Advocacy Brief

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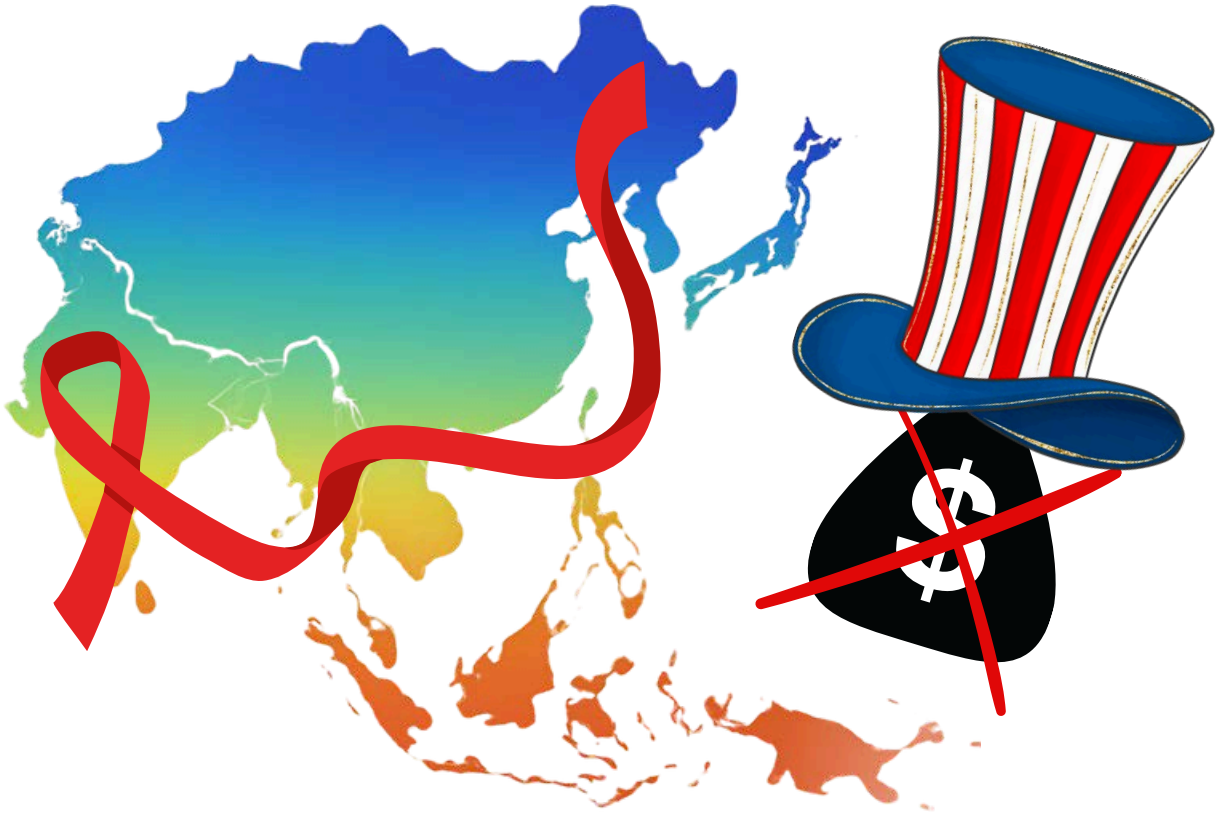
The Human Cost of the US Policies on LGBTQI Communities in Asia-Pacific: Regional Finding from the 2025 Funding Freeze



Shimanto lives in Rangpur and relied on community-based services for mental health support, sexual health consultations, legal aid, and access to condoms. When funding was suspended, all services stopped. *"I no longer receive mental health support. I cannot consult a doctor about my sexual health. When I try, I am mistreated or disrespected."*

Their safe community spaces disappeared, and fear of discrimination now prevents Shimanto from seeking care in public facilities. *"Many of us are suffering in silence. Without support, people will become even more vulnerable."*

Shimanto (21), Non-Binary, Bangladesh

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Executive Summary

The 2025 US government funding freeze has triggered a far-reaching crisis for LGBTQI communities across the Asia-Pacific region. What began as an administrative and political decision with the US government Foreign Aid Freeze Executive Order on January 20, 2025, and the USAID Stop Work Orders issued on January 27, 2025, has rapidly evolved into a humanitarian, public health, and human rights emergency.

