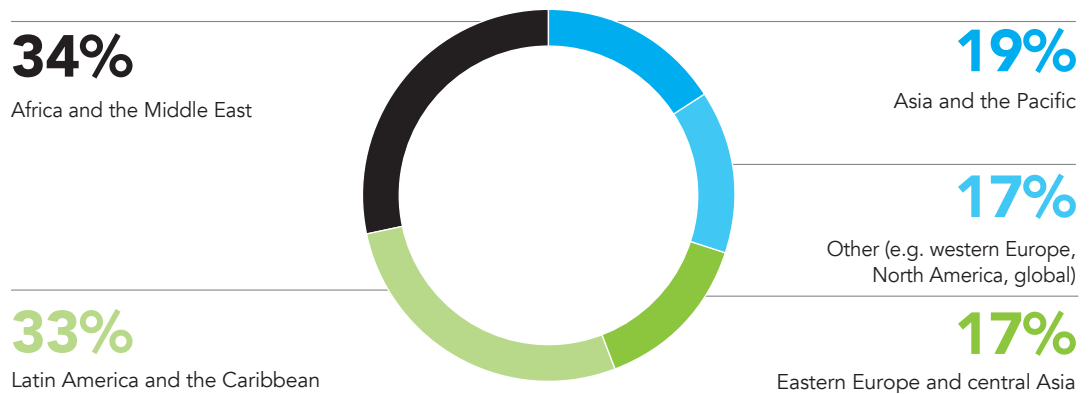
THE VOICE OF HUMAN RIGHTS IMPLEMENTERS: EXPERIENCES AND INSIGHTS FROM CIVIL SOCIETY ORGANIZATIONS ADDRESSING HUMAN RIGHTS IN THE CONTEXT OF HIV

Survey results show that civil society organizations across the globe are addressing the human rights-related challenges of the HIV epidemic with a diverse set of programming strategies. Notably, only half of the 123 groups that responded to the survey self-identified as HIV organizations. This suggests that the civil society organizations implementing one or more of the UNAIDS seven key human rights programme areas cut across the HIV, human rights, and health activist and advocacy communities. (Please see Annex 1 for a description of survey methodology.)

While survey results show that some regions and types of organizations are faring slightly better than others in terms of sustainable funding, the vast majority of survey respondents cite serious funding challenges due to a shifting donor landscape. Respondents were balanced across languages, geographic regions and organization size (Figure 1).

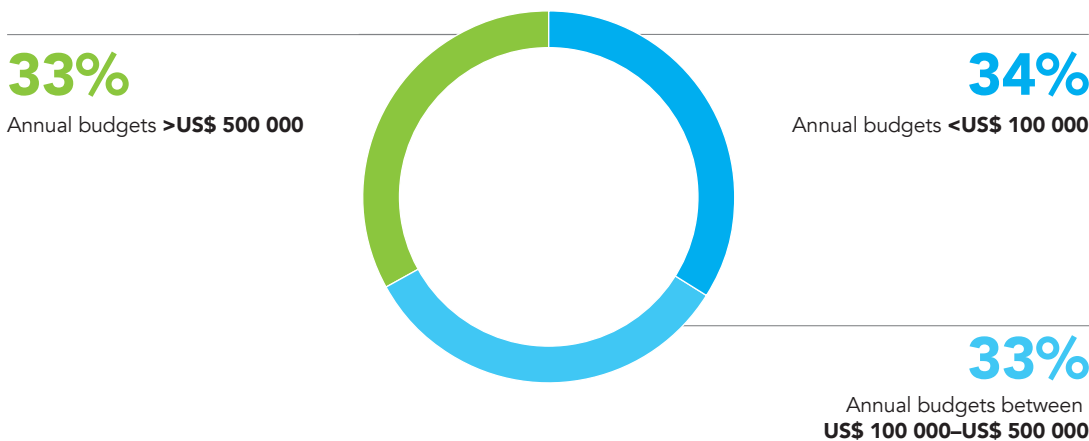
CHARACTERISTICS OF THOSE WHO RESPONDED TO THE SURVEY

Figure 1. Geographic balance



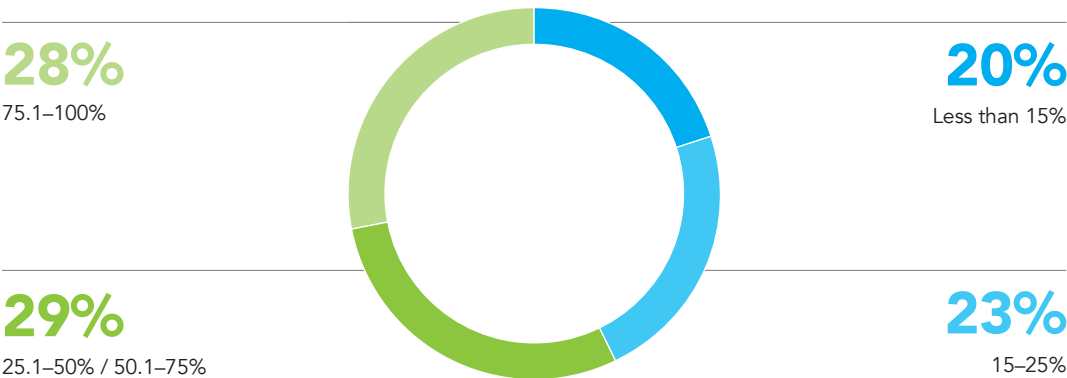
The survey reached grass-roots civil society organizations with small budgets that are located in developing countries, as well as national, regional and international organizations with correspondingly larger budgets that are based in developed countries (Figure 2).

Figure 2. Organizational budget size



Only 28% of the survey sample devotes more than 75% of their budgets to HIV-related human rights and legal activities, and that cohort is the one reporting the most severe funding challenges (Figure 3).

Figure 3. Budget allocations for HIV-related human rights and legal work



Just over half of the sample identified their organizations as HIV-focused, while a large percentage located their work within the human rights sector (Figure 4). This suggests that the civil society organizations working on one or more of the UNAIDS seven key human rights programme areas cut across HIV, human rights, and health activist and advocacy communities. Those that chose “other” ranged from faith-based and sexual and reproductive health rights organizations, to networks specifically serving key populations that did not specify a particular health or rights lens.

Figure 4. Organizational profile

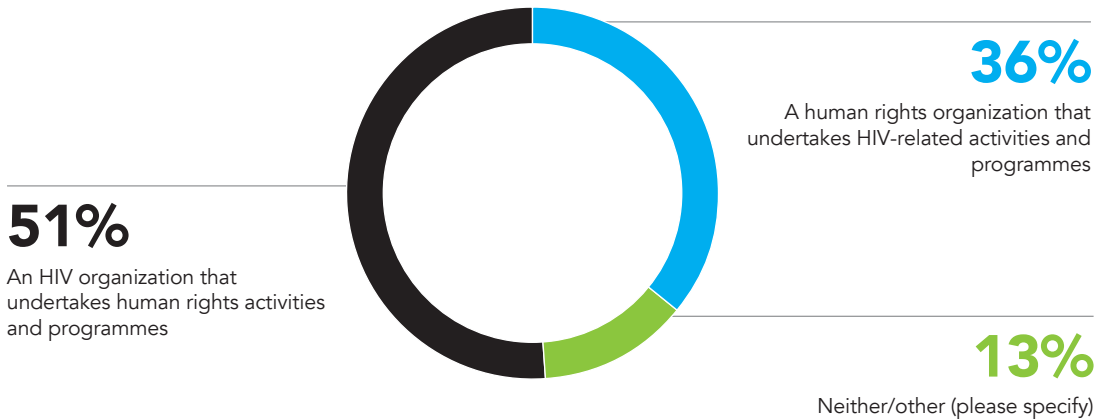
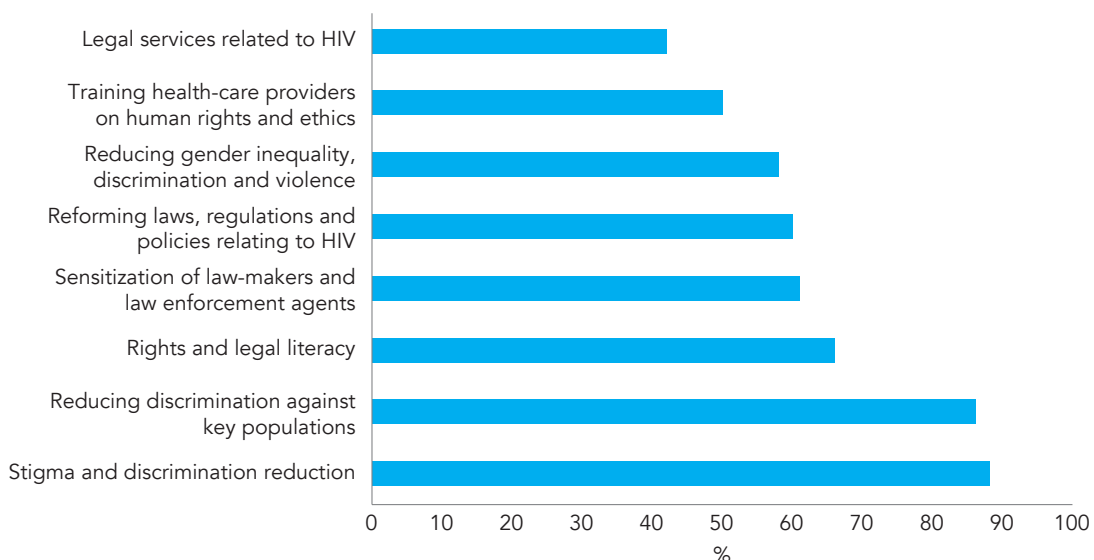


Figure 5. HIV and human rights programming carried out by those who responded to the survey



When presented with multiple choices to describe the work that they do, more than half of all respondents said that they perform work that is focused not just on HIV, but also on related issues, including:

- Health care
- Sexual and reproductive health
- The human rights of women, sex workers, LGBTI people and people who use drugs
- Harm reduction
- Religion and faith-based work
- Community development
- Democratic processes
- Governance and rule of law.

Despite many respondents not claiming to be HIV-focused, nearly 90% of them said they work to reduce HIV-related stigma and discrimination, including discrimination against key populations (Figure 5).

Interestingly, 42% of surveyed organizations provide legal services related to HIV, and this cohort reports a less severe decrease in funding levels, especially in Africa. This may suggest that donors are attracted to human rights work with outcomes that can be immediately measured in terms of clients seen and cases resolved. This is different than human rights advocacy, legislative reform or strategic litigation, where impacts often are only seen after some years.

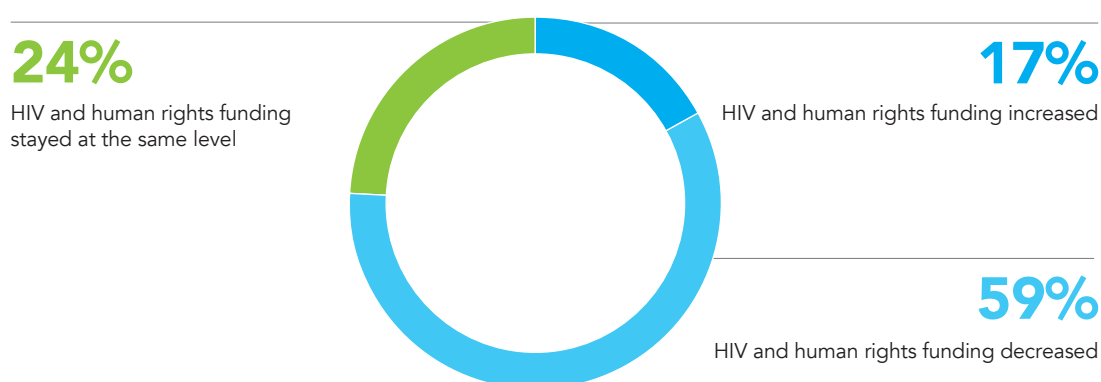
Experience and expectations of funding for work on HIV and human rights

Respondents have accessed a variety of funding sources:

- 25% of survey respondents report having accessed funding from the Global Fund.
- 25% of survey respondents report having accessed bilateral funding, with the United States, the Netherlands, the United Kingdom of Great Britain and Northern Ireland, and Norway being the top four most accessible funders for the human rights response to HIV.
- 56% of survey respondents report receiving funding from private philanthropic agencies, with the Open Society Foundations, the Ford Foundation and the Levi Strauss Foundation being the top three most accessible funders.
- 10% of survey respondents report accessing funding from UN agencies, with UNAIDS being the most frequently cited funder, and the United Nations Development Programme (UNDP) being the second.
- 51% of survey respondents report accessing funds from non-HIV donors (i.e. those that focus on human rights, LGBTI people, and democracy and governance).
- 70% of survey respondents report they did not access domestic funds, even though this sector of HIV funding grew in 2012 (3).

The majority of survey respondents reported having experienced funding decreases in the past two years (Figure 6). They attributed these decreases to the global economic slowdown ending annual increases in international aid, difficulty in obtaining funding for human rights programmes from international HIV donors, and the role of domestic politics and laws (including government indifference or hostility to human rights and legal rights work).

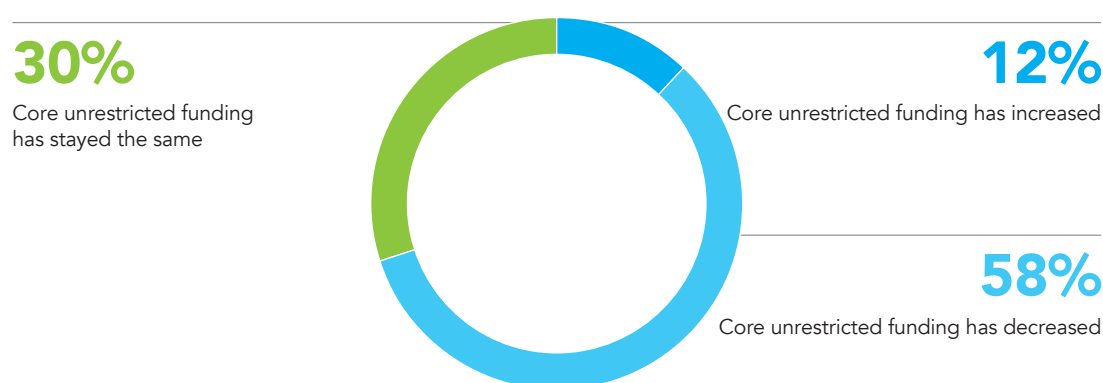
Figure 6. Changes in funding for human rights-related HIV work



Among survey respondents who said that their funding would increase, more than 50% report that they provide legal services, and 68% report that they receive support from non-HIV donors.

