



Funders Concerned About AIDS
Supporting HIV-Informed Grantmaking
for Health, Rights, and Justice for All



HIV PHILANTHROPY FOR CHILDREN & YOUTH

Addressing the needs of children and adolescents is a cornerstone of global goals to end AIDS by 2030. This broad effort is focused on eliminating vertical transmission of HIV, preventing infection amongst older children, including adolescent girls, increasing access to testing and treatment, suppressing the viral load of children and adolescents living with HIV, and tackling the social and economic inequalities experienced by HIV-affected children and their caregivers.

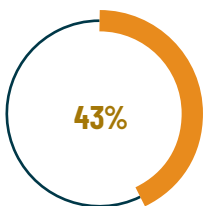
Yet, we are far off track from meeting the global goals for children and adolescents committed to in the Global AIDS Strategy. Indeed, in many countries progress is slowing or even reversed.

8x

The number of new HIV infections amongst children is more than **eight times** the global target.



Every **two minutes** an adolescent girl or young woman is newly infected with HIV.¹



Almost half (43%) of children living with HIV are not on treatment.²



While children represent only 4% of people living with HIV, they account for **13%** of AIDS-related deaths.²

Funders Concerned About AIDS (FCAA) is partnering with The Coalition for Children Affected by AIDS to bring together our data to renew philanthropic attention to this critical gap.

This infographic—distilled from FCAA’s resource tracking report, *Philanthropic Support to Address HIV and AIDS in 2021*—provides a deep-dive into how HIV-related philanthropy is, or is not, addressing the needs of children and youth.

IN 2021:

\$130,872,864

OF HIV-RELATED PHILANTHROPY SUPPORTED CHILDREN AND YOUTH*



**THIS IS 19%
OF TOTAL HIV
PHILANTHROPY
IN 2021**

FUNDING DISTRIBUTION:



77
grantmakers



1,129
grants given



757
grantee orgs

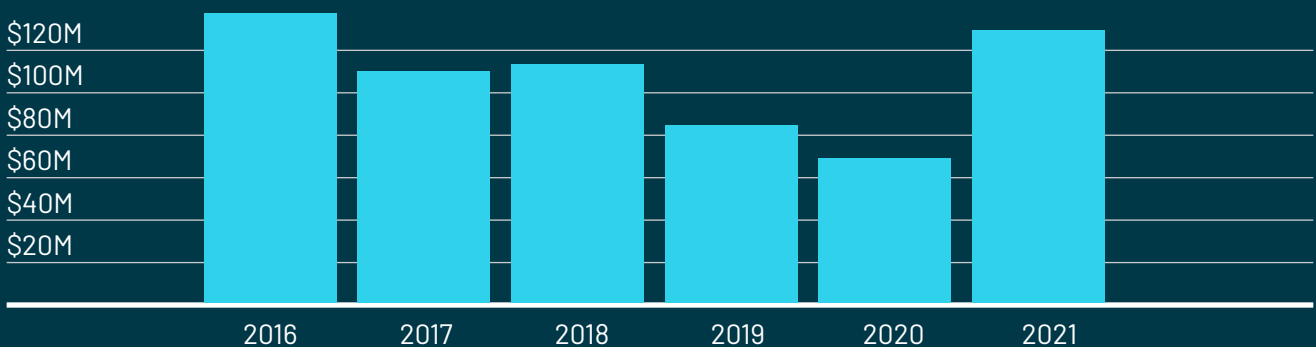
*To fully capture philanthropic resources that are directed to the broad array of services required to adequately address HIV and AIDS among children and youth, FCAA is analyzing grants that reach the following population groups: children (0-14), youth (15-24), orphans and vulnerable children, and pregnant women/ mothers & babies. These four groups will be collectively referred to as “Children & Youth” throughout.

