Converging Epidemics: COVID-19, HIV & Inequality

Community-led Lessons for Funders

FCAA

ELTON JOHN
AIDS FOUNDATION

ACKNOWLEDGMENTS

Common Abbreviations

ARV	Antiretroviral
BIPOC	Black, Indigenous and People of Color
CBO	Community-based organization
CSO	Civil society organization
COVID-19	Coronavirus disease
FCAA	Funders Concerned About AIDS
GBV	Gender-based violence
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
LGBTQ	Lesbian, gay, bisexual, transgender, and queer
Learning Group	COVID-19 Learning Group
MSF	Médecins Sans Frontières
NGO	Non-governmental organizations
PLWH	People living with HIV
PEPFAR	President's Emergency Plan For AIDS Relief
PrEP	Pre-Exposure Prophylaxis
PPE	Personal protective equipment
SRHR	Sexual and reproductive health and rights
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
U.S.	United States

TABLE OF CONTENTS

EXECUTIVE SUMMARY

"What we are seeing is confirmation that the communities we serve are vulnerable and the systems are fragile. It is necessary to think differently about what communities need to flourish."

- Executive Director, U.S. HIV/AIDS network

This report—commissioned by Funders Concerned About AIDS (FCAA) in partnership with the Elton John AIDS Foundation (EJAF)—highlights how marginalized communities have been impacted by COVID-19 in the U.S. and globally and what their key evolving needs have been as the pandemic has progressed; provides reflections on lessons learned from private funders' emergency COVID-19 response; and presents a set of recommendations for funders, global health institutions, and governments—including the new U.S. administration—for their efforts going forward. The learning and recommendations are based upon and informed by a review of surveys, reports, and rapid assessments produced by HIV-related funders, philanthropy-serving organizations (PSOs), research institutions, and global, regional, and national networks representing the populations of focus[1] for the learning effort, as well as over 30 interviews with funders, networks, community-based organizations (CBOs), and individual activists, which were conducted by an external consultant team from November 2020 to February 2021.

The **key underlying theme** running through-out this report, and the most commonly expressed reflection from CBOs, networks, and the funders who support them, **is that the challenges and stresses highlighted by the pandemic are not new for people living with or at risk of HIV, especially in the case of LGBTQ individuals and communities of color in the U.S. and key populations globally.** These challenges reflect the structural, systemic issues that have disproportionately affected these communities for decades, and continue to do so.

The pandemic has deepened existing inequalities and vulnerabilities but did not create them. During the first 12 months of COVID-19, marginalized and criminalized communities have struggled first and foremost with basic survival needs—food, shelter, cash—which funders have tried to partially address through emergency grantmaking, especially as these groups have largely been excluded from governmental humanitarian responses. Governments and philanthropic entities seemed to have minimal communication, particularly in the U.S. context, causing overlaps in funding in some areas, while leaving other important areas unfunded.

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[1] As described in greater detail in the report, information gathering for this learning effort focused on the following communities: in the global context, LGBTQ people, sex workers, women who use drugs, and young people, and in the U.S., black gay and same gender loving men, Black women and transgender women of color.   Reflections on the impact of COVID on intersecting communities, including migrants and immigrants, and people in prison settings are included, but could not be covered comprehensively due to the time frame for this work.

Key Needs of Communities during the COVID-19 Pandemic

The long-term impact of disruptions in access to essential health services during lockdowns, including harm reduction, sexual and reproductive healthcare, and HIV prevention, testing, and treatment programs, is still unknown. Governments in many regions are using COVID-19 as a pretext to introduce even more repressive policies and criminal measures towards sex workers, people who use drugs, LGBTQ people, migrants, and other vulnerable groups who are also bearing the brunt of COVID-19 restrictions on trade, movement, and health services access.

Other key and evolving needs during the pandemic that, if left unaddressed, will continue to have a devastating impact on the health, well-being, and human rights of people at risk of or living with HIV include: increased **mental health issues** (anxiety, depression, trauma), **gender-based violence (GBV)** and violence at the hands of law enforcement and security structures, as well as **lack of access to technology** for information, care and services which have increasingly shifted on-line. Throughout this period, communities and CBOs have demonstrated incredible resilience, flexibility, and creativity in meeting their own needs—as they always have—and examples are shared in this report.

It is hoped that the findings and recommendations in this report, many of which stem from what marginalized communities have themselves asked for over many years, can serve as a call to action for funders and other actors in the HIV response to "do things differently," as the environment continues to shift rapidly. Many communities and CBOs are struggling to survive as resources—already severely limited for populations most at risk of HIV—are shifting to COVID response and longer-term health preparedness and security.

COVID-19 has laid bare the consequences of siloed philanthropy and the imperative to accelerate intersectional, multi-level work, with particular attention to integrating the HIV and COVID responses with racial justice efforts in the U.S. While the report highlights many positive and responsive funder practices, both in the U.S. and global context, it is clear from community networks and groups' feedback that much is left to be done.

Key Recommendations:

Below are key recommendations for the primary audience for this report: the funder community and FCAA. All the recommendations prioritize attention to marginalized and criminalized populations, for whom philanthropic and governmental resources remain all too scarce, particularly, LGBTQ people, sex workers, people who use drugs, vulnerable youth populations, immigrant/migrant communities, and Black, Indigenous and People of Color (BIPOC). A full list of recommendations is provided in Section 5 of the report for funders, global health institutions, governments, and FCAA.

- Commit to **long-term core support for movements and CBOs** to transform unequal and discriminatory economic and health systems and social structures;

- Provide **increased and longer-term support to intermediary funders and infrastructure organizations** that are closer to—and oftentimes part of—grassroots community advocacy and actions, and thereby able to provide rapid, flexible funding and other support to CBOs;

- Commit to even greater **funding flexibility** (including humanitarian support) to ensure the survival and sustainability of community-led groups and intensify efforts to create **streamlined and low-threshold grantmaking processes;**

- Increase efforts to **engage and involve communities in foundation governance,** including at the institutional level (boards) and grantmaking level (priority-setting and decision-making);

- Increase funding and establish funding mechanisms to **strengthen and support local advocacy by CBOs,** especially in regions where private and bilateral donors have decreased their commitments and national government policies, programs, and funding sources do not include protections and access to services for marginalized groups;

- Ramp up and **prioritize mental health and technology equity** in funding strategies;

- Ensure funding for **documentation, monitoring, and advocacy around human rights violations,** as well as **safety and security plans and protections** for community-based networks, organizations, and individual activists;

- **Coordinate priority-setting and crisis response** more effectively across the donor community and **strengthen collaboration and learning** among different donor spaces, including humanitarian response;

- Lift up and actively advocate for policies, programs, and processes that **address racial, gender, and other forms of injustice against criminalized and marginalized groups,** including with governments and other stakeholders.

Recommendations for FCAA, as part of its core mission to inform, connect, and support philanthropy to mobilize resources to end the global HIV pandemic and build the social, political, and economic commitment necessary to attain health, human rights and justice for all, include the following:

- Bring together donors, networks, and community groups to reflect on key lessons learned over the last 12 months and share framing, priorities, and recommendations for the future;

- Accelerate donor discussion of meaningful support for reform of structures and systems that will lead to greater economic, health, and social equity;

- Facilitate greater linkages, collaboration, and learning between HIV-related funders and donors in other spheres, including the humanitarian area;

- Share lessons learned across donors on how to make the grantmaking process more streamlined, sensitive to community experience, low-threshold, and flexible;

- Organize discussions on the nature of donor flexibility and ways to support increased community agency;

- Actively promote the inclusion of community voices and experience in donor governance.

Through its 'COVID-19 Learning Group' (Learning Group), described in greater detail in Section 1 of this report, FCAA has already begun the process of actively discussing these and other recommended action steps to take forward in 2021 and beyond.

1. INTRODUCTION

Background and Purpose of the FCAA COVID-19 Learning Group

In January 2020, COVID-19 was first reported in the U.S., quickly revealing a pattern of deeper impact on communities of color. Disparities in case infections, transmission, hospital care, and death were observed among the same vulnerable communities that have long been disproportionately impacted by the social determinants of health, including LGBTQ individuals, sex workers, people who use drugs, immigrants, people with disabilities, and BIPOC communities. Globally, the same groups, known within the HIV/AIDS policy response as "key affected populations," experienced further marginalization at the onset of the pandemic and faced additional barriers in access to HIV care (and other health services), efforts to protect themselves from COVID-19 transmission, and accessing appropriate care after infection.[2] By the end of January 2020, the World Health Organization (WHO) declared that COVID-19 was a Public Health Emergency of International Concern (PHEIC).

In order to deepen understanding of how best to respond to the evolving needs of vulnerable communities at the intersection of HIV/AIDS, COVID-19, and (in the U.S. context) racial justice, FCAA convened a Learning Group. This group includes over 30 funding and philanthropic organizations involved in providing financial resources to groups supporting marginalized communities—including people living with HIV/AIDS (PLWH) and underserved geographies—in response to the COVID-19 pandemic. The group has met on an ongoing basis over the past year with the intention of sharing data, resources, and learnings, as well as to coordinate their funding responses and advocate for the needs of those they support.

To support this work, a consultant team[3] was engaged by FCAA through funding from the Elton John AIDS Foundation to collect and collate findings on the group's COVID-19 emergency response efforts, including an analysis of the successes, challenges, innovations, critical enablers, and lessons learned from COVID-19 grants and grantees. Based on a series of inception interviews with selected members of the Learning Group, the following areas of inquiry—cutting across the global and U.S. domestic contexts—were prioritized for information gathering and analysis:

- What has been the impact of COVID-19 **on groups that funders have been supporting and the communities they represent and serve, particularly key populations in the global context and BIPOC communities in the U.S.?**

    o   What needs and what gaps exist in communities? Who is being overlooked and why? Who has been left out of humanitarian responses and why?

- **What are the bright spots of innovation, adaptation, and resilience in the response to COVID-19** that might be upheld as ways to address community needs now and make the case for longer-term investment in CBOs and systems going forward?

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[2] Excerpted and adapted from FCAA COVID-19 Learning Initiative Terms of Reference
[3] Consultant team members: Roxana Bonnell, Becky Tolson, Christine Campbell and Fatima Hassan.

- How can learning from the **pandemic emergency response** inform and strengthen HIV-related funder strategies and build **more robust collaboration and partnership with other funders and fields going forward?** COVID-19 has laid bare the consequences of siloed philanthropy and the imperative to accelerate intersectional, multi-level work, with particular attention to integrating the HIV and COVID response with racial justice efforts in the U.S.

