

FCAA DATA SPOTLIGHT

HIV PHILANTHROPY FOR HUMAN RIGHTS



Despite widespread recognition among policy-makers, scientists and implementers that an effective HIV response is rooted in human rights-based approaches and interventions, overall funding for human rights interventions is remarkably low. As a result, the most marginalized populations tend to be those directly and indirectly excluded from life-saving health services, including HIV prevention, treatment and support.

In 2014 FCAA launched a new Human Rights and HIV Funder Work Group, in partnership with the International Human Rights Funders Group (IHRFG), to enact strategies that ensure coordinated, long-term support for groups that champion a human rights-based HIV response. Distilled from FCAA's annual resource tracking report, *Philanthropic Support to Address HIV/AIDS in 2014*, the following data offers an important new benchmark: the first analysis of HIV philanthropy for human-rights related efforts.

THE NEED

Key populations — including sex workers, people who inject drugs, transgender people, prisoners and gay men and other men who have sex with men — are being left behind despite increased risk of HIV infection.

Reaching key populations that are deeply marginalized and criminalized is critical to ending the AIDS epidemic.

An estimated **40%-50%** of all new HIV infections among adults worldwide occurred among people from key populations and their immediate partners



HIV incidence in key populations continues to increase, even as incidence stabilizes or declines in the general population.

1 out of **8** people living with HIV report being denied health care



1 out of **10** people living with HIV report being refused employment or a work opportunity

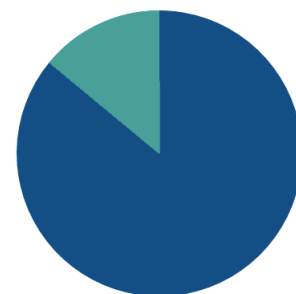


Evidence shows that when you provide services and an environment free of stigma and discrimination, new HIV infections decline among these key populations.

IN 2014:

\$85.2M

in HIV-related philanthropy addressed Human Rights



14%

of total private HIV Philanthropy

■ Total HIV Philanthropy
■ HIV Philanthropy for Human Rights

GENERAL FUNDING DISBURSMENT

\$85,246,595



84



1124

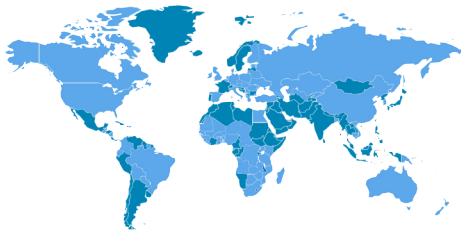


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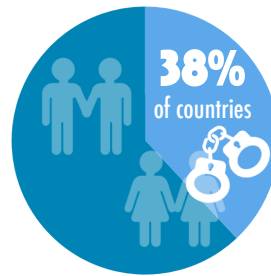


THE CRIMINALIZATION LANDSCAPE

72 countries have laws that specifically criminalize HIV non-disclosure, exposure or transmission.



75 countries criminalize same-sex sexual relations.



In **9** countries, same-sex acts may be punished by death.

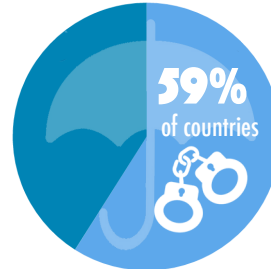
This total increases to **101** jurisdictions when individual US states are counted separately.



35 countries impose HIV-related travel restrictions.



116 countries criminalize and make sex work illegal.



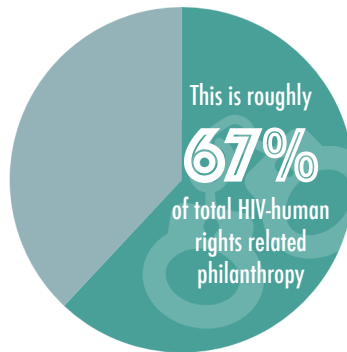
Drug use is widely criminalized and creates dramatic barriers to services for people who use drugs.

