

PHILANTHROPIC
SUPPORT TO
ADDRESS HIV
AND AIDS IN

2021



MISSION

MISSION

Funders Concerned About AIDS (FCAA) informs, connects, and supports philanthropy to mobilize resources to end the global HIV pandemic and build the social, political, and economic commitments necessary to attain health, human rights, and justice for all.

VISION

FCAA envisions a world without AIDS, facilitated by philanthropy for:

- Empowerment, equity, and justice for marginalized and neglected communities.
- Innovation in health services and other programming to promote health, human rights, and social and economic opportunity.
- Government responsiveness and accountability to people's needs.

VALUES

As a global network of funders, FCAA welcomes diverse perspectives, facilitates open communication and debate, and promotes racial and gender equity and all human rights.

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AGYW	Adolescent girls and young women
ART	Antiretroviral therapy
BIPOC	Black, Indigenous, and people of color
FCAA	Funders Concerned About AIDS
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
LGBTQI	Lesbian, gay, bisexual, transgender, queer, and intersex
LMIC	Low- and middle-income countries
MSM	Men who have sex with men
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWH	People living with HIV
PrEP	Pre-exposure prophylaxis
PWUD	People who use drugs
Trans	Transgender people
UNAIDS	Joint United Nations Programme on HIV/AIDS
U.K.	United Kingdom
U.S.	United States

Note: All figures marked US\$ are in U.S. dollar amounts.

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Finally, thank you to all the funding institutions that supported FCAA with a grant or membership contribution in 2022 and 2023. Our work to mobilize HIV-informed philanthropy would not be possible without your support.

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FOREWORD

As we write this report in 2023, we will reach several important milestones in the fight against HIV: the 40th year of the first HIV-related private grant, the 40th anniversary of the Denver Principles, and the 20th anniversary of the U.S. **President's Emergency Plan for AIDS Relief (PEPFAR)** among them. It also happens to be the 20th edition of this report, which highlights the landscape of HIV-related grantmaking in 2021—the year that commemorated the 40th anniversary of when the Centers for Disease Control and Prevention identified the first cases of what would come to be known as AIDS.

The convergence of these milestones, past and present, creates an apt moment to consider where we, the community of funders concerned about HIV and AIDS, have come from, where we are today, and what we need to reach our objectives.

When the first private grant was made, we could hardly have envisioned the impact philanthropy would have on the epidemic. The simple act of funders coming together and imploring one another to respond to a disease that was killing their colleagues, their partners, and their family members spurred a movement. What started with just five grants totaling \$216,000 in 1983 has in 2021 reached \$692 million across 187 funding organizations.

For 20 years now, FCAA resource tracking report headlines have often focused on the caveats behind the overall funding levels, such as declining numbers of engaged grantmakers and an increasing concentration of funding among only a few organizations. This narrative was even present in our very first full edition on HIV-related philanthropy in 2003.

It is complicated to fully analyze or quantify what is driving these trends. Some funding organizations have closed entirely over the years; some no longer submit their grantmaking data. Others have changed priorities or shifted focus into intersectional areas such as broader global health, reproductive or maternal health, or LGBTQI spaces—often portfolios

that still reach populations impacted by HIV. Often, such grantmakers don't see themselves as "HIV funders" any longer; however, we would challenge this presumption.

For this 20th edition of our resource tracking report, we're reflecting on the varied and valuable contributions that have come from this community of grantmakers. Importantly, what 20 editions of this report have taught us is that philanthropy is so much more than a ranking on the top funder list.

It is the *collective action* these data represent.

The HIV epidemic has long served as an early warning system—a microcosm of issues that will inevitably need to be addressed on a macro level. Because people affected by HIV are disproportionately impacted by stigma, discrimination, racial injustice, criminalization, migration, and conflict, among other factors, their experience brings to light what is often hiding in the shadows. Philanthropy has a history of driving seismic shifts in the response to the epidemic, seeking to address those shadowy challenges head-on.

We are once again being called for such a shift at this very moment in time.

Despite decades of progress in science, treatment, and prevention, 38.4 million people are living with HIV globally. That is more than the entire population of Canada or Morocco. This includes 1.5 million new HIV infections in 2021. At the same time, increasingly harmful legislation impacting the rights and health of people living with and most at risk of acquiring HIV is on the rise around the world. Attacks on LGBTQI lives, reproductive justice, racial justice, and access to healthcare abound. The common theme in these issues is their likely disproportionate impact on Black and brown people and LGBTQI communities—populations among the most impacted by the HIV

epidemic. But rather than divide us, these attacks must unite us by highlighting the connections between all of our work.

Philanthropic funders have helped to drive enormous progress in the fight against HIV by filling in gaps in the government response, supporting advocacy, and responding to civil society in ways the public sector cannot or will not.

From the very beginning, HIV-related philanthropy has been rooted in and informed by the HIV community. By convening and listening to grantees and advocates on the front lines, funders have helped launch pioneering research for prevention, new treatments, and vaccines; provided support for sexual and reproductive health education; provided support for needle exchange and other harm reduction efforts; and more. We know that early treatment initiatives created with philanthropic dollars led to the creation of the Ryan White Program, and that foundations brought together community advocates to create what became the first U.S. National HIV and AIDS Strategy. Globally, corporate funding efforts helped establish care and treatment initiatives and infrastructure that are now being leveraged to prevent tuberculosis and address cancer and other noncommunicable diseases. Over the past several years, philanthropy has moved nimbly to address the COVID-19 pandemic, racial justice, and threats to our democracy—issues that intersect deeply with HIV. In fact, decades of the HIV response built the infrastructure and a workforce that helped adapt and respond to the COVID-19 pandemic and supports continued efforts around pandemic preparedness and global health security.

So, are you a funder concerned about HIV and AIDS? Before you answer that question, we urge you to think about the issues you do fund. Think about the populations most impacted by those

issues. We would venture to guess that people affected by HIV compose a significant percentage of that group.

Whether it's a grant for a large-scale global research initiative, support for a food pantry, a microgrant to female business owners, core support to a network of health or human rights advocacy organizations, or a small grant that allows a local AIDS Service Organization to provide condoms at a community event, every grant impacting healthcare, human rights, and justice counts and moves us closer to the end of HIV.

We hope this year's report will illuminate why philanthropy is critical to ending HIV. We also hope that these data help to build the case for why your grantmaking is a powerful part of this work.

Our role is clear. We have fewer than 10 years to reach the United Nation's Sustainable Development Goals, which include the target to end HIV and AIDS by 2030. Yet, in 2021, as this report details, HIV-related philanthropy was flatlining. It is mission-critical for our community to come together and recommit to fully financing the global HIV response. We must do more.

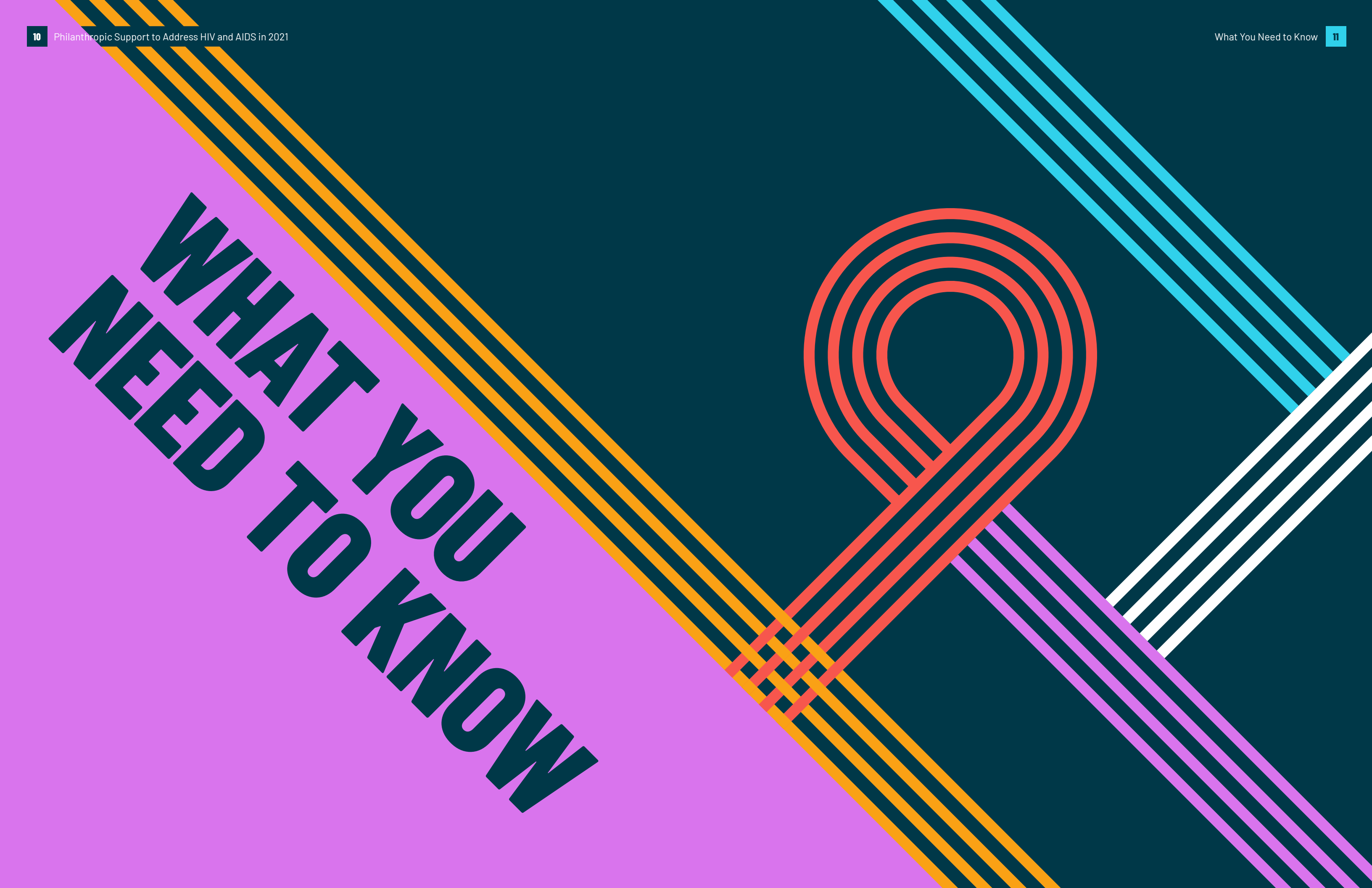
Let's use this year's milestone moments to raise our collective voices and lift up those who most need to be heard, to advocate for continued progress, and to eradicate the obstacles that continue to stand in our way.

We need you now more than ever.



Masen Davis
Executive Director
Funders Concerned About AIDS

WHAT YOU NEED TO KNOW



WHAT YOU NEED TO KNOW

If you have only 10 minutes, we encourage you to prioritize reading this section.

Overall, HIV-related giving among philanthropic organizations totaled \$692 million in 2021, representing a \$9 million (1%) decrease from 2020. This year's report captures data on 5,640 grants, awarded by 187 foundations to 131 countries, and represents the most comprehensive study of the philanthropic response to HIV and AIDS.

The full report includes detail on overall funding and the geographic disbursement, strategies, and populations of focus of HIV-related philanthropy in 2021. However, this section illuminates where trends in philanthropy have been critical to the HIV response and where transformational opportunities remain for funders to connect across issue areas and funding portfolios. Each category in this section represents a strategy for the HIV response and includes a graph with multiyear funding data and a dotted trend line that depicts a more stable average across the time period. On **page 52** you can find a list of the top funders currently supporting some of these strategies.

If you disburse general operating resources, if you fund advocacy and capacity building, or if you address the needs of key populations globally and BIPOC communities in the U.S., you will find data on why these strategies are essential to the HIV response.

You too could help fund the end of AIDS.

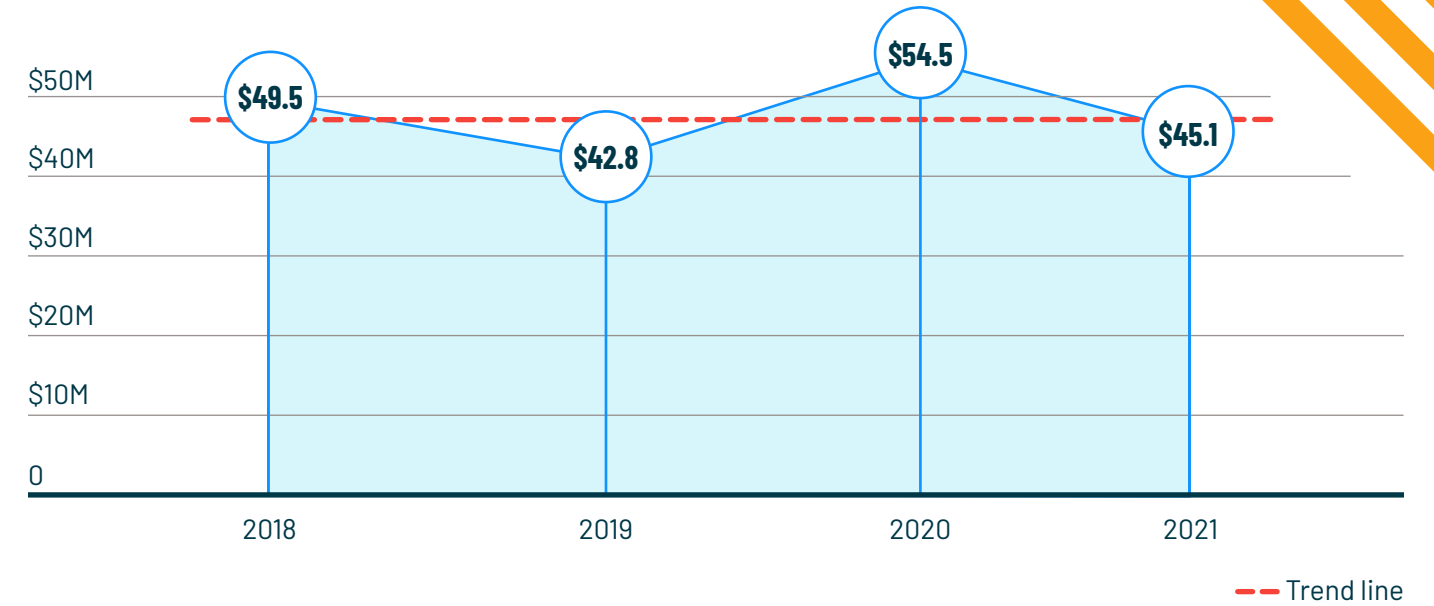
GENERAL OPERATING SUPPORT

General operating support—unrestricted funding that can be used for any purpose—remains the most requested need among communities responding to HIV. In 2021, funding for general operating support totaled \$45 million, a \$9 million (17%) decrease from 2020, representing only 7% of overall HIV-related philanthropy for the year. When we look at general operating support over the past four years for which we have consistent data, we see a trend of flat funding over time with some fluctuations each year. In 2020 we saw a jump in funders offering general operating support and flexibility in response to the challenges of the COVID-19 pandemic. There was hope that this strategy would be sustained at the very least throughout the pandemic, and hopefully beyond, but in 2021 the total slipped back down, along with the overall COVID-19-related funding total.

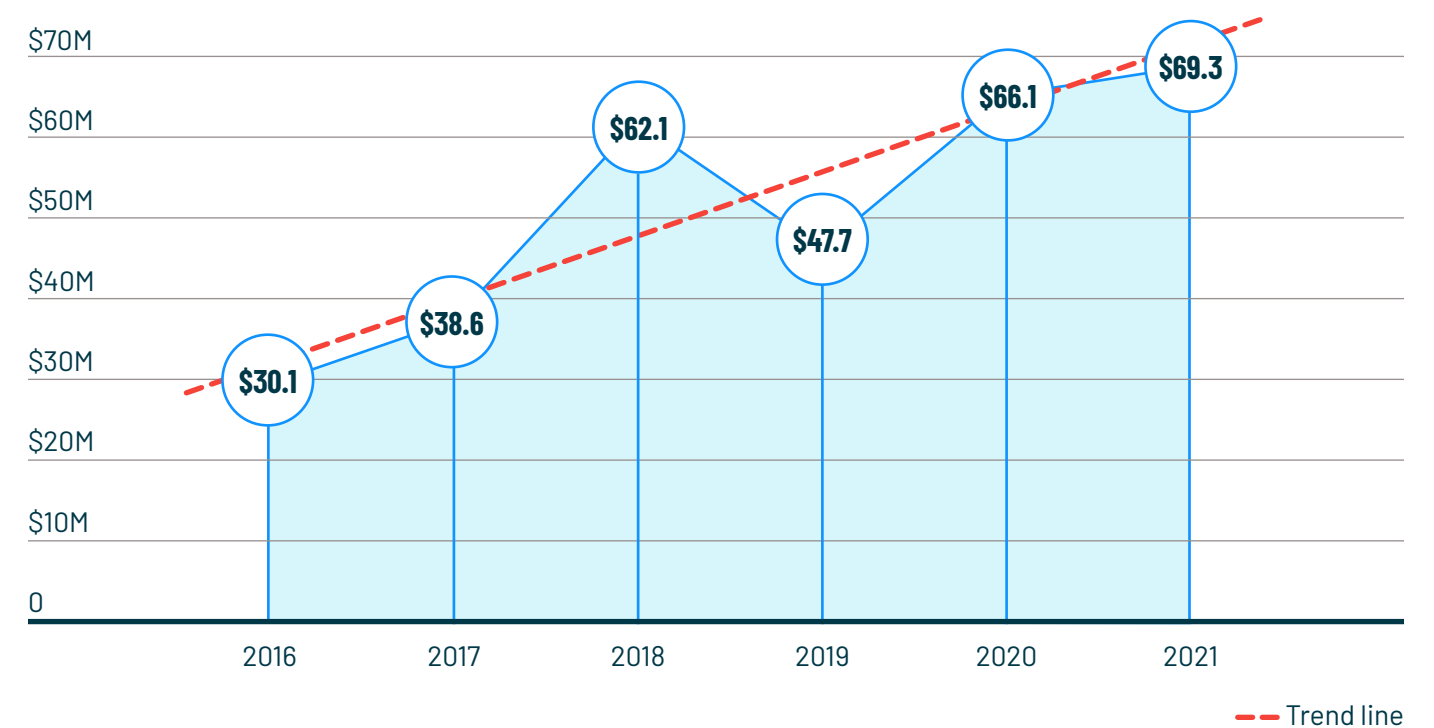
CAPACITY BUILDING AND LEADERSHIP DEVELOPMENT

In 2021, support for capacity building and leadership development increased by 5% from 2020, totaling \$69 million. Since the benchmark year of tracking funding for this category in 2016, we have seen an upward trend. We track funding for capacity building and leadership development opportunities within supported organizations as well as grants that fund organizations that do this work externally in their communities. This work includes internal training and hiring external support as needed. Providing the time, support, and necessary resources for community-led organizations to foster the growth of new leaders and build their internal capacity is pivotal to the sustainability of the HIV sector.

2018–2021 HIV Philanthropy: General Operating Support (US\$)



2016–2021 HIV Philanthropy: Capacity Building and Leadership Development (US\$)



SOCIAL SERVICES

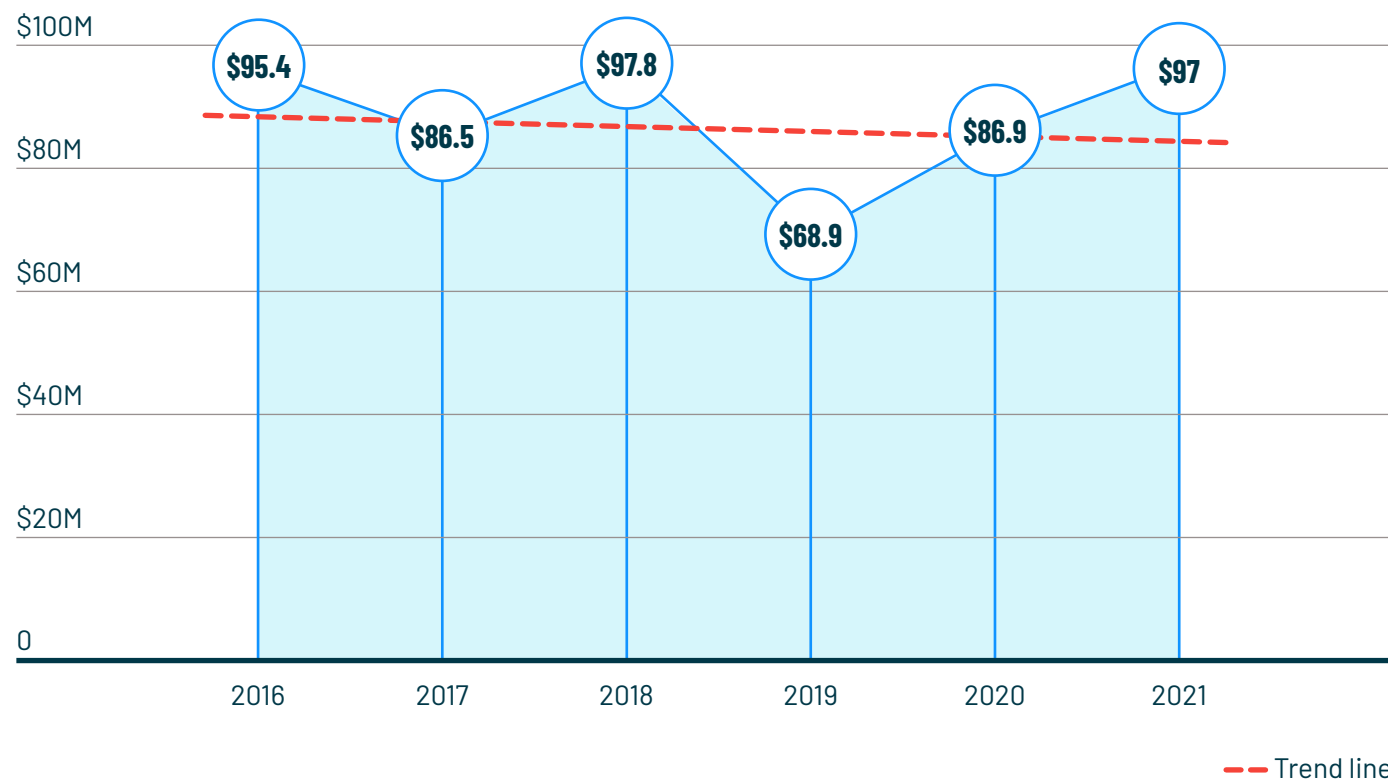
In 2021, funding for social services increased by \$10 million (12%). However, when we look at HIV-related philanthropy for social services over a six-year period, increases over the past two years have only brought funding levels back up to where they were prior to a 2019 drop, making long-term funding to this category stagnant.

As the COVID-19 pandemic disrupted daily life around the globe in 2020, philanthropy responded quickly with a 26% increase in funding for social services that same year, including support for food and nutrition, housing and rent, and psychosocial services. It is important to note that many of the needs supported within this category are tied to social determinants of health, or “circumstances in which people grow, live, work, and age,” and a lack of support for these basic necessities can further fuel the HIV epidemic.¹

COVID-19 PANDEMIC

In 2021, HIV-related philanthropy that responded to or was impacted by COVID-19 totaled \$48 million, an \$18 million (27%) decrease from the funding tracked in 2020. This trend seemed to relay across the entire sector, with **Candid and the Center for Disaster Philanthropy** reporting a 31% decrease in overall philanthropic funding responding to the COVID-19 pandemic from 2020 to 2021.² For more on the intersection of HIV, the COVID-19 pandemic, and funding responses, see **page 45**.

2016-2021 HIV Philanthropy: Social Services (US\$)



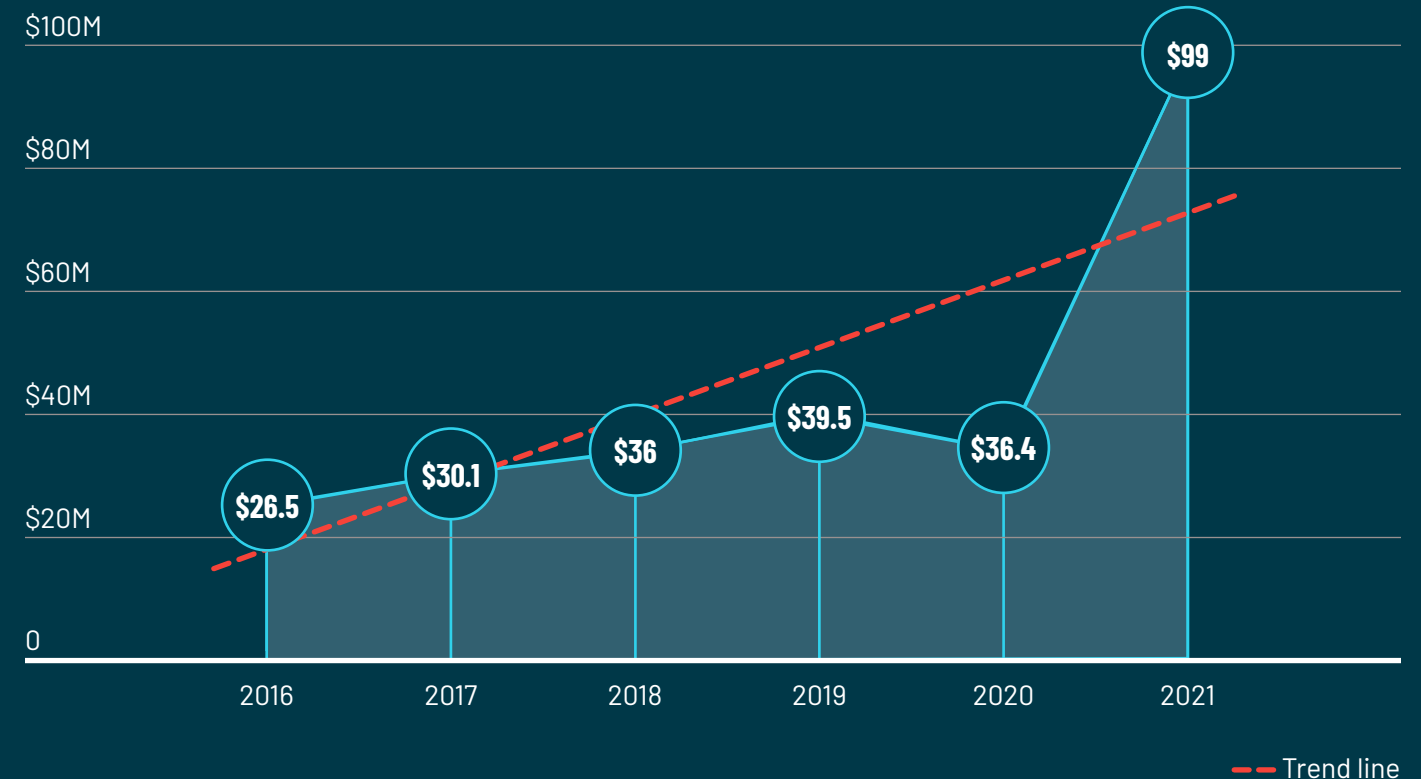
PrEP

Pre-exposure prophylaxis (PrEP) is the use of HIV medication to reduce a person’s chance of getting HIV from sex or injection drug use. In 2021, funding that included work on PrEP totaled nearly \$100 million, a dramatic increase of \$63 million (172%) from the prior year. The bulk of this increase was related to large pools of research funding on long-acting oral and injectable prevention options. Prior to this increase, PrEP-related funding was fairly stagnant over the course of five years.

In the U.S., where data is more available than other regions, only 23% of people that could benefit from PrEP were prescribed it in 2019, the majority of which (63%) were white. Only 8% of Black/African American people that could benefit were prescribed PrEP in the same year.³ Predictions indicated that there could be between 2.4 and 5.3 million PrEP users worldwide by the end of 2023;⁴ however, due to continued COVID-19-related disruptions to HIV prevention, lack of consistent access to surveillance data, and

increasingly restrictive political environments in some countries, it is difficult to assess the current global uptake of PrEP. Many of the gains in access to and coverage of PrEP are because of the work of civil society and advocacy organizations, yet only 17% of PrEP funding in 2021 was for advocacy-related work.

2016-2021 HIV Philanthropy: PrEP (US\$)



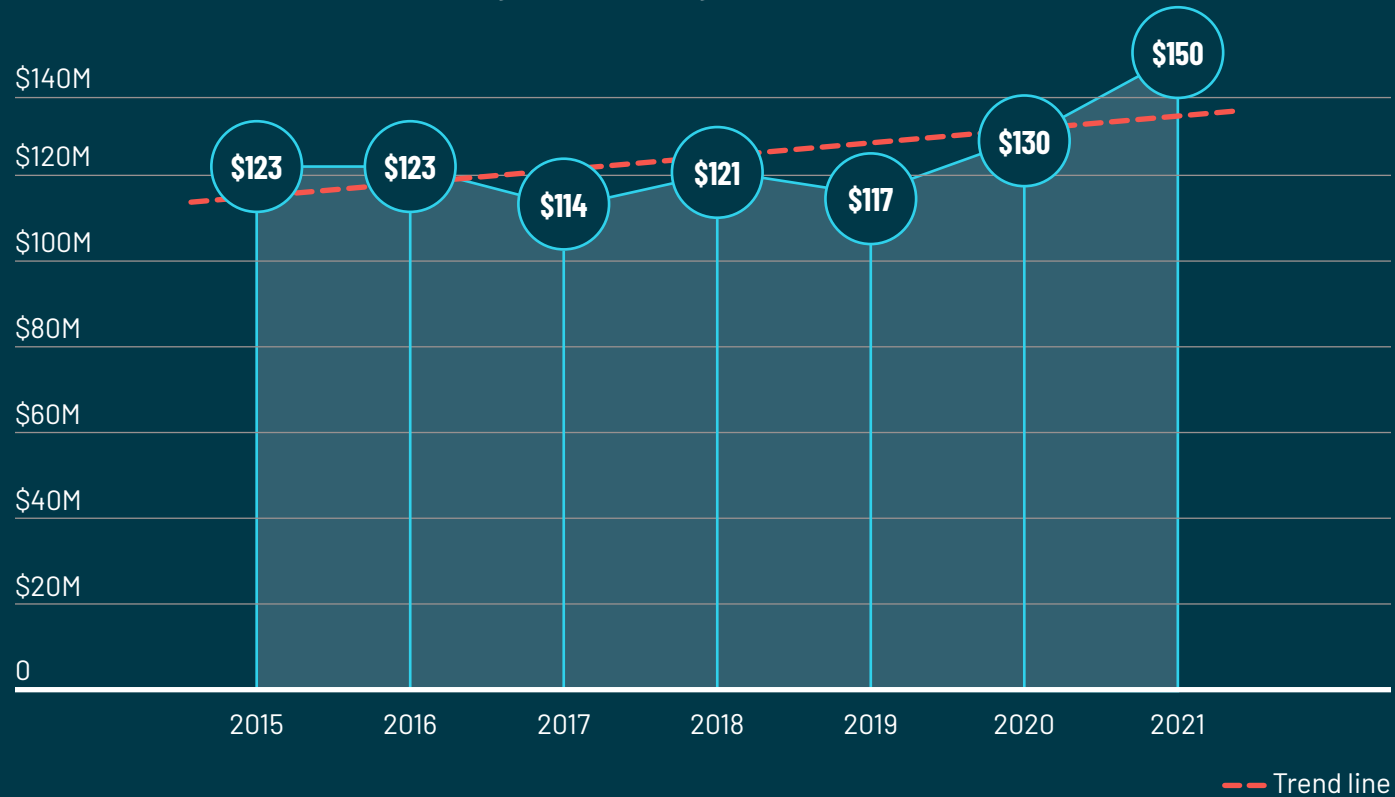
ADVOCACY

In 2021 HIV-related philanthropic funding for advocacy, including human rights-related strategies, reached an all-time high of \$150 million. This marks a \$20 million (15%) increase from 2020, which itself saw a \$13 million (11%) increase from the year prior. Looking at funding trends over the past seven years, this bodes well for the future, as we saw relatively flat funding for advocacy coming from philanthropy prior to 2020.

Philanthropy is often the only source of funding for advocacy in the HIV landscape, which is heavily dominated by public funding dollars that are frequently bereft of flexible, trust-based, long-term

funding to sustain long-gain advocacy efforts. These efforts are often the only path toward overturning systemic barriers that maintain the burden of HIV on the most impacted communities. In addition, philanthropy plays a strategic role in supporting advocacy efforts that ensure that multilateral and bilateral funding streams—like PEPFAR and the Global Fund, which account for 37% of global resources for HIV—continue to have sustained or increased support in the U.S. Congress. At the writing of this report, anti-gender and anti-abortion movement efforts are threatening the reauthorization of PEPFAR, which jeopardizes millions of lives and threatens to turn back decades of progress in the fight against HIV and AIDS.

2015-2021 HIV Philanthropy: Advocacy (US\$)

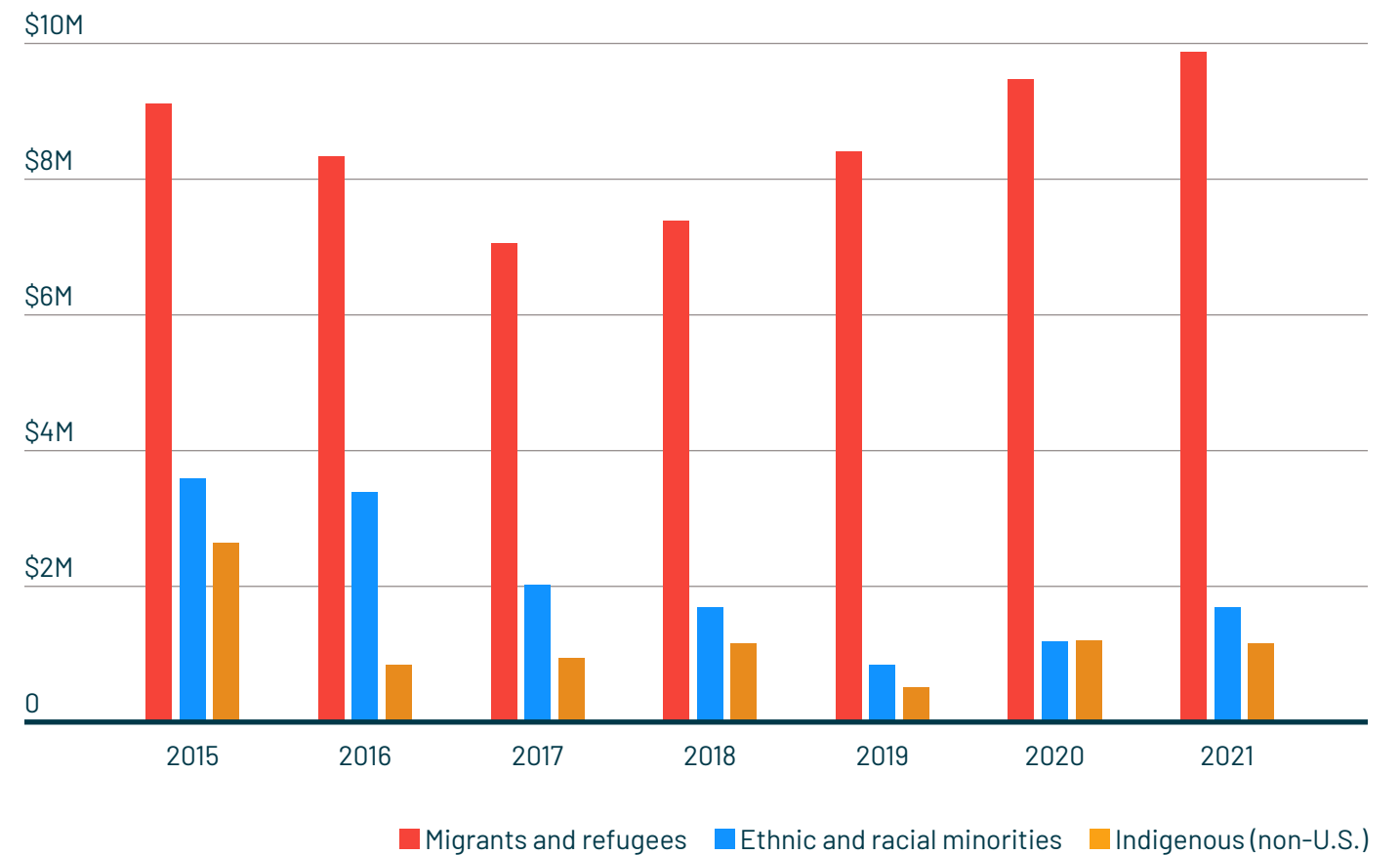


MIGRANTS/REFUGEES, ETHNIC AND RACIAL MINORITIES, AND NON-U.S. INDIGENOUS POPULATIONS

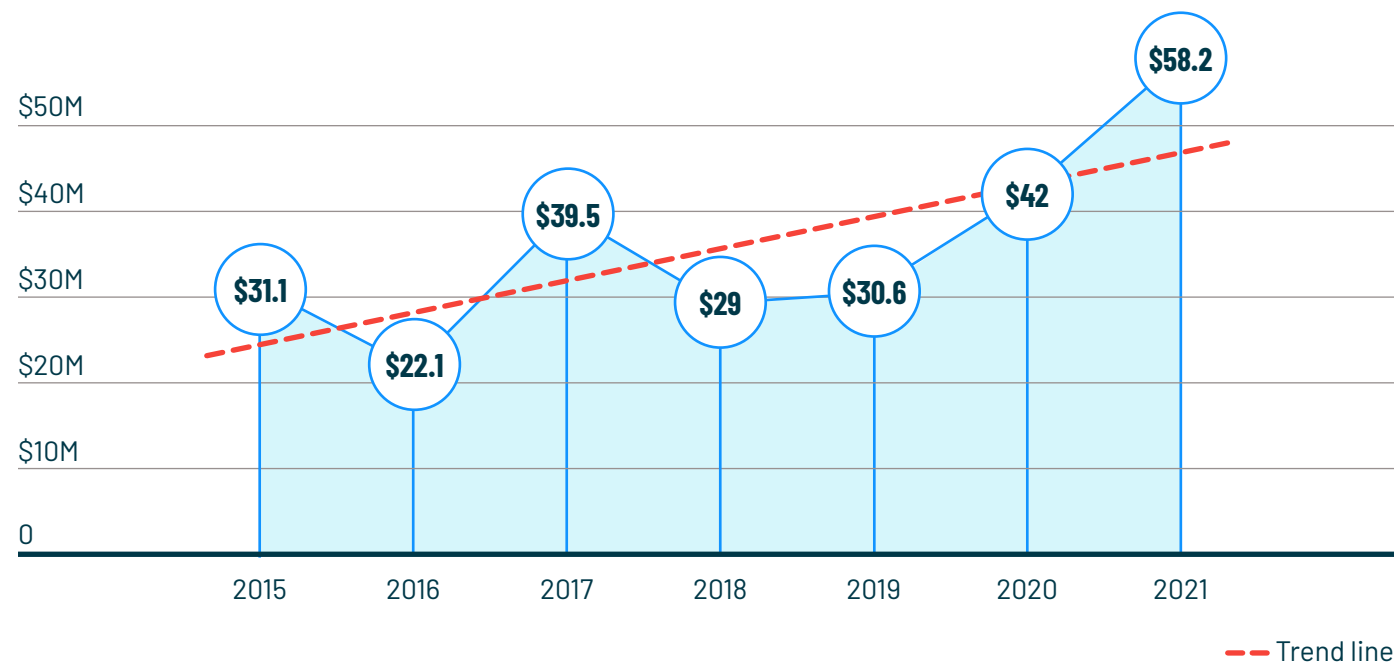
While FCAA does not receive extensive data on racial and ethnic categories outside of the United States, we want to highlight ways that we are able, at present, to track funding reaching migrants/refugees and racial and ethnic minorities globally. The accompanying chart shows funding trends over time to three different populations: migrants/refugees, ethnic and racial minorities (outside the U.S.), and Indigenous populations (outside the U.S.).

