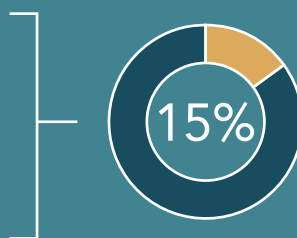




FCAA Data Spotlight: HIV Philanthropy for Key Populations

\$105,721,360
HIV-related
philanthropy supported
key populations in 2020



of total
philanthropy
for HIV and
AIDS that year

Funding Distribution



106
Grantmakers



1,784
Grants Given



2,108
Grantee Orgs

December 2022

A supplement to *Philanthropic Support to Address HIV and AIDS in 2020*



FCAA Data Spotlight: HIV Philanthropy for Key Populations

Key populations and their sexual partners accounted for 70% of HIV infections globally, in 2021, though they make up less than 5% of the global population, according to UNAIDS.¹ However, even prior to the onset of the COVID-19 pandemic, UNAIDS estimated a roughly 80% shortfall in resources for HIV programming for key populations in low- and middle-income countries (LMIC). For more on the impact of philanthropy on overall HIV resources for key populations, see page 6.

For the purposes of FCAA’s methodology, the term “key populations” includes grants that either directly or broadly reach the following population groups: gay men/men who have sex with men, people who inject drugs, transgender people, sex workers, and general LGBTQ communities. We also track funding to the category key populations (unspecified), where the group is broadly denoted, but a particular population is not specified.

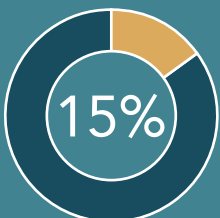
It is also important to acknowledge that the term key populations often encompasses other populations, dependent on the country and region of context, or can be referred to by other umbrella terms. As one example, the Robert Carr Fund uses “inadequately served populations,” which is defined as “populations facing a high HIV risk, mortality, and/or morbidity compared to the general population, and, at the same time, facing systematic human rights violations and barriers to information and services.”² While this infographic uses the term key populations, we highlight this definition for readers, as it captures and defines the systematic barriers and associated risks that impact these populations. We also understand that the experiences and needs of these populations should not always be viewed or analyzed together as one group, and thus attempt to call out funding to each individual population in addition to the aggregate totals seen below.

This infographic—distilled from FCAA’s most recent annual resource tracking report, *Philanthropic Support to Address HIV and AIDS in 2020*—provides a first deep-dive on how HIV-related philanthropy is, or is not, addressing the needs of key populations.

Key Findings

\$105,721,360

HIV-related philanthropy supported key populations in 2020



of total philanthropy for HIV and AIDS that year

Funding Distribution



106

Grantmakers



1,784

Grants Given



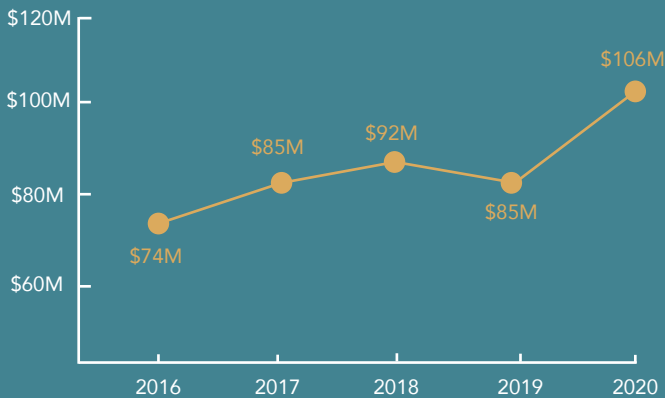
2,108

Grantee Orgs

HIV-Related Philanthropy for Key Populations: 2016-2020

Overall HIV-related philanthropy for key populations has increased by 43% since 2016. However, even at its highest level (2020), this funding has represented at most only 15% of total HIV philanthropy in a given year. The bump in 2020 has been estimated to be influenced by increased attention of HIV-related philanthropy to the converging epidemics of HIV and COVID-19.³