FUNDING OVER TIME

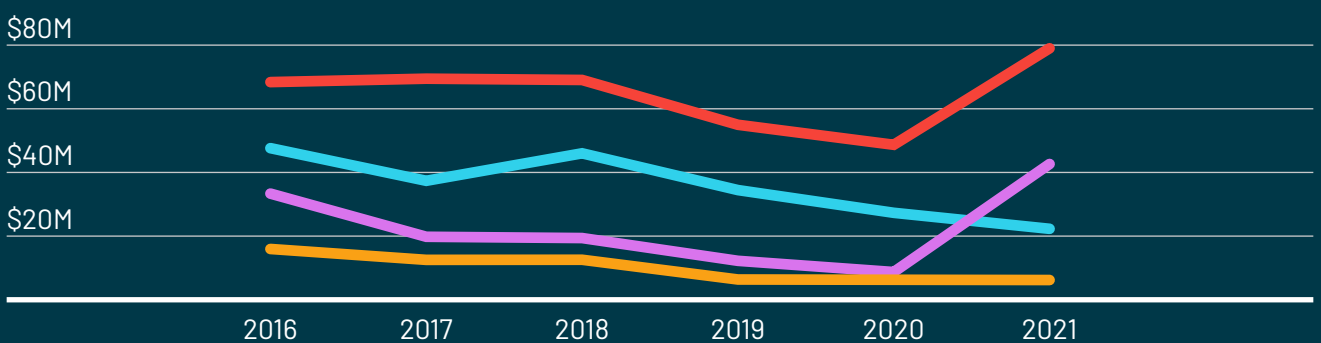
Overall HIV-related philanthropy for children and youth has decreased by 5% since 2016, although after years of decline, there was a significant 90% increase from 2020 to 2021. This increase was predominately seen within funding to youth and pregnant women/mothers & babies, the latter tied to a Donor Advised Fund through the Silicon Valley Community Foundation. The increase in funding to youth was due primarily to a major grant from the Bill and Melinda Gates Foundation focused on research for prevention methods for adolescent girls and young women.

Even at its highest level (2016) this funding has represented at most only 21% of total HIV-philanthropy in a given year.