The majority of survey respondents report having experienced decreases in core support in 2012 and 2013 (Figure 7). This is significant, as narrative survey responses and interviews show that organizations use unrestricted funding for controversial human rights work that is unpopular with funders (including governments).

Figure 7. Changes in support for core funding



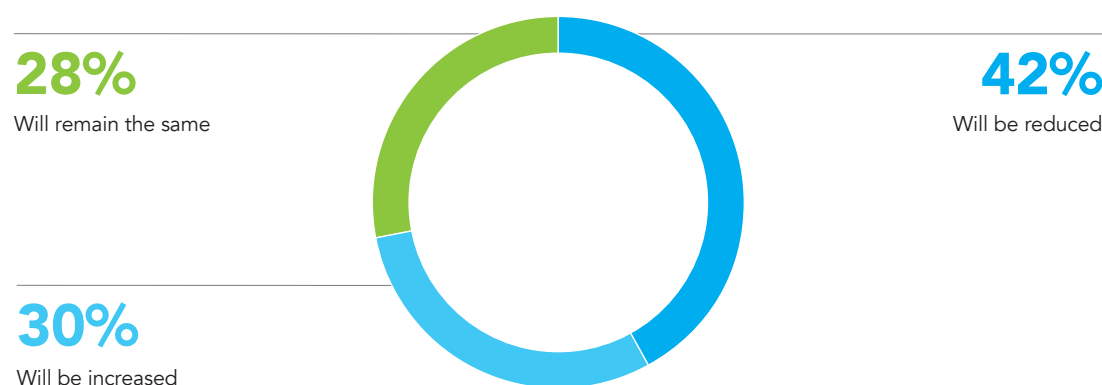
Regional differences in relation to changes in funding for HIV-related human rights

- Survey respondents in Africa were less likely than other survey respondents to report decreases in funding or expectations of decreased funding, with 46% experiencing a decrease (compared with 58% globally) and 25% expecting a future decrease (compared with 42% globally).
- Survey respondents in middle-income countries were most likely to report decreases in funding and expectations of decreased funding: 62.5% of respondents reported decreases in core unrestricted funding (compared to 50% in low-income countries and 38% in high-income countries), and 65.6% of respondents reported decreases in programme funding (compared to 35.6% in low-income countries and 52% in high-income countries).
- Civil society organizations across the board hold the expectation that funding will decrease, with countries in Asia Pacific being the most likely to report such an expectation (62.5% of responses from the region), and countries in western and central Africa most likely to expect an increase in funding (6 of the 11 responses indicated such a positive outlook).
- Civil society advocacy organizations from the Global North seem to be affected by similar funding sustainability concerns. Half of the responding organizations from western Europe, North America and those working on global level indicated decreases in their core unrestricted funding.

“I am not very optimistic about sustainability when it comes to funding for HIV and rights work. Both funding and political events are happening to hinder progress... We need to act in solidarity with them.”
– Donor government representative

Survey respondents were somewhat more optimistic about funding for HIV-related human rights work in the next 12 months, with 32 groups (30% of the sample) expecting funding increases (Figure 8).

Figure 8. Expectations for future funding for HIV-related human rights and legal issues



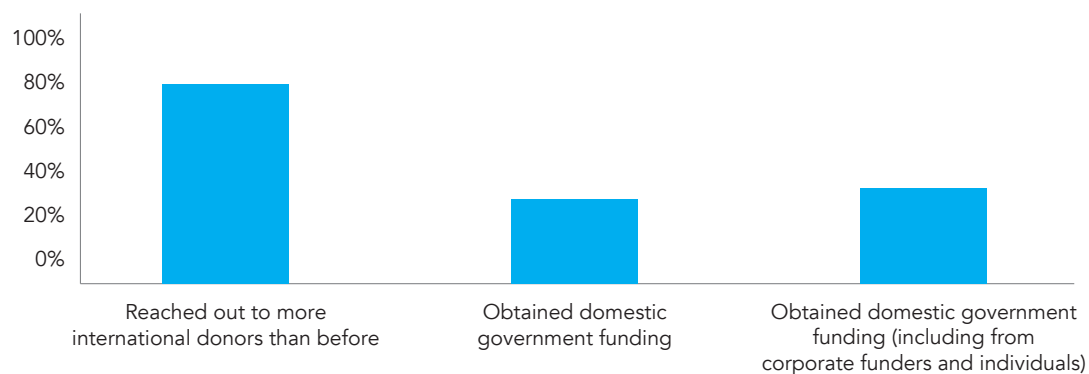
Survey results show that organizations with diverse programmes are more stable. In Africa, funding expectations were most stable among survey respondents that provide legal and other services, and among those that carry out the most diversified programming (i.e. less than 25% of their annual budget is allocated specifically to HIV-related human rights and/or legal activities and programmes).

Survey respondents in middle-income countries that reported decreases in funding were more likely to focus the bulk of their programming work on HIV-related human rights (<75% of their budgets). Globally, survey respondents from smaller organizations (i.e. those with budgets <US\$ 100 000) were very likely to report a decrease in funding for their HIV-related human rights work, perhaps signalling a trend away from funding for small grass-roots organizations.

Coping with diminishing budgets

Survey respondents were asked to share their strategies for coping with current and expected future funding shortages (Figure 9). The majority of survey respondents report that they have stepped up fundraising among international donors to fill resource gaps. A smaller percentage report that they are pursuing domestic opportunities, including government and corporate support and individual giving.

Figure 9. Strategies employed to sustain funding



Narrative responses showed a mix of fundraising and advocacy efforts to help fill gaps:

- More than 10 survey respondents stated that there is a need for focused advocacy towards the Global Fund to ensure funding is specifically allocated to (and sufficient for) stigma reduction, legal services, rights-based community mobilization and other human rights work.
- Survey respondents cited a range of international mechanisms that they hoped would catalyse more funding for the field, including human rights initiatives by the United Nations Office of the High Commissioner for Human Rights (OHCHR) and follow-up on the recommendations of the Global Commission on HIV and the Law. They also cited the importance of global HIV funding initiatives such as the Robert Carr civil society Networks Funds and the International Treatment Preparedness Coalition (ITPC).
- Many survey respondents said that they were trying to leverage the current interests of donors (e.g. with regard to key populations) to justify new funding for human rights.

THE FUNDING LANDSCAPE FOR HIV AND HUMAN RIGHTS: COMPLICATED TERRAIN

The uncertainty about future funding expressed by the civil society organizations that participated in the survey appears to be based on limited accessibility of domestic funding, donor policy shifts and competition for the roughly US\$ 137 million provided annually by donors (see Annex 1 for details on this estimate).

Analysis of published funding data—as well as information compiled from key informant interviews with donors—affirm the perception of survey respondents that funding support is static or even declining from levels that were already relatively low. These trends appear to be further limiting the ability of these civil society organizations to continue to address the social, economic and political barriers to an effective HIV response.

Measuring funding levels for HIV-related human rights work is contingent upon how the scope of that work is defined. Existing tools used by governments to track resource flows cannot capture all funding for civil society implementers, and they do not allow for disaggregation of spending to fully capture all human rights programmes expenditures. Improving tools to track expenditures and enhancing capacity to cost human rights programmes would be important steps toward holding countries accountable for their commitments in this area of the HIV response.

As the experiences of survey participants indicate, domestic funding is not highly accessible for HIV-related human rights programmes. Those respondents that access domestic funding are in high-income countries and Latin America, where the policy environment for human rights-related HIV responses appears to be more favourable.

In order to analyse the funding landscape for HIV-related human rights work, it is necessary to understand the following three funding streams and where they converge:

- Global funding levels for the HIV response, tracked annually by UNAIDS, the Kaiser Family Foundation and Funders Concerned About AIDS
- Global funding levels for human rights—including women's rights and the rights of LGBTI populations, sex workers and people who use drugs—that are not tracked with regularity or consistency
- Funding for community mobilization and HIV-related human rights programming that are not tracked with regularity, consistency or sufficient levels of detail.

Global funding for the response to HIV

UNAIDS provides annual estimates on funding for the overall response to AIDS, including domestic public and private funding, donor government bilateral assistance, multilateral organizations and private philanthropic aid disbursements. The following figures for the response to AIDS are relevant to the examination of how they further impact funding for the human rights response to HIV:

- Globally, spending for HIV totalled US\$ 19.1 billion in 2013. Donor governments contributed US\$ 7.86 billion to the response, and private foundations contributed US\$ 467 million (9). The resources available were well below the US\$ 22–24 billion in annual funding that UNAIDS estimated will be needed by 2015 to meet the 2011 HIV-related targets set by the UN General Assembly.
- Among the 35 countries that have provided two or more data points on spending for human rights programmes between 2010 and 2013 through GARPR, 20 have reported decreases (2).

- Domestic spending for HIV in 2011 increased to US\$ 9.9 billion in 2012, surpassing that provided by external donors. It appears, however, that such funding is largely inaccessible to the civil society organizations that are leading the human rights response to HIV.
- It has been documented that when funding for HIV decreases or remains static, support for civil society organizations is the first casualty (10). The majority of the 560 civil society organizations engaged in the HIV response that were surveyed by UNAIDS in 2013 reported decreases in funding for services, advocacy and research (11).
- Funding for community mobilization or critical enablers is not disaggregated from general programming for the HIV response (12).

Global funding for human rights

In the context of global funding for human rights, it is difficult to assess how much of it is dedicated to HIV-related human rights work. Funders of the human rights movements that are critical to ensuring an enabling environment for the HIV-related human rights response—those supporting the human rights of women, LGBTI people, sex workers and people who use drugs—do not necessarily disaggregate their funding for HIV.

Contributions to general human rights work and programmes—largely from donor governments, the World Bank and the European Union (EU)—totalled US\$ 939.8 million for 2008. In addition, US\$ 2.6 billion worth of investments in legal and judicial development assistance were made that same year (13). Data on funding for human rights and democracy gathered by the International Development Law Organization (IDLO), are now outdated, and data collection ceased after 2008.

Between 2014–20, the EU will allocate an average of US\$ 259 million per year to the European Instrument for Democracy and Human Rights, which covers a broad range of human rights activities. In addition, an approximately equivalent level of assistance will be provided to build the capacity of civil society organizations (14). The majority of funds are allocated through calls for proposals by EU delegations at country levels in accordance with country-specific human rights strategies. All EU grants are included in a public database called the EU Financial Transparency System, but the data is not presented in a way that makes it possible to track funding for HIV-related human rights work (15). Among survey respondents, 13% report accessing EU funding for their work, indicating that there may be significant challenges to access EU funds, while also suggesting significant potential to leverage more resources from the EU.

Some US\$ 1.2 billion was allocated by private philanthropies for human rights work in 2010, with 10% supporting health and well-being rights, and 9% supporting sexual and reproductive health rights. The private donors providing the largest amount of funds for such general human rights work overlap significantly with the leading supporters of HIV-related human rights work identified in the survey presented here.



A 2013 survey of 1100 women's groups showed a growing focus on women and girls as what are known as agents of development, but a doubling of overseas development assistance for programmes addressing these populations has not led to increased funding for civil society organizations addressing women's rights (16). The average annual budget of groups surveyed was only US\$ 20 000. However, the desk review for this report did find evidence that development assistance channelled through the UN Trust Fund to End Violence Against Women and the UN Fund for Gender Equality reaches groups working at the intersection of HIV and women's rights (17).

In 2012, a total of US\$ 20 260 471 was allocated by US-based philanthropies for both internationally focused and local nongovernmental organizations (NGOs) working on LGBTI issues. This represents a decrease of US\$ 8 million from 2011 (18). In all regions (except western and eastern Europe, central Asia, the Middle East and North Africa) the top issues addressed by this funding stream were human rights and HIV.

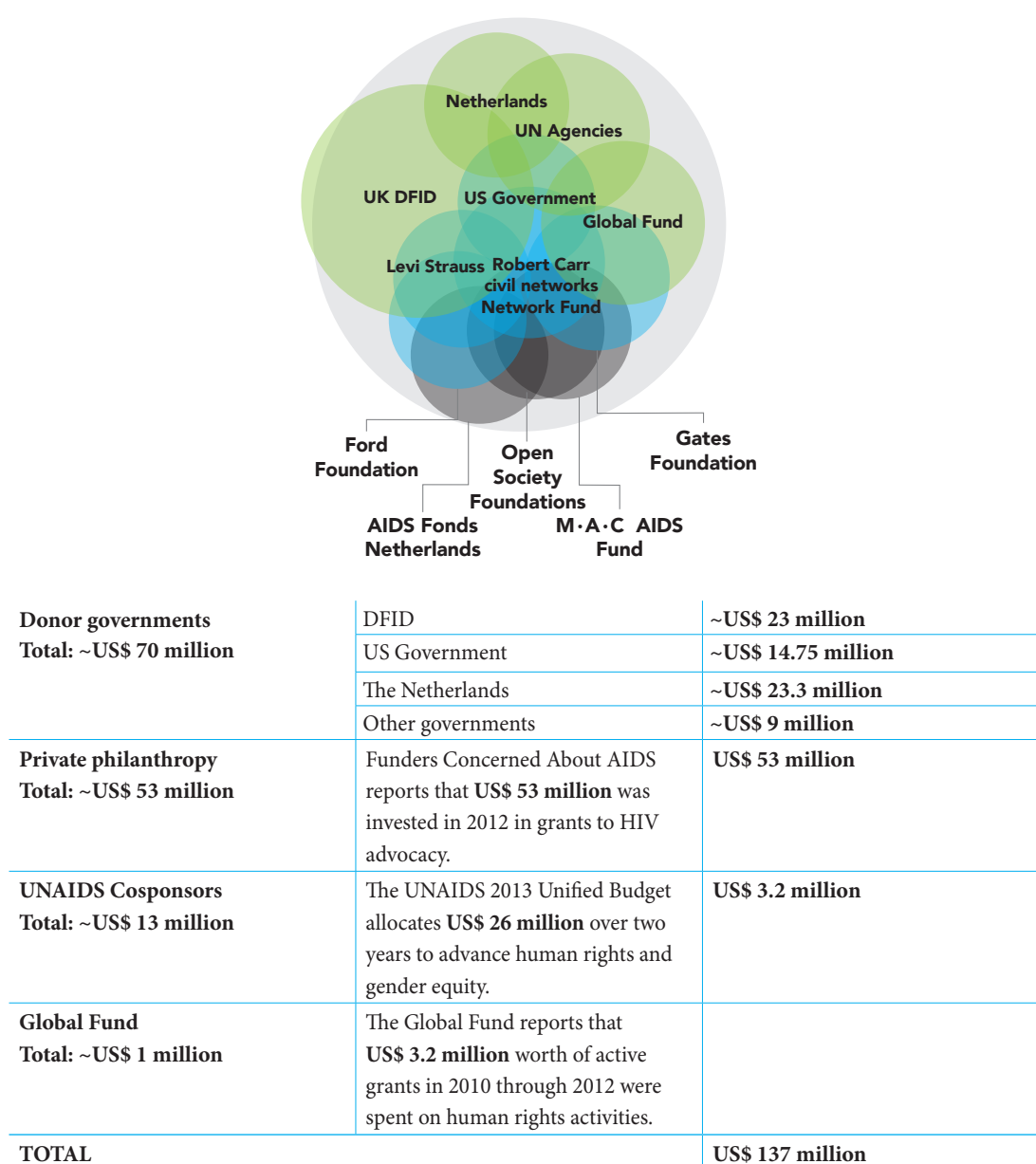
The data on global funding levels for work securing or promoting the human rights of sex workers are scarce. A first attempt to fill this gap was through the 2014 report by Mama Cash, the Red Umbrella Fund and the Open Society Foundations (19). To date, reports and observations stress the fragility of sex worker rights organizations, due in large part to the inaccessibility of funding outside the HIV sector. This suggests that HIV funding is the primary source of support for programming regarding the human rights of sex workers.