While there is some overlap in funding to these communities, the largest recipient group of the three is consistently migrants/refugees, reaching almost \$10 million in 2021. More than half of that funding goes to communities in Western and Central Europe, and about a quarter of it goes to the U.S. In the coming years we expect to see increased funding, specifically reaching Eastern Europe and Central Asia as a direct result of the Russian invasion of Ukraine and the millions of displaced people in the region. With increasing criminalization of LGBTQI communities in Eastern and Southern Africa, we may begin to see efforts to support displaced people and asylum seekers fleeing persecution in the coming years there as well; however, this year's report on 2021 funding does not reflect those changes.

2015-2021 HIV Philanthropy: Migrants/Refugees, Ethnic and Racial Minorities, and Non-U.S. Indigenous Populations (US\$)



2015-2021 HIV Philanthropy: BIPOC Communities Combined [U.S.] (US\$)



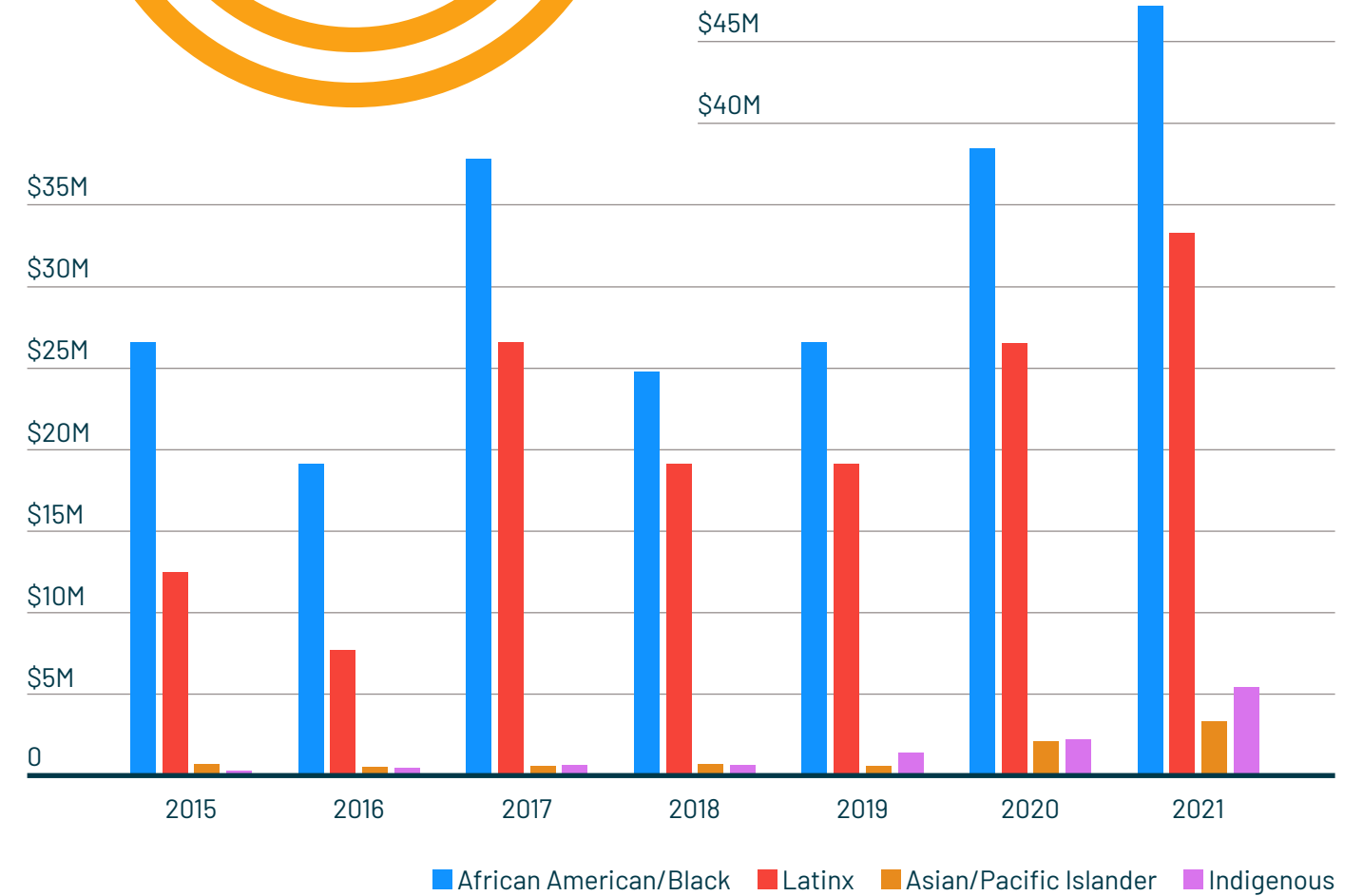
BIPOC COMMUNITIES (U.S.)

HIV-related philanthropy for BIPOC communities within the United States reached a new high of \$58 million in 2021. That marks a \$16 million (39%) increase from 2020, which also saw an \$11 million (37%) increase from the prior year, but still only represents 22% of total HIV-related philanthropy in the U.S. Of that \$58 million, 46% went to the U.S. South, the region most heavily impacted by HIV in the U.S. A seven-year glimpse at funding shows an overall upward trend, with a consistent rise in funding since 2018.

This category includes funding specified for “people of color” or “BIPOC” communities, as well as grants for any of these four populations within the U.S.:

African American/Black, Latinx, Asian/Pacific Islander, and Indigenous communities. Because many grants reach more than one of these populations, particularly funding broadly specified for BIPOC communities, which we code for all four, we have created an aggregate total to ensure that we count funding from each grant only a single time. We’ve included an additional chart that breaks out the funding per population. This chart shows a need for more specificity in grants data or intentionality in funding decisions, as BIPOC communities are often referred to in the aggregate, which clouds a clear understanding of individual reach. We will continue to advocate for improved data collection that will refine our understanding of how funding reaches different racial groups in the U.S.

2015-2021 HIV Philanthropy: BIPOC Communities Disaggregated [U.S.] (US\$)



Black and African American communities within the U.S. are disproportionately impacted by the HIV epidemic, representing 40% of new HIV infections in 2021. Latinx populations are also heavily impacted, representing 29% of new HIV infections in 2021.⁵ As we consider the impact of the “racial reckoning” in the early 2020s, the trends we see around funding to Black and African American populations specifically,

and other communities of color, are incredibly important. For recommendations on how HIV-related philanthropy can hold themselves accountable to anti-racist funding that dismantles structural racism, increases funding for racial equity, and moves us toward racial justice, please read FCAA’s [“Racial Justice in HIV Philanthropy Guiding Principles.”](#)⁶

KEY POPULATIONS

Funding for key populations—including transgender persons, gay men and other men who have sex with men (MSM), people who use drugs, and sex workers—saw an upward trend from 2015 to 2021. In addition, it reached a new high of \$110 million in 2021, which accounts for 16% of all HIV-related philanthropy for that year. In contrast, HIV-related philanthropy for the general population—often grants that support medical research or general awareness and prevention activities—was 30% of total funding in 2021. Key populations and their sexual partners, however, account for 70% of all people living with HIV in the world,⁷ revealing a significant gap between resources and needs, and an opportunity for funders to equitably support those most impacted by HIV.*

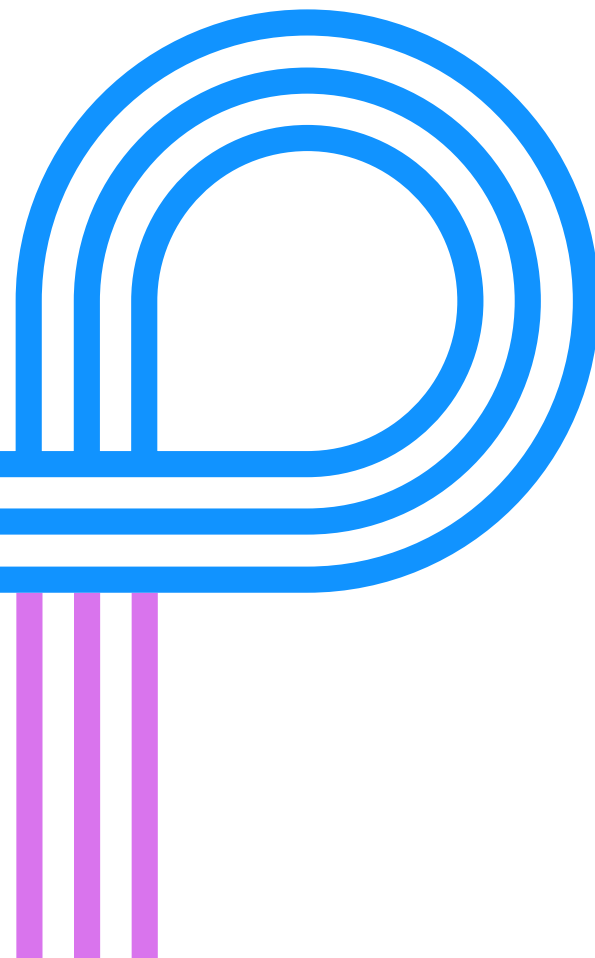
As many of these identities overlap for individuals, there are understandable concerns about grants that reach more than one of the mentioned populations, and the resulting duplication of funding. The chart on the top of **page 21**, Key Populations Combined, shows funding data with duplication removed, meaning grant dollars are only counted once if they reach any of the included populations. To see breakdowns of individual funding for each population, refer to the chart on the bottom of **page 21**, Key Populations Disaggregated.

One of the most critical roles that philanthropy plays in the HIV landscape is funding for populations that are most impacted by the epidemic and who face severe systemic inequalities and violence in their daily lives. Currently these populations—LGBTQI communities in particular—are under attack globally, with legislation

that criminalizes their existence and basic rights emerging, from the U.S. to Uganda.

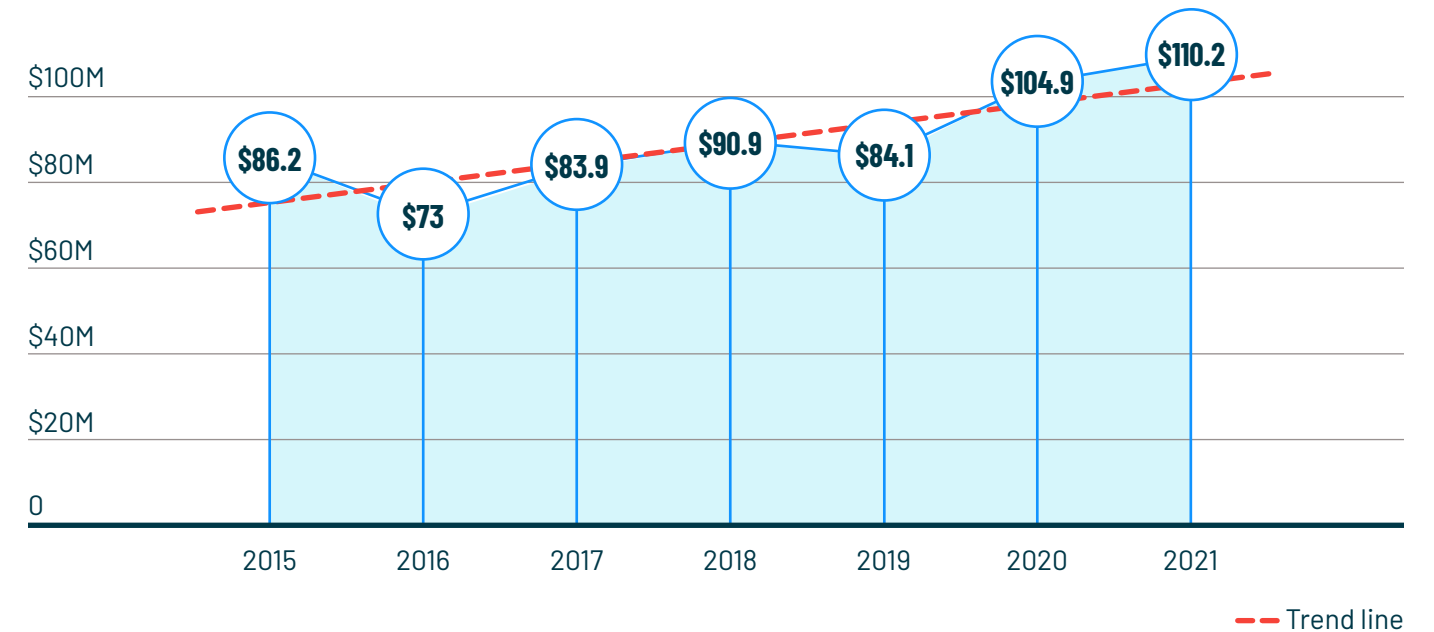
Specifically, in Uganda, the 2023 Anti-Homosexuality Act now deputizes citizens—including doctors and medical staff—to report any suspected homosexual activity. Within months of the passage of the law, some organizations reported a 60% decrease in service utilization at HIV-related clinics, where a positive HIV result can now lead to imprisonment, punishment, or worse.⁸ It has also resulted in egregious physical attacks against HIV-positive trans people trying to access care. This legislation will have a dangerous impact on LGBTQI populations and on the HIV response in Uganda.

Governments that criminalize their own people will not support them with public funding, so philanthropy is uniquely situated—and called upon—to step up and ensure that key populations are not left behind in the efforts to support communities living with HIV, end the HIV epidemic, and sustain the human rights of all people.

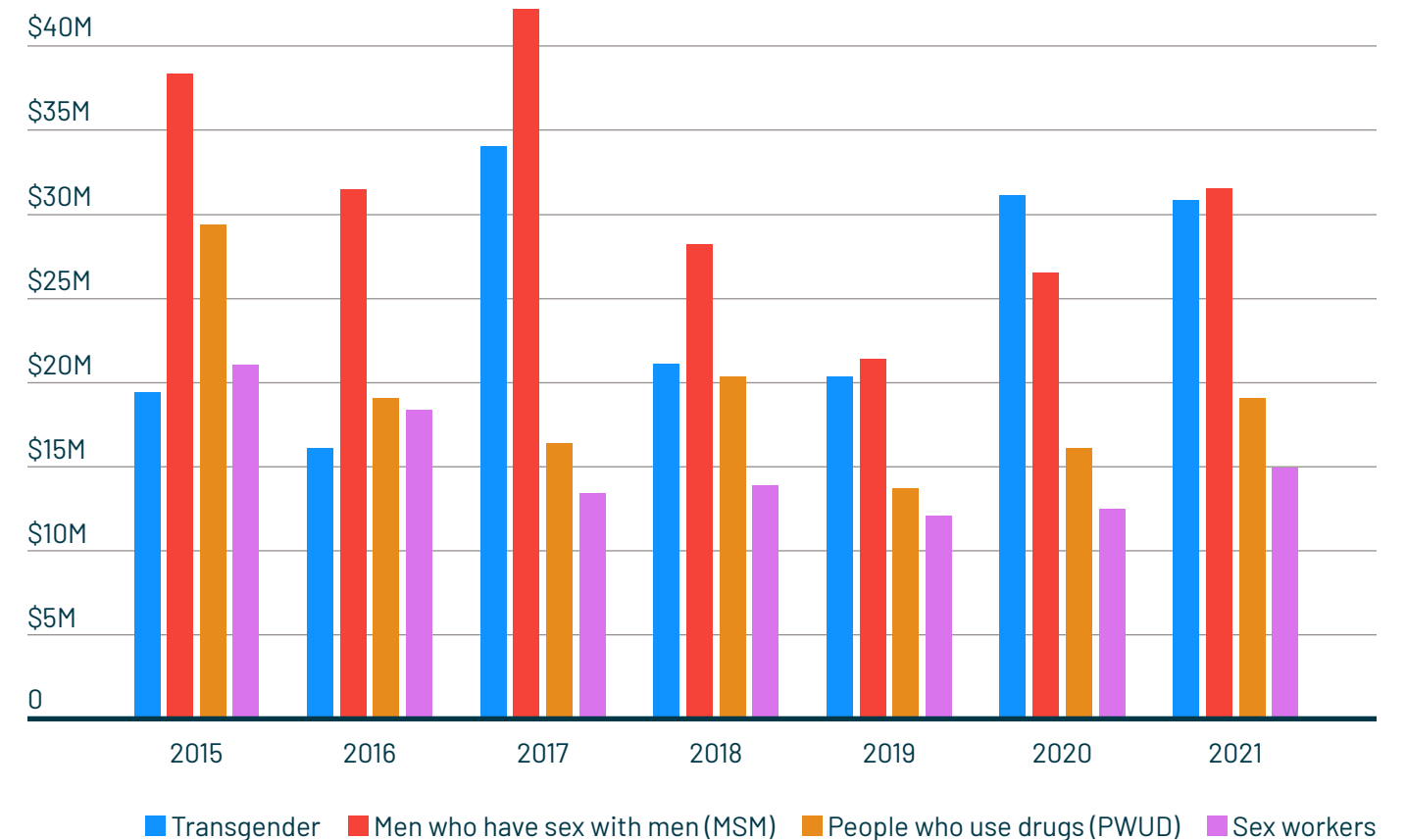


*View a list of the top funders to these communities on **pages 50-55**.

2015-2021 HIV Philanthropy: Key Populations Combined (US\$)⁹



2015-2021 HIV Philanthropy: Key Populations Disaggregated (US\$)¹⁰



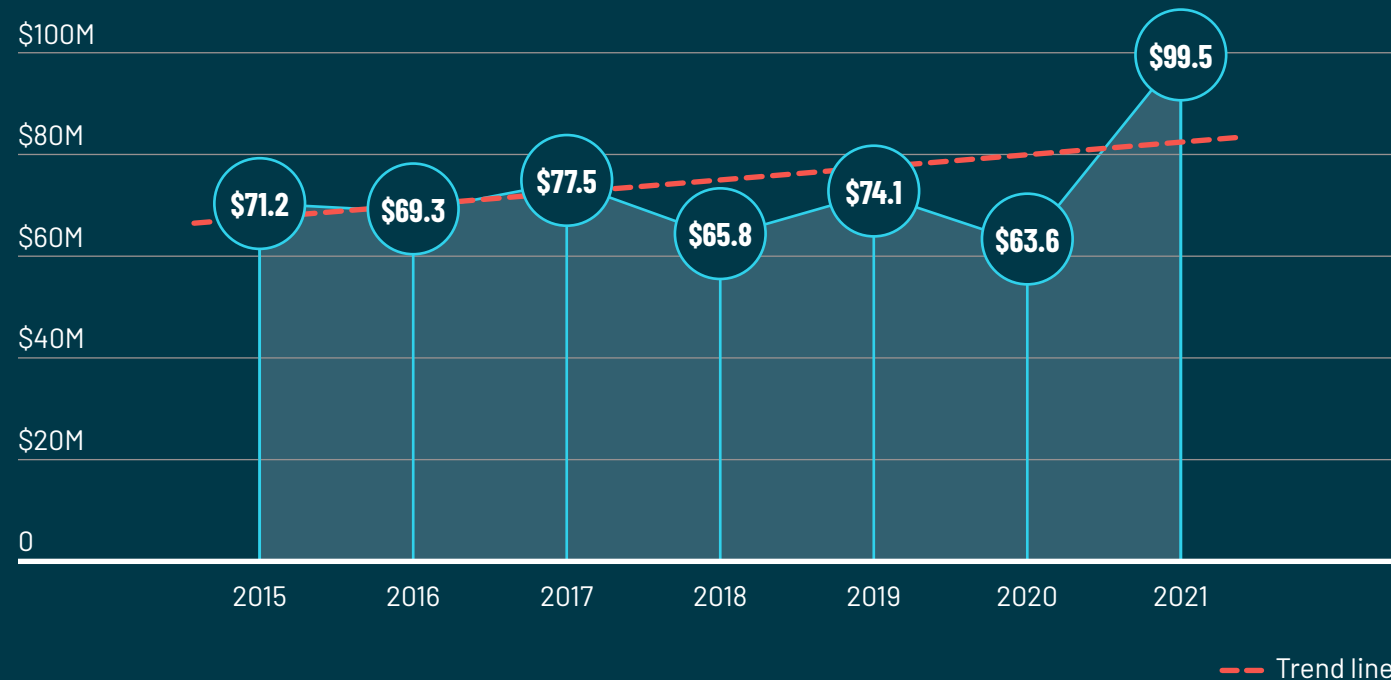
WOMEN AND GIRLS

HIV-related philanthropy for women and girls—including trans women, in accordance with FCAA’s methodology—has hovered around \$65–75 million for the past six years but shot up to \$100 million in 2021, the highest total yet. The bulk of this increase came from research-related funding on biomedical HIV prevention methods that prioritized cisgender adolescent girls and young women (AGYW).

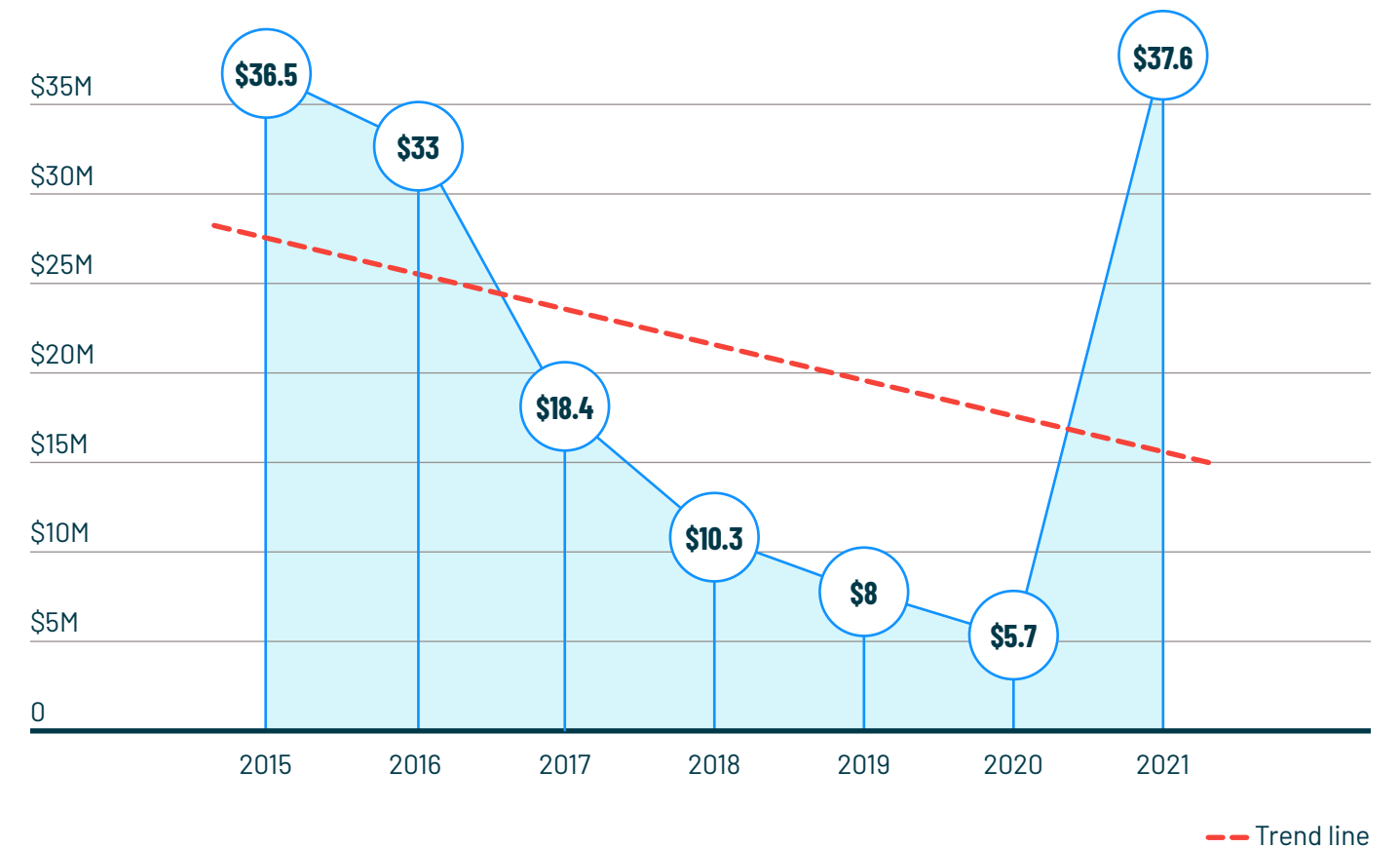
In 2021, according to UNAIDS, 54% of all people living with HIV were cisgender women and girls, and they accounted for 49% of new infections. Although transgender women and women who engage in sex work are at particularly high risk for contracting HIV, cisgender AGYW are, as a group, also especially impacted by HIV.

In sub-Saharan Africa, for example, AGYW ages 15–24 are three times more likely to be living with HIV than their adolescent male counterparts. Each week in 2021, 4,900 AGYW were infected with HIV globally, but 82% of those new infections occurred in sub-Saharan Africa.⁷

2015–2021 HIV Philanthropy: Women and Girls (US\$)



2015–2021 HIV Philanthropy: Prevention of Pediatric HIV Infection (US\$)



PREVENTION OF PEDIATRIC HIV INFECTION

HIV-related philanthropy to prevent pediatric HIV infection saw a huge increase in funding in 2021—from \$6 million to \$38 million—due to two large grants to organizations specializing in this type of work in sub-Saharan Africa. Prior to this surge in funding, however, resources for these efforts had been rapidly declining over the past five years. According to UNAIDS, the

percentage of pregnant women on antiretroviral therapy (ART) rose from 17% in 2010 to 85% in 2020, and HIV infections among children declined by 52% in the same period. While recent successes in preventing pediatric HIV infection may be responsible for the decline in philanthropic investments, there are still huge discrepancies based on location; for example, pregnant women in Eastern and Southern Africa have 95% ART coverage, while pregnant women in the Middle East and North Africa have only 25%.¹¹

OVERVIEW



\$692,105,509

TOTAL PHILANTHROPIC SUPPORT TO ADDRESS HIV AND AIDS IN 2021

 187 funders

 5,640 grants

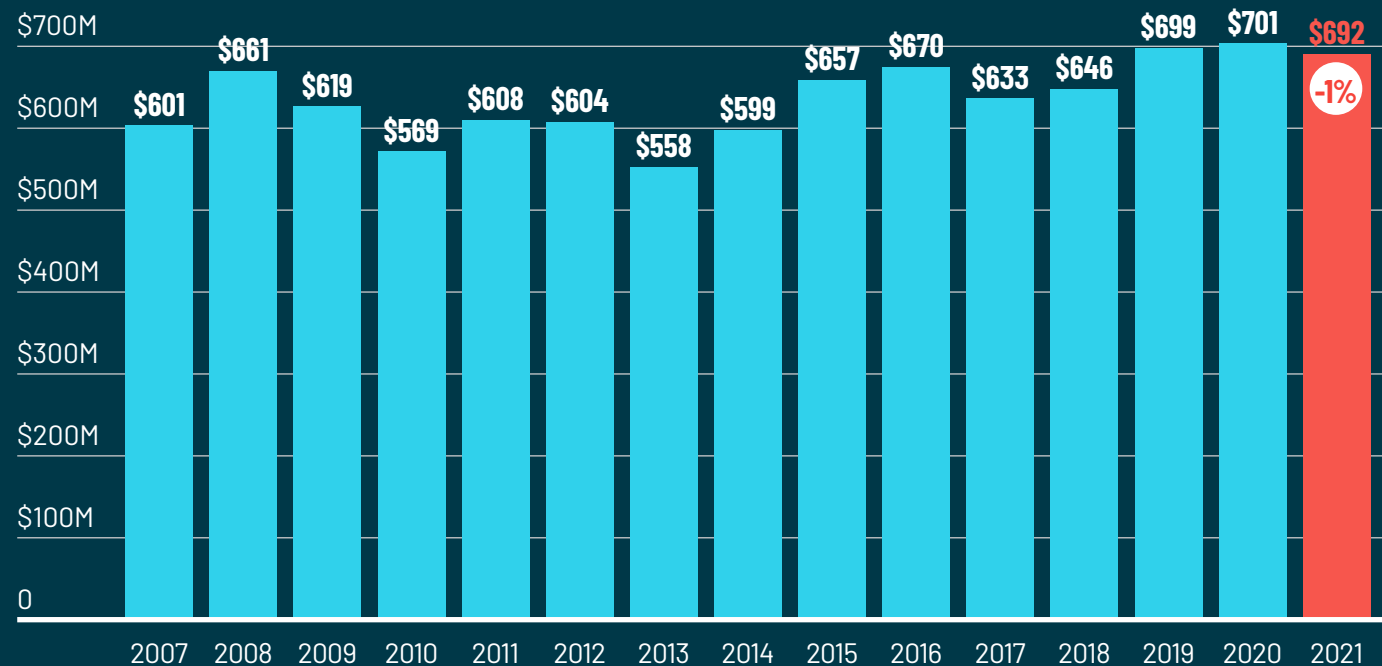
 ~2,800 grantees

This marks the 20th annual resource tracking publication from Funders Concerned About AIDS (FCAA) on philanthropic support to address HIV and AIDS. The report relies on grants lists submitted directly by 72 funders (representing 92% of the total HIV-related philanthropic funding tracked by FCAA), as well as publicly sourced grants information from funder websites, grants databases, annual reports, U.S. Internal Revenue Service (IRS) Form 990 returns, and Candid's Foundation Maps grants database (representing the remaining 8% of funding in the report). This report specifically captures HIV-related funding from philanthropic organizations around the

world; it excludes any government funding to address HIV and AIDS, including domestic government, bilateral, and multilateral support.¹²

HIV-related giving among philanthropic organizations totaled \$692 million in 2021, representing a \$9 million (1%) decrease from 2020. As in previous years, fluctuations in funding are predominantly driven by a handful of funders who control the majority of the resources.

2007-2021 HIV-related Philanthropic Disbursements (US\$)¹³

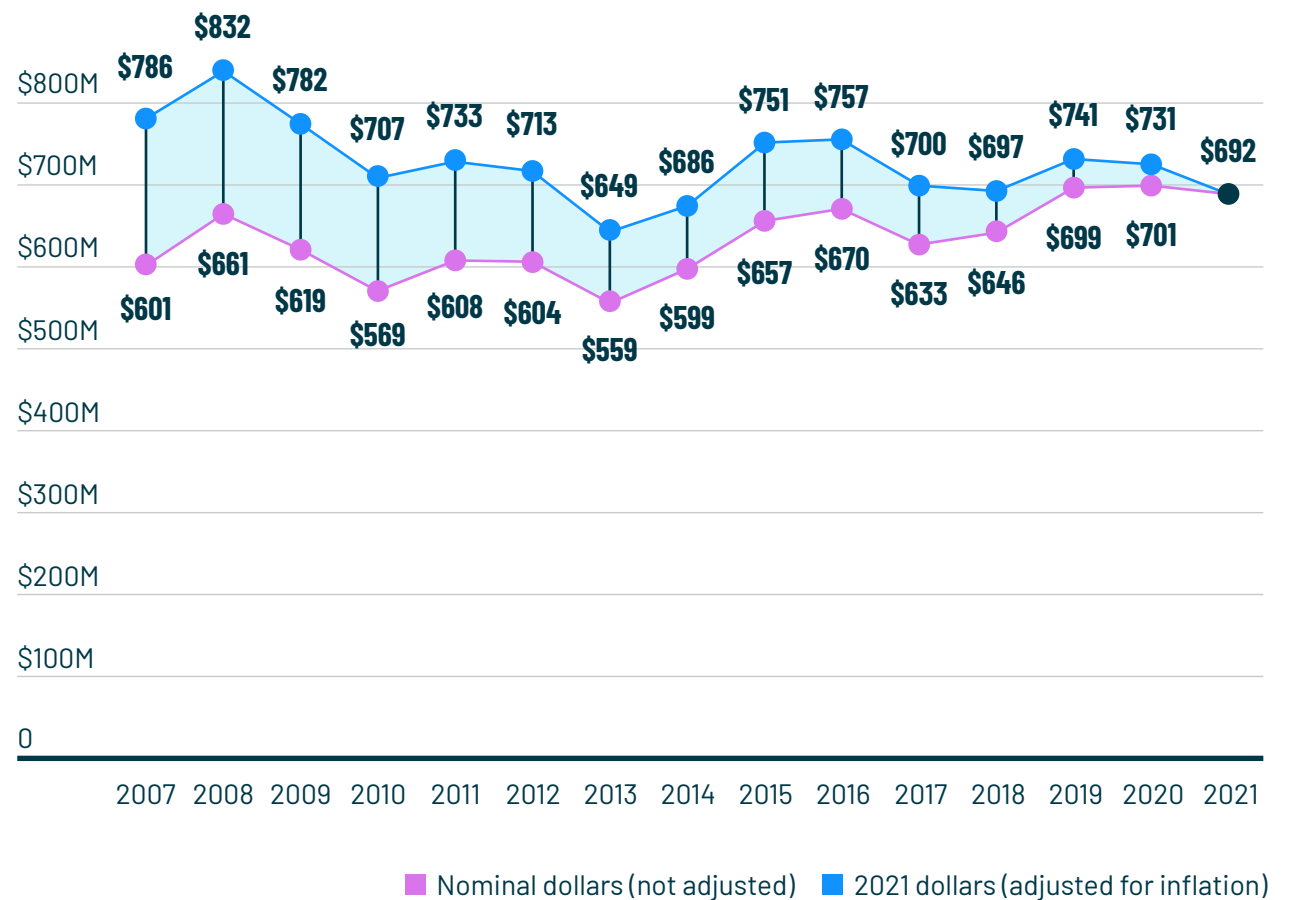


INFLATION

Given the dramatic impact that the COVID-19 pandemic has had on the global economy, including recent inflationary changes, FCAA has included an analysis to this funding-over-time chart that shows total funding in both nominal dollars and 2021 dollars, adjusted for inflation.

Since the report presents all data in U.S. dollars, we have used the inflation rates from the U.S. Bureau of Labor Statistics Consumer Price Index. We recognize, however, the limitations of this analysis given the global scope of our report and the multiple currencies funders use in their grant disbursements.

2007-2021 HIV-related Philanthropic Disbursements, Nominal and Adjusted for Inflation (US\$)



TOP GRANTMAKERS



TOP GRANTMAKERS

HIV-related philanthropic disbursements totaled \$692 million in 2021, a 1% decrease from 2020.

In 2021, the top 20 HIV-related funders—out of 187 total funders tracked—disbursed \$659 million in grants for HIV-related responses. This accounted for 92% of the total HIV-related philanthropic support for that year. As in previous years, this concentration of funding at the top is further illustrated by the fact that the top two funders alone accounted for 66% of all HIV-related philanthropy in 2021.

In 2021 the top 20 funder list saw three new funders join the ranks: Silicon Valley Community Foundation

(SVCF), American Jewish World Service, and UHAI-EASHRI, an East-African participatory grantmaker who saw a more than 100% increase in their funding from the previous year.

Ten of the top 20 funders increased giving, while the other 10 decreased their giving. Overall decreases outpaced increases by about \$12 million; however, these data are heavily influenced by two key factors. The first was a \$43 million decrease from Gilead Sciences, Inc., an expected drop in funding, after a large disbursement-related increase in 2020. The other was a \$31 million increase from SVCF due to two large grants from a donor-advised fund. Although we have tracked funding from SVCF in the past, most recently in 2019 totaling just \$200,000, we suspect this level of giving to be an anomaly, given the nature and origin of the funds, and that it likely will not be recurring at this level in future years.

FUNDERS CONCERNED ABOUT AIDS: THE POWER OF MEMBERSHIP

Collectively, 53% of total HIV-related philanthropy in 2021 was disbursed by funders that were FCAA member organizations between 2021 and 2023.

Membership in FCAA is an important advocacy tool to remind the philanthropic sector that HIV is still a critical issue. Our community spans the globe and represents small and large funding

organizations; HIV-specific and intersectional funders; local, national, and international funders; and corporate, private, and community-rooted intermediary funders. This diverse pool of philanthropy ensures that we reach communities around the world impacted by HIV at every intersection.

FCAA membership is denoted throughout this report with a superscript “[ⓧ].”

[ⓧ] FCAA Member
[■] Corporate funders

2021 Top 20 HIV-related Philanthropic Funders (US\$)¹⁴

FUNDER	HIV-RELATED DISBURSEMENT	CHANGE FROM 2020	NUMBER OF GRANTS	PERCENTAGE OF TOTAL GRANTMAKING [†]
1 Gilead Sciences, Inc. ^{ⓧ■}	239,709,927	-15%	1,017	70%
2 Bill & Melinda Gates Foundation	230,818,758	9%	222	4%
3 ViiV Healthcare ^{ⓧ■}	42,007,322	22%	722	100%
4 Silicon Valley Community Foundation	31,390,950	n/a	31	1%
5 Wellcome Trust	30,351,264	-10%	78	3%
6 Broadway Cares/Equity Fights AIDS [ⓧ]	9,867,013	-12%	441	66% [‡]
7 Elton John AIDS Foundation [ⓧ]	8,530,263	-40%	47	100%
8 MSD ^{ⓧ■} (Merck & Co.)	7,799,343	38%	80	8%
9 MAC Viva Glam Fund ^{ⓧ■}	7,389,239	-38%	412	n/a
10 Open Society Foundations [ⓧ]	7,066,063	17%	n/a	<1%
11 Sidaction [ⓧ]	6,729,926	11%	227	100%
12 Aidsfonds [ⓧ]	6,271,943	-9%	76	100% [§]
13 Children's Investment Fund Foundation [ⓧ]	5,572,240	-37%	7	<1%
14 Stephen Lewis Foundation [ⓧ]	4,745,658	7%	211	100%
15 AIDS United [ⓧ]	3,980,868	-44%	109	100% [§]
16 Nationale Postcode Loterij (Dutch National Postcode Lottery)	3,963,180	33%	2	<1%
17 American Jewish World Service [ⓧ]	3,473,730	20%	121	9%
18 FXB International (Association François-Xavier Bagnoud)	3,403,531	-16%	34	45%
19 Tides Foundation	3,018,635	-6%	39	<1%
20 UHAI-EASHRI [ⓧ]	2,978,367	112%	191	56%

[†] FCAA approximated the total philanthropic funding in 2021 for each of the top 20 funders based on available public sources (e.g., organizational annual reports, 990 forms). This information was not available for every organization. The percentage in this column represents the total HIV-related giving out of the organization's total grantmaking.