As a result, LGBTQI organisations throughout Asia and the Pacific—many of which operate as the sole providers of affirming health care, legal aid, shelter, psychosocial support, and HIV services—have been forced to suspend or terminate services with little or no notice. This brief synthesizes evidence from country reports, focus group discussions, and human stories collected across South Asia, Southeast Asia, and the Pacific. It documents not only institutional disruption but the lived consequences for individuals whose survival, dignity, and safety depend on community-led services. Transgender people, young LGBTQI individuals, sex workers, migrants, refugees, and people living with HIV have been disproportionately affected.

Furthermore, the funding freeze has exposed the structural fragility of LGBTQI civil society, which has long been underfunded in the region, politically targeted, and excluded from domestic financing mechanisms. Without urgent donor interventions, the region risks irreversible setbacks in HIV prevention, mental health outcomes, human rights protections, and community trust built over decades. This advocacy brief calls on donors to act decisively through emergency and medium-term funding, flexible grantmaking, and long-term partnership with LGBTQI-led organizations.

Introduction

At the end of January 2025, the US government announced a foreign aid freeze and issued a Stop Work Order (SWO) for all USAID funded projects and programmes. The announcement came as a surprise for most organisations and with limited communications or guidance from the US government, its consequences were not immediately clear. It didn´t take long as by April 2025 almost all but a few programmes and projects were ended. US funding streams were strategically important throughout the region and agencies like USAID, programmes like U.S. President's Emergency Plan for AIDS Relief (PEPFAR)[1], and specific initiatives such as the State Department's Bureau of Democracy, Human Rights, and Labor[2] and the Global Equality Fund have provided crucial support to many LGBTQI organisations and communities in the region.

As the USA was the largest donor in absolute donor amounts for Official Development Assistance (ODA) and humanitarian aid, the gap left as a result of its withdrawal was enormous. This combined with the budget cuts or changes in strategy by other long-term donors, created a perfect storm for LGBTQI communities and organizations in the region. One year after the US funding cuts, we take a step back and look at the current health and human rights landscape for LGBTQI communities in Asia and The Pacific.

[1] PEPFAR-Supported Countries and Regions https://2021-2025.state.gov/pepfar-supported-countries-and-regions/

[2] US DRL https://2021-2025.state.gov/policy-issues/human-rights-and-democracy/

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The Regional Context in 2025: LGBTQI Communities at a Crossroads

Across the Asia-Pacific region, LGBTQI communities are operating in an increasingly hostile global environment. The rise of anti-gender and nationalist conservative political movements has directly translated into:

- Criminalisation or renewed enforcement of laws against same-sex relations and gender expression such as in Kazakhstan, Afghanistan, the attempts to roll back the transgender act in Pakistan or the new Indonesian penal code which comes into effect in 2026 with vague provisions that can be used against LGBTQI people.
- Attacks and violence, sometimes state-sponsored against LGBTQI people, human rights defenders and/or their organisations. The raids against spas in Malaysia, of private parties in Indonesia and the closure of LGBTQI organisations in China are just some examples of the hostilities faced by the community.
- Increased censorship, surveillance, and restrictions on foreign-funded civil society. Under the disguise of anti-terrorism legislation or for national security purposes, some draconian laws have passed such as the Foreign Contribution Regulation Act in India or the ban on foreign funding for major community events like Pink Dot in Singapore.

In several countries, LGBTQI organisations mainly advocating and working on human rights issues are publicly framed as threats to culture, religion, or national security. Foreign funding—especially from Western governments or NGOs—has become politicized and weaponized, placing organisations at heightened risk. Fortunately, the funding for health and HIV interventions could still reach communities, though the picture changed dramatically.

