

SOUTH ASIA AND THE PACIFIC

HIV-related philanthropy to South Asia and the Pacific in 2021:



\$4,777,424
in funding



87
grants



19
funders



6,000,000*
PLWH

As a complement to *Philanthropic Support to Address HIV and AIDS in 2021*, this regional profile provides a new level of data to help inform the advocacy of funders and communities active in the region. To highlight the importance of universal and stigma-free access to healthcare for multiple populations, FCAA invited a grantee perspective from SAATHII—a grantee of American Jewish World Service and others—in India.



The HIV epidemic in India has largely been concentrated among the key populations—MSM, transgender women, sex workers, and people who use drugs. Other at-risk and vulnerable populations include prisoners, long-distance migrants, and truckers, many of whom constitute the “bridge” between key populations and the general population. Intensive efforts of the National AIDS Control Programme (NACP) have resulted in declines in adult HIV prevalence (ages 15-49 years) since the epidemic’s peak at the turn of the millennium, from an estimated prevalence 0.55% in 2000 to 0.21% based on most recent estimates.

Addressing the epidemic requires maintaining vigilant prevention efforts, tracking new pockets of infections, and ensuring comprehensive health and social protection services for those living with or vulnerable to HIV. To support the most impacted communities, HIV has to be addressed within a larger context of marginalization and vulnerabilities resulting from intersecting stigmas based on HIV, nonnormative gender identities and sexuality, and occupations such as sex work. Stigma reduction efforts are needed not just among healthcare providers but also among natal families of LGBTQI+ and gender-nonconforming youth, educational systems, workplaces, police, and the judiciary. It is these structural interventions that can eventually destigmatize HIV and reduce vulnerabilities.

Solidarity and Action Against the HIV Infection in India (SAATHII) was founded as an all-volunteer collective in 2000 and registered as a nonprofit non-governmental organization (NGO) in 2002. SAATHII’s initial efforts focused on drawing attention to the urgent need for ART in the country’s public health program. Over the years, SAATHII’s focus has broadened from an initial emphasis on access to HIV services to a vision of universal access to stigma-free healthcare and social and legal services for communities marginalized on account of gender, sexuality, HIV, TB, incarceration, and other factors.

*This total reflects epidemiological data from UNAIDS which groups the South Asia and the Pacific region and the East Asia and Southeast Asia region into “Asia and the Pacific.”

Headquartered in Chennai, SAATHII has 12 offices around the country and works in all states and union territories.

For nearly 20 years, SAATHII has been working to prevent vertical (mother to child) transmission of HIV (PMTCT). Recognizing that PMTCT services were largely concentrated in government hospitals and clinics, SAATHII engaged with the private healthcare sector, focusing on maternity clinics, professional associations of obstetricians and gynecologists, and large multispecialty hospitals. The work, supported by the Elizabeth Glaser Pediatric AIDS Foundation in four states, was scaled up countrywide in 2015 by the Global Fund in partnership with the government of India, SAATHII, and other civil society organizations. Currently, SAATHII provides technical support to private hospitals and government by screening nearly 16 million pregnant women annually for HIV, initiating pregnant women diagnosed with HIV (about 12,000 annually) on ART, and ensuring early infant diagnosis and other PMTCT interventions in 22 states and union territories to help India achieve the 95-95-95 targets.

SAATHII has also been working with MSM, trans women, and the broader LGBTQI+ communities for

nearly two decades. We've focused on strengthening community collectives and building leadership for advocacy, community monitoring, and health program implementation. The work has been supported largely by private foundations (American Jewish World Service, Astraea Lesbian Foundation for Justice, AmplifyChange [U.K.], and Azim Premji Foundation) and the European Commission.

Over the last six years, these initiatives have helped: (1) reach 26,000+ members with health, legal, and scheme literacy; (2) connect 10,000+ members with legal services, identity cards, and social protection schemes, including employment opportunities; (3) link over 1,000 individuals with LGBTQI-affirming healthcare, including HIV and gender-affirming care for trans persons; and (4) sensitize 16,500+ stakeholders from healthcare, legal, education, and social protection sectors.

