

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