[‡] Much of the funding from Broadway Cares/Equity Fights AIDS is focused on the response to HIV, but they also leverage funding to support health needs and emergencies—including but not limited to HIV—for individuals in the entertainment industry.

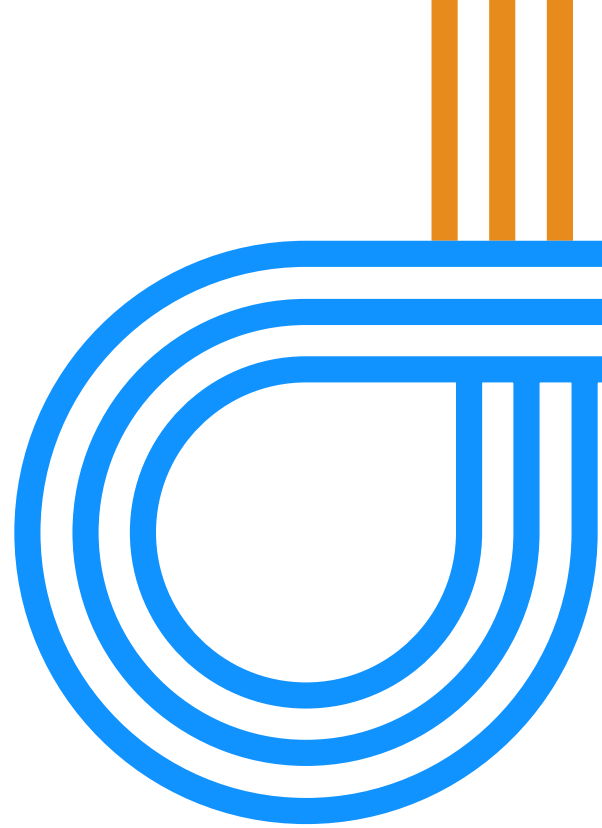
[§] HIV-related giving totals for AIDS United and Aidsfonds represent 100% of their total grantmaking in 2021, which refers to private philanthropic disbursements only; both organizations have larger giving portfolios that include public sources of income and partnerships that are not tracked by FCAA.

UNDERSTANDING THESE NUMBERS

Each year we see small changes in the total funding for HIV and AIDS that we track from philanthropic organizations—this year, a relatively small \$9 million decrease. Most of the funding—92% in 2021—came from the top 20 funders, and among the top 20, the top two—Gilead Sciences, Inc. and the Bill & Melinda Gates Foundation—accounted for 66% of all HIV-related philanthropy.

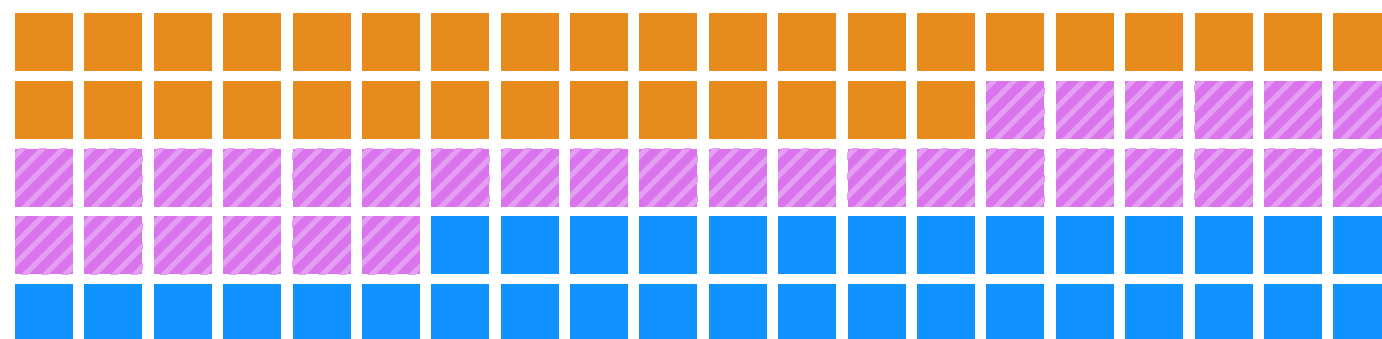
ON SUSTAINABILITY

While the chart below shows the concentration of funding among the top two funders, the sector would not be sustainable without the 34% of funding that comes from the remainder of the field. Sustainability requires variation and diversification, and oftentimes it is the smaller local funders that reach the lesser known, infrequently funded organizations in their communities. Each dollar given to support these organizations sends ripple effects through the lives of the people in the communities they serve.



The epidemic response would not be equitable and long-term without the continued and growing support of these hundreds of funders that understand how HIV impacts the communities and issues they are focused on.

2021 Distribution of HIV-related Philanthropic Funding (by percentage of total disbursements)

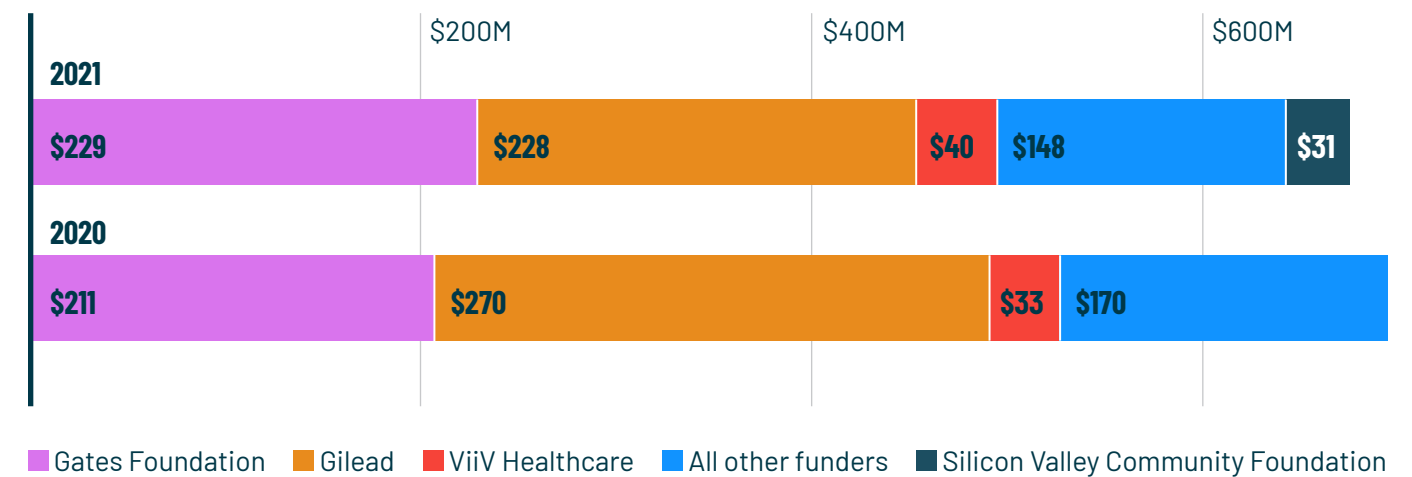


34% Gilead Sciences, Inc. 32% Bill & Melinda Gates Foundation 34% All other funders

Number of funders



2020-2021 Same Set of Funders Comparison (US\$ Millions)*



ON FLUCTUATIONS

Although overall funding did not see major changes this year, if we zoom in on the top few funders, we can see that there are fluctuations amongst them. The top funder, Gilead Sciences, Inc., saw an expected \$43 million decrease in 2021, after signaling the dramatic \$116 million increase in 2020 was due to disbursement schedules and not necessarily a sustained growth in output. Despite this decrease, Gilead Sciences, Inc.'s giving has steadily increased over prior years, growing by nearly 40% since 2019.

We've witnessed that the Bill & Melinda Gates Foundation's HIV-related funding has been consistent over the years, with relatively small fluctuations in line with their grant schedules and disbursements. In 2021, that came in the form of an \$18 million increase. We also saw a \$7 million increase from ViiV Healthcare in 2021. The combination of these increases, along with the \$31 million influx of new funding from the SVCF, essentially balanced out the decrease reported for Gilead Sciences, Inc. and the collective \$22 million drop from all other funders represented in last year's and this year's report.

CORPORATE FUNDERS

Corporate funders play a significant role in HIV philanthropy, contributing over \$300 million—42% of all funding—in 2021, despite representing only 5% of all funders in this report. The bulk of that funding comes from pharmaceutical companies, representing only 2% of all funders but 41% of total funding.

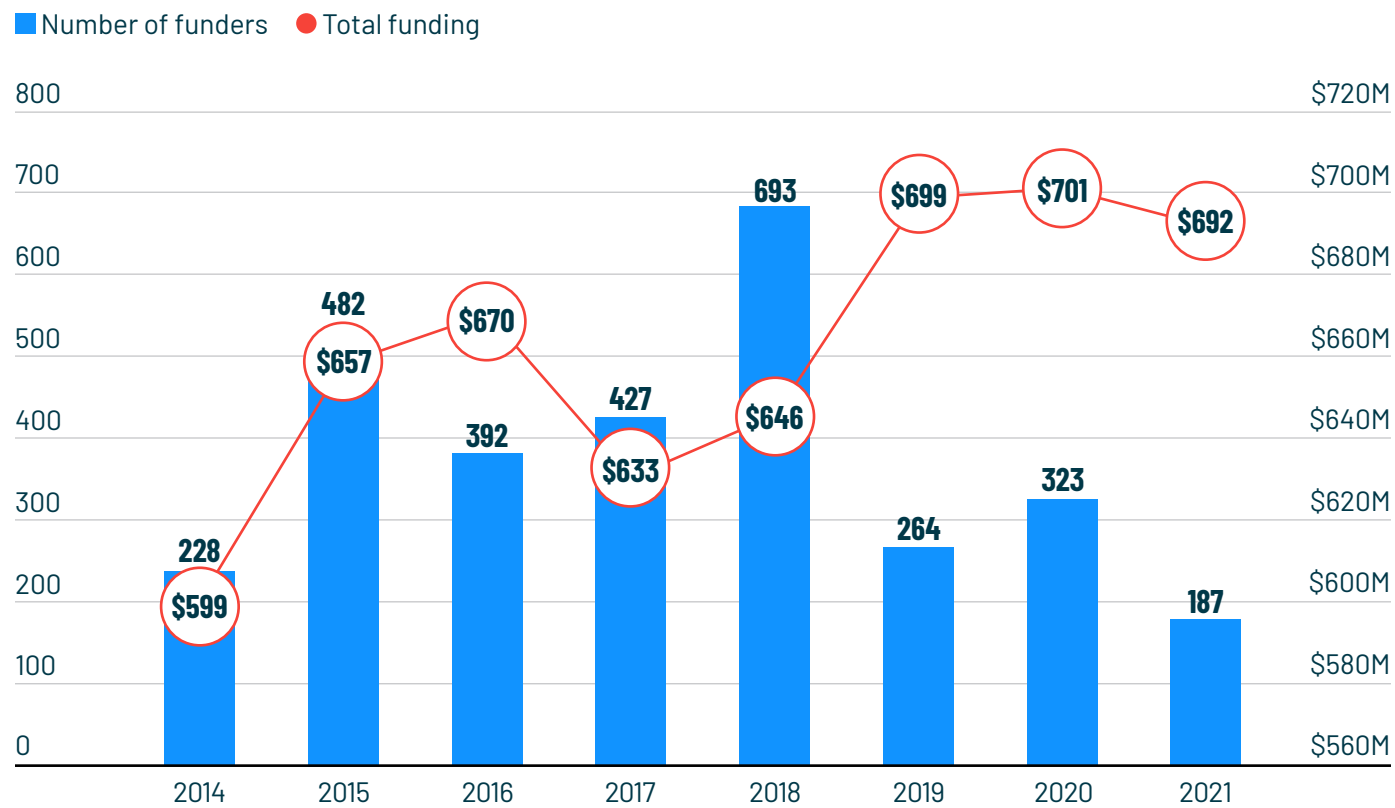
*To understand year to year changes, FCAA analyzed two years of giving among the same set of funders (for whom we had data) and compared their funding levels in 2020 and 2021. This chart shows funding totals with re-granting removed, to better understand their impact on the overall year to year total, therefore these data may differ slightly from the Top Grantmakers list.

ON FUNDERS

We continue to notice more funders move away from the HIV space, whether through decreasing their funding for HIV, closing their HIV-specific programs entirely, or shifting their focus to broader health or equity issues. For a growing list of funders whose data we were unable to collect or that have closed their HIV programs, see Appendix 1 on **page 108**. However, the dramatic shift in total funders each year—a drop from 323 to 187 in 2021—is not necessarily correlated with total funding dollars, as seen in the accompanying

chart. The bulk of these fluctuations are due to a methodological challenge involving data collected from Candid’s online database, which can fluctuate annually. Further, during the COVID-19 pandemic, the U.S. IRS was overwhelmed, and the availability of 990 tax forms, where grant contributions are publicly reported, stalled, delaying access to funding data. In contrast, the number of funders that we collect data from directly, or intentionally pull from annual reports and websites, increased in 2021 from 82 to 86 funders, as we engaged more intermediary funders in direct data submission.

2014–2021 Number of Funders vs. Total Funding by year (US\$)



ON GRANTS

The 5,640 grants tracked in this report ranged in size from \$100 to \$38 million. The average grant size was \$127,000; however, the most commonly occurring grant was \$10,000 and the median grant was \$20,000.

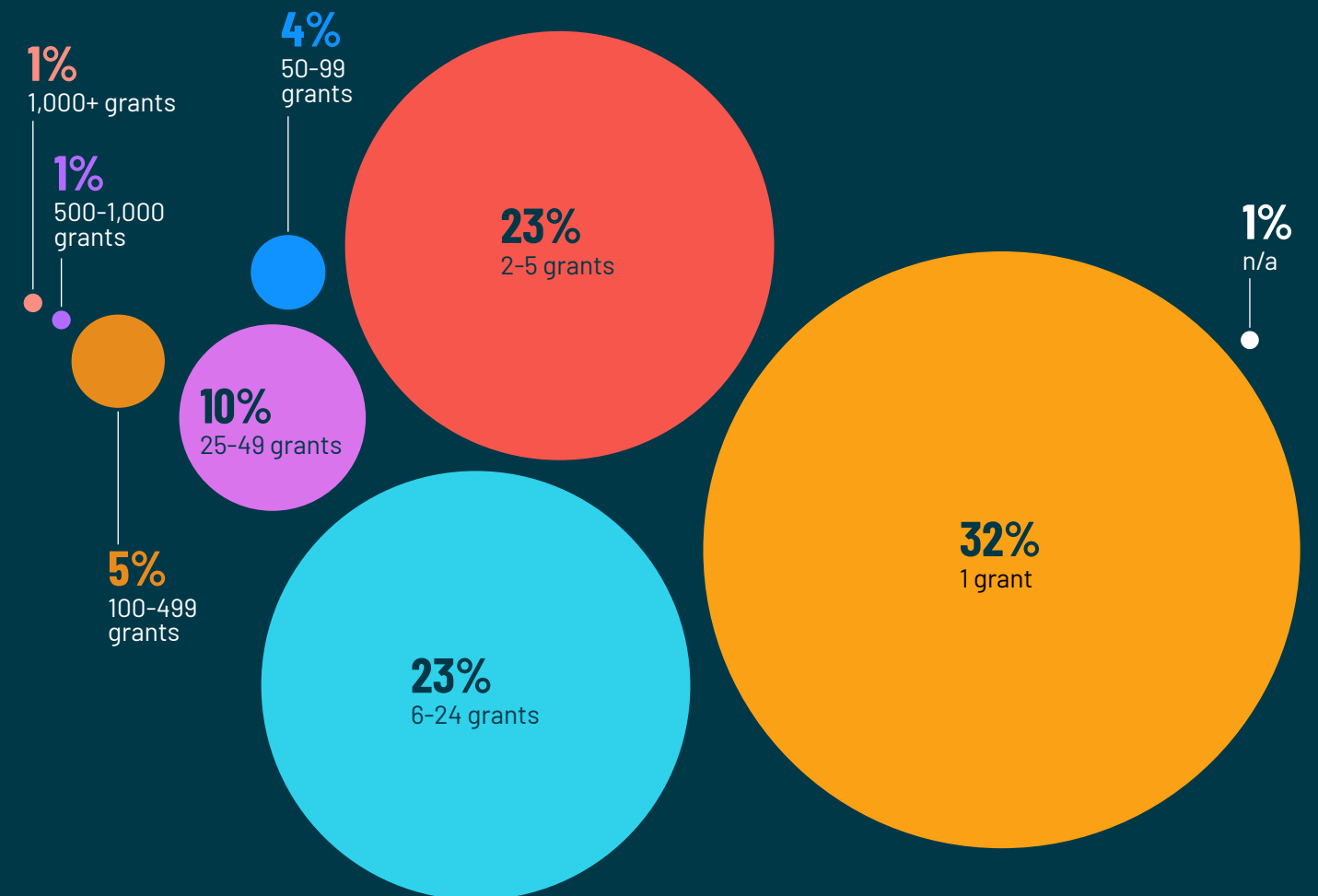
When looking at the quantity of grants disbursed, 60 funders, or 32% of the 187 funders tracked, gave only one grant each. More than half (55%) of all funders gave five grants or fewer.

The reasons for this variation are myriad, but the value of intersectional or place-based funders who respond to the immediate needs of their community cannot be overstated. Oftentimes, a single HIV grant can mean that a local funder is supporting an organization in their community despite HIV not being a specific focus area. We know that the HIV epidemic does not exist in

a vacuum; there are complex and overlapping factors—such as poverty, race, sexual orientation, gender identity, mental health, and disability—in addition to structural inequalities, that impact health disparities. There are so many ways to support communities impacted by HIV and to fund efforts that are necessary to end the epidemic, whether or not they appear to be “HIV grants” at face value.

Small grants should not be overlooked as well. A small pool of flexible funding can go a long way for a grassroots or volunteer-run organization and is often easier to receive than a larger grant with a lot of programmatic and reporting requirements. This is a key area where philanthropy can play a unique role, as public funding dollars typically are accompanied by burdensome reporting requirements and minimum thresholds that can be hard for smaller organizations to receive, implement, and report on.

2021 Distribution of Number of Grants Given by Funders





FUNDING CONTEXT

FUNDING CONTEXT

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that approximately \$22.6 billion was invested annually in the AIDS response in low- and middle-income countries (LMIC) in 2021.¹⁵ FCAA estimates that philanthropy contributed \$391 million¹⁶ of that total funding to LMIC (or 2% of global resources available for HIV and AIDS in LMIC) in 2021.

This falls far short of the \$29 billion target that UNAIDS estimates annual HIV investments should reach by 2025 in their new Global AIDS Strategy. The strategy, “End Inequalities. End AIDS,” seeks to prepare countries to end AIDS as a public health threat by 2030 via three priorities:

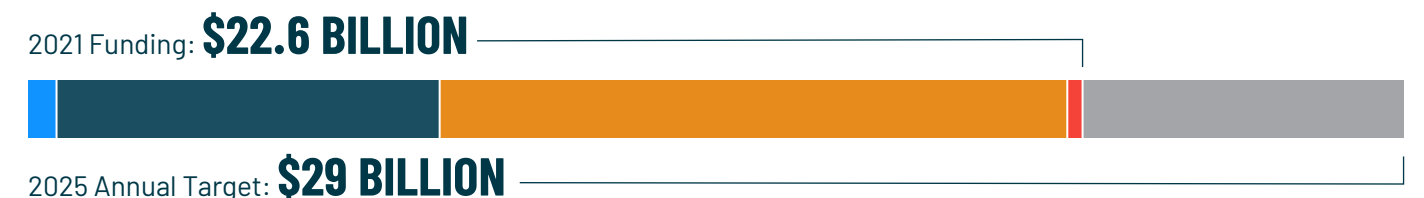
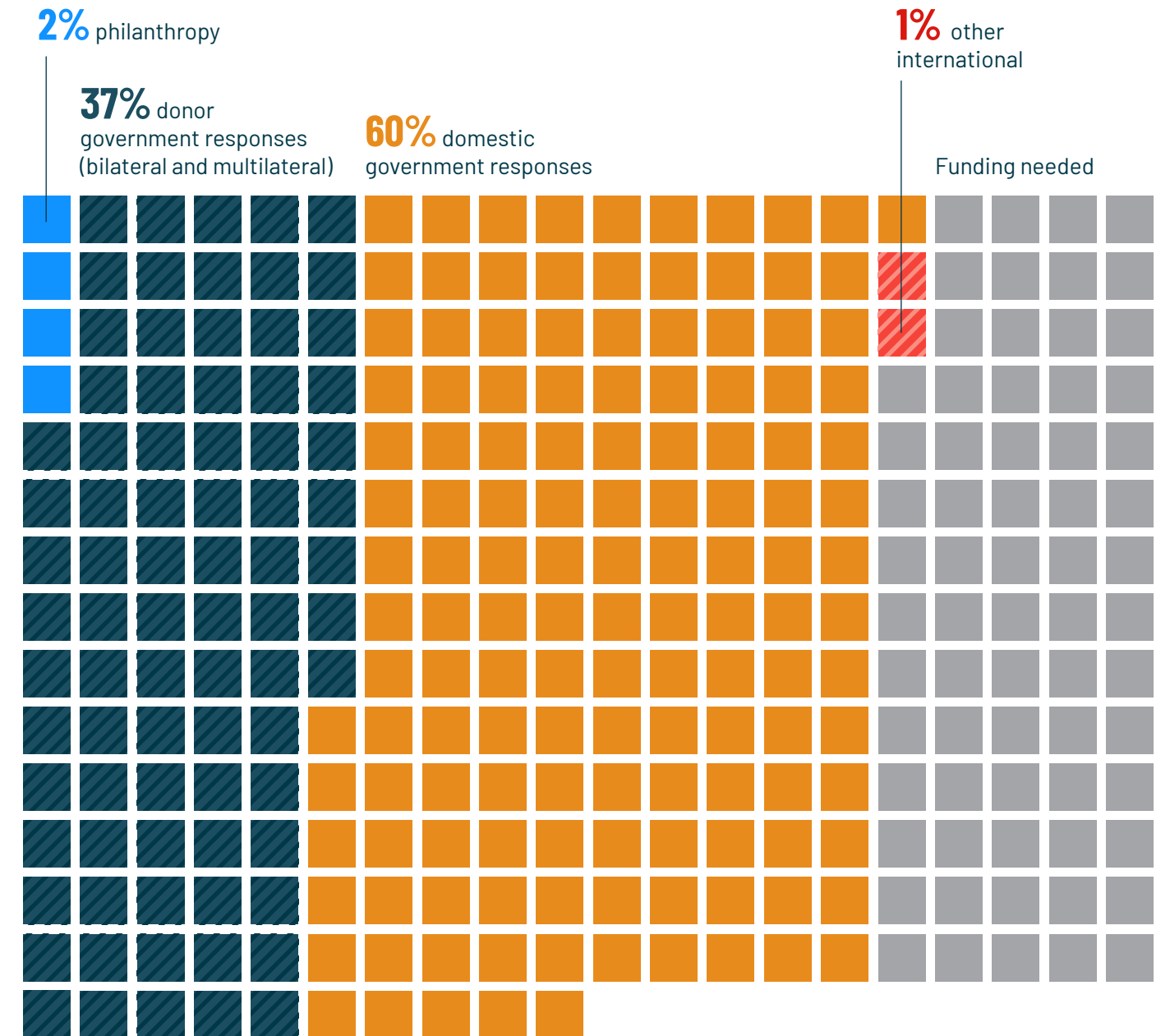
- Maximize equitable and equal access to comprehensive, people-centered HIV services.
- Break down legal and societal barriers to achieving HIV outcomes.
- Fully resource and sustain HIV responses and integrate them into systems for health, social protection, and humanitarian settings.¹⁷

When looking at these gaps between need and resources, we must understand that multilateral and bilateral funding has flatlined or even decreased in recent years. The U.S. government, through PEPFAR and its contributions to the Global Fund, is the largest single donor to the response. Historically, PEPFAR has provided one-fifth of the total resources to fight HIV and AIDS. However, current (fiscal year 2024) proposed U.S. funding levels to the program fall well short of the commitment needed to meet the global goals. Furthermore, PEPFAR funding has remained stagnant for over a decade, with current investments mirroring those made in 2009.

THE TRANSFORMATIONAL 2%

Even though it makes up just 2% of total global resources, philanthropy’s role in the HIV response is catalytic. This small portion often represents the only source of support for advocacy to hold governments accountable for their share. Philanthropy also funds populations that are most at risk for HIV but also often the most under-resourced—or even criminalized—by domestic governments.

2021 Total Resources for HIV and AIDS in Low- and Middle-Income Countries (US\$ Millions)^{18,19}



 = \$100 million

INTENDED USE OF FUNDING

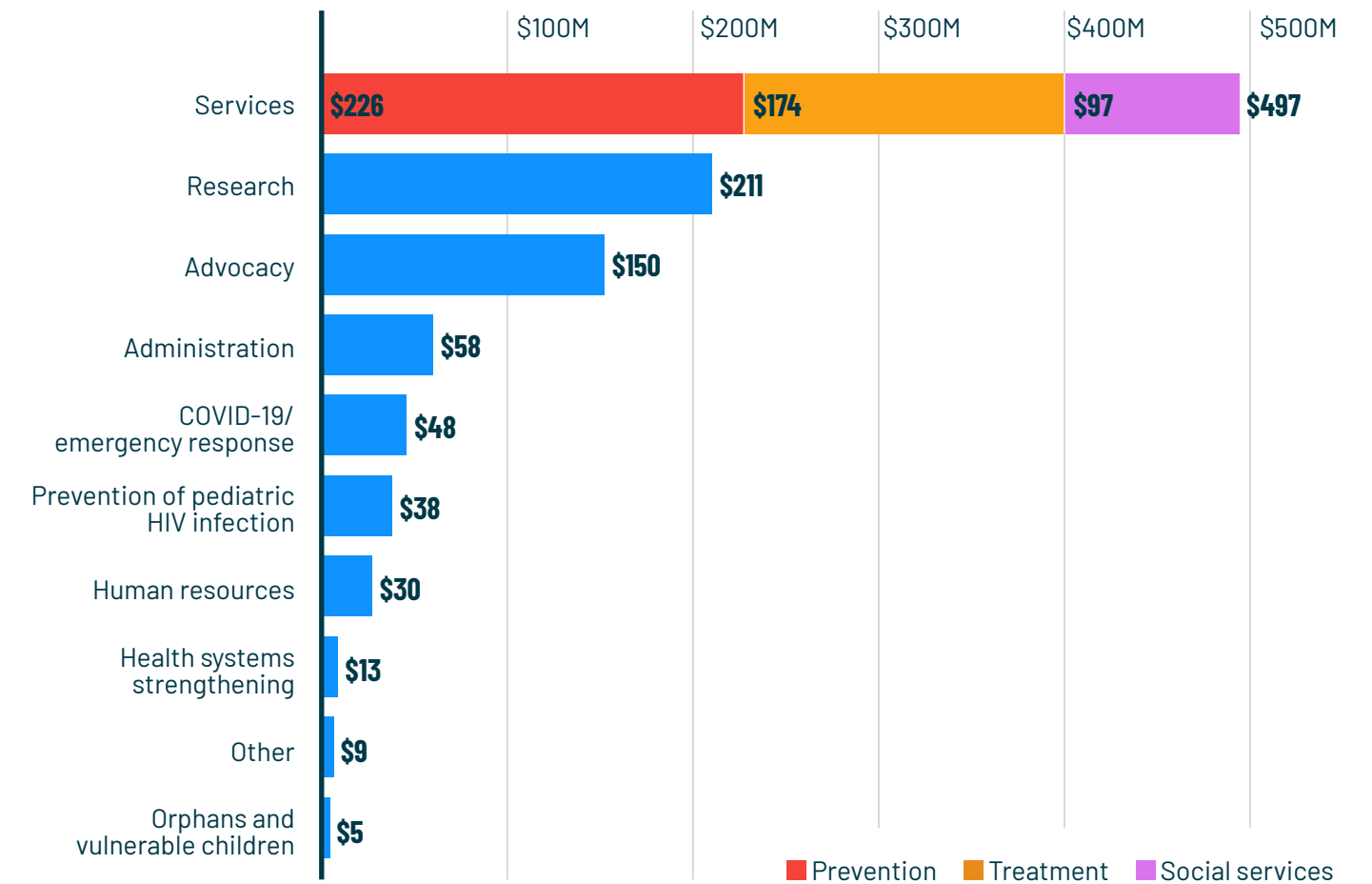


INTENDED USE OF FUNDING

Prevention, treatment, and research have long been the pillars for tackling the HIV pandemic. They're at the core of UNAIDS' strategy and the Ending the HIV Epidemic in the U.S. Initiative: Get people tested, treat people who test positive, and connect people who test negative with varying modes of prevention, including condoms, sexual and reproductive health education, syringe service programs, PrEP, and other education and awareness programs. Research, of course, has been pivotal all along in developing treatment and prevention options that have saved lives. Philanthropy has been a key player in all these ventures since the early days of the epidemic, even before government funding began to flow more freely, and has made invaluable contributions to research and the HIV response over the years. Prevention, treatment, and research continue to be the top three strategies funded by philanthropy.

One of the *transformational* roles philanthropy plays, however, is in its capacity to respond quickly, strategically, and with great flexibility, and to give voice and decision-making power to the communities it serves. In 2021, HIV-related philanthropy for advocacy and human rights increased by \$20 million (15%), reaching an all-time high of \$150 million. This means almost a quarter of all HIV-related philanthropy supports work combating stigma and discrimination, supporting legal services, fighting criminalization and violence against impacted communities, and building a stronger HIV constituency and global awareness. Support for social services rose again as well, by 12% this time, providing much needed housing, food, employment, and transportation services as well as case management, peer support groups, and psychosocial support. In 2021, grantmakers continued to respond to the COVID-19 pandemic and

2021 HIV Philanthropy: Intended Use of Funding (US\$)²⁰



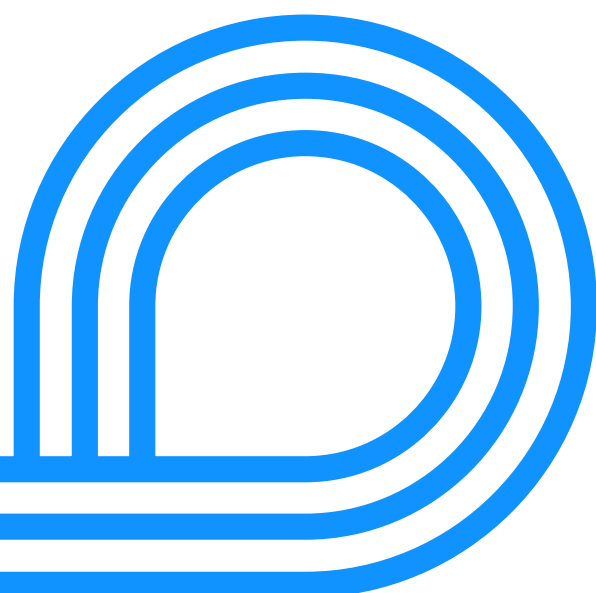
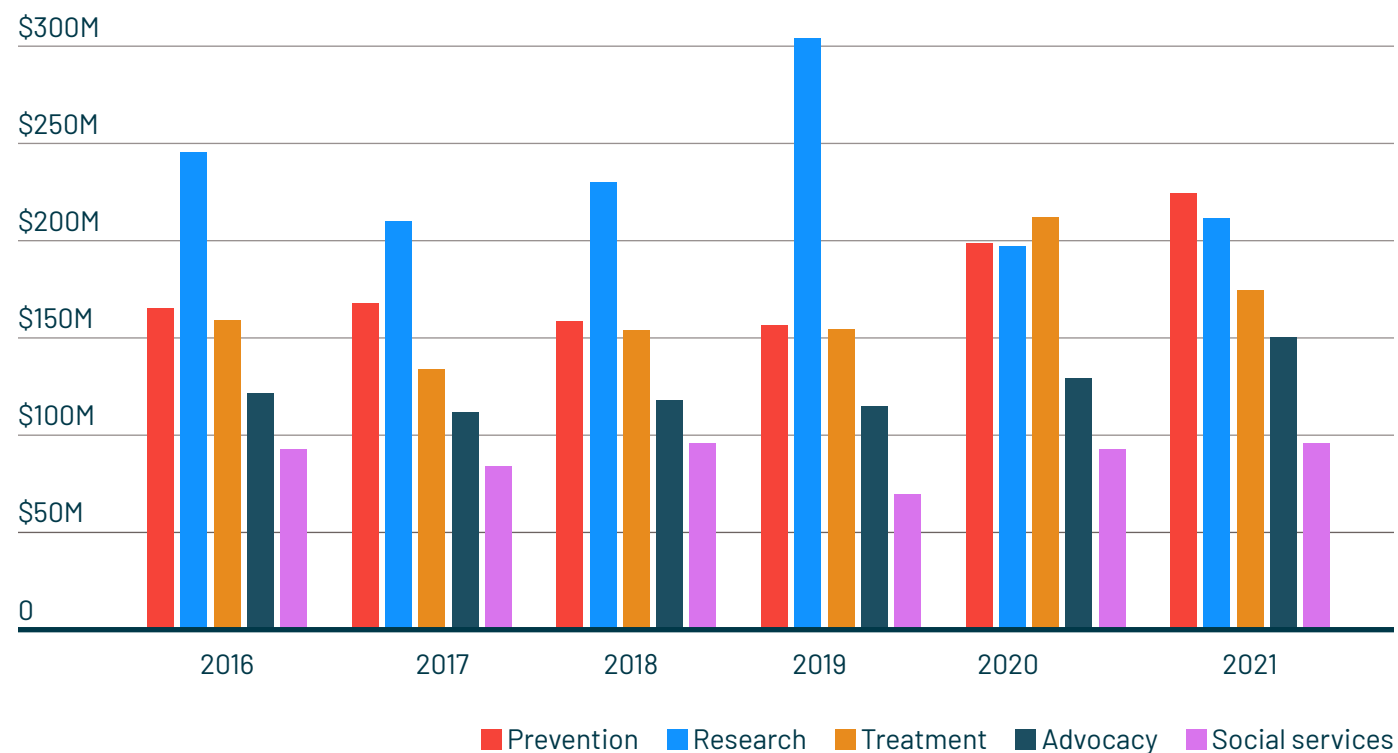
provide emergency response funding to support organizations trying to stay afloat and adapt their services for the communities they served. Many of the communities reached by these organizations were less likely to be prioritized by public funding dollars due to political barriers and inequities in the funding infrastructure. Learn more about populations reached by philanthropic funding in the section "Populations of Focus" on [page 48](#).

Despite reaching an all-time high, advocacy continues to be dwarfed by funding for services—

including treatment, prevention, and social services. Given these are areas that are commonly focused on by federal funding, we're displaying these three service provision categories in the aggregate in the above chart to emphasize the disproportionate distribution of philanthropic funding.

The accompanying charts include the categories that FCAA tracks, funding levels for 2021, and trends over time. To learn more about the intended use categories, see [Appendix 2: Methodology](#).

2016-2021 HIV Philanthropy: Intended Use of Funding Over Time (US\$)



THE IMPACT OF THE COVID-19 PANDEMIC

The health infrastructure established over the past 40 years of the HIV pandemic and supported by HIV-related philanthropy has played a significant role in the response to the COVID-19 crisis. Experience gained from addressing HIV and AIDS provided valuable insights and tools that were readily applicable to the management of the new pandemic. The robust network of research institutes, partnerships, and funding streams established by HIV philanthropy leveraged existing knowledge and infrastructure for the rapid development of COVID-19 therapeutics and vaccines. And significantly, the community-led approach and advocacy fostered by the HIV movement translated into effective public health messaging, awareness campaigns, and support systems for populations impacted by HIV and the COVID-19 pandemic. In 2020, philanthropy responded by offering more flexibility and reducing barriers to funding for their grantee organizations, as well as conjuring up additional support for COVID-19 emergency and rapid response funds. Funding for social services, including necessities such as housing and food, increased, as did funding for psychosocial services to address the impact that isolation and loss had on so many communities.

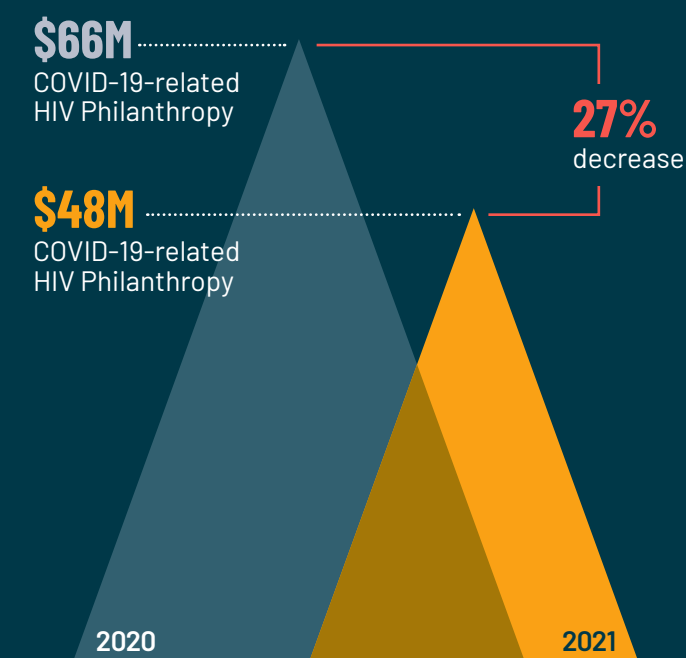
In 2021, COVID-19 continued to take lives, exacerbate health disparities, and destabilize communities around the globe. People living with and impacted by HIV became exponentially burdened by the economic, psychological, and medical impacts of the lingering COVID-19 pandemic and long COVID, defined as signs, symptoms, and conditions that continue or develop after initial acute COVID-19 or SARS-CoV-2 infection.²¹

It was expected that the philanthropic response to the COVID-19 pandemic would eventually decrease as the public's requirement for PPE waned and the initial infrastructure for remote engagement was established. In 2021, however, just a year after the onset of the pandemic, **HIV-related philanthropy that responded to or was impacted by COVID-19 totaled \$48 million, an \$18 million (27%) decrease from the funding tracked in 2020.** Less than 1% of this funding—in the form of two grants—addressed the impact of long COVID.

These COVID-19-related funding decreases were seen around the world, in every global region except for Eastern Europe and Central Asia, and Canada. The portion of COVID-19 funding that was for general operating/core support also dropped by around \$10 million, though it still represented 28% of total COVID-19 funding, versus only 7% of overall HIV philanthropy. The portions that went to BIPOC communities in the U.S. and LGBTQI communities globally both increased in 2021, showing that funders are prioritizing these heavily impacted populations in their COVID-19 response grants.