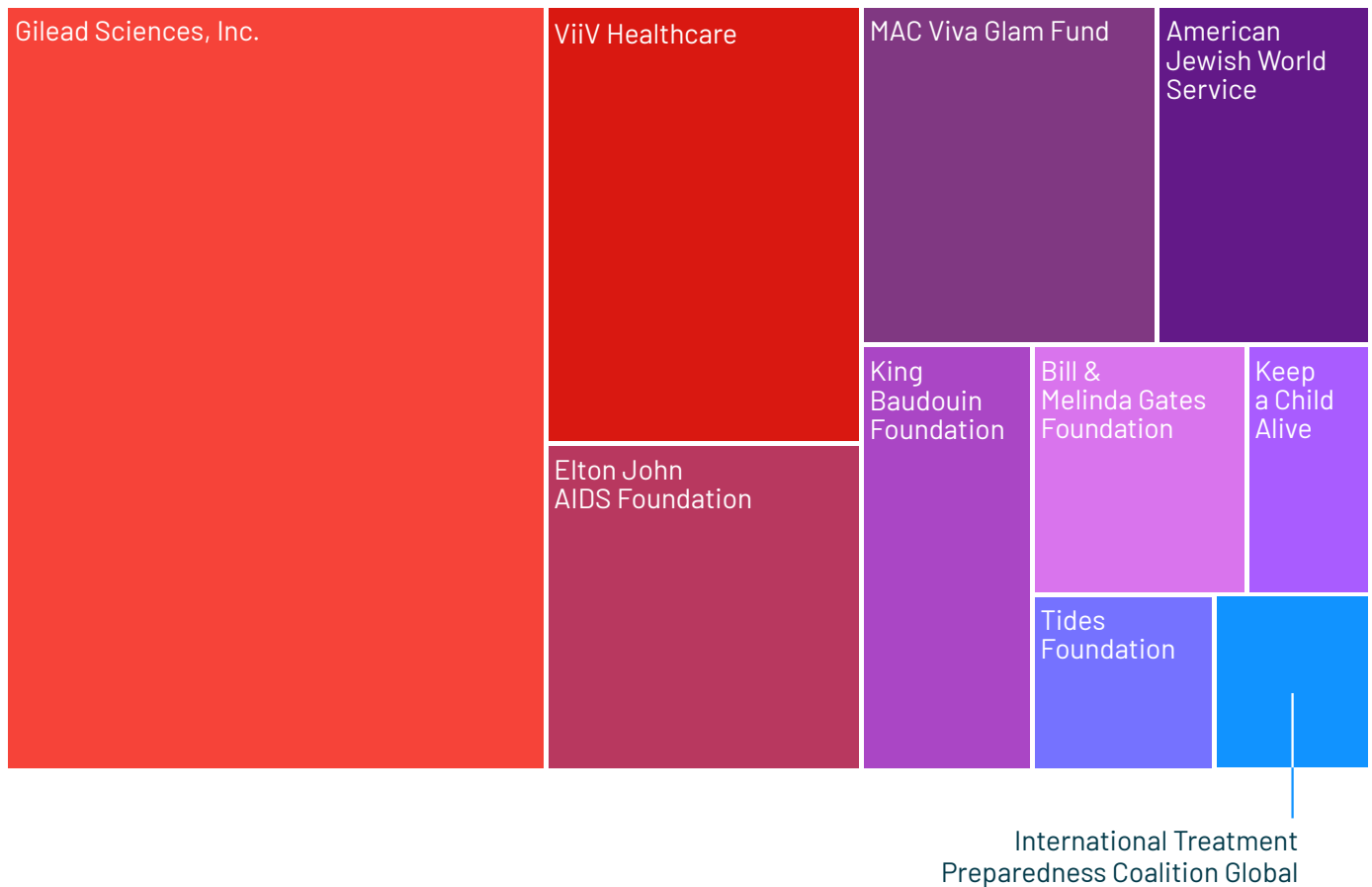
During this period, SAATHII and its community partners have successfully advocated for policy changes and legal verdicts, including (1) the establishment of two free legal aid clinics for trans persons; (2) High-Court judgments protecting LGBTQI+ rights, ensuring LGBTQI+ inclusion in mental health policies of Meghalaya and Tamil Nadu; (3) the issuing of countrywide orders from the National Medical Commission declaring conversion therapy as professional misconduct; and (4) mandating changes in medical curricula to remove inaccuracies and update the content pertaining to LGBTQI+ persons. SAATHII has also contributed to developing LGBTQI+ training modules for nurses, educators, and Supreme Court judges.