Recognizing that information-gathering could not realistically cover all key populations, and based on inception discussions with Learning Group members to understand areas that might be prioritized, this learning effort has focused on the following communities:

- In the global context, **sex workers, LGBTQ people, people who use drugs (with a particular focus on women who use drugs), and young people.**

- In the U.S. context, **Black gay and same-gender-loving men, Black women, and transgender women of color.**

For more on the methodology and process, please see Appendix A.

2. IMPACT OF COVID-19 ON MARGINALIZED GROUPS

The COVID-19 pandemic has had an enormous, complicated impact on the HIV/AIDS community, especially marginalized groups and CBOs that work with and provide services to PLWH. Summarized below are **the most significant needs cutting across both the U.S. domestic and global contexts** as highlighted in all of the documentation the consulting team reviewed and the interviews conducted with representatives from community networks, organizations, and funders over an expedited period. An overarching concern expressed by both funders and community networks/groups was the diversion of funding from HIV/AIDS work to COVID-19, with many U.S. and global organizations already facing imminent closure or significant budget reductions affecting their ability to provide essential support services and/or to carry out advocacy work to increase access to health services for key population groups.

As highlighted throughout this report, the ways in which the COVID-19 pandemic has impacted marginalized groups are not new; they reflect the structural, systemic issues that have disproportionately affected these communities for decades.

Basic Needs: Housing, Shelter, Food, and Money

The most common and urgent theme in both the U.S. and global context has been the struggle of marginalized and vulnerable communities that are disproportionately affected by HIV/AIDS to meet their most basic day-to-day needs during the COVID-19 pandemic. Socio-economic survival strategies have varied but underlying all of them is the basic reality that communities without resources need state and other forms of urgent social relief in a pandemic. Where governments refuse or cannot support these communities, due to either unfair discrimination and/or restrictions in funding because of criminalization, then philanthropic funders have to step in to remedy the gap created in pandemic times.

In the U.S. context, due to COVID-19, PLWH and the organizations and communities that support them have faced delays in both access to food support and financial relief measures, undermining their financial security.[4] With the initial lockdowns and need for social distancing and quarantining, access to housing and safe shelter was an immediate need. PLWH in communities of color and transgender communities specifically noted that they needed the means to keep people healthy but lacked adequate resources to locate and transition them to safe, habitable settings. Where communities mobilized to find ways to look after each other, funding and financial resources were scarce. Due to the socio-economic impact of the pandemic, many businesses were closed during that time or have permanently closed since. People were laid off, and new or stable job opportunities were scarce. This prevented those who could not rely on accumulated savings, inter-generational wealth, or bank loans from continuing to live in their own homes or securing alternative accommodation, even for isolation or quarantine purposes.

Loss of economic stability and rushes on food sources made it difficult for people to find sufficient food and other provisions for their families and loved ones. The ripple effect of job loss, its impact on the ability to pay for rent or a mortgage, and the lack of inventory in grocery stores due to initial supply chain blockages resulted in many people losing their homes and joining long lines at local food pantries.

In the global context, a similar scramble to address basic survival needs of the most marginalized took place. Sex workers, people who use drugs, LGBTQ people, and other vulnerable populations that were already struggling pre-COVID-19 with housing security, employment, health access, and food and economic insecurity (and, in many cases, were criminalized by regressive and anti-human rights laws and prevented from accessing the President's Emergency Plan for AIDS Relief [PEPFAR] or other U.S. Global Health Assistance due to the Global Gag Rule[5]) were severely affected by how COVID-19 was managed in their own regional and domestic contexts. This included uneven and severe lockdowns, closure of essential health and harm reduction support services, and exclusion from government humanitarian and social protection measures due to legal and policy restrictions.

> "Being a group that has immunity already compromised by HIV, it is even difficult for us to engage in services, as we are a vulnerable group, as we don't know if our clients have been infected with COVID-19. Therefore, we opt to remain at home and do house calls, [but] not everyone has contacts of [their] clients. We cannot pay bills anymore. Our children are starving, but what do we do?"
>
> *- A group of sex workers living with HIV, Kenya[6]*

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4 Black AIDS Institute, San Francisco Community Health Center, and Latino Commission on AIDS. COVID 19 National Rapid Response - Preliminary Report. October 2020. https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:9d-ba226c-36ef-468b-b469-e6c93fc9d792

5 Global Gag Rule (Mexico City policy) is a U.S. government policy that blocked U.S. federal funding for non-governmental organizations that provided abortion counseling or referrals, advocated to decriminalize abortion, or expand abortion services.

6 Global Network of Sex Work Projects. Global COVID-19 Impact Survey -Africa Regional Report. April 2020. https://www.nswp.org/resource/nswp-global-and-regional-reports/covid-19-impact-africa

As in the U.S., marginalized communities globally mobilized to take care of one another relying on a deep tradition of ubuntu—finding humanity in ourselves and through one another in times of crisis, premised on social solidarity. Voluntary mutual aid mechanisms were set up to provide community members with basic needs. In some cases, community activists were able to advocate for greater support for survival needs. One interviewee noted the successful effort of key population networks in India, which came together after none of them were able to access The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) 'C19RM' funding opportunity. As a result of their collective effort, they received $10 million in funding for social protection, including for food parcels and cash transfers.

These basic survival needs—while somewhat mitigated by the resumption of partial economic activities and easing of lockdowns in some contexts, depending on epidemiological waves of the pandemic—and the willingness of some funders to support emergency humanitarian aid in the short term, remain unaddressed in many places for the medium to longer term.

Mental Health

The struggle to survive infection, illness, death, and the material day-to-day impact of COVID-19 has compounded mental health challenges for most vulnerable and key populations. The impacts have been further exacerbated in this time of medical uncertainty, job loss, and economic devastation. Brutality in repressive states has increased challenges, particularly for sex workers, LGBTQ people, and people who use drugs. Youth populations in particular are experiencing profound mental health effects of COVID-19 and the imposed health measures. In the global context, few dedicated resources have been deployed thus far to meet the tremendous need of people and youth now suffering from depression, anxiety, and increased or shifting patterns of substance use.

As one harm education activist from the Eastern Europe and Central Asia region noted: **"Systems in this region are Soviet ones—they are not ready to take care of mental health needs of people who are outside of institutions."**

Youth populations are struggling. Many are currently not able to support themselves, are grappling with sharing their identities with family, and are unable to access regular health services. LGBTQ youth have additional vulnerabilities brought about by their sexual orientation and gender identity, including limited opportunities for work, reduced admittance to educational institutions, increased cases of domestic violence, and stigma—which poses a challenge to building social connections and meaningful political participation.

> "For us, the burden of responding both to COVID and HIV clients was strenuous. Our grantees were focused on keeping doors open and keeping people paid, but not the trauma of the people working on the frontlines in HIV. Accompanying mental health and wellness impacts were discussed, but not a lot being done. We need to address the isolation that comes along with this."
>
> *- V.P., U.S. intermediary funder and HIV/AIDS network*

At the same time, mental health services for LGBTQ youth are not available or affordable in many settings. This is especially problematic for those in abusive situations. Access to mental health information may also be an issue for those living in rural areas or those who don't have devices (i.e. computers, tablets or smartphones). Further complicating this picture is the trend for youth to get their health information primarily from social media, rather than from informed sources.

A rapid survey of the needs of young key populations and young PLWH in Asia and the Pacific during the COVID-19 pandemic revealed that 70% of respondents felt "anxious or very anxious" about COVID-19, 50% viewed counseling for anxiety and depression as key to their HIV treatment adherence, and almost all those who responded expressed desire for counseling and mental health support services.[7] This survey also found that 56% of LGBTQ youth highlighted the need for LGBTQ-friendly online mental health support services,[7] followed by 48% prioritizing opportunities to help in the COVID-19 response, with 45% raising the issue of online learning resources.[8]

In the U.S., although there is more mental health infrastructure and resources than in other settings, CBOs have struggled to meet the needs of their clients and their own staff. During the pandemic, the HIV community has felt the loss of connectedness.[4] In many organizations and the communities that they support, the CBO is usually a hub for services, relationships, and emotional support. Social distancing is exacerbating existing mental health and substance use challenges and/or precipitating them.

In the U.S. especially, the social/racial/political uprising and upheaval in the wake of George Floyd's murder in May 2020 left people working in CBOs exhausted from managing the COVID-19 epidemic while also dealing with the trauma of police brutality. Groups were impacted both personally and professionally. People in their immediate circle became sick or died from COVID-19-related complications. At the same time, they were attempting work remotely with limited technology support and physical resources. Their children's disrupted or non-existent educational opportunities added yet another challenge.[9]

> "Our grantees had added stress - immeasurable stress. Living in a nightmarish situation, especially if they were working with immigrants worried that ICE would be looking for them, then overlay police brutality...Staff was getting COVID, dealing with racial unrest, worried about immigration status. We did what we could."
>
> *- Executive Director, US HIV/AIDS network*

Most, if not all, of those interviewed for this project highlighted mental health and trauma support as a key and evolving need, requiring a far more robust response with adequate support from community groups and networks, health systems, funders, and others going forward.

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[7] APCASO. Assessing the Needs of Young Key Populations during COVID-19 Outbreak in Asia Pacific – Preliminary Report. May 2020. https://apcaso.org/assessing-the-needs-of-young-key-populations-during-covid-19-outbreak-in-asia-and-the-pacific/

[8] UNICEF East Asia and the Pacific. Blog: Reflections from #CopingWithCOVID: Lives of LGBTIQ youth during the lockdowns. By Justin Francis Bionat, Executive Director of Youth Voices Count. May 2020. https://blogs.unicef.org/east-asia-pacific/reflections-from-coping-withcovid-lives-of-lgbtiq-youth-during-the-lockdowns/

[9] Center for HIV Law & Policy et al. Proposed Public Health and Public Safety Pathways for Criminal Justice Responses to COVID-19. May 2020. https://www.hivlawandpolicy.org/sites/default/files/CJS%20Pub%20Health%20Pathways%20 May%202020_0.pdf

Gender-Based Violence

Interviews and findings from other reports highlight the pervasive nature and increased prevalence of Gender-based violence (GBV) experienced by sex workers, women who use drugs, and LGBTQ people, including young people, during COVID-19.[10] This has included intimate partner and family violence in the context of lockdowns, violence in communities as marginalized groups are targeted for retribution for perceived "spread" of COVID-19, and violence and harassment at the hands of law enforcement agents.