The Global Fund has been the single largest funder of harm reduction, approving allocations of approximately US\$ 576 million between 2002 and 2010 (half of it in eastern Europe and central Asia) for programmes dedicated to reach people who use drugs (20). Although it cannot be determined how much of this funding went to human rights-related work and how much went to harm reduction service delivery, several survey respondents from the region expressed concerns that the imminent decrease in support from the Global Fund will defund not only harm reduction, but also related rights education and advocacy programming for people who use drugs.

Funding for the human rights response to HIV: an emerging picture

By analysing the survey data compiled for this report in the context of the complex funding landscape described above, a better understanding begins to emerge of the funding of civil society organizations that are doing HIV-related human rights work. A combination of published data, interviews and survey responses leads to a very rough estimate of approximately US\$ 137 million disbursed annually by traditional HIV funders for human rights-related HIV programming (see Figure 10 below).

Figure 10. Estimated funding for the human rights response to HIV, 2012



These estimates provide some specific information on donor spending levels that can inform future efforts to track funding for the human rights response to HIV. Also, the relatively small allocation for work at the intersection of HIV and human rights affirms the fundraising challenges expressed by survey respondents.

The estimates for Fig. 10 are derived from the analysis of funding for the human rights response to HIV from multilateral agencies, bilateral agencies and private foundations that is presented below.

THE GLOBAL FUND

One of the five strategic goals of the Global Fund *Strategy 2012–2016: investing for impact* is the promotion and protection of human rights. This includes increasing investment in programmes that address legal barriers to access and ensure that Global Fund monies are not used for programmes that infringe upon human rights (5, 6, 7). This strategy is pursued through the Global Fund's new funding model (NFM), which was adopted in 2013 and rolled out widely between 2014 and 2016. The availability of a pool of competitive incentive funding—used to allocate additional funds to requests that make a powerful case for impact based on an investment case—may represent another window of opportunity for funding an appropriate mix of biomedical and structural interventions that is consistent with a Strategic Investment Framework approach.

The Global Fund is an important source of funding for the civil society organizations surveyed for this report, with one out of four reporting that they have accessed funds provided through it. Prior to 2014, the Global Fund did not track its funding for human rights, but a new monitoring and evaluation approach and key performance indicators related to human rights (created as part of the NFM) may improve the understanding of these expenditures.

Previous studies of Global Fund investments have shown that programming to address health-related human rights is often referenced in proposals, and occasionally in initial budgets and work plans, but that it is often omitted during final grant negotiations and seldom implemented (21). An unofficial review of Global Fund spending from 2010–2012 estimated that while US\$ 4.3 million was budgeted for these programmes, only US\$ 3.2 million or so may have been spent. If accurate, that amount represents a small fraction of the Global Fund's overall resources for HIV, tuberculosis (TB) and malaria (22, 23). Limitations of these estimations include difficulties in identifying the human rights programmes in the grants during that specific time period (because human rights programmes were integrated into health interventions and not specifically tracked at that time).

The human rights component of the global strategy, the NFM and its attention to inclusive country dialogues, the investment approach with its critical enablers, the module on legal barriers to access, and the fact that 25% of the civil society organizations surveyed for this report accessed funding—all of these illustrate the huge potential of the Global Fund to be the pre-eminent funding mechanism for HIV and human rights if its human rights strategy is fully implemented.

Desk review and interview results show substantial interest and commitment to ensuring that programmes to support HIV-related human rights are included in Global Fund grants. Examples include:

- Newly issued Global Fund information notes on human rights for HIV, TB, malaria and health systems strengthening grants; addressing sex work, men who have sex with men and transgender people in the context of the HIV epidemic; and harm reduction for people who use drugs. All of these publications were released in 2013–2014 (24).
- Ongoing consultations with relevant civil society stakeholders and a human rights reference group on the implementation of the human rights goals of the Global Fund strategy.
- The development of the Gender Strategy and Key Populations Action Plans.
- Key performance indicators to track the funding directed to human rights programmes and assess the effectiveness of the Global Fund response to (and mitigation of) human rights risks in relation to its grants.
- Requirements and funding aimed at guaranteeing that people living with HIV and other key populations engage more strongly, meaningfully and consistently with Country Coordinating Mechanisms (CCMs). In particular, such efforts are intended to ensure the priorities of these communities are reflected in Global Fund proposals.
- A recent allocation of US\$ 15 million for technical assistance on community, rights and gender as a special initiative over three years (including funding for peer-led technical assistance on community, gender and rights by domestic, regional and international civil society organizations, as well as key population networks) (25).
- Targeted efforts to mitigate the risk of rights violations in grant implementation, including developing human rights standards for principal recipients of Global Fund grants and building the capacity of the Office of the Inspector General (OIG) to investigate human rights complaints in relation to grant activities.

Survey spotlight

- Among survey respondents, 25% reported accessing Global Fund monies for their human rights work.
- None of those respondents are in Africa.

“In its allocation formula, the Global Fund must resolve the conflict between macroeconomic indicators that make a country less eligible for international cooperation, and the reality of the microeconomics of many families, which is still extreme poverty or survival economies.”
– Survey respondent,
Plurinational State of Bolivia

“We fear that in 2016, the Global Fund will end funding for HIV in Ukraine, which will effectively end all funding for HIV prevention, treatment, care and support, including legal services for people living with HIV.”
– Survey respondent, Ukraine

Despite these efforts and opportunities to ensure robust funding of programmes to support human rights, survey and interview respondents report that they are concerned that some factors will hinder the Global Fund's ability to meet its human rights strategic objectives. These factors include the following:

- The long-standing potential tension between the Global Fund's aspirations to fund human rights and its core principle of country ownership. Due to disproportionate influence from governments, the voices and needs of populations most affected by a particular health condition or human rights issue are sometimes ignored or excluded; human rights programming is therefore not sufficiently included in concept notes.
- Although the NFM includes a module on removing legal barriers to access that largely includes the seven key programmes promoted by UNAIDS, it is discretionary and there is no guarantee that it will be applied.
- The Global Fund sought to raise US\$ 15 billion for the 2014–2016 period at its replenishment meeting in December 2013. The pledges received, however, amounted to approximately US\$ 12.2 billion. The impact of these funding levels will stretch resources in all countries, and it may threaten funding for human rights and critical enablers that might not be considered critical.
- The World Health Organization (WHO) HIV treatment guidelines that were revised in 2013 recommend earlier initiation of antiretroviral therapy, which will substantially increase the number of people for whom treatment is recommended. Increased allocation for treatment using Global Fund funds, consequently, may result in less funding for other areas of the HIV response, including addressing legal barriers to accessing HIV-related services.
- The NFM's allocation methodology has set aside 7% of Global Fund funding for middle-income countries with hyperendemic epidemics. This share is much lower than what such countries were eligible to receive under the old funding model; this will result in reduced access to funds for key populations in eastern Europe and central Asia, the Middle East and North Africa, Latin America and the Caribbean (including sex workers, gay men and other men who have sex with men, transgender people, and people who use drugs). In some countries in those regions, the Global Fund has been the only source of funding for human rights and access to services among marginalized and vulnerable populations.
- Despite efforts by UNAIDS and the Global Fund to include civil society and other community-based organizations that are working on issues relating to human rights and key populations—including through the CCM eligibility requirements—these organizations still face significant barriers to having authentic decision-making roles in CCMs (21).
- None of the African HIV and human rights organizations surveyed reported accessing Global Fund monies. This may be an indication of the difficulties experienced by civil society groups working on issues related to human rights and key populations that are criminalized as they seek to influence national strategic plans (NSPs) and Global Fund concept notes (which, under the NFM, are supposed to be based on NSPs).

DONOR GOVERNMENTS

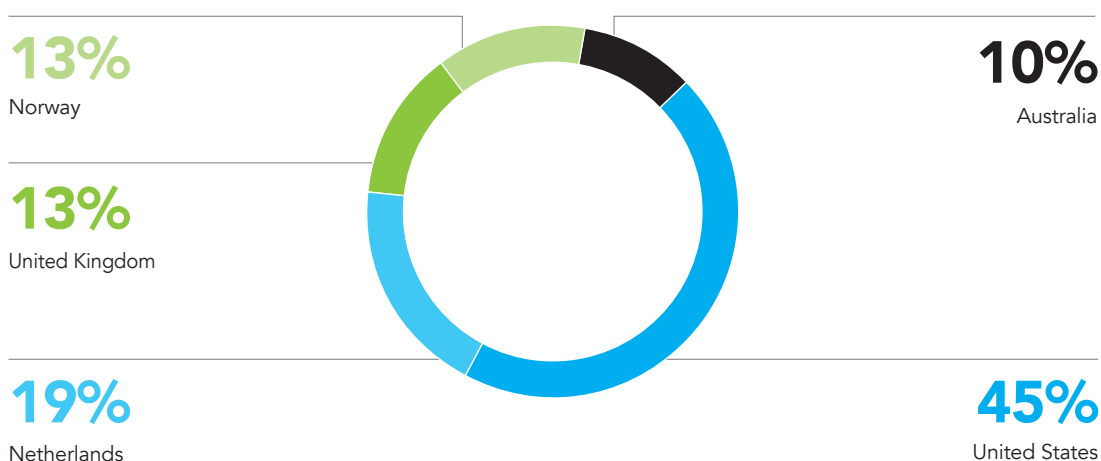
Donor government support for the HIV response over the past years has totalled US\$ 7.86 billion annually. This includes both bilateral funding and support for UN agencies and the Global Fund. Information regarding how much of this funding has been allocated to human rights-related activities is difficult to obtain due to the diversity of definitions of human rights work and activities, as well as a lack of human rights-related indicators to adequately monitor funding activities.

Some 25% of the civil society organizations surveyed for this report, however, did manage to access bilateral funding directly, suggesting that this is a significant source of funding for the human rights response to HIV. Furthermore, findings from the desk review and interviews reveal the following examples of how donor government funding is being channelled toward HIV-related human rights programming.

Of the organizations surveyed, 25% report having accessed funds from bilateral organizations. The United States, the Netherlands, Norway and the United Kingdom are the top four government donors to the HIV response overall, providing 77% of the total funding for HIV-related human rights programmes reported by civil society respondents. (Figure 11).

Figure 11. Donor government most cited by survey respondents as sources of funding

(Respondents were presented with a list of donor governments and asked to check which had provided funds, declined or never been approached.)



THE UNITED STATES

A review of United States Government funding reveals the following expenditures for programmes that include programming to support HIV-related human rights work:

- US\$ 20 million for the Key Populations Challenge Fund to support projects that contribute to sustainable, evidenced-based responses to the HIV epidemic among key populations, including projects that serve to promote “enabling environments” for marginalized populations (27);
- US\$ 7.5 million to the Global Equality Fund (managed by the US State Department), with the goal of advancing LGBTI rights globally (28); and
- US\$ 2 million to the Robert Carr civil society Networks Funds.

Funding policy constraints include a lack of direct funding for lobbying for legislative reform. The US federal law that required private health organizations to denounce sex work as a condition to access AIDS funding was struck by the US Supreme Court on 20 June 2013 (case of *Agency for International Development et al. v. Alliance for Open Society International, Inc., et al.*).

THE NETHERLANDS

Funding for the human rights response to HIV from the Netherlands has remained stable despite significant national budget cuts to international development. Approximately US\$ 550 000 per year is allocated to HIV through contributions to UNAIDS, the Global Fund, WHO and the Stop TB Partnership. Approximately US\$ 13.76 million is allocated to HIV and human rights activities through the country's contributions to those institutions and other projects addressing sexual and reproductive health and rights. Further, the Government of the Netherlands is the primary funder of the Bridging the Gaps programme, contributing US\$ 48 million to a five-year project focused on the health and human rights of key populations (32).

THE UNITED KINGDOM

In addition to the £300 million (US\$ 560 million) that the UK Department for International Development (DFID) spends on average for HIV each year, it also supports HIV through four other funding streams, each of which includes support for HIV-related human rights work (26):

- £6.75 million (US\$ 11.38 million) for the Civil Society Challenge Fund to strengthen the role of civil society, including HIV groups, in reducing poverty among poor and marginalized groups;
- £17 million (US\$ 28.65 million) for the Global Poverty Action Fund to support HIV-related projects to reduce poverty and contribute to the achievement of the Millennium Development Goals (MDGs);
- £4 million (US\$ 6.74 million) for the Governance and Transparency Fund, which supported the work of the Global Network of People living with HIV/AIDS (GNP+) in 11 countries (programme ended in 2013); and
- £549 450 (US\$ 926 000) for the Robert Carr civil society Networks Funds in 2012.

NORWAY

Norway spends approximately US\$ 160 million annually on HIV-related issues (29). The largest share is allocated to the Global Fund, UNAIDS and UNITAID. However, a significant portion of Norway's funding supports civil society through the provision of unrestricted core funding to partner organizations that is based on the quality of their applications and the credibility of the applicant. The ability to reach key populations, women and youth—and to address human rights issues—are the criteria by which applications are assessed. It is thus difficult to specify how much funding goes specifically to HIV-related human rights work (30). Norway's work to establish and provide core support to the Robert Carr civil society Networks Fund is motivated both by the need to reach key populations and to support the advocacy work of regional and global networks.

