



Legacy Brief

# FINANCIAL SUSTAINABILITY FOR Key Population HIV Services in Asia:

## Documenting Our Approach, Achievements and Lessons Learned (2022-2025)

*This document is part of a series of legacy briefs capturing key learnings, achievements, and approaches from the SKPA-2 program. This brief focuses on financial sustainability for key population HIV services in Sri Lanka, Bhutan and Mongolia.*

The Sustainability of HIV Services for Key Populations in South-East Asia (SKPA-2) program is designed to improve the sustainability of HIV services for key populations in Bhutan, Malaysia, Mongolia, the Philippines, and Sri Lanka. The objectives of SKPA-2 are to:

1. Accelerate financial sustainability
2. Improve strategic information availability and use
3. Promote programmatic sustainability
4. Remove human rights- and gender-related barriers to services

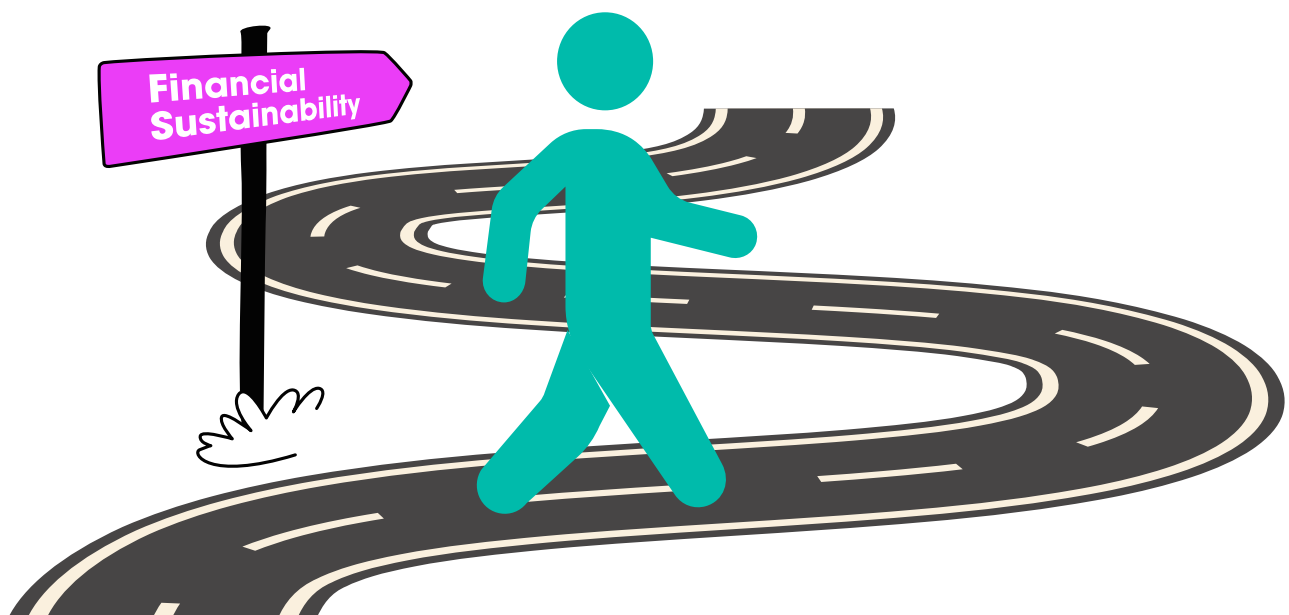
## BACKGROUND

Across Asia and the Pacific, key populations account for nearly 98 per cent of new HIV infections. Yet, most national HIV budgets continue to prioritize general population interventions, leaving programs for key populations dependent on external donor funding. Many countries in the region have reached middle-income status or higher, which reduces eligibility for support from external funding mechanisms like the Global Fund. Consequently, as donor priorities shift and international funding declines, countries are being called upon to increase financial ownership of their HIV responses.