OVERALL HIV PHILANTHROPY FOR CHILDREN AND YOUTH: 2016-2021*



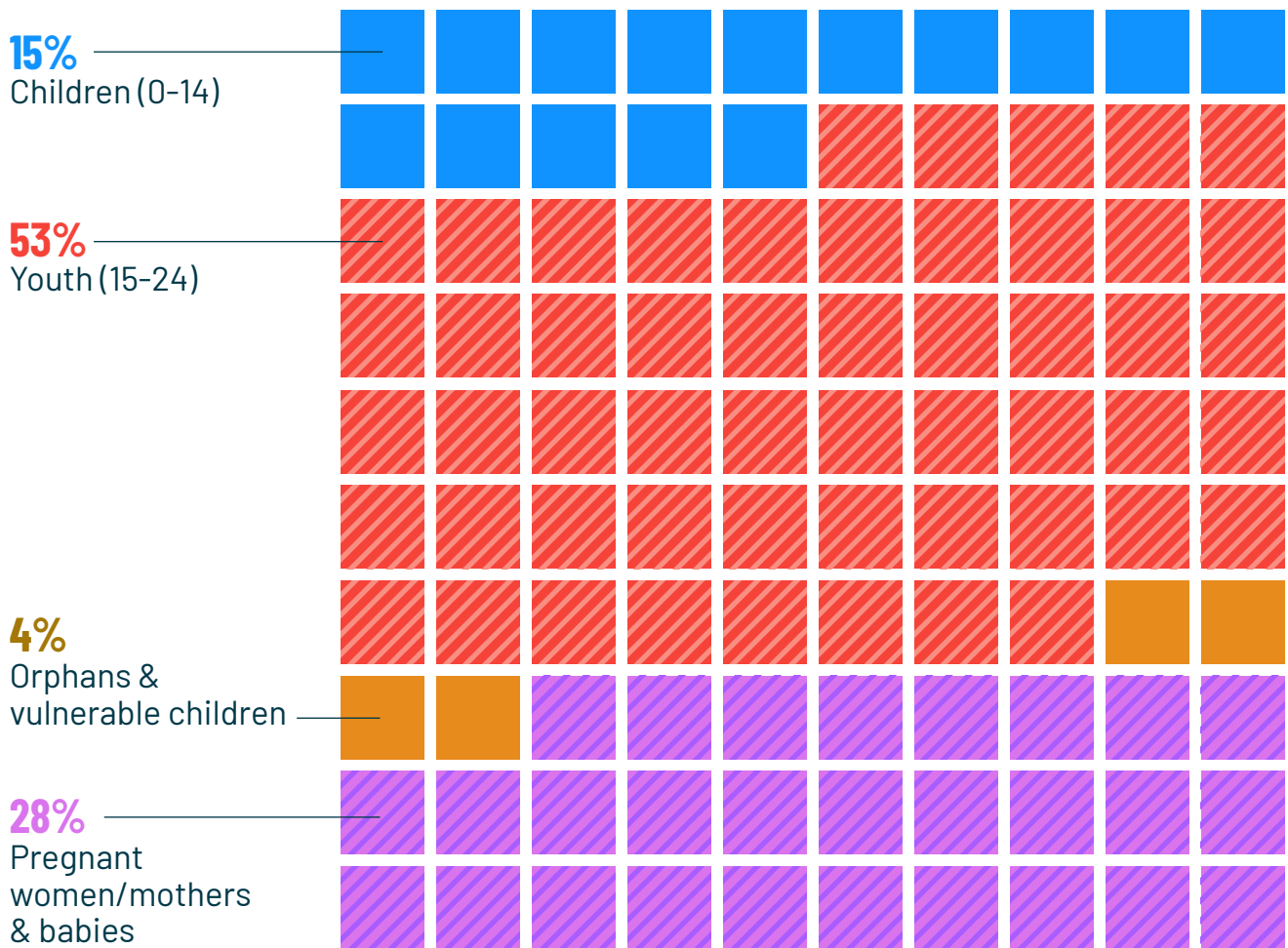
OVERALL HIV PHILANTHROPY FOR CHILDREN AND YOUTH BY POPULATION: 2016-2021*



■ Youth (15-24) ■ Children (0-14) ■ Pregnant women/mothers & babies ■ Orphans & vulnerable children

*The two charts above examine trends in HIV-related philanthropy for children & youth from 2016 to 2021. The first analysis provides a cumulative view of overall funding to children & youth, where grants that may have been directed to the multiple populations included within this category have been de-duplicated. This means, for example, if a grant supported both children (0-14) and youth (15-24), the total would only be counted once. Whereas, when looking at the individual population chart, that grant would be counted in full for each group. This results in the totals in the cumulative chart being lower than the sum of the individual population groups.

DISTRIBUTION BY POPULATIONS OF FOCUS



ADOLESCENT GIRLS AND YOUNG WOMEN

\$47 million (or 36%) of HIV-related philanthropy for children and youth had a specific focus on adolescent girls and young women. According to the Coalition, adolescent girls continue to be particularly at risk of acquiring HIV due to broader inequalities. Every week, 4,000 adolescent girls and young women acquired HIV, in 2022.³

COVID-19 has driven large increases in teen pregnancy, intimate partner violence, gender-based violence and child marriage amongst adolescent girls and young women, which in turn has increased their likelihood of acquiring HIV by 1.5 times.⁴

INTENDED USE

Children and adolescents need holistic support tailored to their evolving needs. This includes both biomedical supports—such as optimal treatment regimens, long-acting PrEP (pre-exposure prophylaxis), early infant diagnosis, point of care testing, and family-based index testing—and social and economic supports that improve their overall living conditions and overcome barriers to HIV prevention, treatment and care. In particular, social protection and targeted support to improve their mental health, early childhood development, and gender equality. Children and youth also need to be supported to advocate against exclusion and harmful social norms that increase the risks of HIV. Support is most effective when delivered by peers, community health workers and other frontline service providers, and in one joined up system with different sectors working together.

INTENDED USE OF HIV PHILANTHROPY TO CHILDREN & YOUTH*

Prevention	\$61,964,030
Prevention of pediatric HIV infection	\$37,578,672
Research	\$37,560,123
Social Services	\$25,964,678
Advocacy	\$23,271,174
Treatment	\$18,899,942
Administration	\$4,661,104
Orphans & vulnerable children	\$4,648,709
Human resources	\$2,197,539
Other	\$2,309,365

*Many individual grants target multiple categories and populations. In those cases, the total amount of the grant is counted for each category or population. For example, the entire amount of a grant for PrEP-related research will be counted for both prevention and research.

WHY IS FUNDING FOR ADVOCACY IMPORTANT?

