

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



# Mission

Funders Concerned About AIDS (FCAA) informs, connects and supports philanthropy to mobilize resources to end the global HIV pandemic and build the social, political and economic commitments necessary to attain health, human rights and justice for all.

## VISION

FCAA envisions a world without AIDS, facilitated by philanthropy for:

- Empowerment, equity and justice for marginalized and neglected communities;
- Innovation in health services and other programming to promote health, human rights and social and economic opportunity; and
- Government responsiveness and accountability to people's needs.

## VALUES

As a global network of funders, FCAA welcomes diverse perspectives, facilitates open communication and debate, and promotes racial and gender equity and all human rights.

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Finally, FCAA thanks all the funding institutions that supported the organization with a grant or membership contribution in 2021 and 2022. Our work to mobilize HIV-informed philanthropy would not be possible without their support.

## Acronyms

<b>BIPOC</b>	Black, Indigenous and people of color
<b>COMPASS</b>	COMmitment to Partnership in Addressing HIV in Southern States
<b>FCAA</b>	Funders Concerned About AIDS
<b>Global Fund</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>LGBTQ</b>	Lesbian, gay, bisexual, transgender, and queer
<b>LMIC</b>	Low- and middle-income countries
<b>PLWH</b>	People living with HIV
<b>UNAIDS</b>	Joint United Nations Program on HIV/AIDS
<b>U.K.</b>	United Kingdom
<b>U.S.</b>	United States

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Please visit the FCAA website at [www.fcaaid.org/inform/philanthropic-support-to-address-hiv-aids](http://www.fcaaid.org/inform/philanthropic-support-to-address-hiv-aids) for an online version of the report and additional resources.

# Foreword

The data in this year's report shows flat funding to address HIV and AIDS from private funders in 2020; however, a glimpse below the surface reveals that the field is dangerously reliant on a shrinking pool of funders.

Before we unpack this statement, it is first critical to acknowledge that this report analyzes grantmaking in calendar year 2020, during the onset of a new emergent pandemic and ongoing racial tensions following the murder of George Floyd in the U.S. As we write this, a humanitarian crisis is unfolding in Ukraine. The Russian invasion is escalating an already critically under-resourced HIV epidemic in the region; Eastern Europe and Central Asia are still experiencing increasing annual rates of HIV infection but received just 1% of HIV-related philanthropy in 2020.

The geopolitical and economic aftershocks of these events will likely compound an already shaky foundation of the global philanthropic response to HIV.

FCAA has warned in previous reports that resources are overly concentrated among a shrinking number of funders, which has created an unstable base of private funders. This year's

data shows that 67% of all funding was from just two sources. In fact, wild fluctuations among these two top funders have only by a happy coincidence in timing maintained the illusion of steadiness. But the reality is that HIV-related private funding continues to decline. For several years now, longstanding private foundations have been exiting the space and/or significantly reducing spending on HIV. More recently and acutely, the COVID-19 pandemic has also devastated private fundraising, another key part of the funding portfolio of both grantmaking and grantee organizations.

Like HIV, COVID-19 has laid bare the inequities in our society. Although we have made progress in the prevention, treatment and care of a virus, the pandemic has reminded us that we still have a long way to go in addressing the underlying drivers that fuel pandemics.

COVID-19 also made clear, however, that the lessons learned over four decades of combatting HIV are crucial to mounting an effective response to new pandemics. The success of the HIV movement resulted in greatly enhanced global health infrastructure. It also spurred broader demands for empowerment, equity and justice among marginalized communities and demonstrated the power of centering the lives and leadership of those most impacted in addressing a public health crisis.

The COVID-19 pandemic has also demonstrated how our sector—grantees and grantmakers alike—is a critical resource for insight, partnership, and innovation. In 2020, the data revealed many positive and responsive funder practices that helped to mitigate the impact of COVID and HIV, including increases in funding for general operating resources, advocacy, and key populations (see more on **page 14**). In recognition of the disproportionate burden that marginalized populations carry in the face of multiple pandemics, we hope to see continued use of, and sustained funding for, these strategies.

The history of the HIV response started as a singular focus on one disease and has broadened into a global movement for health and rights. Accordingly, just as the work has become horizontally integrated, so too must the funding. This provides a whole new set of challenges, both for grantmakers and grant seekers, particularly community-based organizations that have long led the response and rely primarily on HIV-specific funding. These organizations may not yet have a seat at the tables of broader movements, nor access to broader funding opportunities.

This evolution also creates challenges for FCAA, both in monitoring HIV resources and convening HIV-informed funders. We applaud more “upstream” approaches to addressing health access and disparities. However, we call on funders to recognize that funding HIV work is also instrumental in achieving broader health and rights goals.

Thank you for all you do. We hope the data in this report provides critical tools to guide your work and advocacy.

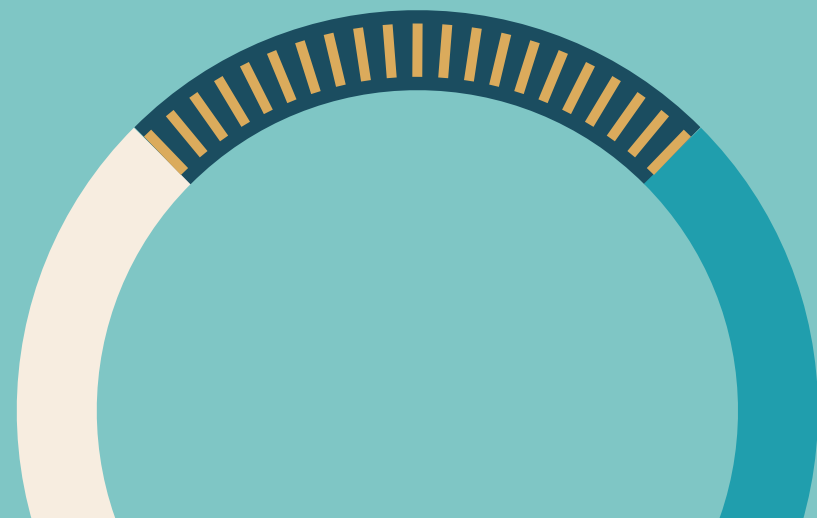


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# Overview



# \$707,095,998

## Total Philanthropic Support to Address HIV and AIDS in 2020



**323**  
FUNDERS



**5,758**  
GRANTS

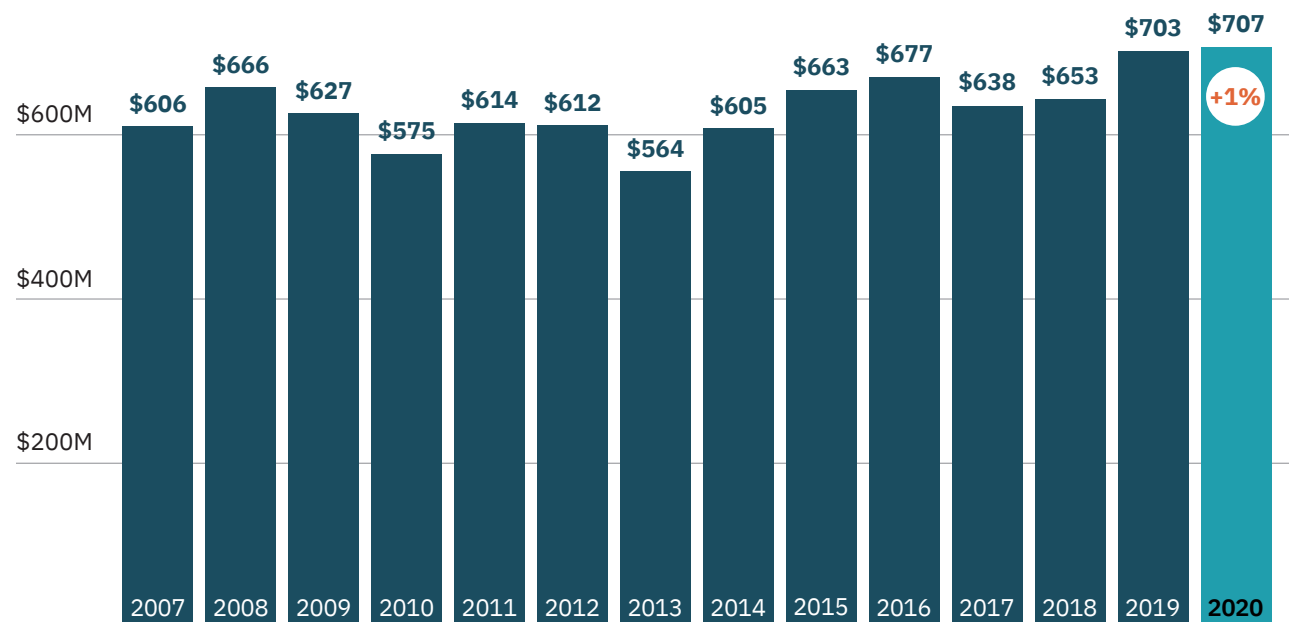


**2,944**  
GRANTEES

This year marks the 19th annual resource tracking publication from Funders Concerned About AIDS (FCAA) on philanthropic support to address HIV and AIDS. The report relies on grants lists submitted directly by nearly 70 funders (representing 96% of the total HIV-related philanthropic funding tracked by FCAA), as well as grants information from funder

websites, grants databases, annual reports, Internal Revenue Service Form 990 returns and Candid's Foundation Maps grants database. This report specifically captures HIV-related funding from private philanthropic organizations around the world; it excludes any public funding to address HIV and AIDS, including government or multilateral support.

2007-2020 • HIV-related Private Philanthropic Disbursements (US\$ millions)<sup>1</sup>



HIV-related giving among private philanthropic organizations totaled over \$707 million in 2020, representing a \$4 million (1%) increase from 2019. While this appeared to be a simple stagnation of funds, there were in fact **wild fluctuations occurring under the surface.**

### BELOW THE SURFACE

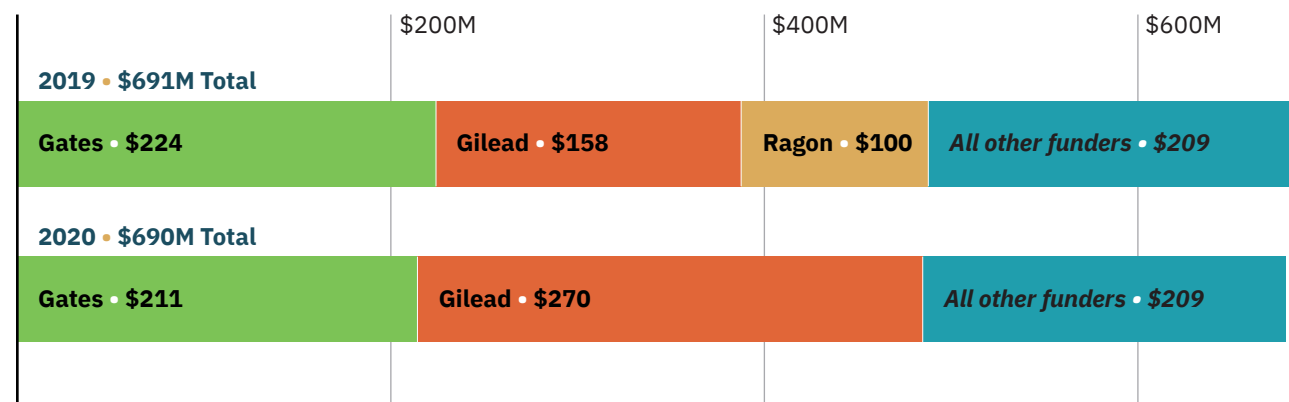
In last year’s report on 2019 funding, we saw an increase that was driven by a single, one-time \$100 million payment from one of the top three funders (the Phillip T. and Susan M. Ragon Foundation), and an otherwise declining pool of funding. This year, we expected a drop in funding due to the absence of that \$100 million, but instead we saw a \$116 million increase from Gilead Sciences, Inc., thus preserving those previous levels. This increase was due in large part to the timing of grant disbursements rather than a sustained increase in giving, again leaving

a tenuous foundation for the overall field of HIV-related philanthropy.

Notably, this increase also secured Gilead’s standing as the top overall philanthropic HIV-related funder—the first time that the Bill & Melinda Gates Foundation is not the #1 funder since it made a historic commitment to the global HIV response in 2000.

To truly understand year-to-year changes, FCAA analyzed giving among the same set of funders (for whom we had data) and compared their funding levels in 2019 and 2020.

### 2019-2020 • Same Set of Funders Comparison (US\$ millions)\*



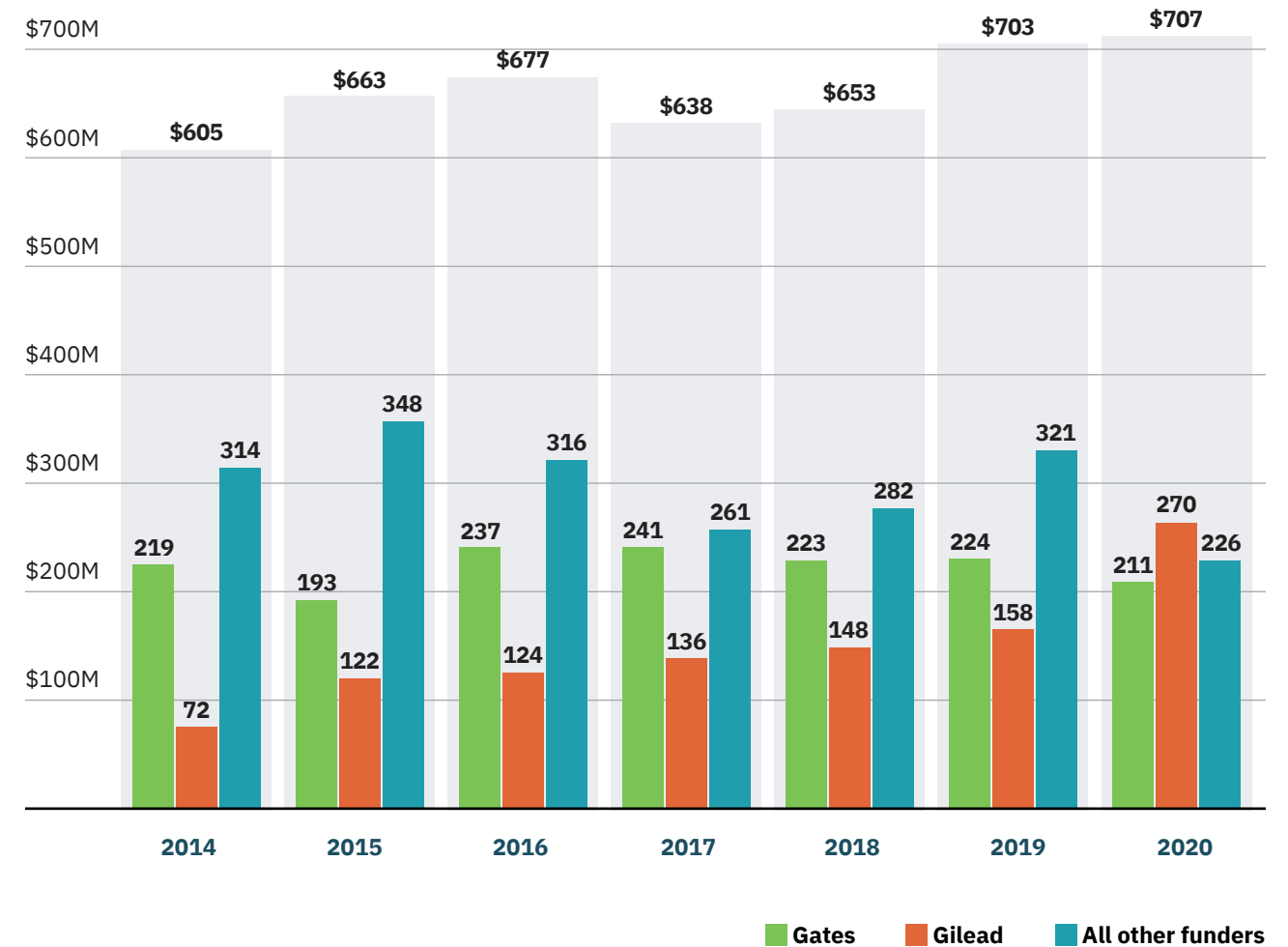
What this analysis revealed was that Gilead’s increase was almost entirely countered by the loss of the Ragon Foundation’s \$100 million 2019 investment. In addition, this chart further illustrates the outsize proportion of funding from the top two funders, as well as the precise stagnation of overall funding from year to year.

### IMBALANCE AT THE TOP

The continued concentration of funding at the top has been on the rise for years, but it became all the more stark in 2020 when the top two funders—Gilead and the Gates Foundation—alone accounted for 67% of all HIV-related

funding, up from 53% the previous year. This immense concentration has been on the rise for several years, especially since 2015 when the top two funders contributed over 50% for the first time. Even more notable, for the first time since FCAA began tracking funding in 2002 (on 1996-2000 calendar year grantmaking), we saw the top funder’s total giving alone surpass that of funder’s 3-323 combined—essentially all other funders besides the Gates Foundation. This issue is of enormous concern for the stability of HIV philanthropy, as a shift in funding away from HIV or other economic fallout from one of these top funders could devastate future funding levels.

### 2014-2020 • History of Impact of Top Two Funders (US\$ millions)\*



### IMPACT OF COVID-19

FCAA specifically sought and analyzed data on HIV-related giving that was impacted by the COVID-19 pandemic. We found that roughly \$66 million (9%) of total HIV-related philanthropy addressed COVID-19 efforts.