> "Because of the new COVID-19 laws, police have taken advantage of the law by coming and knocking in our rooms and beating us. We haven't heard of a case where they went to married people's homes to knock at their doors and beat them, but because they know that we are found in the rooms, they are coming there."
>
> *- Female Sex Workers Association (FSWA) national coordinator, Malawi[11]*

The chronic lack of availability of GBV services for marginalized women and LGBTQ people has only been exacerbated during the pandemic. Many shelters have been closed due to lockdowns or have restricted access to services designed to meet the needs of individuals who are most vulnerable to violence (including exclusion of women who are active drug users).

In the global context, community groups are struggling to respond to the increased demand for GBV-related services, seeking to integrate them into the programming that they offer. Legal aid has also been flagged as an area of increased need for groups at high risk of GBV. Some groups have reprogrammed or used additional emergency response funds to hire paralegals, but the need remains far greater than the resources available for access to justice work. Funding has recently been made available via The Global Fund's COVID-19 Response Mechanism for a project in multiple countries of the Eastern Europe and Central Asia region to increase access to legal, psychiatric, and shelter support for women who use drugs and experience gender-based/intimate partner violence,[12] but the work is too new to report on lessons learned or promising approaches.

While the intersection of GBV and racial violence is endemic for Black women, Black gay and same-gender-loving men, and especially transgender women of color in the U.S., the interviews conducted and reports reviewed did not specifically reference or note increased incidence of violence during the pandemic.

[10] Frontline Defenders. LGBTIQ+ and Sex Worker Rights: Defenders at Risk during COVID-19. December 2020. https://www.frontlined-efenders.org/en/statement-report/lgbtiq-and-sex-worker-rights-defenders-risk-during-covid-19

[11] The Guardian. Malawi sex workers protest at 'targeted police brutality' after Covid-19 curfew. 30 Jan 2021. https://amp-theguardian-com.cdn.ampproject.org/c/s/amp.theguardian.com/global-development/2021/jan/30/malawi-sex-workers-protest-at-targeted-po-lice-brutality-after-covid-19-curfew

[12] Eurasian Harm Reduction Association (EHRA). Access to Comprehensive Care for Women Using Drugs in Case of Violence. https://harmreductioneurasia.org/c19rm/

Human Rights Protections/Safety and Security

As noted throughout this report and highlighted in the interviews conducted for this project, COVID-19 has exacerbated the stigma, discrimination, harassment, and violence experienced by marginalized, criminalized populations all over the world. Governments in many regions are using COVID-19 as a pretext to introduce even more repressive policies and criminal measures towards sex workers, people who use drugs, LGBTQ people, migrants, and other vulnerable groups, who are also bearing the brunt of COVID-19 restrictions on trade, movement, and health services access.

Despite this, at least one interviewee expressed concern that UN human rights mechanisms and processes seem to have "taken a vacation" during the COVID-19 pandemic. Many of those interviewed stressed **the importance of increasing support for human rights protections through documentation, advocacy, and accountability work, as well as providing funding and other resources to ensure the safety and security of front-line activists and community groups.**

Another interviewee noted that even where temporary positive policy and legislative shifts have occurred, continued support will be needed to ensure compliance, permanence, and implementation. One such example is the recent advisory opinion issued by the African Court of Human Rights (ACHR) calling on national governments to decriminalize petty offenses, which are otherwise commonly used to harass, extort, arrest, and detain sex workers, people who use drugs, migrants, LGBTQ people, and other vulnerable populations.[13]

Access to Healthcare and Medicines (and Vaccines)

In the global context, there has been extensive documentation of severe disruption to HIV testing, monitoring, sexual and reproductive healthcare, and harm reduction services (including methadone and buprenorphine treatment) over the past year. The picture around antiretroviral (ARV) programs is less clear. Some interviewed activists reported ARV disruption, though more analysis is needed, as published data seems to indicate that ARV provision was maintained in many settings.[14] One organization expressed deep concern over at least "one year of their work lost" with adolescent girls and young women, who have gone without access to education and critical sexual and reproductive health programs and services during the pandemic.

> "One of the challenges of COVID was that HIV and STI testing stopped in D.C. No one was providing services. I assume, when we get new epi [sic] data, we'll see an impact on HIV and STI prevalence—the silent and secret impact. COVID exacerbated the HIV epidemic; but most likely, we won't see the results immediately."
>
> *- Executive Director, HIV/AIDS organization*

[13] Interview with Open Society Foundations International Harm Reduction Development Program staff member
[14] The Lancet. The impact of the COVID-19 lockdown on HIV care in 65 South African primary care clinics: an interrupted time series analysis. Dorwood et al. VOLUME 8, ISSUE 3, E158-E165, MARCH 01, 2021. https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(20)30359-3/fulltext

Interviews and rapid assessments conducted by key population networks in conjunction with community partners have highlighted the difficulties experienced by vulnerable groups in accessing essential health services due to stringent lockdowns, fear of disclosure of HIV status, and need to focus on the basic day-to-day survival needs, like food and shelter.[15] CBOs worked heroically and creatively to fill gaps and, in some cases, were able to secure fast-tracking of long sought policy shifts—such as getting approval for the provision of take-home doses for methadone and buprenorphine, while also further assessing the landscape of take-home, multi-month ARVs. In the interviews, key population networks and community groups expressed pride in their ability to push through these much-needed changes during the COVID-19 pandemic and also signaled concern over whether these gains will or can be sustained going forward. **Continued support is needed for their ongoing advocacy to institutionalize aspects of the emergency response that should become the norm for the longer term.**

In the U.S., people have also seen delays in testing for HIV, sexually transmitted infections (STI), and Hepatitis C virus (HCV), as well as limited access to treatment due to COVID-19.[4]

The murder of George Floyd by Minneapolis police officers launched a broad-based reckoning with racial inequality in the U.S. The movement initially focused on police brutality, but it also highlighted a discussion of blatant racial inequity and disparities in access to testing and treatment for marginalized communities. While Black Americans represent only about 13% of the population in states reporting racial/ethnic data, they account for about 34% of total COVID-19 deaths in those states.[16] COVID-19 shines a light on long-documented health disparities seen in the HIV epidemic. In 2018, of 1.2 million Americans living with HIV, 480,000 were Black Americans, with 42% of all new HIV infections in the U.S. being in the Black community.[17]

> "There is a sense of PTSD of another epidemic. Watching the government response has been hard … We see some of the same things we saw in HIV around stigma with COVID. The disproportionate impact on Black and Brown people. We're seeing the same social justice implications now."
>
> *- Executive Director, U.S. HIV/AIDS organization.*

According to the Southern AIDS Coalition (SAC), CBOs are seeing resources diverted from HIV services and advocacy work to COVID-19 work. Southern states that did not expand Medicaid are experiencing additional challenges, as there are fewer resources to cover the costs of both HIV and COVID-19-related illnesses. Federally Qualified Health Centers have also had challenges, with many unable to bill for services.

The transgender community also saw reductions in access to care for ordinary care and treatment and had difficulty accessing testing and treatment for COVID-19 related illnesses.

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[15] ITPC in partnership with Dristi Nepal and R. Hodges. Impacts of COVID-19 on Women Living with HIV Who use Drugs in Nepal. June-July 2020. https://itpcglobal.org/resource/impacts-of-covid-19-on-women-living-with-hiv-who-use-drugs-in-nepal/
[16] Johns Hopkins University & Medicine. Racial Data Transparency: https://coronavirus.jhu.edu/data/racial-data-transparency
[17] Centers for Disease Control and Prevention. HIV and African American People. https://www.cdc.gov/hiv/group/racialethnic/africana-mericans/index.html

> "As soon as March (2020) hit, trans people were immediately affected. We were not able to get in front of our health providers. We couldn't get our medications—HIV as well as other meds."
>
> *- Staff, U.S. intermediary funder and community network*

Technology and Remote Working - The E-Pandemic

Consistent throughout the interviews and data review was the issue of affordable and timely access to available technology and data/airtime. The response to COVID-19 has relied heavily on moving to electronic or virtual platforms; however, in both the U.S. and globally, there are technology and funding gaps for these platforms among low-income people, marginalized groups, CBOs, and non-governmental organizations (NGOs) that rely on volunteers for outreach work, thus impacting service delivery and in-person advocacy.

> "Homeless people do not have ZOOM. Nor do most IDUs (injecting drug users)."
>
> *- Global key population network activist*

Community groups everywhere are figuring out how to provide services virtually. Telehealth is important, but there are privacy challenges with accompanying safety and security concerns for vulnerable people who—even if they are able to connect to online services—may not have dedicated safe spaces for their appointments and consultations. Organizations working with LGBTQ youth in Asia reported that social and mental health support was being offered via Facebook, with families in close quarters less apt to scrutinize Facebook connection than other online platforms. Other groups are experimenting with ways of using technology to provide accurate health information to their communities—for example, the use of community radio shows and zero-rated SMS or WhatsApp messages to communicate with young people in rural or semi-urban areas.

In the U.S., CBOs and NGOs jumped into the breach, establishing systems to provide virtual services to ensure that their communities received access in spite of structural barriers. Policies and funds were developed and identified to increase access to tablets, phones, computers, and Wi-Fi. CBOs and NGOs trained staff and clients on using the technology and developed systems to measure productivity.

In the global context, while networks and community groups expressed appreciation for the opportunities for greater virtual consultation and engagement enabled by technology during the COVID-19 pandemic, they also flagged that the infrastructure and training costs for bringing services online were not sufficiently supported to date, even with donor flexibility for reprogramming of existing funds.

More investment in addressing the technology needs of community-based service providers, activists, and community members themselves is critically needed for the foreseeable future.

"Now that everything is virtual, we need to think about advocacy out of the box. For those who can access virtual spaces, there is real fatigue about webinars, etc. Also, we worry about young people in hard-to-reach areas. We need to work with country networks and resource them appropriately."

- Key population network leader

3. FUNDER RESPONSE DURING THE COVID-19 PANDEMIC

Key findings on lessons learned from funders' emergency response during the pandemic, based on funders' own reflections and those they have supported (or in some cases, not supported), are provided below.

- **Grantmaking focused on transforming historically unequal and discriminatory laws, systems, and economic, health, and social structures remains chronically underfunded.**

The single biggest message coming out of interviews is that the economic, health, and social problems playing out over the last year are not new. This is the same discrimination and unequal landscape that communities affected by HIV/AIDS, racial injustice, and exclusion or criminalization have faced for decades. The pandemic deepened long-existing inequalities, racial discrimination, unequal access to health services, and global fault lines.