The financial sustainability of HIV services for key populations is critical to sustain and maintain the achievements to date. For years, the Global Fund has enabled community-based organizations (CBOs) to deliver the prevention, testing and treatment services that governments may not fund. The transition to domestic financing is about not only filling funding gaps but also using the process as an opportunity to confront stigma, reform policies and establish social contracting with CBOs. A focused, informed transition is vital for countries to end AIDS as a public health threat by 2030.

Through the Sustainability of HIV Services for Key Populations (SKPA-2) program, Health Equity Matters and its partners set out to strengthen the foundations for long-term financial sustainability in Bhutan, Mongolia and Sri Lanka. These are countries where CBOs are essential to the delivery of HIV services and remain largely dependent on external donor funding.

While the initial Global Fund Request for Proposal required rapid domestic financing within two years, SKPA-2 recognized that sustainability requires time, alignment and trust. The program adapted its approach to each country's political and structural realities, establishing the essential groundwork for sustainability and paving the way for lasting national ownership.



<sup>1</sup> Key populations include men who have sex with men, sex workers, transgender people and people who use and inject drugs.

<sup>2</sup> James Tapa and others, "Financial sustainability of HIV services for key populations in four countries in Asia: A mixed-methods study", *Sexual Health*, vol. 22, No. 3 (May 2025).



# OUR APPROACH

SKPA-2's approach has focused support across four pillars to ensure a multisectoral and multifaceted approach to addressing the financial sustainability of HIV services for key populations, as follows:

**1**

## Professionalization of the Key Population Workforce

SKPA-2 helped to professionalize outreach workers and community health providers so their contributions could be formally recognized within national health systems. This included:

- Development and implementation of a national certification program for outreach workers and peer educators
- Support for social and business entrepreneurship training for key populations

**2**

## Strengthening Organizational and Institutional Readiness of Key Population Organizations

The program built the institutional readiness of key population organizations, ensuring they could meet national standards, access domestic funding and deliver HIV services as part of the broader health system. This included:

- Development and management of an organizational-capacity assessment tool (OCAT) to identify governance, financial management and programmatic gaps
- Delivery of tailored training and capacity-building in response to OCAT findings to strengthen key population organizations, including in financial accountability, proposal development and management/risk
- Securing private clinic registration in Mongolia for health insurance reimbursement eligibility, and securing NGO health service provider registration in Sri Lanka.

**3**

## Generating Data and Cost Evidence to Inform Advocacy

SKPA-2 generated and positioned health and economic data as the bridge between community experience and policy change. This included:

- Leading of costing exercises to quantify resource needs and funding gaps
- Application of Optima HIV modeling to identify the most efficient use of resources

**4**

## Budget Advocacy and Policy/Systems Improvement

The program strengthened the link between community evidence and national decision-making to ensure sustained investment in HIV services for key populations. This included:

- Support for budget-advocacy initiatives that equipped CBOs to engage directly in government budget processes
- Facilitation of policy dialogues and multi-stakeholder forums to align financial planning with national HIV priorities and sustainability goals
- Support for national HIV financing roadmap development to guide long-term investment strategies
- Promotion and provision of technical input into social contracting frameworks that enable governments to fund community-based services directly

<sup>3</sup> Optima HIV Modeling is a software tool that assists users in determining the optimal allocation of HIV resources and coverage levels across programs in specific HIV epidemic settings. SKPA-2 partnered with the Burnet Institute to implement the Optima HIV Model. <https://www.burnet.edu.au/our-work/projects/optima-hiv-modelling/>





# SRI LANKA: SUSTAINABILITY BEYOND FUNDING



In July 2025, Sri Lanka's National STD/AIDS Control Programme achieved a major milestone: a dedicated, recurrent budget line of **16.7 million Sri Lankan rupees** (USD 55,000) for key population HIV services in the 2024 and 2025 national budget.

Prior to this, key population outreach and community-led HIV services in Sri Lanka had depended heavily on Global Fund support. The creation of a domestic budget line reflected a shift toward **shared national ownership** and recognition of the essential role that community organizations play in reaching hidden populations.