It is commendable to see this level of funding to address the COVID-19 pandemic that has disproportionately impacted people living with

or at risk of HIV, especially Black, Indigenous and people of color (BIPOC) communities and key populations. This funding may have helped mitigate the impacts of COVID-19 while also furthering the HIV response; however, some of these resources may have been redirected from other HIV efforts, rather than being new to the field. How and whether this funding will be sustained moving forward is still unclear. On **page 51** we further examine this funding.

\*In both charts above, funding totals for Gilead and the Gates Foundation are lower than reported in the Top 20 chart, as we have removed any regrants for this analysis. This allows us to only count the portion of their total funding that is reflected in the overall reported totals for each year, where regrants is removed.



# Notable Changes

HIV-informed funders have long relied on funding strategies, many of which played a pivotal role in supporting community-led efforts during the COVID-19 pandemic. Some of these strategies include providing general operating support and funding advocacy and capacity building.

FCAA is incredibly proud to report that, despite an overall appearance of flat funding, HIV-related philanthropy increased in the following areas:

## ▲ GENERAL OPERATING SUPPORT

In 2020, funding for general operating support totaled \$55 million, a \$12 million (27%) increase from 2019. The flexibility of general operating or core support is vital for the survival of smaller organizations, especially those experiencing economic and staffing pressures; it is also critical to address the heightened needs in communities where challenges have been compounded by the COVID-19 pandemic. This commendable shift to more flexible funding shows that grantmakers are capable of trusting communities in times of crisis. We hope that funders can sustain this strategy moving forward.

## ▲ CAPACITY BUILDING/ LEADERSHIP DEVELOPMENT

Support for capacity building and leadership development is often a missing piece of the puzzle, but one which is vital to providing the space and training to strengthen community-led organizations. In 2020, HIV-related philanthropy for these strategies totaled \$67 million, an \$18 million (38%) increase from 2019.

## ▲ KEY POPULATIONS

Total HIV-related philanthropy for key populations was nearly \$139 million in 2020, a \$33 million (31%) increase from 2019. After experiencing declines in 2019, funding for almost every population tracked within key populations increased in 2020. Only the sex worker population received a nominal 1% increase in funding from 2019, despite the catastrophic

impact the COVID-19 pandemic continues to have on gig economies, including sex work.

For the purposes of this report's methodology, the term "key populations" includes grants marked for the following population categories: gay men/men who have sex with men, people who inject drugs, transgender people, sex workers, and general LGBTQ communities. We also include grants we mark for key affected populations (unspecified), where the term 'key populations' is referenced in some manner, but no specific populations are identified. FCAA acknowledges that the term key populations often encompasses other populations dependent on the country and region of context.

## ▲ ADVOCACY

Funding for advocacy—including human rights-related strategies—totaled \$131 million in 2020, a \$13 million (11%) increase from 2019, and the highest level we have seen to date since we first began tracking it in detail in 2014. As further outlined on [page 29](#), the majority of resources for the HIV response came from governments, including many that still criminalize or advocate against the full protection of key populations, such as LGBTQ communities and people who use drugs. Even the U.S. government—responsible for 76% of global HIV funding—still has an anti-prostitution pledge<sup>2</sup> that restricts funding and programming from reaching sex workers. As such, philanthropy is often the only source of funding available for flexible, responsive, and risk-tolerant advocacy resources to address the prohibitive laws, practices and other systematic

barriers to the global HIV response. For more information about funding for advocacy over time, see [page 49](#).

## ▲ BIPOC COMMUNITIES (WITHIN U.S.)

Funding that specifically targeted BIPOC communities in the U.S. totaled nearly \$42 million in 2020, an \$11 million (37%) increase from 2019. It is important to see that funders responded with more intentional and flexible grantmaking for these communities, likely in response to the increased recognition of the disproportionate impact on BIPOC communities that were amplified by both the COVID-19 pandemic and the Black Lives Matter movement.

## ▲ SOCIAL SERVICES

Last year we saw concerning declines in funding support for social services, but in 2020 funding increased by \$18 million (26%), totaling \$88 million. This category includes support for food and nutrition, housing, and mental health services—areas that are vital for well-being, especially during the COVID-19 pandemic when many communities experienced fundamental life disruptions, economic instability, and heightened isolation.

On [pages 50 and 61](#), we spotlight the top five funders for some of these key issues.

# Top Grantmakers



# Top Grantmakers in 2020

HIV-related philanthropic disbursements totaled approximately \$707 million in 2020, a 1% increase from 2019.

In 2020, the top 20 HIV-related funders, out of 323 total funders tracked, awarded nearly \$676 million in grants for HIV-related responses.

**This accounted for 92% of the total HIV-related philanthropic support for that year.** This concentration of funding at the top is illustrated by the fact that the top two funders alone accounted for 67% of all HIV-related philanthropy in 2020, up from 53% the previous year. Moreover, for the first time since FCAA began tracking funding, the Gates Foundation

is no longer the #1 HIV-related philanthropic funder.

While Gilead has risen to the top of the list with a \$116 million (69%) increase in funding from 2019, this is likely a disbursement-related change in funding, and not indicative of an overall shift in their long-term funding levels.

A closer look at this list of funders showed that only seven of them increased giving in 2020, whereas 13 funders reported decreases. Two previous funders were not on this year's Top 20 list: the Ragon Foundation, which made a one-time gift of \$100 million in 2019, and the Ford Foundation, whose HIV-related funding dropped dramatically in 2020. In their place, two other funders joined this list: FXB International (Association François-Xavier Bagnoud) and the Tides Foundation. The threshold giving amount for joining this list dropped again, from \$4 million in 2019 to \$3 million in 2020.

## Funders Concerned About AIDS: The Power of Membership

While only 11% of the funders tracked in this year's report are FCAA member organizations—including 13 of the top 20 funders—their combined grantmaking accounted for **57% of total HIV-related philanthropy in 2020.**

■ Denotes FCAA member organization.

### 2020 • Top 20 HIV-related Philanthropic Funders (US\$)<sup>3</sup>

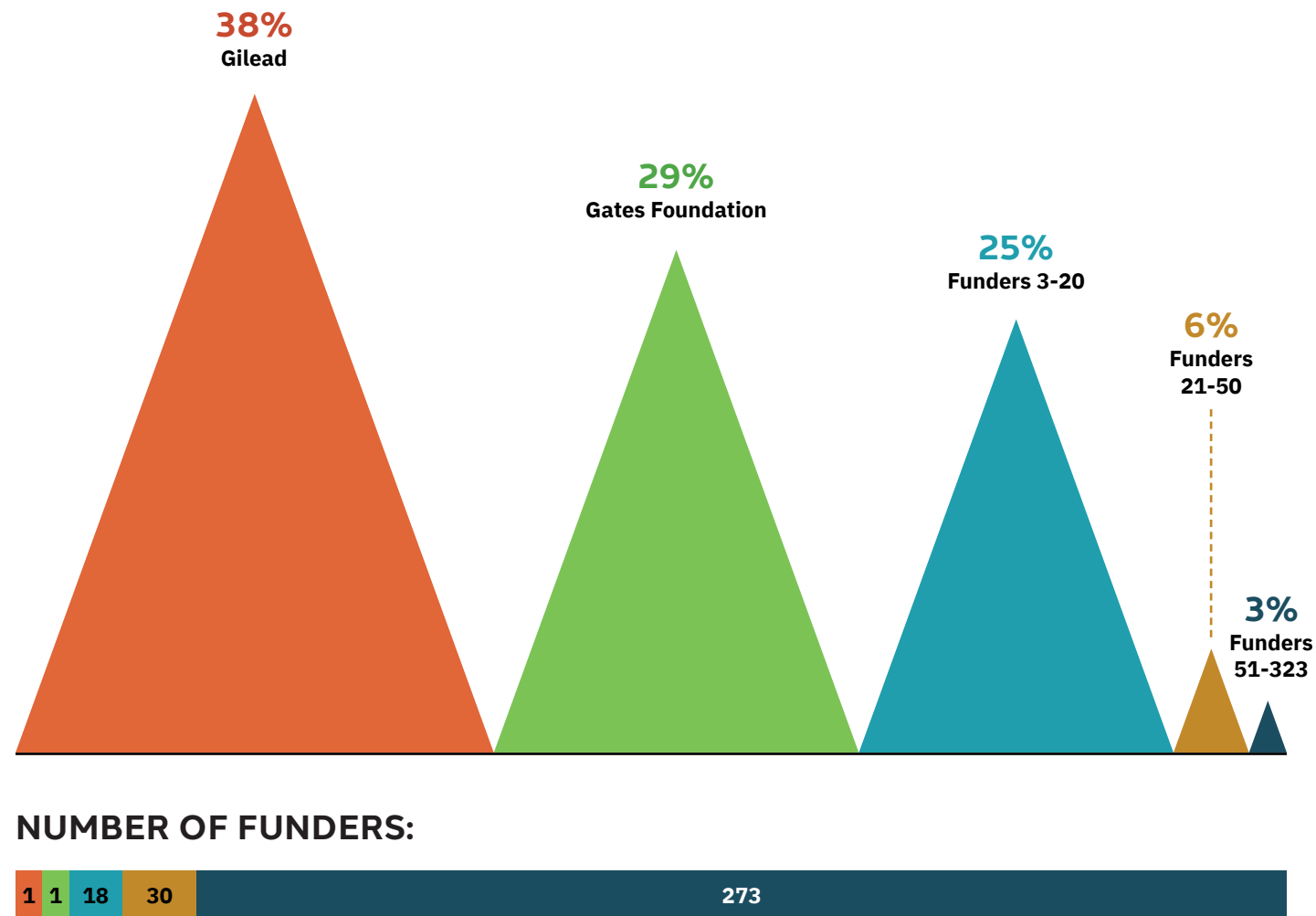
		HIV-related Disbursement	Change from 2019	Number of Grants	Percentage of Total Grantmaking*
1	Gilead Sciences, Inc. ■	283,370,430	+69%	1,015	69%
2	Bill & Melinda Gates Foundation	211,504,625	-6%	219	4%
3	Wellcome Trust	36,785,926	+574%	101	2%
4	ViiV Healthcare ■	35,719,313	-18%	780	100%
5	Elton John AIDS Foundation ■	14,656,037	-41%	96	100%
6	M.A.C. VIVA GLAM Fund ■	11,860,050	-12%	375	n/a
7	Broadway Cares/Equity Fights AIDS ■	11,273,774	+13%	526	60%†
8	Children's Investment Fund Foundation ■	8,904,424	-7%	11	3%
9	Aidsfonds ■	7,118,644	+11%	152	100%‡
10	AIDS United ■	7,048,365	+18%	188	100%‡
11	Conrad N. Hilton Foundation ■	6,626,000	-41%	26	4%
12	Sidaction ■	6,247,590	-10%	186	100%
13	Open Society Foundations <sup>4</sup> ■	6,050,964	-8%	n/a	<1%
14	MSD ■ (Merck & Co.)	5,656,401	-27%	74	5%
15	amfAR, The Foundation for AIDS Research	4,770,869	-38%	47	100%
16	Stephen Lewis Foundation ■	4,641,408	-5%	210	100%
17	FXB International (Association François-Xavier Bagnoud)	3,994,106	+21%	n/a	43%
18	Sentebale	3,356,142	-15%	n/a	100%
19	Tides Foundation	3,227,174	+132%	60	<1%
20	Nationale Postcode Loterij (Dutch National Postcode Lottery)	3,082,345	-43%	2	<1%

\*FCAA approximated the total philanthropic funding in 2020 for each of the top 20 funders based on available public sources (e.g., organizational annual reports, 990 forms). This information was not available for every organization. The percentage in this column represents the total HIV-related giving out of the organizations total grantmaking.

†Much of the funding from Broadway Cares/Equity Fights AIDS is focused on the response to HIV, but they also leverage funding to support health needs and emergencies, including but not limited to HIV, experienced by individuals in the entertainment industry.

‡HIV-related giving totals for AIDS United and Aidsfonds represent 100% of their total grantmaking in 2020 – which refers to private philanthropic disbursements only; both organizations have larger giving portfolios that include public sources of income and partnerships that are not tracked by FCAA.

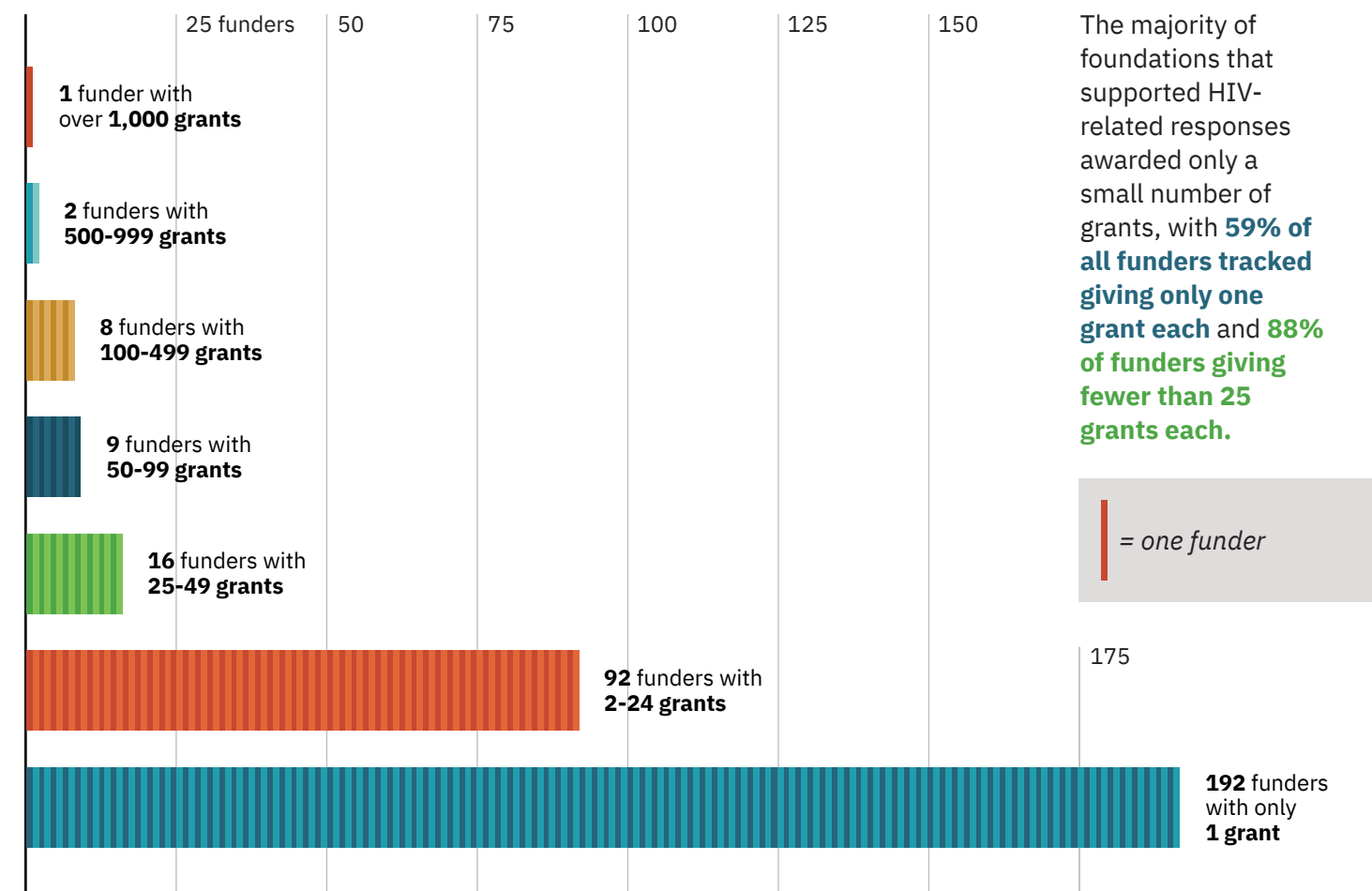
2020 • Distribution of HIV-related Philanthropic Funding by Funder Rank



2020 • Top 10 Funders by Number of Grants

<b>1</b>	<b>Gilead Sciences, Inc.</b>	1,015 grants	<b>6</b>	<b>Stephen Lewis Foundation</b>	210
<b>2</b>	<b>ViiV Healthcare</b>	780	<b>7</b>	<b>AIDS United</b>	188
<b>3</b>	<b>Broadway Cares/ Equity Fights AIDS</b>	526	<b>8</b>	<b>Sidaction</b>	186
<b>4</b>	<b>M.A.C. VIVA GLAM Fund</b>	375	<b>9</b>	<b>Aidsfonds</b>	152
<b>5</b>	<b>Bill &amp; Melinda Gates Foundation</b>	219	<b>10</b>	<b>American Jewish World Service</b>	107

2020 • Distribution of Number of Grants Given by Funders



**Editor's Note:**

FCAA began including the distribution of the number of grants given by funders in our 2018 annual tracking report. While there is no consensus on whether fewer large grants or many small grants is the most effective approach, access to a range of options seems to offer the most stability to those organizations working in the HIV field. Since we began including this data point in 2018, we have not seen significant variation in the trends on the following page to the right.