This pandemic provides a moment to transform structures and systems underpinning structural racism and unequal opportunity, both in the U.S. and globally. Many populations living with or at risk of HIV cannot thrive unless authentic systemic change happens, leveling power dynamics. Interviewees pointed out that structural inequity and injustice cannot be overcome quickly with one-year grants, biomedical approaches, or fixes alone. Unequal health access is inherently political. Almost every interviewee repeated long-standing requests for donors to shift funding practices by:

- Providing long-term, flexible, multi-year, core grants;

- Supporting movements and groups that are working to transform structures and systems;

- Being truly just and equal by focusing on groups that governments criminalize and refuse to fund (e.g. LGBTQ communities, drug users, and sex workers).

Youth activists noted the urgent need to resource and strengthen the capacity of youth-led networks at the country level, as well as ensure that their participation and voice in consultations and decision-making processes at the regional and global level is supported financially.

- **Donors' pandemic response included increased flexibility in 2020, though many grantees reported limited flexibility from their experience and perspective.**

All donors interviewed reported that they tried to move quickly to offer flexibility in ongoing and new grantmaking. Grants were reprogrammed to meet social protection needs. For example, funds were redirected to shore up technology and online platforms that facilitate social inclusion. Funding was also re-allocated to support training, telemedicine, mental health services, and community-led service provision, as well as to combat disinformation. Donors themselves reportedly had to push internal systems and structures to open up this space for greater flexibility. These efforts undoubtedly led to communities being better positioned to survive lockdowns and the first months of pandemic response.

Networks and community groups, while appreciative of donor efforts, often still struggled to make donor "flexibility" fit their reality. Many grantees reported that flexibility ultimately meant the same programming had to happen, but they were invited to move activities to online platforms or make changes in activities, as long as they remained directly tied to the strategy of the donor's program.

Full flexibility to fund cash needs of communities, which was communities' highest priority, remained limited in many settings. For communities that are criminalized, it was even more complicated, as funding flexibility could not extend to activities that were "against" current national law or not supported by donors' policies and rules; in some countries this included housing for sex workers and other harm reduction interventions, such as clean needle exchanges.

> "More dialogue is needed between donors and community groups on what is actually needed. There is still a huge gap and disconnect between needs and what is being funded."
>
> *- Key population global network leader*

- **While HIV donors moved intentionally to fund a needed and more humanitarian COVID-19 response model, some worried that this may signal a permanent shift to increased funding for health preparedness and security.**

HIV activists and community leaders, especially in the Global South, U.S. South, and Puerto Rico, expressed a growing concern that funding may be shifting long-term away from HIV to COVID-19 and preparedness planning. The implications of this shift are particularly severe on long-standing activism to overcome health inequities and inequalities that impact HIV care, treatment, and advocacy.

Global activists report that HIV services have come to a halt in some communities. Prevention is not being funded, and the risk of high HIV infections in the future is significantly increasing. Tuberculosis (TB) testing and treatment has been halted in a number of settings, as medical and health resources and systems pivot to COVID-19 responses. While all respondents acknowledged and respected funders moving to more humanitarian models of giving during the pandemic, they also noted that HIV and racism are long-standing pandemics that have never received the attention nor resources currently attached to COVID-19. Many of those interviewees marveled at what science, governments, and global institutions focusing on health research (including the WHO) have been able to accomplish in 10 months on COVID-19 when for diseases impacting the Global South and the poorest science still grapples with effective responses after decades. Funding to examine and advance systemic reforms of government and global institution research and development priorities is also needed.

- **HIV donors, networks, and grantees were not experienced in supporting humanitarian response efforts, and it is still a work in progress to develop institutional buy-in and the needed skills and experience to do this effectively.**

HIV donors, networks, and grantees reported limited ties to the humanitarian world pre-COVID-19. The humanitarian world has deep experience in urgent, rapid response to communities in distress using a rights-based framework, Médecins Sans Frontières (MSF) being a leading example. This experience includes shaping grantmaking that responds to unexpected challenges. On-the-ground humanitarian organizations also know how to get food, housing, and healthcare to populations quickly, fairly, and effectively. It is important to note that humanitarian approaches also have their limits, with at least one interviewee stressing that humanitarian funders largely left out marginalized groups, like sex workers, from their COVID response. This suggests that there would be significant mutual benefit in greater exchange and learning between humanitarian funders and HIV funders that focus on marginalized groups.

Interviewees reported many unexpected challenges in responding to social protection needs. In some locations, those providing food and housing must be licensed by the state to do so, or they need to 'register' as a humanitarian organization to offer certain services and support. In many cases, donor funding rules or bylaws prohibited direct cash payouts for food relief and other direct services.

> "These are programs that have already been stigmatized and torn apart and never funded appropriately. [They] became the heroes in the communities when the health department programs shut down. The CBOs continued to serve sandwiches, provide tents and safe harbors for the protesters."
>
> *- Executive Director, private foundation*

- **Communities saved themselves; they survived by people taking care of each other, with most needed actions happening through volunteer and mutual aid circles.**

While donor funding was and is appreciated, the reality is that communities came together over the last year to **take care of themselves in new and innovative ways, relying on older forms of social solidarity.** Networks and community groups reported that the most creative and sustained response efforts were **unfunded** and involved people simply helping each other to survive. This included creating community food hubs, data sharing, transportation support, medicine sharing and delivery circles, care groups, group and communal safe housing, barter trade of services and items, and direct pooling and sharing of financial resources.

- **Intermediary funders in particular have acted creatively over the last 12 months, thinking outside the "norm" to get needed resources, including cash support, to communities of color and key populations.**

Interviewees pointed out the impactful role intermediary funders have played over the last year. With direct ties and trust with community groups, these intermediaries are closer to the ground and have the potential to engage communities in understanding needs. They often understand the detailed landscape, needs, challenges, and opportunities in a way that a more distant or removed donor cannot. They are also positioned to assess, pivot, and respond more quickly, while simultaneously managing multiple donors that require budgets, reports, and activity lists with auditing and financial accounting requirements. For this reason, donors that are part of the Learning Group expressed a commitment to doing more to support and resource intermediary funders going forward.

- **Community involvement in most institutional donor and grantmaking governance structures remains limited, although participatory grantmaking processes are more prevalent in intermediary funding organizations.**

As noted above, respondents articulated a need to transform unjust political structures and systems. Connected to that was a desire to use the opportunity presented by the current environment to rethink private philanthropic governance. In particular, respondents voiced the need to intentionally include community and key population representatives in decision-making and board positions in order to guarantee that priorities and strategies are needs-based, as well as practical and feasible. They said it would also ensure that decision-making rigorously reflects priorities. Typically, community

representatives are asked to join advisory boards. While advisory boards play some role, this step does not adequately reflect the transformation communities are working towards in society. A message coming out of the interviews is to **"be the change you are working to support."**

> **"We were asked to continue monthly reporting of quantitative data throughout even the worst periods of lockdown. We were reaching out to our community groups, begging them for numbers, when they literally didn't have food, and some were living on the street, as they couldn't work."**
>
> *- Regional key population network leader*

Over the last year, some funders have escalated efforts to meaningfully include communities in governance, both institutionally and in grantmaking. Some examples of this include:

- The Contigo Fund established an All Black Lives Fund in Central Florida to provide $100,000 in grants for frontline LGBTQ organizing groups and efforts that are Black LGBTQ+ led. The objective was to build on the movement for Black lives—particularly those led by and for Black transgender, gender nonconforming, and gender nonbinary communities and sex workers. The Fund's community advisory board will help to ensure priorities and strategies are needs-based.

- Open Society Foundations (OSF) Public Health Program's support for a peer-led regranting mechanism established by sex workers in Brazil, who drew up criteria for funding and created bespoke support for their communities, based on their needs during the pandemic. (This is covered in a separate case study later on page 29.)

- **Some inroads have been made in streamlining low-threshold and/or consolidated grant processes and reporting, though much more needs to be done, as many grantees report experiencing minimal change over the last year.**

Interviews seem to indicate that the bigger the donor, the more established internal processes are, and the harder it is to streamline, simplify, or act with flexibility and speed. Even during a pandemic, there has been continued pressure from grantmaking, finance, and legal teams to ensure complete due diligence and compliance. Those interviewed perceived this to be the result of internal inertia and an effort to do things as they have always been done. As a result, relatively few flexible grant processes and reporting revisions were reported from "originator" donors.

Some donors—particularly intermediary funders—did find ways to simplify by creating joint reporting across a number of organizations, introducing and increasing use of video/phone proposal submissions, and switching to summarized and reduced 'one-page' reporting. Those funders that modified their application and award processes reported that they did not lose anything compared to the less detailed processes. Interviewees noted that these approaches are important to adopt, not only because of the urgency of pandemic response, but also because they better enable communities to communicate lived experience and knowledge.

Borealis Philanthropy and the Transgender Strategy Center described, for example, how they supported the transgender community in identifying resources to meet those in their communities' urgent and basic needs. They combined funding streams to allow for larger, more coordinated funding opportunities. They developed a single application for the multiple funding streams. They also developed a low-barrier application platform and provided resources for communities supporting themselves with cash, housing, food, personal protective equipment (PPE), and transportation.

> "We issued grants with only three questions asked; this worked well for us."
>
> *- Intermediary funder*

- **Donors said they tried to support the social change they wanted to see through how they gave funding, but they were challenged in multiple ways. This led to some missed opportunities, particularly in strengthening BIPOC and key population leadership.**

Some funders reported challenges in identifying BIPOC and user-led organizations positioned to become grantees in the U.S. Funders recognized that their current definition of what a successful organization looks like needs to change. There is a desire from some funders to rethink the definition of organizational capacity to intentionally include those who do meaningful work on the ground, but who may not have traditional organizational structures or speak 'the language' of donors. Resilience and adaptability of organizations in this context needs to be better understood.

Some funders said they understood the challenges such organizations were facing yet were regrettably unable to alter the high administrative demands and rules of their own institutions. It was unclear if funders considered the trauma many organizations and their leadership were experiencing beyond COVID-19, especially among people of color, with the epidemic happening amidst racial unrest in the U.S. In the Global South, lack of access to timely PPE, testing supplies, and vaccines has created deep anxieties with mounting infections and deaths. Grantees and community organizations also encouraged donors to invite communities to participate in discussions on funding priorities and strategies, as it is impossible to overcome inequities and inequalities that lead to disproportionate health outcomes without supporting those who are most successfully leading the work on the ground.