Overall HIV-Related Philanthropy for Key Populations, 2016-2020

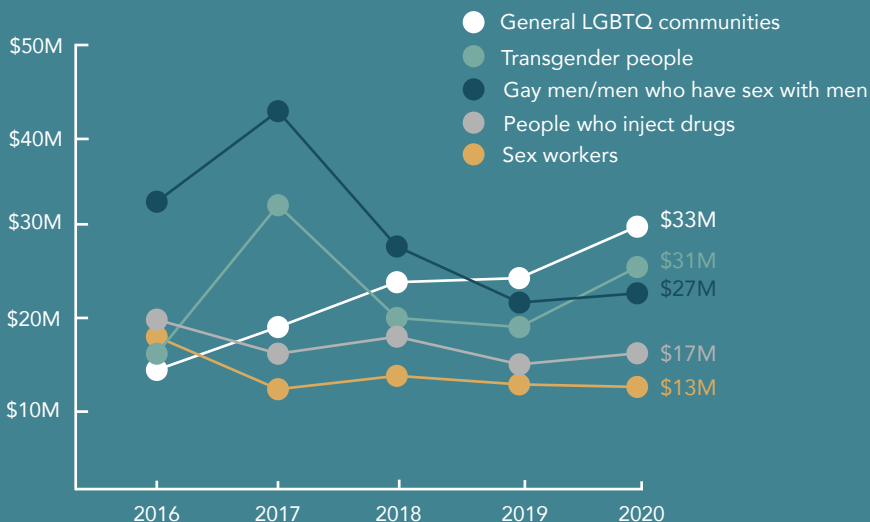


Methodology Note:

The following two charts examine trends in HIV-related philanthropy for key populations from 2016 to 2020. The first analysis provides a cumulative view of overall funding to key populations, where grants that may have been directed to multiple groups within key populations have been de-duplicated. This means, for example, if a grant supported both transgender and sex worker populations, the total would only be counted once. Whereas, when looking at the individual population groups in the second chart, that grant would be counted in full for both the transgender and sex worker populations. Thus, totals in the overall or cumulative chart are lower than the sum of the individual population groups. Also, this is a shift from previous methodology in our reports, where overall funding totals for key populations were not de-duplicated, therefore these totals will not match those historically listed.

HIV-related philanthropy to the individual key populations has been somewhat flat since 2016, aside from a large increase in 2017 that was driven by a single large grant initiative that addressed transgender and MSM populations. The majority of populations also saw a decrease in funding in 2019, which was reflective of overall downward trends among HIV philanthropy that year. As highlighted above, in 2020 all key population groups saw significant increases except for sex worker populations, which saw a nominal 1% increase.

HIV-Related Philanthropy for Key Populations, 2016-2020



According to 2021 UNAIDS Global HIV and AIDS Statistics¹:

People who inject drugs are

3X

Gay men and other men who have sex with men are

28X

more likely to acquire HIV than the general population.