## Missing Funder Data

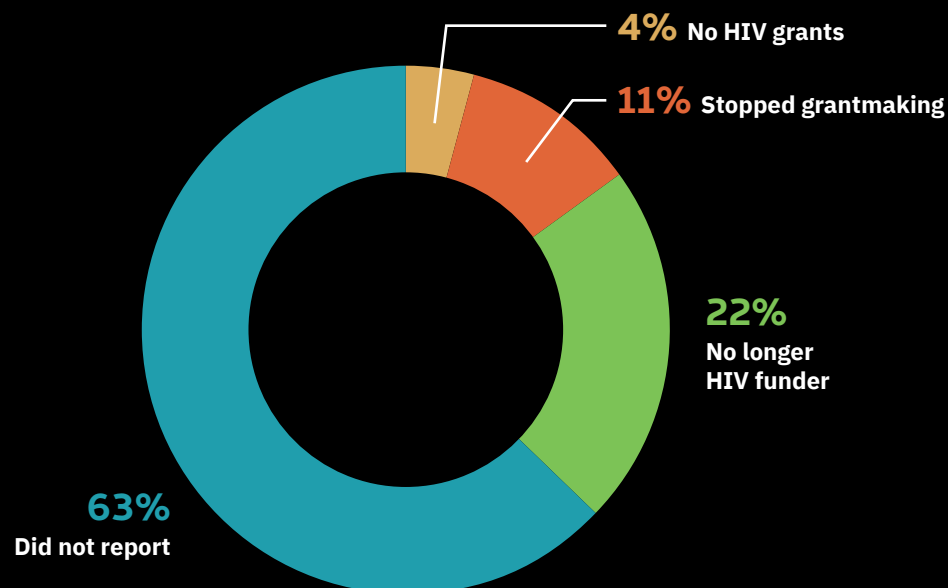
The impact of the COVID-19 pandemic goes beyond the level of resources that were disbursed; it also affected the capacity of **both funders and grantees** to fully report on the scale of their work.

27 potential funders were not included in this year's report, after being occasionally or routinely included over the past 5 to 10 years. Approximately 63% of those 27 organizations were not included because they did not report data on 2020 calendar year grantmaking due to changes in staff, non-response to FCAA outreach, or lack of available online data. Many of these organizations stopped reporting years ago, however, and only a handful of these missing funders were included in the 2019 report. It is unclear, therefore, the specific impacts of COVID-19 on the reporting process, and whether any of this funding has truly left the field.

We can confirm that 22% of the 27 funding organizations not included in this year's report explicitly shared with FCAA that they no longer actively fund HIV, or they no longer identify as HIV funders. In some cases, these organizations have moved on to focus on other health issues or described their intersectional work as harder to link to HIV strategies.

A smaller proportion (4%) of funders were not included because they did not have an HIV-related grant in 2020 (but did not signal a permanent move away from the field). Another 11% of missing organizations closed their grantmaking operations.

### 2020 • Percentage of Missing Funders



## CORPORATE FUNDERS

There were **14** corporate foundations and giving programs that supported HIV-related work in 2020, four of which were in the top 20 funder list. Their collective funding represented **\$341 million** (46%) of total HIV-related philanthropy in 2020. Of the 14 philanthropic corporate funders, only four of them were pharmaceutical companies, yet they represented 96% of

corporate funding and 44% of HIV-related funding overall. Nearly 9% of corporate funding was designated to continuing medical education courses for medical professionals, and 32% was for organizations that assist patients to obtain medication copayments. While FCAA acknowledges the value of in-kind donation support, we do not include these contributions in our report; we include only cash grants to external organizations.

### 2020 • Corporate HIV-related Philanthropic Funders (Disbursements US\$)

1	Gilead Sciences, Inc.	\$283,370,430	8	Wells Fargo Foundation	218,440
2	ViiV Healthcare	35,719,313	9	Enterprise Holdings Foundation	14,000
3	M.A.C. VIVA GLAM Fund	11,860,050	10	Target Foundation	8,000
4	MSD (Merck & Co.)	5,656,401	11	Giant Eagle Foundation	5,000
5	Levi Strauss Foundation	1,400,000	12	Alliant Energy Foundation Inc.	2,000
6	StartSmall LLC	1,283,000	13	Price Chopper's Golub Foundation	2,000
7	GlaxoSmithKline	1,054,284	14	Edina Realty Foundation	1,000
<b>TOTAL</b>					<b>\$340,593,918</b>

### HIV-SPECIFIC FUNDERS

This analysis included a review of organizational mission statements and publicly stated priorities to identify a clear and predominant focus on HIV. Results showed that 7% of funders (23 of the

total 323 funders) in 2020 were **HIV-specific funding organizations**, yet their grants totaled \$116 million (16%) of the total funding. Notably, more than 40% of these organizations were among the top 20 funders in 2020.

### 2020 • HIV-Specific Funders (Disbursements US\$)

1	ViiV Healthcare	\$35,719,313	12	Charlize Theron Africa Outreach Project	1,747,001
2	Elton John AIDS Foundation	14,656,037	13	Egmont Trust	1,503,895
3	M.A.C. VIVA GLAM Fund	11,860,050	14	Keep a Child Alive	1,404,030
4	Broadway Cares/Equity Fights AIDS	11,273,774	15	Washington AIDS Partnership	684,100
5	Aidsfonds	7,118,644	16	WeSeeHope	637,555
6	AIDS United	7,048,365	17	AIDS Foundation of Chicago	552,557
7	Sidaction	6,247,590	18	Design Industries Foundation Fighting AIDS	505,500
8	amfAR, The Foundation for AIDS Research	4,770,869	19	Campbell Foundation	303,000
9	Stephen Lewis Foundation	4,641,408	20	AIDS Funding Collaborative	259,308
10	Sentebale	3,356,142	21	Barry & Martin's Trust	203,634
11	Elizabeth Taylor AIDS Foundation	1,806,260	22	San Francisco AIDS Foundation	150,000
			23	Avert	33,997
<b>TOTAL</b>					<b>\$116,483,029</b>

## What Do We Mean When We Say...?

### HIV-Related (Data):

This is a data-driven term that FCAA applies to grants analyzed within this report. An HIV-related grant addresses HIV and AIDS, or people living with HIV, either directly or indirectly. This year we also moved away from using unclear and potentially stigmatizing terms such as “HIV/AIDS,” and instead we use the preferred phrasing of “HIV and AIDS” and “HIV-related” more broadly.

### HIV-Specific (Mission):

As noted on **page 24**, “HIV-specific” refers to funders with organizational mission statements and publicly stated priorities that identify a clear and predominant focus on HIV.

### HIV-Informed (Value):

FCAA’s latest strategic plan (2021–2025) reinforces the value of “HIV-informed funding,” which means the lessons of the last 40 years of responding to the HIV epidemic are applied toward ending the epidemic and addressing its root causes. These lessons include:

- Putting those most impacted by the disease at the center of the response
- Using a rights-based approach to grantmaking
- Addressing the social drivers that create epidemics

### Global vs. Total or Overall:

The data within this report is referring to “total” or “overall” HIV-related philanthropy, unless specifically highlighting funding for a particular geography. When the term global is used, that is referring only to grants with a worldwide reach, rather than a specific national or regional impact, such as research or global advocacy efforts.

# Funding Context



# Funding Context

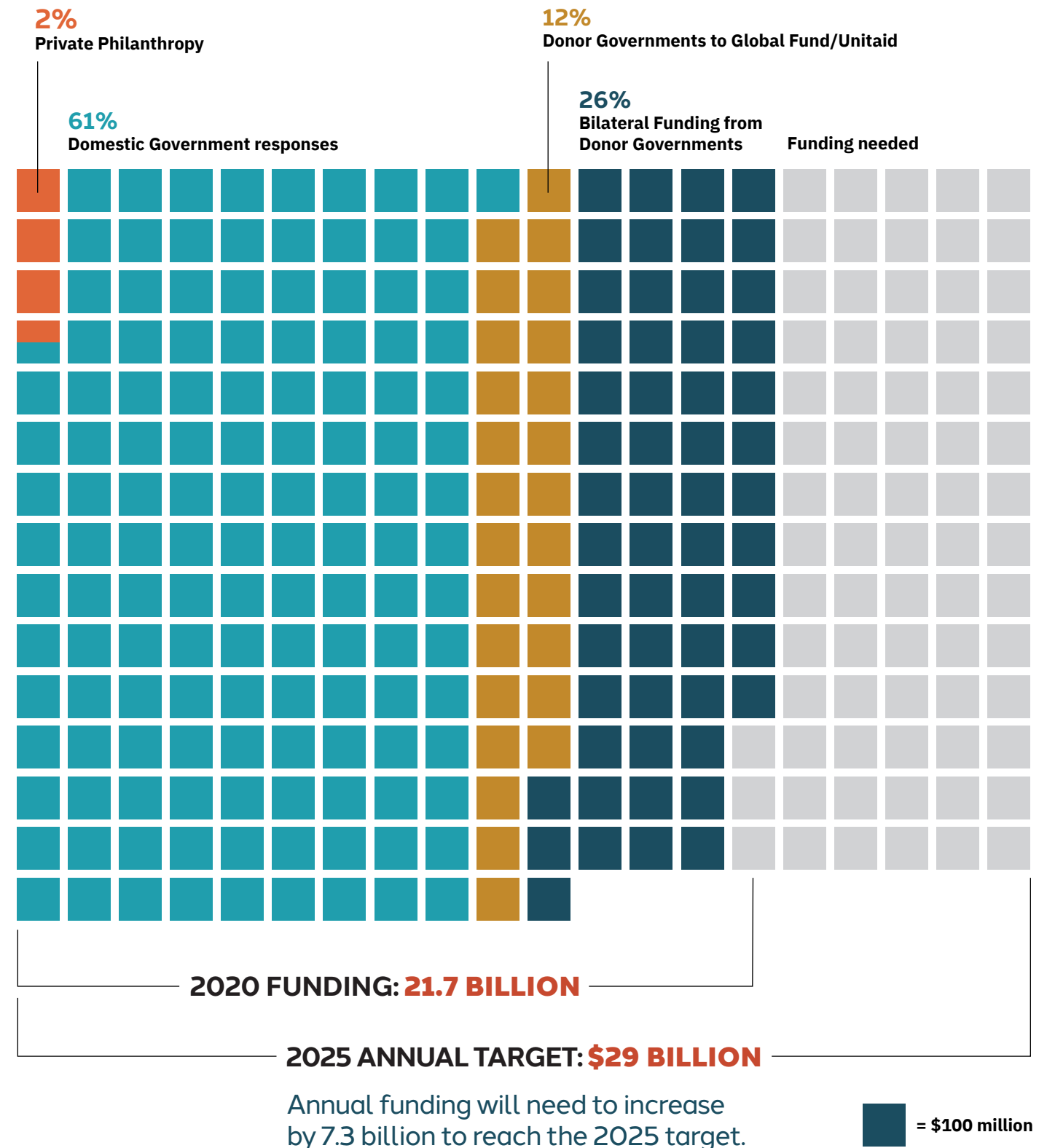
The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that approximately \$21.7 billion was invested annually in the AIDS response in LMIC in 2020.<sup>5</sup>

FCAA estimates that private philanthropy contributed \$355 million<sup>6</sup> of that total funding to low- and middle-income countries (LMIC) (or 2% of global resources available for HIV and AIDS in LMIC) in 2020. See the funding by country income chart on **page 41** for more information on philanthropic funding by income level.

## Editor's Note:

This particular analysis yields the same result each year: philanthropy accounts for roughly 2% of global resources to address HIV and AIDS in LMIC. According to the Kaiser Family Foundation, these combined resources are still far off track from what UNAIDS has estimated is needed to meet 2025 global goals (see following page). Although philanthropy appears to make up only a small portion of these resources, it is vital. In 2020, HIV-related philanthropic funding for advocacy reached an all-time high. These are resources that can be leveraged to influence governments and other donors to ensure their commitments to the global response.

## 2020 • Total Resources to Address HIV and AIDS in Low- and Middle-Income Countries<sup>7,8,9</sup>





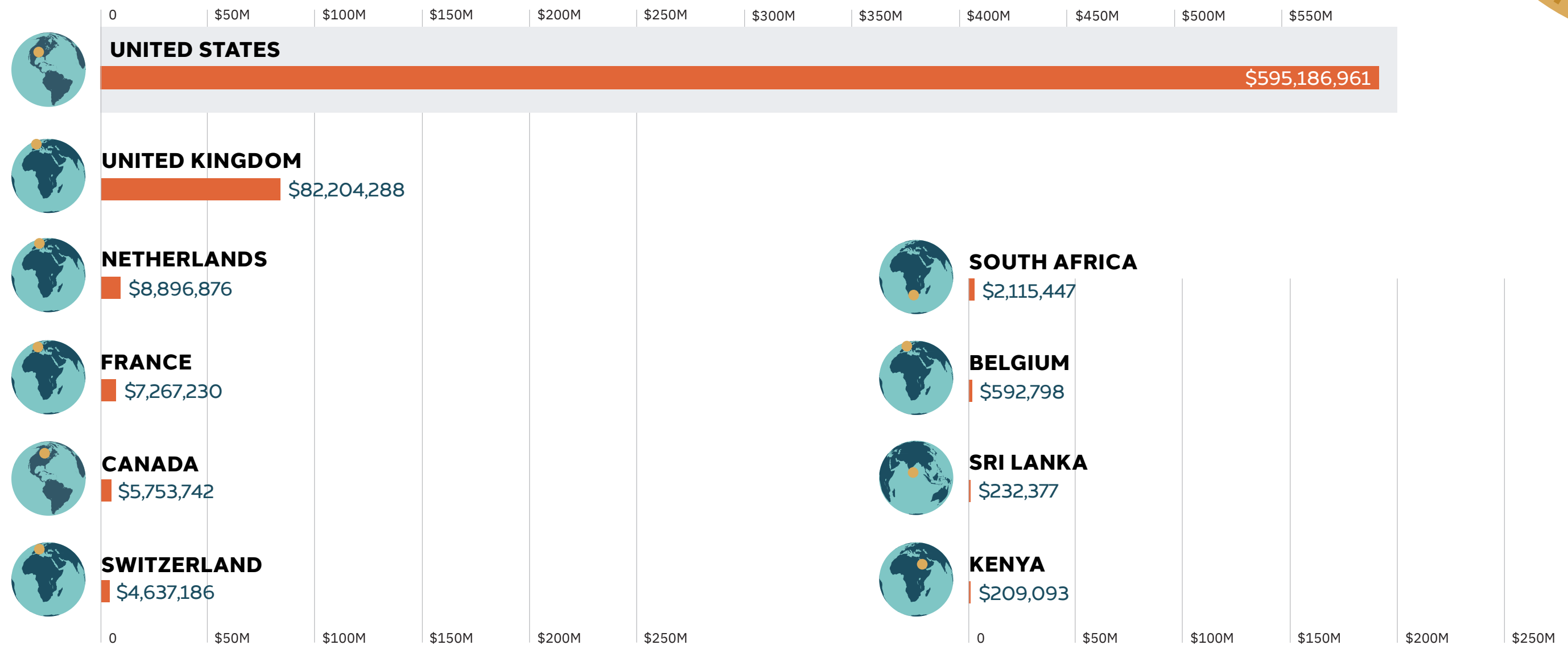
# Geographic Focus



# Where Funding is Coming From

Most private HIV-related philanthropy in 2020 was from foundations and corporations that have U.S.-based headquarters.

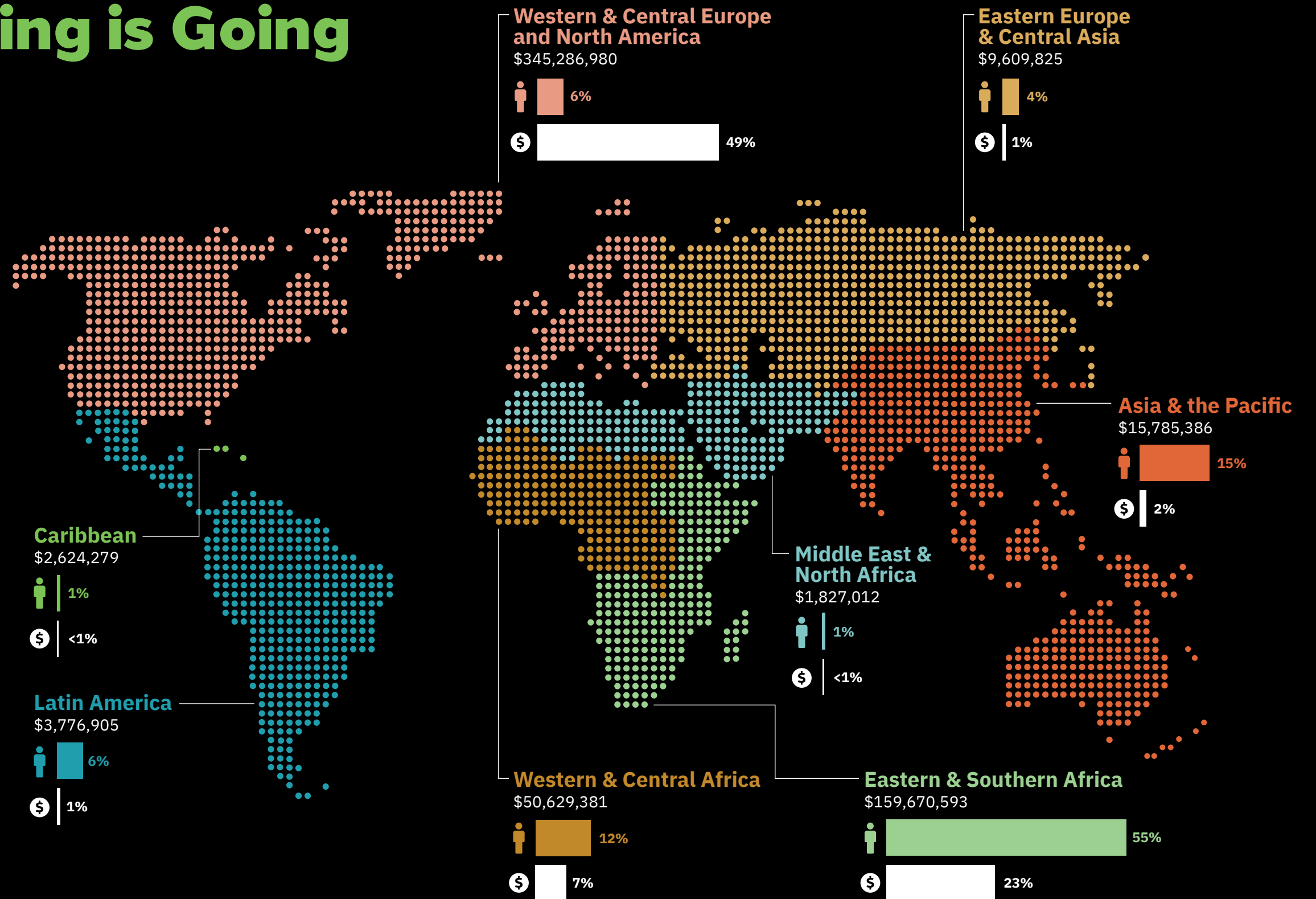
2020 • HIV-related Philanthropic Funding by Donor Location (US\$)



# Where Funding is Going

## 2020 • World Map: Proportion of HIV Prevalence vs. HIV-related Philanthropy, by Region<sup>10</sup>

A total of 323 philanthropic funders in 10 countries made more than 5,700 HIV-related grants to almost 3,000 grantees, totaling \$707 million, in 2020. To better elucidate the discrepancies in funding for certain regions, we overlaid recent UNAIDS data with the 2020 HIV-related philanthropy totals for comparable regions. This visual shows that funding does not closely align with the highest-burden regions, with the Global North receiving the bulk of the funding despite its lower prevalence, and higher-burden regions including Eastern and Southern Africa receiving significantly less funding. It is also important to highlight the low level of funding to the region of Eastern Europe and Central Asia—one of only two global regions where the annual rate of new HIV infections continues to rise. The following pages provide an overview of the top three funders and supported populations of focus by global region.