- **Those working on the ground found overall donor COVID response coordination to be limited. A healthy and productive relationship exists between HIV and human rights donors, but there are fewer connections to and collaborations with funding fields and donors beyond these two areas.**

Networks and community groups said they did not feel that donor response was adequately coordinated on the ground. Governments and philanthropic entities seemed to have minimal communication, particularly in the U.S. context, causing overlaps in funding in some areas, while leaving other important areas unfunded. These gaps were especially felt at the intersections of COVID-19 and gender and racial justice. All respondents appreciated donors working quickly to get funds 'out the door.' However, when it became clear that the pandemic was going to last years and not months, it would have been beneficial for donors to pause, take stock, and listen to the positive and negative experiences of 2020. Respondents said coordinating in a more systematic way would have been welcomed, and is strongly recommended going forward.

Interviewees also pointed out the need for greater coordination and co-thinking between HIV donors and other funding communities focused on racial and gender justice, women's rights, LGBTQ rights, workers' rights, and youth rights. HIV donors learning from humanitarian donors and organizations was also highlighted as an important need, as this would better prepare HIV funders to respond rapidly and effectively to future health crisis situations.

- **During the pandemic, private philanthropy leadership has played a key role in speaking out about the elevated need for a response—but this leadership has not consistently lifted up or highlighted the urgent needs of particular at-risk populations.**

Private philanthropic leadership has proactively spoken out for increased giving during this time of global health crisis and has highlighted the need to tie funding to improving racial justice, particularly in the U.S. This message is, and will continue to be, a very important contribution from senior and experienced foundation leaders.

Interviewees pointed out that—unlike staff at the program officer level—philanthropic senior leadership has not regularly lifted up lived experience and needs of the most marginalized, paying little attention to transgender communities or the experience of sex workers, people who use drugs, LGBTQ youth, and others. Interviews highlighted the continued, urgent need for senior leadership engagement in efforts to end policies that have long impacted the health and human rights of marginalized groups globally, particularly the criminalization of drug use, sex work, and LGBTQ people.

> "We need funders advocating for [decriminalization]—it's not so much the money, but their voice."
>
> *- Harm Reduction Activist*

4. INNOVATIONS, ADAPTATIONS, AND BRIGHT SPOTS

While many funders involved in this learning initiative and beyond expressed a desire to identify and learn about innovations and adaptations in work being done on the ground, we heard a different message from networks and community groups in response to questions we asked about what those innovations and bright spots were. They told us, in essence, that we were asking the wrong question; what communities were doing is what they have always done: used their mostly unfunded and valuable resilience, flexibility, and creativity to respond to the needs, challenges, and opportunities before them.

> "Nothing has changed over the last year—just a virus came. Nothing new is happening. It has just scaled up and, maybe, just made clearer now the obstacles and the challenges. This is everyday lived experience, with nothing new in our daily lives about how we are treated or what we are experiencing."
>
> *- Global South-based intermediary funder*

Many interviewees urged the funding community to interrogate its predilection for sourcing and funding "new" and "innovative" programming and strategies and, instead, to listen and commit to long-term support for community-based responses.

Communities, CBOs, and networks have provided various examples of resiliency, responsiveness, and flexibility during the pandemic. Below are brief overviews of actions that were spotlighted in interviews, followed by six more in-depth case studies sketching out the power, energy, and resourcefulness of communities over the last 12 months.

U.S. Snapshot:

- Harm reduction organizations in West Virginia, San Francisco, and Baltimore added community housing programs to their outreach and syringe exchange services.

- Harm reduction programs modified their drop-in services to outdoor spaces.

- CBOs that provided case management services added food pantries and food delivery programs.

- To help people reentering the community due to overcrowding in jails, a Chicago corrections program modified its services to provide technology devices and training.

- A CBO in Selma, Alabama, started a community garden to help people obtain fresh produce.

- A CBO in Memphis, Tennessee, pivoted to create sex worker safety kits.

- The COMPASS Initiative Break Room created a weekly virtual hangout space to increase connections and decrease stigma in the U.S. South.

- The Coalition for Rights and Safety for People in the Sex Trade in Seattle achieved a breakthrough in long-standing advocacy to revoke a "loitering order" that criminalized sex workers amid COVID-19.

- Two intersectional organizations focusing on transgender people of color harnessed the COVID-19 crisis and Black Lives Matter movement to significantly increase support for housing initiatives:

  - Glitz raised $1 million to buy an apartment for the unhoused, including people released from Rikers Island, and No Justice No Pride raised money from individual donors for needed housing.

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[18] Harm Reduction International. Report: The impact of COVID-19 on harm reduction in seven Asian countries. Nov. 2020. https://www.hri.global/covid-impact-report.

Global Snapshot:

- The "One Egg a Day" crowdfunding initiative, started by an organization of people who use drugs in Vietnam, raised support for food, clothes, and cash for hundreds of affected families.[18]

- Using informal crowd-funding initiatives, sex workers in Australia, Thailand, Ukraine, and many other locations raised funds to provide accommodations for sex workers who were evicted for defaulting on their rent.

- In Durban, South Africa, a new harm reduction center offering clean needles and other services was established through an innovative, first-ever public-private collaboration.

- In Barcelona, Spain, a harm reduction organization extended the hours of operation for its drop-in center, resulting in a higher number of women and gender non-conforming people accessing the facilities; provided an expanded range of services to meet the needs of clients, including support initiatives for self-healing, bonding, wisdom sharing, self-defense, and solidarity; and enabled clients to access a new shelter with a safe consumption site, run by the municipality and another NGO.[19] In India, activists creatively secured essential service permits and started delivering ARVs on motorbikes in hard-to-reach areas. This helped to prevent ARV disruptions at a time when many PLWH could not attend ARV clinics due to lockdowns and travel restrictions that made it impossible to use public transport.

- Virtual rapid clinic surveys were conducted in Nepal to influence health access advocacy needs for PLWH.

- Harm reduction groups in China mobilized to transport methadone across the border for use in Myanmar.

- MSF set up outdoor gazebos at existing primary clinics to enable quick and safe COVID-19 screening.

- An adaptation that didn't work: The City of Cape Town created a forced isolation site for homeless people during the pandemic without consulting groups on the ground or public health specialists. The initiative was a colossal failure and has since closed.[20]

Through its review of documentation, the consultant team identified a significant number of existing reports that highlight these and other examples of community-based bright spots and adaptations, as listed under the resource page in Appendix B.

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[19] EHRA. Harm Reduction Service Delivery to People Who Use Drugs during a Public Health Emergency: Examples from the COVID-19 Pandemic in Selected Countries. November 2020. https://harmreductioneurasia.org/wp-content/uploads/2021/01/covid-19-best-practices-eng.pdf

[20] Independent Online. Call for Cape residents to rally against Strandfontein Covid-19 shelter. 10 April 2020. https://www.iol.co.za/news/south-africa/western-cape/call-for-cape-residents-to-rally-against-strandfontein-covid-19-shelter-46559062

CASE STUDY:

THRIVE 365 App Providing Link to Care and Social Connections for Black Gay Men

THRIVE SS was established to provide support to gay, bisexual, and same-gender-loving men living with HIV in Atlanta. The organization hosts a portal for sharing pertinent, lifesaving information and building community. The organization has 945 Black gay/bisexual men and 250 Black women members in the Atlanta metro area.

THRIVE SS utilizes its "Undetectables Model"—a tiered peer approach that combines online, traditional in-person, and social support to address issues that Black PLWH face. In the U.S., many people of color living with HIV have trouble reaching viral suppression or "undetectable" status, addressing their hierarchy of needs (shelter, employment, medical care), gaining support, and disclosing their HIV status to partners, family, and friends. Thrive SS has replicated this successful model in other high prevalence jurisdictions around the country, including Tennessee, California, South Carolina, North Carolina, and the District of Columbia. The outcomes seen in Atlanta, including the reduction of community viral load and a corresponding drop in new infections, have been mirrored in participating cities.[21]

Even before the pandemic, THRIVE SS had started to establish a virtual support group; the organization created a flexible membership program, started delivering services via mobile vans, and increased virtual arts and cultural activities, such as virtual balls and virtual happy hours. With the onset of COVID, THRIVE SS closed its bricks and mortar office and re-engineered its programs to be fully online.

A specific product that was developed because of the COVID-19 pandemic was THRIVE 365, a support application (app) that provides linkages to care, support groups for Black queer men, and social connections. As Facebook became politicized, THRIVE SS addressed a need for this type of social connection and became a source of trusted information. It also connected people to care and support groups and provided adherence checks, appointment reminders, and connections to people. THRIVE 365 also focuses on prevention, connecting people to providers that manage Pre-Exposure Prophylaxis (PrEP) and providing additional Centers for Disease Control and Prevention (CDC) information on HIV prevention.

One of the key features of the app is the social connection. Thrive SS has a key theme of "loving people to health," which depends on personal interaction. The Thrive 365 App is one strategy that the organization is utilizing to build and sustain the personal connection that is key to its success.

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[21] https://thrivess.org/about/

CASE STUDY:

Fundraising for Housing, Gender-Affirming Surgery, and Medical Needs

For the Gworls is a Black, trans-led collective that curates parties to fundraise money to help Black transgender people pay for their rent, gender-affirming surgeries, smaller co-pays for medicines/doctors' visits, and travel assistance.[22] Asanni Armon founded For the Gworls in 2019 in response to two friends facing eviction. They threw their first party on the Fourth of July on a rooftop in Brooklyn. Asanni, a genderqueer rapper, called on the talents of Maahd, a gender-fluid, transfemme DJ, to host what they initially believed would be a one-off party. After the first fundraiser's success, friends and colleagues convinced Asanni to continue these efforts to help the transgender community. What followed were monthly parties to assist Black transgender people to sustain their livelihoods.

At its inception, For the Gworls did not know that the following year would bring a global pandemic, historic levels of unemployment, and the deadliest year on record for transgender people of color.[23] With the onset of the COVID-19 pandemic, For the Gworls, like many other community entities, stopped its in-person parties and moved its fundraising to social media and its website. As noted by Aryah Lester, Deputy Director of the Transgender Strategy Center, the transgender community was already subsisting on limited resources. So, when the COVID pandemic hit, the community stepped up and created resources. Crowdfunding for basics, such as food and housing, became the norm. Armon notes that grassroots initiatives are often scrambling for funding, because larger nonprofit organizations siphon resources that rarely reach Black and brown people in the LGBTQ community.[24]

As of February 2021, For the Gworls has raised $1,000,000. Of that sum, $595,377 has gone to rent assistance, $460,866 has gone to gender-affirming surgery, and $53,058 has gone to the For the Gworls' Medical Fund. While For the Gworls sees its work as necessary, it also advocates for universal access to housing support, so it no longer has to give money for basic needs. Its work highlights the need for holistic, universal healthcare, where gender-affirming services are seen as essential rather than cosmetic.[25]

[22] https://www.forthegworls.party/home
[23] National Center for Transgender Equality. Blog: Murders of Transgender People in 2020 Surpasses Total for the Last Year in First Seven Months. https://transequality.org/blog/murders-of-transgender-people-in-2020-surpasses-total-for-last-year-in-just-seven-months
[24] Zora. Trans Communities Are Demonstrating Incredible Resilience. 29 April 2020. https://zora.medium.com/trans-communities-are-demonstrating-incredible-resilience-643f92c4221
[25] Paper. For the Gworls Party's Asanni Armon Talks With Joshua Allen. 7 October 2020. https://www.papermag.com/joshua-allen-asanni-armon-for-the-gworls-party-2648128984.html?rebelltitem=12#rebelltitem12

CASE STUDY:

Data Dashboard, Information Campaigns, and Vaccine Demands in Rio's Favelas

Brazil has reported almost 10 million COVID-19 cases as of mid-February 2021, with 250,000 deaths. The president and political system have chosen not to mount a federal response, making data collection and testing extremely problematic in the country. There is no clear picture of who has the infection or the location of serious outbreaks, and coordinated planning for treatment and vaccination is minimal. This lack of government response has had a disproportionate impact in poor, informal settings, including urban favela neighborhoods.

