FUNDERS FOR LGBTQ ISSUES

ISSUE BRIEF

HIV/AIDS + LGBTQ Communities in the United States

OCTOBER 2026

AIDS United

AIDS United sponsored the development of this issue brief.

CALL TO ACTION

The United States has the tools to end the HIV epidemic. We have PrEP, a highly effective medication that prevents HIV. We have treatment that allows people living with HIV to live long, healthy lives and prevents transmission. We have AIDS Drug Assistance Programs (ADAPs) that help people access lifesaving medication and care. We have harm reduction strategies that prevent HIV and hepatitis C, reduce overdose deaths, and connect people to support.

And yet, for too many people–particularly Black and Latino gay and bisexual men, transgender women of color, people who use drugs, immigrants, and communities across the South—these tools remain out of reach.

Disparities in HIV acquisition and care are not the result of individual failures or a lack of personal responsibility. These disparities exist not because we lack the necessary evidence, medicine, or community leadership. They exist because access to HIV prevention and care is still limited by stigma, racism, transphobia, poverty, housing instability, criminalization, underfunded public health systems, and political attacks on the very programs that keep people alive. PrEP remains inaccessible for many who could benefit most. ADAPs are facing mounting financial strain. Harm reduction services continue to be politicized and underfunded, despite overwhelming evidence that they save lives. And federal funding cuts to Medicaid, HIV prevention, Ryan White, and other public health infrastructure are currently disrupting care, reversing decades of progress.

This is more than a public health challenge. It is a test of our national commitment to equity, dignity, and justice.

The HIV movement has been here before. We know what happens when stigma, fear, and politics drive policy instead of science and compassion. But we also know what is possible when people with lived experience lead, when communities are trusted, and when public and philanthropic investments meet the scale of the need.

That is the opportunity before us now.

Philanthropy has a critical role to play. This is a moment to invest boldly in community-led organizations, advocacy, HIV prevention and treatment access, harm reduction, legal support, housing, and the infrastructure needed to sustain long-term progress. **Ending the HIV epidemic requires more than short-term grants or reactive crisis response. It requires sustained, flexible investment in the people and organizations closest to the work.**

The data offered in this brief help illustrate the urgent realities facing LGBTQ people living with and vulnerable to HIV in the United States. As you review the staggering statistics regarding HIV prevalence among Black transgender women, the concentration of new HIV diagnoses in the South, and the direct correlation between anti-LGBTQ legislation and reduced healthcare access, I urge you to use this issue brief as a tool to strengthen the case for action, deepen philanthropic investment, and advance a more just and effective HIV response.

Our communities are not waiting. Providers, advocates, harm reduction workers, and people living with HIV are doing the lifesaving work every day. Now, philanthropy, policymakers, and public health leaders must meet them with the resources, partnership, and urgency this moment demands.

Carl Baloney, Jr.
President and CEO,
AIDS United

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KEY DEFINITIONS[1]

- **ART:** Antiretroviral therapy, or medicine to treat HIV
- **PrEP:** Pre-exposure prophylaxis, or medicine that can significantly reduce a person's chance of acquiring HIV
- **PEP:** Post-exposure prophylaxis, or medicine to prevent HIV if taken immediately after a possible exposure
- **U=U:** Undetectable=Untransmittable, meaning that if a person living with HIV has maintained an undetectable viral load for at least 6 months, they will not transmit HIV to another person through sexual contact, injection drug use, or during pregnancy or chest/breastfeeding.
- **Viral Suppression:** When a person living with HIV has less than 200 copies of HIV per milliliter of blood in their system. If a person has an "undetectable" viral load, it means that the amount of virus in their system is so low that a standard lab test cannot detect the virus, even though the person is still living with HIV.

1. CDC. (2024, May 14). *HIV Terms and Definitions*. HIV. https://www.cdc.gov/hiv/glossary/index.html; *Undetectable Viral Load & Viral Suppression of HIV.* (n.d.). HIV.Gov. Retrieved April 16, 2026, from https://www.hiv.gov/hiv-basics/staying-in-hiv-care/hiv-treatment/viral-suppression

HIV/AIDS Prevalence and Incidence in the U.S.