Just 17% of HIV-related philanthropy for children and youth in 2021 included a focus on advocacy. The Coalition underscores why it is critical to increase those resources:

Advocacy is vital to ensure that efforts prioritize children and adolescents ordinarily left behind. This includes, adolescent parents affected by HIV and their children, the children of key populations, and other children and adolescents experiencing poverty and exclusion. Building an AIDS-free generation means equipping them, their caregivers, and their service providers with the skills, resources, and opportunities to prevent and respond to the disease. It means creating an enabling environment in which laws, policies and social norms prioritise and support those left behind. And where they take leadership roles in the design and delivery of services, and in challenging stigma and discrimination against them. Accessible and resourced health care programs designed specifically to address their needs are more critical than ever.

Excerpt from: *Advocacy Messages on Children and Adolescents Affected by HIV*⁴

STRATEGY SPOTLIGHT

The following offers deeper insight into critical strategies that HIV-related philanthropy supported for children and youth in 2021. According to the Coalition, emerging data indicates that COVID-19 contributed to increases in “orphanhood, early pregnancy, sexual and gender-based violence, and mental health concerns during the COVID-19 pandemic,” all of which impact children and youth staying in school – an important factor in HIV control.⁴

STRATEGY	TOTAL CHILDREN & YOUTH FUNDING	PERCENT OF CHILDREN & YOUTH FUNDING
COVID-19 Efforts	\$8,853,013	7%
General Operating/ Core Support	\$6,038,747	5%
Capacity Building/ Leadership Development	\$12,870,927	10%
PrEP	\$37,438,243	29%

TOP 10 FUNDERS OF CHILDREN & YOUTH

- 1** **BILL & MELINDA GATES FOUNDATION**
- 2** **SILICON VALLEY COMMUNITY FOUNDATION**
- 3** **GILEAD SCIENCES, INC.**
- 4** **VIIV HEALTHCARE**
- 5** **STEPHEN LEWIS FOUNDATION**
- 6** **CHILDREN'S INVESTMENT FUND FOUNDATION**
- 7** **FXB INTERNATIONAL**
(ASSOCIATION FRANÇOIS-XAVIER BAGNOUD)
- 8** **CONRAD N. HILTON FOUNDATION**
- 9** **WELLCOME TRUST**
- 10** **MAC VIVA GLAM FUND**