HIV-RELATED PHILANTHROPY FOR FIGHTING CRIMINALIZATION

HIV funders disbursed

\$57,296,555

in human rights-related funding to countries with current HIV criminalization laws and/or where HIV-related prosecutions have ever taken place.



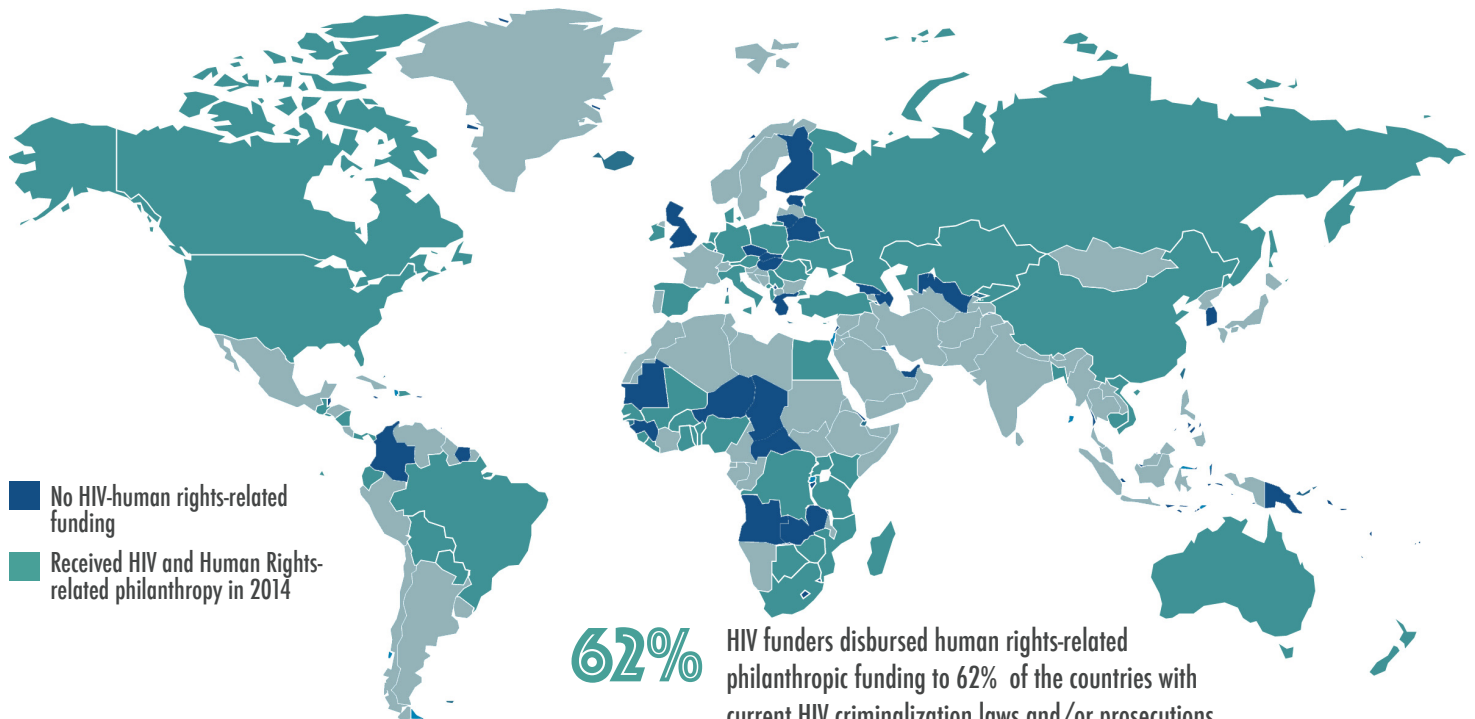
However,

ONLY 5%

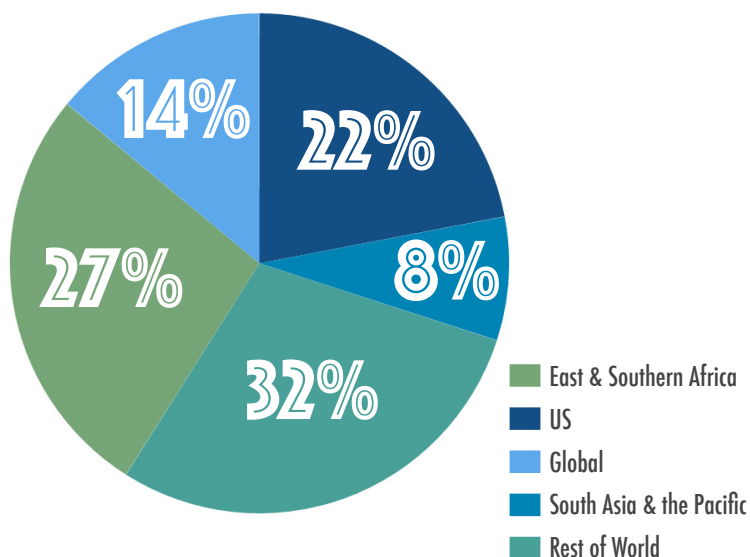
of HIV-human rights related philanthropy addressed specific efforts to fight criminalization.