In Rio de Janeiro, people living in favelas make up nearly a quarter of the city's population. Chronic neglect and lack of access to public services put these residents at a greater risk of community transmission, and ultimately death, than other areas of the city. Starting in March 2020, favela community groups organized to take care of one another. This included food drives, community gardens, mask making, and sharing accommodations.

In July 2020, Catalytic Communities, a local NGO, teamed up with a coalition of favela-based organizations to create the COVID-19 in Favelas Unified Dashboard.[26] Favela community organizers had started crowdsourcing COVID-related data in the favelas in May, when they saw that city, state, and federal agencies were leaving favelas out of all COVID-related data collection. The data was gathered from many sources, including local clinics and organizations like the Mare Development Network, a group that went home-to-home documenting what was happening. Data and maps from the Dashboard have since shown that more deaths from COVID-19 have been recorded in Rio's favelas than in 162 entire countries.

Favela activists knew that they needed evidence and data to advocate for needed government actions, as well as to initiate community-focused education and information campaigns on how to slow down and stop transmission. From July through January 2020, the coalition of favela-based organizations conducted a number of teach-ins and released YouTube videos to spread awareness in the community. Teach-ins focused on how to mobilize during a pandemic, how to communicate about COVID-19, mental health, food sovereignty, solar energy potential to prepare for future crises, improving sanitation, and memory after the pandemic (linked to encouraging a more open discussion of the legacy of slavery in Rio).[27]

All of these actions culminated in a political campaign called the Day to Mobilize for the Fight Against COVID-19 in the Favelas, which took place on February 10, 2021. On this day, the Coalition released a public demand that the government prioritize vaccine access for favela residents first.[28]

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[26] Dashboard: https://experience.arcgis.com/experience/8b055bf091b742bca021221e8ca73cd7/
[27] Link to four of the videos: https://www.youtube.com/playlist?list=PLEXjPPfoNTOrMoHtCDK3Ybw737KDSbBH-
[28] More information on the Day's activities is here: https://www.instagram.com/mobilizafavela/

CASE STUDY:
Sex Worker Participatory Decision-Making in Brazil

Jornada Izadora, a group of 50 sex workers in Belo Horizonte, came together in March 2020 to develop eight community projects that were focused on physical health, psychosocial health, dialogue with society, and other needs. A week after the launch of the projects, the pandemic hit urban areas of Brazil and Belo Horizonte, sending cities into lockdown. The sex worker community was particularly hard hit, both economically and in regard to housing, with many workers living in "sex work hotels" that were closed with the lockdown.

To help the community, all eight sex worker projects donated BR$1,000 ($200) from their original budgets to a common Emergency Fund managed by one representative elected from each project. The Fund collectively gave out these funds to relieve some of the suffering faced by sex workers and their families. This new committee of representatives met online weekly over three months. Escola de Ativismo,[29] a local civil society capacity-building organization, helped to host and facilitate the meetings, offering advice when asked for. Among other recommendations, it encouraged committee members to consult frequently with their project group members.

The committee decided to reach out and ask 80 sex workers to identify urgent support needs. Priority was given to pregnant women, mothers, and the elderly. Instead of offering a one-size-fits-all kit, each person was asked to list their main needs from an offering, which included milk, diapers, clothes, hygiene products, fresh produce, non-perishable food items, financial support for utility bills, and medication. Other donations came in from local associations and individual donors, and 100 sex workers ultimately received packages.

For the sex workers, these collective actions built their sense of autonomy and confidence in being able to address their own needs. The community of workers who directly benefited from the Emergency Fund felt supported. New women were successfully brought into the community through the efforts, and the democratic governance of the Fund was an important lesson for the community as it plans its work going forward. In the words of two committee members at the final evaluation meeting, *"We practiced a politics of care,"* and *"did political education through our humanitarian work."*

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[29] https://escoladeativismo.org.br/

CASE STUDY:

Feminist, Youth-led Collective in India Contributing to Mental Health Response

COVID-19 has significantly impacted the lives of LGBTQ youth, especially opportunities for social interaction, economic activities, and work.[30] While COVID is seen as being especially harmful to those over 60, young people are also experiencing negative impacts due to mitigation measures that cause distress. For example, about 750 million young people live in Asia Pacific. In a recent survey and report, Youth Voices Count—an Asia-Pacific network of young LGBTQ individuals working on sexual and reproductive health and rights (SRHR), youth empowerment, and human rights issues—documented that many of these youths are experiencing a significant lack of social engagement, constrained living spaces, and lack of work. At the same time, security responses and austerity measures against COVID-19 have significantly deepened LGBTQ stigma and discrimination in the region. These circumstances hit LGBTQ youth particularly hard.

Given strict COVID-19 lockdown measures, youth are deprived of social connections that contribute to a feeling of belonging. Youth Voices Count stresses that this social connectedness is important for LGBTQ youth, as these spaces provide supporting and accepting environments that help prevent suicide ideation and attempts due to social exclusion. Half of youth respondents to a recent survey reported that their mental health had been affected by the pandemic, and that they felt unsafe and worried. 70% reported higher vulnerability towards family members, which could include coming out to a family member or disagreeing with family due to sexual orientation or gender identity. Most mental health services have moved online, but accessing these services can be challenging, either due to bandwidth, cost obstacles, or because private space to connect to these services isn't available at home.

To respond, several youth-led organizations have started supporting LGBTQ youth online, especially those in lockdown or stranded in unsafe environments. One Future Collective, a feminist youth-led NGO in India, has a mission to nurture radical kindness through gender justice, feminist leadership, and mental health. In its COVID-related response programming, it has ramped up efforts to address domestic violence and GBV by creating a guide on "Supporting Survivors of Domestic Violence during COVID-19," which outlines what bystanders, government officials, lawyers, survivors, and other actors can do to contribute to the safety and protection of youth survivors of domestic violence. Tied to this guide, the NGO has also extended the hours of its FemJustice Legal Aid helpline for legal and mental health support to survivors.

The organization has moved all of its e-learning certificate classes online and is directing 25% of all proceeds from these courses to COVID-19 relief work. It has also created Virtual Community Spaces that provide weekly meetup opportunities for youth to feel less lonely and learn together, free of charge. One Future Collective has expanded its digital advocacy efforts by creating printable materials and social media shareables on COVID-19, ways to support survivors, workplace responsibilities during the pandemic, mental health during the pandemic, and many more. Finally, the organization connects people and youth directly to mental health professionals for pro bono and paid services as requested.

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[30] This case study is based on efforts documented by Youth Voices Count in their report: Coping with COVID: The Well-Bring of LGBTIQ Adolescents and Youth during the COVID-19 Pandemic in Asia and the Pacific. June 2020. https://www.researchgate.net/publication/342509403_CopingWithCOVID_The_Well-being_of_LGBTIQ_Adolescents_and_Youth_during_the_COVID-19_Pandemic_in_Asia_and_the_Pacific

CASE STUDY:

Meeting the Needs of Women and Young People Who Use Drugs in Kenya[31]

When COVID-19 first hit Kenya in March 2020, the Muslim Education and Welfare Association (MEWA)—a CBO providing harm reduction and other services to people who use drugs in Mombasa and surrounding regions—moved quickly to design an inclusive, community-based COVID-19 response that focused on those most vulnerable, including women and young people who use drugs. The organization effectively leveraged its long-standing trust, credibility, and relationships with community members and leaders in the healthcare system, government, and law enforcement. With its services shut down in the initial weeks of lockdown, MEWA focused on producing and distributing homemade woven masks for people who use drugs in the community and in the prison system, taking action well before any guidance was issued around mask-wearing by health authorities. It also worked with local Muslim religious leaders, doctors, and the health department to ensure that the bodies of people who had died of COVID-19 were buried respectfully, in accordance with religious and cultural customs. This was an important entry point for MEWA's subsequent work with the community around social distancing, mask-wearing, and other COVID-related safety measures.

Throughout the pandemic, MEWA has worked to meet the needs of its most vulnerable community members, including providing homemade meals, hygiene kits, and clean needles and syringes, increasing the hours of operation for its drop-in center for women who use drugs, accommodating an increased number of women in its shelter, and providing take-home doses of methadone for women with underlying conditions. During this time, MEWA also undertook community-based research—which was the first of its kind in Kenya—to assess the prevalence and lived experiences of GBV among women who use drugs and their children. Additionally, It sought to better understand the economic, social, sexual health, and mental health needs and coping strategies of women who use drugs and experience GBV; evaluate psychological and structural factors that perpetuate GBV among women who use drugs; and develop a model of interconnections between GBV and uptake of harm-reduction services.[32]

Based on this research and informed by its ongoing work in the community, MEWA developed additional GBV-related services, including face-to-face counseling for couples at its drop-in centers, which resulted in a 45% reduction in GBV during the pandemic. Due to its ongoing engagement with government, MEWA received funding from the Kenyan Ministry of Labor and Social Protection to open an additional shelter for young drug users—many of whom were coming in as couples—and provide entrepreneurship training and start-up capital for small businesses for young people and their families.

Because government-run health facilities were apprehensive about providing services to people who use drugs, MEWA responded by scaling up HIV case management at its two accredited antiretroviral therapy (ART) drop-in sites during the pandemic. All HIV-positive clients were 100% adherent and achieved 96% viral suppression. Prevention strategies were deployed with an increase in uptake of HIV testing through self-testing kits and enrollment into PrEP services.

