

FCAA DATA SPOTLIGHT

HIV PHILANTHROPY FOR PEOPLE WHO INJECT DRUGS (PWID)



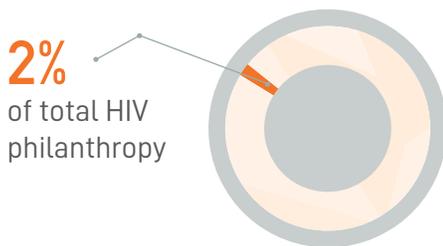
According to a recent UNAIDS analysis, people who inject drugs (PWID) are 22 times more likely to acquire HIV than the rest of the global population. It is estimated that 25% of new infections outside of sub-Saharan Africa occur among PWID.

Injection drug use increases the risk of blood-borne infections—not just HIV, but also hepatitis—which spread efficiently through needle sharing. Recently, the U.S. Centers for Disease Control and Prevention (CDC) released data showing that more than one in four people who inject drugs reuse needles, and many have not had an HIV test in the last year. Globally, on average, one in 10 new HIV infections are caused by the sharing of needles. Yet, PWID often have among the least access to needed HIV treatment, prevention and care services due to the immense criminalization, stigma and economic marginalization that surrounds drug use.

In 2015 the U.S. experienced the first increase in the number of HIV diagnoses due to injection drug use in two decades, largely due to the opioid epidemic and HIV outbreak in Scott County, Indiana. Since then, the intersection of the opioid and HIV epidemics has become a growing concern.

This infographic, distilled from FCAA's annual resource tracking report, *Philanthropic Support to Address HIV/AIDS in 2017*, provides a first attempt to analyze HIV-related philanthropy that addresses PWID. Data analyzed for this infographic includes both grants that specifically address the needs of PWID, as well as grants that target key populations in areas where PWID are disproportionately impacted. Additional statistics are quoted from Kaiser Family Foundation, UNAIDS, amfAR, the Centers for Disease Control and Prevention (CDC), and Avert.

In 2017, **\$17,085,107** of HIV-related philanthropy supported people who inject drugs.