Looking at some data, an informed estimate of how many LGBTQI people in Asia and the Pacific are dependent on HIV and HIV-related health services, based on regional UNAIDS and AIDS Data Hub reporting[3]. Exact figures are not published due to data limitations, but robust proxy estimates are available. Based on UNAIDS regional data, key populations account for a substantial and growing share of people living with HIV in Asia and the Pacific, particularly among new infections. Using a conservative assumption that approximately 30–50% of people living with HIV in the region are from LGBTQI-linked key populations (especially gay men, other MSM, and transgender people), this implies an **estimated 2.0–3.5 million LGBTQI-linked individuals who are living with HIV or dependent on HIV-specific health services in the region**.

Public health data in the region generally does not disaggregate HIV data by sexual orientation or gender identity. Instead, UNAIDS and national programmes use the category of 'key populations', which strongly overlaps with LGBTQI communities.

- Gay men and other men who have sex with men (MSM)
- Transgender people
- Sex workers (including many LGBTQI individuals)
- Sexual partners of key populations
- People who inject drugs

Regional estimates show that coverage of HIV prevention and treatment services for key populations remain low, indicating large numbers of people who depend on targeted HIV services but are not fully reached, such as gay men and other MSM with an estimate of 32% median prevention coverage and transgender people with an estimated 38% median prevention coverage.

[3] Exact figures are not published due to data limitations, but robust proxy estimates are available.

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Above data and numbers mean that the HIV funding gap in Asia and the Pacific is significant, driven by steep cuts in international aid and heavy reliance on external support for crucial prevention programs, creating a major shortfall against needed resources, especially impacting key populations like MSM, transgender people, other LGBTQI people, sex workers and people who inject drugs, with some countries facing severe disruptions to services due to funding freezes, despite increased domestic contributions in some large nations. While domestic funding rose, it isn't enough, and major donors are reducing aid, leaving many countries critically under-resourced to meet 2025 targets, risking reversal of progress.

Governments in the region rarely allocate resources to LGBTQI-specific services or work, and in many cases actively oppose them. Private philanthropy remains nascent, risk-averse, or inaccessible. As a result, international donor funding has been essential to:

- Establish community-led HIV prevention and treatment programmes
- Provide mental health and psychosocial care where public systems fail
- Offer legal aid, emergency shelter, and violence response
- Sustain advocacy, monitoring, and leadership development

For many LGBTQI people, foreign donor-supported programmes were not complementary—they were the only option.

What Changed: Understanding the Funding Freeze

The US funding freeze undermined core principles of responsible development and do-no-harm programming by abruptly withdrawing support from essential services and partnerships without adequate transition planning, risk mitigation, or consultation with affected communities. Development programming is premised on predictability, trust, and continuity; sudden funding suspensions disrupted health care delivery and protection services, often in fragile settings where alternatives were limited or non-existent.

From a do-no-harm perspective, the freeze exacerbated existing vulnerabilities by exposing communities to increased health risks, economic instability, and protection gaps. Local partners and frontline organisations—many of which had built operations around US commitments—were forced to scale down or shut services, lay off staff, and breach obligations to beneficiaries, eroding community trust and institutional capacity built over years. In some contexts, these disruptions heightened tensions, reinforced inequalities, or created space for anti-rights or anti-LGBTQI actors to fill the vacuum.

Responsible development also requires accountability to local actors and respect for locally led systems. The funding freeze shifted financial and operational risk downward to implementing partners and communities least able to absorb shocks, contradicting commitments to localisation, sustainability, and ethical partnership. Moreover, the lack of transparent criteria, timelines, or exemptions weakened planning and coordination, reducing the effectiveness and increasing the likelihood of unintended harm.

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Scale of Dependence and Systemic Shock

While not all LGBTQI organisations received direct US funding, many were deeply embedded within broader civil society and service-delivery ecosystems that depended on US-supported programmes. These ecosystems included health providers, legal aid organisations, community-based protection actors, and advocacy networks that relied on interconnected funding streams and coordinated implementation models. When US funding was abruptly frozen, the effects rippled outward, destabilising these interdependencies even for organisations that had never held a direct grant. The sudden withdrawal fractured long-standing partnerships and undermined collective capacity built over years of coordinated programming.