SWEDEN

Sweden's 2009–2015 HIV policy, *The right to a future*, focuses heavily on programming designed to strengthen respect for human rights and to increase gender equality. It states that “ensuring that human rights—civil and political as well as economic, social and cultural—are guaranteed and complied with is key to efforts to effectively respond to HIV and AIDS. Discrimination and violations of human rights influence both the spread of HIV and people's access to care and treatment” (31). Although the Swedish International Development Agency (SIDA) has described its activities in detail, no specific allocation amounts for human rights activities are presented in its reporting.

UN AGENCIES

The UNAIDS 2012–2013 Unified Budget, Results and Accountability Framework (UBRAF) allocates US\$ 26 million to all Cosponsors over two years as part of its strategic commitment to advance human rights and gender equality. UNAIDS' 2010–2011 UBRAF showed approximately US\$ 19 million allocated for the same purpose.

Although the UBRAF is the primary method for budgeting and tracking funds in this arena, it does not carry out a second-tier assessment to determine if funds allocated for human rights are actually being spent on human rights (33). A further breakdown of UN support for human rights in the context of the HIV response is not available. For example, the UNDP—a lead UN agency on human rights in the HIV response—reports that it does not have a systematic method for tracking how much of its funding for HIV supports human rights efforts (34).

The convening power of UN agencies—along with the high-level advocacy, engagement with government and civil society, and technical assistance that they can provide—makes them important partners for civil society organizations. For example, two survey respondents reported that their participation in UNDP's Global Commission on HIV and the Law boosted their organizational profile and, consequently, their ability to raise funds. In addition, donors report using the Strategic Investment Framework, presented in 2011 and endorsed by UNAIDS, to justify their support of HIV-related human rights programming as critical enablers.

While the UN is technically not a donor, 10% of survey respondents report receiving grants from UN agencies for their HIV-related human rights work. This suggests that a significant number of resources flows from UN agencies to civil society organizations working in this area. For example, the United Nations Population Fund (UNFPA) is the lead UNAIDS agency on funding HIV and sex work programmes, providing technical assistance and small-scale funding to organizations that carry out research and address the health and rights of sex workers. As funding for HIV shrinks, however, representatives of the agency reported during interviews that it is moving away from direct funding, focusing instead on national and global advocacy for creating an enabling environment for sex worker health and rights (35). Two survey respondents report receiving funds from UNFPA.

Survey spotlight

- Among responding organizations, 10% said that they receive funding from UN agencies.
- Among the UN agencies supporting work related to HIV and human rights, the UNAIDS Secretariat was identified as the most frequent funder of this work; UNDP was the second-most frequent funder.
- UN agency funding tended to be allocated to smaller organizations, with those working in sub-Saharan Africa and Asia being the most frequent recipients.

PRIVATE PHILANTHROPY

Data compiled on private philanthropic support for HIV by Funders Concerned About AIDS does not indicate specific funding streams for the human rights aspects of the HIV response. Estimates from available information, however, indicate that private funders in the US and EU spend US\$ 53 million per year supporting advocacy. This is the closest category that can be used for a proxy estimate of funding to support human rights in national HIV responses from this subset of donors (36). Given the significant overlap in grantees that carry out human rights programmes and advocacy work, funding for advocacy is an acceptable proxy, although it is likely to overestimate funding for human rights programmes. The proxy is also acceptable given that US-based private foundations fund programmes that aim to monitor and advocate for law reform through funds for advocacy and rights education.

While private philanthropy only accounts for 5% of funding for the global HIV response, it was cited by organizations surveyed for this report as the most accessible source of funds for HIV-related human rights work. The majority of survey respondents (56%) report receiving grants from private philanthropic agencies, with the Open Society Foundations, Ford Foundation and the Levi Strauss Foundation being the most frequently cited private funders. Some survey respondents report that many private foundations quickly filled funding gaps after the loss of domestic funding. Private foundation support is also cited as a source of funding for controversial work that donor and recipient governments appear reluctant to support.

Survey spotlight

- Among survey respondents, 56% report receiving funding from foundations or other private philanthropic agencies.
- Private philanthropic funding accounted for an average of 61% of the budgets of organizations receiving funding.
- Organizations working in sub-Saharan Africa comprised a large share of survey respondents who reported receiving private philanthropic support, with 30% (21 out of 70) of the groups citing this as a source.
- Survey respondents from the regions of the Caribbean, eastern Europe and central Asia represented the smallest share of responding organizations citing private philanthropy as a funding source.

The following table shows how relatively small amounts of funding from private philanthropies for HIV-related human rights programming (when compared to donor governments) account for a significant amount of funding for civil society organizations surveyed for this report.

Table 1. Funding from private philanthropies for HIV-related human rights programming

Donor	HIV and human rights organizations reporting having accessed funding	Amount of overall HIV funding in 2012 and Funders Concerned About AIDS ranking (36)	Estimated funding for HIV-related human rights work annually
Open Society Foundations*	31% of groups surveyed accessed funds	11 th largest private US HIV funder (US\$ 8.9 million in 2012)	
Ford Foundation	18% of groups surveyed accessed funds	6 th largest private US HIV funder (US\$ 14 million in 2012)	US\$ 6 million
Levi Strauss Foundation*	12% of groups surveyed accessed funds	20 th largest private US HIV funder (US\$ 2.5 million in 2012)	
AIDS Fonds Netherlands	11% of groups surveyed accessed funds	8 th largest private European donor (US\$ 6.8 million in 2012)	US\$ 5.7 million
M·A·C AIDS Fund and M·A·C Cosmetics	10% of groups surveyed accessed funds	2 nd largest private US HIV donor (US\$ 34 million in 2012)	US\$ 6.8 million

* HIV funding streams within both Open Society Foundations and the Levi Strauss Foundation are focused on the human rights response to HIV. Therefore their total HIV funding amounts and estimated funding amounts for HIV-related human rights work are the same.

It is important to note that the Bill & Melinda Gates Foundation, which is the largest source of private funding for the HIV response by far, reports having allocated US\$ 14.7 million to civil society organizations working on HIV and human rights. Only three organizations from the sample accessed this significant pool of funding, although it could be that several surveyed organizations received funding indirectly through the Gates Foundation's contribution to the Robert Carr civil society Network Funds.

AN ANALYSIS OF DONOR AND POLICY TRENDS AND THEIR IMPACT ON THE HUMAN RIGHTS RESPONSE TO HIV

HIV and human rights programming and funding: the increasingly artificial divide

Many of the civil society organizations that participated in the survey work at the intersection of HIV and human rights, regardless of whether they were formed as an HIV organization or a human rights organization. But while the integration of HIV and human rights has been the practice of activists and civil society organizations, donors from both arenas often appear to operate in silos.

The results of the survey and key informant interviews show that a lack of collaboration among HIV donors and more mainstream or traditional human rights donors remains a roadblock when it comes to funding organizations addressing HIV-related human rights work. Several respondents stated that human rights donors assume that the significant global investment in HIV means that there is sufficient funding for the human rights aspects of the epidemic. Others stated that human rights donors seem to see HIV as a health service issue, and therefore they do not engage with HIV donors or provide funding for human rights to HIV organizations.

Three areas of concern were cited by survey and interview respondents in relation to this donor divide:

1. Reduced or static HIV funding is likely to negatively impact funding for programmes and activities that aim to uphold the human rights of key populations: Both human rights and HIV donors interviewed for this report acknowledged that HIV funding and infrastructure have opened up space for human rights work for LGBTI populations, sex workers, people who use drugs and prisoners. One human rights donor noted that grantees in India have long leveraged funding for HIV services to carry out broader human rights campaigns and programming. Indian grantees, however, now fear that reduced HIV funding will have negative consequences for organizations leading human rights and sexual rights work, particularly given conservative trends in politics and laws (such as the recent court-ordered repeal of the ruling to legalize homosexuality). Similar concerns were voiced among implementers and donors working in eastern Europe and central Asia, where HIV organizations have been leading advocacy and services for harm reduction and the rights of people who use drugs, as well as giving a voice to sex workers and LGBTI movements.

Survey spotlight

- Over 53% of survey respondents report accessing funds from non-HIV funders.
- Of the 29% of survey respondents who report that their budgets for HIV and human rights will increase, 68% receive funding from non-HIV funding sources.

“At [private] human rights donor meetings, the issue of HIV is largely absent. The human and sexual rights donor worlds and HIV worlds don’t collide—but they certainly collide when it comes to our grantees.”

– Human rights donor



2. Caught between donor priorities: Donors may fund HIV, human rights or sexual and reproductive health and rights, but they do not necessarily see funding for those issues as being the same as HIV-related human rights funding. One survey respondent relates how HIV and human rights organizations seem to be caught in the middle of different funding priorities, saying “in Indonesia, it’s very difficult to find traditional HIV donors to provide support for HIV-related human/legal rights issues. [At the same time], traditional human rights/justice donors have not seen HIV-related human rights work as a priority for them.”

3. Lack of understanding of and commitment to health and HIV in mainstream human rights organizations: Mainstream human rights organizations often appear reluctant to take up HIV-related human rights issues. This may be due to resources that are overstretched by current mandates, a lack of understanding of HIV-related human rights issues or stigmatizing attitudes toward key populations. As a donor in the Middle East and North Africa notes, “health organizations are desperate for human rights groups to take up their causes; this is not just a funding issue.”

The increase in relying mainly on domestic HIV funding and the commitment to country ownership: challenges for the human rights response to HIV

Some 70% of survey respondents report having never accessed domestic government funding. Those that have accessed domestic funding are in high-income countries and Latin America, where the policy environment for human rights-related HIV responses appears to be more favourable.

Qualitative input from both donors and implementers strongly indicates that in the current context, a robust and authentic human rights response to HIV cannot rely on domestic funding alone—it requires external funding. Based on the data, two main reasons for this emerge:

- Some respondents perceive an inherent conflict—and the potential for undue influence—in accepting government funding for programmes to improve legal and policy frameworks and/or provide legal services to challenge institutional discrimination.
- Domestic government funding for HIV and human rights groups is volatile and highly dependent on politics. This includes the political priorities of legislatures and administrations, as well as the existing—and sometimes constricted—space for civil society.

Results from the survey, key informant interviews and the desk review point to serious challenges in accessing domestic funding for human rights organizations. This is especially acute in middle-income countries that have traditionally relied on Global Fund support for their programmes (e.g. rights literacy and legal services within harm reduction initiatives in Ukraine, or programmes for men who have sex with men in Jamaica). It is also the case in sub-Saharan countries with high disease burden that are now classified as middle-income and are seeing donors pull out as a result (e.g. Angola and Namibia).

The difficulty of accessing domestic funding for human rights work appears to be compounded by the concept of country or ownership in development and funding, particularly in relation to the Global Fund. Country ownership represents important principles, most notably that a country should set its own priorities to drive development and its HIV response. However, country ownership can pose a major challenge to human rights work, with the “country” being equated with the “government.” This is particularly the case when the government in question is uninformed about the need for funding human rights programmes related to HIV; in fact, governments may be hostile to those types of programmes and have policies in place that violate human rights. It may be that the concept of country ownership has in the past contributed to the low level of human rights programmes included in Global Fund grants, but with the new Global Fund Strategy and the NFM, there are efforts to ensure that the voices of civil society are heard and the needs of key populations are addressed as part of country ownership. These efforts include the CCM eligibility requirement for mandatory membership of representatives of key populations, the NGO rule for applications, and support for community mobilization and empowerment. It is hoped that these efforts will result in an increase in programmes that address legal barriers to access to services.

Table 2 shows how a reliance on domestic funding and the concept of country ownership has had negative consequences for the human rights response, regardless of the income level of the country in question.

Survey spotlight

- The 30% of organizations that receive domestic funding tend to be small (51% have annual budgets of less than US\$ 100 000).
- Thirty-seven organizations that have received domestic government funding said that their funding had decreased for both core and HIV/human rights programme costs.

“The call for human rights organizations to seek domestic funding is neither realistic nor sustainable in countries with a poor track record of human rights. Furthermore, domestic government funding for HIV work is not reliable and restricts the freedom of community organizations to pursue human rights and advocacy work.”

*– Survey respondent,
Malaysia*

Table 2 Challenges with domestic funding

High-income countries	Middle-income countries	Low-income countries
<p>Stop AIDS in the UK and the Canadian HIV Legal Network both experienced cuts to their income of 30%–40% as the result of a loss of funding from government when new administrations came into power.</p> <p>Both organizations downsized their staff and diverted funds from human rights work to professional fundraising staff.</p> <p>In both cases, funding gaps were filled by leading private donors in the HIV response: the M·A·C AIDS Fund, Levi Strauss Foundation, Open Society Foundations and the US and UK branches of the Elton John AIDS Foundation.</p> <p>Both organizations report that while funding has now stabilized, they face uncertain futures post-2015.</p>	<p>Organizations working on the human rights response to HIV in middle-income countries report losing external donor support due to the expectation that domestic governments can support the bulk of the HIV response.</p> <p>The majority of these countries have concentrated epidemics among gay men and other men who have sex with men, sex workers and people who use drugs—populations that are marginalized and criminalized by the governments meant to assume responsibility for their health and human rights.</p> <p>It has been documented that the most comprehensive human rights programming in Global Fund proposals tend to come from countries with concentrated epidemics (37). As these countries become less eligible for funding under the Global Fund's new allocation methodology, human rights programming may be under threat.</p>	<p>Organizations from low-income African countries that were working on the human rights response to HIV received the least funding from domestic governments among those surveyed (only three reported receiving such funding).</p> <p>Governments from low-income/high-burden countries may continue to allocate little-to-no funding to human rights programmes due to the combination of restricting funds (including capped country allocations from the Global Fund) and the increased treatment burden resulting from the new WHO guidelines on treatment initiation (38).</p>

Regional efforts often provide funding for national human rights programming that otherwise would not benefit from domestic funding. Of note are some regional proposals that have offered a way for key populations to carry out human rights programming with Global Fund support. Three examples of this are Global Fund grants to the Caribbean Vulnerable Communities Coalition, the Asia-Pacific Network of People Living with AIDS (APN+) and the Eurasian Harm Reduction Network (EHRN).

Policies to promote a human rights-based HIV response: do they lead to more funding?