MEWA staff said, **"Our early interventions and 10 years of building trust were important … our organization gained resilience"** during the COVID-19 pandemic. However, they highlighted that greater investment is needed in community systems and response in order to meet the needs of people who use drugs and other vulnerable groups, particularly because government systems have limited capacity.

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[31] Case study prepared based on an interview with MEWA staff, and accompanying materials that were shared with the consultant
[32] Understanding Experiences of Gender-Based Violence Among Women Who Use Drugs (WWUD) And Developing a Prevention and Response Framework in Coast, Kenya. Dr. Habil Otanga, Fatma Jeneby, Muna Handulle, Machteld Busz, Prof. Harry Sumnall, Prof. Marie-Claire Van Hout, January 2020. https://www.researchgate.net/publication/349144967_Understanding_Experiences_of_Gender-based_Violence_among_Women_who_Use_Drugs_WWUD_and_Developing_Prevention_and_Response_Framework_in_Coast_Kenya

5. RECOMMENDATIONS

In this project's data collection and interviews, recommendations organically grouped around four key priorities: [33]

1. Engaging and supporting networks and communities of PLWH in the COVID-19 response and recovery;

2. Guaranteeing the health and wellbeing of PLWH during this critical time;

3. Prioritizing human rights and safety; and

4. Delivering social protection for all.

An overall theme embedded in many recommendations below, and the single most repeated message in interviews was that the profound challenges and stresses highlighted by the pandemic **are not new for people living with or at risk of HIV infection,** especially communities of color and key populations.

The challenges are rooted in decades-long economic, health, and social structures and systems that are deeply unequal, unfair, and discriminatory. Ultimately, these structures and systems must be transformed into ones that value and support economic, health, and social justice. This will enable these populations and communities to live healthy lives, as well as prepare them for future health crises.

Many of the recommendations put forward in this report have been highlighted by community groups, networks, and individual activists working with BIPOC communities in the U.S. and key population communities globally, both before and during the pandemic. Recognizing that action is required in different but intersecting spheres of influence, the recommendations are directed at five main audiences: the HIV-related funder community and other interested funders; global health institutions; national governments; the U.S. administration in its domestic and global response; and FCAA itself, whose core mission is to inform, connect, and support philanthropy to mobilize resources to end the global HIV pandemic and build the social, political, and economic commitment necessary to attain health, human rights, and justice for all.

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[33] These four themes were taken from "Living with HIV in the Time of Covid 19: Report from a Survey of Networks of people living with HIV." Y+ Global, GNP+, ICW. July 2020. https://gnpplus.net/resource/living-with-hiv-in-the-time-of-covid-19-report-from-a-survey-of-networks-of-people-living-with-hiv/

RECOMMENDATIONS FOR FUNDERS

Engage and Support Communities

- Fund movements and community organizations with long-term, core support to transform unequal and discriminatory economic, health, and social structures and systems.

- Create explicit grant review and decision-making criteria around how each proposal promotes anti-racism (in the U.S. or any other context) and/or how it will help to decolonize[34] health research and access in the global context.

- Deepen understanding of and support for "non-traditional" forms of NGO leadership and governance that better reflect the way that community organizations function.

- Support the engagement and involvement of communities in foundation governance, including at the institutional level (boards) and the grantmaking level (priority-setting and decision-making).

  o Create a participatory grantmaking pilot in your institution to explore supporting direct community involvement.

  o Advocate to senior foundation leadership for at least three community member positions (or a robust percentage of the total number of board members) on the foundation's decision-making board, accompanied by policies and procedures that create a meaningful board culture of diversity, equity, and inclusion.

- Rethink grant requirements and consider eliminating detailed proposal and reporting requirements, opening up the possibility of video/phone proposals, and asking for one-page reporting.

  o Consider cross-donor joint requests for proposals and reporting schemes.

  o Commit to a proposal process that requires minimal grant writing and a concise report template for all established (core) grantees.

- Open up emergency grants to new grantees, not just those funded previously.

- Increase funding or establish funding mechanisms to strengthen and support local advocacy by community-based networks and organizations, especially in regions where private and bilateral donors have decreased their commitments (middle-income countries) and national government policies, programs, and funding sources do not include protections and access to services for marginalized groups.

- Conduct a rapid funding-needs-gap analysis with current grantees, especially those that have not secured their budgets, to identify which are facing closure or drastic strategy reductions in 2021.

- Provide increased and longer-term funding to intermediary funders and key infrastructure organizations that are closer to, and oftentimes part of, grassroots community advocacy and actions.

- Coordinate priority-setting and crisis response more effectively across the donor community, and communicate these messages clearly and directly to communities.

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[34] Decolonization is the process of deconstructing colonial ideologies of the superiority and privilege of Western thought and approaches.

- Learn from and collaborate more proactively with donors outside the relatively narrow HIV and human rights space, including humanitarian funders, and amend grantmaking rules to include humanitarian funding.
  - Invite at least one donor from another field to co-think, review, and discuss strategy annually.

Guarantee Health

- Continue to ramp up funding for a robust mental health response, including the use of online formats and tools for LGBTQ youth, communities of color, and other key populations.

- Explore opportunities to integrate a healing justice framework[35] into your funding strategy, in recognition of the trauma experienced by marginalized groups and the organizations that support them.[36]

- Prioritize supporting technology equity. Access to healthcare and services, social inclusion, mental health resources, and work opportunities is predicated on access to affordable technology. Pay special attention to technology equity for LGBTQ youth.

- Ensure support for independent, community-based monitoring of the quality of harm reduction, HIV, SRHR, and other health services for marginalized groups.
  - Monitoring should not be conducted by service providers funded by The Global Fund, PEPFAR, or national governments.

Prioritize Human Rights

- Fund the documentation, monitoring, and advocacy of human rights violations amplified by lockdowns, quarantine, authoritarian regimes, and security forces claiming more power and space. Document and push for human rights gains.

- Support high-level global awareness and action to prevent these violations.

- Support the monitoring and accountability of government laws, policies, and emergency pandemic regulations, including pandemic-response mechanisms that endanger the lives and health of the most marginalized.

- Be prepared as a private philanthropic voice to advocate against racial, gender, and sexual-orientation injustices.

- Fund safety and security audits and planning for community groups, particularly for those most at risk.

Deliver Social Protection

- Commit to even greater funding flexibility to secure the survival and sustainability of community-led groups. Find ways to transfer cash to those in need of nutrition, housing, and transportation, especially in environments where governments are failing their citizens and those most marginalized.

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[35] A Healing Justice framework "identifies how we can holistically respond to and intervene on generational trauma and violence, to bring collective practices that can impact and transform the consequences of oppression on our bodies, hearts, and minds." Kindred Healing Justice Collective.

[36] https://fundersforjustice.org/healing-justice/

Engage and Support Communities

- Recognize community-led organizations as vital partners in creating responses and support them through state funds and resources.

- Support literacy and communication efforts, especially on HIV and COVID-19 interaction.

Guarantee Health

- Ensure that COVID vaccines and other biomedical technologies are accessible to everyone, everywhere, free of charge, with no discrimination; this includes those most marginalized and those who are uninsured, underinsured, or undocumented. Clinical research trials should also speak to the needs of marginalized groups and communities of color.

- Maintain critical HIV services during the pandemic response, including equitable access to medicines and testing; ramp up key prevention services to prevent new infections.

- Integrate critical mental health services in existing and emerging HIV- and COVID-response frameworks, including for the LGBTQ youth population.

- Institutionalize long-asked-for, pandemic-related "wins" in HIV services including:

  o Differentiated service delivery and de-medicalized care

  o Task shifting that has formalized peer involvement in provision of services

  o Multi-month prescriptions and dispensing of ART, PrEP, and other HIV-related medications

  o Take-home methadone and buprenorphine

  o Digital health outreach and service delivery

  o Self-testing and other self-care

- Establish plans to increase national-level technology equity, which is essential for organizations and communities to implement and utilize telehealth and virtual services, particularly for low-income and rural populations.

Prioritize Human Rights

- Do not pass laws that endanger the lives of those already marginalized and criminalized. Protect the right to mobilize, organize, and protest.

- Put in place measures to protect women who are increasingly vulnerable to violence and abuse.

- Recognize sex work as work. Support decriminalization of sex work, which would secure labor rights of sex workers and provide social and health protections during crises.

- Repeal laws that criminalize LGBTQ communities and people who use drugs.

- End the use of criminal laws to enforce COVID-19-related restrictions, including forced COVID-19 testing, related prosecutions, and raids on sex workers' homes and sex work premises.

Deliver Social Protection

- Ensure access to economic and social benefits for all, including those operating in informal economies, including sex work.

- Provide essential social grants to those most vulnerable. Put in place eviction moratoriums.

- Protect jobs and ensure key populations and young people have access to a livelihood.

RECOMMENDATIONS FOR THE U.S. GOVERNMENT SPECIFICALLY

- Reconstitute the National AIDS Policy Office to help direct and coordinate national-level HIV response and priorities.

- Protect and expand the Affordable Care Act, including the 340B drug plan and federally qualified health centers, to improve health equity for those uninsured and underinsured.

- Guarantee that federal COVID-19 assistance programs are accessible to the most marginalized, including undocumented populations.

- Increase funding for PEPFAR, ensuring that programming focuses on populations most at risk and resources are directed toward building the capacity of community groups that are central to an effective response.

- Utilize the Defense Production Act to ensure that COVID-19 vaccines and technologies become available and accessible to everyone who needs them, including beyond U.S. borders.

- Adopt a federal strategy to respond to COVID-19, HIV, and other epidemics with a health equity framework.

- Launch a federal program focusing on systemic and structural racism, so that root causes of health inequity are addressed.

- Elevate mental health, drug overdoses, mass incarceration, and homelessness as national emergencies; and identifying specific resources and support for responses.

- Center diverse communities—specifically BIPOC, women and LGBTQ individuals—in leadership, knowledge-gathering, and planning to effectively understand COVID-19 and HIV needs and priorities. Follow through by implementing local, culturally relevant interventions.

- While the Global Gag Rule has been repealed by the Biden administration, and U.S. federal agencies are set to follow by issuing guidance to their grantees, the U.S. Senate needs to pass the Global HER Act to permanently end the Global Gag Rule as a policy option, domestically and globally.

- End all forms of immigration detention, and shift to proven, effective community alternatives to detention; overhaul and build back a better humanitarian-based immigration system that provides a pathway to citizenship for the nation's entire undocumented population, with a focus on centering relief for those most at risk of being (or those already) criminalized by the U.S. justice system.

RECOMMENDATIONS FOR FOR GLOBAL HEALTH INSTITUTIONS

Engage and Support Communities

- Provide information technology and data support for civil society organization (CSO) engagement in global health processes.