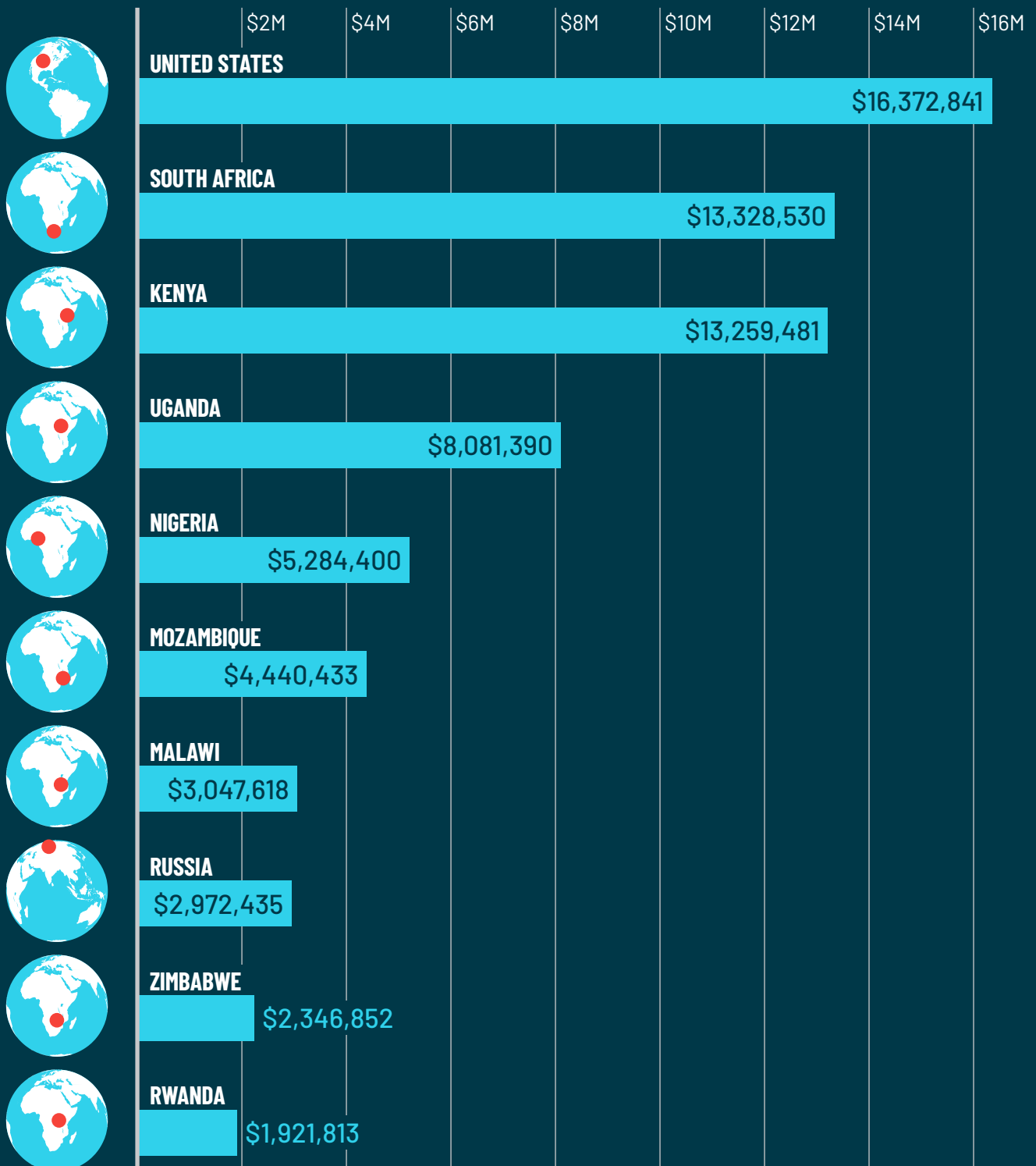


of HIV philanthropy for children & youth came from the top 10 donors.

GEOGRAPHIC FOCUS

The U.S. was the top recipient country, receiving roughly 13% of total funding, more than half of which targeted youth (15-24), particularly young LGBTQ or BIPOC communities. Added