Largely driven by advocates addressing human rights in the context of HIV, important gains have been made in recent years in putting human rights at the centre of the main global policy and health financing agendas, including those of UNAIDS and the Global Fund, both of which have human rights as critical components of their strategies (5, 7). Both organizations also are following a strategic investment approach to HIV that includes investment in and implementation of critical enablers, including those to address human rights-related barriers to service access.

Even more importantly, in the Political Declarations of 2001, 2006 and 2011, states have made strong commitments to protecting the rights of people living with HIV, women, children and other key populations. They also committed to reviewing laws that act as barriers to health services, and to establishing key programmes to support human rights. Finally, the Independent Global Commission on HIV and the Law issued a report and made many recommendations for how governments can improve the policy, legal and human rights environment in order to enable a more effective HIV response (39).

Ironically, even though the policy base for political, financial and programming investment in human rights in the context of HIV is stronger than ever, financial support for civil society organizations to implement these programmes and to monitor progress on government commitments to HIV-related human rights appears to be decreasing.

However, there are some positive signs that donors, particularly those in the private sphere, have adjusted their funding strategies to align with the strategic investment approach (40). For instance, the M·A·C AIDS Fund, the largest US corporate funder for HIV, is now using the UNAIDS-endorsed strategic investment framework as a lens through which to view and track its global programmes, a large proportion of which address the human rights of key populations as critical enablers. Similarly, the Elton John AIDS Foundation reports that the strategic investment approach has bolstered an increase in funding for key populations, particularly men who have sex with men (40).

Despite this, only one survey respondent directly linked the strengthening of the policy base for human rights work to its ability to continue and sustain programmes.

The impact of the integration of HIV into broader health and rights programming

Thirty-seven survey respondents reported that they felt that the trend towards the integration of HIV into broader health and human rights is the reason for a decrease in their organizational funding levels. Overall, however, the organizations surveyed were more concerned about changes in donor interests, declining funds for HIV and the global economic crisis than they were about integration. These response patterns, together with the fact that 49% of the groups surveyed access non-HIV funding, suggest that integration is well underway, and that it is perceived by survey respondents as presenting both opportunities and risks.

“the Global Commission on HIV and the Law report and the Global Fund talking about the rights-based approach...has given us the tools to justify the work we have been doing for years and the credibility to attract donors. Now we are partners with UNDP, we are well known, and funding comes a bit more easily.”

-Survey respondent, Kenya

HIV and human rights organizations are affected by three trends in HIV integration:

1. HIV integration into primary public health-care systems as part of efforts to strengthen health systems
2. HIV integration into sexual and reproductive health programming
3. HIV integration into other human rights movements (e.g. those for the rights of women, young people, LGBTI and people with disabilities).

Leaders in the HIV and human rights response understand the critical importance of integrating HIV into strengthened health-care systems, sexual and reproductive health and rights, and other human rights and social movements. Looking at health systems strengthening from a human rights perspective, one survey respondent noted that the AIDS movement could claim some credit for influencing governments to strengthen and integrate services in the first place. Studies have documented the positive impact of HIV funding on the overall strengthening of health systems (41).

Interview respondents were both enthusiastic about the integration of HIV across health and rights movements, and cautious about how the pace of integration is being driven by donor priorities. They indicated fears that HIV-focused groups will be defunded if they do not integrate; concerns also were expressed that, as integration moves forward, some of the expertise and rights-based approaches adopted in the HIV response may be lost, or that they might not be incorporated into broader health services delivery.



Table 3 Perceived risks and opportunities of a health and rights integration agenda

Risks	Opportunities
HIV and human rights groups are distracted from their core mission of addressing the continuing impact of the AIDS epidemic on human rights.	Donors support authentic sexual and reproductive health and HIV integration efforts beyond HIV testing in antenatal settings; they take on key issues like contraception, forced sterilization, informed consent, confidentiality and non-discrimination in health care, and access to legal abortion.
HIV innovations—such as clinic-based access to legal services and human rights literacy—are lost with integration into primary care clinics, which tend to take a purely medical approach to the lives of people living with HIV and other patients.	Incorporation of community-based human rights work into government-funded primary care services will provide a more sustainable source of funding.
HIV and human rights groups are required to take on advocacy or policy work in areas where they lack expertise or credibility.	Lessons from the HIV response can be used to transform and further global health rights movements.
HIV groups may not be welcomed in the organic evolution of the human rights movements of women, young people, sex workers, LGBTI people and people who use drugs (among others).	Human rights and HIV funders collaborate to ensure that the space and infrastructure opened for the pursuit of the rights of LGBTI people, sex workers and people who use drugs are protected as funding for HIV wanes.

The following are some examples from the desk review of integration policies that have the potential to both positively and negatively affect the human rights-response to HIV.

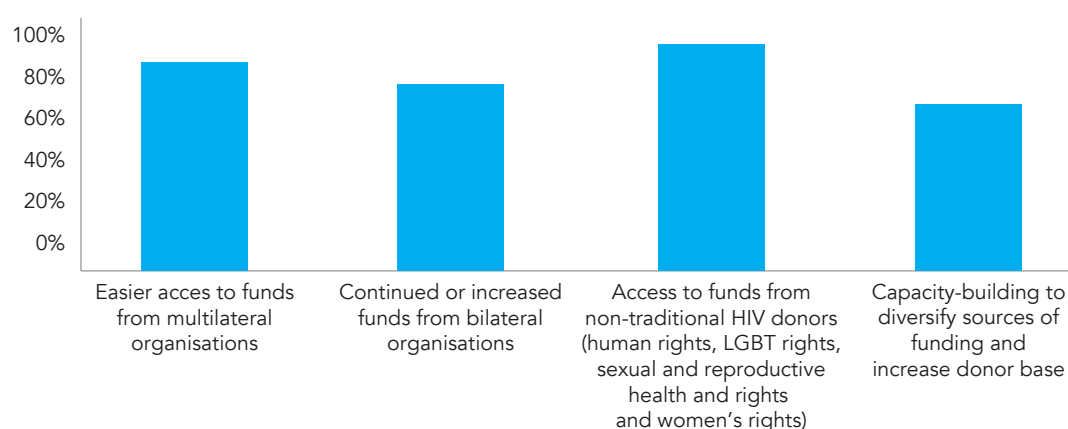
- **SIDA:** SIDA's strategic plan articulates that “the growing ‘push’ towards greater integration needs to be broadened to include more discussion of sexual as well as reproductive health and rights, with an emphasis on sexuality, sexual pleasure, adolescents living with HIV and LGBTI rights” (42).
- **UNDP:** UNDP is the lead UNAIDS Cosponsor for “removing punitive laws, policies, practices, stigma and discrimination,” and it is a co-lead on men who have sex with men and sex workers. In the organizational structure of UNDP, the HIV Practice was recently renamed the HIV, Health and Development Practice, and it began work on non-communicable diseases, tobacco control and neglected tropical diseases in order to broaden UNDP's mandate to embrace “broader health and human rights programs” (43).
- **UNFPA:** UNFPA is the leading UN organization providing technical support to governments on the integration of HIV and sexual and reproductive health. This includes an EU-funded joint programme with UNAIDS in southern Africa that prioritizes addressing the stigma-related barriers to integrated HIV and sexual and reproductive health services for key populations.

It is a testament to the effectiveness of the HIV response that it is seen as a model for addressing the impact of other diseases and for playing a role in driving both health systems strengthening and rights agendas. However, if the transition toward integrated services and rights movements is not planned carefully, some of the civil society organizations that have pushed for integration may become casualties of it.

OPPORTUNITIES TO SUSTAIN THE HUMAN RIGHTS RESPONSE TO HIV

Research for this report paints a picture of a human rights response to HIV that is at risk and struggling to find its footing in a shifting political and funding landscape. When queried on their perceptions of what is needed to sustain the human rights response to HIV, survey respondents highlighted the importance of being able to reach (and access) funds from both non-HIV donors and multilateral organizations, especially the Global Fund (Figure 12).

Figure 12. What is needed to sustain funding for the human rights responsive to HIV?



In this complex context, a few bright spots provide reason for optimism, but only if they are fully funded and operationalized.

The Global Fund's strategies on human rights, gender and key populations

The challenges of realizing globally agreed-upon human rights goals in the context of HIV are extensively detailed above. These challenges need to be understood in the following context:

- The Global Fund is the second-largest funding source for the HIV response (after the President's Emergency Plan for AIDS Relief, or PEPFAR), with billions of dollars to be disbursed.
- The Global Fund can trace its founding to civil society advocacy that demanded an urgent global response to the HIV epidemic during a time when the international community was profoundly neglecting the crisis.
- The Global Fund has a Board-approved strategy calling for increased investment in human rights, gender, community systems and health systems strengthening.
- The human rights components of the Global Fund strategy explicitly call for increased investments in programmes—including critical enablers—that address legal barriers to access.

There is hope and promise that the NFM will result in a significant and increased shift of funding to address legal barriers to accessing health-care services and related, broader human rights goals. As stated above, however, this is not a given if proposal development processes do not meaningfully engage civil society organizations that are addressing explicit human rights concerns, human rights programming is not included in proposals, and actual human rights programmes of sufficient size and coverage are not implemented. Concerted and strategic actions by all stakeholders (both internal and external to the

Global Fund) to monitor its strategy implementation and spending in relation to human rights and other related goals stand to produce the greatest results when it comes to sustaining the human rights response to HIV.

Donor collaboration to promote synergies between HIV and human rights

The last several years have seen the establishment of several donor collaborations designed to maximize shrinking resources for HIV and deploy them effectively. Several of these bring together private and bilateral donors in support of civil society-driven initiatives. While civil society organizations welcome these collaborations, they caution that their effect should be to increase resources beyond what is already provided by the individual donors involved—that is, they should be additive, not simply shifting resources from one funding mechanism to another.

DONOR COLLABORATION TO SUSTAIN HIV-RELATED CIVIL SOCIETY NETWORKS

The Robert Carr civil society Networks Fund was established in 2012 to sustain international and regional networks of people living with HIV and other key populations that advocate for the needs and human rights of inadequately served populations in the context of the HIV response. In the two years since it was established, the Fund has received funding from leading HIV donors in both the private and public spheres—including the Norwegian Ministry of Foreign Affairs, PEPFAR, DFID and the Bill & Melinda Gates Foundation—and it has disbursed US\$ 12 million in 2012 and 2013. Although a relatively new funding source, the Fund already appears to have had a notable impact, as indicated by the fact that 14% of respondents to this survey reported having accessed funding from it.

DONOR COLLABORATION ON HIV AND HUMAN RIGHTS

Several civil society organizations report that as it becomes increasingly difficult to access funding for their HIV-related human rights work, they are exploring entry points to human rights donors using a right to health lens that focuses on sexual rights. They also report having success accessing funds for government accountability and social protection work in relation to health from organizations such as Privacy International and Freedom House.

Three donor initiatives have emerged in the last three years to promote LGBTI and sex worker health and rights, bringing together donors on HIV, LGBTI and human rights issues:

- The Red Umbrella Fund to support sex worker health and rights includes HIV donors (such as the M·A·C AIDS Fund and Comic Relief), women's rights donors (such as Mama Cash) and human rights donors (such as the Oak Foundation).
- The US State Department's Global Equality Fund to support global LGBTI rights brings together HIV donors (such as the M·A·C AIDS Fund), bilateral donors (such as the US State Department and the Swedish government) and LGBTI rights donors (such as the Arcus Foundation).
- Established in 2009, the Global Philanthropy Project is a collaboration of private HIV and human rights funders and philanthropic advisors that aims to expand global philanthropic support to advance the human rights of LGBTI people in the global South and East. Its 14 members include the Sigrid Rausing Trust, American Jewish World Service and the Urgent Action Fund for Women's Human Rights.



DONOR COLLABORATION ON THE INTEGRATION OF HIV AND SEXUAL AND REPRODUCTIVE HEALTH

Survey respondents recognized the imperative to integrate HIV and SRH, and they are actively seeking opportunities to bridge the gap between the rights movements and advocacy efforts associated with them.

- Established in 2009, the Regional Sexual and Reproductive Health and Rights Fund (RSRHR Fund) is a donor–civil society funding collaborative in southern Africa that provides grants, convening spaces and technical assistance to organizations that are intervening at the regional level on priority issues related to HIV and sexual and reproductive health and rights. One of its specific goals is sustaining national and regional human rights organizations and supporting them to integrate their programming into a broader sexual and reproductive health and rights movement. Hivos, the Ford Foundation and the Open Society Foundations support the RSRHR Fund.
- The respective Ministries of Foreign Affairs of the Netherlands and Denmark, in partnership with the Packard Foundation, plan to launch a global Civil Society Fund for Sexual and Reproductive Health and Rights. The Fund intends to support advocacy work for policies to protect and promote sexual and reproductive health and rights, and to secure their recognition as human rights that all women, men and young people everywhere can realize and enjoy safely, without fear of discrimination and violence.

The post-2015 development agenda: integrating human rights, justice and development

Survey and interview respondents—as well as literature reviewed for this report—point to the potential of the post-2015 development agenda for bolstering the human rights response to HIV (among other development issues). In the report that served as the basis of UN negotiations for the post-2015 development agenda, the high-level panel reiterated that justice, human rights, and the rule of law are weapons as powerful as education, health care and housing in the war against poverty. The recently endorsed agenda sets the stage to integrate justice, human rights and good governance goals into the global development agenda, including potentially for HIV. This development has been met with both interest and caution among HIV activists, many of whom fear that HIV will be side-tracked among the multitude of goals and related targets of the post-2015 development agenda.

CONCLUSIONS AND RECOMMENDATIONS

The research and data collection informing this report were commissioned due to indications that the civil society groups that have led the human rights response to HIV—work that has resulted in many of the successes of the HIV response—are under threat of downsizing or disappearing all together.

This report represents a first attempt to assess the funding landscape for the human rights programmes within the HIV response, and therefore there are limitations in the scope and depth of analysis. Subsequent research on funding of HIV-related human rights programmes, including on funding for the civil society-led human rights response to HIV, is necessary to document the gaps and inform advocacy for sustaining the human rights response to HIV.

The weakening or disappearance of the human rights response would be calamitous for the HIV response overall. The promise of ending the epidemic will remain an empty one if civil society—led by people living with HIV and other key affected populations—does not play a vital role in overcoming the social, political, legal and economic barriers that keep people from seeking, securing and adhering to HIV prevention, treatment, care and support.