FUNDING DISTRIBUTION



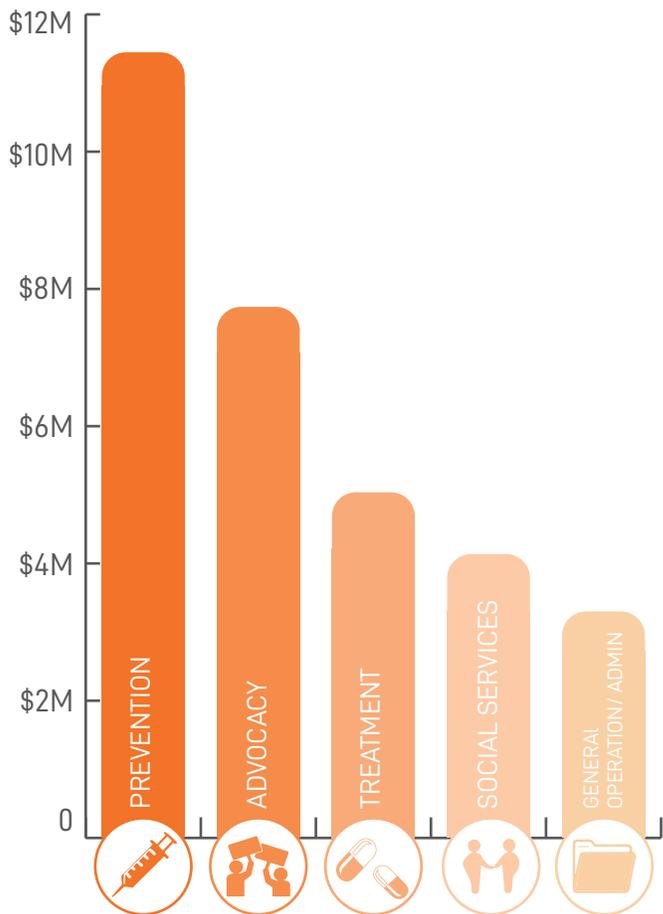
TOP 10 FUNDERS

1. Elton John AIDS Foundation
2. M.A.C AIDS Fund and M.A.C Cosmetics
3. Aidsfonds
4. Bill & Melinda Gates Foundation
5. ViiV Healthcare
6. Comer Family Foundation
7. Sidaction
8. Broadway Cares/Equity Fights AIDS
9. H. van Ameringen Foundation
10. Susan Thompson Buffett Foundation

92% of HIV philanthropy for PWID came from the **TOP 10 DONORS**



TOP 5 INTENDED USE OF FUNDING



BEHIND THE NUMBERS:



Funders focused on **hard to reach and vulnerable populations** of drug users. One program supported HIV education and prevention efforts focused on deterring high-risk behaviors – including drug use – in a Malawi prison. Another program focused on increasing HIV testing among sex workers, drug users and migrants in Russia, while another program focused on the scale up of harm reduction services for children and young people who use drugs.



Many funders also supported local, national and international **advocacy efforts** to create and scale up harm reduction policies to help reduce the spread of HIV/AIDS.



In India, funders are supporting efforts to integrate essential HIV prevention and treatment services in venues that are friendly and **accessible to men who have sex with men and drug users** – two criminalized and disenfranchised populations within the country.



Many funders supported **comprehensive housing, food and mental health programs** that supported the needs of PWID.

FUNDING GAP: Only 26% of HIV-related philanthropy for PWID in 2017 explicitly focused on syringe exchange/access programs, even though research shows their effectiveness at preventing transmission as well as linking PWID to life-saving treatment and social services. It is important to note that in the U.S., regardless of the legality of syringe exchange programs in a state, Federal funds cannot be used for the purchase of syringes. For funders who are looking to support this work, purchasing supplies is a cost-efficient way to leverage funding for HIV and harm reduction efforts. Learn more at: www.cdc.gov/hiv/risk/ssps.html

A LITTLE CAN GO A LONG WAY: In 2017 the Comer Family Foundation supported the creation of the resource “A Guide to Establishing Syringe Services Programs in Rural, At-Risk Areas” to provide “information about the important role syringe services programs can play in the opioid epidemic.” The guide serves as a helpful resource for community programs seeking to implement syringe exchange programs, and makes current links between needs of populations impacted by HIV, HCV and opioids. Find the guide online: <http://bit.ly/comerfdnguide>.

WHAT IS HARM REDUCTION?

As highlighted in the data, funding for PWID often falls under the "prevention" and "social services" categories, and may include things such as testing and housing that can be among a comprehensive set of interventions referred to as harm reduction.

According to the **Harm Reduction Coalition**, harm reduction is both a "set of practical strategies and ideas aimed at reducing negative consequences associated with drug use," as well as a social justice-based movement to respect the rights of people who use drugs. Harm reduction efforts can include needle and syringe exchange programs (SEPs) and opioid substitution therapy (OST), hepatitis C treatment, and overdose prevention (including peer-distribution of naloxone).