### Region

Total funding (US \$)

Color = Percent of PLWH

White = Percent of Overall HIV-related Philanthropy

2020 • Funding for the International and Global HIV Epidemic<sup>11,12</sup>



**1**  
**GLOBAL**  
**\$168 million**

**Top 3 Funders**  
Bill & Melinda Gates Foundation  
Wellcome Trust  
Gilead Sciences, Inc.

**Top 3 Populations of Focus**  
**\$140M** General population\*  
**\$14M** People living with HIV (PLWH)  
**\$5M** Women and girls

**2**  
**CANADA**  
**\$2.7 million**

**Top 3 Funders**  
M.A.C. VIVA GLAM Fund  
ViiV Healthcare  
Gilead Sciences, Inc.

**Top 3 Populations of Focus**  
**<\$1M** People who inject drugs  
**<\$1M** Economically disadvantaged/homeless  
**<\$1M** PLWH

**3**  
**UNITED STATES**  
**\$321 million**

**Top 3 Funders**  
Gilead Sciences, Inc.  
ViiV Healthcare  
Broadway Cares/  
Equity Fights AIDS

**Top 3 Populations of Focus**  
**\$194M** PLWH  
**\$58M** General population\*  
**\$37M** African American (U.S.)

**4**  
**CARIBBEAN**  
**\$2.6 million**

**Top 3 Funders**  
M.A.C. VIVA GLAM Fund  
Gilead Sciences, Inc.  
Tides Foundation

**Top 3 Populations of Focus**  
**\$1M** PLWH  
**<\$1M** Sex workers  
**<\$1M** LGBTQ (General)

**5**  
**LATIN AMERICA**  
**\$3.8 million**

**Top 3 Funders**  
Gilead Sciences, Inc.  
M.A.C. VIVA GLAM Fund  
ViiV Healthcare

**Top 3 Populations of Focus**  
**\$1M** PLWH  
**<\$1M** Migrants and refugees  
**<\$1M** Key affected populations (unspecified)

**6**  
**WESTERN & CENTRAL AFRICA**  
**\$51 million**

**Top 3 Funders**  
Bill & Melinda Gates Foundation  
Wellcome Trust  
Children's Investment Fund Foundation

**Top 3 Populations of Focus**  
**\$22M** General population\*  
**\$10M** PLWH  
**\$8M** Women and girls



**7**  
**WESTERN & CENTRAL EUROPE**  
**\$21 million**

**Top 3 Funders**  
Gilead Sciences, Inc.  
ViiV Healthcare  
Sidaction

**Top 3 Populations of Focus**  
**\$8M** PLWH  
**\$3M** Migrants and refugees  
**\$3M** General population\*

**8**  
**EASTERN EUROPE & CENTRAL ASIA**  
**\$9.6 million**

**Top 3 Funders**  
Elton John AIDS Foundation  
Gilead Sciences, Inc.  
ViiV Healthcare

**Top 3 Populations of Focus**  
**\$2M** Key affected populations (unspecified)  
**\$2M** Gay men/men who have sex with men  
**\$2M** PLWH

**9**  
**NORTH AFRICA & THE MIDDLE EAST**  
**\$1.8 million**

**Top 3 Funders**  
MSD (Merck & Co.)  
Gilead Sciences, Inc.  
M.A.C. VIVA GLAM Fund

**Top 3 Populations of Focus**  
**\$1M** General population\*  
**<\$.5M** People who inject drugs  
**<\$.5M** LGBTQ (General)

**10**  
**EASTERN & SOUTHERN AFRICA**  
**\$160 million**

**Top 3 Funders**  
Bill & Melinda Gates Foundation  
Wellcome Trust  
Children's Investment Fund Foundation

**Top 3 Populations of Focus**  
**\$55M** General population\*  
**\$28M** PLWH  
**\$27M** Women and girls

**11**  
**EAST ASIA & SOUTHEAST ASIA**  
**\$7.9 million**

**Top 3 Funders**  
Children's Investment Fund Foundation  
Gilead Sciences, Inc.  
M.A.C. VIVA GLAM Fund

**Top 3 Populations of Focus**  
**\$4M** General population\*  
**\$1M** PLWH  
**\$1M** Women and girls

**12**  
**SOUTH ASIA & THE PACIFIC**  
**\$7.9 million**

**Top 3 Funders**  
Children's Investment Fund Foundation  
Gilead Sciences, Inc.  
Elton John AIDS Foundation

**Top 3 Populations of Focus**  
**\$3M** General population\*  
**\$1M** Youth (ages 15–24)  
**\$1M** Families

\*Including research for a general population.

# International/ Global Funding

This chart includes the top ten funders of grants disbursed to international countries and regions—meaning those outside of the country where the funding organization is headquartered—as

well as of grants with a global reach (i.e. funding that is of a worldwide reach rather than a specific national or regional impact, such as research or global advocacy efforts).

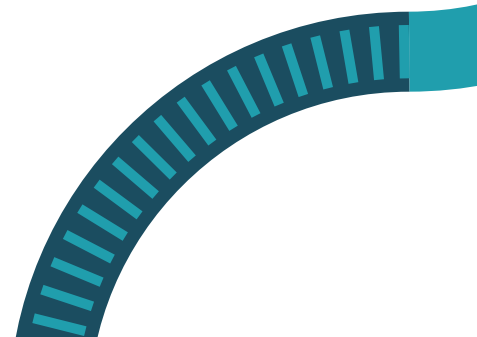
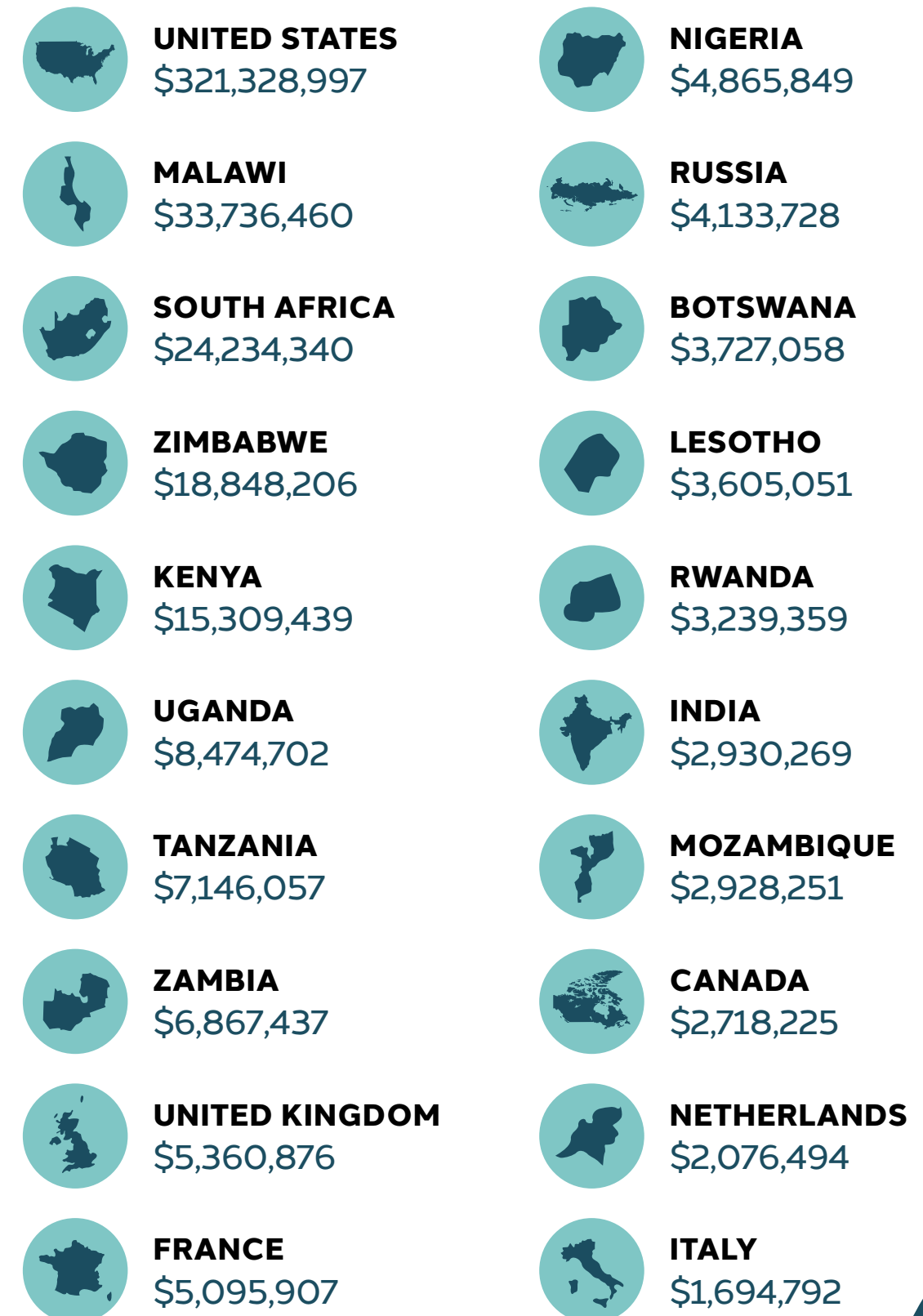
2020 • Top 10 Philanthropic Funders of the International and Global HIV Epidemic (US\$)

1	Bill & Melinda Gates Foundation	\$211,404,632
2	Wellcome Trust	36,246,299
3	Gilead Sciences, Inc.	20,256,638
4	ViiV Healthcare	17,490,018
5	Children’s Investment Fund Foundation	8,904,424
6	Elton John AIDS Foundation	8,726,531
7	Conrad N. Hilton Foundation	6,356,000
8	M.A.C. VIVA GLAM Fund	5,848,042
9	Aidsfonds	5,199,447
10	amfAR, The Foundation for AIDS Research	4,768,369

Funding tracked by FCAA reached 127 different countries in 2020. The U.S. continues to receive the largest share of funding, almost 10 times more than the next highest country. Eleven of the top 20 recipient countries are located in Eastern and Southern Africa, the most impacted

global region, where 20.6 million of the world’s 37.7 million people living with HIV are located. A number of countries saw large increases in funding, namely Malawi, South Africa, Zimbabwe and Nigeria, due to mostly research-related funding initiatives by a few top funders.

2020 • Top 20 Recipient Countries of HIV-related Philanthropic Funding (US\$)



**REGIONAL FOCUS:**

**Eastern Europe & Central Asia**

Given the current political and human rights crisis taking place in Ukraine, FCAA is including additional history and context to describe the HIV-related philanthropic response in the region. According to the

most recent data from UNAIDS, Eastern Europe and Central Asia is only one of two global regions where the annual rate of new HIV infections continues to rise.<sup>10</sup>

**2015-2020 • HIV-related Philanthropy to Eastern Europe and Central Asia (US\$ Millions)**



Despite a few small peaks in 2015 and 2018, funding has remained stagnant over the last six years. Funding to the region accounted for just 1% of total HIV-related philanthropy in 2020. Funding specifically disbursed to Ukraine equaled just over \$1.1 million, and funding to Russia was \$4.1 million in 2020—the only country in the region to rank among the top 20 recipient countries of HIV-related philanthropy that year. It is important to also highlight that 17% of funding to the region was part of multiregional funding that only partially targeted the Eastern Europe and Central Asia region.

FCAA identified only 16 HIV-related organizations that disbursed grants to Eastern Europe and Central Asia in 2020. Due to the complex and dangerous political climate in the region, FCAA has chosen not to publish a list of those funder names. Additionally, 50% of funding to the region went to grantee organizations submitted anonymously, for security purposes. Almost two-thirds of HIV-related philanthropy to the region targeted key populations. Prevention was the top-funded strategy, followed closely by advocacy. Roughly 8% of HIV-related funding addressed the COVID-19 pandemic.

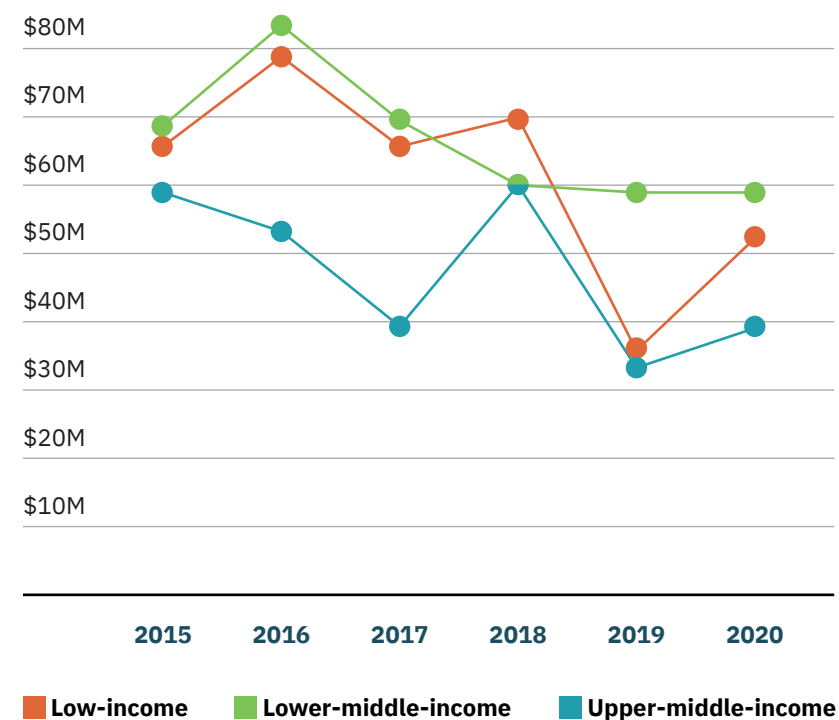
**Editor's Note:**

It is important to look at country income level funding over time. The significant ebbs and flows within low-income countries, for example, are tied to large grant disbursements from just a few funders, which reinforces the outsize impact of a small number of organizations on the philanthropic response to HIV. Observing these levels in the context of the COVID-19 pandemic is vital, due to issues related to lack of equity and access during the COVID-19 response in LMIC and the resulting catastrophic number of deaths and economic disruption.

**Funding by Country Income Level**

As noted previously, Gilead's increase drove the majority of funding increases across issues, populations, and geographies in 2020. Because the U.S. received the bulk of that funding, it is no surprise that the majority of funding in 2020 went to high-income countries. However, there was also a \$16 million (43%) increase in funding to low-income countries, after a dramatic drop in 2019. Lower-middle-income country funding remained steady and upper-middle-income countries saw a 16% increase in funding in 2020. Overall, country-specific funding for LMIC increased by \$20.8 million (16%) in 2020, after a 32% drop in 2019, although it still remains lower than in the three years prior to that.