The survey, key informant interviews and literature review confirm that these threats are real. This is the result of many factors:

- The small amount of dedicated funding from international donors for the human rights response to HIV (some US\$ 137 million annually)
- Static global external funding for HIV, brought on by the global financial crisis and changing donor priorities
- The high costs of expanding HIV treatment being used as justification for decreasing funding flows for HIV-related human rights programming
- Inaccessible domestic resources for organizations that criticize or challenge governmental policies related to the HIV response and/or the rights of key populations
- Low-income countries achieving middle-income or high-income status and having to fulfil more stringent requirements, or becoming ineligible for external funding that had traditionally funded human rights programming
- Donor-driven trends toward integration of HIV into other health programming and rights movements.

There is great promise in the commitment of the Global Fund to increase its funding of programmes to address legal barriers to accessing health-care services through its NFM. Opportunities also lie in the commitments of governments to implement such programmes and in the commitment of UNAIDS to support governments to do so. The fulfilment of these commitments should benefit from dedicated, continuous support, but we are now in an era where there are countervailing factors, among them a trend to medicalize the response into so-called test and treat, and repressive measures in some jurisdictions that are shrinking civil society space and increasing criminalization of key populations affected by HIV. The policy imperatives that place human rights at the centre of the HIV response are clearly articulated—now they must be backed by increased and sufficient resources. To achieve this, it is recommended that:

- **Governments** increase support and improve accessibility of domestic resources, and **donors** increase support to all critical components of the HIV response, paying particular attention to ensuring that sufficient funds are provided for critical enablers, including the human rights-related programmes that are key to the success of the response.

- **Private foundations** continue their essential role of providing critical funds for HIV-related human rights work, including supplementing funding shortfalls in domestic or multilateral funding.
- **The Global Fund Secretariat** continues to work closely with governments, civil society and technical partners to realize and implement fully the human rights components of its strategy, including its current efforts to ensure that (a) technical assistance and support is provided towards the inclusion of human rights programming in country dialogues and concept notes, (b) such programmes are retained in grant budgets and are actually implemented, and (c) the funding amounts for such programmes are monitored on a regular basis.
- **UNAIDS**—in its support of grant implementation and the development of investment cases, national strategic plans (NSPs), Global Fund-related country dialogues and concept notes—ensures that human rights-related programmes are included, costed, budgeted, implemented and evaluated (either as critical enablers or on their own) as part of national HIV responses.
- **UNAIDS, with partners**, improve tools and capacities to track expenditures and cost human rights programmes so that funding of such programmes can be better measured and followed.
- **Existing donor collaborations** that foster synergies between HIV and human rights—such as the Robert Carr civil society Networks Fund, the Global Equality Fund and others—be enlarged in terms of the funding provided and the groups that can benefit in order to provide a greater funding base for HIV-related human rights work.
- **Human rights and HIV donors** work with civil society organizations to optimize the political space and resources that HIV funding has opened for human rights. They also should support HIV organizations working on human rights to integrate into (and benefit from) the funding of broader human rights initiatives and programmes.

ANNEX 1

RESEARCH METHODOLOGY

This analysis and its conclusions were developed based on a desk review of existing donor funding and policy trends, as well as qualitative and quantitative data collection and analysis. The research had two major components: primary data collection and a desk review of secondary data to inform the analysis and derive the funding estimate for the human-rights response to HIV.

PRIMARY DATA COLLECTION

QUANTITATIVE DATA COLLECTION

During the first three months of 2014, an online survey was sent to 265 organizations that a) were working in areas related to HIV and human rights, and that b) met the inclusion criteria. (For more a list of the invited organizations, see Annex 2) The goal of the survey was to reach out to a mix of organizations and advocates with current experience in both HIV and human rights work in order to gather their views about funding trends and challenges in their work (see copy of survey in Annex 3).

THE INVITED STUDY SAMPLE

The 265 civil society organizations were selected through recommendations from leading funders, policy-makers, and international and regional coalitions addressing the human rights response to HIV, including the rights of people living with HIV and other key populations. A summary of UNAIDS' seven key programmes to reduce stigma and discrimination and increase access to justice was provided to these experts, asked to identify organizations that fit one or more of the following criteria:

- Had a primary mission of addressing legal rights and human rights related to HIV
- Had a primary mission of human and legal rights, with significant HIV programming
- Had a primary mission of working on HIV or with key populations, with significant human and legal rights programming.

The intent has been to come up with a survey sample that is truly representative of leaders in the human rights response to HIV.

An initial list of 200 organizations was compiled based on the recommendations. Upon review of this list, an additional 65 organizations were added, primarily at the recommendation of UNAIDS regional support teams. In order to keep the sample limited to groups that met the criteria listed above, researchers did not circulate the survey across listservs; instead, they requested that survey respondents forward it only with advance permission.

Of the 265 organizations invited to participate in the survey, 123 responded (a 46% response rate). Approximately half of respondents responded in English, 29% responded in Spanish, 10% responded in Russian and 9% responded in French.

QUALITATIVE DATA COLLECTION

To complement the information gathered through the online survey, 30 individuals were selected for key informant interviews. They were identified based on their roles as leading donors, implementers, policy-makers and advocates in legal and human rights related to HIV. A total of 13 of these individuals—including representatives of multilateral agencies and mechanisms, bilateral donors, private

foundations, United Nations agencies and implementers of HIV-related human rights programmes—responded to the request for an interview and provided input over telephone or Skype. Interview responses are included throughout the report to provide further context for the survey results and desk review.

DISCUSSION OF METHODS AND LIKELY VALIDITY AND BIASES OF THE DATA

Due to the nature of the selection process, the set of organizations invited to participate in the survey and interview are likely to be well-connected internationally to the HIV response. Furthermore, the responding organizations were motivated to complete the survey, and they had Internet access, fluency in one of four major world languages, and the time and capacity to read and respond. By virtue of taking the time to respond, respondents are more likely than non-respondents to have opinions and biases about funding for the human rights response to HIV, and this may have been an incentive to say that funding is insufficient and should be increased.

These biases are understood, but they are considered acceptable limitations since the intent of this study was to collect data and perspectives from a core group of organizations. Respondents offered objective (albeit selective) data about what is happening in the field, and they also provided subjective opinions about the reasons for the changing landscape and how to respond to it. The experience of this core group provides important insights for the broader fields of HIV and human rights funding.

In terms of geographic balance, language, organization size, thematic focus of work or primary identity of HIV versus human rights, the subset of 123 responding organizations was not significantly different than the larger set of 265 invitees. The responding organizations are thus acceptably representative of the groups targeted for this research.

Further research may consider allotting greater effort and time to developing a more extensive sampling methodology, including a) a longer time for identifying and recruiting respondents, b) recruiting more national partners to help in outreach, c) more open recruitment to encourage and include respondents that may not have regular collaborations with UNAIDS, funders and other leading civil society, and d) more time to track down non-respondents. We can hypothesize that more extensive sampling would result in an even more representative and comprehensive sample of civil society organizations.

DESK REVIEW OF SECONDARY DATA TO INFORM THE ANALYSIS AND DERIVE THE FUNDING ESTIMATE FOR THE HUMAN-RIGHTS RESPONSE TO HIV

METHODS AND ASSUMPTIONS FOR DERIVING THE ESTIMATE

1. Where possible, specific funding amounts for 2012 (or the latest 12-month year) are cited.
2. In some cases, documented funding amounts are for different time periods. In aggregate, even as spending may fluctuate among governments, foundations, UN agencies and the Global Fund, shifts in total global funding happen only gradually. Therefore for the aggregate summary information in the Figure 10 illustrating the estimated funding, all information is described simply as funding per year, with further detail provided in the text of this report.

3. Funding amounts are then adjusted upward based on documented total funding amounts for HIV (such as Funders Concerned About AIDS reports about all HIV grant-making and UNAIDS tracking of overall bilateral funding for HIV).
4. Funding amounts are also adjusted upward based on documented prevailing funding patterns (such as concentration and relative investments by top foundation funders and government funders) in the fields of HIV and human rights.
5. To eliminate double counting, care was taken to ensure that contributions cited by donor governments did not include their contributions to multilateral sources (such as the UN and the Global Fund) or collaborative funding mechanisms (such as the Robert Carr civil society Networks Fund).
6. Given that survey results show over half of respondents access funding from non-HIV funders, it is likely that the amount of funding for the human rights-related HIV programming is higher. The paucity of data on funding for HIV-related human rights from non-HIV donors, however, made it impossible to include them in the analysis.

DETAILS ON ESTIMATED AMOUNTS USED

GLOBAL FUND

- The Global Fund estimated that US\$ 3.2 million were allocated toward human rights in active grants between 2010–2013.
- To arrive at an annual funding amount for HIV and human rights, we divided this figure by three, for a total of US\$ 1 066 666.

DONOR GOVERNMENTS

The desk review and interviews identified the following funding streams from donor governments that had the potential to reach civil society groups working on the human rights response to HIV.

United Kingdom: US\$ 23 million

- In 2012 and 2013, US\$ 46 million was dedicated to three programmes that support human rights and non-profit organizations, including the Robert Carr civil society Network Funds.
- To arrive at an annual amount of funding for HIV and human rights, this figure was divided by two, for a total of US\$ 23 million.

The United States: US\$ 14.75 million

- US\$ 29.5 million was identified for United States government programmes that had the potential to reach civil society organizations working on HIV and human rights.
- In 2012, PEPFAR launched the Key Populations Challenge Fund with a budget of US\$ 20 million. The spending schedule for the budget is unclear.
- In 2011, the US State Department launched the Global Equality Fund with a contribution of US\$ 7.5 million. The spending schedule is unclear.
- PEPFAR contributed US\$ 2 million to the Robert Carr civil society Network Funds in 2013. The spending schedule is unclear.

- These projects are ongoing from the dates they were launched, suggesting that the total funding amounts were not expended in the year they were allocated.
- To arrive at an estimated annual amount of funding for HIV and human rights, US\$ 29.5 million was divided by two, for a total of US\$ 14.75 million.

The Netherlands: US\$ 23.3 Million

- US\$ 23.3 million was identified for programming funded by the Netherlands that had the potential to reach civil society organizations working on HIV and human rights.
- A representative from the Foreign Ministry of the Netherlands estimated US\$ 13.7 million for HIV and human rights activities through the country's investments in HIV and sexual and reproductive health rights programmes.
- The Government of the Netherlands provides US\$ 48 million to Bridging the Gaps, a five-year project focused on the health and human rights of key populations.
- To arrive at an estimated annual amount of funding for HIV and human rights, the contribution to Bridging the Gaps was divided by five, for a total of US\$ 9.6 million a year. The US\$ 13.7 million dollar figure cited by the Foreign Ministry of the Netherlands was added to it, for a total of US\$ 23.3 million.

Other governments

- It was not possible to find verifiable data on additional donor government funding for HIV and human rights.
- The following calculation was made to estimate the amount of US\$ 9 million: the United States, United Kingdom and Netherlands comprise 87% of the bilateral funding for the overall HIV response (US\$ 61 million), with all other donor governments contributing 13% of the total. Assuming the same pattern holds true for bilateral funding for HIV and human rights, the remaining donor government funding would total US\$ 9 million (or 13% of the total of US\$ 70 million).

PRIVATE PHILANTHROPY

- Funders Concerned About AIDS tracked US\$ 53 million in 2012 funding for advocacy from private funders, which is the closest category that can be used for a proxy estimate of funding for human rights from this subset of donors.
- In an email exchange with a Gates Foundation representative, it was estimated that the Foundation contributed US\$ 14.7 million to HIV and human rights in 2013.
- It has been confirmed by Funders Concerned About AIDS that the contribution of the Gates Foundation in 2012 (which was not available) was included in the US\$ 53 million dollar figure.

Therefore, it appears that US\$ 53 million is a reasonable proxy for private philanthropic funding for HIV and human rights.

THE UNITED NATIONS

- The UNAIDS 2013 UBRAF allocates US\$ 26 million to advance human rights and gender equity in 2012 and 2013.
- To arrive at an estimated annual amount of funding for HIV and human rights, this number was divided by two, for a total of US\$ 13 million.

ANNEX 2

Civil society organizations invited to participate in survey

Global	
Global Action for Trans* Equality (GATE)	Global
The Global Forum on MSM & HIV (MSMGF)	Global
Global Network of People Living with HIV (GNP+)	Global
Global Network of Sex Work Projects (NSWP)	Global
Harm Reduction International	Global
HIV Justice Network	Global
HIV Young Leaders Fund	Global
ICW Global	Global
International HIV/AIDS Alliance	Global
International Network of People Who Use Drugs (INPUD)	Global
International Treatment Preparedness Coalition (ITPC)	Global
Red Umbrella Fund	Global
Global North	
Canadian HIV/AIDS Legal Network	Canada
AIDS Action Europe	Europe (region)
European AIDS Treatment Group (EATG)	Europe (region)
TAMPEP International Foundation	Europe (region)
Coalition Plus	France
Stop AIDS UK	United Kingdom
AIDS-Free World	United States
Center for Health and Gender Equity (CHANGE)	United States
Health GAP	United States
Human Rights Watch	United States
Sero Project	United States
Africa	
African Council of AIDS Service Organizations (AfriCASO)	Africa (region)
African Men for Sexual Health and Rights (AMShEr)	Africa (region)
Eastern and southern Africa	
ARASA	Southern and eastern Africa (region)
Centre for Economic Governance and AIDS in Africa (CEGAA)	Southern Africa (region)
Southern Africa Litigation Centre (SALC)	Southern Africa (region)
Scarjov	Angola
BONELA	Botswana
Bar Hostess Empowerment and Support Program (BHESP)	Kenya
Coalition on Violence Against Women (COVAW)	Kenya
FIDA Kenya	Kenya
Healthy Options for Young Men on HIV, AIDS and STIs (HOYMAS)	Kenya
Keeping Alive Societies' Hope (KASH)	Kenya