Importantly, some of the shifts that funders made in the first year of the pandemic made lasting impacts that are still evident, including increases to social services, capacity building, and funding for key populations and BIPOC communities. However, funding for general operating support, and the accompanying flexibility these grants provided, the most basic and sought-after resource, decreased after the initial year of COVID-19.

Despite some public perceptions, the COVID-19 pandemic is still ongoing for vulnerable populations and people living with HIV, and COVID-19 and long COVID, like HIV, have led to new or worsening disabilities and chronic conditions for many survivors worldwide as of the writing of this report.²²



OF POPULATIONS OF FOCUSATIONS



POPULATIONS OF FOCUS

In 2021, UNAIDS estimated there were 38.4 million people living with HIV globally. 1.7 million of them were children under the age of 15, and 54% of all people living with HIV were cisgender women and girls.*

Funding for women and girls and youth (15-24) both saw dramatic increases, upwards of \$30 million (~60%) from 2020. These were both in large part due to sizeable research grants for prevention tools targeting cisgender adolescent girls and young women. However, philanthropy reaching children (0-14) and families both saw declines in the same period. Due to two large grants

**While UNAIDS data is specific to cisgender women and girls, FCAA's data on philanthropic funding for women and girls is inclusive of transgender women.*

disbursed in 2021, funding for pregnant women/ mothers and babies increased by \$33 million (almost 400%). On the other end of the spectrum, funding for Older Adults (over 50) saw a dramatic increase as well, of \$19 million.






Collectively, sex workers and their clients, gay men and MSM, people who use drugs, and transgender people and their sexual partners accounted for 70% of HIV infections globally and 94% of HIV infections outside of sub-Saharan Africa. Funding for these heavily impacted and often criminalized populations—often referred to as “key populations”—is represented in bold in the accompanying chart on **page 50**.

Due to the volatile political and legal environment that has continued to impose draconian legislation on key populations, a *transformational role* that philanthropy plays is its ability to creatively and rapidly respond to the dire and shifting needs of these communities. Funding for each of these communities individually increased approximately 15% in 2021, except for transgender populations, where funding essentially remained flat.

While many of the trends of the epidemic carry over across geographic locations, oftentimes the populations most impacted can vary in different countries or regions.

For more details on how the epidemic impacts communities in a particular region, see “Regional Profiles” beginning on **page 60**.

AT A GLANCE, FUNDING FOR:

-  Women and girls **INCREASED**
-  Youth (15-24) **INCREASED**
-  Children (0-14) **DECREASED**
-  Key populations **INCREASED**
-  Transgender populations **FLAT**

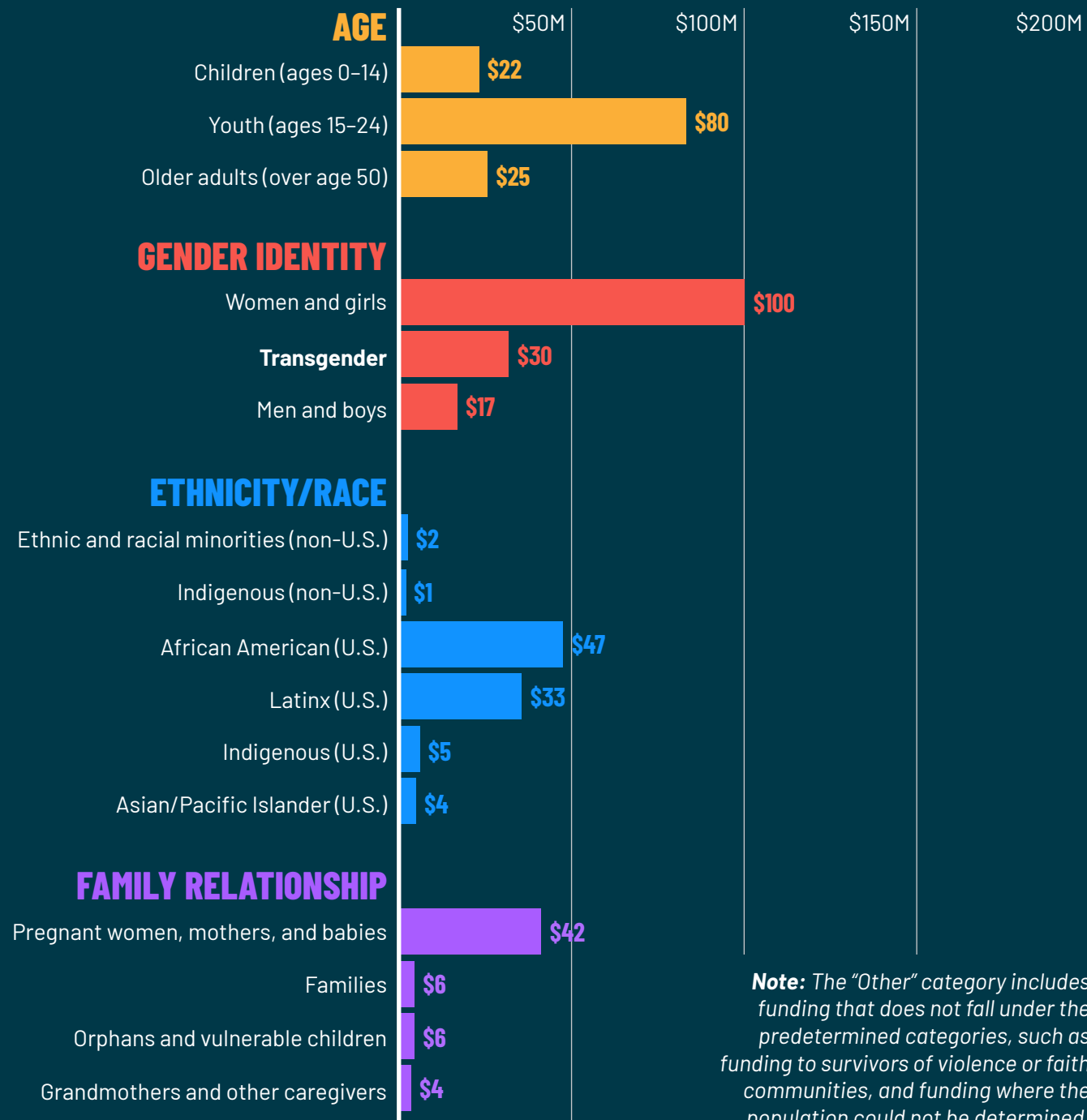
AN ESTIMATED 38.4 MILLION PEOPLE ARE LIVING WITH HIV GLOBALLY

1.7 MILLION ARE CHILDREN UNDER THE AGE OF 15

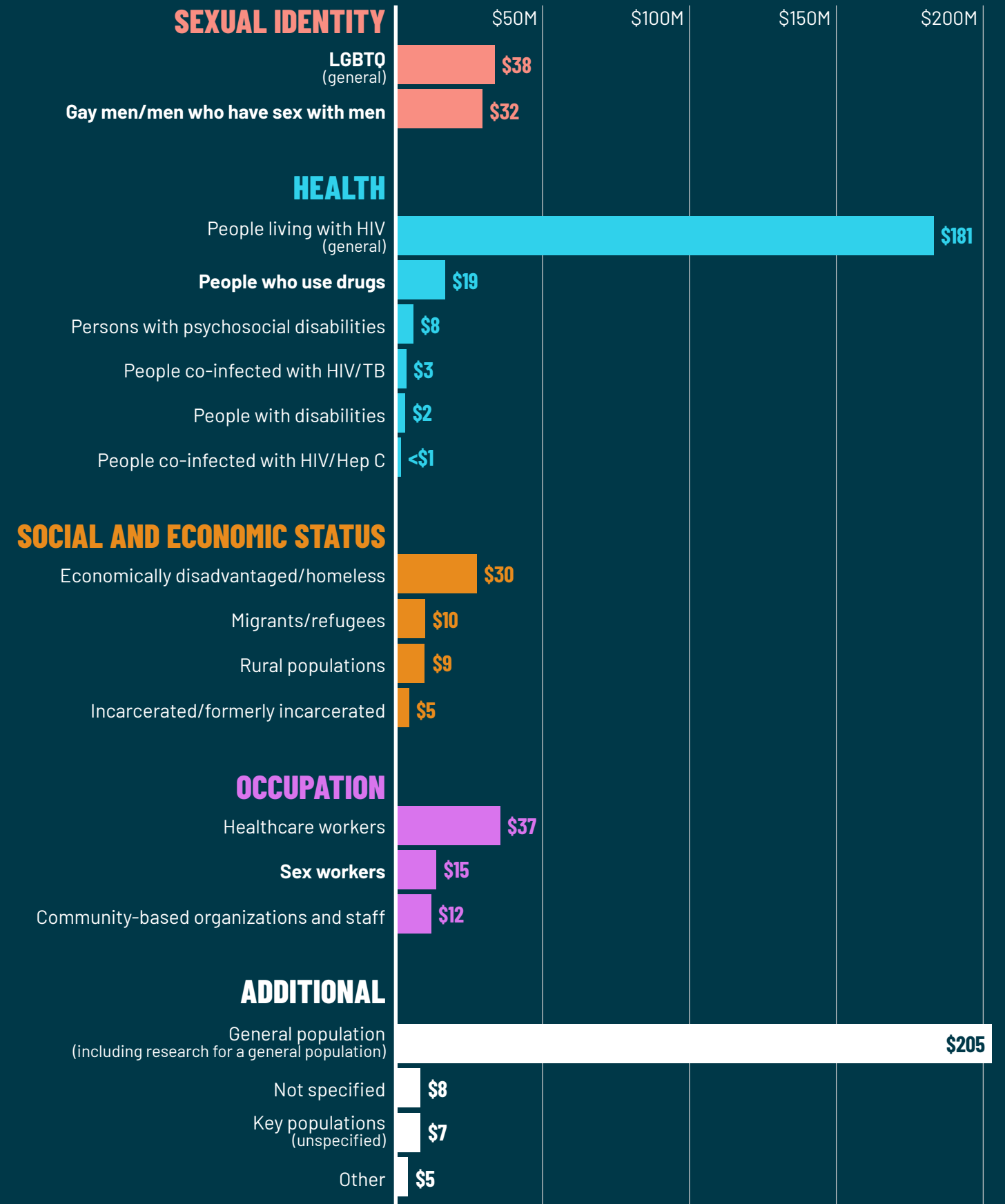
54% are cisgender women and girls

70% are key populations and their sexual partners

2021 HIV Philanthropy: Populations of Focus (US\$)²⁰



Note: The “Other” category includes funding that does not fall under the predetermined categories, such as funding to survivors of violence or faith communities, and funding where the population could not be determined.



TOP FUNDER SPOTLIGHTS

FCAA strives to spotlight the leadership of top funders engaged in supporting strategies and populations of focus that are critical to the fight against HIV and AIDS.

This section provides an important opportunity to highlight the leadership and diversity of organizations that constitute the philanthropic response to HIV. On these top 10 lists you will find names recognizable from the overall top 20 funder list down to smaller, community-rooted and intermediary funders, as well as organizations that address HIV through intersectional approaches. FCAA members are heavily represented on these lists.

 FCAA Member

2021 Top 10 Funders of General Operating Support

- 1 Broadway Cares/Equity Fights AIDS[ⓧ]
- 2 Bill & Melinda Gates Foundation
- 3 ViiV Healthcare[ⓧ]
- 4 Nationale Postcode Loterij (Dutch National Postcode Lottery)
- 5 M.A.C. VIVA GLAM Fund[ⓧ]
- 6 Gilead Sciences, Inc.[ⓧ]
- 7 Tides Foundation
- 8 Sidaction[ⓧ]
- 9 AIDS United[ⓧ]
- 10 Levi Strauss Foundation[ⓧ]

2021 Top 10 Funders of BIPOC Communities (U.S.)

- 1 Gilead Sciences, Inc.[ⓧ]
- 2 ViiV Healthcare[ⓧ]
- 3 AIDS United[ⓧ]
- 4 Emory COMPASS Coordinating Center
- 5 MSD[ⓧ] (Merck & Co.)
- 6 Ford Foundation[ⓧ]
- 7 MAC Viva Glam Fund[ⓧ]
- 8 Groundswell Fund
- 9 Elton John AIDS Foundation[ⓧ]
- 10 East Bay Community Foundation

2021 Top 10 Funders of Advocacy

- 1 Gilead Sciences, Inc.[ⓧ]
- 2 Bill & Melinda Gates Foundation
- 3 ViiV Healthcare[ⓧ]
- 4 Open Society Foundations[ⓧ]
- 5 Nationale Postcode Loterij (Dutch National Postcode Lottery)
- 6 Stephen Lewis Foundation[ⓧ]
- 7 Elton John AIDS Foundation[ⓧ]
- 8 American Jewish World Service[ⓧ]
- 9 Tides Foundation
- 10 AIDS United[ⓧ]

2021 Top 10 Funders of PrEP

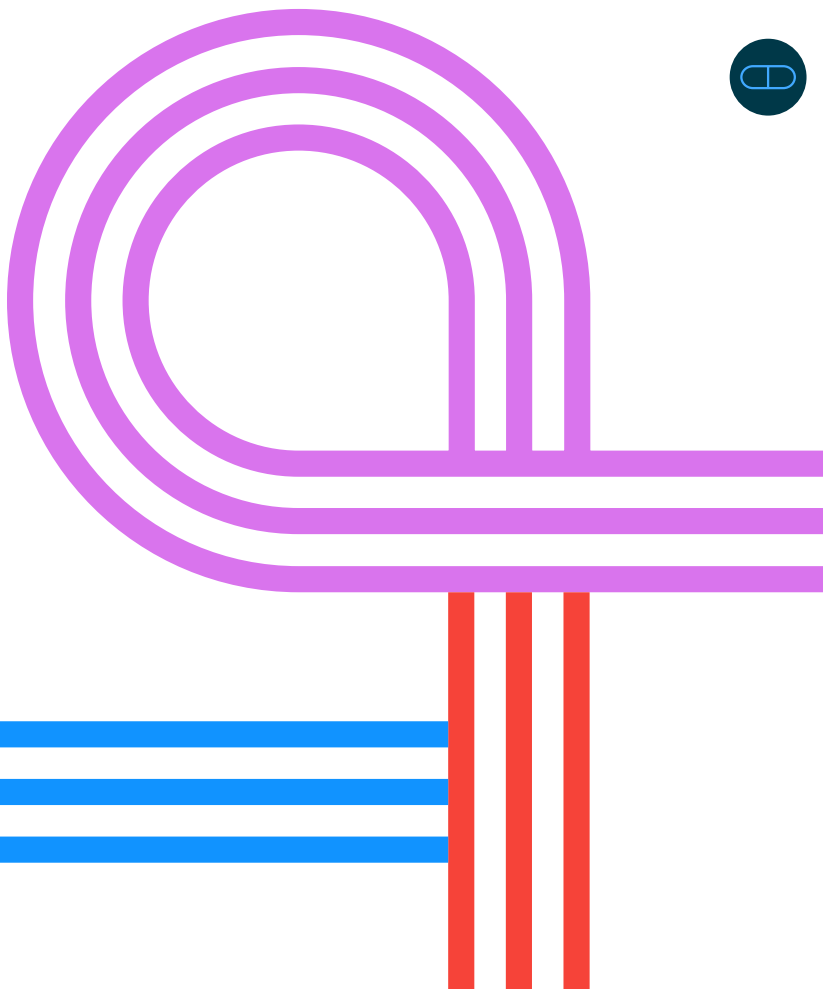
- 1 Bill & Melinda Gates Foundation
- 2 Gilead Sciences, Inc.[ⓧ]
- 3 ViiV Healthcare[ⓧ]
- 4 Children's Investment Fund Foundation[ⓧ]
- 5 Sidaction[ⓧ]
- 6 Elton John AIDS Foundation[ⓧ]
- 7 Methodist Healthcare Ministry
- 8 MAC Viva Glam Fund[ⓧ]
- 9 AIDS United[ⓧ]
- 10 Aidsfonds[ⓧ]

2021 Top 10 Funders of Gay Men and other MSM

- 1 Gilead Sciences, Inc.[ⓧ]
- 2 ViiV Healthcare[ⓧ]
- 3 MSD[ⓧ] (Merck & Co.)
- 4 AIDS United[ⓧ]
- 5 Elton John AIDS Foundation[ⓧ]
- 6 Sidaction[ⓧ]
- 7 MAC Viva Glam Fund[ⓧ]
- 8 Aidsfonds[ⓧ]
- 9 MPact Global Action[ⓧ]
- 10 UHAI-EASHRI[ⓧ]

2021 Top 10 Funders of Sex Workers

- 1 Gilead Sciences, Inc.[ⓧ]
- 2 Sidaction[ⓧ]
- 3 UHAI-EASHRI[ⓧ]
- 4 Wellcome Trust
- 5 Red Umbrella Fund[ⓧ]
- 6 Elton John AIDS Foundation[ⓧ]
- 7 American Jewish World Service[ⓧ]
- 8 ViiV Healthcare[ⓧ]
- 9 Third Wave Fund[ⓧ]
- 10 Aidsfonds[ⓧ]

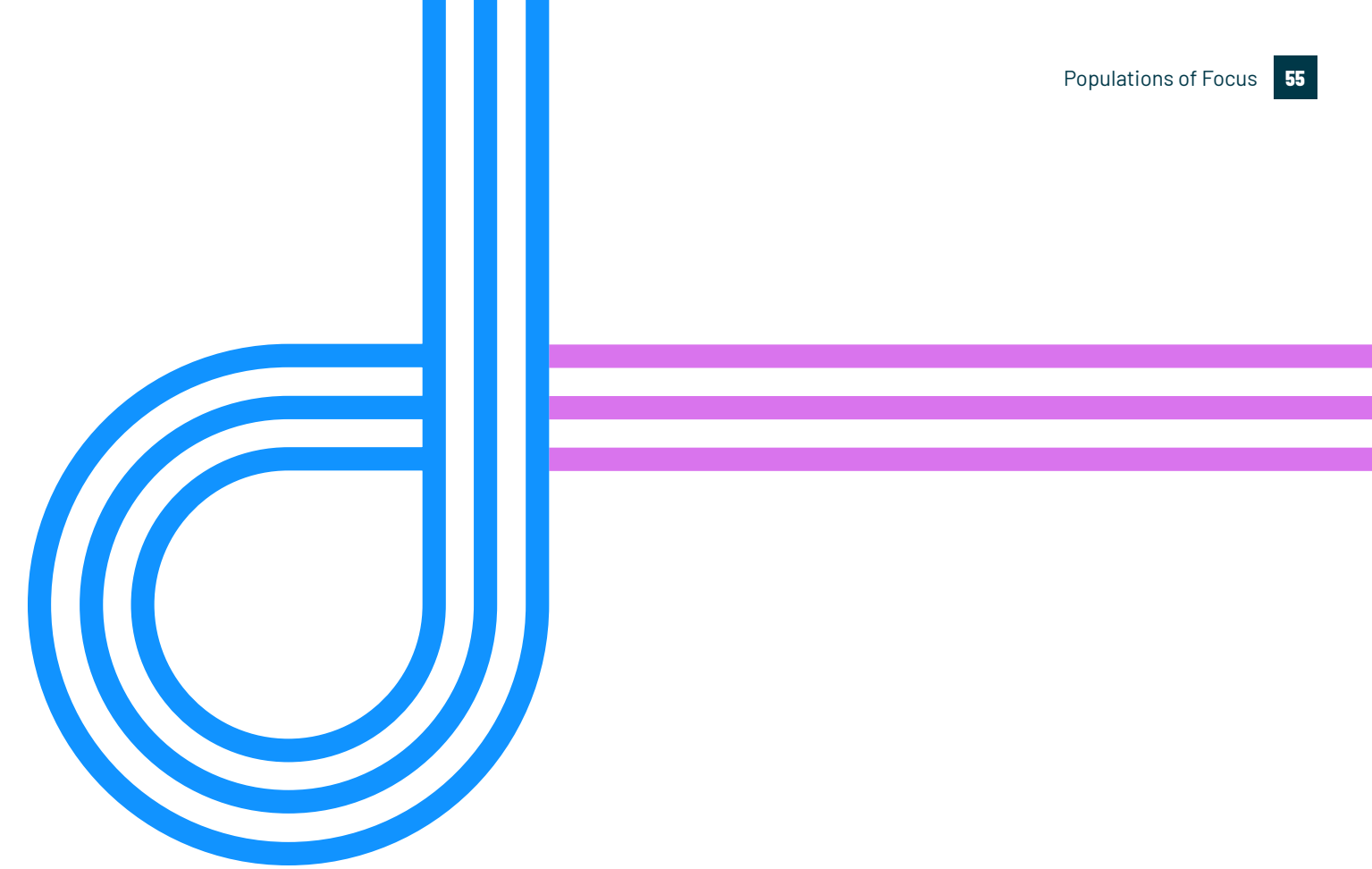


2021 Top 10 Funders of Transgender Communities

- 1 Gilead Sciences, Inc.^x
- 2 ViiV Healthcare^x
- 3 AIDS United^x
- 4 Elton John AIDS Foundation^x
- 5 Sidaction^x
- 6 American Jewish World Service^x
- 7 MAC Viva Glam Fund^x
- 8 UHAI-EASHRI^x
- 9 Emory COMPASS Coordinating Center
- 10 Astraea Lesbian Foundation for Justice

2021 Top 10 Funders of Women and Girls

- 1 Bill & Melinda Gates Foundation
- 2 Gilead Sciences, Inc.^x
- 3 ViiV Healthcare^x
- 4 Stephen Lewis Foundation^x
- 5 American Jewish World Service^x
- 6 Nationale Postcode Loterij (Dutch National Postcode Lottery)
- 7 MAC Viva Glam Fund^x
- 8 Wellcome Trust
- 9 Children's Investment Fund Foundation^x
- 10 Conrad N. Hilton Foundation^x



2021 Top 10 Funders of People Who Use Drugs

- 1 Gilead Sciences, Inc.^x
- 2 ViiV Healthcare^x
- 3 Elton John AIDS Foundation^x
- 4 MAC Viva Glam Fund^x
- 5 Sidaction^x
- 6 Comer Family Foundation^x
- 7 AIDS United^x
- 8 Broadway Cares/Equity Fights AIDS^x
- 9 Emory COMPASS Coordinating Center
- 10 Community Education Group^x

2021 Top 10 Funders of Children and Youth

- 1 Bill & Melinda Gates Foundation
- 2 Gilead Sciences, Inc.^x
- 3 ViiV Healthcare^x
- 4 Stephen Lewis Foundation^x
- 5 Children's Investment Fund Foundation^x
- 6 FXB International (Association François-Xavier Bagnoud)
- 7 Conrad N. Hilton Foundation^x
- 8 Wellcome Trust
- 9 MAC Viva Glam Fund^x
- 10 Aidsfonds^x

2021 Top 10 Funders of Capacity Building/ Leadership Development

- 1 Gilead Sciences, Inc.^x
- 2 Bill & Melinda Gates Foundation
- 3 ViiV Healthcare^x
- 4 Stephen Lewis Foundation^x
- 5 AIDS United^x
- 6 Elton John AIDS Foundation^x
- 7 American Jewish World Service^x
- 8 UHAI-EASHRI^x
- 9 Conrad N. Hilton Foundation^x
- 10 Red Umbrella Fund^x

2021 Top 10 Funders Addressing the COVID-19 Pandemic

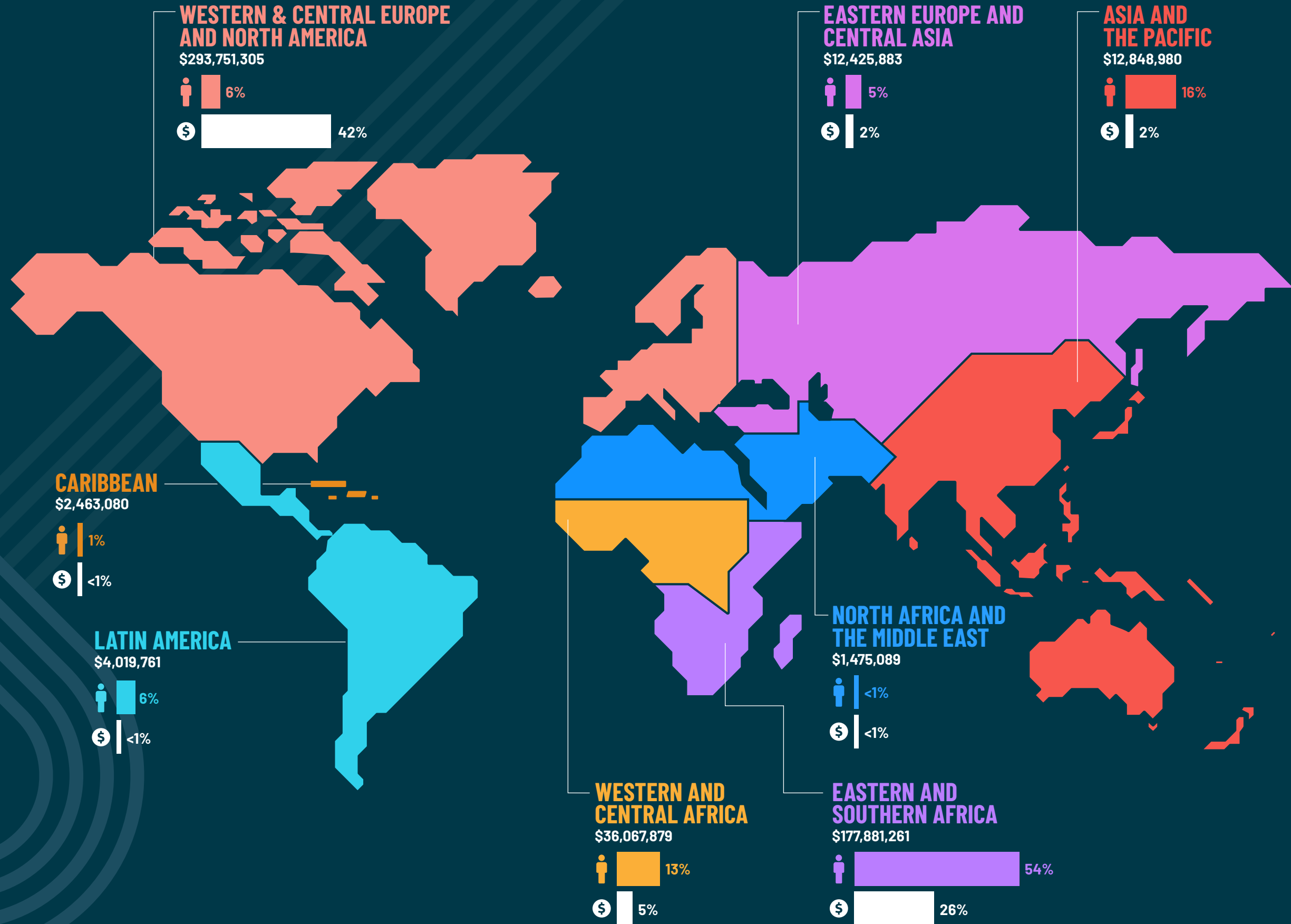
- 1 Gilead Sciences, Inc.^x
- 2 ViiV Healthcare^x
- 3 Bill & Melinda Gates Foundation
- 4 Stephen Lewis Foundation^x
- 5 MAC Viva Glam Fund^x
- 6 AIDS United^x
- 7 Sidaction^x
- 8 Rockefeller Foundation
- 9 Aidsfonds^x
- 10 American Jewish World Service^x

GEOGRAPHIC FOCUS

The background features a dark teal color with several sets of parallel diagonal lines in light blue, orange, pink, and red. A large, stylized orange infinity symbol is positioned on the right side, overlapping the lines.

2021 World Map: Proportion of HIV Prevalence vs. HIV Philanthropy, by Region ²³

In 2021, a total of 187 philanthropic funders made more than 5,600 HIV-related grants to over 2,800 grantees, totaling \$692 million. To better elucidate the discrepancies in funding for certain regions, we overlaid recent UNAIDS data with the 2021 HIV-related philanthropy totals for comparable regions. This visual shows that funding does not closely align with the highest-burden regions; the Global North receives the bulk of funding despite its lower prevalence, and higher-burden regions, including Eastern and Southern Africa, receive significantly less funding. For additional detail, please reference the region-specific profiles that follow this section.



REGION
Total funding (US\$)

Color: Percent of PLWH

White: Percent of overall HIV philanthropy

REGIONAL PROFILES



CARIBBEAN

HIV-related philanthropy to the Caribbean in 2021:



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 spotlight the important role of funding for sex workers, FCAA invited a grantee perspective from the **Suriname Collection of Sex Workers (SUCOS)**—a grantee of Red Umbrella Fund—in Suriname.

The Suriname Collection of Sex Workers (SUCOS), officially named the Denise Carr Foundation, is a sex worker-led organization for female, male, and transgender sex workers. In a country where sex workers represent roughly 11% of HIV prevalence, the organization advocates for sex workers’ rights through education, awareness, advocacy campaigns, and capacity-building activities to recognize and respect that sex work is work in order to reduce stigmatization and remove barriers from social rights.

The Caribbean has the highest HIV prevalence rate outside of Sub-Saharan Africa among people aged 15 to 49 years. The majority of new HIV infections occur among key populations and their sexual partners. However, it is hard to fully analyze the nature of the epidemic due to a lack of reliable and comprehensive surveillance data. A variety of social factors have perpetuated the spread and worsened the severity of HIV and AIDS in the Caribbean. Many people are at increased risk of HIV infection because of their social vulnerability arising from poverty, illiteracy/limited education, unemployment, gender inequality, and sexual orientation. The region is also home to high rates of gender-based violence, stigma, and discrimination as well as continued criminalization of same-sex relationships in a number of countries. Suriname is a small Caribbean country (under 165,000 square kilometers/4,000 square miles) bordered by the Atlantic Ocean, Guyana, French Guiana, and Brazil.

Suriname has an overall population of roughly 632,000, and HIV and AIDS remain one of the leading causes of mortality there, with a rate of 14.9 deaths per 100,000 people in 2017, and 1.5 times more men dying when compared to women. Among new diagnoses, the male to female ratio was 1-to-1 in 2017. More complete and recent population, treatment, and viral suppression data is not available.

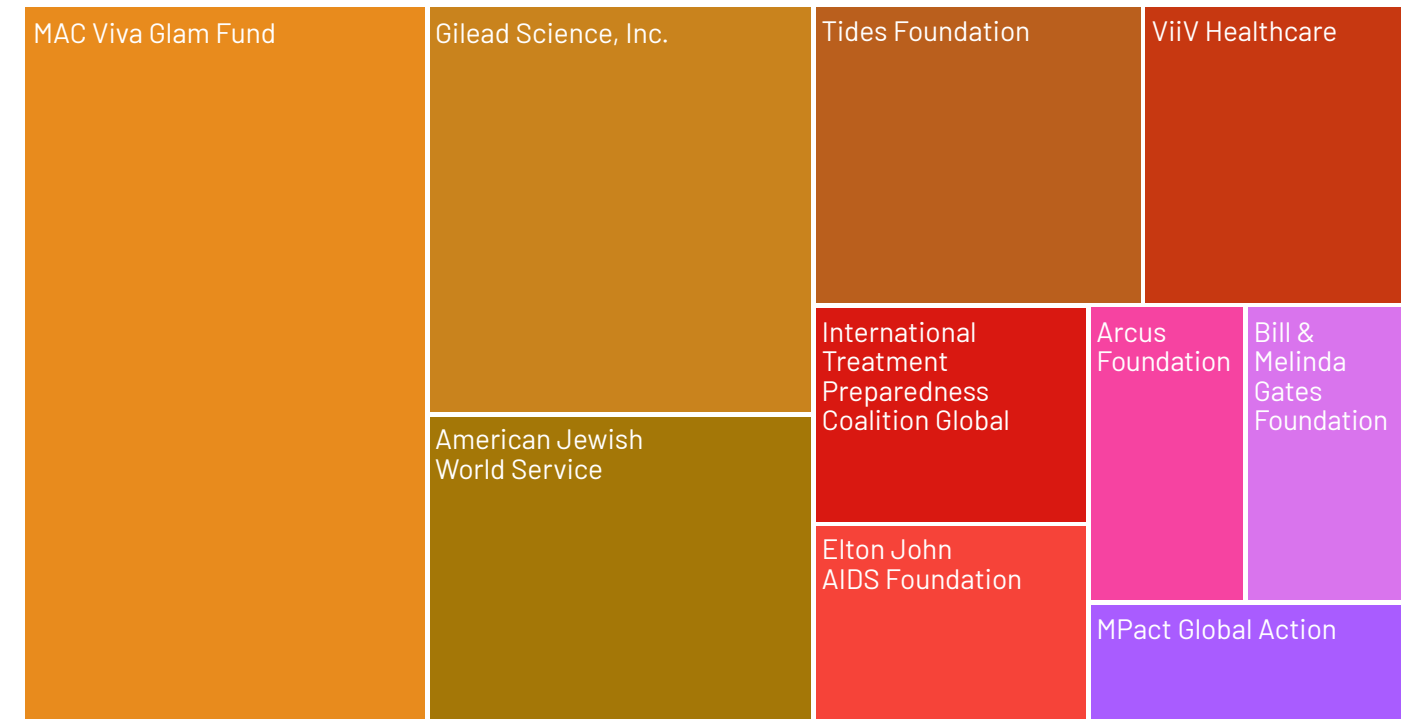
SUCOS has been a grantee partner of Red Umbrella Fund—the first and only global fund dedicated to supporting the rights of sex workers—since 2017. SUCOS was founded in 2015 to unite diverse sex workers, including trans people, migrant sex workers, and people living with HIV and AIDS. Since 2017, the organization has received three grants from Red Umbrella Fund, including a current two-year core flexible grant that ends in December 2023. Red Umbrella Fund also supported SUCOS as a new, unregistered organization, helping to build our capacity to manage grants and provide services. The organization’s director is now also one of eight sex workers’ rights activists that sits on Red Umbrella Fund’s International Steering Committee.

This type of support is all the more critical when HIV-related philanthropy to organizations in Suriname totaled less than \$40,000 and support for sex workers in the entire region amounted to \$393,000 in 2021.

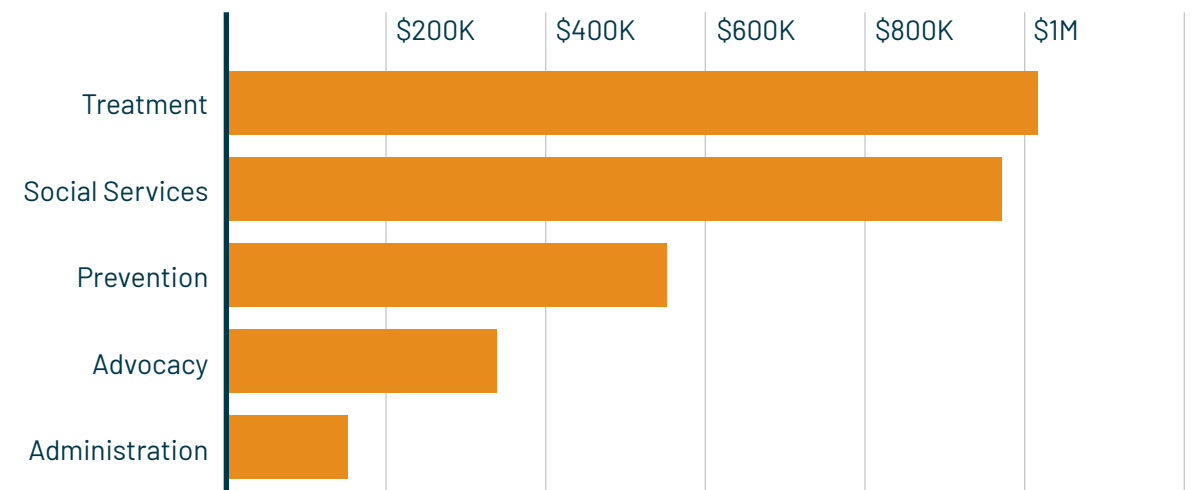
SUCOS has successfully leveraged flexible funding to support the sex worker community impacted by HIV by setting up awareness campaign/information booths; offering peer support groups and peer-to-peer outreach to distribute condoms and lubricants; providing social assistance to empower sex worker communities with care packages, food vouchers, and rent support; and capacity-building training focused on HIV and sexually transmitted diseases.

SUCOS also encourages funders to consider intersectional efforts that can support vulnerable populations, including poverty alleviation projects that can help families survive and efforts to help migrants who need to be linked to care and treatment.

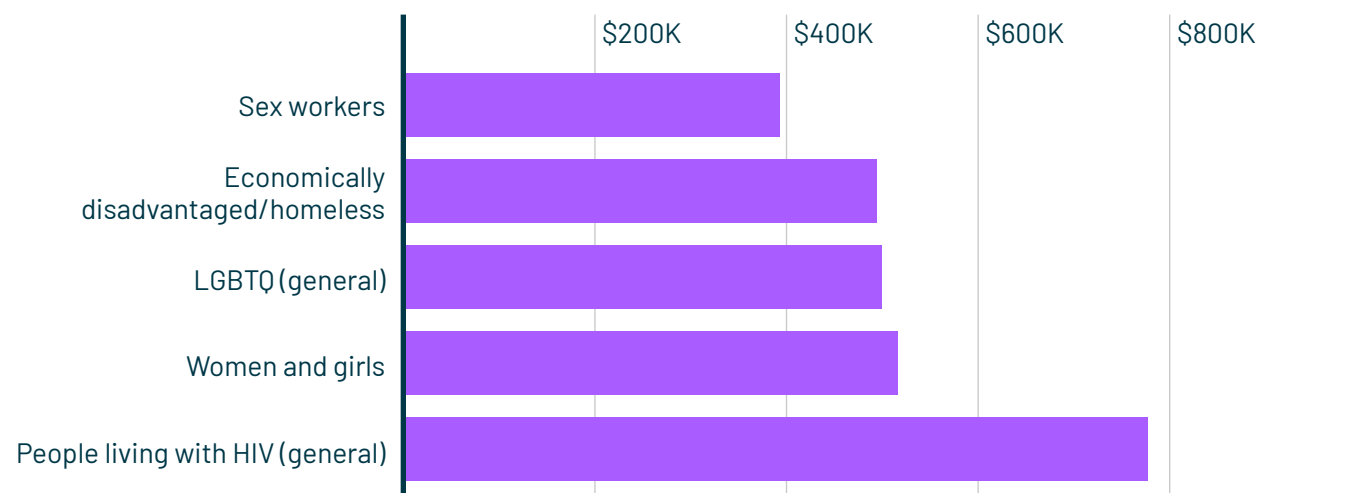
2021 Caribbean: Top 10 Funders



2021 Caribbean: Top 5 Intended Use of Funding (US\$)



2021 Caribbean: Top 5 Populations of Focus (US\$)



COVID-19/Emergency Response funding: **\$336,761**

Key populations funding: **\$1,258,377**

2021 Caribbean: Recipient Countries (US\$)

COUNTRIES	DISBURSEMENTS	COUNTRIES	DISBURSEMENTS
Dominican Republic	913,639	Aruba	56,896
Haiti	637,444	Martinique	38,003
<i>Regional (non-country specific)</i>	470,178	Suriname	38,003
Jamaica	317,713	Trinidad and Tobago	30,000
Guyana	134,544	Barbados	20,599
St. Lucia	101,970		

LATIN AMERICA

HIV-related philanthropy to Latin America in 2021:



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 spotlight the importance of investing in advocacy and human rights-based approaches, FCAA invited a grantee perspective from Letra S—a grantee of the Levi Strauss Foundation—in Mexico.