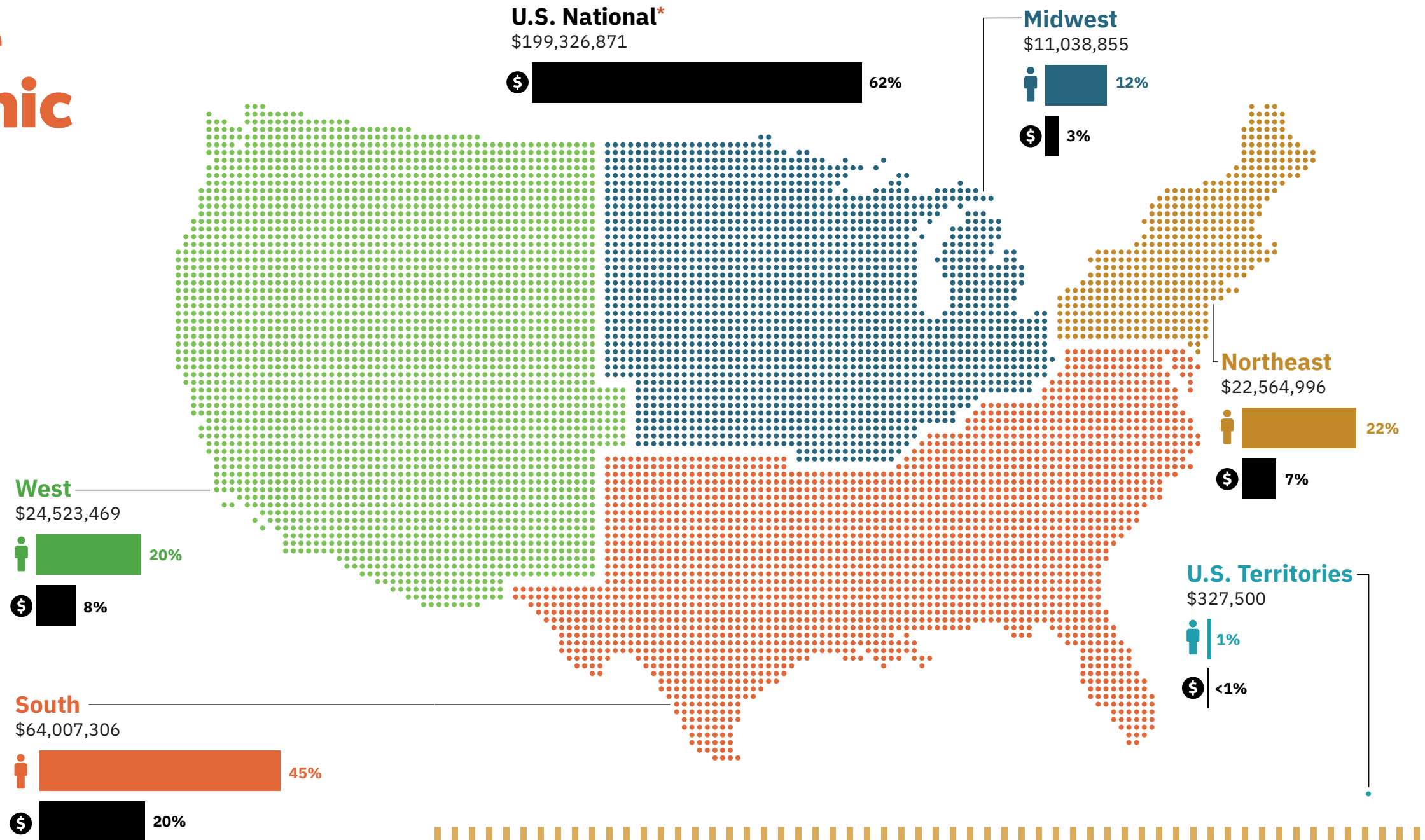
**2015-2020 • HIV-Related Philanthropic Funding by Country Income Level (US\$ Millions)<sup>13,8</sup>**



# Funding for the U.S. HIV Epidemic

## U.S. Map: Proportion of 2019 HIV Prevalence vs. 2020 HIV-related Philanthropy, by U.S. Region

Private HIV-related philanthropic funding to the U.S. increased for the seventh year in a row, totaling over **\$321 million** in 2020, a dramatic \$109 million (52%) increase from 2019. This was wholly driven by the disbursement-related increase reported by Gilead in 2020, which predominantly went to the U.S., bringing all of the funding totals within the country up across the board. In line with this influx of funding, the specific regions within the U.S. all saw increases, except for the U.S. territories. To better elucidate the discrepancies in funding for certain regions, we overlaid 2019 U.S. HIV prevalence data from AIDSvu.org as it is the most current and complete picture of the U.S. HIV epidemic.<sup>14</sup> Similar to 2019, the trajectory of funding roughly followed the trend of HIV prevalence. We still see clear gaps in the response; for example, 45% of PLWH in the U.S. are located in the South, but only 20% of U.S. HIV-related philanthropic funding was directed there.



### Region

Total funding (US \$)

Color = Percent of PLWH

Black = Percent of U.S. HIV-related Philanthropy

\*U.S. National refers to non-region-specific grants that had an impact at the national level. This is different from the overall funding to the U.S.

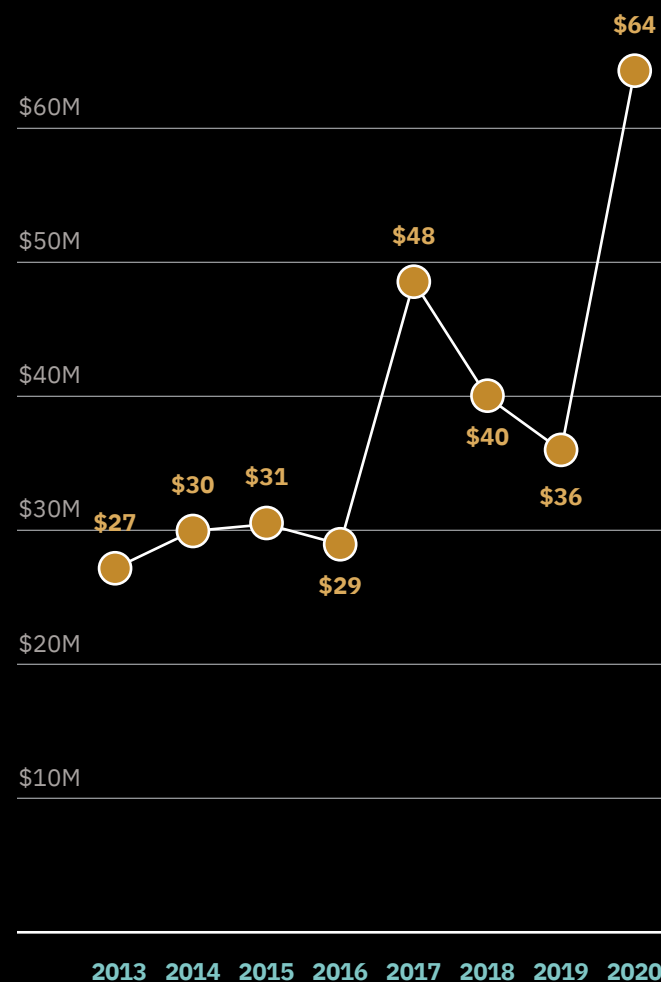
### Editor's Note:

FCAA's annual resource tracking report originated in 2002 as a U.S.-focused analysis, which reflected the organization's membership at the time and remained as such until the merger of FCAA with the European HIV/AIDS Funders Group in 2012. The report still includes a special emphasis on the U.S. given that funding to the U.S. represented close to half of total funding in 2020. Additionally, the influence of U.S.-based funding organizations continues to be significant, accounting for 84% of total funding in 2020.

## REGIONAL FOCUS: The U.S. South

In 2020, funding disbursements to the U.S. South increased sharply, by \$28 million (76%), after having declined the two previous years. Similar to 2017, this increase is largely attributed to large disbursements for Gilead’s COMPASS Initiative. COMPASS funding is distributed in large sums to its coordinating centers located across the U.S. South, but the funding is further granted to communities over one to two years.

### 2013-2020 • Funding to the U.S. South (US\$ millions)



## Editor’s Note:

The U.S. Ending the HIV Epidemic initiative is a federal effort 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<sup>15</sup> in order to expand HIV prevention and treatment efforts. Given this local focus, FCAA has started closely monitoring the share of resources to state versus regional and national funding within the U.S. In 2020, we saw state-level funding increase by 50%, although it proportionally remained stagnant and only represented 30% of all HIV philanthropy disbursed to the U.S.











### 2020 • Top 5 Philanthropic Funders of U.S. HIV Epidemic

1	Gilead Sciences, Inc.	4	AIDS United
2	ViiV Healthcare	5	Elton John AIDS Foundation
3	Broadway Cares/Equity Fights AIDS		

### 2020 • HIV-related Philanthropic Funding by Top 10 Recipient U.S. States (US\$)

Funding to the top 10 states in 2020 totaled over \$72 million—a \$28 million (61%) increase from 2019. Six of the top 10 states are located in the

U.S. South, the top-funded region. All top 10 states include jurisdictions prioritized by the U.S. Ending the HIV Epidemic.

	<b>CALIFORNIA</b> \$19,114,932		<b>GEORGIA</b> \$5,275,259
	<b>NEW YORK</b> \$13,875,057		<b>TEXAS</b> \$5,253,812
	<b>WASHINGTON, D.C.</b> \$7,255,699		<b>PENNSYLVANIA</b> \$4,565,226
	<b>FLORIDA</b> \$7,039,229		<b>ALABAMA</b> \$2,486,584
	<b>ILLINOIS</b> \$5,476,503		<b>LOUISIANA</b> \$2,433,616



# Intended Use



# Intended Use

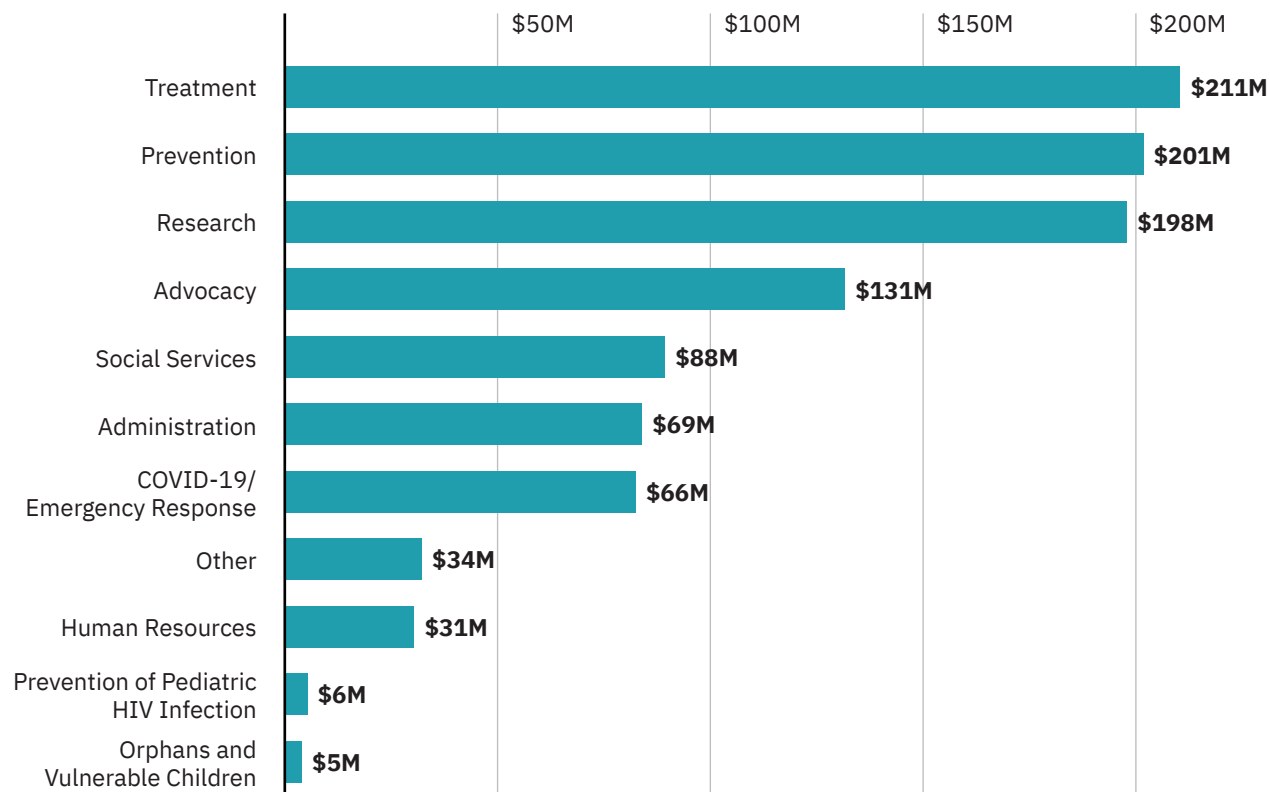
FCAA uses 11 different categories to classify the strategy—or intended use—of HIV-related grants.<sup>16</sup>

The analysis below covers all HIV-related philanthropy worldwide. See Methodology in Appendix 2 for a description of each intended use category.

Research has traditionally garnered the highest level of funding among all intended use

categories each year, but for the first time this year we saw it drop to third on the list, overtaken by Treatment and Prevention. The \$107 million (35%) decrease in funding for HIV-related research is not surprising as it comes after a large increase in funding to this category from the Ragon Foundation’s \$100 million grant in 2019. However, to relinquish its #1 spot for the first time since FCAA began the resource tracking effort (2002), this shift is in line with the changes we are seeing as Gilead moves up to the lead funder spot, ahead of the Gates Foundation.

2020 • Intended Use of HIV-related Philanthropic Funding (US\$ Millions)



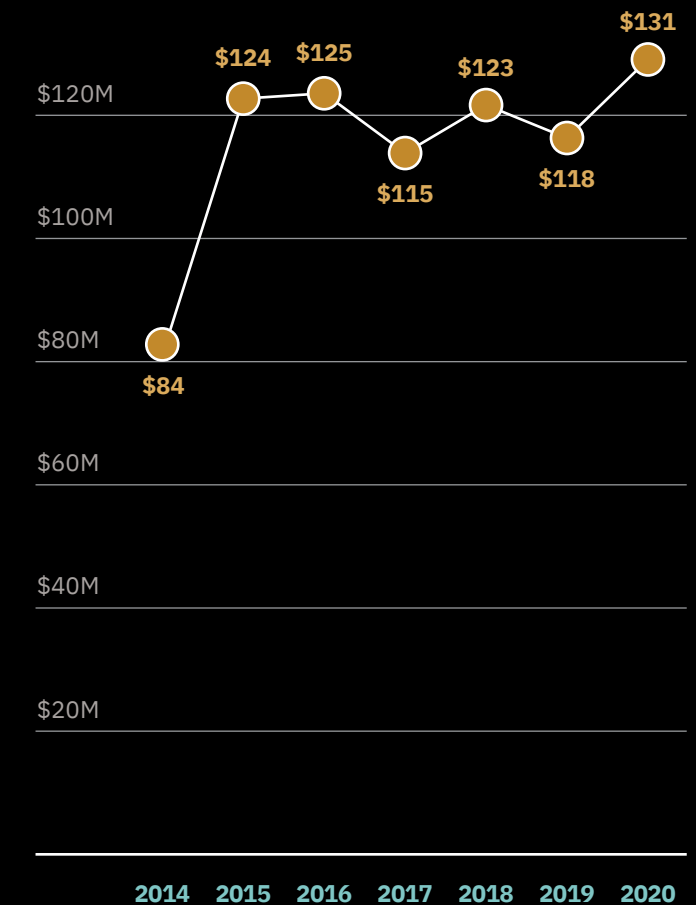
## Editor’s Note:

FCAA added a new category to account for COVID-19 and emergency response funding that adapted and responded to the new needs of the pandemic. **FCAA tracked \$66 million in HIV-related funding that addressed COVID-19 efforts in 2020.** We also saw an \$18 million (26%) increase in funding to Social Services. This category includes support for food and nutrition, housing, and mental health services, areas we know to be critical, especially given the fundamental disruptions to life and economic stability, as well as heightened isolation that the COVID-19 pandemic has imposed. For more information on COVID-related funding, see pages 51-55.

There was a new all-time high in funding for advocacy since FCAA began tracking it in detail in 2014.

Nine percent of this funding was related to the COVID-19 pandemic, the same percentage of total HIV-related philanthropy that was reported to be impacted by COVID-19. A third of all advocacy funding reached LGBTQ communities, with 83% of that going specifically to LGBTQ communities within the U.S. In fact, just over half of all advocacy-related funding was directed toward the U.S. in 2020.

2014-2020 • HIV-Related Philanthropy for Advocacy



# Top Funder Spotlights

In this section, FCAA spotlights the leadership of top funders engaged in several of the strategies and populations of focus called out in this year's

report. For more information on the importance of some of these issues, please see **page 14**.

## 2020 • Top 5 Funders of PrEP (Pre-exposure Prophylaxis)

- 1 Gilead Sciences, Inc.
- 2 Bill & Melinda Gates Foundation
- 3 Children's Investment Fund Foundation
- 4 Elton John AIDS Foundation
- 5 ViiV Healthcare

## 2020 • Top 5 Funders of General Operating Support

- 1 Broadway Cares/Equity Fights AIDS
- 2 M.A.C. VIVA GLAM Fund
- 3 Gilead Sciences, Inc.
- 4 ViiV Healthcare
- 5 Bill & Melinda Gates Foundation

## 2020 • Top 5 Funders of Capacity Building/Leadership Development

- 1 Gilead Sciences, Inc.
- 2 AIDS United
- 3 M.A.C. VIVA GLAM Fund
- 4 Stephen Lewis Foundation
- 5 ViiV Healthcare

## 2020 • Top 5 Funders of Advocacy

- 1 Gilead Sciences, Inc.
- 2 Bill & Melinda Gates Foundation
- 3 ViiV Healthcare
- 4 Elton John AIDS Foundation
- 5 Open Society Foundations

# The Impact of COVID-19

The most fundamental needs and issues became critical during the COVID-19 pandemic—the right and ability to work, eat, be housed, and have access to healthcare.