KELIN	Kenya
Legal Aid Center of Eldoret (LACE)	Kenya
Muslims for Human Rights (MUHURI)	Kenya
Omari Project	Kenya
PEMA Kenya	Kenya
Reachout	Kenya
Survivors	Kenya
Centre for Human Rights and Rehabilitation (CHRR)	Malawi
Centre for the Development of People (CEDEP)	Malawi
Coalition of Women Living with HIV/AIDS (COLWHA)	Malawi
WLSA	Malawi
MULEIDE	Mozambique
AIDS Law Unit, Legal Assistance Center	Namibia
Namibia Women's Health Coalition	Namibia
AIDS Legal Network	South Africa
Her Rights Initiative	South Africa
Rainbow Sunrise Mapambazuko	South Africa
SECTION27	South Africa
Sex Workers Education and Advocacy Task Force (SWEAT)	South Africa
Treatment Action Campaign (TAC)	South Africa
Tshwaranang Legal Advocacy Centre	South Africa
Women's Legal Centre (WLC)	South Africa
SWAPOL	Swaziland
Women and Law in Southern Africa (WLSA) Swaziland	Swaziland
Action Group for Health, Human Rights and HIV/AIDS	Uganda
Center for Health, Human Rights and Development (CEHURD)	Uganda
Uganda Network on Law, Ethics and HIV/AIDS (UGANET)	Uganda
Kimaru—Mama Kiwia	United Republic of Tanzania
Tanzania Sisi Kwa Sisi Foundation	United Republic of Tanzania
Youth Volunteers Against Risky Behaviors (Yovaribe)	United Republic of Tanzania
Friends of Rainka	Zambia
Treatment Advocacy and Literacy Campaign (TALC)	Zambia
Abammeli Human Rights Lawyers	Zimbabwe
Sexual Rights Centre	Zimbabwe
Women and Law in Southern Africa (WLSA Zimbabwe)	Zimbabwe
Zimbabwe Lawyers for Human Rights (ZLHR)	Zimbabwe
Western and central Africa	
RESEAU BENIN SYNERGIE PLUS	Benin
Association Nationale De Soutien Aux Séropositifs Et Aux Malades Du Sida (ANSS)	Burundi
Alternatives Cameroun	Cameroon
Cameroonian Foundation For AIDS (CAMFAIDS)	Cameroon

Réseau sur l’Ethique, le Droit et le SIDA (REDS)	Cameroon
I CHANGE CI	Côte d’Ivoire
Si Jeunesse Savait (SJS)	Democratic Republic of the Congo
Centre for Popular Education and Human Rights (CEPEHRG)	Ghana
The Initiative for Equal Rights	Nigeria
International Center for Advocacy on the Right to Health	Nigeria
Enda Santé	Senegal
Asia pacific	
APN+	Asia pacific (region)
Asia Catalyst	Asia pacific (region)
Asia Pacific Council of AIDS Service Organizations (APCASO)	Asia pacific (region)
Asia Pacific Network of Sex Workers (APNSW)	Asia pacific (region)
Australian Federation of AIDS Organisations	Australia
Centre for Law Enforcement and Public Health (CLEPH)	Australia
Scarlet Alliance, Australian Sex Workers Association	Australia
Ain o Salish Kendra (ASK)	Bangladesh
Bangladesh Legal Aid and Services Trust (BLAST)	Bangladesh
Durjoy Nari Sangha	Bangladesh
Community Legal Education Centre	Cambodia
Women’s Network for Unity (WNU)	Cambodia
Aibai	China
Aibo Legal Hotline	China
Beijing Aizhixing Institute of Health Education	China
Dongjen Center for Human Rights Education and Action	China
Health Governance Initiative	China
International Treatment Preparedness Coalition (ITPC)	China
Justice for All (Tianxiagong)	China
Nanjing Tianxiagong (Justice For All)	China
Prevention and Treatment Advocacy Project	China
Yunnan Daytop Legal Service Project	China
Dignity Pasifika	Fiji
Pacific Islands AIDS Foundation	Fiji
SAN Fiji	Fiji
Ashodaya Samithi	India
Centre for Legal Aid and Rights (CLAR)—Article 39	India
Delhi Network of Positive People (DNP+)	India
Human Rights Law Network (HRLN)	India
Indian Network for People Living with HIV/AIDS	India
Lawyers Collective	India
National MSM and HIV Policy Advocacy and Human Rights Task Force	India
Naz Foundation (India) Trust	India

Sangram	India
Solidarity Foundation	India
Indonesian Community Legal Aid Institute (Lembaga Bantuan Hukum Masyarakat)	Indonesia
Indonesian Harm Reduction Network (JANGKAR)	Indonesia
Indonesian Positive Women Network (IPPI)	Indonesia
Nahdlatul Ulama	Indonesia
PANAZABA	Indonesia
PKBI	Indonesia
Malaysian Treatment Access and Advocacy Group (MTAAG+)	Malaysia
PT Foundation	Malaysia
LGBT Centre	Mongolia
TOP/PSI	Myanmar
Blue Diamond Society	Nepal
Forum for Women, Law and Development (FWLD)	Nepal
New Zealand AIDS Foundation	New Zealand
Kapul Champions	Papua New Guinea
PNG Development Law Association	Papua New Guinea
Action for Health Initiatives (ACHIEVE), Inc.	Philippines
Pinoy Plus Association Inc.	Philippines
TLF Sexuality, Health and Rights Educators Collective Inc. (TLF Share)	Philippines
Aids Access Foundation	Thailand
EMPOWER Foundation	Thailand
Foundation for AIDS Rights	Thailand
SWING	Thailand
Thai AIDS Treatment Action Group (TTAG)	Thailand
Asian Network of People Who Use Drugs (ANPUD)	Thailand (region)
Asia Pacific Alliance for Sexual and Reproductive Health Rights	Thailand (region)
Asia Pacific Coalition for Male Sexual Health (APCOM)	Thailand (region)
Asia Pacific Transgender Network (APTAN)	Thailand (region)
Women of APN+ (WAPN+)	Thailand (region)
Youth LEAD	Thailand (region)
Center for Consulting on Law and Policy in Health and HIV/AIDS (CCLPHH)	Viet Nam
Vietnam Network of People Living with HIV (VNP+)	Viet Nam
Eastern Europe and central Asia	
Eastern Europe and Central Asia Network of PLHIV	Eastern Europe and central Asia (region)
Eurasian Harm Reduction Network (EHRN)	Eastern Europe and central Asia (region)
Hungarian Civil Liberties Union (HCLU)	Hungary
Sex Workers' Rights Advocacy Network (SWAN)	Hungary
Adilet legal clinic	Kyrgyzstan
AFEW Kyrgyzstan	Kyrgyzstan

Association of Harm Reduction Networks (ALE)	Kyrgyzstan
Podruga	Kyrgyzstan
Tais Plus	Kyrgyzstan
Ulukman Daryger	Kyrgyzstan
Voice of Freedom	Kyrgyzstan
GenderDoc-M	Republic of Moldova
Moldovan Institute for Human Rights (IDOM)	Republic of Moldova
Union for HIV/AIDS Prevention and Harm Reduction in Moldova (UORN)	Republic of Moldova
Agora	Russian Federation
Andrey Rylkov Foundation for Health and Social Justice	Russian Federation
E.V.A. Network	Russian Federation
Humanitarian Action	Russian Federation
ITPCru	Russian Federation
Open Medical Club	Russian Federation
Young Leaders Army (YLA)	Russian Federation
Association for Emancipation, Solidarity and Equality of Women of R.M. (ESE)	The former Yugoslav Republic of Macedonia
Healthy Options Project Skopje (HOPS)	The former Yugoslav Republic of Macedonia
All Together	Ukraine
All-Ukrainian Network of Harm Reduction Lawyers	Ukraine
All-Ukrainian Network of People living with HIV/AIDS	Ukraine
Light of Hope Ukraine	Ukraine
The Caribbean	
Caribbean Vulnerable Communities (CVC)	Caribbean (region)
United Belize Advocacy Movement (UNIBAM)	Belize
Amigos Siempre Amigos	Dominican Republic
Society Against Sexual Orientation Discrimination (SASOD)	Guyana
J-FLAG	Jamaica
AIDS Action Foundation	Saint Lucia
Human Rights Association	Saint Vincent and the Grenadines
Family Planning Association of Trinidad and Tobago	Trinidad and Tobago
Latin America	
REDLACTRANS	Latin America (region)
RedTraSex	Latin America (region)
Foundation for Studies and Research on Women (FEIM)	Argentina
Fundación Huésped	Argentina
Lacono	Argentina
Network of Positive Youth and Adolescents	Argentina
Red Argentina de Mujeres Viviendo con VIH/SIDA	Argentina
Red Bonaerense de Personas Viviendo con VIH	Argentina

Boucicaut	Bermuda
Bolivian Network of People with HIV/AIDS (REDBOL)	Bolivia
IDH Delegado Nacional de las Comunidades afectadas	Bolivia
Mesa de Trabajo Nacional (MTN)	Bolivia
Red TREBOL	Bolivia
REDVIHDA	Bolivia
Gestos	Brazil
Grupo Pela VIDDIA	Brazil
Red Hispana de Derechos Humanos en VIH/SIDA y minorías sexuales	Colombia
Agua Buena Human Rights Association	Costa Rica
Equidad	Ecuador
Asociacion Atlacatl Vivo Positivo	El Salvador
Entre Amigos	El Salvador
HIV-Positive Youth Network (Y+LAC)	El Salvador
Red Legal y Su Observatorio de Derechos Humanos, VIH y PEMAR	Guatemala
Pays de Housing Works	Haiti
Amigos Contra el sida	Mexico
Asociación Radinka, A.C.	Mexico
Centro de Investigaciones en Salud de Comitán, A.C.	Mexico
Colectivo Seres, A.C.	Mexico
Colectivo Sol, A.C.	Mexico
COLEGA. O, A.C.	Mexico
Comunidad Metropolitana A.C. (COMAC)	Mexico
INSPIRA CAMBIO, A.C.	Mexico
Jovenes Ciudadanos para la Igualdad, la Salud y Medio Ambiente	Mexico
Karuna Salud y Desarrollo, A.C.	Mexico
Letra S	Mexico
Mesón de la Misericordia Divina, A.C.	Mexico
Promogen por México, A.C.	Mexico
Secretariado Internacional de Pueblos Indigenas y Afrodescendientes frente ante al VIH, /la Sexualidad y los Derechos Humanos (SIPIA)	Mexico
Servicios de Inclusión Integral, A.C. (SEIIN)	Mexico
Teatro & sida, A.C.	Mexico
ICW Latina	Nicaragua
Centro de Denuncias de VIH/SIDA	Paraguay
Movimiento de Trabajadoras Sexuales del Perú/Miluska Vida y Dignidad	Peru
Mujer Y Salud en Uruguay (MYSU)	Uruguay
A. C. Mujeres Unidas por la Salud	Bolivarian Republic of Venezuela
Acción Ciudadana Contra el SIDA (ACCSI)	Bolivarian Republic of Venezuela
Acción Solidaria	Bolivarian Republic of Venezuela
Ases de Venezuela, A. C.	Bolivarian Republic of Venezuela

Asociación Civil Amavida	Bolivarian Republic of Venezuela
AVESA	Bolivarian Republic of Venezuela
CATEDRA DE LA PAZ Y DERECHOS HUMANOS, A.C.	Bolivarian Republic of Venezuela
Conciencia por la Vida	Bolivarian Republic of Venezuela
Diagnostico, Promoción y Exigibilidad de DDHH y VIH	Bolivarian Republic of Venezuela
Fundación Arcoiris por la Vida	Bolivarian Republic of Venezuela
ONG ASOCIACIÓN CIVIL VIHIDAS	Bolivarian Republic of Venezuela
Sociedad Wills Wilde, A.C.	Bolivarian Republic of Venezuela
Middle East and northern Africa	
AIDS Algerie	Algeria
AnisS	Algeria
L'Association El Hayet	Algeria
Al-Shehab Institution for Comprehensive Development	Egypt
Caritas Alexandria	Egypt
Center for development services (CDS)	Egypt
Egyptian Initiative for Personal Rights (EIPR)	Egypt
Egyptian Women's Development Association (EDAW)	Egypt
Freedom	Egypt
Justice and Freedom Program	Egypt
Ma'an Association	Egypt
National Foundation for productive family and society	Egypt
Jordanian Commission for Democratic Culture	Jordan
MENAHRA	Lebanon
The Skoun Association	Lebanon
Skoun Lebanese Addictions Center	Lebanon
Association de Lutte Contre le SIDA	Morocco
OPALS	Morocco
Association Tunisienne de Information et de Orientation sur le SIDA et la Toxicomanie (ATIOST)	Tunisia
Association Tunisienne de Lutte Contre Les MST et le SIDA	Tunisia

ANNEX 3

Survey on funding for civil society organizations working on HIV-related legal and human rights issues

DEADLINE FOR RESPONSES: 15 FEBRUARY 2014

Further to its general survey “Mapping trends in funding for civil society engaged in the response to HIV” disseminated in August 2013, the UNAIDS Secretariat is undertaking a more in-depth survey of the experience of civil society organizations regarding the [availability and sustainability of funding to support their work on HIV-related human rights and legal issues](#).

The work of civil society organizations on HIV-related human rights and legal issues is critical to attaining both human rights and health outcomes in the AIDS response. It is therefore essential to know whether this work and the groups doing it are adequately resourced. Thus, this survey attempts to collect data on the funding situation, including opportunities and obstacles, of civil society groups working on HIV-related human rights and legal issues. The survey results will be shared with those participating and will be documented in a report describing the funding landscape for the human rights response to HIV. It is our hope that the report will also be the basis of one or more dialogues among donors, organizations working on HIV, and UN organizations in the Joint Programme on HIV/AIDS about sustaining the human rights response to HIV.

The survey consists of 20 questions and should take approximately 30 minutes to complete. All responses are confidential, and no identifying information will be used in the final report that is produced. For individuals/organizations willing to be contacted for a follow-up interview, there is an opportunity to provide contact information on the last page of the survey. Providing this information, however, is entirely optional.

The survey is administered, on behalf of the UNAIDS Secretariat, by The Fremont Center, a consulting organization specializing in HIV, human rights and community mobilization (www.thefremontcenter.org). We thank you for your time and inputs. If you have any questions about the survey, please contact Julia Greenberg at Julia@thefremontcenter.org.

1. Please indicate in which region(s) your organization works
(select all responses that are applicable).

- ☐ Southern and eastern Africa
- ☐ Western and central Africa
- ☐ Middle East and North Africa
- ☐ Asia and the Pacific
- ☐ Eastern Europe and central Asia
- ☐ Latin America
- ☐ Caribbean
- ☐ Western Europe
- ☐ North America
- ☐ Global

2. Please indicate what type of activities and programmes relating to human rights and the law your organization engages in and/or provides
(select all responses that are applicable).