COUNTRIES WITH CURRENT HIV CRIMINALIZATION LAWS AND/OR PROSECUTIONS

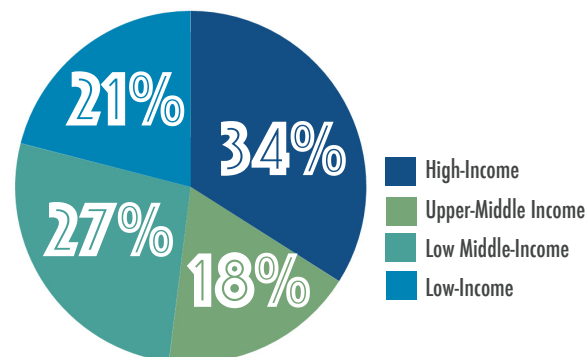


GEOGRAPHIC DISTRIBUTION OF FUNDING

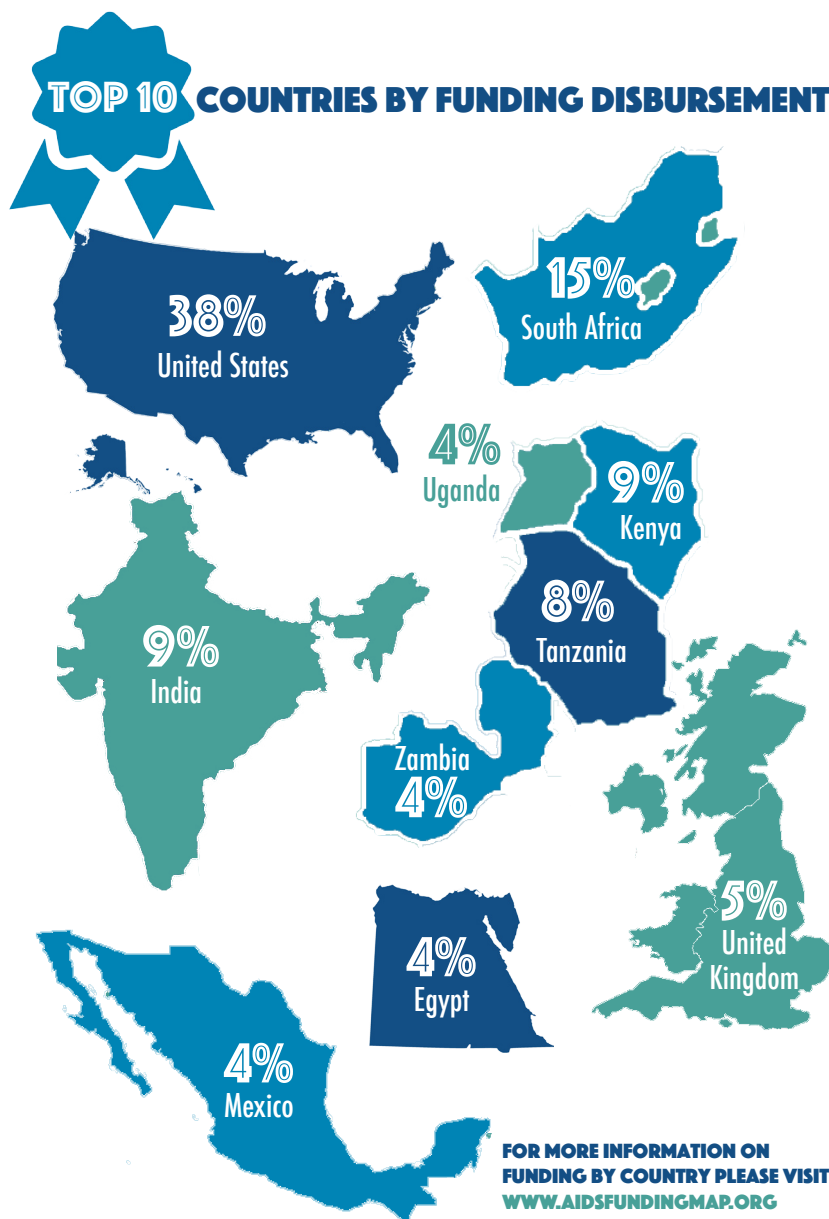


HIV-HUMAN RIGHTS PHILANTHROPY BY COUNTRY INCOME

The funding landscape for HIV/AIDS in middle-income countries is becoming increasingly precarious with new global funding models focusing on lower-income countries. In such countries, philanthropy