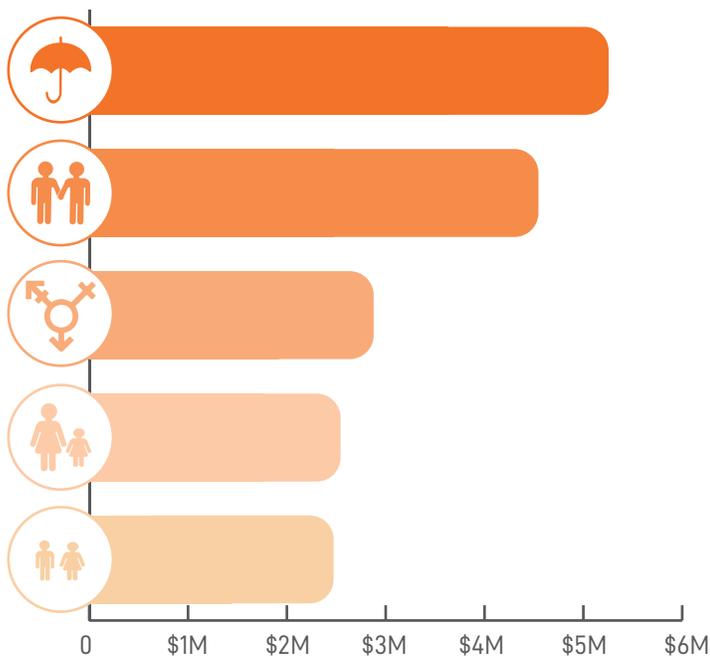
In 2004, a national grantmaking collaborative – the **Syringe Access Fund (SAF)** – was launched to fill a critical gap in funding for SEPs and related public policy. SAF defines SEPs as a "proven and cost-effective HIV and hepatitis prevention tool, providing people who inject drugs with the sterile injection equipment, overdose prevention, and related health messaging to reduce the potential harms of injection drug use and improve their overall health." Further, these programs are often the only opportunity to link PWID to other treatment, public health and social services.

Learn more about these organizations:

- harmreduction.org
- www.aidsunited.org/Programs-0024-Grantmaking/Syringe-Access-Fund.aspx

TOP 5 POPULATIONS

Grants that addressed the needs of PWID, most frequently also addressed these target populations: Sex workers, men who have sex with men (MSM), Transgender, Women & Girls, Youth