Letra S, Sida, Cultura y Vida Cotidiana, AC (Letra S), located in Mexico City, Mexico, is a nonprofit civil society organization dedicated to the dissemination of information on issues related to the trinomial of health, sexuality and society, as well as the defense of human rights, LGBTQI people, and people living with HIV.

In Mexico, the HIV epidemic is highly concentrated in gay men and men who have sex with men (MSM). Although all people diagnosed with HIV have free access to treatment, the mortality rate has not been impacted, remaining practically the same in the last 15 years, whereas the number of new HIV infections has increased in the last five years.

The biggest obstacles to stopping the epidemic remain stigma and discrimination. Therefore, it is necessary to develop strategies to confront them, accompanied by actions to defend the human rights of people living with HIV and the communities most affected by the epidemic. It is also necessary to

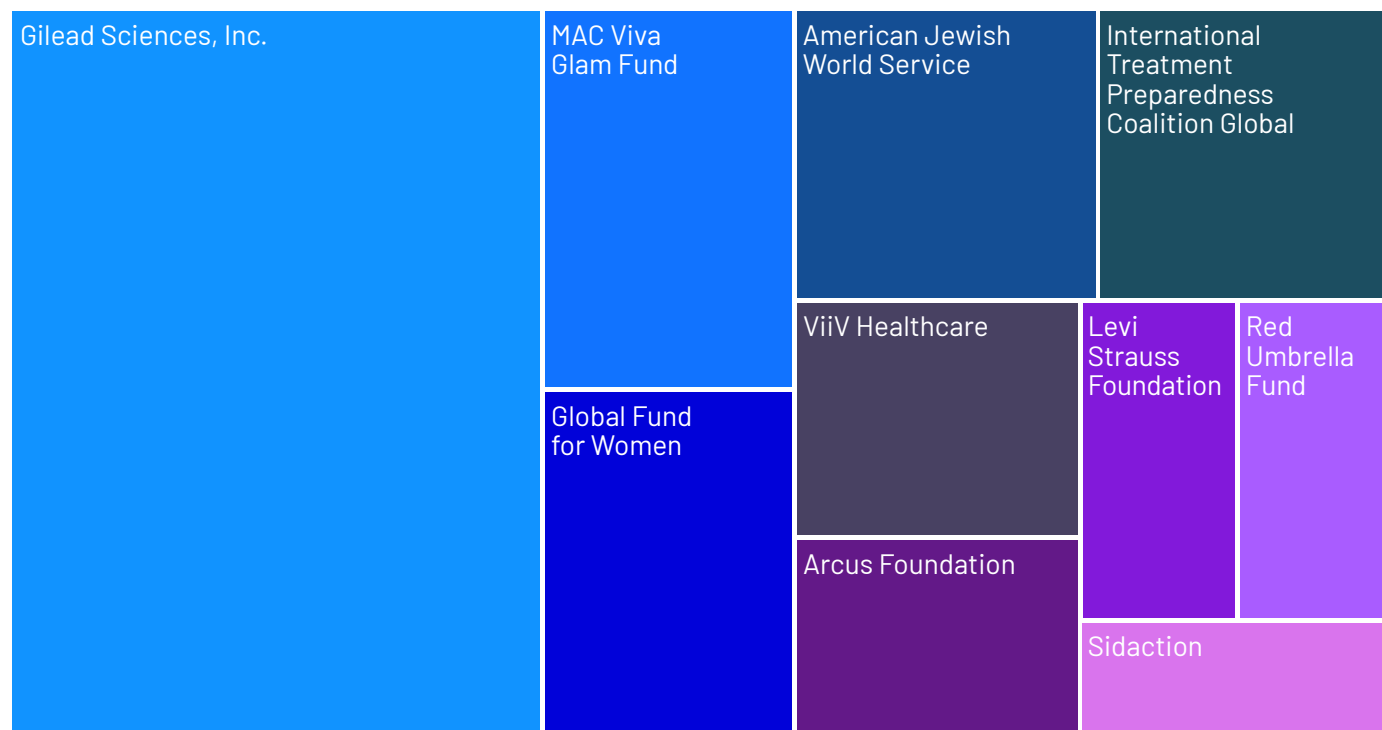
promote HIV diagnosis and guarantee universal access to prevention supplies such as screening tests and pre- and post-exposure prophylaxis (PrEP/PEP).

The work of Letra S is focused on defending the human rights of people with HIV. For this purpose, the organization developed an intervention model based on the installation of human rights offices in public health centers specializing in HIV and AIDS care. These health centers serve the most vulnerable populations who have the highest risk of infection and do not have social security: MSM, sex workers, people who use drugs, transgender people, people deprived of their liberty, and low-income women.

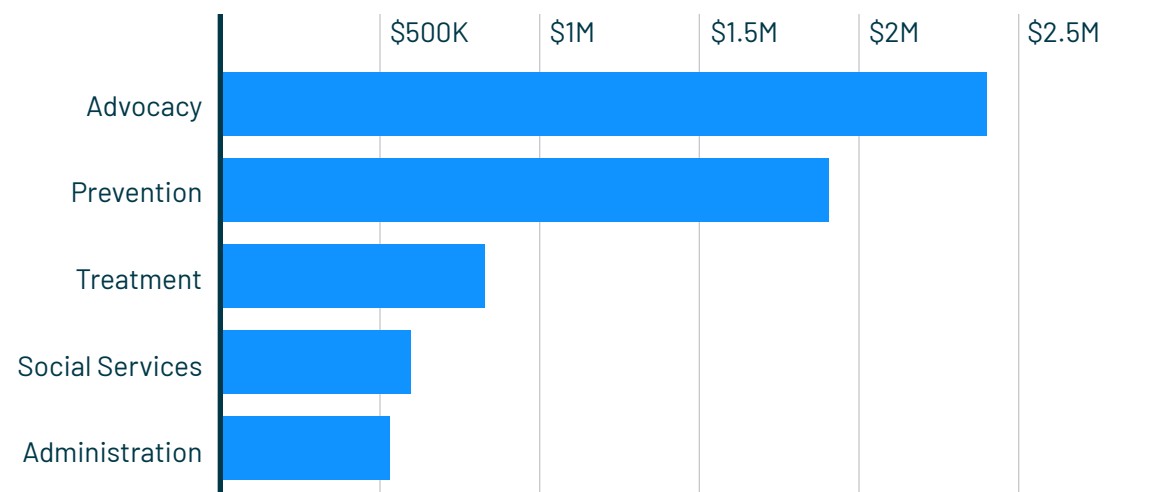
These human rights offices are staffed by trained community workers from the most affected communities and are advised by a specialized human rights lawyer. The service provided include: Guidance on what to do in case of suffering discrimination or violation of rights; filing of complaints before autonomous organizations for the promotion and defense of human rights; dissemination of information on human rights related to HIV; and training and development of skills in defense of the rights of people with HIV.

This project, which began in 2010 and has benefited thousands of people with HIV, is financed exclusively with contributions from private donations.

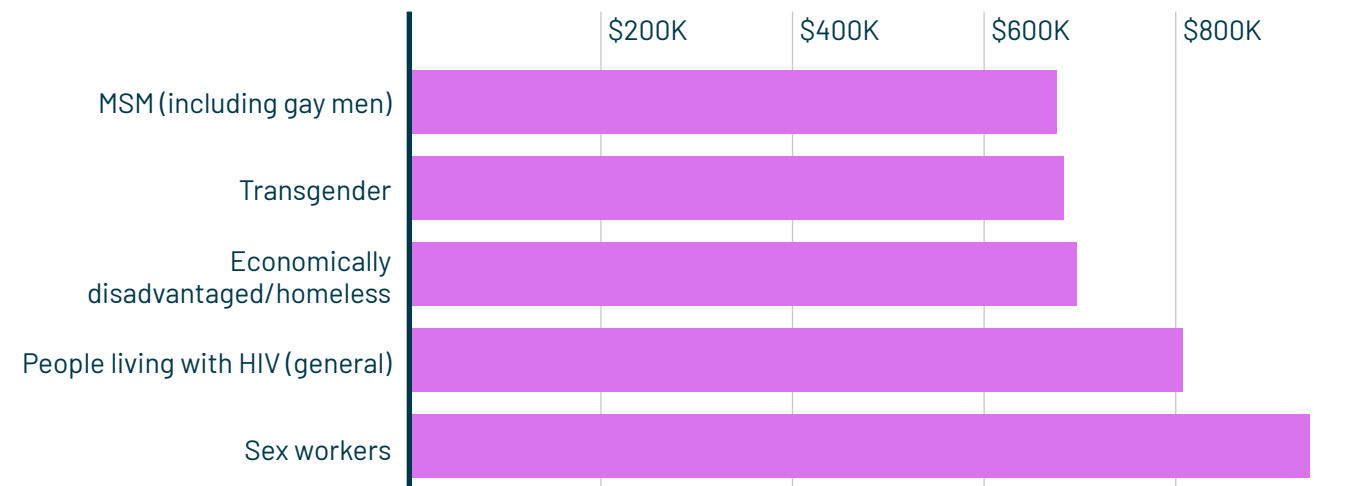
2021 Latin America: Top 10 Funders



2021 Latin America: Top 5 Intended Use of Funding (US\$)



2021 Latin America: Top 5 Populations of Focus (US\$)



COVID-19/Emergency Response funding:
\$898,390



Key populations funding:
\$2,049,087

2021 Latin America: Recipient Countries (US\$)

COUNTRIES	DISBURSEMENTS	COUNTRIES	DISBURSEMENTS
Brazil	1,386,081	Argentina	168,624
Mexico	770,348	Chile	130,251
Colombia	447,775	Ecuador	124,187
<i>Regional (non-country specific)</i>	329,752	Peru	91,163
Guatemala	264,643	Belize	50,000
El Salvador	233,250	Bolivia	49,163
Nicaragua	230,000	Honduras	32,574
French Guiana	202,041	Paraguay	15,000

EASTERN AND SOUTHERN AFRICA

HIV-related philanthropy to Eastern and Southern Africa in 2021:



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. Due to the size and complexities of the epidemic in this region, FCAA invited perspectives from both the Love Alliance and the Farm Orphan Support Trust of Zimbabwe (FOST).



THE LOVE ALLIANCE

Eastern and Southern Africa remains the region most heavily affected by HIV. Despite substantial progress in the region, reductions in new HIV infections need to be accelerated to end AIDS. With the rise of conservative parties across Eastern and Southern Africa, the overall AIDS response is challenged. The well-funded anti-gender and anti-rights movement together with growing conservatism became more present than ever in 2023, at the time of this writing. Uganda has passed the draconian anti-LGBTQI+ law that makes homosexual acts punishable by death for people with HIV and imposes up to 20 years in prison for “promoting” homosexuality. In countries where such legislation is active, we see five times as many

HIV infections among gay men as in countries without such laws. These developments also have an impact outside Uganda. Similar legislation is also being drafted in Kenya, Tanzania, and Burundi.

In response to the continuously changing landscape, funders need to support community organizations directly with long-term, flexible, and core funding that allows for advocacy and movement building. That is exactly what the Love Alliance does through a commitment to make funding as accessible and relevant for communities as possible.

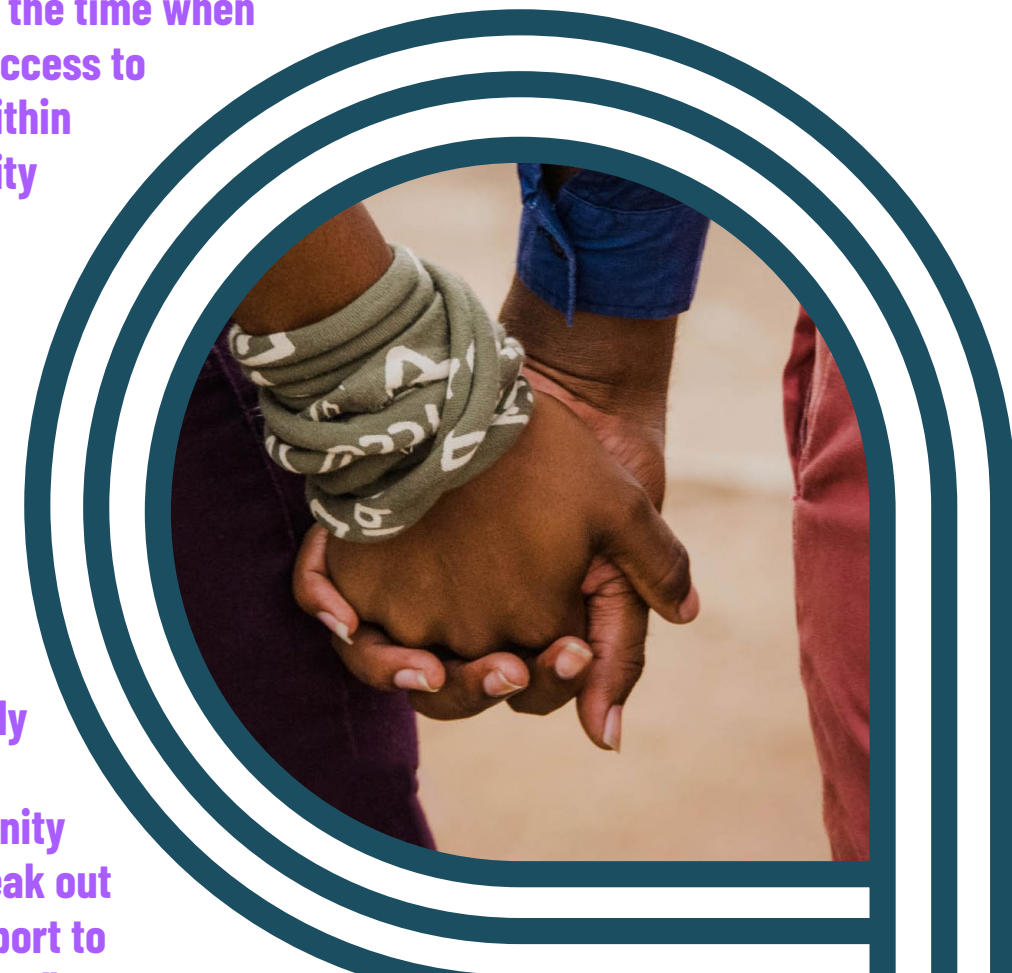
The Love Alliance was created with an unwavering commitment to protecting, promoting, and fulfilling sexual and reproductive health and rights globally; unifying people who use drugs, sex workers, and LGBTQI+ movements; and amplifying the diversity of voices in these communities. This is incredibly important because despite representing 70% of all new HIV infections globally, key populations and their partners receive only 2% of overall HIV resources. Funded by the Dutch Ministry of Foreign Affairs, the Love Alliance brings together national thought leaders GALZ, SANPUD, and Sisonke; regional grantmakers UHAI EASHRI and ISDAO; the Global Network of People Living with HIV (GNP+); and the Netherlands-based administrative lead Aidsfonds. The Love Alliance is implemented in Burkina Faso, Burundi, Egypt, Kenya, Morocco, Mozambique, Nigeria, South Africa, Uganda, and Zimbabwe.

Since 2021, the Love Alliance has supported 150 community organizations through its participatory grantmaking model to do advocacy, movement building, research, pilots of community-led service models, and litigation. In 2022 alone this funding enabled these organizations to advocate for the acceptance of six policies and strategies that relate to civic space and freedom and to see six harmful policies formally blocked or retracted. In addition, 22 policies and strategies were implemented to meet the needs of the communities. In Uganda, UHAI EASHRI provides emergency support to communities for safe spaces, litigation, implementation of safety and security plans, and access to legal services. In South Africa, the Love Alliance increased funding to sex worker-led organizations and coalitions to accelerate the advocacy for decriminalization of sex work.

The Love Alliance knows that directly supporting communities that are at the highest risk of HIV is the most effective approach. People in these communities know best what they need to remove the barriers to prevention and treatment. Participatory grantmaking provided a mechanism to look critically at our role as funders and to share responsibility with communities so that they were able to decide on our funding decisions. This participatory process is about more than effective grantmaking: It also creates a paradigm shift in how we work alongside communities.

“We are going back to the time when literally no one had access to HIV care. Safe sex within the LGBTQ+ community will become a myth, hearsay. We will challenge the law in the Constitutional Court. This will take a long break but I don’t want the law to see the light of day. International solidarity is extremely important and the international community must continue to speak out and continue its support to LGBTQI+ organisations.”

– An activist from Uganda



▲ Photo credit: Love Alliance



THE FARM ORPHAN SUPPORT TRUST OF ZIMBABWE (FOST)

While there have been many successes in the response to HIV in Zimbabwe, the epidemic continues to have a significant impact on communities, especially young people and women. There are 550,000 children aged 0-17 in Zimbabwe who have lost one or both parents to AIDS-related causes. In addition, one-third of all new HIV transmissions in Zimbabwe are among young people aged 15-24, and two-thirds of these are among young women.

The Farm Orphan Support Trust of Zimbabwe (FOST) is a community-based organization registered as a private voluntary organization that aims to build the capacities of farming communities to respond to the needs of orphans and vulnerable children. The organization supports children and youth in kinship care from farming communities in the Mashonaland Central, Mashonaland West, and Manicaland provinces of Zimbabwe who have lost parents to HIV- and AIDS-related causes. FOST's work is guided by three pillars of its strategy: (1) family and community strengthening, (2) child protection, and (3) youth capacity building.

Community-based peer support groups are a backbone of FOST's programming; they build strong community connections and facilitate peer learning and growth. By bringing together grandmothers or youth who have similar experiences of loss and economic hardship, peer support groups combat isolation and create an environment in which community members find strength in one another.

FOST runs 10 in-school Kids Clubs and more than 15 community-based Kids Clubs. The school clubs are run by teachers, and the community clubs are run by youth who are supported by FOST volunteers. In both cases, FOST has trained the club leaders on sexual and reproductive health and rights (SRHR) and provided community-based psychosocial support services. Currently 1,230 children and young people participate in FOST-supported clubs. Clubs feature enjoyable, safe spaces for young people to gather, and they provide life skills training, education on SRHR, training on gender equality and children's rights, and facts about COVID-19 and HIV.

FOST also supports 20 grandmother Self-Help Groups, which contribute to economic empowerment and improved mental health and well-being for older women caring for orphaned children. Due to illness, age-related limitations, and generational gaps, caregivers often experience burnout in trying to provide adequate care and support to orphans and vulnerable children. Self-Help Group members develop individual income-generating activities, participate in savings and lending initiatives, collaborate on economic endeavors together, and discuss social issues.

FOST's deep and lasting impacts in its community are the result of its programs being rooted in clients' needs. The work FOST does is community-led, and the strategies we implement are within the capacities of the communities to sustain. We have

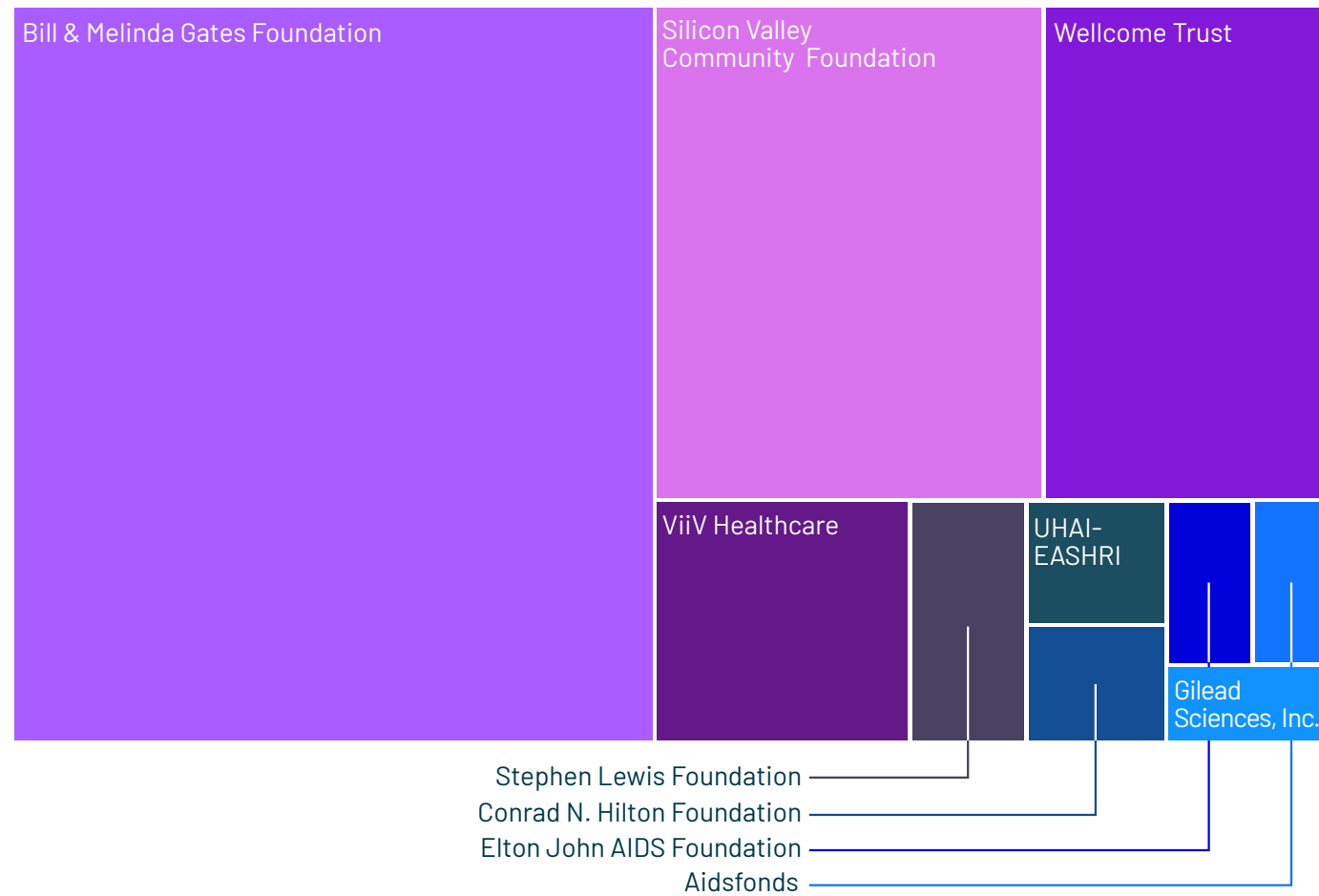
▼ Photo credit: Eva Gilliam



built a good working relationship with key government stakeholders, which makes it easy for beneficiaries to get support services and for community peer groups to seek support from these government institutions. For FOST to continue to ensure that communities shape their interventions and outcomes, we need access to funding where donors aren't trying to shape

those interventions and outcomes themselves. The Stephen Lewis Foundation is committed to providing FOST with long-term, flexible support that is responsive to changing needs and priorities.

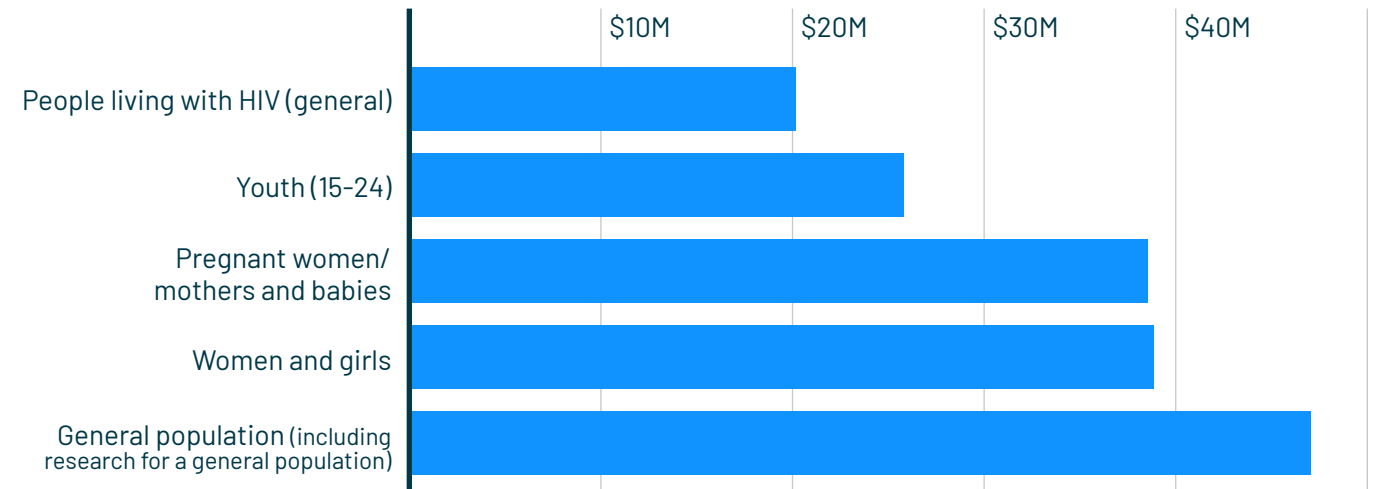
2021 Eastern and Southern Africa: Top 10 Funders



2021 Eastern and Southern Africa: Top 5 Intended Use of Funding (US\$)



2021 Eastern and Southern Africa: Top 5 Populations of Focus (US\$)



COVID-19/Emergency Response funding: **\$10,503,624**

Key populations funding: **\$11,956,253**

2021 Eastern and Southern Africa: Recipient Countries (US\$)

COUNTRIES	DISBURSEMENTS	COUNTRIES	DISBURSEMENTS
<i>Regional (non-country specific)</i>	57,462,229	Lesotho	1,001,846
South Africa	34,957,745	Eswatini	935,469
Kenya	28,286,460	Namibia	619,624
Malawi	23,186,170	Botswana	457,156
Zimbabwe	12,645,042	Seychelles	292,083
Uganda	11,310,941	Mauritius	115,858
Zambia	6,581,278	Burundi	75,506
Tanzania	5,534,201	Somalia	61,612
Mozambique	4,457,775	Djibouti	48,959
Rwanda	2,142,769	South Sudan	5,000
Ethiopia	1,075,352	Madagascar	543

NORTH AFRICA AND THE MIDDLE EAST

HIV-related philanthropy to North Africa and the Middle East in 2021:



\$1,475,089
in funding



37
grants



12
funders



180,000
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 spotlight the important role of investing in community-led responses, FCAA invited a perspective from the International Treatment Preparedness Coalition Middle East and North Africa (ITPC-MENA).



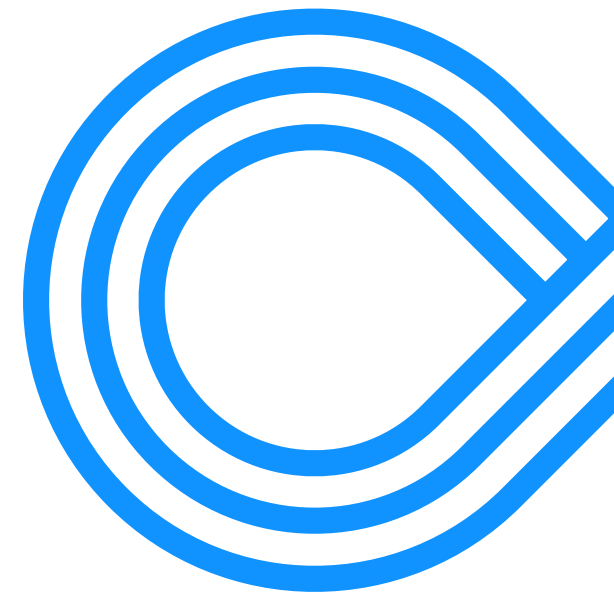
The International Treatment Preparedness Coalition Middle East and North Africa (ITPC-MENA) is a regional network of people living with HIV and their allies that plays a pivotal role in addressing the HIV epidemic in North Africa and the Middle East. Its mission is centered around advocating for the rights of people living with HIV, promoting community-led responses, and strengthening health systems to effectively combat the HIV epidemic in the region.

The HIV epidemic in the region presents unique challenges. While the overall prevalence remains

relatively low compared to other regions, certain key populations, such as MSM, people who use drugs, sex workers, and transgender individuals, face significantly higher rates of HIV transmission. Moreover, cultural and social factors contribute to stigmatization and discrimination, creating barriers to accessing crucial HIV prevention, testing, treatment, and care services.

To address the epidemic and support the most impacted communities, ITPC-MENA actively engages in a wide range of initiatives. We focus on empowering local organizations by providing them with training, mentorship, and technical assistance. These capacity-building efforts enhance the organizational and programmatic capabilities of community-based organizations, enabling them to effectively implement HIV prevention, treatment, care, and support interventions tailored to the needs of their communities.

One exemplary project funded by private philanthropy and implemented by ITPC-MENA is the "Empowering Communities for HIV Treatment Access" or "Activists Development Program" initiative. This project is designed to strengthen the capacity of community-based organizations in the region to advocate for



improved access to HIV treatment and comprehensive care. Through training and mentorship, ITPC-MENA equips local organizations with the skills and knowledge necessary to engage in evidence-based advocacy, promote human rights, and demand equitable access to treatment, diagnostics, and support services. By amplifying the voices of affected communities, ITPC-MENA strives to influence policies and ensure that HIV responses in the region are truly community driven.

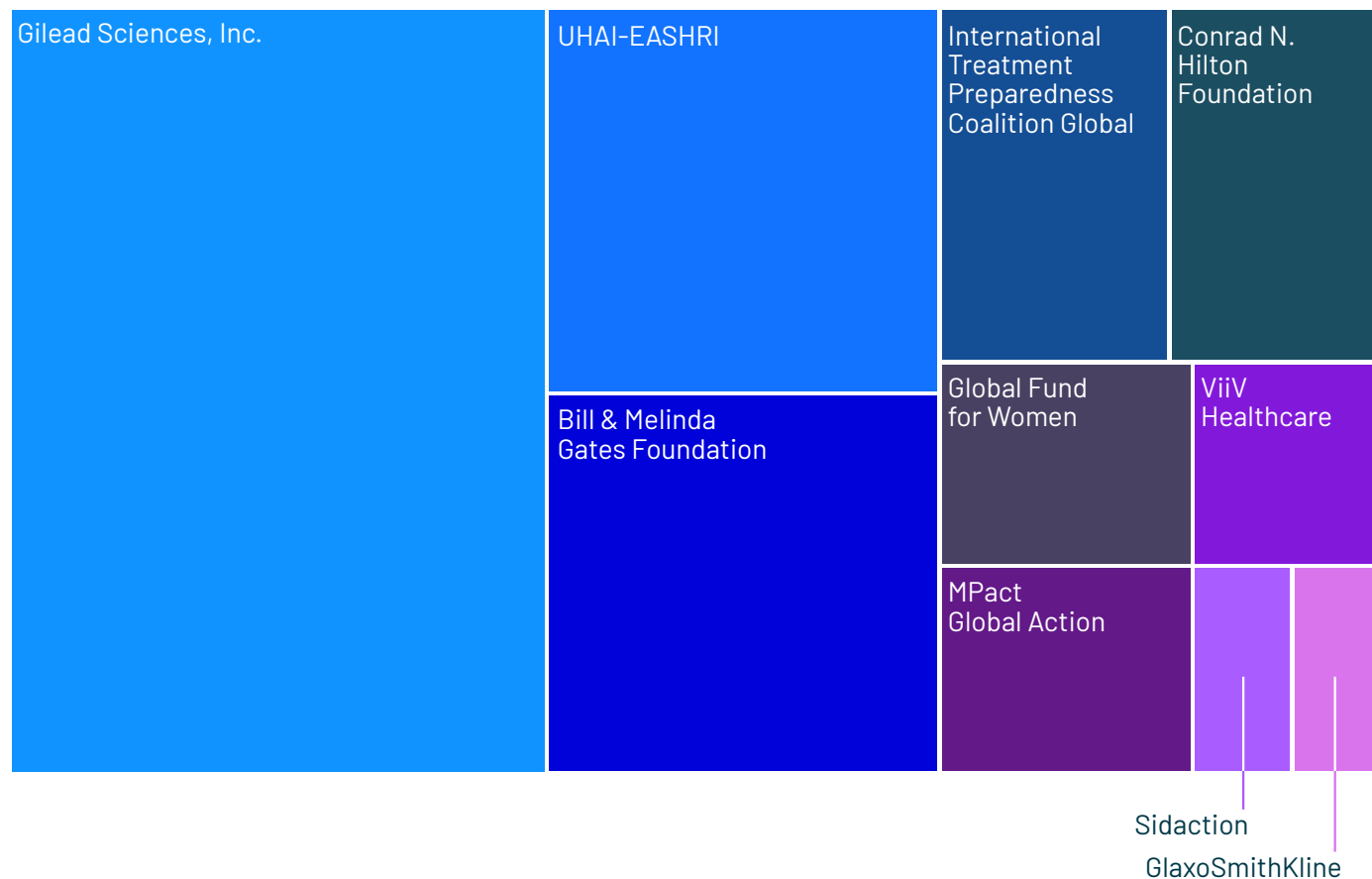
As an intermediary funder, ITPC-MENA has developed best practices that HIV-informed funders can learn from. We prioritize community engagement and meaningful involvement because we recognize the importance of including affected communities in decision-making processes, program design, and implementation. By ensuring that interventions are tailored to the specific needs and realities of the populations they serve, funders can maximize the impact of their efforts.

ITPC-MENA also emphasizes the importance of strengthening local capacity. Investing in the organizational and technical capabilities of local partners is crucial for sustainable and impactful HIV responses. By prioritizing capacity-building

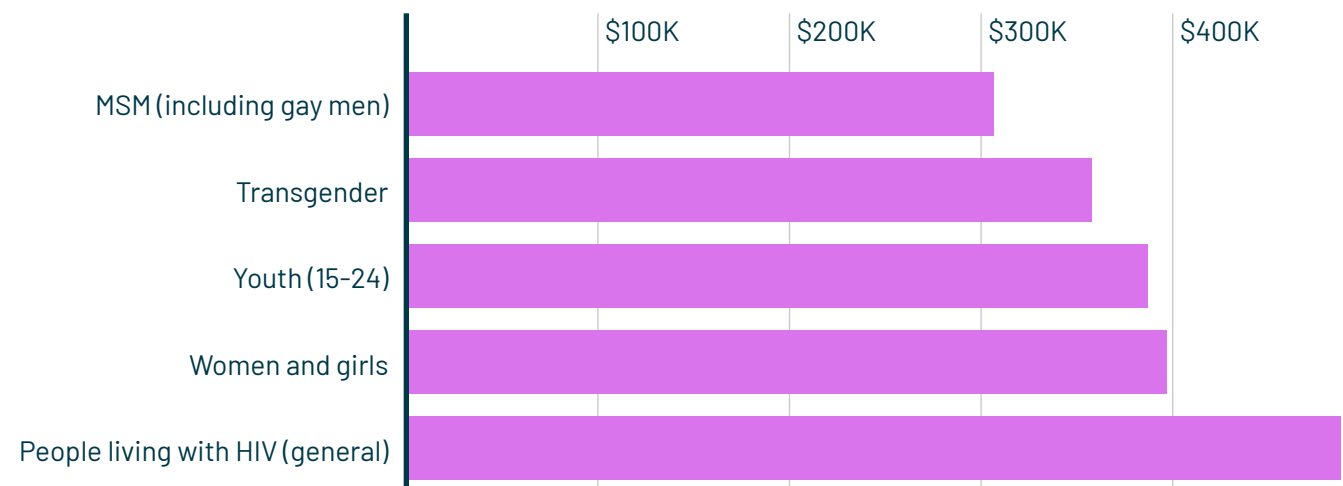
initiatives, funders can empower local organizations to take a leading role in addressing the HIV epidemic in their communities.

ITPC-MENA's profile demonstrates its commitment to advocating for the rights of people living with HIV, promoting community-led responses, and fostering collaboration to effectively address the HIV epidemic in the Middle East and North Africa region. Through its initiatives, ITPC-MENA builds the capacity of local organizations, influences policies, and facilitates knowledge exchange among stakeholders.

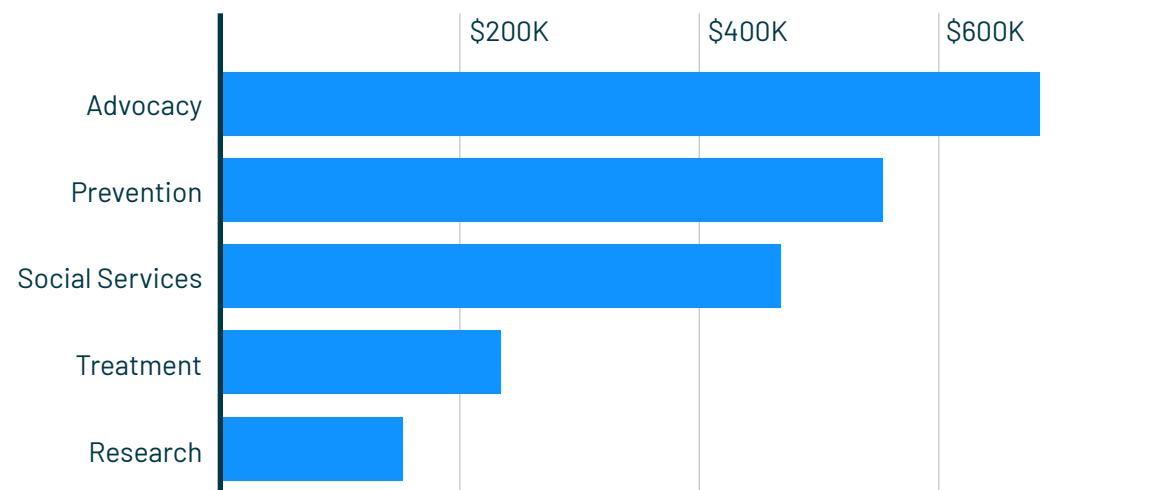
2021 North Africa and the Middle East: Top 10 Funders



2021 North Africa and the Middle East: Top 5 Populations of Focus (US\$)



2021 North Africa and the Middle East: Top 5 Intended Use of Funding (US\$)



COVID-19/Emergency Response funding:
\$205,652



Key populations funding:
\$735,997

2021 North Africa and the Middle East: Recipient Countries (US\$)

COUNTRIES	DISBURSEMENTS	COUNTRIES	DISBURSEMENTS
Regional (non-country specific)	674,475	Kuwait	64,501
State of Israel	487,390	Lebanon	45,000
Saudi Arabia	99,775	Tunisia	30,314
Morocco	73,636	Sudan	5,000

WESTERN AND CENTRAL AFRICA

HIV-related philanthropy to Western and Central Africa in 2021:



\$36,067,879
in funding



42
grants



24
funders



5,000,000
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 spotlight the important role of capacity building and technical assistance, FCAA invited a grantee perspective from Espace Confiance—a grantee of Sidaction—in Côte d'Ivoire.