- Provide substantial financial support to community organizations, their leadership and involvement, and not only to service providers. Community organizations stepped up during the pandemic to take care of community needs in ways that service providers were not positioned to do.

- Ensure there is a process for Global Fund subrecipients to engage meaningfully in grant negotiation and deliverables, as they currently have very little power over priorities set by principal recipients, which are less attuned to the needs of marginalized communities.

Guarantee Health

- Strengthen community platforms to deliver services, including COVID-19 rapid testing, distribution of needles and syringes, HIV testing, and STI screening.

- Ramp up prevention and testing services so there is no increase in new HIV cases.

- Recommit to TB treatment support, monitoring, and strengthening of services, as TB programming received reduced focus globally in 2020.

- Ramp up mental health infrastructure support, including online and virtual platforms, to help address social isolation, increased violence, and high levels of stigma and discrimination.

Prioritize Human Rights

- Support CSOs to monitor, document, and advocate around increased human rights violations, including intimate partner violence and GBV.

Deliver Social Protection

- Commit to greater funding flexibility, including the need for livelihood support.

RECOMMENDATIONS FOR FCAA

- Bring together donors, networks, and community groups to reflect on key lessons learned over the last 12 months and share framing, priorities, and recommendations for the future.

- Accelerate donor discussion of meaningful support for reform of structures and systems that will lead to greater economic, health, and social equity.

- Map intermediaries and the populations they serve on the ground to enable rapid grantmaking in future rounds of emergency support.

- Facilitate greater linkages, collaboration, and learning between HIV funders and donors in other spheres, including the humanitarian area.

- Share lessons learned across donors on how to make the grantmaking process more streamlined, sensitive to community experience, low-threshold, and flexible.

- Organize discussions on the nature of donor flexibility and ways to support increased community agency.

- Promote actively the inclusion of community voices and experience in donor governance.

- Convene brainstorming sessions on accessing funding, including federal funds for re-granting intermediaries.

- Organize an annual meeting with government and public funders to coordinate donor response—globally with UNAIDS, The Global Fund, GAVI (the Vaccine Alliance), and PEPFAR, and domestically with the U.S. Office of National AIDS Policy and the COVID-19 Task Force team.

APPENDIX A - METHODOLOGY AND PROCESS

As noted above, the consultant team began its work by conducting a series of eight inception interviews with a cross-section of Learning Group members, selected to represent the diversity of funders and PSOs participating in the initiative. With support from FCAA, the consultants identified and reviewed an extensive range of surveys, reports, and other documentation produced by funders, PSOs, research institutions, and global and regional networks representing the populations of focus for the learning effort. This report draws upon the rich insights and information contained in these other resources (see Appendix B) and, in particular, seeks to amplify recommendations coming directly from groups most marginalized and impacted by COVID-19.

Based on initial interviews and desk research, the consultant team conducted 26 additional interviews to better understand the funding gaps and needs for the communities and populations of focus, the nature of funder responses to date, and priority strategies and approaches going forward, from both the funders' and affected populations and communities' perspectives. These interviews included:

- Four funders supporting work with people who use drugs, sex workers, LGBTQ people, and youth;

- One global humanitarian aid funder;

- Eight funders, networks, and community groups supporting BIPOC communities in the U.S. domestic context; and

- 12 networks and community groups (global and regional) representing/working with PLWH, people who use drugs, sex workers, LGBTQ people, and youth.

A full list of interviews conducted are included in Appendix C.

Limitations

Although initial plans for this project included direct consultation with a range of community groups, it became clear at the outset that locally based organizations and individuals were already being asked to respond to many requests for information—particularly in the global context—at a very demanding time when their primary focus was on the day-to-day survival of their communities and organizations. Thus, the consultant team relied on existing publicly available information, in some cases soon-to-be-published reports, and direct insights provided by networks that are closest to communities under focus here. As discussed further in this report, key population networks expressed a strong desire for better and more feedback mechanisms and consultation with all funders, so that these learning exercises would be truly collaborative and contribute to fundamental changes in funder practice.

Other activities supported through this learning process have included the development of a draft briefing note on priorities for the new U.S. administration in addressing the many issues highlighted in this report, which was finalized and submitted by FCAA to the Biden transition team. FCAA is also facilitating reflection and sharing among participating Learning Group members about changes in funding practice that they could plan to sustain, strengthen, or change due to the impact of COVID-19 on HIV/AIDS work.

APPENDIX B - KEY RESOURCES REVIEWED

GLOBAL

People Who Use Drugs/Harm Reduction

1. EHRA. **Harm Reduction Service Delivery to People Who Use Drugs during a Public Health Emergency: Examples from the COVID-19 Pandemic in Selected Countries.** November 2020

2. ITPC in partnership with Dristi Nepal and R. Hodges. **Impacts of COVID-19 on Women Living with HIV Who use Drugs in Nepal.** June-July 2020

3. Women and Harm Reduction International Network (WHRIN).
Regional Mapping of Harm Reduction Services for Women Who Use Drugs.

4. Harm Reduction International/INPUD. **Joint Briefing for the Global Fund.**

5. **Understanding Experiences of Gender-Based Violence Among Women Who Use Drugs (WWUD)And Developing a Prevention and Response Framework in Coast, Kenya.** Dr. Habil Otanga, Fatma Jeneby, Muna Handulle, Machteld Busz, Prof. Harry Sumnall, Prof. Marie-Claire Van Hout, January 2021.

Sex Workers

6. Frontline Defenders. **LGBTIQ+ and Sex Worker Rights: Defenders at Risk During COVID-19.** Dec 2020

7. Count Me In! Consortium. **COVID-19 and Sex Worker Fact.** July 2020

8. Global Network of Sex Work Projects. **Global COVID-19 Impact Survey -Asia and the Pacific Regional Report.** Oct 2020

9. Global Network of Sex Work Projects. **Global COVID-19 Impact Survey -Africa Regional Report.** April 2020

Youth

10. APCASO **Assessing the Needs of Young Key Populations during COVID-19 Outbreak in Asia Pacific – Preliminary Report.** May 2020

11. Youth Voices Count **Coping with COVID: LGBTIQ Adolescents and Youth During the COVID-19 Pandemic.** January 2021

LGBTQ People

12. Global Philanthropy Project **Where Are the Global COVID-19 Resources for LGBTI Communities?** January 2021

13. Global Philanthropy Project **How is Global Philanthropy Responding to COVID-19?** May 2020

14. Global Black Gay Men Connect. **The Impact of COVID-19 on Black LGBTQI People.** Dec 2020

Multiple Populations

15. Frontline AIDS. **Transforming the HIV Response: How Communities Innovate to Respond to COVID-19.** Oct 2020

16. Y+ Global, GNP+, ICW. **Living with HIV in the Time of Covid 19: Report from a Survey of Networks of people living with HIV.** July 2020

17. Mama Cash. **CMI! Recommendations on COVID-19 and women's human rights.** June 2020

18. Aidsfonds. The team referenced an internal document from the Aidsfonds COVID-19 Analysis for the Love Alliance Partnership. For more on their COVID-related work **https://aidsfonds. org/covid-19**

U.S. Domestic

19. Stronger Together Partnership. **COVID-19 Virtual Strategic Think Tank: Responding to the Emerging Needs of COVID-19Within Communities of Color and Working to End the HIV Epidemic and Address Viral Hepatitis and STI in Communities of Color.** Oct 2020

20. Black AIDS Institute, San Francisco Community Health Center, and Latino Commission on AIDS. **COVID 19 National Rapid Response - Preliminary Report.** Oct 2020

21. Association of Prosecuting Attorneys, The Center for HIV Lawand Policy, Community Oriented Correctional Health Services, National Association of CriminalDefense Lawyers, The Williams Institute at UCLA School of Law, UCLA School of Law's Criminal Justice Program. **Proposed Public Health and Public Safety Pathways for Criminal Justice System Response to COVID-19 May 2020** May 2020

22. Funders for LGBTQ Issues and ABFE. **Philanthropy OUTlook: LGBTQ Black Communities** Oct 2020

23. Funders for Justice **Healing Justice Guidance to Philanthropy During COVID-19, the Uprisings, and Beyond** July 2020

APPENDIX C: INTERVIEWS

Inception Phase

1. Dave Scammell, Global Philanthropy Project

2. Lynn Werlich, AidsFonds

3. Karen Johnson and David Clark, Frontline AIDS

4. Morey Riordan, Transgender Strategy Center

5. Kiyomi Fujikawa, Third Wave Fund

6. Amelia Korangy, ViiV Healthcare

7. Jane Stafford, Gilead Sciences, Inc.

8. Kali Lindsey, Elton John AIDS Foundation

Additional Interviews

9. Mary Pounder, Comer Family Foundation

10. Ryan Li Dahlstrom, Borealis Foundation

11. Aryah Lester, Transgender Strategy Center

12. Venita Ray, Positive Women's Network

13. Valerie Rochester, AIDS United

14. Dafina Ward, Southern AIDS Coalition

15. Larry Scott-Walker, Thrive SS

16. Channing Wickham, Washington AIDS Partnership

17. Julia Lukomnik, Wyktor Dynarski, Farnoosh Hashemian, Open Society Foundations

18. Kate Thomson, Gilles Cesari, Global Fund, Community, Rights and Gender Division

19. Stellah Wairimu and George Mwai, East Africa Sexual Health & Rights Initiative (UHAI)

20. Susana Fried, Creating Resources through Empowerment in Action (CREA)

21. Ruth Birgin, Women and Harm Reduction International Network (WHIRN)

22. Judy Chang, International Network of People Who Use Drugs (INPUD)

23. Ganna Dovbakh and Marija Sketre, Eurasian Harm Reduction Association (EHRA)

24. Stasa Plecas and Marija Tosheva, Sex Worker Advocacy Network (SWAN)

25. Tinashe Rufurwadzo, Y+ Global Network

26. Jeff Acaba - Asia Pacific Council of AIDS Service Organizations (APCASO)

27. Jake Rashbass, Elton John AIDS Foundation

28. Raminta Stuikyte, EECA harm reduction consultant

29. Wame Jallows and Rebecca Hodes, International Treatment Preparedness Coalition (ITPC)

30. Dr Eric Goemaere, Médecins Sans Frontières

31. Shaun Shelly, South African Network of People Who Use Drugs (SANPUD)

32. Paul-Gilbert Colletaz, Red Umbrella Fund

33. Fatma Jeneby and Abdalla Badrus, Muslim Education and Welfare Association (MEWA)

34. Aditi Sharma, GNP+