As such, COVID-19 highlighted the importance of flexible and intersectional funding that acknowledges that people's lives are multidimensional and complex, and they live with intersecting identities. Funders supported grantees to begin distributing food and personal protective equipment (PPE) to clients in HIV and COVID-19 testing lines; other HIV-specific funders

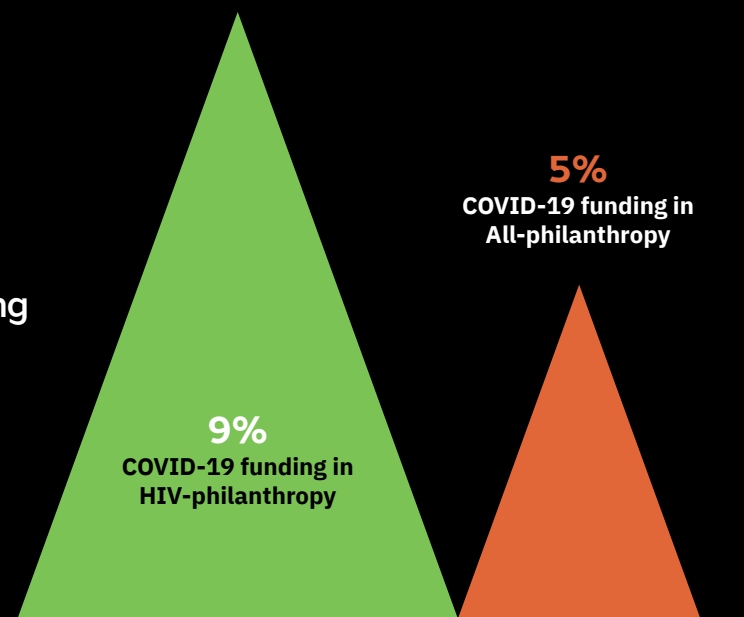
committed broad funding for racial justice work, understanding its core importance to communities at risk of HIV and COVID-19; grantee organizations with deep roots in their communities became grantmakers due to the rise of mutual aid and intermediary funding streams.

Fully understanding the impact of COVID-19 on HIV-related funding, and vice versa, will be a long-term and nuanced study. As a first step, FCAA added a new intended use category in this year's report to account for emergency response grants and other funding that adapted and responded to the new needs of the COVID-19 pandemic. It is important to note that this analysis looks only at grantmaking from HIV-related funders, or public data on COVID-19 grantmaking that referenced PLWH as a population of focus.

In 2020, we identified \$66 million (9%) of HIV-related philanthropy that addressed COVID-19 efforts.

When compared with Candid’s Foundation Maps grants database,<sup>17</sup> which reported \$22.9 billion in philanthropic COVID-19-related funding, or just 5% of broader U.S. philanthropy in 2020, HIV-related philanthropy in 2020 reported a slightly higher percentage of its funding for COVID-19 responses.

### 2020 • COVID-19 Funding Among HIV and Broader Philanthropy



This category captures unrestricted emergency funding in response to the pandemic, as well as PPE needs, COVID-19 research, or specific interventions within communities struggling due to COVID-19, including access to HIV treatment and prevention medicine or services, or support to strengthen community-based organization infrastructure and technology to shift to safe and remote services, for both providers and clients.

**FCAA also saw an uptick in funding for persons with psychosocial disabilities—roughly \$7.2 million**—which is notable given that this population has never received a significant level of resources in previous years. While just a third

of those resources (\$2.8 million) was specifically earmarked as related to the COVID-19 pandemic, it is likely that the increased attention to persons with psychosocial disabilities was an intentional funding strategy in response to the heightened isolation and devastating circumstances imposed by the pandemic.

The majority of COVID-19-related HIV philanthropy (46%) was disbursed to the U.S., followed by Eastern and Southern Africa. The top supported populations included people living with HIV, followed by people who are economically disadvantaged or homeless.

In addition to quantitative data, a number of funding organizations shared written responses about how their organizations and work have been further impacted by the COVID-19 pandemic. A few core themes quickly arose in those collected responses. It should be noted that not all grantmakers identified in this report submitted this additional qualitative information.

In response to the COVID-19 pandemic, grantmakers:

- Prioritized populations most impacted by COVID-19, with **BIPOC communities, key populations, and children** being called out specifically
- Participated, funded or created **pooled or community funds**
- Provided more **rapid response** funds
- **Eased the administrative burden** on grantees by extending deadlines and/or easing reporting requirements, and switched program grants to **general operating** funds
- Prioritized access to **PPE, IT infrastructure** to support remote services, and regular check-ins on **mental health** and wellness
- Increased resources for grantees involved in direct responses, such as **federally qualified health centers and food banks**

The COVID-19 pandemic highlighted even further how much non-profits need general operating funding to be used wherever and whenever needed, in order to stay open and to be the most efficient and effective organizations possible.

— AIDS United’s Submission

### 2020 • Top 5 HIV-related Funders Addressing the COVID-19 Pandemic

- 1 Gilead Sciences, Inc.
- 2 M.A.C. VIVA GLAM Fund
- 3 Broadway Cares/Equity Fights AIDS
- 4 ViiV Healthcare
- 5 Conrad N. Hilton Foundation

We also saw some of these strategic shifts reflected in the data, with more than a third of this funding (\$23.5 million) disbursed as general operating support. There was also a

higher proportion of funding for some of these issues within COVID-19-related funding than in total HIV-related philanthropy, as seen in accompanying graph.

**2020 • Percentage of COVID-19-related HIV Funding vs. Total HIV Funding, by Issue**



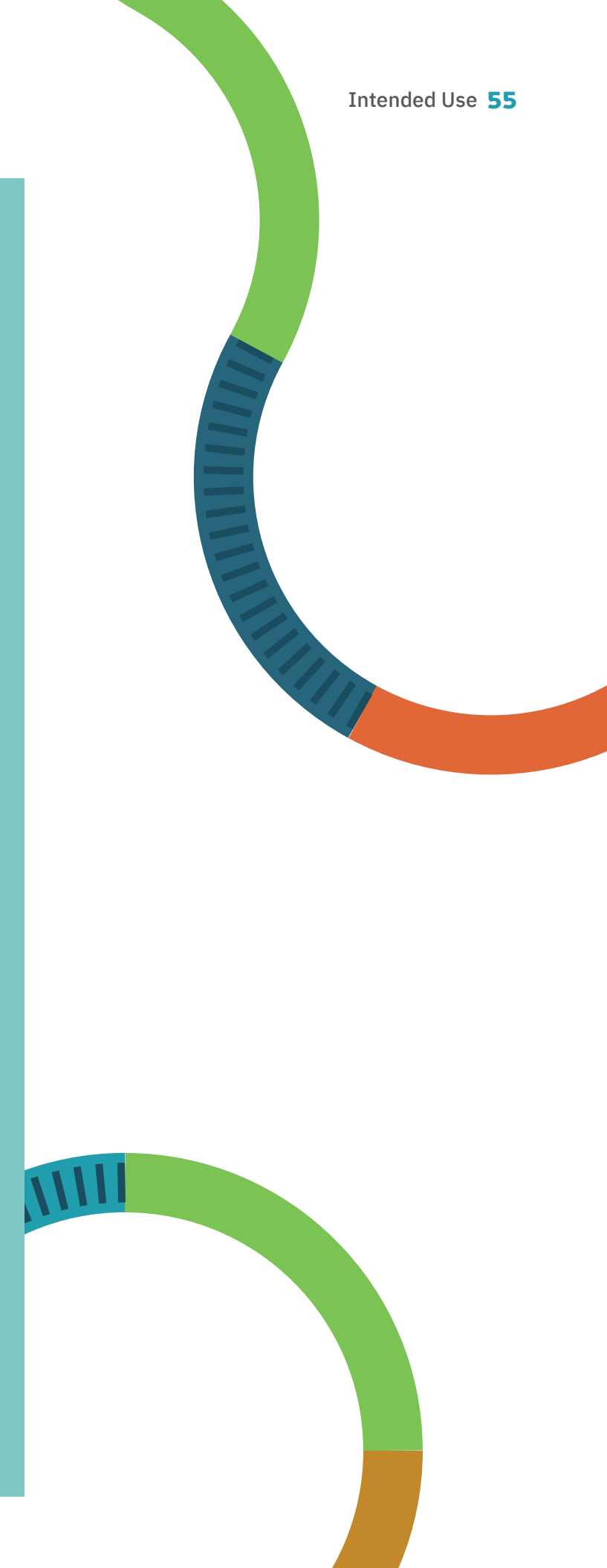
FCAA acknowledges the diversity in the type of funding organizations represented in this report. For example, those funders that rely on event-based revenue or fundraising to support their grantmaking saw a different level of impact than others. Others, including operating foundations that also conduct programming, shared more hands-on experiences—such as Sentebale staff

helping children travel to clinics to ensure they had a long-term supply of HIV medications ahead of the national lockdown. Smaller, community-rooted intermediary funders, such as the San Francisco AIDS Foundation, saw an increase in demand for their expertise and connection to community organizations.

**Editor’s Note:**

In 2021 a series of FCAA research initiatives identified the critical role of HIV-related intermediaries, particularly those that are community-rooted and community-led, that emerged in response to the COVID-19 pandemic. In particular, the report *Making the Case for Greater Investment in Community-Rooted Funders*<sup>18</sup> identified that these organizations are often best positioned to provide flexible, strategic support for the most critical needs of community members and community-led groups working at the intersection of HIV, human rights and racial justice.

FCAA is increasing efforts to identify and track the grantmaking of these organizations to include in our annual resource tracking report. This is a longer-term strategy that may require another year or two when we have sufficient data on the presence of community-rooted funders.



# Populations of Focus



# Populations of Focus

The following table presents population of focus data grouped by category—based on the report taxonomy—to better offer direct comparisons. The top recipient in each population category is listed first, and key populations are flagged in bold. Population data is based on total HIV-related grantmaking, unless a category is otherwise designated as “U.S.” or “outside U.S.”

As noted on pages 51-55, economic hardships caused by the COVID-19 pandemic resulted in a dramatic \$16 million (71%) increase in funding to populations who are economically disadvantaged or homeless. Funding for African American and Latinx populations in the U.S. also both increased by over 40%, in line with an overall increase for BIPOC communities, as noted earlier on page 14. Key populations all received minimal to significant increases in 2020, including men who have sex with men (18%), transgender communities (48%), people who inject drugs (17%), LGBTQ populations (24%), and sex workers (1%). Funding for key populations, where no sub-populations were specified, increased significantly in 2020—due in part to a heightened attempt by FCAA to ensure we are capturing these funds broadly, but without over-inflating any individual category.

## Editor’s Note:

In 2020 FCAA created a new, separate category to identify disbursements for **persons with psychosocial disabilities**. FCAA first started to track this population in 2019, and in one year, we have seen a \$5 million increase in funding, likely in response to the COVID-19 pandemic. Prior to this year, any funding to this population was part of the larger Other category. In alignment with the Disability Rights Fund, the United Nations and other international human rights mechanisms, FCAA has chosen to use rights-based language to introduce the inclusion of this new population of focus within the report. The term persons with psychosocial disabilities aims to reflect a social, rather than a medical model approach to mental health conditions and experiences.<sup>19</sup>

## 2020 • HIV-Related Philanthropic Funding: Populations of Focus (US\$)<sup>20,21</sup>

### AGE

Youth (ages 15–24)	\$50,122,690
Children (ages 0–14)	27,959,172
Older adults (over age 50)	6,521,822

### GENDER IDENTITY

Women and girls	63,058,533
<b>Transgender</b>	30,930,440
Men and boys	19,554,207

### ETHNICITY/RACE

African American (U.S.)	37,064,469
Latinx (U.S.)	26,509,137
Indigenous	3,541,179
Asian/Pacific Islander (U.S.)	2,475,864
Ethnic and racial minorities (outside U.S.)	1,304,105

### SEXUAL IDENTITY

<b>LGBTQ (general)</b>	32,829,140
<b>Gay men/men who have sex with men</b>	26,925,302

### FAMILY RELATIONSHIP

Families	12,477,133
Pregnant women, mothers, and babies	8,727,472
Orphans and vulnerable children	6,036,009
Grandmothers and other caregivers	4,011,205

### HEALTH

People living with HIV (general)	250,380,518
<b>People who inject drugs</b>	17,048,710
<b>Persons with psychosocial disabilities</b>	7,288,790
People co-infected with HIV/TB	5,992,750
People with disabilities	1,267,036
People co-infected with HIV/Hep C	1,055,212

### SOCIAL AND ECONOMIC STATUS

Economically disadvantaged/homeless	38,813,953
Rural populations	11,159,220
Migrants/refugees	9,889,615
Incarcerated/formerly incarcerated	4,807,666

### OCCUPATION

Healthcare workers	34,179,105
CBO and staff	25,391,829
<b>Sex workers</b>	13,244,091

### UNCATEGORIZED/ADDITIONAL

General population (including research for a general population)	257,213,033
<b>Key populations (unspecified)</b>	17,575,591
Other*	16,884,291
Not specified	10,643,849

\*The Other category includes funding that did not fall under the predetermined categories, or to populations that received minimal funding, such as survivors of violence, faith communities, serodiscordant couples, truck drivers and more.

## BIPOC Communities

It is important to note that in November 2021 FCAA published the *Racial Justice in HIV Philanthropy Guiding Principles*<sup>22</sup> to provide actionable ways for funders to increase racial justice and equity within their grantmaking.

Within this guidance document, FCAA advocates for transparency within grant descriptions to help the sector understand exactly how HIV-related philanthropy reaches BIPOC communities in the U.S. Learn more about the principles at:

[www.fcaaid.org/support/racial-justice-principles](http://www.fcaaid.org/support/racial-justice-principles)

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

In line with our call for data transparency FCAA attempts to be clear and intentional about how we track total funding for BIPOC communities, as well as the individual populations included within. To ensure we are capturing resources flowing to these communities, but without over-inflating them, we will track all grants that specify any one of these groups for that respective population, as well as flag them as reaching BIPOC communities. Grants that more generally indicate funding for “people of color” will be tracked for BIPOC communities, and for the populations that are commonly reached by the grantee organization, based on their location and/or priority focus. Most commonly this broader funding tends toward African American and/or Latinx. Given the historically limited HIV-related funding specified for Asian/Pacific Islander and Indigenous, we are cautious to track this funding only when the grant or grantee organization clearly indicates services to these populations, or to BIPOC communities specifically.

## Top Funder Spotlights

In this section, FCAA spotlights the leadership of top funders engaged in several of the strategies and populations of focus called out in this year’s

report. For more information on the importance of some of these issues, please see **page 14**.



### 2020 • Top 5 Funders of Key Populations

- 1 Gilead Sciences, Inc.
- 2 Elton John AIDS Foundation
- 3 ViiV Healthcare
- 4 M.A.C. VIVA GLAM Fund
- 5 AIDS United



### 2020 • Top 5 Funders of BIPOC Communities (U.S.)

- 1 Gilead Sciences, Inc.
- 2 ViiV Healthcare
- 3 AIDS United
- 4 Elton John AIDS Foundation
- 5 Groundswell Fund



# Appendices & Endnotes



# Appendix 1: HIV-related Philanthropic Funders in 2020

## 2020 • List of HIV-related Philanthropic Funders

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
1	Gilead Sciences, Inc.	U.S.	283,370,430	1,015
2	Bill & Melinda Gates Foundation	U.S.	211,504,625	219
3	Wellcome Trust	U.K.	36,785,926	101
4	ViiV Healthcare	U.S. and U.K.	35,719,313	780
5	Elton John AIDS Foundation	U.S. and U.K.	14,656,037	96
6	M.A.C. VIVA GLAM Fund	U.S., U.K. and Canada	11,860,050	375
7	Broadway Cares/Equity Fights AIDS	U.S.	11,273,774	526
8	Children's Investment Fund Foundation	U.K.	8,904,424	11
9	Aidsfonds	Netherlands	7,118,644	152
10	AIDS United	U.S.	7,048,365	188
11	Conrad N. Hilton Foundation	U.S.	6,626,000	26
12	Sidaction	France	6,247,590	186
13	Open Society Foundations <sup>4</sup>	U.S.	6,050,964	n/a
14	MSD (Merck & Co.)	U.S.	5,656,401	74
15	amfAR, The Foundation for AIDS Research	U.S.	4,770,869	47
16	Stephen Lewis Foundation	Canada	4,641,408	210
17	FXB International - Association François-Xavier Bagnoud	Switzerland	3,994,106	n/a

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
18	Sentebale	U.K.	3,356,142	n/a
19	Tides Foundation	U.S.	3,227,174	60
20	Nationale Postcode Loterij (Dutch National Postcode Lottery)	Netherlands	3,082,345	2
21	H. van Ameringen Foundation	U.S.	2,998,000	30
22	American Jewish World Service	U.S.	2,895,182	107
23	Family Health Council of Central Pennsylvania Inc.	U.S.	2,735,489	5
24	Susan Thompson Buffett Foundation	U.S.	2,420,134	4
25	New York Community Trust	U.S.	2,008,000	9
26	Ford Foundation	U.S.	1,954,990	7
27	Elizabeth Taylor AIDS Foundation	U.S.	1,806,260	41
28	Charlize Theron Africa Outreach Project	U.S.	1,747,001	33
29	National Lottery Community Fund	U.K.	1,557,690	22
30	Egmont Trust	U.K.	1,503,895	50
31	James B. Pendleton Charitable Trust	U.S.	1,500,000	6
32	National Lottery Distribution Trust Fund (South Africa)	South Africa	1,441,395	58
33	Keep a Child Alive	U.S.	1,404,030	9
34	Groundswell Fund	U.S.	1,403,258	42
35	UHAI EASHRI <sup>23</sup>	Kenya	1,403,056	22
36	Alexian Brothers Health Systems	U.S.	1,402,746	1
37	Levi Strauss Foundation	U.S.	1,400,000	16
38	StartSmall LLC	U.S.	1,283,000	3
39	GlaxoSmithKline	U.K.	1,054,284	80
40	Fondation de France	France	1,019,640	59
41	Comic Relief	U.K.	989,145	3
42	Health Foundation of Greater Indianapolis	U.S.	903,752	38