- ☐ Stigma and discrimination reduction
- ☐ HIV-related legal services
- ☐ Monitoring and reforming laws, regulations and policies relating to HIV
- ☐ Rights/legal literacy (e.g. helping people to know laws, rights, and legal recourse)
- ☐ Sensitization of law-makers and law enforcement agents
- ☐ Training health-care providers on human rights and medical ethics
- ☐ Reducing gender inequality, discrimination and violence against women in the context of HIV
- ☐ Reducing discrimination against key populations in the context of HIV (e.g. people living with HIV, men who have sex with men, transgender people, sex workers, people who use drugs, migrants, prisoners)
- ☐ Other (please specify) _____

3. Would you describe your organization as more of

- ☐ An HIV organization that undertakes human rights activities and programmes?
- ☐ A human rights organization that undertakes HIV-related activities and programmes?

4. Please provide a brief summary of a successful or unique project or initiative of your organization related to HIV-related human and legal rights (please feel free to include a link to an online description in addition to or rather than the description).

[Descriptions may be used in the report on the results of this survey in which we hope to highlight to donors the important work being done by organizations working on HIV and human rights.]

5. What is the size of your annual organizational budget estimated in US dollars?

- ☐ US\$ 0–25 000
- ☐ US\$ 25 001–50 000
- ☐ US\$ 50 001–100 000
- ☐ US\$ 100 001–500 000
- ☐ US\$ 500 001–1 million
- ☐ Over US\$ 1 million

6. What percentage of your annual budget is allocated specifically to HIV-related human rights and/or legal activities and programmes?

- ☐ Less than 15%
- ☐ 15–25%
- ☐ 25.1–50%
- ☐ 50.1–75%
- ☐ 75.1–100%

7. What percentage of your budget for human rights and/or legal work comes from any of the following sources? (Please select percentage from the drop-down menus; total from all sources should not exceed 100%).

- ☐ National AIDS Programme
- ☐ Other national government health institution/programme
- ☐ Other national institution (not related to health)
- ☐ Bilateral donors (i.e. foreign governments)
- ☐ Global Fund to Fight AIDS, Tuberculosis and Malaria
- ☐ Foundations and other philanthropic organizations
- ☐ Private sector and profit-making enterprises
- ☐ UN-system multilateral organizations
- ☐ Regional multilateral organizations (e.g. EU, AU, OAS, regional development banks)
- ☐ Other, please specify: _____

8. Does your organization receive funding from donors that do not focus on HIV or health (for example, donors that focus on human rights, democracy, governance, rule of law, anti-poverty, development)?

- Yes
- No

If yes, please list such donors

9. Please indicate which of the following institutions or governments have:

- Provided funding to your organization's work on HIV-related human rights and legal issues in the last five years
- Have stopped funding your organization
- Have declined proposals from your organization.

1) provides funding; 2) ceased funding; 3) declined funding

Funding Agencies

- | | |
|---|--|
| – Abbott and Abbott Fund | – Global Fund to Fight AIDS, Tuberculosis and Malaria |
| – African Women's Development Fund | – HIV Young Leaders Fund |
| – Aids Fonds Netherlands | – ITPC |
| – AIDS Foundations East West | – Johnson & Johnson |
| – AIDS LIFE/Life Ball | – Keep a Child Alive |
| – American Jewish World Service | – King Baudouin Foundation |
| – amfAR, The Foundation for AIDS Research | – Levi Strauss Foundation |
| – Bill & Melinda Gates Foundation | – M·A·C AIDS Fund |
| – Bristol-Myers Squibb Foundation | – Mama Cash |
| – Children's Investment Fund Foundation | – Nationale Postcode Loterij (Dutch Postcode Lottery) |
| – Comic Relief | – OPEC Fund for International Development |
| – Conrad N. Hilton Foundation | – Open Society Foundations (including regional foundations, such as OSISA) |
| – Deutsche AIDS-Stiftung | – Red Umbrella Fund |
| – Deutsche Stiftung Weltbevölkerung | – Robert Carr Civil Society Networks Fund |
| – Elton John AIDS Foundation (US) | – Sidaction |
| – Elton John AIDS Foundation (UK) | – Southern African Regional AIDS Trust |
| – European Commission/Union | – Stephen Lewis Foundation |
| – Firelight Foundation | – STOP AIDS NOW |
| – Fondation Total | – The Monument Trust |
| – Ford Foundation | – UN-Women |
| – Foundation "la Caixa" | – UNAIDS |
| – FXB International | – UNDP |
| – Gilead Sciences | – ViiV Healthcare |
| – Glaser Progress Foundation | – Vrienden Loterij (Dutch Friends Lottery) |
| – Global Fund for Children | – Wellcome Trust |
| – Global Fund for Women | |

Governments, including bilateral Funding Agencies

Belgium	The Netherlands
Canada	New Zealand
Denmark	Norway
Finland	Spain
France	Sweden
Germany	Switzerland
Ireland	United Kingdom
Japan	United States of America
Luxembourg	

10. Have there been changes in the level of core unrestricted funding* for your organization in 2012–2013?

- ☐ Core unrestricted funding has increased
- ☐ Core unrestricted funding has decreased
- ☐ Core unrestricted funding has stayed the same

*Core unrestricted funds refers to monies that are not earmarked or designated to a particular programme, but instead support the overall functions and operations of your organization.

11. What percentage of your annual budget is core unrestricted funding?

- ☐ Less than 15%
- ☐ 15–25%
- ☐ 25.1–50%
- ☐ 50.1–75%
- ☐ 75.1–100%

12. Of the above mentioned funding agencies, which provide you with core unrestricted funding?

13. Have there been changes in funding designated for HIV-related legal and human rights activities and programmes at your organization in 2012–2013?

- ☐ Funding for HIV-related human rights and legal activities and programmes has increased
- ☐ Funding for HIV-related human rights and legal activities and programmes has decreased
- ☐ Funding for HIV-related human rights and legal activities and programmes has stayed at the same level

If relevant, please provide additional information or clarification about your answer to question 13.

14. Please indicate the perceived reason for the increase or decrease in funding levels.

(you may choose multiple options)

-
- ☐ Global economic crisis
 - ☐ Change in donor trends
 - ☐ Integration of HIV into broader health and human rights issues
 - ☐ Declining focus on HIV and AIDS
 - ☐ Other _____
-

If relevant, please provide additional information or clarification about your answers to question 14.

15. Do you expect, based on current knowledge, that funding for your activities/programmes on HIV-related human rights and legal issues in the next 12 months

-
- ☐ Will be reduced?
 - ☐ Will be increased?
 - ☐ Will remain the same?

16. Please select the answers that best describe the nature and degree of the impact of anticipated funding decreases or increases.

(you may choose multiple options)

-
- ☐ Will increase capacity to promote/implement human rights activities and programmes
 - ☐ Will decrease capacity to promote/implement human rights activities and programmes
 - ☐ Will likely result in my organization changing its focus
 - ☐ Will likely result in my organization expanding
 - ☐ Will likely result in my organization decreasing in size
 - ☐ Will likely result in my organization closing down
-

If you wish, please provide any additional information, explanation for your answers above.

17. Have changes in donor trends or the HIV landscape in your country or region created any new funding opportunities? Please describe.

18. Please describe any strategies you have employed to sustain funding.
(you may choose multiple options)

- ☐ Reached out to more international donors than before
- ☐ Obtained domestic government funding
- ☐ Obtained domestic private funding (including corporate and individuals)
- ☐ Other

If relevant, please provide additional information or clarification about your answers to question 18.

19. What is needed to sustain funding for the human rights response to HIV?
(you may choose multiple options)

- ☐ Easier access to funds from multilateral organizations
- ☐ Continued or increased funds from bilateral organizations
- ☐ Access to funds from non-traditional HIV donors (human rights, LGBT rights, sexual and reproductive health and rights, women's rights)
- ☐ Capacity-building to diversify sources of funding and increase donor-base
- ☐ Other_____

If relevant, please provide additional information or clarification about your answers to question 20.

Contact information for possible follow-up interview (optional)

Your name _____

Your organization _____

City _____

Country (please select from drop-down menu) _____

E-mail address _____

Telephone number _____

Skype ID _____

I prefer to be contacted by:

- ☐ E-mail
- ☐ Telephone
- ☐ Skype

Thank you for your participation in this survey!

Your responses will help us better understand the funding environment for HIV-related human rights and law work around the world, and strengthen collective advocacy for sufficient and sustainable funding to address human rights and legal issues in the global AIDS response.

REFERENCES

1. Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses. Geneva: UNAIDS; 2012 (available from http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/Key_Human_Rights_Programmes_en_May2012.pdf, accessed 31 July 2015).
2. Data for GARPR Indicator 6.1 on AIDS spending for countries who have submitted expenditure data at least once within the past 5 years, by last available year, UNAIDS.
3. Global report: UNAIDS report on the global AIDS epidemic. Geneva: UNAIDS; 2013.
4. The gap report. Geneva: UNAIDS; 2014 (available from http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf, accessed 31 July 2015).
5. The Global Fund strategy 2012–2016: investing for impact. In: The Global Fund: strategy [website]. 2015 (available from <http://www.theglobalfund.org/en/about/strategy/>, accessed 31 July 2015).
6. UNAIDS and the World Bank Group endorse action points to address extreme poverty and AIDS. In: UNAIDS [website]. Geneva and Washington DC; 15 January 2014 (available from <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/january/20140115wb>, accessed 31 July 2015).
7. Getting to zero: 2011–2015 strategy. Geneva: UNAIDS; 2010.
8. Kerrigan D, Wirtz A, et al. The global HIV epidemic among sex workers. Washington, DC: World Bank; 2013.
9. Email correspondence with Global Fund representative.
10. Kates K, Wexler A. Financing the response to HIV in low- and middle-income countries. Washington, DC: The Henry J. Kaiser Family Foundation; 2012.
11. Gonzalez L. The first to go: how communities are being affected by the global fund crisis. Johannesburg: Open Society Initiative Southern Africa (OSISA) and the Open Society Foundation; 2012.
12. Understanding trends in level and type of funding to civil society engaged in the response to HIV. Geneva: UNAIDS, unpublished.
13. The concept of critical enablers was introduced in a 2011 policy paper in *The Lancet* (Schwartländer et al, available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60702-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60702-2/abstract)) that presented an investment framework for a more effective HIV response. Critical enablers are defined as activities that are necessary to support the effectiveness and efficiency of basic HIV programmes. They include, among others, community-driven engagement activities.
14. Report of the international consultation on HIV-related legal services and rights. Rome: IDLO; 2010.

15. Regulation (EU) No 235/2014 of the European Parliament and of the Council of 11 March 2014 establishing a financing instrument for democracy and human rights worldwide. Official Journal of the European Union, L 77/85.
16. Financial Transparency System (FTS). In: European Commission: Budget [website]. 25 June 2015 (available from http://ec.europa.eu/budget/fts/index_en.htm, accessed 31 July 2015).
17. Arutyunova A, Clark C. Watering the leaves, starving the roots. Toronto: Association of Women's Rights in Development; 2013.
18. The donor landscape for access to justice and health. New York: Open Society Foundations; 2013.
19. Lesbian, gay, bisexual, transgender and queer grantmaking by U.S. foundations. New York: Funders for LGBT Issues; 2012.
20. Report on current state of funding for sex worker health and rights. In: Mama Cash: Where is the funding for sex worker rights [website]. Red Umbrella Fund, Mama Cash, Open Society Foundations, Sexual Health and Rights Program, 2014 (available at www.mamacash.org/redumbrellafund/report).
21. The global state of harm reduction, 2012. London: Harm Reduction International; 2012.
22. Achieving an AIDS-free generation for gay men and other men who have sex with men. New York: amFAR, 2012.
23. Email correspondence with Global Fund representative.
24. In-depth interview with Global Fund representative.
25. Global Fund information note: HIV and human rights. Global Fund; 2013.
26. Global Fund Board decision point, GF/B31/08A, special initiatives.
27. Towards zero infections—two years on: a review of the UK's position paper on HIV in the developing world. London: UK DFID; November 2013.
28. Reaching key populations: essential to achieving an AIDS-free generation. In: DIPNOTE: U.S. Department of State Official Blog [website]. 20 June 2013 (available from <https://blogs.state.gov/stories/2013/06/20/reaching-key-populations-essential-achieving-aids-free-generation>, accessed 31 July 2015).
29. Robert Carr civil society Networks Fund [website]. Amsterdam, 2015 (available from <http://www.robertcarrfund.org/>, accessed 31 July 2015).
30. Norway 2012 HIV/AIDS expenditure report to UNAIDS.

31. Interview with senior advisor in the Norwegian Ministry of Foreign Affairs.
32. The right to a future: policy for Sweden's HIV and AIDS efforts. Stockholm: Sweden Ministry for Foreign Affairs; 2009.
33. Interview with senior health advisor, Social Development Department, Health and Health and AIDS Division, Government of Netherlands, Ministry of Foreign Affairs.
34. Interview with UNDP representative.
35. UNAIDS division of labour. Consolidated guidance note. Geneva: UNAIDS; 2010.
36. Interview with UNFPA representative.
37. Global philanthropic support to address HIV/AIDS in 2012. Washington, DC: Funders Concerned About AIDS; 2012.
38. UNDP, UNAIDS and the Global Fund. Analysis of key human rights programmes in Global Fund supported HIV programs. New York: UNDP; 2010.
39. WHO now recommends that antiretroviral therapy be initiated among patients with CD4 counts of 500 cells/mm³ or less, a step that greatly expands the number of people eligible for treatment.
40. HIV and the law: risks, rights & health. New York: Global Commission on HIV and the Law; 2012 (available from <http://www.hivlawcommission.org/index.php/report>, 31 July 2015).
41. Global philanthropic support to address HIV/AIDS in 2012. Washington, DC: Funders Concerned About AIDS; 2012.
42. Adjei S, Nazzar A, Seddoh A, Blok L, Plummer D. The impact of HIV/AIDS funding and programming on health systems strengthening in Ghana. Amsterdam: Royal Tropical Institute; 2011.
43. NORAD/SIDA. The conceptualization of a regional programme for the integration of sexual reproductive health and rights, and HIV/AIDS prevention, with a focus on young girls. November 2011.
44. Interview with UNDP representative.

ABBREVIATIONS

CCM	country coordinating mechanism
GARPR	UNAIDS Global AIDS Response Progress Reporting
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
LGBTI	lesbian, gay, bisexual, transgender and intersex
NFM	new funding model
NGO	nongovernmental organization
NSP	national strategic plan
PEPFAR	President's Emergency Plan for AIDS Relief
SIDA	Swedish International Development Agency
DFID	United Kingdom Department for International Development
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WHO	World Health Organization



UNAIDS
Joint United Nations Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666
distribution@unaids.org

unaids.org