Female sex workers are

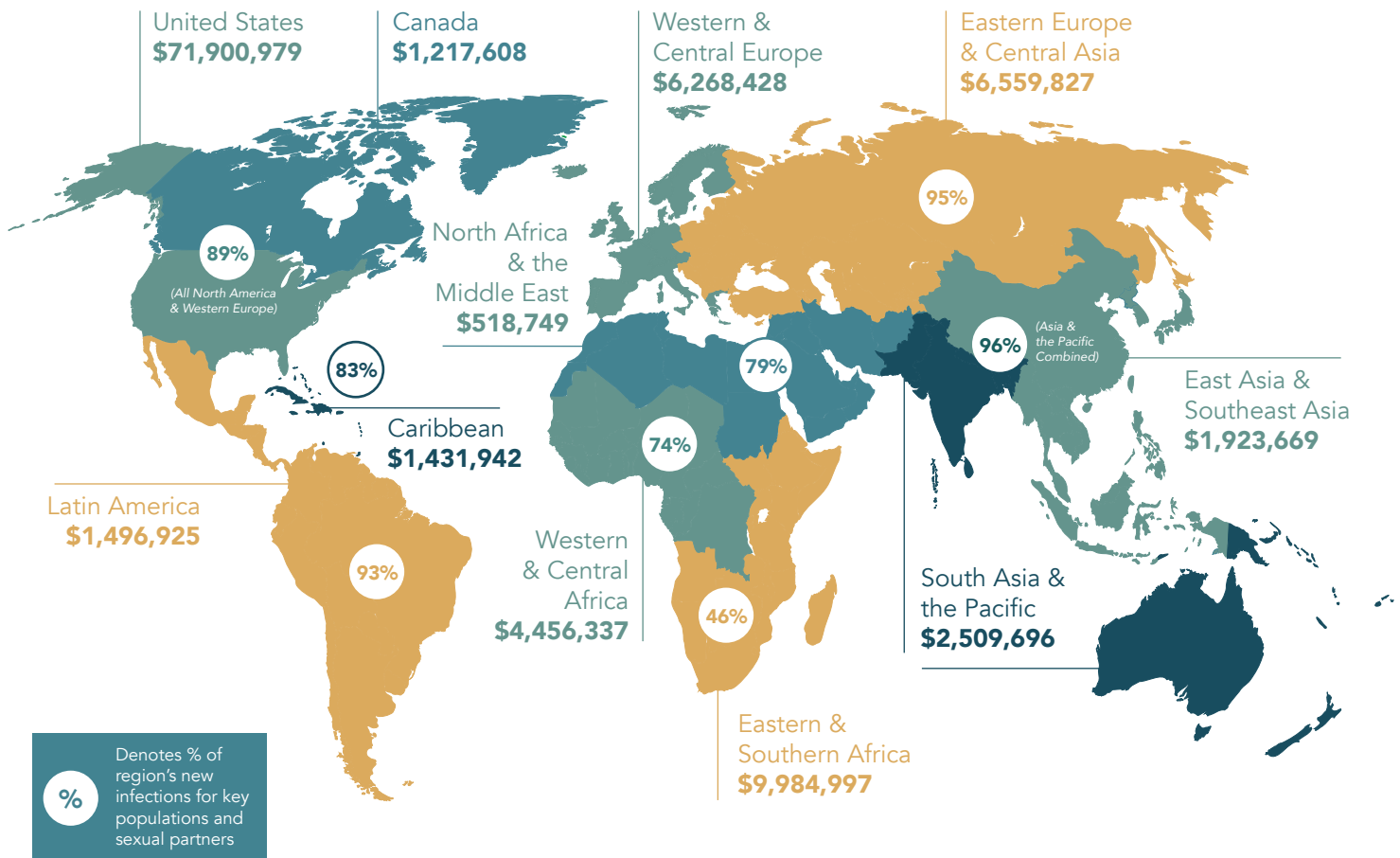
30X

Transgender women are

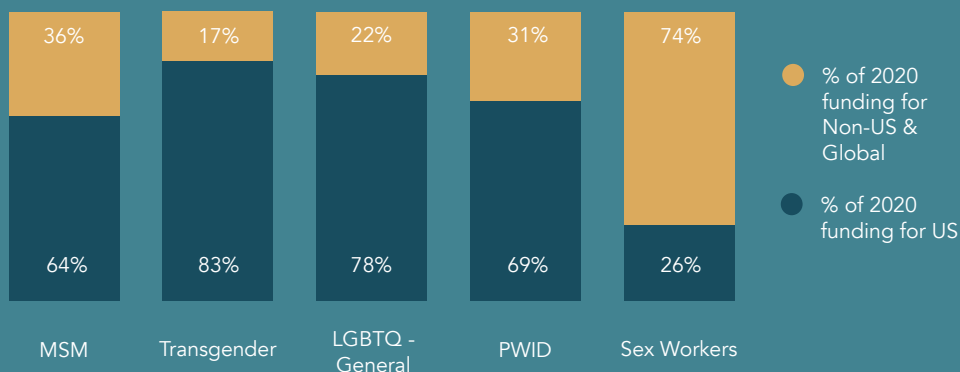
14X

Geographic Focus

With the exception of funding to sex workers, the US was the top funded region for all individual key population groups, with almost \$72 million, followed by funding for Eastern & Southern Africa at only \$10 million. The third highest funded region, Eastern Europe and Central Asia, received only \$6.5 million, despite being one of the few regions in the world where HIV is still on the rise and key populations and their sexual partners make up 95% of new infections. The map below compares HIV-related philanthropy for each global region, alongside the region's percentage of new HIV infections that key populations and their sexual partners account for, according to UNAIDS.⁴