will play a critical role to provide support for key populations and activities such as advocacy.



TOP 10 COUNTRIES BY FUNDING DISBURSEMENT



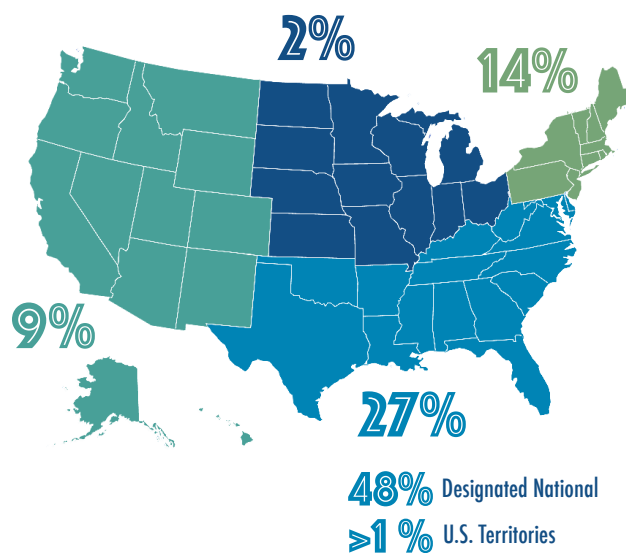
It is estimated that middle-income countries will be home to 70% of people living with HIV/AIDS by 2020.



Many low-income countries are transitioning to middle-income or high-income status, which may decrease their eligibility for external funding.