Prevalence of HIV in Côte d'Ivoire was 2.1% among adults in 2020, representing one of the highest prevalence rates in West Africa. Key populations are much more affected, with rates reaching 4.8% among sex workers and 7.7% among gay men and MSM.

More projects should be developed to address the needs of those most impacted by HIV in Côte d'Ivoire, including creating safe spaces where people can access HIV testing and ART without any moral judgment or legal barriers.

Espace Confiance is an organization based in Abidjan, Côte d'Ivoire, that was created in 2004 by medical doctors. The organization has been funded by Sidaction for almost 15 years. Our services, free of charge, include prevention and care support related to HIV and STIs for the most stigmatized population. From the beginning, Espace Confiance has been renowned as a safe and welcoming space for sex workers and progressively extended its services to LGBTQI+ communities, including MSM and transgender people. The organization is also involved in advocacy for human rights and legal assistance for key populations.

Private philanthropy is a key source of support for our organization. Sidaction's grants make it possible to develop the overall activities for key populations and more specifically, for sex workers and LGBTQI+ people. This flexible funding covers a large part of human resources and core expenditure, which makes it possible to improve access to prevention, including PrEP, for the most stigmatized populations; provide medical and psychosocial support; and carry out advocacy activities. It also gives the indirect means to develop some implementation research related to injectable PrEP accessibility and notification of gender-based violence. Thanks to

private and public funding, Espace Confiance can reach more than 12,000 people in the country (sex workers, LGBTQI+ people), deliver PrEP to almost 500 people, and provide access to care for 700 people living with HIV.

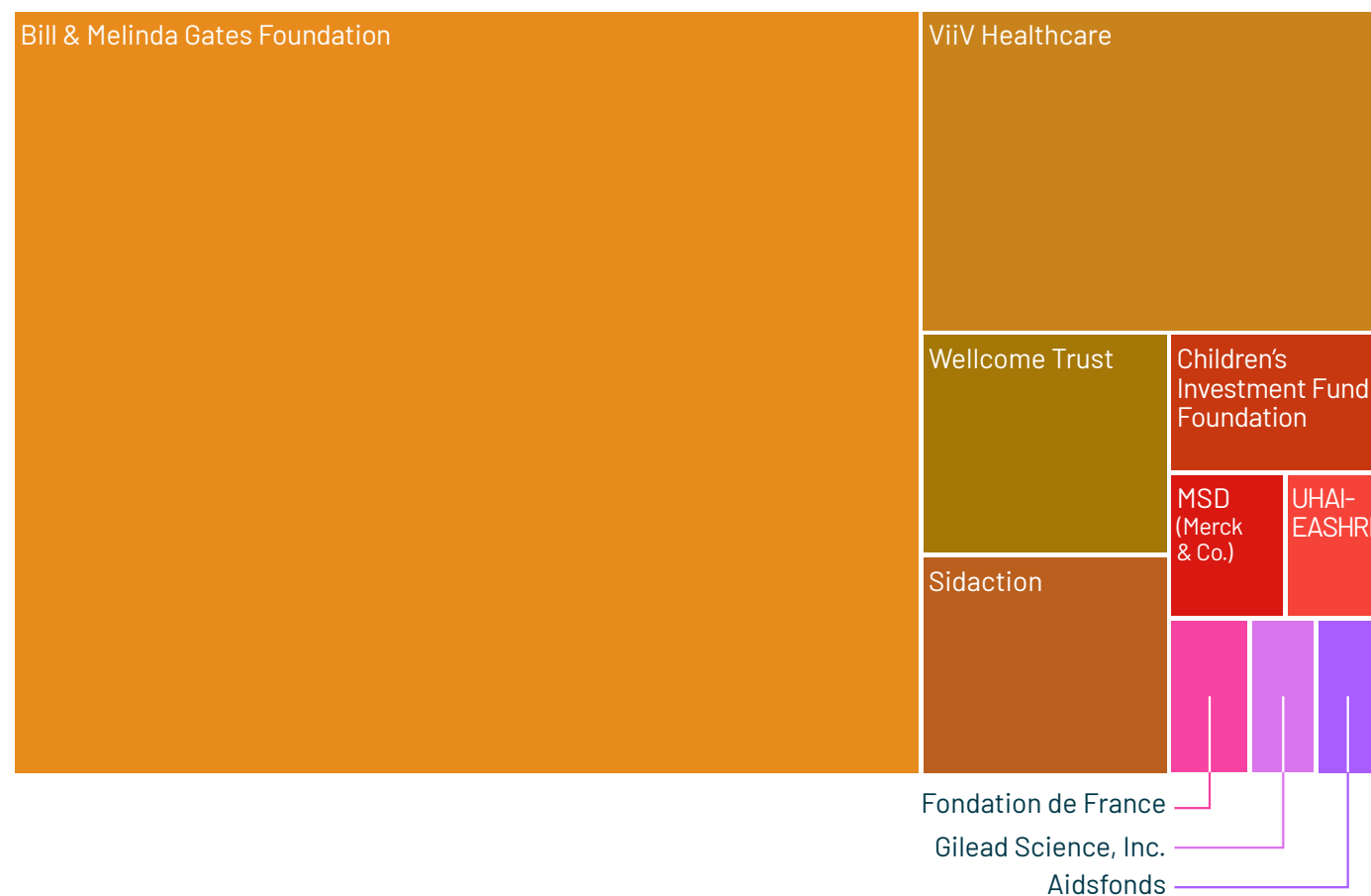
From its creation onwards, Sidaction was asked by several grantees to complement its financial support with some capacity-building activities aimed at

strengthening organizations, improving the quality of interventions, and providing tools to manage growing financial resources in an efficient way. With Espace Confiance, as well as with most other grantees, Sidaction is proposing a global package that includes funding of core expenditure and human resources, technical and financial support for annual accounts certification, and specific training related to each organization's main intervention area.



▲ Photo credit: Régis Samba Kounzi

2021 Western and Central Africa: Top 10 Funders



2021 Western and Central Africa: Top 5 Populations of Focus (US\$)

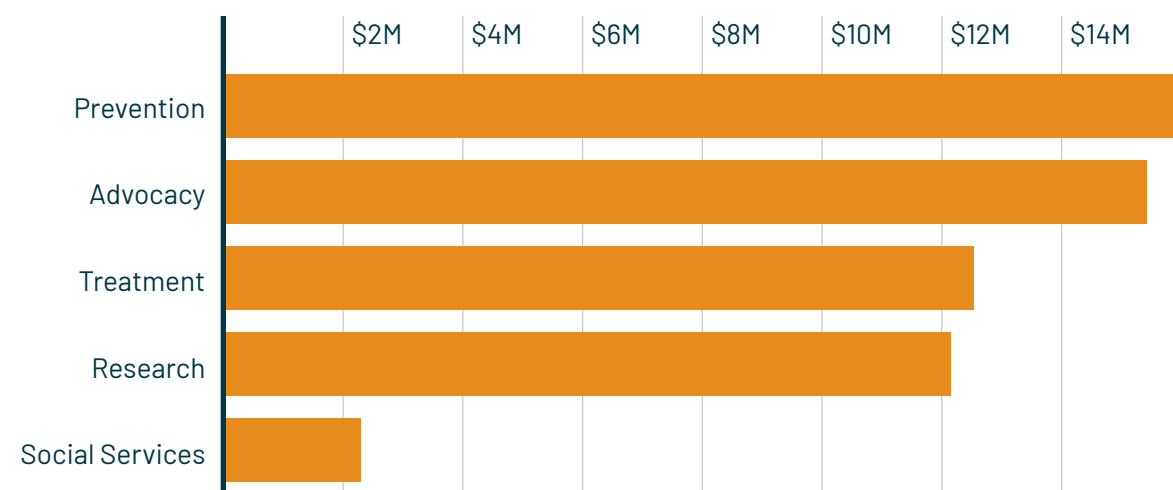


COVID-19/Emergency Response funding:
\$1,610,396



Key populations funding:
\$4,510,977

2021 Western and Central Africa: Top 5 Intended Use of Funding (US\$)



2021 Western and Central Africa: Recipient Countries (US\$)

COUNTRIES	DISBURSEMENTS	COUNTRIES	DISBURSEMENTS
Regional (non-country specific)	25,423,401	Benin	133,932
Nigeria	6,338,018	Republic of Congo	127,690
Burundi	1,053,728	Mali	127,153
Democratic Republic of Congo	759,396	Chad	88,595
Cameroon	672,508	Niger	72,896
Côte d'Ivoire	386,642	Senegal	62,540
Togo	288,597	Guinea-Conakry	31,194
Ghana	277,128	Namibia	5,000
Liberia	240,630	Sierra Leone	4,425
Burkina Faso	230,896		

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.

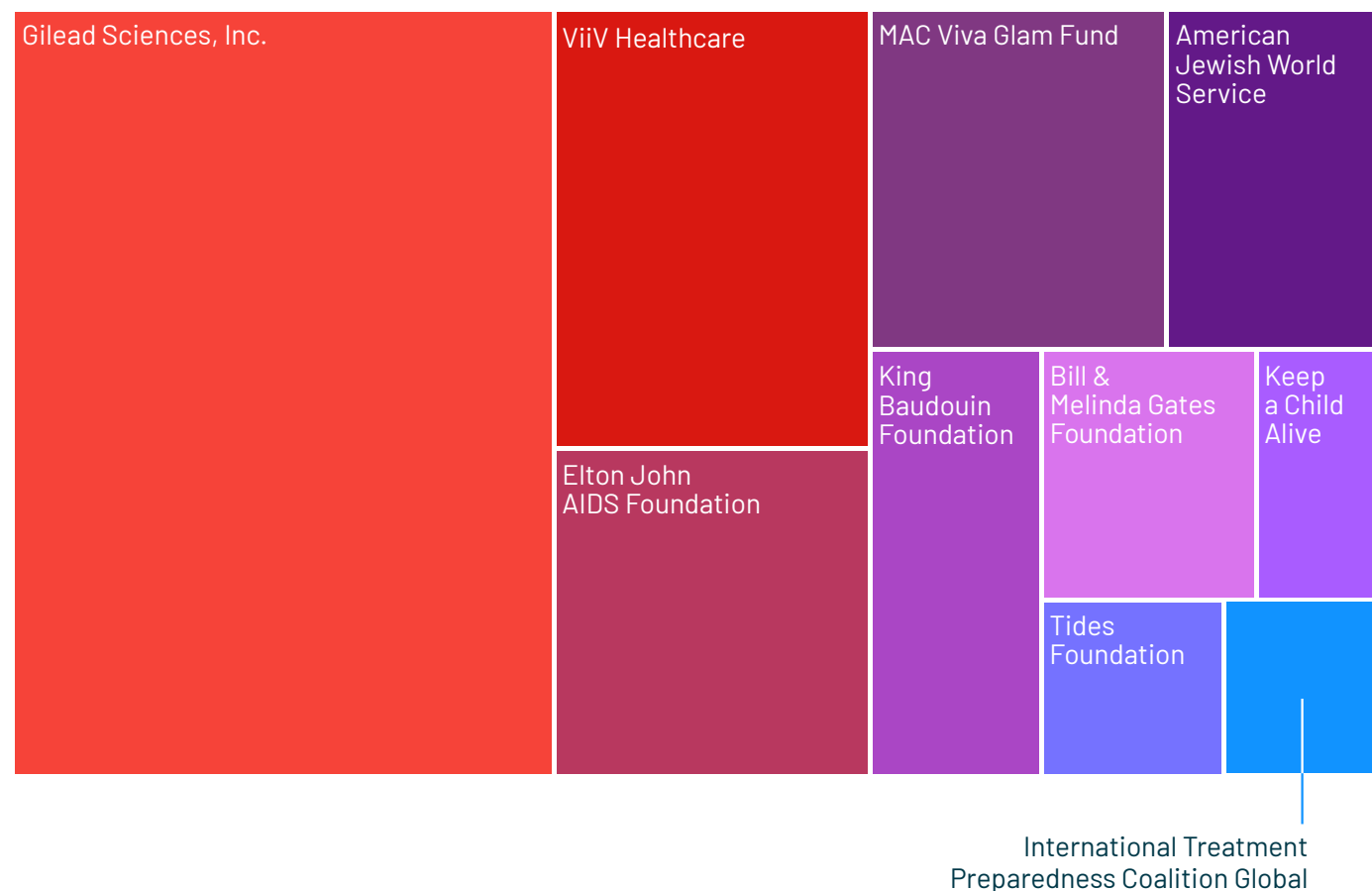
During this period, SAATHII and its community partners have successfully advocated for policy changes and legal verdicts, including (1) the establishment of two free legal aid clinics for trans persons; (2) High-Court judgments protecting LGBTQI+ rights, ensuring LGBTQI+ inclusion in mental health policies 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.**

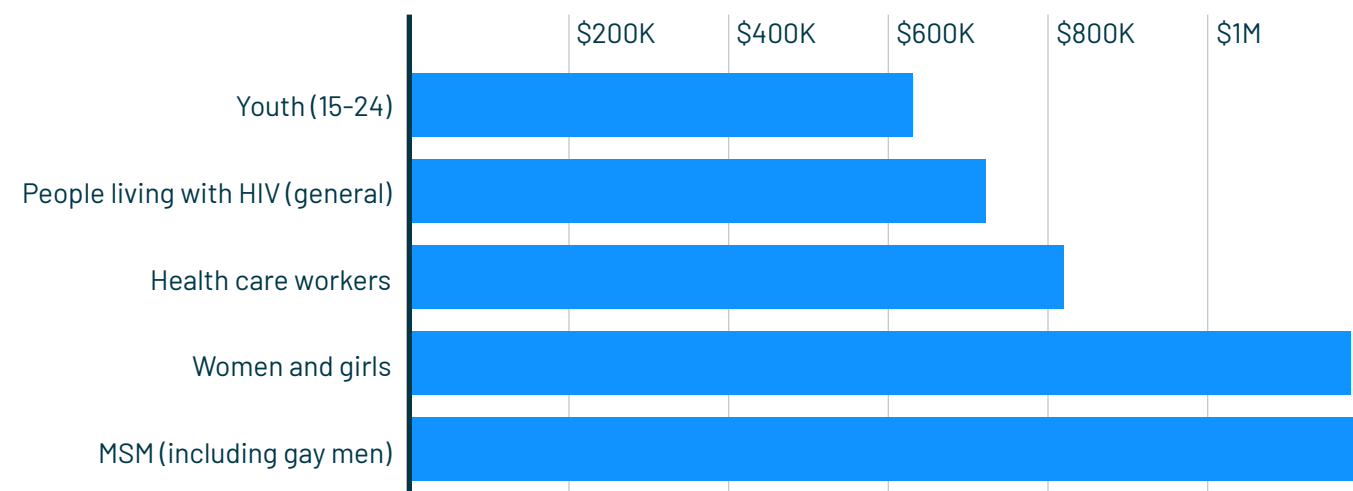
Photo credit: SAATHII



2021 South Asia and the Pacific: Top 10 Funders



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

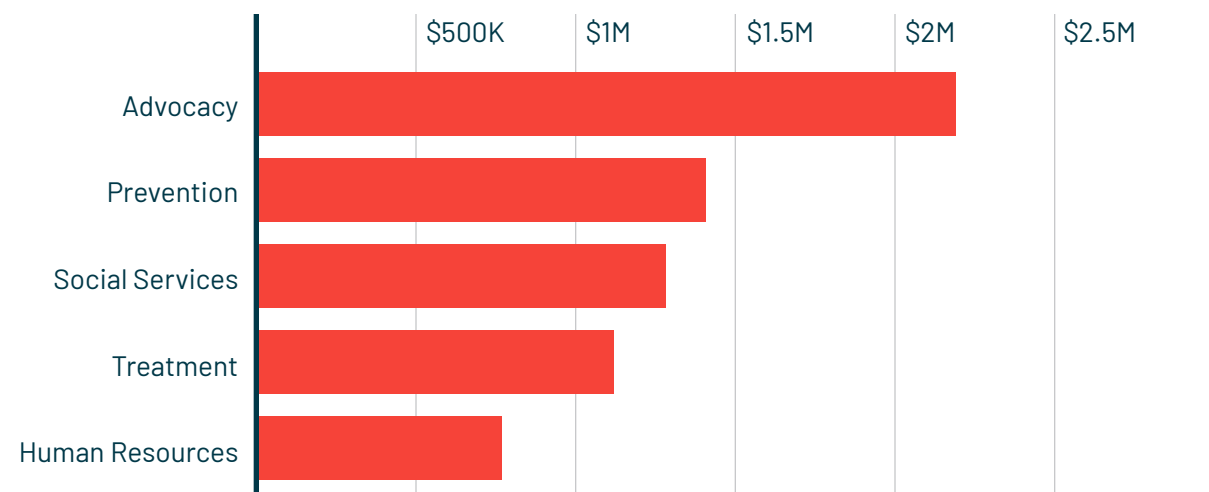


COVID-19/Emergency Response funding:
\$947,025



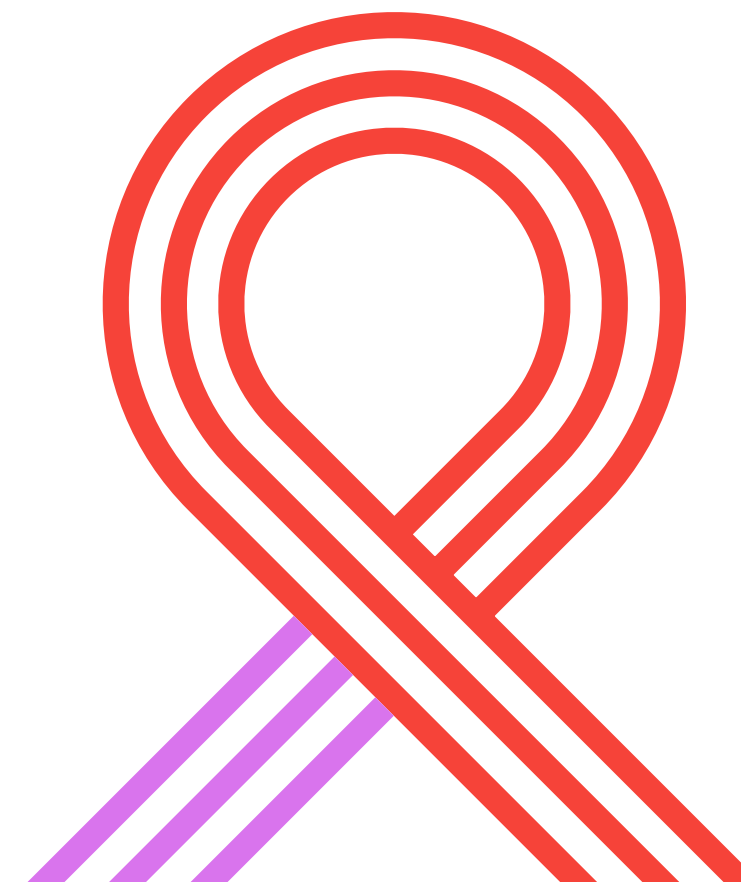
Key populations funding:
\$2,432,875

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



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

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



EAST ASIA AND SOUTHEAST ASIA

HIV-related philanthropy to East Asia and Southeast Asia in 2021:



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 spotlight the important role of investing in community-led organizations, FCAA invited a grantee perspective from Lighthouse—a grantee of ViiV Healthcare Positive Action and MPact Global Action—in Vietnam.



Lighthouse Social Enterprise is an organization that has been leading and fighting for the rights, equity, health and development of the LGBTQI+ community in Vietnam for nearly 20 years. The organization works through empowering and strengthening the community's capacity to speak up and advocate for their rights based on empirical evidence, providing healthcare services to advance the community's integral health, and mobilizing an inclusive, cohesive, and growing community to ensure no one is left behind. Lighthouse symbolizes a safe haven for

the community and a guiding light for the LGBTQI+ community to overcome obstacles and strive for a brighter future.

In Vietnam, as well as in the broader Asia-Pacific region, HIV remains a significant public health concern. Vietnam's HIV epidemic is concentrated among three key populations: MSM, people who use drugs, and female sex workers. Stigma and discrimination pose significant barriers to HIV prevention, testing, treatment, and care in Vietnam, and people living with HIV (PLWH) often face social exclusion, limited access to healthcare services, and violations of their rights. Coinfections, such as tuberculosis and viral hepatitis, are also prevalent among people living with HIV in the region, leading to increased morbidity and mortality.

Efforts are needed to reduce HIV-related stigma and discrimination, protect the rights of PLWH and key populations, and address structural barriers to accessing healthcare and social services. Collaboration among governments, civil society organizations, communities, and development partners is crucial to strengthen the HIV response, promote evidence-based policies, and ensure sustainable funding for prevention, treatment, care,

*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."

and support services. By tailoring interventions to local contexts, engaging communities, and addressing the social determinants of health, an effective response to the HIV epidemic can be achieved in Vietnam and the broader Asia-Pacific region.

Since 2018, Lighthouse has been working with and receiving support from ViiV Healthcare Positive Action for initiatives aimed at improving the quality of the healthcare system, with a focus on community-friendly and high-quality healthcare services. This includes interventions to enhance mental health for key populations and, most recently, interventions to reduce harm among the chemsex community in Vietnam. Chemsex refers to the consumption of drugs to facilitate or enhance sexual activity. The support from ViiV Healthcare Positive Action has enabled Lighthouse to implement community-designed initiatives that are often overlooked and received limited investment, as well as to advocate for increased attention and investment in these new and urgent areas. Lighthouse has also received valuable technical support from the personnel of ViiV Healthcare Positive Action and the Amplify Impact Grant.

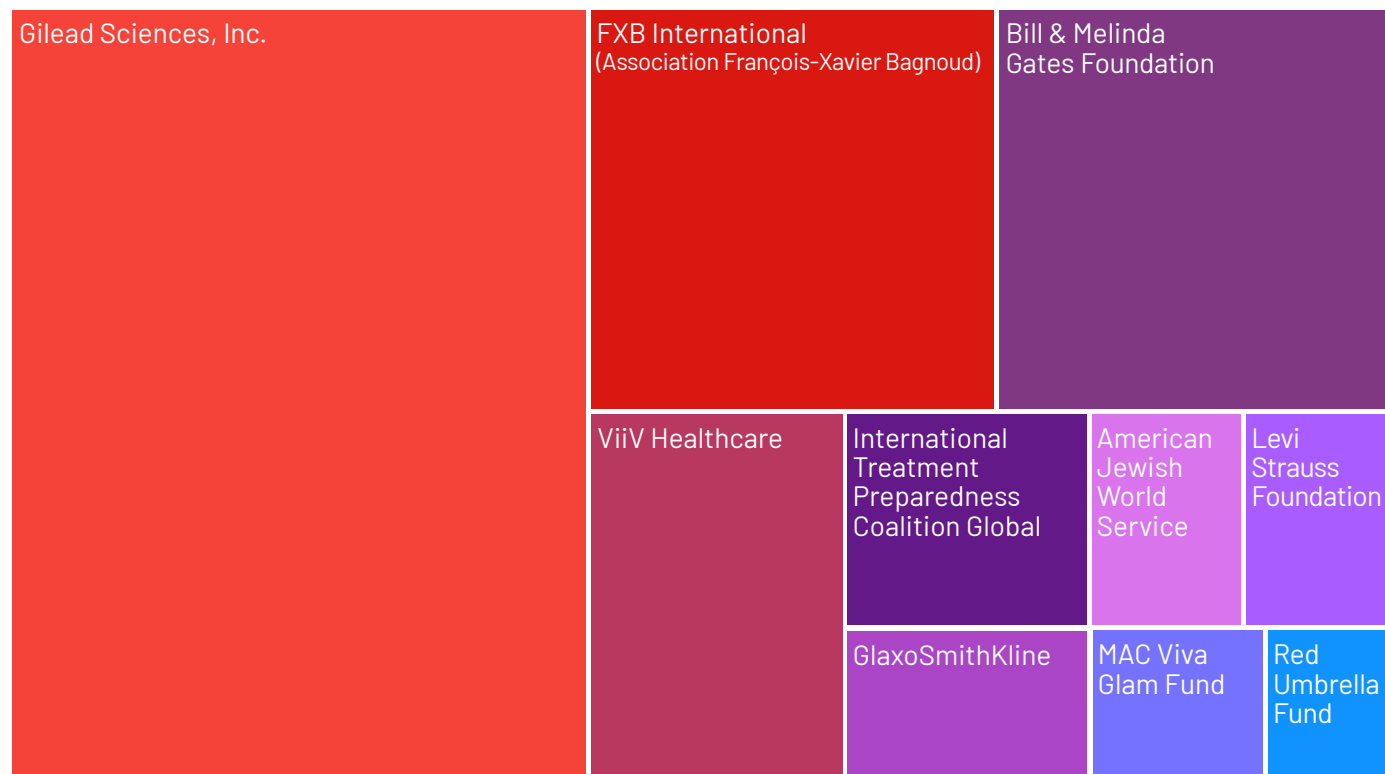
This is a powerful model of partnership, particularly when investments in grassroots, community-based organizations remain very limited. Funders should prioritize capacity-building for the community and promote intersectionality and connectivity within the broader community as a foundation for sustainable development in the HIV response. Furthermore, it is necessary to have long-term funding commitments of at least five years or more to ensure effective initiatives/models are scaled up, increase impact, and allow sufficient time to secure resources for sustainability. Finally, it is crucial to ensure flexible funding that aligns with each country context, political landscape, and emerging community's issues.

FCAA member MPact Global Action has also provided support over the past decade to Lighthouse. Most recently, MPact sponsored Lighthouse's 4th Annual Vietnam LGBTQI+ National Summit - *Stronger Together 2022 - Inclusion = Solution*. Over 160 diverse members of the LGBTQI+ community, their parents, allies, partners and stakeholders across Vietnam participated in the Summit to strategize on (1) Rights, Equity and Advocacy, (2) Holistic Health and Wellbeing, (3) Sustainable Development for LGBTQI+ Organizations and Network.

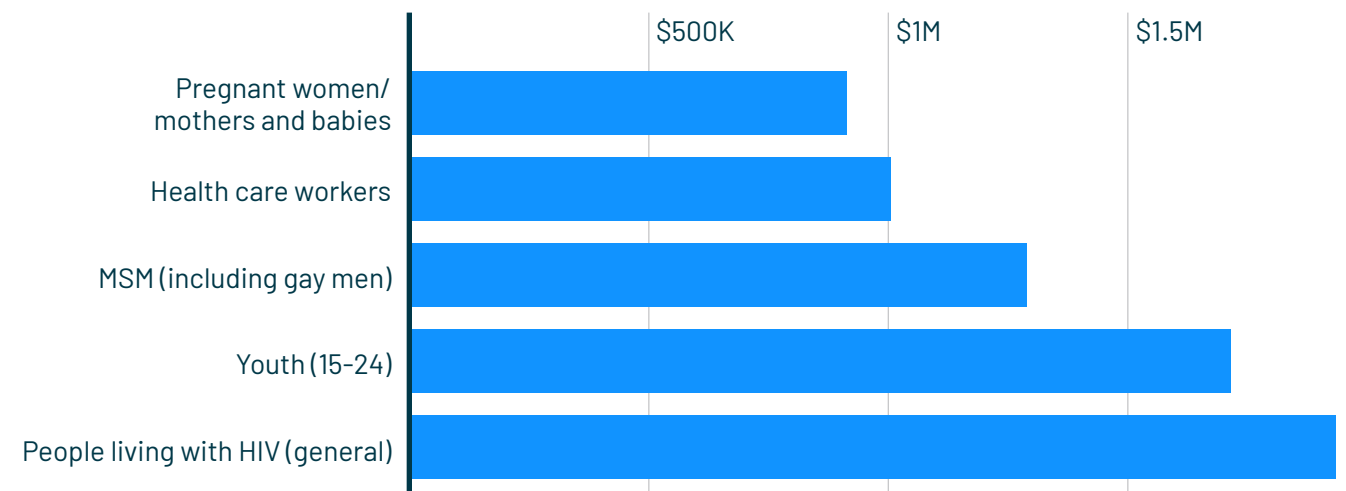
"We are grateful that ViiV Healthcare Positive Action has provided opportunities and investments for initiatives that are truly designed and implemented by the community based on the critical needs faced by the community and that create tangible impacts for the community. We hope that this practice will be replicated with other funders."

– Doan Thanh Tung, Executive Director, Lighthouse

2021 East Asia and Southeast Asia: Top 10 Funders



2021 East Asia and Southeast Asia: Top 5 Populations of Focus (US\$)

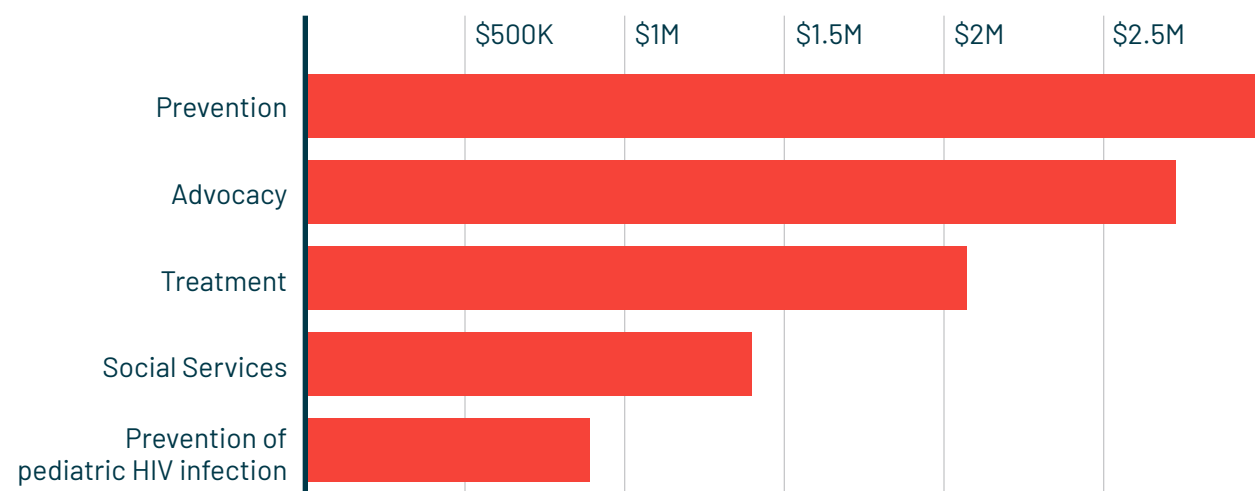


COVID-19/Emergency Response funding: **\$834,700**



Key populations funding: **\$2,352,343**

2021 East Asia and Southeast Asia: Top 5 Intended Use of Funding (US\$)



2021 East Asia and Southeast Asia: Recipient Countries (US\$)

COUNTRIES	DISBURSEMENTS	COUNTRIES	DISBURSEMENTS
China	1,859,869	Singapore	302,592
Myanmar	1,261,160	Vietnam	216,231
<i>Regional (non-country specific)</i>	<i>1,198,163</i>	Philippines	215,802
Hong Kong	797,372	Japan	127,112
Thailand	677,867	Cambodia	66,000
Taiwan	585,422	Mongolia	63,821
Korea	342,557	Malaysia	36,801
Indonesia	340,126	Laos	27,145

EASTERN EUROPE AND CENTRAL ASIA

HIV-related philanthropy to Eastern Europe and Central Asia in 2021:



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. This section includes a profile of the Elton John AIDS Foundation’s RADIAN Initiative.

Eastern Europe and Central Asia (EECA) has long had the world’s fastest growing HIV epidemic. Over the past decade, new HIV transmissions in EECA have increased by 48% and AIDS-related deaths have risen by 32% while decreasing globally. Of EECA’s estimated 1,800,000 people living with HIV (PLWH), only 63% know their status, 51% are on ART, and 48% are virally suppressed—far below global averages and targets. According to UNAIDS, over 90% of new HIV transmissions are concentrated in key populations and their sexual partners, transmissions fueled by stigma and discrimination. The situation in EECA has escalated dramatically since Russia’s invasion of Ukraine in February 2022. This has led to a humanitarian crisis, including the mass migration of over 12 million Ukrainians, displacing key populations and PLWH and disrupting HIV services.

The Elton John AIDS Foundation has been funding work in the EECA region for over 25 years and supports

local community-based organizations who can access key populations effectively and compassionately. Since 2019, the Foundation has partnered with Gilead Sciences, Inc. in a ground-breaking initiative called RADIAN, which aims to support local organizations to help end the HIV epidemic in EECA.

The Foundation’s partners identify and respond to tractable unmet needs while addressing the objectives of our EECA strategy, which are:

1. Significantly improve HIV-related health outcomes in key populations and PLWH.
2. Have a lasting impact on HIV-related health outcomes by sustainably improving existing health systems.
3. Reduce stigma and discrimination experienced by key populations and PLWH.

The Foundation also provides technical assistance to local partners to implement evidence-based models of prevention and care for key populations and to exchange learnings in a community of practice.

In 2022, the Foundation’s partners across EECA reached 45,954 people from vulnerable communities

▼ Photo credit: RADIAN

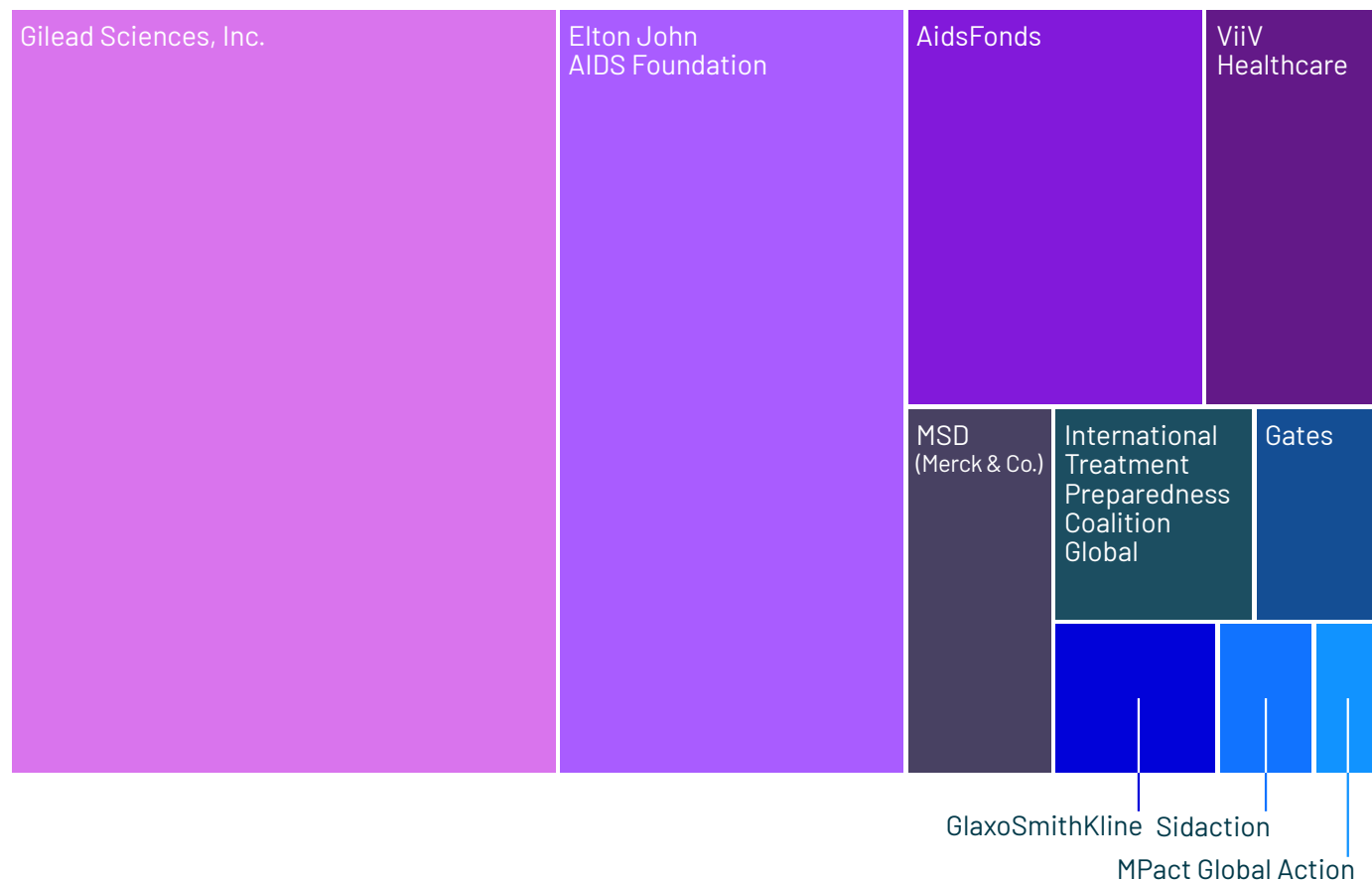


with services, tested 38,190 of them for HIV, initiated 9,378 PLWH on ART, and trained 3,631 change agents to reduce stigma toward key populations and PLWH. This work also reached thousands of Ukrainian key populations and PLWH with humanitarian and HIV-related support services, including through our support to 44 shelters across 21 cities in 16 regions of Ukraine to acquire the specific vital equipment each of them needed to support people from vulnerable communities with shelter and care.

One of the unmet needs in the region that the Foundation is addressing in partnership with local organizations is access to effective health services for migrant key populations and PLWH. Criminalization of migrating with HIV in major EECA countries prevents migrant key populations from accessing HIV services. Since 2020, the Foundation has been supporting regional projects that provide key populations and migrant PLWH with tailored prevention, testing, and care services. The Foundation’s implementing partners have reached over 4,000 key population migrants with high-impact services and have piloted innovative systems improvements, including remote initiation of migrant PLWH on ART from their home countries.

Expanded international donor support in EECA is urgently needed, and the Foundation’s programming has shown that effective philanthropically funded HIV services for key populations in challenging EECA environments are possible, if programs (1) intentionally earn communities’ trust, (2) optimize service modalities, and (3) bake in sustainability approaches. Donors interested in learning more about funding work in the region should please reach out to the Elton John AIDS Foundation at radian@eltonjohnaidsfoundation.org.