- **In 2024, there were over 39,000 new HIV diagnoses in the United States among people 13 years and older.** Just over 25,000, or 65%, of these cases were among people reporting male-to-male sexual contact.[2]
  - **Black and Hispanic/Latino men made up a plurality of all new HIV diagnoses among men reporting male-to-male sexual contact in 2023.** Among people in this group aged 13-24 years, the highest percentage of new HIV diagnoses (47%) was among Black males. Among men older than 24 years, Hispanic/Latino men accounted for 40% of new diagnoses among all other racial and ethnic identities.[3]

- **In 2022, less than 1% (66) of new HIV diagnoses were among transgender men, while 2% (869) were among transgender women.[4]**
  - Among transgender people, rates of HIV acquisition were higher among transgender people of color; 40% of new HIV diagnoses among this population in 2022 were among Black individuals, and 38% were among Hispanic/Latino individuals.[5]
  - **The prevalence of HIV among transgender women may also be higher than surveillance data suggests. Historically, many HIV studies have conflated transgender women with men who have sex with men, obscuring the true burden of HIV among transgender women.[6]**
  - Estimates of HIV prevalence among all transgender individuals in the U.S. are varied. Some studies have found that between 25-28% of transgender people in the U.S. are living with HIV, whereas other studies focused on urban areas found this prevalence to be close to 42%.[7]

- Over half of all new HIV diagnoses in 2024 took place in the Southern region of the U.S., despite people in the South only making up 38% of the U.S. population. The South also accounts for 46% of all people living with HIV in the U.S., and has higher rates of HIV-related mortality compared to other regions. More LGBTQ adults live in the South than in any other region; as of 2021, 35.9% of LGBT people in the U.S. live in the South.[8]

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2. CDC. (2026, May 17). *HIV Diagnoses, Deaths, and Prevalence: 2026 Update*. HIV Data. https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2026.html
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8. CDC. (2026, May 17). *HIV Diagnoses, Deaths, and Prevalence: 2026 Update*. HIV Data. https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2026.html; Deeper Look: HIV in the South. (2025). *AIDSVu*. https://aidsvu.org/resources/deeper-look/hiv-south/; Andrew R. Flores & Kerith J. Conron. (n.d.). Adult LGBT Population in the United States. *Williams Institute*. Retrieved May 4, 2026, from https://williamsinstitute.law.ucla.edu/publications/adult-lgbt-pop-us/

- Half of all HIV diagnoses attributed to male-to-male sexual contact in 2024 occurred among individuals living in the South.[9]

- **Despite making up 19% of the population in the South, Black Americans experienced a disproportionate burden of new HIV diagnoses in 2023, accounting for half of all new HIV diagnoses in the region.[10]**

- For people living with HIV, antiretroviral therapy (ART) is a highly effective treatment to suppress viral load, improve immune function, prolong life, and significantly reduce the risk of transmitting HIV to another person. Lifelong adherence to ART is needed to sustain these benefits long-term.

  - **Of the estimated 1.2 million people living with HIV in the U.S., approximately 13% have not yet been tested and remain unaware of their HIV status.[11]** Out of all people diagnosed with HIV in 2024, 77% have received some level of HIV/AIDS-related care, 56% stayed in care for at least 3 months, and 69% achieved viral suppression.[12]

    → Comparatively, 72% of people living with HIV globally had a suppressed viral load in 2023.[13]

  - Of all people aged 13 and older diagnosed with HIV in 2024, 83.1% were linked to HIV medical care within one month of diagnosis.[14]

- **Achieving durable viral suppression (DVS) is critical to ending the HIV epidemic in the U.S. Systemic barriers, such as poverty, racism, lack of access to health insurance, substance use disorder, and housing instability, are all factors that affect one's ability to achieve viral suppression.** A study found that people who are Black, gay, transgender, or unhoused were more likely to have low rates of viral suppression due to these factors.[15]