DISTRIBUTION BY U.S. REGION



FUNDING DISTRIBUTION BY TOP 15 POPULATIONS

20% Women & Girls	6% Children (0-14)
16% People living with HIV	5% General Population
11% Youth	3% Key Affected Populations (not broken down)
7% MSM (including gay men)	2% Sex Workers
7% Orphans & Vulnerable Children	2% African American
7% LGBTQ (General)	1% Economically Disadvantaged/Homeless
6% Grandmothers & Other Caregivers	>1% Transgender
6% People who Inject Drugs	

19% of HIV philanthropy for human rights was distributed to key populations



1/10 of the estimated 12 million people who inject drugs globally is living with HIV



An estimated **12%** of sex workers in low- and middle-income countries are HIV positive



Transgender women are **49X** more likely to acquire HIV than all adults of reproductive age



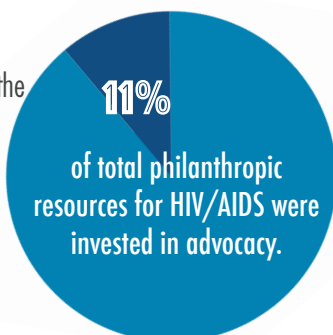
Gay and bisexual men accounted for **65%** new HIV infections in the U.S. in 2013

INTENDED USE OF FUNDING

Within human-rights related HIV philanthropy, the majority of funding (72%) supported advocacy strategies, with smaller amounts going to treatment, prevention and social services.



Advocacy yields tangible results in the HIV response in areas of financing, policy change and service delivery. Philanthropy provides the bulk of resources for advocacy, yet only:



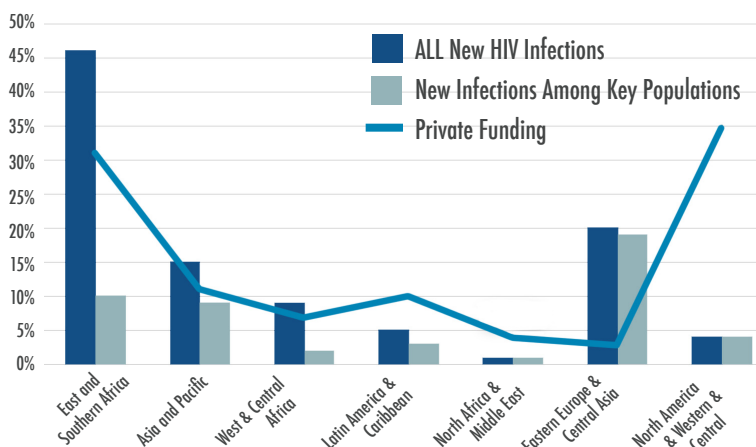
GEOGRAPHIC DISTRIBUTION OF NEW HIV INFECTIONS AMONG KEY POPULATIONS

According to UNAIDS, in 2014 key populations and their sexual partners accounted for:

90% of new HIV infections in central Asia, Europe, North America, the Middle East and North Africa

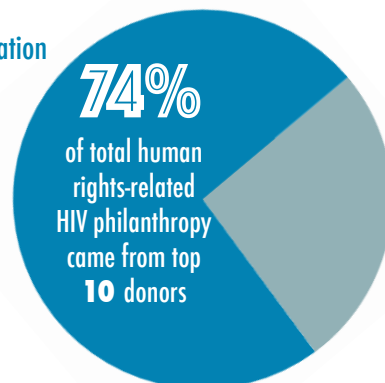
2/3 new HIV infections in Asia and Pacific region, Latin America and the Caribbean

20% new HIV infections in sub Saharan Africa



TOP 10 FUNDERS OF HUMAN RIGHTS-RELATED HIV PHILANTHROPY

1. The Ford Foundation
2. M.A.C. AIDS Fund and M.A.C. Cosmetics
3. Open Society Foundations
4. Elton John AIDS Foundation (U.S. & U.K.)
5. Stephen Lewis Foundation
6. Bill & Melinda Gates Foundation
7. Solidarité Sida
8. Gilead Sciences
9. Tides Foundation
10. ViiV Healthcare



In addition to FCAA, data for this report is gathered from HIV Justice Network, UNAIDS, The Center for Disease Control, Open Society Foundations, The World Health Organization, and AVERT.