In practical terms, the freeze triggered the collapse of sub-granting arrangements that enabled smaller, often informal or high-risk LGBTQI groups to operate under the administrative and legal cover of larger organisations. It also led to the loss of pooled funding mechanisms and shared services. As larger anchor organisations downsized or closed programmes, these shared infrastructures disappeared, leaving smaller LGBTQI organisations isolated, under-resourced, and exposed to heightened operational and security risks.

The disruption extended across referral networks linking health, legal, and social services, many of which are essential lifelines for LGBTQI individuals facing discrimination, violence, or criminalisation. Breakdowns in these networks meant interrupted access to HIV services, mental health support, emergency shelter, and legal representation, often in contexts where alternative pathways do not exist. The result was a systemic shock that far exceeded the monetary value of individual grants: it weakened entire support ecosystems, eroded trust between communities and service providers, and reversed hard-won gains over decades of work in inclusion, protection, and resilience for LGBTQI populations.

Organisational Impact: From Precarity to Crisis

APCOM and its partners conducted rapid assessments to document the immediate and cascading impacts of the funding freeze and the sudden disappearance of resources for health, HIV, and human rights programming across the region. LGBTQI-led organisations consistently reported severe operational disruptions, including immediate staff layoffs. Essential community infrastructure—such as clinics, drop-in centres, and safe spaces—was forced to close, while core HIV services including outreach, PrEP distribution, ART linkage, and treatment adherence support were abruptly suspended. These cuts also eliminated stipends and income for peer educators and informal workers, undermining livelihoods that many relied on for survival.

In an urban clinic serving transgender and queer communities, a peer outreach worker lost her job overnight when funding was frozen. The clinic closed within weeks.

"This job was not just income—it was dignity. We knew our community. People trusted us. Now they don't know where to go." Former clients continue to call her directly for ART refills, counseling, or referrals she can no longer provide.

A Transgender Outreach Worker, India

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Beyond service delivery, the funding freeze has dismantled years of strategic investment in community systems and leadership. Programmes focused on advocacy, research, documentation, and accountability were halted midstream, weakening the ability of LGBTQI communities to engage policymakers, monitor rights violations, and generate evidence for inclusive health responses. Highly skilled staff—often members of the very communities most affected by HIV and criminalisation—are exiting the sector entirely due to prolonged financial insecurity and burnout. This loss of institutional memory, technical expertise, and lived experience represents a profound setback that cannot be quickly reversed even if funding resumes.

A youth-led organisation working on leadership development and mental health support was forced to suspend all programming. *"Young people were finally finding their voice. Now the spaces are gone, and fear is coming back. Mentorship programs, peer support groups, and advocacy training have ceased, creating a leadership vacuum that may last years¨.*

LGBTQI Youth Leader, Sri Lanka

The sudden closure of services has also caused deep harm to trust between organisations and the communities they serve. Many community members now perceive organisations as unreliable or unsafe, despite the fact that service interruptions were entirely beyond their control. For populations already facing stigma, criminalisation, and healthcare exclusion, the loss of consistent and trusted points of care increases vulnerability to HIV, mental health distress, and violence. Rebuilding this trust will require sustained time, resources, and political commitment—highlighting that the true cost of the funding freeze extends far beyond short-term financial gaps to long-term damage to community resilience and public health systems.

HIV ART prescribers and community trackers reported being told to stop work immediately, despite caring for patients dependent on daily medication adherence.

"People living with HIV trusted us. Now there is a gap. More people will default. More people will get sick."

Community Health Workers, Papua New Guinea

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Effects of Funding Cuts on Health, Safety, and Rights

The effects of the cuts on health, safety and rights will be deep and long-term. Disruptions to HIV prevention and treatment services produce well-documented and predictable public health outcomes. The suspension of outreach, testing, PrEP provision, and treatment adherence support increases the risk of new HIV infections, particularly among key populations already facing heightened vulnerability. Interruptions to antiretroviral therapy (ART) lead to viral rebound and the potential development of drug resistance, undermining both individual health outcomes and broader efforts to control the epidemic.