HIV-Related Philanthropy for Key Populations in 2020, by US & Non-US & Global



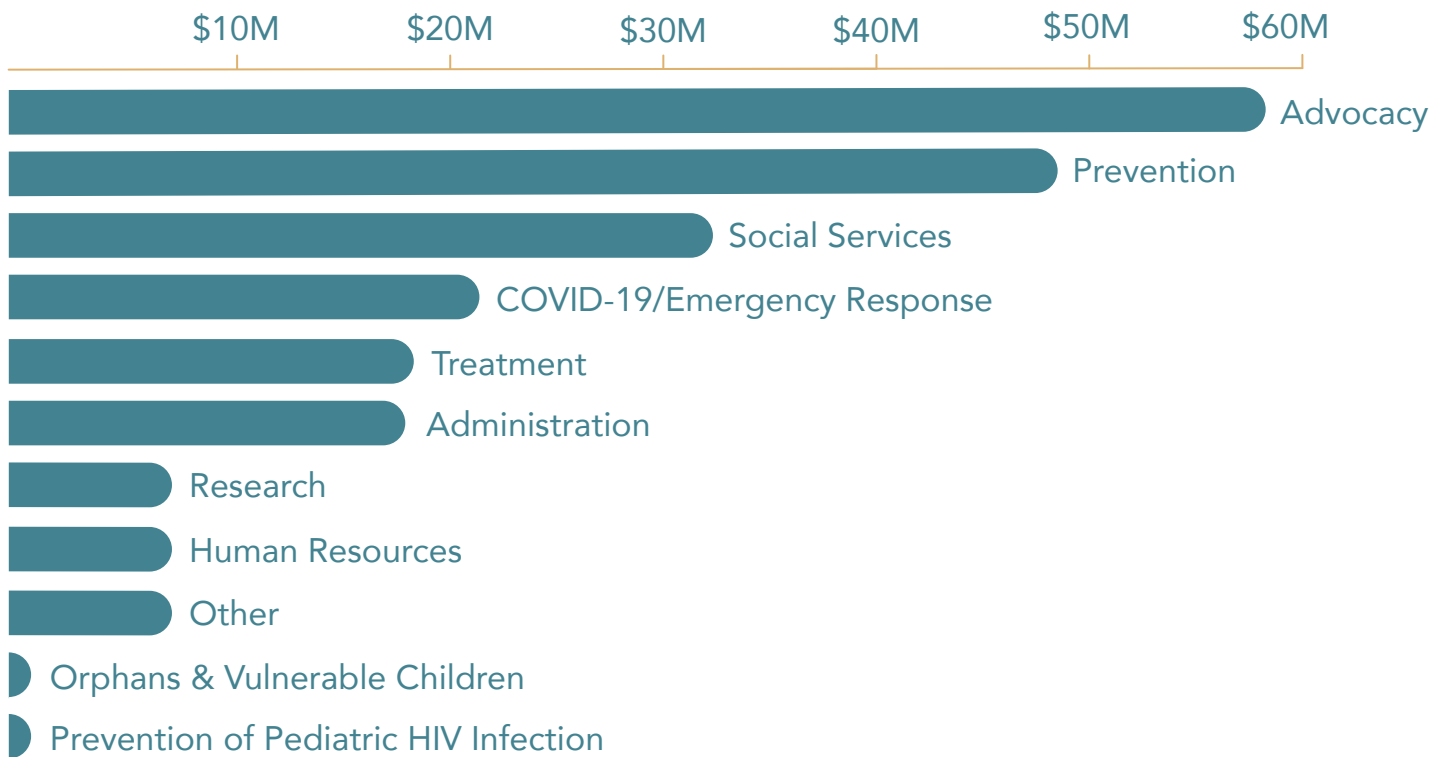
Methodology Note:

This analysis highlighted that the vast majority of funding for individual key populations was disbursed to the US—rather than to these populations located in the rest of the world—or to work done at a global level (referred to in the chart as Non-US & Global). This reductionist view is thus only meant to highlight the immense concentration of funding in the US and the discrepancies in the global distribution.