2021 Eastern Europe and Central Asia: Top 10 Funders



2021 Eastern Europe and Central Asia: Top 5 Populations of Focus (US\$)

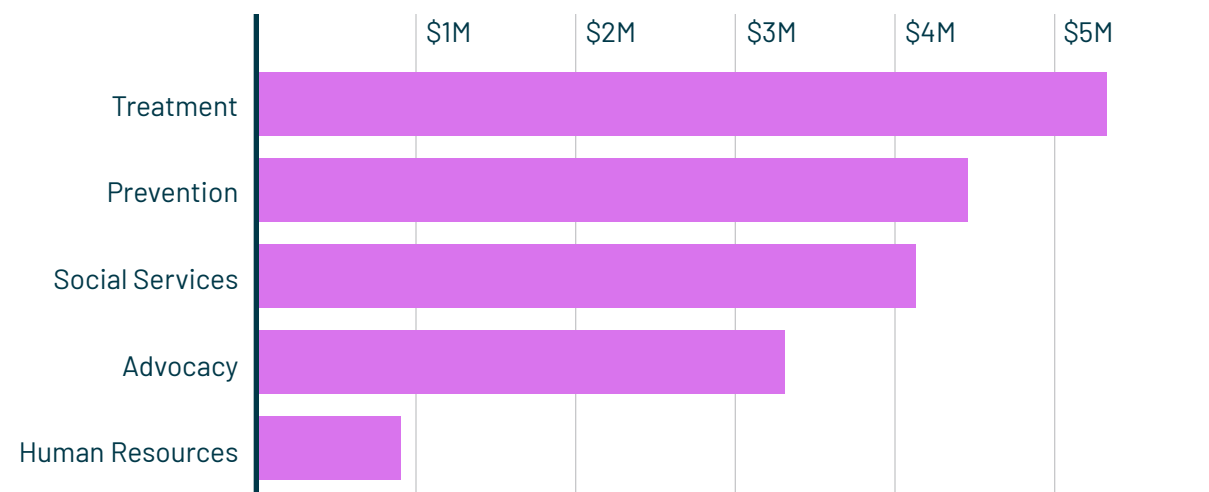


COVID-19/Emergency Response funding:
\$2,018,983



Key populations funding:
\$5,362,152

2021 Eastern Europe and Central Asia: Top 5 Intended Use of Funding (US\$)



2021 Eastern Europe and Central Asia: Recipient Countries (US\$)

COUNTRIES	DISBURSEMENTS	COUNTRIES	DISBURSEMENTS
Russia	5,139,983	Romania	143,581
<i>Regional (non-country specific)</i>	<i>4,200,429</i>	Uzbekistan	141,707
Ukraine	759,864	Bulgaria	79,700
Kazakhstan	716,051	Bosnia and Herzegovina	65,925
Armenia	512,913	Hungary	60,718
Georgia	485,200	Estonia	56,891
Cyprus	440,723	Czech Republic	56,446
Kyrgyzstan	337,588	Latvia	25,616
Turkey	291,391	North Macedonia	8,762
Moldova	238,900	Slovenia	4,886
Serbia	190,292	Croatia	3,648
Poland	166,571		

WESTERN AND CENTRAL EUROPE

HIV-related philanthropy to Western and Central Europe in 2021:



As a complement to *Philanthropic Support to Address HIV and AIDS in 2021*, the following snapshot highlights the philanthropic response to HIV in Western and Central Europe. To help demonstrate the leadership and reach of donors and intermediaries in the region, FCAA invited a best practice perspective from the Robert Carr Fund (RCF)—the world’s leading international fund focused on regional and global networks led by and serving inadequately served populations.



As a cooperative effort of donors and civil society, RCF is structured to maximize participation, equity, transparency, and accountability in their fundraising and grantmaking. RCF’s secretariat is based in the Netherlands, and the organization is a recipient of funding from the governments of the U.S., the U.K., the Netherlands, and Norway, and the Bill & Melinda Gates Foundation. RCF has raised and committed \$120,000,000 since inception (including the current 2022-2024 funding cycle).

PARTICIPATORY GRANTMAKING—THE ROBERT CARR FUND APPROACH

“The Robert Carr Fund’s model shows not just how participatory grantmaking looks like but also illustrates that engaging into equal dialogue between civil society activists and donors can lead to concrete results. The RCF model proves that this is possible, and it stays effective for a decade. We see networks that have come a long way with us; they’re strong, vocal, and doing incredibly important work. And for that reason, I think RCF is making an important contribution to changing the face of the global HIV movement.”

— Maria Phelan, RCF Director

WHAT IS PARTICIPATORY GRANTMAKING?

Participatory grantmaking is about placing the power of grantmaking decisions in the hands of the communities most affected by the HIV epidemic. RCF, the unique pooled funding mechanism, ensures a democratic, transparent, and accountable process when it comes to grantmaking.

Participatory grantmaking has always been a part of RCF’s DNA because the need for sustainable long-term funding for global and regional community-led networks was placed in the foundation of RCF during its inception back in 2012.

But RCF takes participation beyond grantmaking. The fund uses a people-centered approach, which could be called “co-creation.” Civil society and funders come together in a joint equal space to understand the communities’ needs and to make funding decisions. This participatory approach is embedded into all processes and governance structures.

WHAT MAKES RCF A PARTICIPATORY FUND?

The key governance body of RCF is the International Steering Committee (ISC), which consists of equal numbers of donors and civil society members. The ISC members discuss the fund’s strategic priorities and decide where funds should be directed. In addition, there is the Program Advisory Panel, where independent community experts review grant applications and give their advice to the ISC. There are four elements of the RCF funding model approach: participation, flexible core funding, long-term funding, and shifting the power to the communities. RCF’s rigorous grantee data shows that these four fundamental principles lead to stronger civil society advocacy work, network resilience and sustainability, better organizational capacity, and HIV-related programs of higher quality.

WHAT MAKES RCF’S PARTICIPATORY GRANTMAKING MODEL SO EFFECTIVE?

RCF’s model supports sustainability at two levels: by direct funding of networks, and indirectly by supporting grantees’ advocacy for sustainable financing of the HIV response for inadequately served populations. RCF core funding complements other funders’ investments by increasing grantees’ capacity to implement better quality programs.

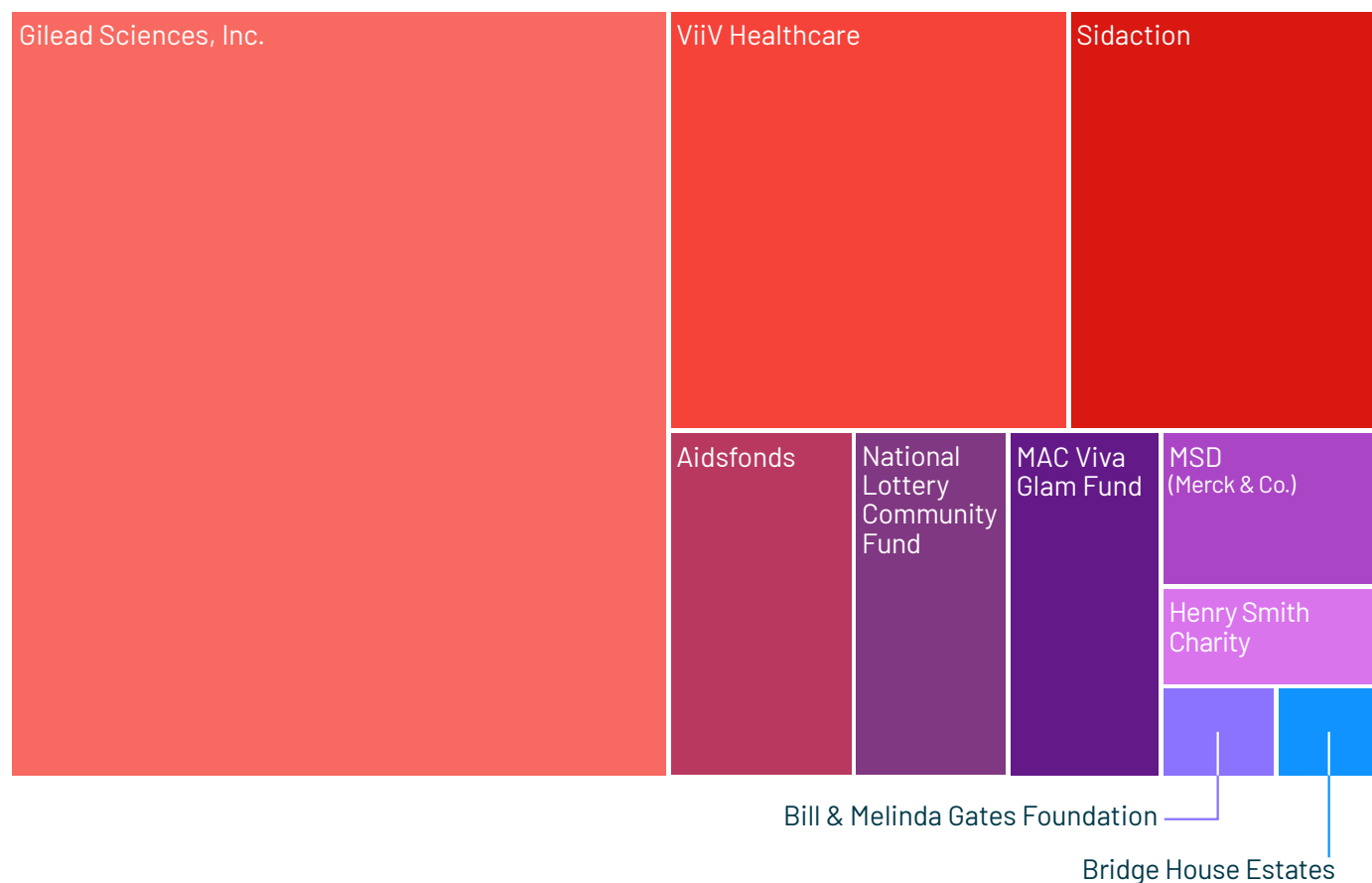
RCF broke new ground with participatory grantmaking. RCF’s funders, UNAIDS, the Global Fund, civil society members, and grantees speak very highly of the approach; they see the value and believe it should be used more widely.

HOW CAN FUNDERS BECOME MORE PARTICIPATORY?

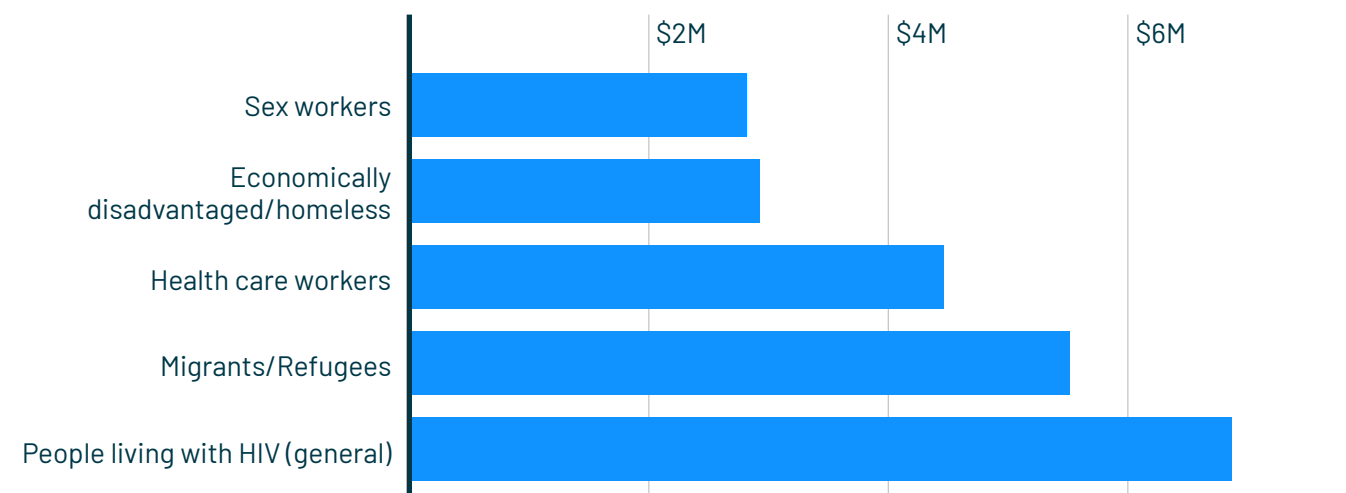
There are 10 tips for funders who may be considering participatory grantmaking:

1. Simplify processes.
2. Listen to grantees.
3. Define success in grantmaking.
4. Learn from others about the benefits and challenges of participatory grantmaking.
5. Engage senior leadership and the board in the discussion.
6. Decide how willing and able you are to change your rules and procedures.
7. Include more representation from grantees and the people they serve.
8. Establish and strengthen systems for managing conflict of interest.
9. Commit staff time.
10. Celebrate, document, and share your progress.

2021 Western and Central Europe: Top 10 Funders



2021 Western and Central Europe: Top 5 Populations of Focus (US\$)

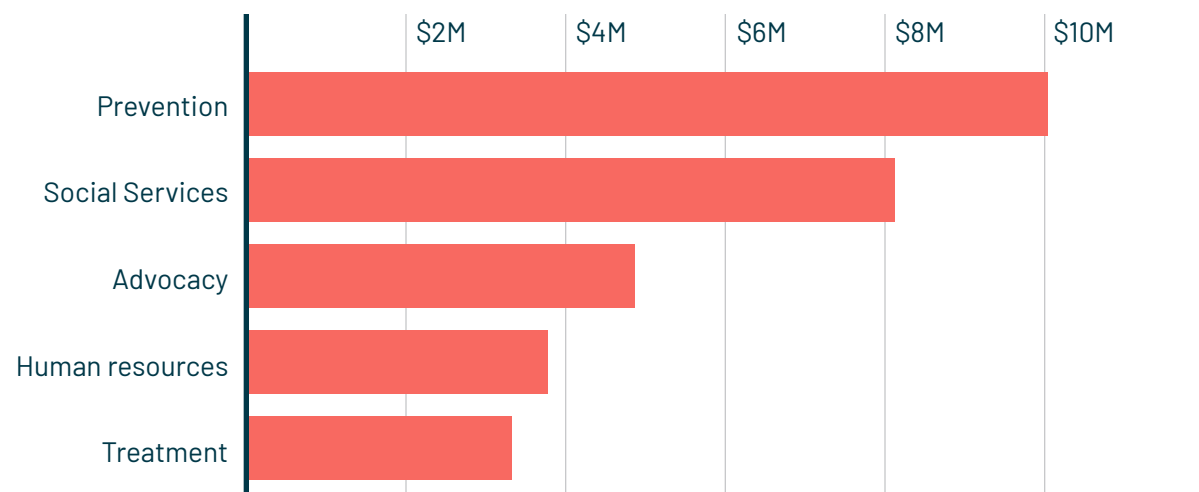


COVID-19/Emergency Response funding:
\$3,715,590



Key populations funding:
\$7,504,524

2021 Western and Central Europe: Top 5 Intended Use of Funding (US\$)



2021 Western and Central Europe: Recipient Countries (US\$)

COUNTRIES	DISBURSEMENTS	COUNTRIES	DISBURSEMENTS
United Kingdom	5,522,751	Greece	898,971
France	4,670,474	Switzerland	621,326
<i>Regional (non-country specific)</i>	<i>3,687,365</i>	Sweden	505,852
Italy	2,468,028	Ireland	463,490
Netherlands	2,372,585	Belgium	336,403
Spain	1,675,946	Denmark	180,729
Portugal	1,405,249	Austria	87,528
Germany	1,336,674	Norway	130

NORTH AMERICA

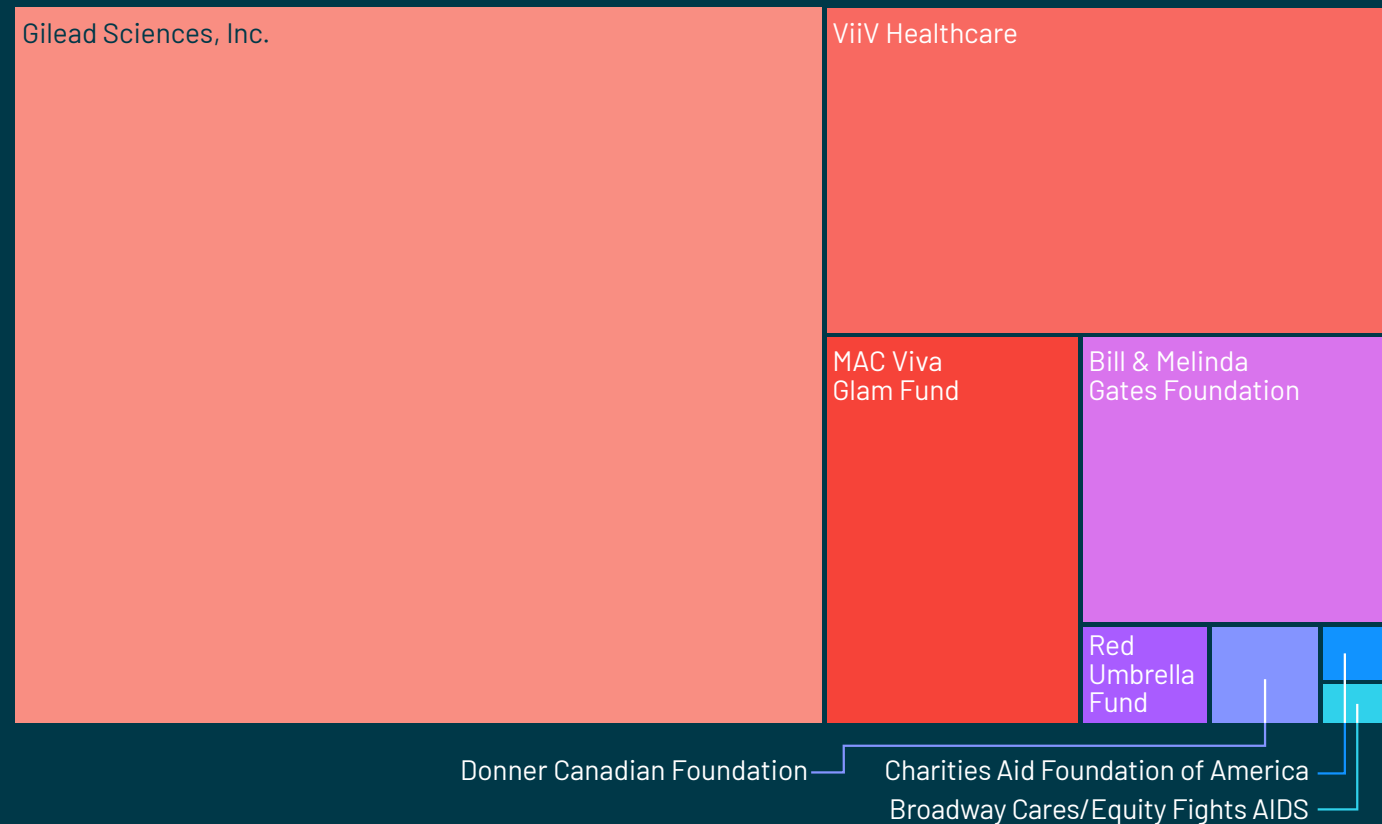
We are increasingly working towards aligning our taxonomy with UNAIDS, to create a more internationally accessible report and to allow for more direct data comparisons. This year we have merged the United States and Canada under the banner of North America, however given the disproportionate amount of funding received by the U.S., we are separating out Canada's funding so that it will not be overshadowed. Mexico continues to be included in the Latin American region, per UNAIDS and FCAA's taxonomies.

CANADA

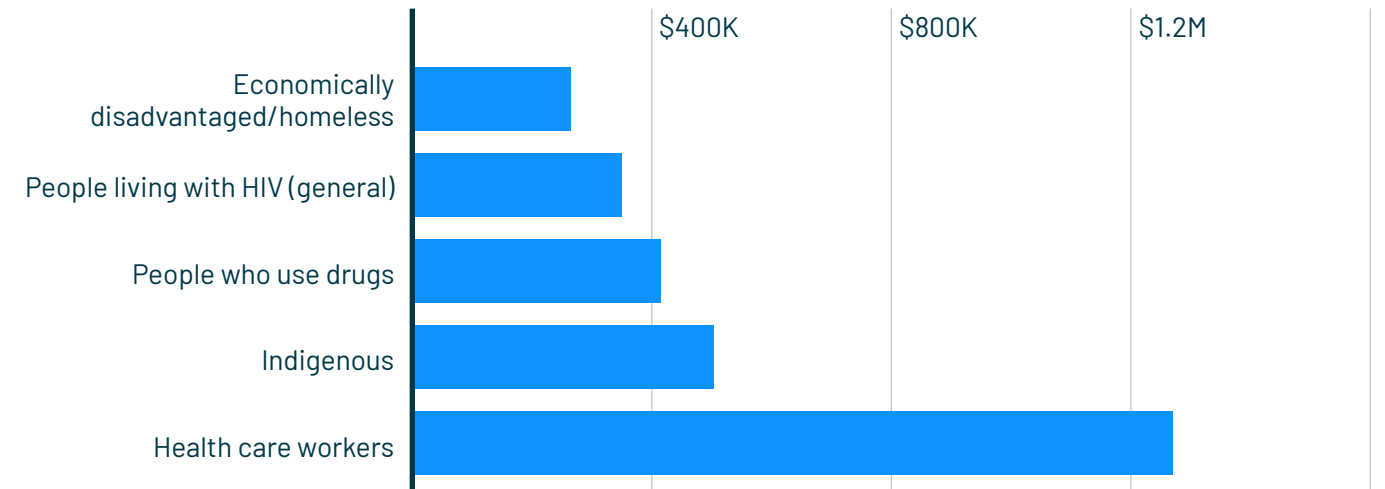
HIV-related philanthropy to Canada in 2021:



2021 Canada: Top 8 Funders



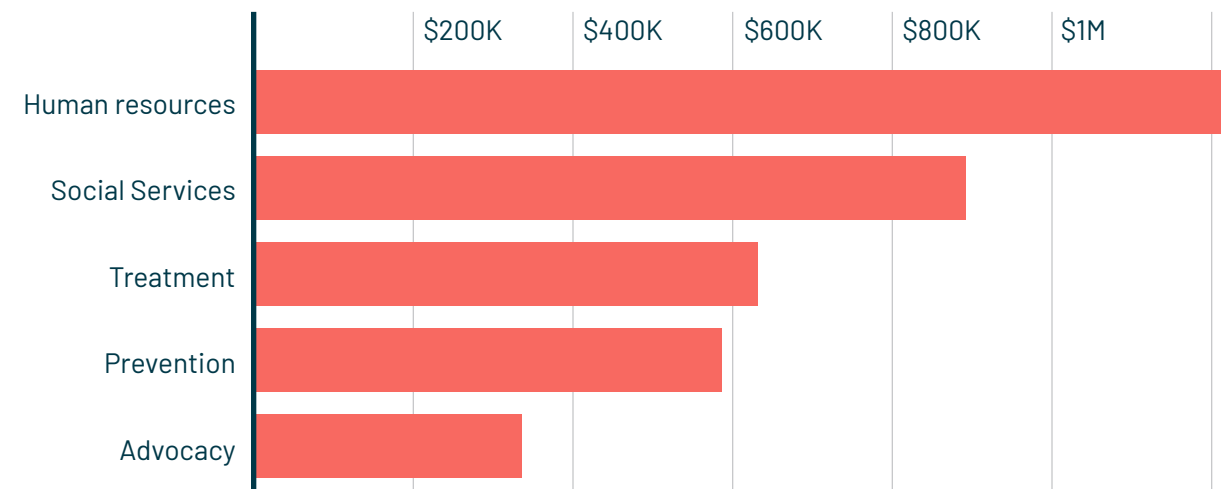
2021 Canada: Top 5 Populations of Focus (US\$)



COVID-19/Emergency Response funding: **\$620,153**

Key populations funding: **\$778,528**

2021 Canada: Top 5 Intended Use of Funding (US\$)



UNITED STATES OF AMERICA

HIV-related philanthropy to the United States in 2021:



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. Due to the size and complexities of the epidemic in this region, FCAA invited perspectives from both FreeState Justice and the Afiya Center.



FREESTATE JUSTICE

At least 32,149 people aged 13+ are living with diagnosed HIV in the state of Maryland, 65% of whom are virally suppressed. The HIV epidemic in the state disproportionately impacts Black communities, as 75% of the diagnosed people living with HIV (PLWH) in Maryland are Black. These numbers do not represent the true scale of the epidemic—at least 11% of all PLWH in Maryland are unaware of their status, and nearly 35% of youth living with HIV (ages 13-24) remain undiagnosed as of 2020. The lack of diagnoses (and therefore lack of viral suppression) among the state's population of PLWH is exacerbated by the state's discriminatory criminal penalties for people who transmit HIV.

Maryland Code section 18-601.1 singles out HIV as the only infectious disease specifically named virus in Maryland's criminal code and imposes a penalty that is five times more expensive and three times as long as the penalties imposed by the general disease transmission statute. This law encourages unscientific and discriminatory enforcement practices. It frustrates public health goals related to HIV because it severely discourages testing, since the legal standard for enforcement requires that an individual "knowingly" transmit the virus. Baltimore City's Ending the HIV Epidemic plan explicitly states

that "removing this law would be a significant positive step for destigmatization of people living with HIV and would go a long way in helping improve prevention and treatment recommendations."

FreeState Justice (FSJ) is a social justice organization that works to make Maryland a place where everyone, no matter sexual or gender identity, can thrive. Through direct legal services, legislative and policy advocacy, and community engagement, we enable locals across the spectrum of lesbian, gay, bisexual, transgender, and queer identities to be free to live authentically in all communities throughout the state. FSJ is Maryland's leading advocate for HIV decriminalization. Through FSJ's advocacy in 2023, HB287 passed out of the Maryland House of Representatives with a 97 to 37 vote, which is the first time a bill decriminalizing HIV has passed either chamber. FSJ leads an HIV coalition comprised of PLWH and advocates, many of whom provided written and oral testimony in Maryland's capital, Annapolis.



"Funders can support grantees in a number of ways beyond providing financial resources. We can serve as supportive peers, share best practices, and join or help develop coalitions. Low-barrier funding is critical for under-resourced organizations and coalitions, and multiyear investment is almost mandatory to ensure successful state policy outcomes. We've learned that funders should also do a full, careful assessment and consider the consequences of any potential funding cuts. Equality Federation Institute's support of FreeState Justice has already led to progress toward decriminalizing HIV in Maryland. With additional investment, we can collectively secure policies and laws beyond decriminalizing HIV to include enhancing access to PrEP/PEP and other priorities that'll usher in an era free from HIV."

— **Fran Hutchins**, Executive Director, Equality Federation

FSJ's work was supported by a grant from Equality Federation to organize the HIV coalition and a two-year grant from the Elizabeth Taylor Foundation, which is ending before the 2024 legislative session.



AFIYA CENTER

The Afiya Center, located in Texas, was founded in response to the absence of programs that would assist the needs of marginalized womxn living in poverty and at risk of high-incidence rates of HIV and AIDS. The term womxn is central to the Afiya Center's mission, and is an alternative term for the English language word women, meant to explicitly include transgender women and women of color.

While traditional outreach focused on using a condom during sex, the Center's unique connection with community helped discover that was not a priority for the population of womxn we serve that are most vulnerable for HIV acquisition. It was not that they didn't care about their general health and well-being; it was more about not focusing on the potential of what might happen in the face of what was actually happening.

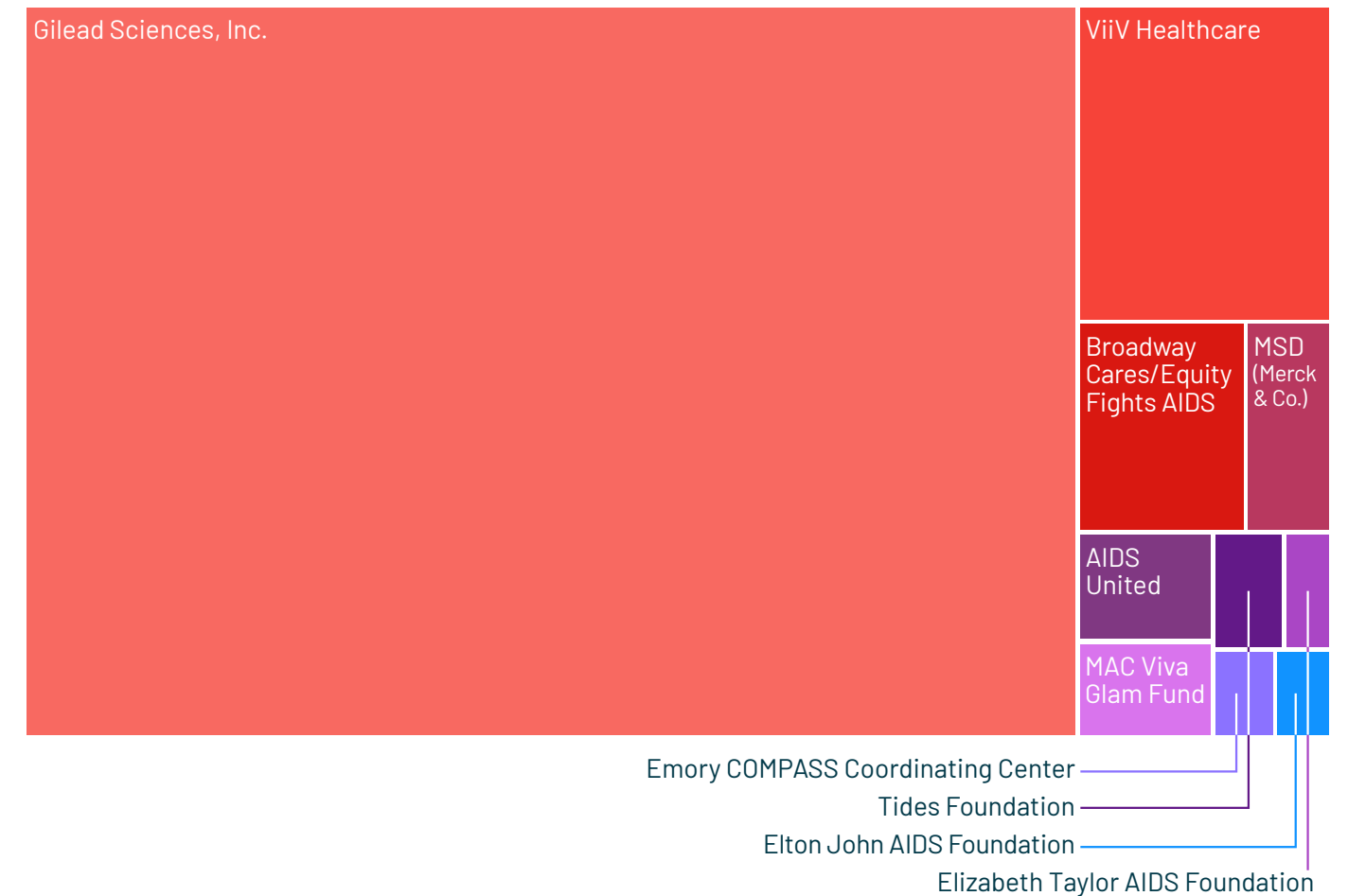
The Afiya Center’s work reaches Black womxn, girls, femmes, and transgender and gender-nonconforming people in ways that are organic and traditional to us but innovative in the HIV, public health, and reproductive justice, health, and rights spaces. The Center’s programming uniquely centers the way Black womxn communicate around sensitive issues and creates safe spaces to unite around vital traditional intergenerational American/ African American and Black cultural rituals such as crafting, storytelling, music, dance, doing hair, beauty/wellness, self-care, and other modes of self-edification. Through this programming, participants conduct critical self-, peer, and policy advocacy, as well as resource navigation, life coaching, mentoring, research dissemination, and community-centered education.

As one example, Living Out Loud: With a Purpose is a peer-driven, trauma-informed program designed to support Black cisgender and transgender womxn living with HIV. Black womxn deserve to feel safe, seen, and celebrated in our communities, regardless of HIV status. Program participants are community leaders who use storytelling and relational organizing to create a safe environment for their peers and educate their community on HIV and its impact on Black womxn and girls.

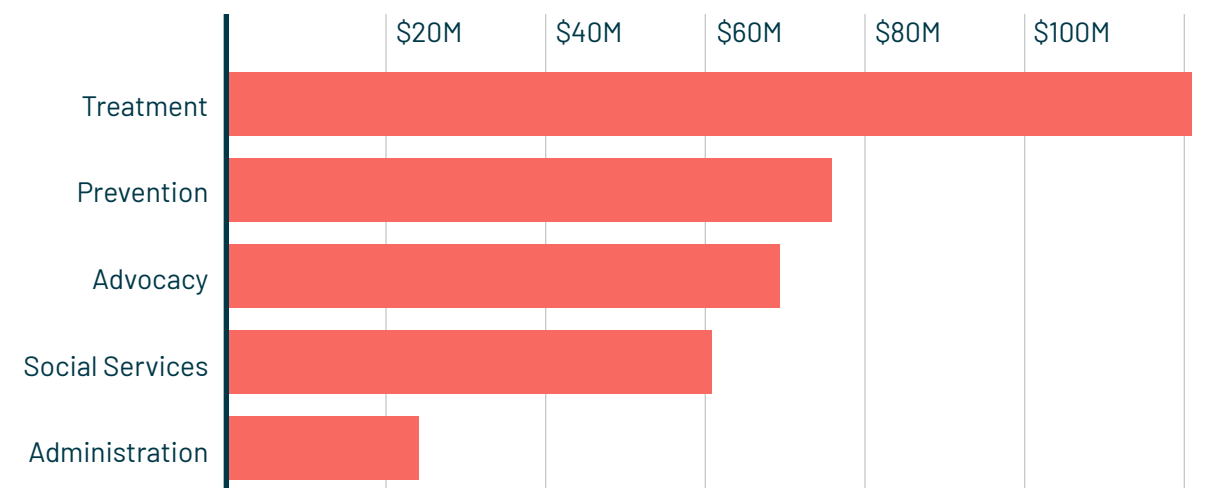
“Program funding should address HIV stigma [and] equip participants with skills to advocate for practices and policies that ensure inclusionary representation while increasing their knowledge of HIV and related health issues using a reproductive justice framework. The Afiya Center believes Black womxn impacted by HIV should take the lead on how womxn-centered services are funded, allocated, and delivered.”