Over time, these disruptions result in significantly higher treatment costs for governments, as advanced illness and second- or third-line regimens place greater strain on public health systems. Compounding this crisis, mental health services—already limited in many settings—have been drastically reduced, exacerbating risks of depression, anxiety, self-harm, and suicide among LGBTQI communities experiencing heightened instability and isolation.

Funding cuts have also dismantled critical violence prevention and response mechanisms that many LGBTQI people depend on for survival. Legal aid services, emergency shelters, crisis hotlines, and psychosocial support programmes have been scaled back or eliminated, leaving survivors of violence with little or no recourse. This creates particularly dangerous conditions in contexts where LGBTQI people face family rejection, criminalisation, police harassment, or mob violence.

For example, as reported by the Tonga Leitis Association (TLA) in Tonga, one of TLA's most critical initiatives was a shelter providing housing and care for homeless LGBTQI youth and, crucially, elderly Leiti, but with the termination of US funding, TLA was forced to make the agonizing decision to close it. Eighteen vulnerable residents, many elderly Leiti and requiring ongoing care, had to be relocated, often into the homes of TLA members themselves. Without trusted referral pathways or trained responders, incidents of abuse are more likely to go unreported and unaddressed, reinforcing cycles of violence and impunity. The absence of protection services not only increases immediate physical risk but also deepens long-term trauma and social exclusion.

The suspension of advocacy, research, and community monitoring has severely constrained civic space for LGBTQI organisations. Without resources to document violations or engage decision-makers, discrimination and violence increasingly go unrecorded, erasing evidence that is essential for accountability and reform. In this vacuum, anti-LGBTQI narratives and misinformation are able to dominate the public discourse, often reinforced by political actors or media outlets without challenge. As community-led organisations withdraw from policy spaces due to funding shortfalls, LGBTQI voices are excluded from the design and implementation of laws, health strategies, and social protection measures—resulting in policies that are less effective, less inclusive, and more likely to cause harm.

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LGBTQI Organisations and Communities´ Response: Resist and Adapt

Despite these challenges and as an answer to the shock, many LGBTQI+ organisations have demonstrated considerable resilience by adopting a range of adaptive strategies to sustain their work. One of the most prominent approaches has been the formation of coalitions and networks, whereby multiple organisations collaborate to pool resources and staff, share expertise, and submit joint funding applications. Through collective action, smaller and less visible organisations have been able to amplify their advocacy efforts, strengthen their institutional credibility, and improve their prospects of securing international support that might otherwise be inaccessible to them individually.

Another key adaptation strategy has involved exploring microfinance initiatives and alternative economic models aimed at reducing reliance on traditional donor funding. Some organisations have sought to establish social enterprises, vocational training programmes, or community-based income-generating initiatives that promote both financial sustainability and economic empowerment for LGBTQI+ communities. However, these efforts face substantial structural barriers. Limited access to start-up capital, insufficient business and financial management expertise, and volatile market conditions frequently undermine their long-term viability. Moreover, organisations often struggle to balance their core advocacy and service-delivery mandates with the operational demands of running income-generating ventures, further stretching already limited institutional capacity.

We know our limitations; we are a group of activists. We don't have knowledge on, for example, income generating models. We don't know how to make it flourish, to sustain ourselves, to become big business and all that. We don't know how to go about setting up a social enterprise. We wish we knew. So, maybe that's something that we can look at, how NGOs can generate income based on our specialisation, what we can sell in terms of our knowledge. But don't tell me to create bath bombs and sell perfumes because that's not something we know. – Malaysia Group

In addition, several organisations have increased engagement with embassies, foreign governments, and international donors in an effort to secure emergency relief funding. In some cases, diplomatic outreach has resulted in short-term grants that help organisations respond to immediate operational pressures, such as staff retention, legal assistance, or urgent protection needs. However, such funding arrangements were typically reactive and time-limited.