Intended Use

It is important to note that advocacy, the top funded strategy or intended use, represented more than 50% of all HIV-related philanthropy for key populations, far outpacing the proportion of funding (19%) for advocacy among overall HIV-related philanthropy in the same year. This underscores a critical role for philanthropy in supporting populations and issues that governments are often unable or unwilling to fund.

HIV-Related Philanthropy for Key Populations in 2020, by Intended Use

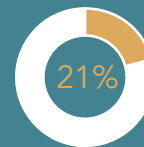


Strategy Spotlight

It is important to also highlight strategies or issues that have played a valuable role in supporting community-led responses during the COVID-19 pandemic, particularly for key populations at higher risk of both HIV and COVID-19.



COVID-19 Efforts



\$22,257,293
Key Pop Funding



General Operating/
Core Support



\$20,474,556
Key Pop Funding



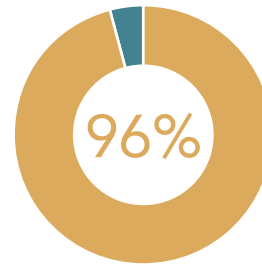
Capacity Building/
Leadership Development



\$28,178,931
Key Pop Funding

Top 10 Funders

1. Gilead Sciences
2. Elton John AIDS Foundation
3. ViiV Healthcare
4. M.A.C. VIVA GLAM Fund
5. AIDS United
6. Nationale Postcode Loterij (Dutch National Postcode Lottery)
7. Sidaction
8. Aidsfonds
9. Bill & Melinda Gates Foundation
10. American Jewish World Service



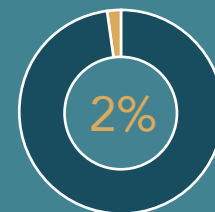
of HIV philanthropy for key populations came from the TOP 10 DONORS

Philanthropy's impact on overall key population funding

FCAA's resource tracking report, *Philanthropic Support to Address HIV and AIDS*, explains that private philanthropy accounts for just 2% of overall resources for HIV in LMIC each year, but its significance is outsized.

A recent report from Aidsfonds⁵ analyzed public and private resources for HIV in LMIC between 2016 and 2018, finding that key populations received only 2% (\$1.3 billion). Of that, they found that HIV-related philanthropy accounted for 10% (\$131.5 million). This not only elucidates how pivotal HIV-related philanthropic funding is for reaching key populations, but it also illustrates how public funding—the bulk of the resources for HIV and AIDS—is falling short in reaching some of the most impacted communities.

Philanthropy accounts for:



of public & private resources for HIV and AIDS



of public & private HIV resources for key populations

¹ Global HIV & AIDS statistics — Fact sheet | UNAIDS <https://www.unaids.org/en/resources/fact-sheet>

² <https://robertcarrfund.org/networks/populations>

³ FCAA. *Converging Epidemics: COVID-19, HIV & Inequality*. April 2021. <https://bit.ly/convergingepidemics>

⁴ UNAIDS Global AIDS Update 2022. <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update> (Note: UNAIDS' geographic regions differ slightly from FCAA's taxonomy, therefore the percentage of new infections for key populations do not map out precisely alongside philanthropic funding in the corresponding map.)

⁵ Fast Track or Off Track: How insufficient funding for key populations jeopardises ending AIDS by 2030. Aidsfonds. July 2020. <https://aidsfonds.org/resource/fast-track-or-off-track-how-insufficient-funding-for-key-populations-jeopardises-ending-aids-by-2030>