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
43	Comer Family Foundation	U.S.	871,000	66
44	Red Umbrella Fund	Netherlands	840,639	29
45	Third Wave Fund	U.S.	836,600	41
46	Segal Family Foundation	U.S.	815,500	7
47	Firelight Foundation	U.S.	795,914	53
48	VriendenLoterij (Dutch Friends Lottery)	Netherlands	754,028	1
49	One to One Children's Fund	U.K.	752,930	4
50	UN Trust Fund to End Violence Against Women	U.S.	701,000	1
51	Washington AIDS Partnership	U.S.	684,100	25
52	King Baudouin Foundation	Belgium	660,049	8
53	Doris Duke Charitable Foundation	U.S.	660,000	4
54	JB & MK Pritzker Family Foundation	U.S.	645,500	2
55	Oak Foundation	Switzerland	643,080	7
56	WeSeeHope	U.K.	637,555	27
57	Alphawood Foundation	U.S.	600,000	4
58	AIDS Foundation of Chicago	U.S.	552,557	14
59	SRHR Africa Trust	South Africa	545,100	23
60	Cone Health Foundation	U.S.	515,927	6
61	Design Industries Foundation Fighting AIDS	U.S.	505,500	40
62	Morris & Gwendolyn Cafritz Foundation	U.S.	437,000	5
63	Global Fund for Women	U.S.	431,210	25
64	Weingart Foundation	U.S.	395,000	3
65	Mama Cash	Netherlands	377,167	7
66	Transgender Strategy Center	U.S.	354,500	21
67	Charities Aid Foundation of America	U.S.	319,052	27

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
68	Campbell Foundation	U.S.	303,000	24
69	California Endowment	U.S.	301,500	2
70	Lawyers Trust Fund of Illinois	U.S.	285,800	1
71	Richard M. Schulze Family Foundation	U.S.	283,050	20
72	AIDS Funding Collaborative	U.S.	259,308	15
73	AIDSNET	U.S.	255,898	1
74	Astraea Lesbian Foundation for Justice	U.S.	253,170	18
75	Black Tie Dinner	U.S.	247,205	5
76	Women's Fund Asia	Sri Lanka	232,377	2
77	Wells Fargo Foundation	U.S.	218,440	21
78	Methodist Healthcare Ministry	U.S.	205,000	1
79	Barry & Martin's Trust	U.K.	203,634	18
80	Cleveland Foundation	U.S.	200,000	1
81	Otto Schoitz Foundation	U.S.	200,000	1
82	Louis L. Borick Foundation	U.S.	190,000	3
83	Pride Foundation	U.S.	188,150	47
84	Henry Smith Charity	U.K.	169,858	1
85	United Way of Greater High Point	U.S.	161,040	2
86	Polk Bros. Foundation	U.S.	155,000	2
87	Greater Washington Community Foundation	U.S.	152,000	8
88	Raynier Institute & Foundation	U.S.	150,000	2
89	San Francisco AIDS Foundation	U.S.	150,000	2
90	Arcus Foundation	U.S.	150,000	1
91	Seattle Foundation	U.S.	149,500	9
92	New Jersey AIDS Walk	U.S.	143,170	3

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
93	Jewish Communal Fund	U.S.	140,189	3
94	Iqraa Trust	South Africa	128,952	25
95	Highmark Foundation	U.S.	125,000	1
96	Goldman Sachs Gives	U.S.	122,000	3
97	Lloyd A. Fry Foundation	U.S.	120,000	2
98	George Gund Foundation	U.S.	120,000	1
99	Hugh J. Andersen Foundation	U.S.	119,000	6
100	South Africa Development Fund	U.S.	114,000	1
101	International Trans Fund	U.S.	102,000	9
102	AmerisourceBergen Foundation	U.S.	100,000	2
103	Evelyn and Walter Haas, Jr. Fund	U.S.	100,000	2
104	Beatrice Snyder Foundation	U.S.	100,000	1
105	California Wellness Foundation	U.S.	100,000	1
106	Community Foundation for Monterey County	U.S.	100,000	1
107	Jewelers for Children	U.S.	100,000	1
108	Reva & David Logan Foundation	U.S.	95,000	3
109	New Hampshire Charitable Foundation	U.S.	92,000	4
110	Robert E. Leet & Clara Guthrie Patterson Trust	U.S.	90,000	2
111	Placer Community Foundation	U.S.	85,000	2
112	George H. Graff Irrevocable Trust	U.S.	84,907	1
113	Community Foundation of Sarasota County Inc.	U.S.	83,890	4
114	Communities Foundation of Texas	U.S.	81,358	4
115	New York Women's Fund	U.S.	80,000	2
116	United Way of Southeastern Connecticut Inc.	U.S.	75,211	1
117	Green Foundation	U.S.	60,000	3

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
118	CHRISTU.S. Health	U.S.	60,000	1
119	Victor E. Speas Foundation	U.S.	60,000	1
120	Chicago Bar Foundation	U.S.	55,000	1
121	Horizons Foundation	U.S.	52,500	5
122	Gamma Mu Foundation	U.S.	50,800	7
123	Ittleson Foundation	U.S.	50,000	3
124	Doree Taylor Charitable Foundation	U.S.	50,000	2
125	Center for Disaster Philanthropy Inc	U.S.	50,000	1
126	Healing Trust	U.S.	50,000	1
127	Metta Fund	U.S.	50,000	1
128	Mudge Foundation	U.S.	50,000	1
129	Skolnick Family Charitable Trust	U.S.	50,000	1
130	Z. Smith Reynolds Foundation Inc.	U.S.	50,000	1
131	United Way of the Greater Dayton Area	U.S.	48,251	1
132	Omomuki Foundation	U.S.	45,470	7
133	Our Fund	U.S.	45,000	2
134	Champlin Foundations	U.S.	45,000	1
135	Micah 6:8 Foundation	U.S.	45,000	1
136	Johnny Carson Foundation	U.S.	41,000	3
137	Abbott Fund	U.S.	40,000	2
138	Andy Warhol Foundation for the Visual Arts	U.S.	40,000	1
139	John Edward Fowler Memorial Foundation	U.S.	40,000	1
140	La Crosse Community Foundation	U.S.	36,455	1
141	John Steele Zink Foundation	U.S.	36,000	2
142	Carsten E. Jantzen Charitable Trust	U.S.	36,000	1

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
143	CHICAGO DANCERS UNITED	U.S.	35,727	1
144	Annenberg Foundation	U.S.	35,000	2
145	Dyson Foundation	U.S.	35,000	1
146	Joseph H. Wender Foundation	U.S.	35,000	1
147	Avert	U.K.	33,997	2
148	Presbyterian World Service & Development	Canada	31,506	2
149	Hampton Roads Community Foundation	U.S.	31,000	2
150	Dunham Charitable Foundation	U.S.	31,000	1
151	Hattie Mae Lesley Foundation Inc.	U.S.	30,000	1
152	QueensCare	U.S.	30,000	1
153	Robert E. Fraser Foundation	U.S.	30,000	1
154	Marin Community Foundation	U.S.	27,000	2
155	Erickson Family Foundation	U.S.	26,000	1
156	Primate's World Relief and Development Fund	Canada	25,968	3
157	Trust for London	U.K.	25,504	1
158	Austin Community Foundation	U.S.	25,000	2
159	Lafontaine Family Foundation	U.S.	25,000	2
160	Blue Cross and Blue Shield of Minnesota Foundation, Inc.	U.S.	25,000	1
161	Boston Foundation	U.S.	25,000	1
162	Fairfield County's Community Foundation	U.S.	25,000	1
163	Fund for New Jersey	U.S.	25,000	1
164	Grayson Foundation Inc.	U.S.	25,000	1
165	Peter and Carmen Lucia Buck Foundation Inc.	U.S.	25,000	1
166	Ralph Lauren Corporate Foundation	U.S.	25,000	1
167	Robert F. Meagher Charitable Foundation	U.S.	25,000	1

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
168	M O B Family Foundation	U.S.	24,000	2
169	Catawba County United Way	U.S.	23,000	1
170	Trans Justice Funding Project	U.S.	22,500	5
171	John Mondati Foundation	U.S.	20,000	2
172	Flint Family Foundation	U.S.	20,000	1
173	Hartford Foundation for Public Giving	U.S.	20,000	1
174	if, A Foundation for Radical Possibility	U.S.	20,000	1
175	IL EQUAL JU.S.TICE FOUNDATION	U.S.	20,000	1
176	Oregon Community Foundation	U.S.	20,000	1
177	J. W. & H. M. Goodman Family Charitable Foundation	U.S.	18,000	2
178	Oppenstein Brothers Foundation	U.S.	18,000	1
179	Share Our Strength	U.S.	17,684	1
180	Pittsburgh Foundation	U.S.	15,675	3
181	United Way of Southwestern Pennsylvania	U.S.	15,595	1
182	Mile High United Way	U.S.	15,510	1
183	United Way of Anchorage	U.S.	15,218	1
184	Community Initiatives	U.S.	15,000	1
185	Loraine Kaufman Foundation	U.S.	15,000	1
186	M. J. and Caral G. Lebworth Foundation	U.S.	15,000	1
187	Martischang Foundation	U.S.	15,000	1
188	Rosenthal Foundation	U.S.	15,000	1
189	Shelley & Donald Rubin Foundation	U.S.	15,000	1
190	Thomas W. Briggs Foundation Inc.	U.S.	15,000	1
191	Enterprise Holdings Foundation	U.S.	14,000	4
192	Program to Aid Citizen Enterprise	U.S.	14,000	1

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
193	Washington Square Health Foundation	U.S.	13,750	2
194	Saint Paul & Minnesota Foundation	U.S.	12,408	4
195	Community Foundation of Frederick County Inc.	U.S.	12,370	1
196	Halliday Foundation Inc.	U.S.	12,000	1
197	Gilson Family Foundation Inc.	U.S.	11,700	1
198	Albert Lepage Foundation Inc.	U.S.	10,000	1
199	Andrew J. Kuehn Jr. Foundation	U.S.	10,000	1
200	Calvin Klein Family Foundation	U.S.	10,000	1
201	Community Foundation of Western North Carolina	U.S.	10,000	1
202	Curtis W. McGraw Foundation	U.S.	10,000	1
203	Fernandez Foundation Inc.	U.S.	10,000	1
204	Frank L. Weyenberg Charitable Trust	U.S.	10,000	1
205	Grace & Franklin Bernsen Foundation	U.S.	10,000	1
206	Harl & Evelyn Mansur Foundation	U.S.	10,000	1
207	Helen V. Brach Foundation	U.S.	10,000	1
208	Herbert A. & Adrian W. Woods Foundation	U.S.	10,000	1
209	Human Rights Campaign Foundation	U.S.	10,000	1
210	Hyde and Watson Foundation	U.S.	10,000	1
211	Jeffrey C. Kasch Foundation Inc.	U.S.	10,000	1
212	Mazza Foundation	U.S.	10,000	1
213	Medica Foundation	U.S.	10,000	1
214	Melza M. and Frank Theodore Barr Foundation Inc.	U.S.	10,000	1
215	Permanent Endowment Fund of the Moody Memorial First United Methodist Church	U.S.	10,000	1
216	Richard & Ann J. Prouty Foundation	U.S.	10,000	1

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
217	Ross Foundation Inc.	U.S.	10,000	1
218	San Diego Foundation	U.S.	10,000	1
219	Tannenbaum-Sternberger Foundation Inc.	U.S.	10,000	1
220	W. P. & Bulah Luse Foundation	U.S.	10,000	1
221	Wild Geese Foundation Inc.	U.S.	10,000	1
222	Wohlgemuth Herschede Foundation	U.S.	10,000	1
223	Madre	U.S.	9,750	1
224	Danford Foundation	U.S.	9,500	2
225	Missouri Foundation for Health	U.S.	9,450	1
226	United Way of Greater Philadelphia and Southern New Jersey	U.S.	9,159	1
227	Anne and Henry Zarrow Foundation	U.S.	8,800	1
228	Women First International Fund	U.S.	8,700	1
229	Institute for Public Health Innovation	U.S.	8,500	1
230	Target Foundation	U.S.	8,000	1
231	Aspirus Health Foundation	U.S.	7,500	1
232	Coastal Community Foundation of South Carolina Inc.	U.S.	7,500	1
233	Hennepin County Bar Foundation	U.S.	7,500	1
234	McCune Foundation	U.S.	7,500	1
235	Wiesler Family Foundation	U.S.	7,500	1
236	First Community Foundation of Pennsylvania	U.S.	7,000	2
237	Casey Albert T. O'Neil Foundation	U.S.	7,000	1
238	PMTCT Business Leadership Council Foundation	U.S.	6,658	1
239	Kenneth Cole Foundation	U.S.	6,643	2
240	Kimley-Horn Foundation	U.S.	6,600	1
241	Global Impact	U.S.	6,400	1

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
242	Baring Foundation	U.K.	6,376	1
243	Community Foundation Serving Tyne & Wear and Northumberland	U.K.	6,376	1
244	GiveOut	U.K.	6,376	1
245	Guy'S & St Thomas' Charity and Other Related Charities	U.K.	6,376	1
246	Sussex Community Foundation	U.K.	6,274	1
247	Beaver Family Foundation Inc.	U.S.	6,000	1
248	G Winifred Kagwa Charitable	U.S.	6,000	1
249	Hollyfield Foundation	U.S.	6,000	1
250	United Way of Rhode Island Inc.	U.S.	5,378	1
251	David Bohnett Foundation	U.S.	5,350	3
252	Radha G. Laha Foundation	U.S.	5,191	1
253	Acton Family Giving	U.S.	5,000	1
254	Generation IV Charitable Trust	U.S.	5,000	1
255	Giant Eagle Foundation	U.S.	5,000	1
256	Joe C. Davis Foundation	U.S.	5,000	1
257	Jonas Fields Charles Hannagan and David Walters Charitable Foundation	U.S.	5,000	1
258	McKay Family Foundation	U.S.	5,000	1
259	Medtronic Communities Foundation	U.S.	5,000	1
260	Moore Family Foundation	U.S.	5,000	1
261	Morrison Family Foundation	U.S.	5,000	1
262	Myles D. and J. Faye Sampson Family Foundation	U.S.	5,000	1
263	Nora Roberts Foundation	U.S.	5,000	1
264	North Star Fund	U.S.	5,000	1
265	Fullgraf Foundation	U.S.	4,000	2
266	Leo & Rhea Fay Fruhman Foundation	U.S.	4,000	1

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
267	Richard F. Walsh/Alfred W. Ditolla/Harold Spivak Foundation	U.S.	3,750	1
268	Clothworkers' Foundation	U.K.	3,698	1
269	A. Woodner Fund Inc.	U.S.	3,500	2
270	Jessie Smith Noyes Foundation Inc.	U.S.	3,500	1
271	Deupree Family Foundation	U.S.	3,250	1
272	Bess J. Hodges Foundation	U.S.	3,000	1
273	Henry W. & Leslie M. Eskuche Charitable Foundation	U.S.	3,000	1
274	Syd and Jan M. Silverman Foundation Inc.	U.S.	3,000	1
275	Telluride Foundation	U.S.	3,000	1
276	Corymore Foundation	U.S.	2,500	1
277	David and Barbara B. Hirschhorn Foundation Inc.	U.S.	2,500	1
278	Peter and Deborah Lamm Foundation	U.S.	2,500	1
279	Rose E. Tucker Charitable Trust	U.S.	2,500	1
280	S.T.A.R. Foundation Inc.	U.S.	2,500	1
281	Ecotrust Foundation	U.S.	2,250	1
282	Greenspan Foundation	U.S.	2,000	2
283	Price Chopper's Golub Foundation	U.S.	2,000	2
284	Alliant Energy Foundation Inc.	U.S.	2,000	1
285	Arthur S. Karp Family Foundation Inc.	U.S.	2,000	1
286	Foss Family Foundation	U.S.	2,000	1
287	J. Kenneth & Alice Smith Family Foundation	U.S.	2,000	1
288	Jackson Foundation	U.S.	2,000	1
289	Jean and Alvin Sternlieb Foundation Inc.	U.S.	2,000	1
290	Louise H. Moffett Family Foundation	U.S.	2,000	1
291	Merrill Family Charitable Foundation Inc.	U.S.	2,000	1

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
292	Morris Max And Sarah Altman Memorial Trust	U.S.	2,000	1
293	Philip Hohnstein Family Foundation	U.S.	2,000	1
294	Rajiv and Caroline Shah Charitable Foundation Inc.	U.S.	2,000	1
295	London Catalyst	U.K.	1,913	1
296	BBC Children in Need	U.K.	1,830	1
297	Argyros Family Foundation	U.S.	1,500	1
298	Pasquinelli Foundation	U.S.	1,500	1
299	Robert E. Ringdahl Foundation Inc.	U.S.	1,500	1
300	Start It Foundation	U.S.	1,400	1
301	Dennis Edwards & Mark Steinberg Foundation	U.S.	1,200	1
302	Ben & Jerry's Foundation Inc.	U.S.	1,000	1
303	Berkshire Taconic Community Foundation Inc.	U.S.	1,000	1
304	Castaways Foundation	U.S.	1,000	1
305	David E. Maguire Foundation Inc.	U.S.	1,000	1
306	Edina Realty Foundation	U.S.	1,000	1
307	Gelfand Family Foundation Inc.	U.S.	1,000	1
308	Henry G. and Dorothy M. Kleemeier Fund	U.S.	1,000	1
309	Herbert H. Kohl Charities Inc.	U.S.	1,000	1
310	Ira M. Resnick Foundation Inc.	U.S.	1,000	1
311	Ja Roger Jr. Foundation Inc.	U.S.	1,000	1
312	L. & N. Andreas Foundation	U.S.	1,000	1
313	Maxine and Jack Zarrow Family Foundation	U.S.	1,000	1
314	Merrimac Charitable Trust II	U.S.	1,000	1
315	Michael Dunitz Crisis Foundation	U.S.	1,000	1
316	Newpol Foundation Inc.	U.S.	1,000	1

Rank	Funder	Location	Disbursements (US\$)	Number of Grants
317	Robert M. and Joyce A. Johnson Foundation	U.S.	1,000	1
318	Summit Foundation	U.S.	1,000	1
319	Thomas & Elizabeth Brodhead Foundation	U.S.	1,000	1
320	Walser Foundation	U.S.	1,000	1
321	Washington Federal Foundation	U.S.	1,000	1
322	Windcrest Foundation Inc.	U.S.	1,000	1
323	Zufall Family Foundation	U.S.	1,000	1

### NOTE ON MISSING DATA

The majority of private philanthropic funding to address HIV and AIDS in 2020 was captured in the available data. Funders Concerned About AIDS was unable to obtain data from some funders; their disbursements are therefore not included in the report. See more about the potential impact of this on [page 22](#).