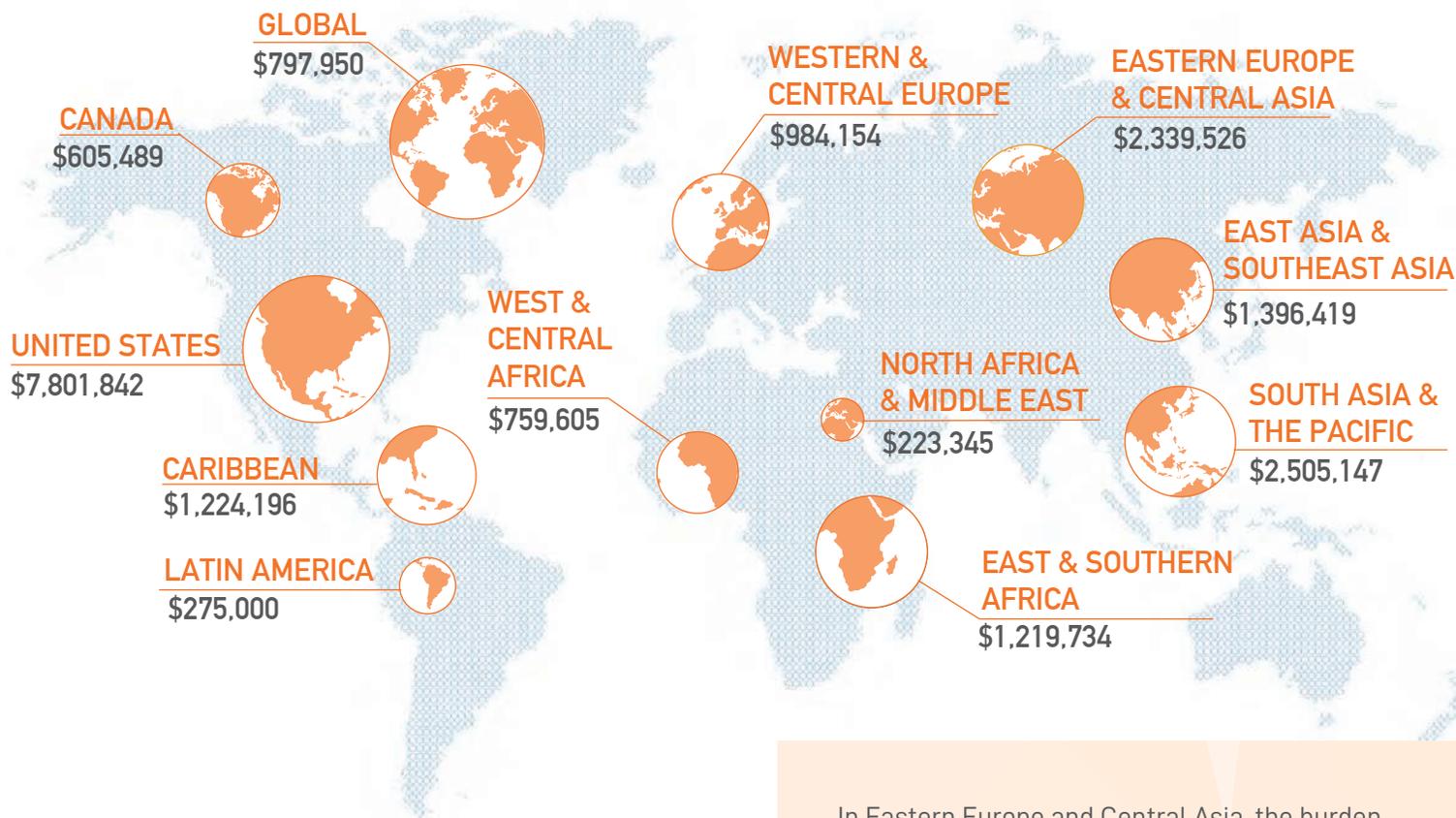


There is a particularly vulnerable overlap between **PWID and sex workers** as the legal environments in most countries criminalize both populations. A study in Central Asia discovered that HIV prevalence among female sex workers who also inject drugs is 20 times higher than sex workers who don't inject drugs.

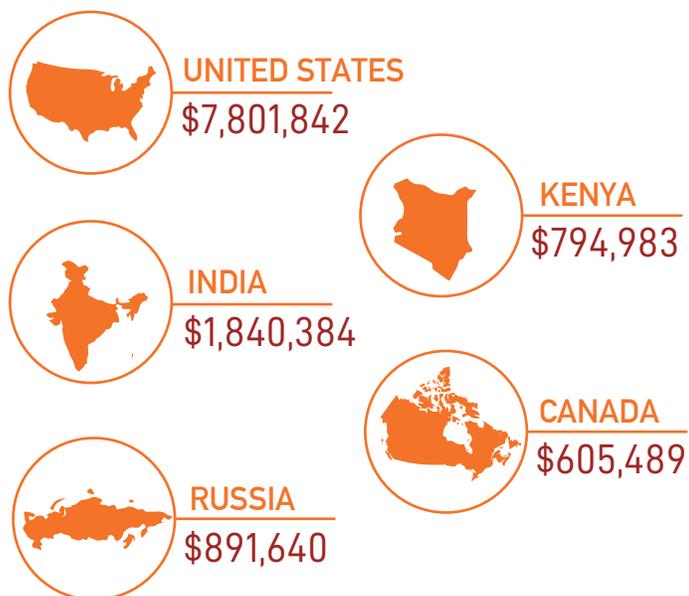
In 2013, global HIV prevalence among **women who inject drugs** was 13%, compared to 9% among men who inject drugs. Studies have shown strong links between women who inject drugs and gender-based violence. Women – particularly mothers – tend to conceal their drug taking due to stigma and the fear of losing custody of their children, which further discourages them from accessing medical care and HIV services.