Through the SKPA-2 program, Sri Lanka began building the systems and capacity needed to sustain community-led service delivery beyond donor support. Sri Lanka's health system is largely government-driven, so shifting HIV service delivery to CBOs has required both structural and cultural change. The following infographic illustrates our focus on building long-term community organizational capacity – in resource mobilization, management and monitoring and evaluation – and ensuring CBOs meet the requirements for legal registration.



## Professionalizing the Key Population Workforce: National Vocational Qualification Course

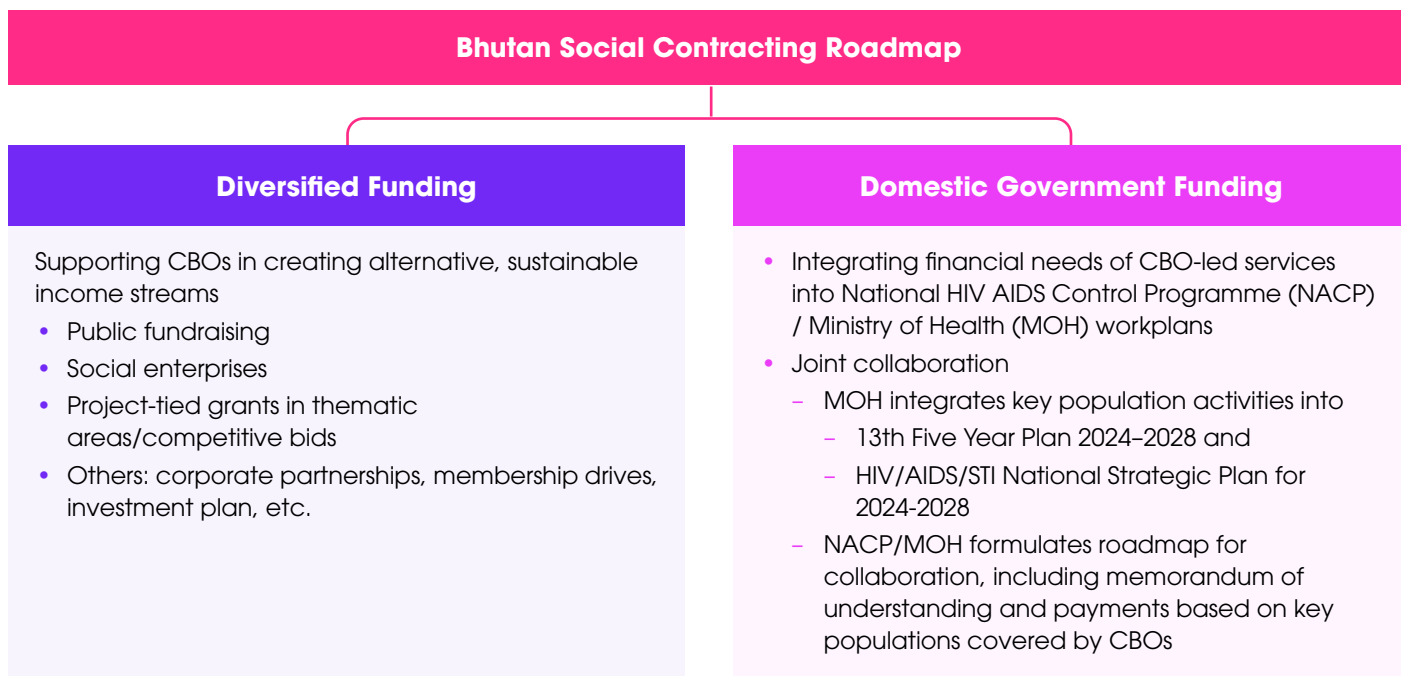
To ensure lasting expertise in the HIV response, SKPA-2 supported the development of the National Vocational Qualification (NVQ) course for key population outreach workers. This initiative recognizes and certifies the experience of staff who have served for more than a decade without formal credentials, establishing a permanent, skilled workforce that is integrated into the national health system. By institutionalizing these roles through NVQ certification, Sri Lanka has ensured that community-led HIV services will remain professional, recognized and resilient long after donor funding ends.