As a result, while emergency funding can provide temporary relief, it does not constitute a sustainable solution for ensuring organisational stability and continuity.

Taken together, these adaptation strategies underscore both the creativity and the constraints faced by LGBTQI+ organisations operating in challenging contexts. While coalition-building, economic innovation, and diplomatic engagement have enabled short-term survival and incremental gains for many organisations to survive 2025, long-term sustainability remains contingent upon broader structural changes in funding mechanisms, legal frameworks, and international donor practices

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Why Donor Action Is Effective

Evidence consistently shows that LGBTQI-led organisations deliver high-impact, cost-effective interventions that are difficult for mainstream public systems to replicate. Rooted in lived experience and peer-led models, these organisations are able to reach populations that are often criminalised, stigmatised, or mistrustful of state institutions, ensuring access to HIV prevention, treatment, mental health support, and harm reduction services. Their community-based approaches maximise limited resources by prioritising prevention, early intervention, and continuity of care—resulting in better health outcomes at significantly lower cost than late-stage clinical treatment or crisis response.

Beyond service delivery, LGBTQI-led organisations play a critical role in building and sustaining trust between communities and health and social systems. This trust is essential for consistent service uptake, treatment adherence, and timely help-seeking, particularly in hostile or high-risk environments. These organisations also function as early warning systems for emerging human rights violations, tracking patterns of violence, discrimination, and policy shifts in real time. Their proximity to communities allows them to rapidly identify risks, mobilise protective responses, and inform evidence-based advocacy before harms escalate.

Historically, relatively small, flexible investments in LGBTQI-led organisations have generated outsized returns across public health, rights protection, and social cohesion. Such funding enables rapid adaptation to changing contexts, innovation in service delivery, and sustained community leadership development. When adequately resourced, these organisations reduce long-term costs for governments, strengthen social resilience, and contribute to more inclusive and effective health and governance systems—demonstrating that supporting LGBTQI-led responses is not only a rights-based imperative, but also a sound and strategic investment.

We were in the middle of building something powerful under a small grant by USAID – our Trans Peace Ambassadors had begun creating real change and leading with pride. They were not just participants; they were becoming role models and community anchors in South Punjab. Then, out of nowhere, we received a message that our project was discontinued due to new donor compliance requirements. It was devastating. These transgender women had found strength and purpose, and suddenly it felt like the door was slammed shut on all of us.

We did not just lose funding, we lost momentum, trust, hope and the safe space we were trying to build for transgender youth in a region that already lacks opportunities and resources. And then it happened again, we lost another approved grant focused on transgender-inclusive Gender-based Violence (GBV) work. The community had placed so much hope in that project. This funding freeze has not just paused projects, it has silenced progress, broken continuity, and left many of us wondering how much more we have to fight just to be seen and supported.

Saro Imran, Founder of PINK Center, South Punjab

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A Clear and Urgent Funding Ask

APCOM has calculated what is needed now in order not to lose the gains made.

We call on donors to make an urgent, time-bound commitment of USD 8–12 million over the next 24 months to stabilize and strengthen LGBTQI-led community responses across the Asia–Pacific region.

This investment is essential to prevent the permanent loss of life-saving services, retain skilled community leaders and frontline workers, and restore trust with communities affected by abrupt funding withdrawals. Without immediate action, gaps in HIV prevention and treatment, mental health care, protection services, and rights monitoring will continue to widen, with long-term consequences for public health and social stability.

We propose an indicative allocation that balances emergency response with medium-term sustainability. Approximately USD 3–4 million is needed for emergency and bridging grants to keep services operational, cover core organisational costs, and prevent further staff losses. A further USD 3–4 million should support community-led health and protection services, including HIV prevention and treatment, mental health support, gender-affirming care, legal aid, and safe shelters. To ensure long-term impact, USD 1.5–2 million should be directed toward organisational resilience—strengthening leadership, governance, and diversified funding models—alongside USD 1–2 million for advocacy, community-led monitoring, accountability, and the protection of civic space and human rights defenders.

