FCAA Data Spotlight:
HIV-Related Philanthropy and the Ending the HIV Epidemic in the U.S. Initiative

In 2020:

$59,627,284
In 2020, HIV-related philanthropy disbursed to the 57 Ending the HIV Epidemic in the U.S. Initiative jurisdictions

19% of HIV-related philanthropy to the United States in 2020

EHE Funding Distribution

129 Grantmakers
1,295 Grants Given
571 Grantee Orgs

October 2022
A supplement to Philanthropic Support to Address HIV and AIDS in 2020
The **Ending the HIV Epidemic in the U.S. (EHE)** is a ten-year federal initiative that focuses on communities most affected by HIV by supplying resources and expertise to 50 local areas that account for more than half of new HIV diagnoses, and seven states with a substantial rural burden in order to expand HIV prevention and treatment efforts. These 57 locations are referred to as jurisdictions.

The following infographic examines HIV-related philanthropic funding that was disbursed to the 57 Ending the HIV Epidemic Initiative jurisdictions in 2020.

To complete this analysis, FCAA first looked at all funding disbursed to organizations headquartered within the 57 EHE jurisdictions. To further align with EHE efforts – which emphasize local resources, context, and needs – we next removed grants that encompassed national or regional-level work. What remains, and is analyzed here, is funding to organizations based within the 57 jurisdictions and doing work at the state or local level. Please read more about the methodology on page two.

FCAA recognizes that, to be successful, the EHE initiative will require partnership across multiple sectors, funding issues, and communities. To help advocate for and mobilize increased philanthropic attention to the EHE, FCAA has partnered with AIDSVu to illustrate the connection between the course of the HIV epidemic and the availability of private funding within the 57 EHE jurisdictions. We envision this infographic as a start to this conversation. And now, on the AIDSVu website, you can also view individual profiles of a specific jurisdiction, including HIV prevalence, PrEP use, transmission demographic data, and much more, alongside FCAA’s data on philanthropic funding.

A goal of this partnership is to provide a new tool to spark conversations, and eventual funding action, among both new and engaged funders in each of the EHE jurisdictions.

Key Findings:

In 2020, HIV-related philanthropy disbursed to the 57 Ending the HIV Epidemic in the U.S. Initiative jurisdictions:

$59,627,284

19% of HIV-related philanthropy to the United States in 2020

**EHE Funding Distribution**

- 129 Grantmakers
- 1,295 Grants Given
- 571 Grantee Orgs
**Geographic Focus**

In 2020, 74% of total HIV-related philanthropy to the EHE jurisdictions went to the top 10 jurisdictions. The remaining 47 jurisdictions each received 2% or less.

It's important to note that, although the majority of the 57 jurisdictions are counties, the funding levels to the 7 states as well as Washington, DC and San Juan, PR were comparable in size, so we examined them altogether for this analysis.

### Top 10 Funded Jurisdictions

1. San Francisco County, CA $8,698,166
2. New York County, NY $7,039,094
3. Washington, DC $5,285,100
4. Los Angeles County, CA $5,097,036
5. Cook County, IL $4,252,608
6. Fulton County, GA $3,471,153
7. Alameda County, CA $3,463,558
8. Dallas County, TX $2,685,078
9. Alabama $2,103,689
10. Broward County, FL $1,744,020

### Geographic Methodology Note:

While this analysis is not a perfect assessment, it provides a sense of the extent to which philanthropic funders are giving within the EHE jurisdictions. Some caveats, of course, are that while many grantee organizations have multiple locations, we were only able to account for a single address per organization and tended towards locating their headquarters, if feasible. This may mean that some jurisdictions, particularly those located near big cities with a few impacted jurisdictions in the surrounding area, may appear to have little or no funding. In these scenarios, it's possible that these jurisdictions are being served by some of the funding to organizations based in surrounding areas. For the complete report methodology please see our website: [www.fcaaids.org](http://www.fcaaids.org).
The EHE Initiative aims to reduce new HIV infections by 75% by 2025 and by at least 90% by 2030. The plan will focus on four key strategies:

**Diagnose**
all people with HIV as early as possible.

**Treat**
people with HIV rapidly and effectively to reach sustained viral suppression.

**Prevent**
new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

**Respond**
quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

AIDSVu created the following map of HIV-related philanthropy in both county- and state-level EHE jurisdictions, further magnifying the disparate level of funding to these locations. The AIDSVu website allows you to further explore data per jurisdiction.