# BHUTAN: LAYING THE GROUNDWORK WITH FLEXIBILITY AND PATIENCE

Bhutan's journey towards sustainable HIV financing reflects its steady, deliberate approach to reform. The country's Social Contracting Roadmap – a domestic funding mechanism developed and led under SKPA-2 – explores two complementary models. The following graphic illustrates this.



However, since the roadmap did not align with Bhutan's five-year planning cycle, the country's highest decision-making body deferred approval to the 2029 14th Five-Year Plan. This decision prompted SKPA-2 to adjust its approach to focus on the foundational elements necessary for future sustainability. Key achievements in Bhutan under SKPA-2 included:

## Bolstering Community Work: Civil Society Organization Recognition

In 2024, the SKPA-2 partner Pride Bhutan, a national LGBT organization, achieved community-based organization (CBO) recognition from the Thimphu Dzongkhag Administration. This is a significant step towards professionalization as the organization works towards full legal registration as CSO, enabling it to open a bank account, manage funds and operate more independently.

## Cultivating Financial Resilience: Basic Social Entrepreneurship Training

To prepare CSOs for long-term self-sufficiency, SKPA-2 facilitated Basic Social Entrepreneurship Training that helped CSOs envision new ways to sustain their organizational mandate beyond donor grants. The SKPA program helped build organization capacity of CSOs/CBOs by providing training on project and financial management, advocacy, legal literacy, and providing support to strengthen organization policies and governance.

## Embedding Expertise: National Standards and Certification Systems for Peer Outreach Workers

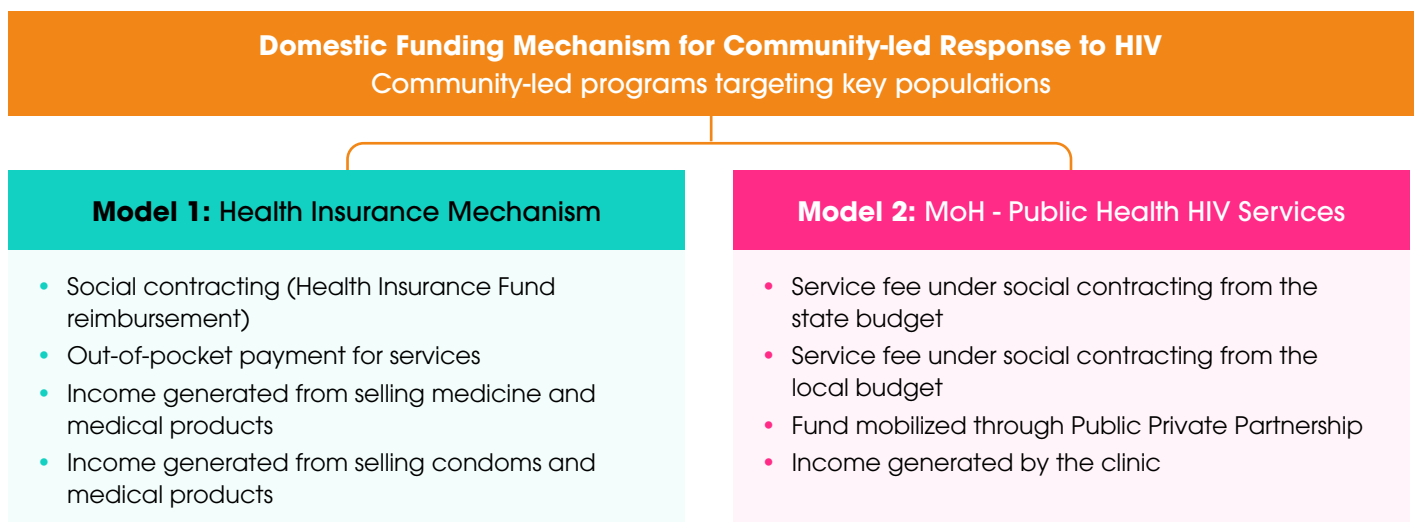
Another key milestone for Bhutan was the development of national accreditation standards for peer outreach workers. These standards grant peer outreach workers recognized qualifications, improving their prospects for government employment and embedding their expertise within the national health system.