GEOGRAPHIC FOCUS

[GLOBAL DISTRIBUTION OF 2017 HIV PHILANTHROPIC FUNDING FOR PWID]



TOP 5 FUNDED COUNTRIES



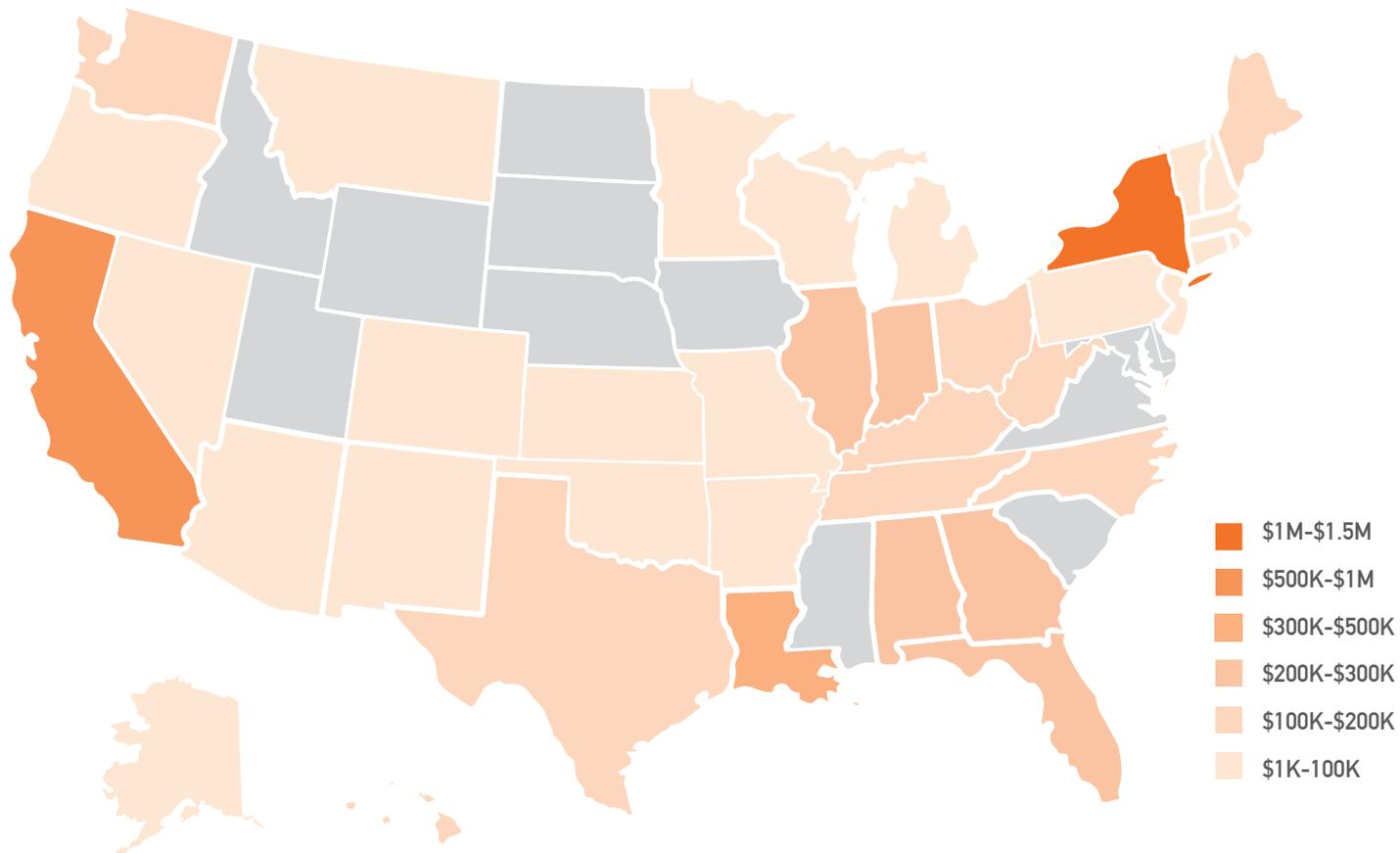
In Eastern Europe and Central Asia, the burden among PWID is particularly high. The region experienced a 29% increase in new HIV infections between 2010 and 2017; in 2017, 39% of new HIV infections in the region were among PWID.