HIV-related Philanthropic Funding in EHE Jurisdictions, 2020
The following data provides insight into how HIV-related philanthropy in EHE jurisdictions was used (i.e. the intended use or strategy), what population groups were addressed, and which funders led the response.

### Top Intended Use

<table>
<thead>
<tr>
<th>Intended Use</th>
<th>$5M</th>
<th>$10M</th>
<th>$15M</th>
<th>$20M</th>
<th>$25M</th>
<th>$30M</th>
<th>$35M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Services</td>
<td>$32,645,343</td>
<td>$24,202,152</td>
<td>$20,458,705</td>
<td>$8,962,198</td>
<td>$7,310,298</td>
<td>$2,335,304</td>
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<tr>
<td>Prevention</td>
<td></td>
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<tr>
<td>Advocacy</td>
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<tr>
<td>Administration</td>
<td></td>
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<tr>
<td>Treatment</td>
<td></td>
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</tr>
<tr>
<td>Human Resources</td>
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</tbody>
</table>

### Strategy Spotlight

In addition to the strategies noted above, FCAA analyzed the amount of HIV-related philanthropy for the EHE jurisdictions that supported key strategies that will play a critical role in ending the HIV epidemic, including the use of general operating or core support, funding for capacity building and leadership development, and PrEP-related work.

- **30%** General Operating/Core Support
- **29%** Leadership Development/Capacity-Building
- **14%** PrEP

### Top 10 Funded Populations

<table>
<thead>
<tr>
<th>Population</th>
<th>$5M</th>
<th>$10M</th>
<th>$15M</th>
<th>$20M</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td></td>
<td></td>
<td></td>
<td>$18,819,044</td>
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<tr>
<td>Economically disadvantaged/homeless</td>
<td></td>
<td></td>
<td></td>
<td>$17,545,272</td>
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<tr>
<td>Latinx</td>
<td></td>
<td></td>
<td></td>
<td>$13,093,610</td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
<td></td>
<td></td>
<td>$12,956,791</td>
</tr>
<tr>
<td>Gay men/men who have sex with men</td>
<td></td>
<td></td>
<td></td>
<td>$10,153,995</td>
</tr>
<tr>
<td>People Living with HIV</td>
<td></td>
<td></td>
<td></td>
<td>$9,470,203</td>
</tr>
<tr>
<td>LGBTQ - General</td>
<td></td>
<td></td>
<td></td>
<td>$8,911,292</td>
</tr>
<tr>
<td>Women &amp; girls</td>
<td></td>
<td></td>
<td></td>
<td>$8,283,090</td>
</tr>
<tr>
<td>People who inject drugs</td>
<td></td>
<td></td>
<td></td>
<td>$7,930,378</td>
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<tr>
<td>Youth (ages 15-24)</td>
<td></td>
<td></td>
<td></td>
<td>$7,525,904</td>
</tr>
</tbody>
</table>
Population Spotlight

39% of total HIV-related philanthropy to EHE jurisdictions targeted BIPOC* communities in 2020

36% of total HIV-related philanthropy to EHE jurisdictions targeted LGBTQ communities in 2020

*For the purposes of this data, BIPOC (Black, Indigenous, and people of color) includes the following U.S. populations: African American, Latinx, Asian/Pacific Islander, and Indigenous populations.

Top 10 Funders

1. Gilead Sciences
2. AIDS United
3. ViiV Healthcare
4. Broadway Cares/Equity Fights AIDS
5. M.A.C. Viva Glam Fund
6. H. van Ameringen Foundation
7. Alexian Brothers Housing and Health Alliance
8. New York Community Trust
9. Merck Foundation
10. Elizabeth Taylor AIDS Foundation

These top 10 funders accounted for 81% of all funding to the EHE jurisdictions.