– **Marsha Jones**, Executive Director, The Afiya Center

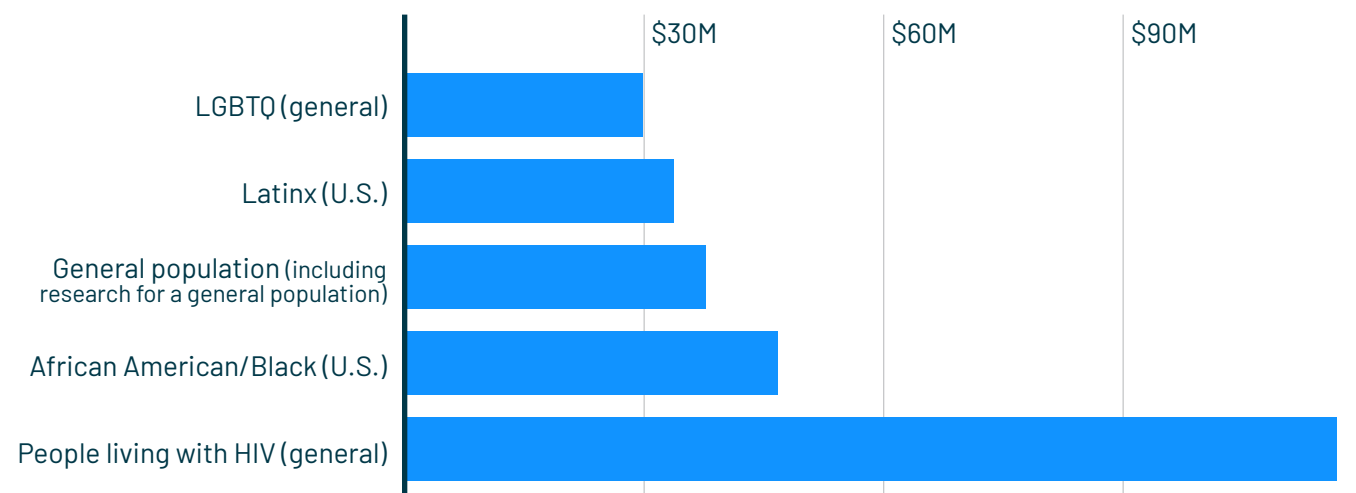
2021 United States: Top 10 Funders



2021 United States: Top 5 Intended Use of Funding (US\$)



2021 United States: Top 5 Populations of Focus (US\$)



COVID-19/Emergency Response funding: **\$23,642,085**

Key populations funding: **\$73,324,467**

BIPOC funding: **\$58,189,118**

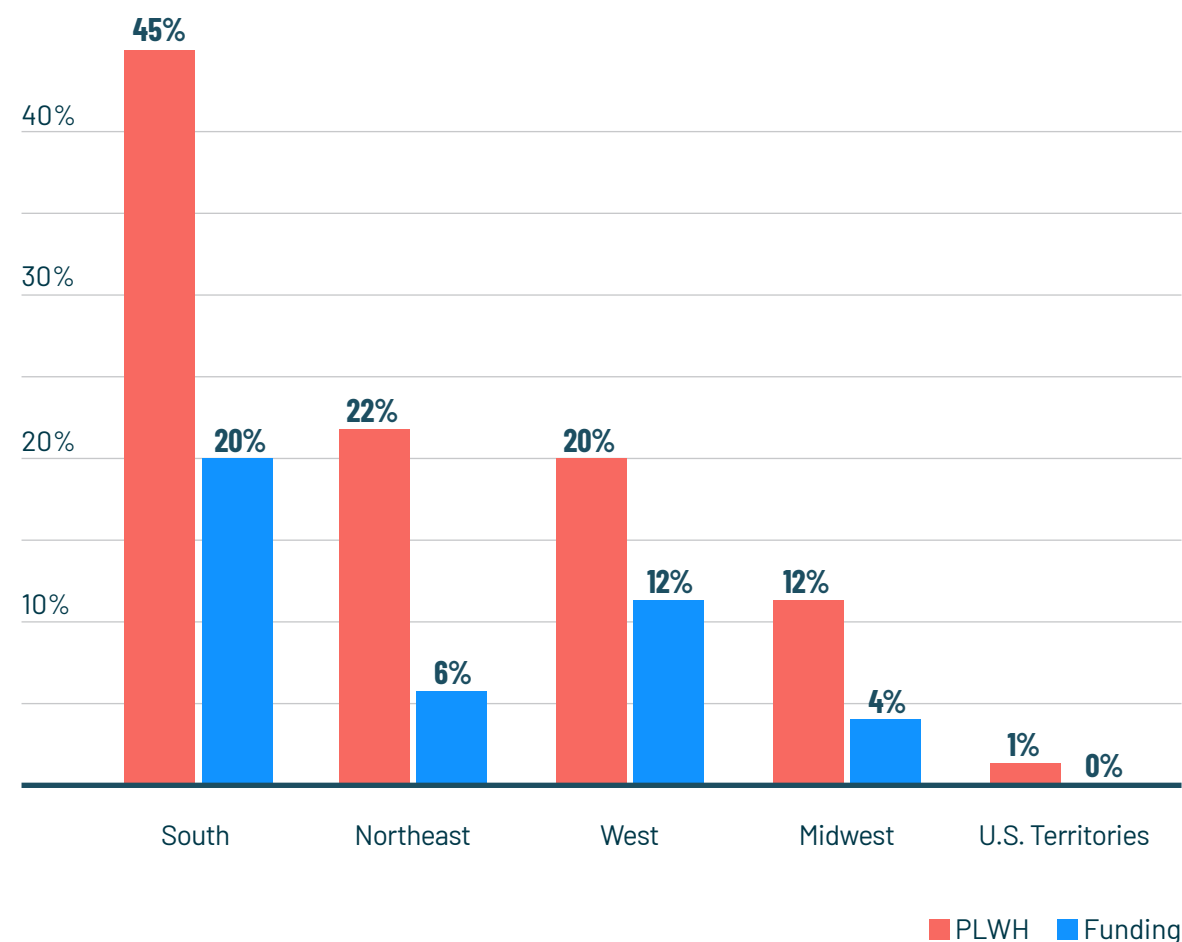
2021 United States: Recipient Regions (US\$)

REGION	DISBURSEMENTS	REGION	DISBURSEMENTS
U.S. (national)	154,935,610	Northeast	14,758,383
South	52,642,422	Midwest	11,415,030
West	33,234,906	U.S. Territories	1,218,000

2021 United States: Top 10 States (US\$)

STATES	DISBURSEMENTS	STATES	DISBURSEMENTS
California	28,460,606	Illinois	5,646,981
Texas	10,157,122	Georgia	4,035,967
New York	9,344,799	Louisiana	3,070,762
Florida	6,668,936	North Carolina	3,058,986
Washington, DC	5,888,934	Maryland	3,040,749

2021 United States: Proportion of HIV Prevalence vs. HIV Philanthropy (per U.S. Region)²⁴



APPENDICES AND ENDNOTES



APPENDIX 1:

HIV-RELATED PHILANTHROPIC FUNDERS IN 2021

RANK	FUNDER	DISBURSEMENTS (US\$)	NUMBER OF GRANTS	AVERAGE GRANT SIZE
1	Gilead Sciences, Inc. [ⓧ]	239,709,927	1,017	235,703
2	Bill & Melinda Gates Foundation	230,818,758	222	1,039,724
3	ViiV Healthcare [ⓧ]	42,007,322	722	58,182
4	Silicon Valley Community Foundation	31,390,950	31	1,012,611
5	Wellcome Trust	30,351,264	78	389,119
6	Broadway Cares/Equity Fights AIDS [ⓧ]	9,867,013	441	22,374
7	Elton John AIDS Foundation [ⓧ]	8,530,263	47	181,495
8	MSD [ⓧ] (Merck & Co.)	7,799,343	80	97,492
9	MAC Viva Glam Fund [ⓧ]	7,389,239	412	17,935
10	Open Society Foundations [ⓧ]	7,066,063	n/a	n/a
11	Sidaction [ⓧ]	6,729,926	227	29,647

[ⓧ] FCAA Member

RANK	FUNDER	DISBURSEMENTS (US\$)	NUMBER OF GRANTS	AVERAGE GRANT SIZE
12	Aidsfonds [ⓧ]	6,271,943	76	82,526
13	Children's Investment Fund Foundation [ⓧ]	5,572,240	7	796,034
14	Stephen Lewis Foundation [ⓧ]	4,745,658	211	22,491
15	AIDS United [ⓧ]	3,980,868	109	36,522
16	Nationale Postcode Loterij (Dutch National Postcode Lottery)	3,963,180	2	1,981,590
17	American Jewish World Service [ⓧ]	3,473,730	121	28,709
18	FXB International (Association François-Xavier Bagnoud)	3,403,531	34	100,104
19	Tides Foundation	3,018,635	39	77,401
20	UHAI-EASHRI [ⓧ]	2,978,367	191	15,594
21	amfAR, The Foundation for AIDS Research [ⓧ]	2,904,733	44	66,017
22	Conrad N. Hilton Foundation [ⓧ]	2,643,000	11	240,273
23	International Treatment Preparedness Coalition Global	2,015,543	29	69,501
24	Elizabeth Taylor AIDS Foundation [ⓧ]	1,940,000	8	242,500
25	Ford Foundation [ⓧ]	1,710,470	6	285,078
26	Charlize Theron Africa Outreach Project [ⓧ]	1,651,800	21	78,657
27	James B. Pendleton Charitable Trust	1,650,000	6	275,000
28	Levi Strauss Foundation [ⓧ]	1,510,000	20	75,500
29	Rockefeller Foundation	1,500,000	1	1,500,000
30	Emory COMPASS Coordinating Center	1,445,000	27	53,519
31	Egmont Trust	1,429,008	51	28,020
32	National Lottery Distribution Trust Fund (South Africa)	1,337,105	78	17,142

RANK	FUNDER	DISBURSEMENTS (US\$)	NUMBER OF GRANTS	AVERAGE GRANT SIZE
33	National Lottery Community Fund	1,164,215	11	105,838
34	Equality California Institute	1,160,000	14	82,857
35	Firelight Foundation [ⓧ]	1,101,777	106	10,394
36	King Baudouin Foundation	1,092,088	7	156,013
37	Red Umbrella Fund [ⓧ]	1,015,225	30	33,841
38	Wake Forest COMPASS Coordinating Center	970,000	17	57,059
39	Groundswell Fund	895,000	24	37,292
40	Comer Family Foundation [ⓧ]	870,000	68	12,794
41	GlaxoSmithKline	839,876	64	13,123
42	New York Women's Foundation	807,500	15	53,833
43	Global Fund for Women	785,000	27	29,074
44	Federal Home Loan Bank of Dallas Corporate Giving Program	750,000	1	750,000
45	Sentebale UK [ⓧ]	744,816	n/a	n/a
46	Third Wave Fund [ⓧ]	709,250	26	27,279
47	One to One Children's Fund	705,611	2	352,806
48	Health Foundation of Greater Indianapolis [ⓧ]	703,523	39	18,039
49	Alphawood Foundation	687,500	8	85,938
50	AIDS Foundation Chicago [ⓧ]	683,567	30	22,786
51	East Bay Community Foundation	661,951	13	50,919
52	WeSeeHope	637,102	25	25,484
53	VriendenLoterji (Dutch Friends Lottery)	627,388	1	627,388

RANK	FUNDER	DISBURSEMENTS (US\$)	NUMBER OF GRANTS	AVERAGE GRANT SIZE
54	Cone Health Foundation	606,386	6	101,064
55	Astraea Lesbian Foundation for Justice	593,338	23	25,797
56	Arcus Foundation [ⓧ]	587,143	5	117,429
57	Comic Relief	538,557	2	269,279
58	Washington AIDS Partnership [ⓧ]	515,300	21	24,538
59	Doris Duke Charitable Fund	508,750	3	169,583
60	Henry Smith Charity	470,424	4	117,606
61	David and Lucile Packard Foundation	450,000	2	225,000
62	Fondation de France [ⓧ]	449,950	28	16,070
63	Methodist Healthcare Ministry	443,750	2	221,875
64	MPact Global Action [ⓧ]	435,000	13	33,462
65	Design Industries Foundation Fighting AIDS	425,000	35	12,143
66	New York Community Trust	425,000	3	141,667
67	Oak Foundation	411,734	6	68,622
68	AIDS Funding Collaborative [ⓧ]	410,827	15	27,388
69	Morris & Gwendolyn Cafritz Foundation [ⓧ]	403,500	6	67,250
70	Keep A Child Alive	396,767	10	39,677
71	Wells Fargo and Wells Fargo Foundation	369,250	15	24,617
72	Healthcare Foundation of New Jersey	352,294	3	117,431
73	Campbell Foundation [ⓧ]	350,000	14	25,000
74	Robert Wood Johnson Foundation	310,000	2	155,000

RANK	FUNDER	DISBURSEMENTS (US\$)	NUMBER OF GRANTS	AVERAGE GRANT SIZE
75	Arnold Ventures	300,000	1	300,000
76	African Women's Development Fund	283,000	18	15,722
77	Polk Bros. Foundation Inc.	275,000	4	68,750
78	Meyer Memorial Trust	272,105	2	136,053
79	Black Tie Dinner	265,593	5	53,119
80	Otto Bremer Trust	260,000	4	65,000
81	Pride Foundation	257,100	43	5,979
82	Weingart Foundation	255,000	4	63,750
83	Harry and Jeanette Weinberg Foundation Inc.	250,000	1	250,000
84	Mama Cash	233,990	8	29,249
85	California Endowment	229,500	4	57,375
86	Community Education Group [®]	226,667	2	113,333
87	Greater Washington Community Foundation	226,250	37	6,115
88	Bridge House Estates	209,997	10	21,000
89	London Community Foundation	207,614	10	20,761
90	California Wellness Foundation [®]	200,000	4	50,000
91	Seattle Foundation	193,000	17	11,353
92	Scottish Council For Voluntary Organisations	184,435	7	26,348
93	Richard M. Schulze Family Foundation	180,000	4	45,000
94	Annenberg Foundation	175,000	4	43,750
95	Transgender Strategy Center [®]	175,000	7	25,000

RANK	FUNDER	DISBURSEMENTS (US\$)	NUMBER OF GRANTS	AVERAGE GRANT SIZE
96	Stonewall Community Foundation	174,816	36	4,856
97	Cedars-Sinai Medical Center	170,000	3	56,667
98	Minneapolis Foundation	155,865	52	2,997
99	May and Stanley Smith Charitable Trust	155,000	1	155,000
100	Barry & Martin's Trust	149,113	15	9,941
101	Laughing Gull Foundation	135,000	1	135,000
102	RRF Foundation for Aging	117,435	2	58,718
103	SRHR Africa Trust [®]	103,800	6	17,300
104	Eugene and Agnes E. Meyer Foundation	100,000	2	50,000
105	Knight Family Foundation	100,000	1	100,000
106	Ralph M. Parsons Foundation	100,000	3	33,333
107	Heinz Endowments	96,330	1	96,330
108	Community Foundation Sonoma County	91,345	18	5,075
109	Iqraa Trust	88,329	13	6,795
110	William Penn Foundation	85,000	2	42,500
111	Avert [®]	82,321	1	82,321
112	Marriott Daughters Foundation	75,000	3	25,000
113	Quantum Foundation	75,000	1	75,000
114	Andersen Corporate Foundation	65,000	2	32,500
115	California Community Foundation	57,000	4	14,250
116	Charles A. Frueauff Foundation Inc.	55,000	2	27,500

RANK	FUNDER	DISBURSEMENTS (US\$)	NUMBER OF GRANTS	AVERAGE GRANT SIZE
117	Richard E. & Nancy P. Marriott Foundation Inc.	55,000	1	55,000
118	Abell Foundation Inc.	50,000	1	50,000
119	Archstone Foundation	50,000	1	50,000
120	Daniel Foundation of Alabama	50,000	1	50,000
121	G.A. Ackermann Memorial Fund	50,000	1	50,000
122	Healing Trust	50,000	1	50,000
123	Reva & David Logan Foundation	50,000	1	50,000
124	Opportunity Fund	45,000	2	22,500
125	Trans Justice Funding Project	45,000	8	5,625
126	New Hampshire Charitable Foundation	44,200	8	5,525
127	Gamma Mu Foundation	43,400	6	7,233
128	F. M. Kirby Foundation Inc.	42,500	2	21,250
129	Greater Cleveland COVID-19 Rapid Response Fund: Phase II	40,000	2	20,000
130	Donner Canadian Foundation	37,059	1	37,059
131	Kent Richard Hofmann Foundation Inc.	34,765	13	2,674
132	Presbyterian World Service & Development	33,748	2	16,874
133	Omomuki Foundation	32,700	4	8,175
134	Hugh J. Andersen Foundation	31,000	3	10,333
135	Equality Federation Institute [®]	30,000	3	10,000
136	van Loben Sels/RembeRock Foundation	30,000	1	30,000
137	Walter and Elise Haas Fund	30,000	1	30,000

RANK	FUNDER	DISBURSEMENTS (US\$)	NUMBER OF GRANTS	AVERAGE GRANT SIZE
138	David Bohnett Foundation	29,765	6	4,961
139	Community Foundation of Mendocino County	25,150	8	3,144
140	Fund for New Jersey	25,000	1	25,000
141	Green Foundation	25,000	1	25,000
142	Taylor-Winfield Foundation	25,000	1	25,000
143	Jill & Jayne Franklin Charitable Trust	24,598	1	24,598
144	Sussex Community Foundation	22,316	4	5,579
145	Saint Paul & Minnesota Foundation	20,900	8	2,613
146	Community Foundation for Greater New Haven	20,000	1	20,000
147	Grant Healthcare Foundation	20,000	1	20,000
148	Ittleson Foundation [®]	20,000	1	20,000
149	WestWind Foundation	20,000	1	20,000
150	Hyde and Watson Foundation	19,300	2	9,650
151	Carrie Estelle Doheny Foundation	18,000	1	18,000
152	Charities Aid Foundation of America	17,353	9	1,928
153	Parker Foundation	17,000	1	17,000
154	Community Foundation Serving Tyne & Wear and Northumberland	15,727	3	5,242
155	Frank B. Hazard General Charity Fund	15,000	1	15,000
156	Cleveland Foundation	11,500	5	2,300
157	Beaver Family Foundation Inc.	10,000	1	10,000
158	Charles E & C J Adams Trust aka Frank W. and Carl S. Adams Memorial Fund	10,000	1	10,000

RANK	FUNDER	DISBURSEMENTS (US\$)	NUMBER OF GRANTS	AVERAGE GRANT SIZE
159	Foundation for MetroWest Inc.	10,000	1	10,000
160	Grace Bersted Foundation	10,000	1	10,000
161	Norcliffe Foundation	10,000	1	10,000
162	Walter E. Lipe Trust	10,000	1	10,000
163	United Way of Western Connecticut	9,417	2	4,709
164	Nancy Peery Marriott Foundation Inc.	8,000	1	8,000
165	Target Foundation	8,000	1	8,000
166	Farmington Bank Community Foundation	7,500	1	7,500
167	Community Foundation for Surrey	6,375	1	6,375
168	Central Carolina Community Foundation	5,000	1	5,000
169	Ensworth Charitable Foundation	5,000	1	5,000
170	Ethel Frends Charitable Foundation	5,000	1	5,000
171	Gary & Teresa Yourtz Foundation	5,000	1	5,000
172	Helen J. Serini Foundation Inc.	5,000	1	5,000
173	LoPrete Family Foundation	5,000	1	5,000
174	Permanent Endowment Fund of the Moody Memorial First United Methodist Church	5,000	1	5,000
175	Essex Community Foundation	4,260	1	4,260
176	GlobalGiving	4,000	1	4,000
177	Forest Foundation	3,000	2	1,500
178	Susan A. & Donald P. Babson Charitable Foundation	3,000	2	1,500
179	Grand Rapids Community Foundation	2,500	1	2,500

RANK	FUNDER	DISBURSEMENTS (US\$)	NUMBER OF GRANTS	AVERAGE GRANT SIZE
180	Seamens Long Point Charitable Foundation Inc.	2,500	1	2,500
181	Allensby Charitable Fund	2,000	1	2,000
182	Wichita Community Foundation	1,500	1	1,500
183	Malcolm Gibbs Foundation Inc.	1,250	1	1,250
184	Thomas & Elizabeth Brodhead Foundation	1,000	1	1,000
185	Anne & Gerald Freedman Charitable Foundation Inc	500	1	500
186	Henry C. and Karin J. Barkhorn Foundation	500	1	500
187	Berkshire Taconic Community Foundation Inc.	100	1	100

NOTE ON MISSING DATA

The majority of philanthropic funding to address HIV and AIDS in 2021 was captured in the available data. Funders Concerned About AIDS was unable to obtain data from some funders; their disbursements are therefore not included in the report.

FCAA was unable to collect data from the following funders for this and prior reports:

- Abbvie Foundation and Abbvie (U.S.)
- Canadian Foundation for AIDS Research (Canada)
- Community Foundation for Greater Atlanta (U.S.)
- ELMA Philanthropies (U.S.)
- Fondation Merieux (France)
- Fundo PositHivo (Brazil)
- H. van Ameringen Foundation (U.S.)
- J.B. & M.K. Pritzker Family Foundation (U.S.)
- Johnson & Johnson (U.S.)
- Kaiser Permanente (U.S.)
- Primate's World Relief & Development Fund (Canada)
- Rio Tinto
- San Diego Human Dignity Foundation (U.S.)
- Sigrid Rausing Trust (U.K.)
- Solidarité Sida (France)

- The Mercury Phoenix Trust (U.K.)
- Until There's a Cure (U.S.)
- Walgreens (U.S.)
- Walmart Foundation (U.S.)

Several other HIV-related funders were not included in this report for the following reasons:

- Monument Trust closed after its 2017 grantmaking.
- The Mennonite Central Committee moved away from its prior focus on HIV in health work and no longer has substantial programming in the field of HIV.
- The Bristol Myers Squibb Foundation and the Bristol Myers Squibb company ceased submitting data for this report, as HIV is no longer their focus.
- The John D. and Catherine T. MacArthur Foundation no longer provides grants related to HIV.
- MTV Staying Alive Foundation no longer provides external grants.
- Verein AIDS Life made their last round of grants in 2019.
- South Africa Development Fund was unable to make any HIV-related grants in 2021 because their funders redirected funds to COVID-19 or other support.
- San Francisco AIDS Foundation did not make any external grants in 2021

APPENDIX 2:

METHODOLOGY

SOURCES OF HIV-RELATED GRANTMAKING DATA

This resource tracking report covers HIV-related grant disbursements from all sectors of philanthropy, including private, family, and community foundations; public charities; corporate grantmaking programs (corporate foundations and direct-giving programs); philanthropies supported by lotteries; and fundraising charities. Data is included for 187 grantmaking entities, which FCAA gathered from a variety of sources: (1) grants lists sent from funders and direct communications with funders; (2) funder websites, grants databases, annual reports, and IRS Form 990 returns; (3) the grant database maintained by Candid; and (4) grants received by the Funders for LGBTQ Issues that were flagged as HIV-related. FCAA believes that this multifaceted approach arrives at a more comprehensive dataset of HIV-related funders than could be accomplished using any single data source or any single method of calculation.

CURRENCIES

The baseline currency for this report is the U.S. dollar. However, funders reported expenditures in various currencies. This necessitated the use of exchange rates; the rates used consistently throughout this report are from XE.com as of Jan. 31, 2023.

CALCULATIONS OF REGRANTING

To avoid counting the same funds twice, we adjust FCAA data to account for regranting. Regranting refers to funds given by one FCAA-tracked grantmaker to another for the purposes of making HIV-related

grants. The 2021 aggregate total grantmaking for all funders was adjusted downward by \$24,280,716 to account for regranting.

FUNDING TO THE GLOBAL FUND

Philanthropic funders have long played an important role for the Global Fund to Fight AIDS, Tuberculosis and Malaria, not only in financial contributions but also in governance, support for advocacy, and pro bono services and partnerships. Some funders tracked in this report, including the Bill & Melinda Gates Foundation, the Children's Investment Fund Foundation, and Comic Relief, made contributions to the Global Fund in 2021.²⁵ Despite the value of these contributions, we removed philanthropic funding to the Global Fund that addresses HIV and AIDS from this report and previous reports. Moving forward we will try to offer better tracking of philanthropic contributions to the Global Fund in this report.

OTHER SOURCES OF SUPPORT

In-kind donations, technical assistance, private individual donations, workplace programs that provide HIV-related services to employees, volunteer efforts by corporate employees, matching donations programs, cause-related marketing, and direct services provided by hospitals, clinics, churches, and community health programs all represent other sources of HIV-related funding, goods, and services that are difficult to identify and/or quantify. Even so, their contributions are highly valuable.

ANALYSIS

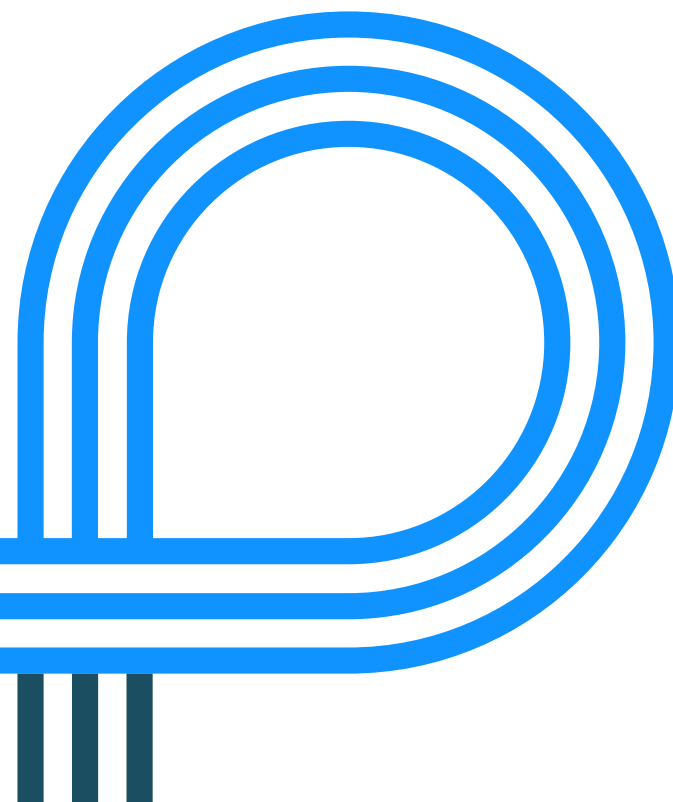
FCAA asked grantmakers for information about calendar-year disbursements related to HIV and AIDS in 2021. A disbursement is the amount of funding expended on grants/projects in a given year and may also include funding from commitments made in prior years. A grants list template was sent to funders when grants information was not publicly accessible. The template included questions about the grantee, the amount of their grant, the geographical area of benefit, and a grant description. FCAA staff determined the intended use and target populations of each grant from the grant description. FCAA was intentionally inclusive and broad, acknowledging that such efforts often overlap with many other issue areas of philanthropy. Therefore, for some respondents, we included or excluded grants and projects that were not wholly focused on HIV-related efforts. In some cases, we included only a percentage of the total grant to account for programs that had a partial impact on the HIV community. HIV-related grants from foreign offices of foundations that operate internationally were counted as coming from the country where their main headquarters are located.

INTENDED USE AND TARGET POPULATIONS

FCAA has changed the way it tracks both target populations and intended use. In the past, we attributed grants to only one population and intended use category. However, with our new capacity to code grants directly, we can identify every population or strategy included within a grant focus. In those incidences, we counted the total amount of the grant in each intended use category. For example, the entire amount of a grant for retention in care would be counted toward both treatment (medical care) and social services (nonmedical case management).

INTENDED USE CATEGORIES

- **Research:** Medical, prevention, and social science research.
- **Treatment:** All medical care (clinic-, community-, and home-based care) and drug treatment (antiretroviral and opportunistic infection treatment), end-of-life/palliative care, laboratory services, and provider/patient treatment information.
- **Prevention:** HIV testing, voluntary counseling and testing, harm reduction, male circumcision, PrEP, sexually transmitted infection prevention, health-related awareness/education/social programs, and behavior change programs.
- **Advocacy:** Activities to reduce stigma and discrimination as well as to develop a strong HIV constituency and enhance responses to HIV; provision of legal services/other activities to promote access and rights; AIDS-specific institutional development/strengthening; work to reduce gender-based violence; and production of films and other communications to increase general awareness of HIV and AIDS.
- **Social Services:** HIV-related housing, employment, food, and transportation assistance; cash transfers/grants to individuals; daycare; income-generation and microfinance programs; psychological/spiritual support and peer support groups; case management services; and access-to-care case management services.
- **Administration:** Monitoring and evaluation, facilities investment, management of AIDS programs, planning, patient tracking, information technology, strengthening logistics, and drug supply systems.



- **Human Resources:** Training, recruitment, and retention of healthcare workers; direct payments to healthcare workers; and continuing education for healthcare workers.
- **Prevention of Pediatric HIV Infection:** Counseling, testing, and treatment of mothers and their newborns toward elimination of perinatal HIV transmission (i.e., the elimination of HIV transmission during pregnancy, labor, and/or breastfeeding), early infant diagnosis and ART, safe infant feeding practices and delivery, and other services that prevent and treat pediatric HIV.
- **Other:** Funding that was unspecified and for projects that did not fall under the predetermined categories, such as support for health systems strengthening, fundraising events and activities, conference support, sector transformation, and AIDS walks. Occasionally we will parse out funding for categories in the “Other” bucket if we find they received significant attention in a given year.
- **Orphans and Vulnerable Children:** Holistic provision of education, basic healthcare, family/home/community support, social services, and institutional care for children orphaned or made vulnerable by HIV and AIDS, in lieu of parental support.
- **COVID-19/Emergency Response:** Emergency funds to support economic hardships caused by the COVID-19 pandemic, including housing/food support; staff pay to keep organizations operating; technology and capacity needs to transition to virtual services; transportation to access medical services or medication delivery for people in isolation; personal protective equipment; COVID-19-related research; and any grants that were specified by funders as related to or impacted by the COVID-19 pandemic.

GLOBAL GEOGRAPHICAL DEFINITIONS

For international and regionally focused HIV-related grantmaking, FCAA requested data about where the grantee was located and categorized by the following regions, as defined by UNAIDS:

CARIBBEAN:

Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Cuba, Dominica, Dominican Republic, Grenada, Guadeloupe, Guyana, Haiti, Jamaica, Martinique, Montserrat, Netherland Antilles, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands

LATIN AMERICA:

Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, French Guiana, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela

NORTH AMERICA:

Canada, United States of America

WESTERN AND CENTRAL EUROPE:

Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, Vatican City

EASTERN EUROPE AND CENTRAL ASIA:

Armenia, Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, North Macedonia, Malta, Moldova, Poland, Romania, Russia, Serbia and Montenegro, Slovakia, Slovenia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

WESTERN AND CENTRAL AFRICA:

Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo (Brazzaville), Democratic Republic of the Congo, Côte d’Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea (Conakry), Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome, Senegal, Sierra Leone, Togo

EASTERN AND SOUTHERN AFRICA:

Angola, Botswana, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Reunion, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Eswatini (formerly Swaziland), Uganda, Tanzania, Zambia, Zimbabwe

NORTH AFRICA AND THE MIDDLE EAST:

Afghanistan, Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, the Palestinian territories, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen

SOUTH ASIA AND THE PACIFIC:

Australia, Bangladesh, Bhutan, Fiji, India, Maldives, Nepal, New Zealand, Pakistan, Papua New Guinea, Samoa, Sri Lanka, Timor-Leste

EAST ASIA AND SOUTHEAST ASIA:

Brunei, Cambodia, China, Indonesia, Japan, Laos, Democratic People’s Republic of Korea (North), South Korea, Malaysia, Mongolia, Myanmar, Philippines, Singapore, Taiwan, Thailand, Vietnam

U.S. GEOGRAPHICAL DEFINITIONS

For domestic U.S. grantmaking, FCAA requested regional data based on five U.S. subregions, as defined by the U.S. Census Bureau and used by the CDC and other federal agencies:

NORTHEAST:

Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

SOUTH:

Alabama, Arkansas, District of Columbia, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia

MIDWEST:

Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin

WEST:

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

U.S. TERRITORIES:

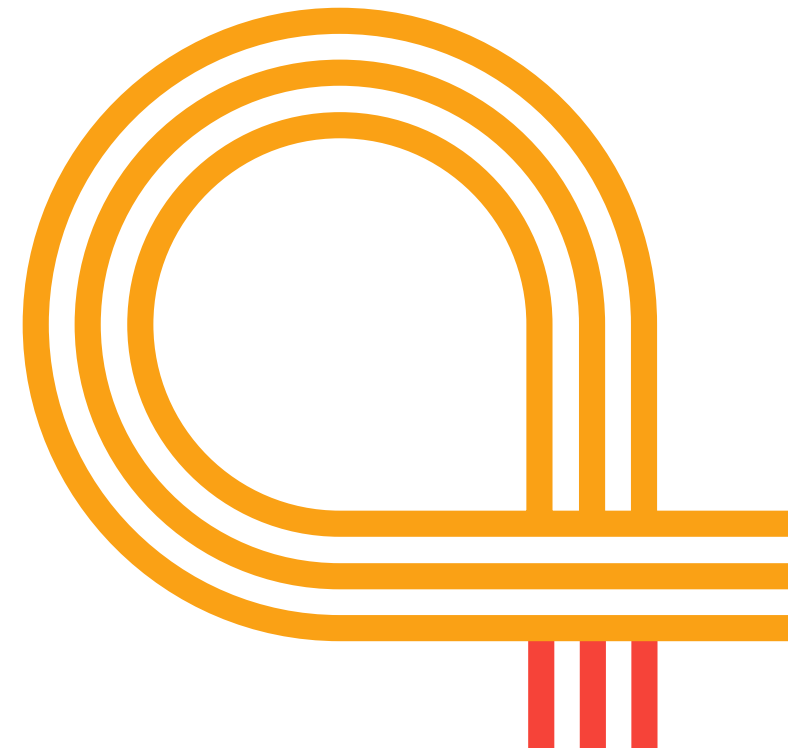
Puerto Rico, U.S. Virgin Islands

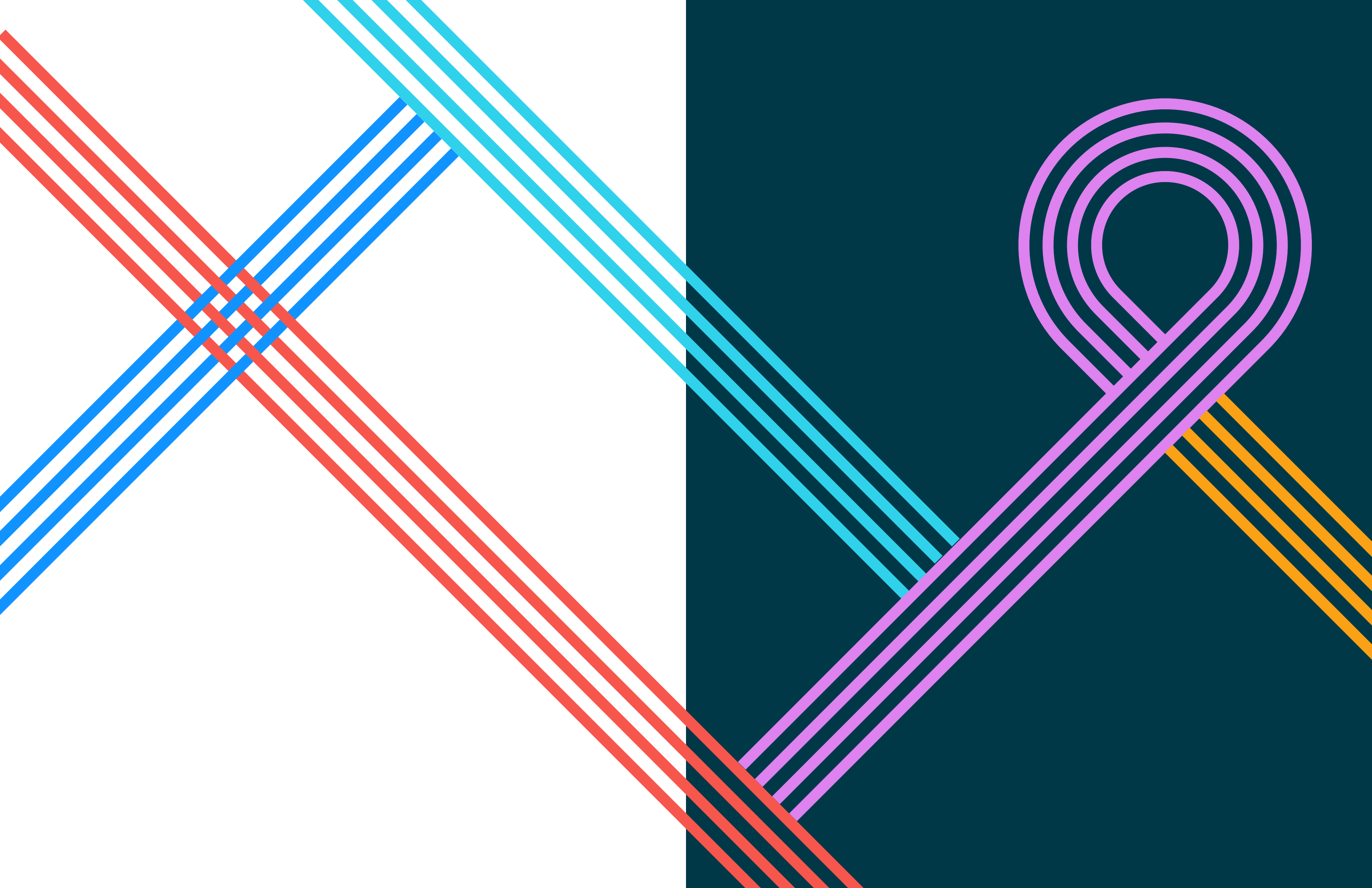
U.S. NATIONAL:

Not specific to a state or region

ENDNOTES

- 1 Courtenay Sprague and Sara E Simon. "Ending HIV in the USA: Integrating Social Determinants of Health." *The Lancet*. Vol. 398, Issue 10302. August 28, 2021. [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01236-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01236-8/fulltext)
- 2 Candid and the Center for Disaster Philanthropy. *Philanthropy and COVID-19: Examining Two Years of Giving*. 2022. www.issueab.org/resources/40288/40288.pdf
- 3 CDC. HIV in the United States by Race and Ethnicity: PrEP Coverage. Updated June 26, 2023. www.cdc.gov/hiv/group/raciaethnic/other-races/prep-coverage.html
- 4 "Equitable Access to PrEP Is Essential to Reap Its Benefits." *The Lancet HIV*. Vol. 10, Issue 2, E69. February 2023. [www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(23\)00005-X/fulltext](http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(23)00005-X/fulltext)
- 5 CDC. HIV Basic Statistics. Updated May 22, 2023. www.cdc.gov/hiv/basics/statistics.html
- 6 FCAA. *Racial Justice in HIV Philanthropy Guiding Principles*. November 2021. www.fcaaid.org/support/racial-justice-principles/
- 7 UNAIDS. *Global HIV & AIDS statistics – Fact sheet*. 2022. <https://www.unaids.org/en/resources/fact-sheet>
- 8 Keren Landman. "Uganda's Anti-gay Law Will Hurt All Ugandans." *Vox*. June 16, 2023. www.vox.com/23750826/uganda-anti-gay-homosexuality-hiv-foreign-aid-trust-health-care
- 9 Although many grants for key populations include more than one population, this year we've changed our methodology that tracks overall funding for key populations to remove duplication. This chart shows funding data over seven years, with duplication removed, to understand how philanthropy has responded over time. Key populations included in this aggregate total are transgender persons, gay men and MSM, LGBTQ (general), people who use drugs, sex workers, and key populations (unspecified). For key populations (unspecified), funding was described as reaching "key" or "most impacted" populations, but no clear population was indicated.
- 10 This chart shows disaggregated funding for these key populations: transgender persons, MSM, people who use drugs (PWUD), and sex workers. If grants reached more than one of these populations, the full amount of funding was counted for each population. For de-duplicated funding for all key populations, see the previous chart, "2015–2021 HIV Philanthropy: Key Populations Combined."
- 11 UNAIDS. Elimination of Mother-to-Child Transmission. open.unaids.org/priority/strategy-result-areas/elimination-mother-child-transmission
- 12 For data on public funding streams, please refer to the Henry J. Kaiser Family Foundation (KFF) and UNAIDS report *Donor Government Funding for HIV in Low- and Middle-Income Countries in 2021*. San Francisco: KFF. July 2022. files.kff.org/attachment/Report-Donor-Government-Funding-for-HIV-in-Low-and-Middle-Income-Countries-in-2021.pdf
- 13 The chart shows aggregate funding disbursements per year for all funders. Data for funders based outside of the U.S. and European Union is not available for 2007–2011, as FCAA only began tracking them as of 2013 with data from 2012. Additionally, totals for 2007–2020 were recalculated using the same exchange rates that were used throughout this report.
- 14 Regranting between funders tracked by FCAA was not removed for this table.
- 15 UNAIDS' original estimate of \$21.4 billion in 2019 USD has been updated to \$22.6 billion in 2021 USD, as presented by Kaiser Family Foundation in their report. This estimate includes funding provided by donor governments as well as other multilateral institutions, United Nations agencies, and foundations. Source: The Henry J. Kaiser Family Foundation (KFF) and UNAIDS. *Donor Government Funding for HIV in Low- and Middle-Income Countries in 2021*. San Francisco: KFF. July 2022. files.kff.org/attachment/Report-Donor-Government-Funding-for-HIV-in-Low-and-Middle-Income-Countries-in-2021.pdf
- 16 Funding directed toward a global audience is also included in FCAA's philanthropy total for LMIC, because much of that funding includes international campaigns that focus heavily on the Global South and key population networks that engage in advocacy work with populations around the world, especially in LMIC. FCAA's HIV philanthropy total for LMIC also includes HIV vaccine/cure/prevention research, which will ultimately impact LMIC. This analysis also includes non-country-specific funding to regions with predominately LMIC.
- 17 UNAIDS. *With the Right Investment, AIDS Can Be Over—A US\$ 29 Billion Investment to End AIDS by the End of the Decade*. Geneva: UNAIDS. March 26, 2021. www.unaids.org/en/resources/documents/2021/JC3019_InvestingintheAIDSresponse
- 18 This chart examines funding for responses to the HIV and AIDS epidemic in LMIC for 2021, according to available data from UNAIDS and the Henry J. Kaiser Family Foundation. The UNAIDS analyses focus specifically on LMIC where the vast majority of people with HIV live. For an analogous comparison, we've excluded philanthropic funding for high-income countries in this chart. Country income levels sourced from: World Bank. World Bank Country and Lending Groups. Accessed July 2020. datahelpdesk.worldbank.org/knowledgebase/articles/906519
- 19 FCAA has presented the total for 2021 philanthropic funding for HIV and AIDS in LMIC as a subset of the UNAIDS total estimate in order to calculate these percentages.
- 20 Many individual grants target multiple categories and populations. In those cases, the total amount of the grant is counted for each category. For example, the entire amount of a grant for retention in care would be counted toward both treatment (medical care) and social services (nonmedical case management), or a grant for transgender women is counted for both transgender populations and women and girls.
- 21 Alice Burns. "Long Covid: What Do the Latest Data Show?" January 26, 2023. www.kff.org/policy-watch/long-covid-what-do-latest-data-show/
- 22 Long Covid Justice. "Pandemics Are Chronic: A Statement of Commitment to Long COVID Justice." <https://longcovidjustice.org/pandemics-are-chronic-a-statement-of-commitment-to-long-covid-justice/#:~:text=COVID%2D19%2C%20like%20many%20pandemic,changing%20effects%20of%20Long%20COVID>
- 23 Figures on people living with HIV are drawn from UNAIDS' 2022 report, *UNAIDS Data 2022*, un-aids.org/sites/default/files/media_asset/data-book-2022_en.pdf. This chart excludes funding for a global purpose, thus the funding percentages do not add up to a complete 100%. For the list of countries included in each region, see Appendix 2: Methodology.
- 24 AIDSVu. "Rates of Persons Living with HIV, 2020." map.aidsvu.org/map
- 25 The Global Fund to Fight AIDS, Tuberculosis and Malaria. *The Global Fund 2021 Annual Financial Report*. Geneva: Global Fund. 2021. www.theglobalfund.org/media/12003/corporate_2021annualfinancial_report_en.pdf







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