The majority of the world's 11 million drug users live in middle-income countries. A total of three countries - China, Russia and the United States - account for nearly half of all people who inject drugs globally. **In 2017, 34% of HIV-related philanthropy for PWID went to MIC.**

Recent reports from **Harm Reduction International (HRI)** show that 2016 funding for harm reduction efforts in low- and middle-income countries stalled at \$188 million – just 13% of what UNAIDS estimates is needed for an effective response. Additionally, as large donors such as the Global Fund shift resources away from middle income countries, the burden is placed on domestic governments that do not prioritize, and often criminalize, key populations including PWID. Learn more in HRI's recent report:

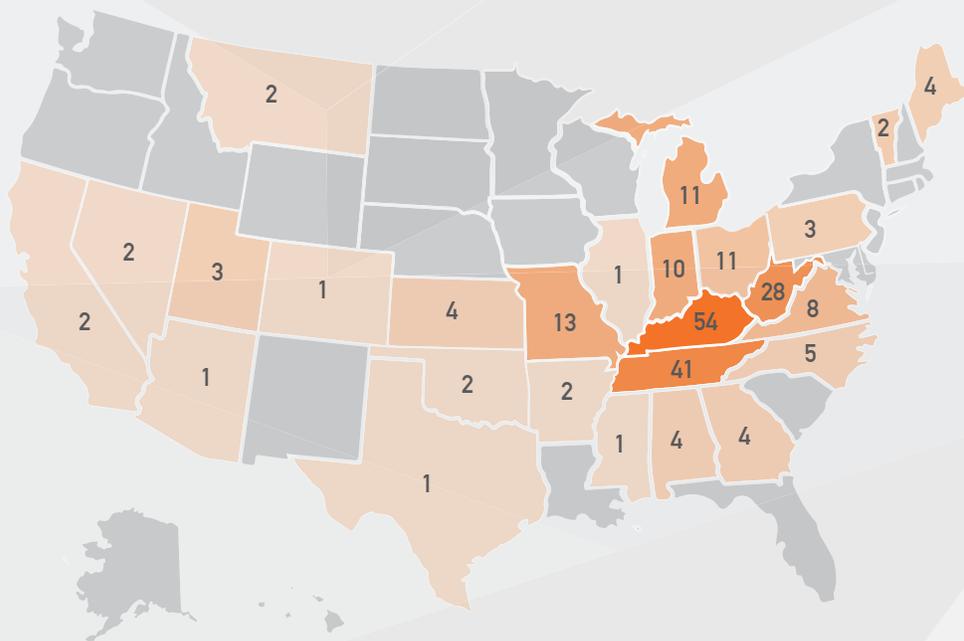
www.hri.global/harm-reduction-funding

2017 HIV PHILANTHROPIC FUNDING FOR PWID IN THE U.S.



PARTNER RESOURCE: CDC TOP 220 VULNERABLE COUNTIES PER STATE

Data source: amfAR Opioid Database



In 2015 the CDC released a list of 220 of the top counties that are experiencing or at-risk of significant increases in viral hepatitis infection or an HIV outbreak due to injection drug use. While these counties are only a small portion of at-risk jurisdictions in the US, we can see here the number of top counties per state, showing a concentration of these vulnerable counties in just a handful of states, including WV, KY, and TN. When we compare this to state-level HIV-related philanthropic funding, we see a discrepancy in funds for those states most at-risk of an outbreak due to injecting drug use.

For full list of CDC's top 220 vulnerable counties, as well as other valuable data points, please visit **amfAR's Opioid Database**, (opioid.amfar.org). Searchable by numerous indicators related to HIV, HCV, Opioids, as well as services and policies, this tool allows for quick mapping and data visualizations by state, county, and congressional district.