To maximise impact, we ask donors to adopt grantmaking approaches that reflect the realities of community-led work in fragile and hostile contexts. This includes providing flexible, unrestricted or semi-restricted funding; prioritising direct funding to LGBTQI-led organisations; simplifying and proportionating reporting requirements; and enabling rapid disbursement mechanisms. These principles will allow organisations to respond quickly, adapt to changing conditions, and deliver measurable outcomes at scale—ensuring that this investment translates into tangible gains in health, safety, and human rights.

"For years, our organization—the Blue Diamond Society—has been the safety net for Nepal's LGBTQI+ community. Through 26 community-based clinics, we have provided life-saving services: HIV testing, ART medicines, counseling, and care for those who are often turned away elsewhere. These clinics were not just buildings; they were sanctuaries of hope, dignity, and survival.

When the US funding freeze was announced, everything we had built came crashing down. Overnight, we received termination letters instructing us to shut our clinics. How do you close the doors on people whose very lives depend on these services? How do you explain to a person living with HIV that their ART medicine is no longer available—not because it doesn't exist, but because politics decided to cut the funding?

From today, we are unable to provide ART medicines to our community. I see fear in the eyes of our clients, people who had finally found stability in their treatment now pushed back into uncertainty. It is not just medicine they are losing—it is the trust that they are worthy of care, the reassurance that their lives matter.
As a leader, I feel helpless. I am expected to give answers, to provide solutions, but what do I tell a young gay man whose treatment is interrupted, or a trans woman who depends on the clinic for counselling and safety? These are not statistics—they are human beings whose survival now hangs by a thread.

I can only appeal, with urgency, to those in power: to the United States Secretary of State, to decision-makers, to act with compassion and reinstate the support that keeps our community alive. This is not about politics—it is about life. And every day that passes without action, we lose more than services; we lose lives, dignity, and hope."

Manisha Dakhal – Nepal's Lifeline Clinics at Risk

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Conclusion: A Defining Moment for Partners, Allies and Donors

The US funding freeze has made one reality unmistakably clear: when funding disappears from health and other services targeting LGBTQI people, people disappear from care and protection for a variety of reasons which leads ultimately to disastrous health outcomes. This is the scenario we have already seen at the start of the HIV response when no specialised services were available. Over decades a careful, specialised and functioning HIV and health response system was built with, by and for communities at risk. Now, we are about to lose the gains and step back 25 years ago.

We cannot let that happen. This moment demands courage and leadership from our partners and allies, first and foremost those who can support immediate investments in sexual health and other health services for LGBTQI people in the region. This will help to stop the gaps from getting bigger and at some point, unmanageable. And we need our partners and allies to put pressure on those who decide about these investments, whether it is a local, national or international level.

Now more than ever, governments, philanthropies and other donors who care about the health and well-being of LGBTQI communities in the region must stand up and advocate alongside community organisations for immediate investments in the acute sexual and other health needs of LGBTQI communities in Asia and The Pacific. Timely, coordinated action can:

- Save lives and prevent public health reversals
- Preserve trust between communities and institutions
- Protect decades of progress in rights and inclusion

LGBTQI communities and people in the region are not asking for charity—they are asking for real partnership, dignity, and the means to survive and lead.

The time to act is now.

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of marginalised populations

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Or contact: **apcom@apcom.org** for more information

"The hard work of the key staff members are instrumental in the fight against HIV in Papua New Guinea"

Lesley Bola
KPAC, Papua New Guinea

"We are serving our most marginalized community through our 26 community-based clinics. Now we are unable to provide medicine to our community."

Manisha Dhakal
BDS, Nepal

"Every dollar of foreign aid represents a lifeline for those in crisis"

Viengakhone Souriyo
CHIAs, Laos

About APCOM Foundation

Founded in 2007, APCOM is a registered non-profit foundation in Thailand, working across Asia and the Pacific region on health, rights and wellbeing. Our vision is to create a better, healthy, and dignified everyday life for people of diverse Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics (SOGIESC) across Asia and the Pacific.

Our priority for 2025-2030 can be found in ***RELENTLESS***.

For more information, please visit: **https://www.apcom.org/**

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