# MONGOLIA: DATA-DRIVEN AND COMMUNITY-LED ACTION

Mongolia's path towards sustainable HIV financing is guided by data, evidence and a strong focus on community-led solutions. Under the SKPA-2 program, the Ministry of Health finalized the Domestic Funding Mechanism for Community-Led HIV Response in May 2024. The framework, endorsed by the Technical Working Group in June 2024, introduced two complementary models for domestic financing for the community-led HIV response, shown in the graphic below. The inclusion of a dedicated budget line item is expected to be confirmed when the National Center for Communicable Diseases program budget is published in late 2025.



Key achievements in Mongolia under SKPA-2 included:

## Evidence-Based Planning: Costing Study and Optima HIV Modelling

Between March and June 2024, a costing study analyzed the 2023 financial and operational data of CBOs using an activity-based costing approach. It estimated the total cost of HIV and STI services for key populations at 2.87 billion Mongolian tugriks (USD 840,000). In addition, Optima HIV model analysis showed that optimizing HIV spending – especially by targeting prevention and testing for key populations – could avert 13 per cent of new HIV infections and 3 per cent of HIV-related deaths between 2023 and 2030. Conversely, scaling back prevention efforts could lead to a 51 per cent increase in new infections.

## Building Towards Accreditation: The Solongo Clinic

In February 2025, the SKPA-2 partner CBO Youth for Health Centre established Zemdr LLC to register its Solongo Clinic as a private medical facility, formally recognizing the CBO as a legitimate HIV/STI service provider. This milestone meant that Youth for Health would be eligible to apply for accreditation by 2027, enabling it to join the national health insurance provider network and receive reimbursements for HIV services.



## LESSONS LEARNED

- **Community organizations are central to sustainability.** Strengthening CBOs is transformative. Continued investment in their governance, management and advocacy capacities and their ability to delivery quality HIV services ensures that they can compete for contracts, influence policy and continue serving those most affected by HIV as the funding landscape evolves.
- **Evidence can and must guide the way forward.** Data from costing studies, economic modeling and organizational assessments provides partners and governments with evidence-informed and cost-effective ways forward. It reveals where investments have the most impact, shows the value of prevention and offers a road map for smarter and more equitable financing.
- **Strong foundations secure the future.** Building sustainability means putting systems in place that endure, such as legal frameworks for social contracting and standards for training and certification.
- **Advocate beyond HIV by transforming health systems.** Efforts to influence change must reach beyond the HIV sector. Convincing ministries of health and finance to fund prevention alongside treatment requires evidence, persistence, collaboration and a clear demonstration of impact in line with national priorities.
- **Real change takes time and trust.** Establishing sustainable HIV responses cannot be rushed. Governments and communities need the space to plan within national cycles, within national procurement guidelines for contracting out and adapting to legal and political shifts, while building the relationships that make lasting change.
- **The journey matters as much as the destination.** SKPA-2's experience shows that progress is measured not only in policy wins but in how communities find their voice, how governments listen and how partnerships evolve. Even when not every goal was achieved, the groundwork laid and the change in mindset established a powerful and sustainable precedent for an inclusive community-led HIV response.



The Sustainability of HIV Services for Key Populations in Asia – 2 (SKPA-2) is a three-year project funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria under Agreement No. QSA-H-AFAO for the period 1 July 2022 to 31 December 2025. SKPA-2 is implemented by Health Equity Matters as the Principal Recipient, in collaboration with the following subrecipients: Action for Health Initiatives (ACHIEVE Inc.), APCOM Foundation, The Family Planning Association Sri Lanka (FPASL), International Community of Women Living with HIV Asia & Pacific (ICWAP), Save the Children Bhutan and Youth for Health Center.

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