together, countries in Eastern and Southern Africa received more than half of all HIV philanthropy for children and youth globally (\$72 million).

TOP 10 COUNTRIES RECEIVING HIV PHILANTHROPY FOR CHILDREN & YOUTH



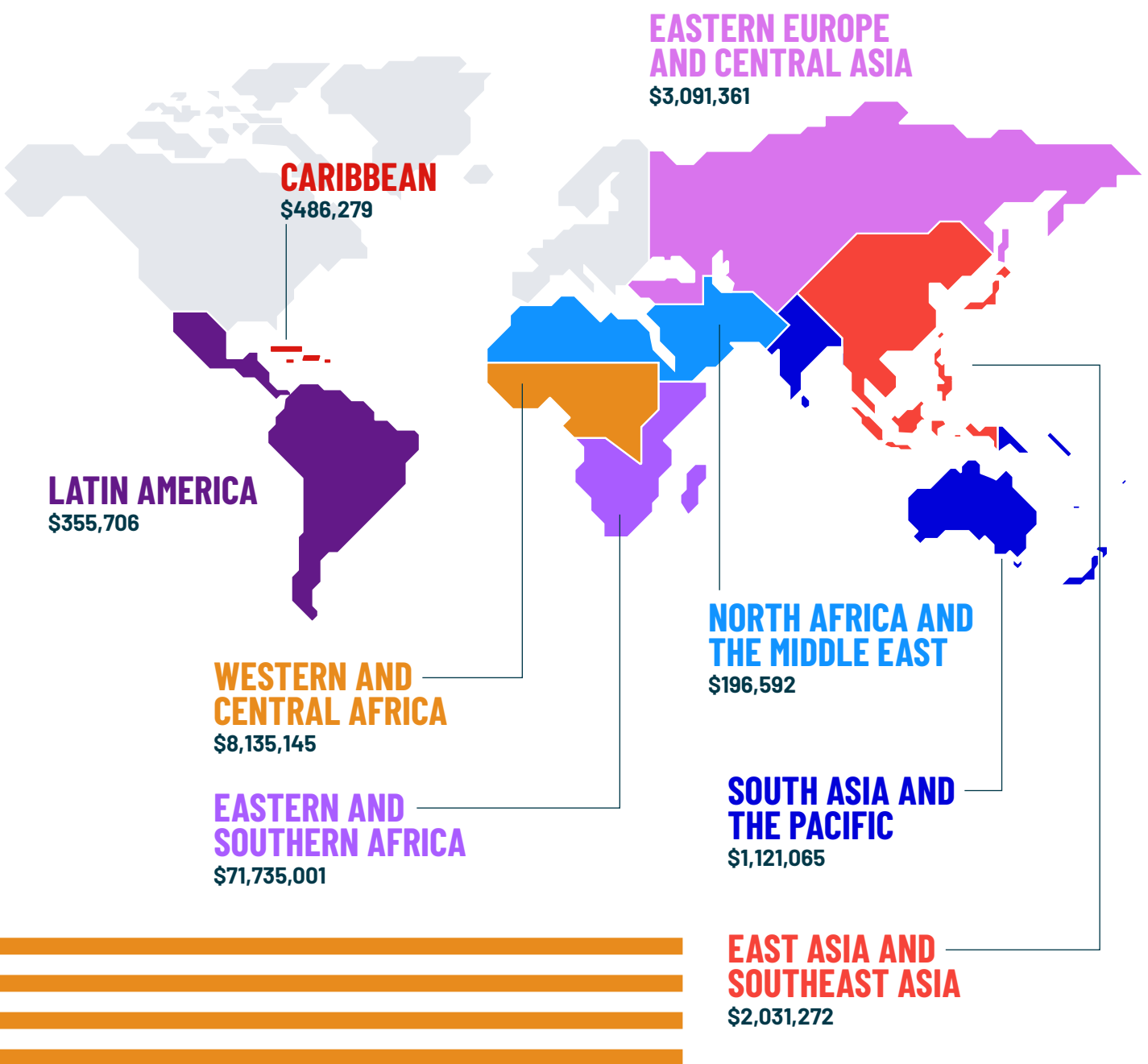
FUNDING GAPS IN LOW- AND MIDDLE-INCOME COUNTRIES