- Abbvie Foundation and Abbvie (U.S.)
- Canadian Foundation for AIDS Research (Canada)
- Community Foundation for Greater Atlanta (U.S.)
- ELMA Philanthropies (U.S.)
- Fundo PositHivo (Brazil)
- Johnson & Johnson (U.S.)
- Kaiser Permanente (U.S.)
- Sigrid Rausing Trust
- Solidarité Sida (France)
- Until There's a Cure (U.S.)
- Walgreens (U.S.)
- Walmart Foundation (U.S.)

### Several other HIV-related funders were not included in this report for the following reasons:

- Monument Trust closed after its 2017 grantmaking.
- The Mennonite Central Committee moved away from its prior focus on HIV in health work and no longer has substantial programming in the field of HIV.
- Bristol Myers Squibb Foundation and Bristol Myers Squibb Company ceased submitting data for this report as HIV is no longer their focus.
- The John D. and Catherine T. MacArthur Foundation no longer provides grants related to HIV.
- MTV Staying Alive Foundation no longer provides external grants.
- Verein AIDS Life made their last grants in 2019.



# Appendix 2: Methodology

## SOURCES OF HIV-RELATED GRANTMAKING DATA

This resource tracking report covers HIV-related grant disbursements from all sectors of philanthropy, including private, family and community foundations; public charities; corporate grantmaking programs (corporate foundations and direct-giving programs); philanthropies supported by lotteries; and fundraising charities. Data is included for 323 grantmaking entities, which Funders Concerned About AIDS (FCAA) gathered from a variety of sources: (1) grants lists sent from funders and direct communications with funders; (2) funder websites, grants databases, annual reports and Internal Revenue Service Form 990 returns; (3) the grant database maintained by Candid; and (4) grants received by the Funders for LGBTQ Issues that were flagged as HIV-related. FCAA believes that this multifaceted approach arrives at a more comprehensive dataset of HIV-related funders than could be accomplished using any single data source or any single method of calculation.

### Private vs. Public Income

Some of the funders in this report receive income from various governments to address HIV projects and grants. While we acknowledge that such partnerships and projects are extremely valuable in allocating resources effectively, we did not include income received from governments in the total funding amounts because this report attempts to focus exclusively on private philanthropy.

### Currencies

The baseline currency for this report is the U.S.

dollar. However, funders reported expenditures in various currencies. This necessitated the use of exchange rates; the rates used consistently throughout this report were from XE.com as of January 31, 2022.

### Calculations of Regranting

To avoid counting the same funds twice, the FCAA data is adjusted to account for regranting. Regranting refers to funds given by one FCAA-tracked grantmaker to another for the purposes of making HIV-related grants. The 2020 aggregate total grantmaking for all funders was adjusted downward by \$30,518,323 to account for regranting.

### Funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria

Private philanthropic funders have long played an important role for the Global Fund to Fight AIDS, Tuberculosis and Malaria, not only in financial contributions but also in governance, support for advocacy, and pro bono services and partnerships. Funders tracked in this report, including the Bill & Melinda Gates Foundation, the Children's Investment Fund Foundation, and Comic Relief are some foundations that made contributions to the Global Fund in 2020.<sup>24</sup> The Global Fund accepts donations as cash and promissory notes. In the case of promissory notes, funding is not necessarily withdrawn for use by the Global Fund the year the grant is disbursed by a funder; instead, it is subject to the Global Fund's decision-making on timing of usage. Despite the value of these contributions, we removed philanthropic funding to address HIV and AIDS to the Global Fund from this report and previous reports due to these difficulties.

### Other Sources of Support

In-kind donations, technical assistance, private individual donations, workplace programs that provide HIV-related services to employees, volunteer efforts by corporate employees, matching donations programs, cause-related marketing, and direct services provided by hospitals, clinics, churches and community health programs all represent other sources of HIV-related funding, goods and services that are difficult to identify and/or quantify. Even so, their contributions are highly valuable.

### Analysis

FCAA asked grantmakers for information about calendar-year disbursements related to HIV in 2020. A disbursement is the amount of funding expended on grants/projects in a given year and may also include funding from commitments made in prior years. A grants list template was sent to funders when grants information was not publicly accessible. The template included questions about the grantee, amount of their grant in 2020, geographical area of benefit and a grant description. FCAA staff determined the intended use and target populations of each grant from the grant description. FCAA was intentionally inclusive and broad, acknowledging that such efforts often overlap with many other issue areas of philanthropy. Therefore, for some respondents, we included or excluded grants and projects that were not wholly focused on HIV-related efforts. In some cases, we included only a percentage of the total grant to account for programs that had a partial impact on the HIV community. HIV-related grants from foreign offices of foundations that operate internationally were counted as coming from the country where their main headquarters are located.

## INTENDED USE AND TARGET POPULATIONS

FCAA has changed the way it tracks both target populations and intended use. In the past, we attributed grants to only one population and

intended use category. However, with our new capacity to code grants directly, we are able to identify every population or strategy included within a grant focus. In those incidences, we counted the total amount of the grant in each intended use category. For example, the entire amount of a grant for retention in care would be counted toward both treatment (medical care) and social services (nonmedical case management).

### Intended Use Categories

- **Research:** Medical, prevention and social science research.
- **Treatment:** All medical care (clinic-, community- and home-based care) and drug treatment (antiretroviral and opportunistic infection treatment), end-of-life/palliative care, laboratory services and provider/patient treatment information.
- **Prevention:** HIV testing, voluntary counseling and testing, harm reduction, male circumcision, pre-exposure prophylaxis (PrEP), sexually transmitted infection prevention and health-related awareness/education/social and behavior change programs.
- **Advocacy:** Activities to reduce stigma and discrimination, as well as to develop a strong HIV constituency and enhance responses to HIV; provision of legal services/other activities to promote access and rights; AIDS-specific institutional development/strengthening; work to reduce gender-based violence; and production of films and other communications to increase general awareness of HIV and AIDS.
- **Social Services:** HIV-related housing, employment, food and transportation assistance; cash transfers/grants to individuals; daycare; income-generation and microfinance programs; psychological/spiritual support and peer support groups; case management services; and access-to-care case management services.

- **Administration:** Monitoring and evaluation, facilities investment, management of AIDS programs, planning, patient tracking, information technology, strengthening logistics and drug supply systems.
- **Human Resources:** Training, recruitment and retention of healthcare workers; direct payments to healthcare workers; and continuing education for healthcare workers.
- **Prevention of Pediatric HIV Infection:** Counseling, testing, and treatment of mothers and their newborns toward elimination of perinatal HIV transmission (i.e., the elimination of HIV transmission during pregnancy, labor, and/or breastfeeding), early infant diagnosis and antiretroviral treatment, safe infant feeding practices and delivery, and other services that prevent and treat pediatric HIV.
- **Other:** Funding that was unspecified and for projects that did not fall under the predetermined categories, such as support for health systems strengthening, fundraising events and activities, conference support, sector transformation and AIDS walks.
- **Orphans and Vulnerable Children:** Holistic provision of education, basic healthcare, family/home/community support, social services and institutional care for children orphaned or made vulnerable by HIV and AIDS, in lieu of parental support.
- **COVID-19/Emergency Response:** Emergency funds to support economic hardships caused by the COVID-19 pandemic, including housing/food support, staff pay to keep organizations operating, technology and capacity needs to transition to virtual services, transportation to access medical services or medication delivery for people in isolation, personal protective equipment, COVID-related research, as well as any grants that were specified by funder as related to or impacted by the COVID-19 pandemic.

## GLOBAL GEOGRAPHICAL DEFINITIONS

For international and regionally focused HIV-related grantmaking, FCAA requested data about where the grantee was located and used the following regions, as defined by the United Nations Programme on HIV/AIDS:

### Caribbean:

Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Cuba, Dominica, Dominican Republic, Grenada, Guadeloupe, Guyana, Haiti, Jamaica, Martinique, Montserrat, Netherland Antilles, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands

### Latin America:

Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, French Guiana, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela

### Western and Central Europe:

Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, Vatican City

### Eastern Europe and Central Asia:

Armenia, Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, North Macedonia, Malta, Moldova, Poland, Romania, Russian Federation, Serbia and Montenegro, Slovakia, Slovenia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

### Western and Central Africa:

Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo (Brazzaville), Democratic Republic of the Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea (Conakry),

Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome, Senegal, Sierra Leone, Togo

### Eastern and Southern Africa:

Angola, Botswana, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Reunion, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Swaziland, Uganda, Tanzania, Zambia, Zimbabwe

### North Africa and the Middle East:

Afghanistan, Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestinian Territories, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen

### South Asia and the Pacific:

Australia, Bangladesh, Bhutan, Fiji, India, Maldives, Nepal, New Zealand, Pakistan, Papua New Guinea, Samoa, Sri Lanka, Timor-Leste

### East Asia and Southeast Asia:

Brunei Darussalam, Cambodia, China, Indonesia, Japan, Laos, Democratic People's Republic of Korea (North), Korea, Malaysia, Mongolia, Myanmar, Philippines, Singapore, Taiwan, Thailand, Vietnam

## U.S. GEOGRAPHICAL DEFINITIONS

For domestic U.S. grantmaking, FCAA requested regional data based on five U.S. subregions, as defined by the U.S. Census Bureau, and used by the U.S. Centers for Disease Control and Prevention and other federal agencies. These subregions were as follows:

### Northeast:

Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

### South:

Alabama, Arkansas, District of Columbia, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia

### Midwest:

Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin

### West:

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

### U.S. Territories:

Puerto Rico, U.S. Virgin Islands

### U.S. National:

Not specific to a state or region



# Endnotes

- 1 The chart shows aggregate funding disbursements per year for all funders. Data for funders based outside of the U.S. and European Union is not available for 2007-2011, as FCAA only began tracking them as of 2013 with data from 2012. Additionally, totals for 2007-2019 were recalculated using the same exchange rates that were used throughout this report.
- 2 Global Network of Sex Work Projects (NWSW). Briefing Paper #1: PEPFAR and sex work. Edinburgh, Scotland: NWSW; 2011. <https://nswp.org/resource/nswp-publications/pepfar-and-sexs-work>
- 3 Regranting between funders tracked by FCAA was not removed for this table.
- 4 Please note that the 2020 dollar amount reported by Open Society Foundations reflects grants that addressed HIV and AIDS and were funded by the Open Society Foundations' Thematic and Regional Programs. Our systems do not capture grants made by all of our national or regional foundations within the Open Society Foundations Network, thus it is possible that those foundations may also have provided HIV-related funding in 2020. While OSF does not publicly disclose grant-level details about their global grant-making due to security concerns, a partial listing of grant activity is available on their website: <https://www.opensocietyfoundations.org/grants/past>
- 5 The Henry J. Kaiser Family Foundation (KFF), Joint United Nations Programme on HIV/AIDS (UNAIDS). *Donor Government Funding for HIV in Low- and Middle-Income Countries in 2020*. San Francisco: KFF; 2020. <https://www.kff.org/global-health-policy/report/donor-government-funding-for-hiv-in-low-and-middle-income-countries-in-2020/>
- 6 Funding directed toward a global audience is also included in FCAA's private philanthropy total for LMIC, because much of that funding includes international campaigns that focus heavily on the Global South and key population networks that engage in advocacy work with populations around the world, especially in LMIC. FCAA's private philanthropy total for LMIC also includes HIV vaccine/cure/prevention research, which will ultimately impact LMIC. This analysis includes non-country-specific funding to regions with predominately LMIC, unlike the country-specific LMIC analysis in the report, which only looks at country-level funding.
- 7 This chart examines funding for responses to the HIV and AIDS epidemic in LMIC for 2020, according to available data from UNAIDS and the Henry J. Kaiser Family Foundation. The UNAIDS analyses focus specifically on LMIC where the vast majority of people with HIV live. For an analogous comparison, FCAA excluded private philanthropic funding for high-income countries in this chart.
- 8 World Bank. World Bank country and lending groups. Accessed July 2020. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>
- 9 UNAIDS' estimate of \$21.7 billion is presented in 2020 U.S. dollars and includes funding provided by donor governments as well as other multilateral institutions, United Nations agencies and foundations. FCAA has presented the total for 2020 philanthropic funding for HIV and AIDS in LMIC as a subset of the UNAIDS total estimate in order to calculate these percentages.

Sources: The Henry J. Kaiser Family Foundation (KFF), Joint United Nations Programme on HIV/AIDS (UNAIDS). *Donor Government Funding for HIV in Low- and Middle-Income Countries in 2020*. San Francisco: KFF; 2020. <https://www.kff.org/global-health-policy/report/donor-government-funding-for-hiv-in-low-and-middle-income-countries-in-2020/>.

Joint United Nations Programme on HIV/AIDS (UNAIDS). *With the Right Investment, AIDS Can Be Over – A US\$ 29 Billion Investment to End AIDS by the End of the Decade*. Geneva: UNAIDS; 2021. [https://www.unaids.org/en/resources/documents/2021/JC3019\\_InvestingIntheAIDSresponse](https://www.unaids.org/en/resources/documents/2021/JC3019_InvestingIntheAIDSresponse)

- 10 Joint United Nations Programme on HIV/AIDS (UNAIDS). *UNAIDS Data 2021*. Geneva: UNAIDS, 2021. [https://www.unaids.org/en/resources/documents/2021/2021\\_unaids\\_data](https://www.unaids.org/en/resources/documents/2021/2021_unaids_data)
- 11 For a list of countries included in each region category, please see the methodology in Appendix 2.
- 12 Some population of focus amounts add up to more than the regional total because one grant may target several populations. In that case, the entire amount of the grant is applied to each.
- 13 Only country-level data is included in this chart. Some regional funding could not be disaggregated by country, as many regions are a mix of low-, middle- and high-income countries.
- 14 AIDSvu.org. 2019 HIV prevalence [data set]. <https://map.aidsvu.org/map>
- 15 U.S. Centers for Disease Control and Prevention. Ending the HIV Epidemic in the U.S. (EHE) – Jurisdictions. Updated September 7, 2021. Accessed March 31, 2022. <https://www.cdc.gov/endinghiv/jurisdictions.html>
- 16 The overall amounts here add up to more than the \$707 million that funders reported giving for HIV and AIDS work

in 2020, because many individual grants target multiple categories. In that case, the total amount of the grant was counted in each intended use category. For example, the entire amount of a grant for retention in care would be counted toward both treatment (medical care) and social services (nonmedical case management).

- 17 Candid. Foundation Maps – 2020 Global. Accessed March 31, 2022. <https://maps.foundationcenter.org/#/map/>
- 18 Funders Concerned About AIDS. *Making the Case for Greater Investment in Community Rooted Funders*. FCAA; 2021. <https://www.fcaaid.org/community-rooted-funders/>
- 19 The Office of the High Commissioner for Human Rights, Policy Guidelines for Inclusive Sustainable Development Goals, Good Health and Well-being, 2021, Advance version). <https://www.ohchr.org/sites/default/files/Documents/Issues/Disability/SDG-CRPD-Resource/policy-guideline-good-health.pdf>
- 20 The General Population category was used for grants such as research and prevention/awareness grants that target all populations. The People Living With HIV population category was used for grants targeted toward people living with HIV where a specific subpopulation was not applicable. The population LGBTQ (General) was used for grants where only a general LGBTQ population was targeted. For grants that targeted specific groups within this category (men who have sex with men, transgender people), please see those specific categories. The Orphans and Vulnerable Children category is included as a population group separate from Children (ages 0–14) as certain grants target orphans and vulnerable children specifically, whereas others target children in general. The Key Populations (unspecified) category refers to those most likely to be exposed to HIV, and thus their engagement is critical to a successful HIV response.
- 21 The overall amounts presented here add up to more than the \$707 million that funders reported giving for HIV and AIDS work in 2020. This is because many individual grants target multiple populations, and such funding could not be disaggregated to the different populations. In that case, the total amount of the grant was counted in each population.
- 22 Funders Concerned About AIDS. *Racial Justice in HIV Philanthropy Guiding Principles*. FCAA; 2021. <https://www.fcaaid.org/support/racial-justice-principles/>
- 23 The majority of UHAIs funding data came in after our report was complete, so the bulk of it was not included in the report analysis, but is listed accurately in Appendix 1.
- 24 The Global Fund to Fight AIDS, Tuberculosis and Malaria. *The Global Fund 2020 Annual Financial Report*. Geneva: Global Fund; 2020. [https://www.theglobalfund.org/media/10854/corporate\\_2020annualfinancial\\_report\\_en.pdf](https://www.theglobalfund.org/media/10854/corporate_2020annualfinancial_report_en.pdf)



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