◀ **Information-Education-Communication activities among prisoners in West Bengal, India.**

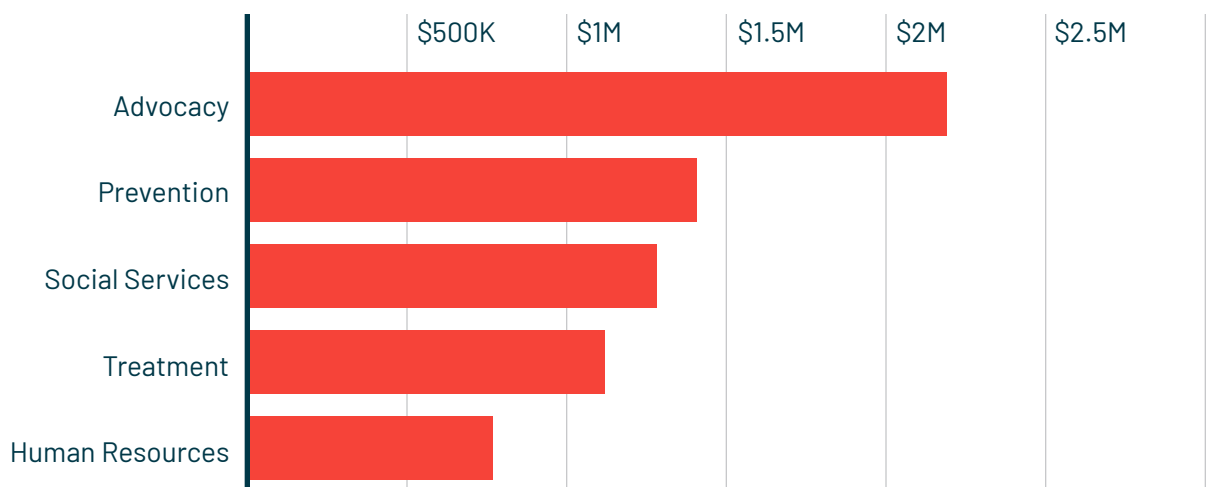
Photo credit: SAATHII



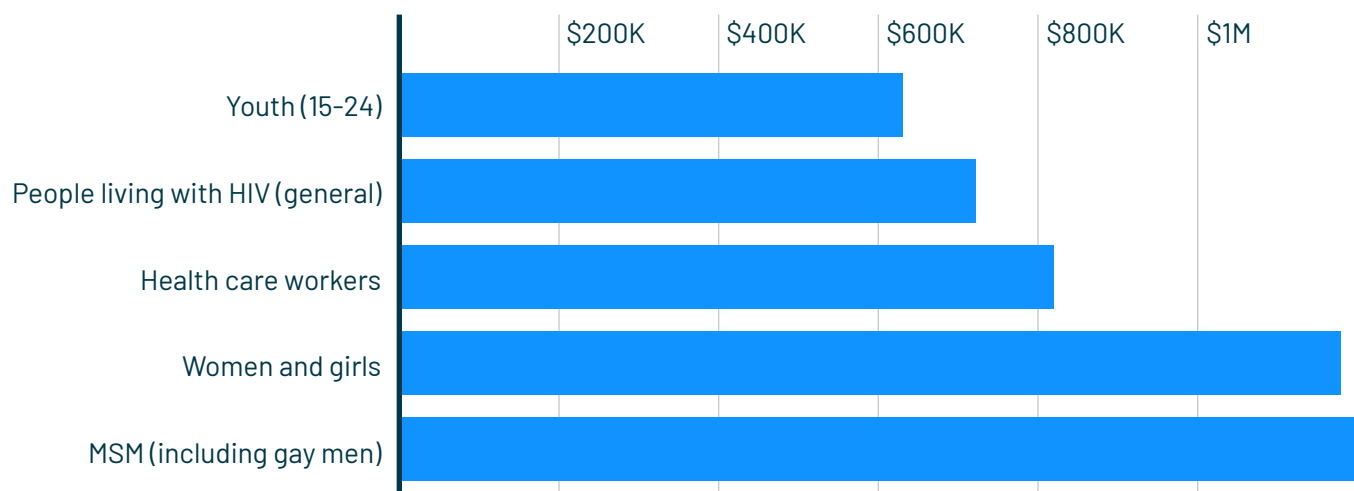
2021 South Asia and the Pacific: Top 10 Funders



2021 South Asia and the Pacific: Top 5 Intended Use of Funding (US\$)



2021 South Asia and the Pacific: Top 5 Populations of Focus (US\$)



COVID-19/Emergency Response funding:
\$947,025



Key populations funding:
\$2,432,875

2021 South Asia and the Pacific: Recipient Countries (US\$)

COUNTRIES	DISBURSEMENTS
India	2,230,016
<i>Regional (non-country specific)</i>	1,006,289
Australia	1,002,235
Nepal	227,108
Bangladesh	113,616
New Zealand	63,195
Bhutan	61,325
Pakistan	50,000
Sri Lanka	33,020