Total HIV-related philanthropy for children & youth reaching low- and middle-income countries (LMIC) and regions totaled almost \$82 million, or 63% of all HIV-related philanthropy for these populations.



of funding went to LMICs.

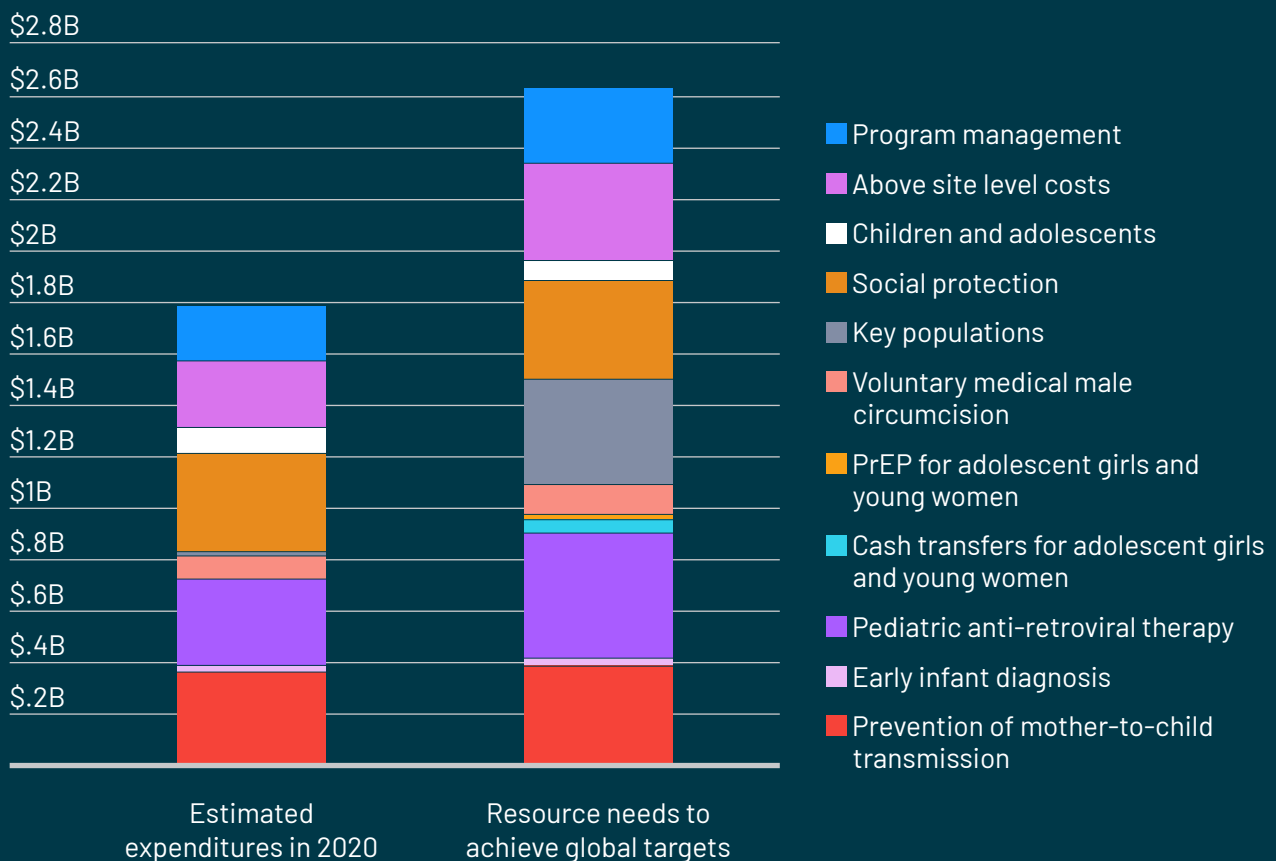
REGIONAL DISBURSEMENT OF HIV PHILANTHROPY TO LOW- AND MIDDLE-INCOME COUNTRIES



FUNDING GAPS IN LMIC TO ACHIEVE GLOBAL AIDS TARGETS 2021 - 2026⁵

Research by the Coalition into overall global expenditures reveals a **funding gap of around \$1 billion for achieving Global AIDS targets for children and adolescents.**⁶ Around \$1.8 billion is spent where as 2.7 billion is required. Of this, \$160 million more is needed for biomedical support (including preventing vertical transmission, early infant diagnosis, ART and voluntary male circumcision). And roughly \$410 million more is needed specifically for children and adolescents from key populations.

Importantly, it is not just the lack of funding that impedes progress. Finding the missing children living with HIV, and addressing the lack of political will, legal barriers and persistent stigma and discrimination against children and adolescents affected by HIV all require attention, alongside more funding.



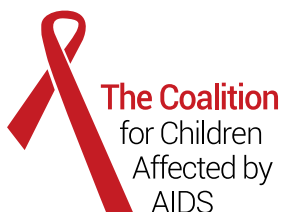
A CALL TO ACTION FROM THE COALITION

Private trusts and foundations, alongside donors and governments, must urgently commit to fill the funding gaps. Improving financial transparency and accountability for children and adolescents is also key to ensuring that money is invested wisely. It is also vital to strengthen the voices of children, adolescents, caregivers, and those who deliver services in monitoring and making decisions regarding funds. Progress is possible even where funding is scarce by, for example:

- making children and adolescents affected by HIV a political priority;
- supporting locally-led decision making on investments;
- ring-fencing funds for them within existing budgets;
- tracking and reporting on funding for them;
- prioritizing those left furthest behind;
- and sharing costs with those seeking stronger systems for health.

ENDNOTES

- 1 UNAIDS (2022) *In Danger UNAIDS Global Update, 2022* <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>
- 2 UNAIDS (2023) *The Path that ends AIDS: The Global AIDS Update, 2023* <https://www.unaids.org/en/resources/documents/2023/global-aids-update-2023>
- 3 UNAIDS (2023) *World AIDS Day 2023 Fact Sheet*. https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf
- 4 The Coalition for Children Affected by AIDS (2022). *Advocacy Messages on Children and Adolescents Affected by HIV*. <https://childrenandhiv.org/wp-content/uploads/2022/07/The-Coalition-Advocacy-Messages.pdf>
- 5 Avenir Health analysis for The Coalition for Children Affected by AIDS. September 2022.
- 6 Stover, J, Csaky, C. et al (2022) *Donor Commitments to Children & Adolescents Affected by HIV, The Coalition for Children Affected by AIDS* <https://bit.ly/DonorPolicyReport>



This Data Spotlight was written in 2024 by Caterina Girona, Sarah Hamilton & Corinna Csaky for Funders Concerned About AIDS (www.fcaaid.org) and the Coalition for Children Affected by AIDS (www.childrenandHIV.org).