- A 2026 report released by GLAAD found that HIV remains a stigmatized illness, and this stigma poses a significant barrier to accessing care. **Only 61% of the 2,500 adults surveyed felt comfortable around family members living with HIV (compared to 66% in 2024).** Of those surveyed, 44% disagreed with the long-proven medical understanding that Undetectable=Untransmittable (U=U). Only 31% of Gen Z respondents, the generation with the largest proportion of openly LGBTQ people, felt knowledgeable about HIV.[16]

9. CDC. (2026, May 17). *HIV Diagnoses, Deaths, and Prevalence: 2026 Update.* HIV Data. https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2026.html
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12. CDC. (2026, May 18). *National HIV Prevention and Care Objectives: 2026 Update.* HIV Data. https://www.cdc.gov/hiv-data/nhss/national-hiv-prevention-and-care-objectives-2026.html
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HIV is a manageable chronic illness when effectively treated with ART, but many people living with HIV face adherence challenges.

HIV/AIDS Prevention and Treatment

- **Pre-exposure prophylaxis, or PrEP, is antiretroviral medication that a person can take to prevent HIV and has often been used by people who have a high potential of being exposed to HIV through any mode of transmission (e.g, sexual contact, injection drug use).** Since its FDA approval in 2012, PrEP has come in the form of a daily oral pill. Research and development over the last several years have also enabled long-acting methods such as the cabotegravir injection, which is given every 2 months, and most recently the lenacapavir injection, which is given twice a year (every 6 months).[17]

- Access to PrEP is essential to eliminate HIV in the U.S. If PrEP were to be distributed to all individuals likely to benefit the most, a total of 13,600 new infections per year would be prevented.[18]

    - **PrEP uptake among LGBTQ individuals is dependent on various structural and societal factors.** While the majority of LGBTQ people are aware of PrEP, perceptions of risk and stigma can be barriers to accessing prevention services. For queer and transgender people of color, internalized stigma around taking PrEP, logistical barriers to accessing health services, racism, and distrust in medical systems, and misinformation about PrEP pose further barriers to seeking HIV prevention care.[19]

- **HIV is a manageable chronic illness when effectively treated with ART, but many people living with HIV face adherence challenges.** These barriers, often systemic in nature, include the cost of the medication, transportation challenges, cost of medical visits and laboratory monitoring needed to take medication safely, mental health disorders, forgetting to take the medication, difficulty integrating it into daily routines, and experiencing side effects. Further, HIV stigma can contribute to reduced engagement of care, and can result in lack of social support, housing instability, exposure to HIV criminalization laws, and fear of being targeted based on immigration and HIV status. These barriers pose a significant challenge to achieving viral suppression.[20]

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- For LGBTQ individuals living with HIV, there are additional barriers to accessing and consistently using ART. **Homophobia and transphobia in the healthcare system often results in a lack of cultural competency on the part of healthcare professionals.** In the Southern U.S., LGBTQ individuals living with HIV reported many of their peers being closeted, leading healthcare workers to underestimate the number of LGBTQ people in their communities and, therefore, the scope of the community's need for HIV treatment services.[21]

Unique Barriers for Transgender & Gender Expansive Individuals Accessing HIV/AIDS Services

- **Transgender individuals have a higher burden of HIV compared to cisgender people, but have been historically excluded from sexual and reproductive health research, including research on HIV.** However, recent HIV prevention research that includes transgender and nonbinary people reveals that they face unique barriers and facilitators to accessing health services, including PrEP.[22]

- As of 2022, the prevalence of HIV among transgender people was 3 times higher than the general public. **Transgender women had the highest prevalence of HIV compared to other transgender individuals, and Black transgender women had an HIV prevalence 6 times higher than other transgender women.**[23]

  - As a result of discrimination and violence, transgender women face higher rates of housing instability, sex work, poverty, lack of health insurance, and insufficient access to culturally-competent and gender-affirming healthcare providers. These factors contribute to a higher HIV prevalence among transgender women.[24]

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- Transgender women of color in particular face several barriers to accessing PrEP services. **Black and Latina transgender women have reported experiencing racism within the transgender community, especially through stereotypes around sexual behaviors, which increases the stigma of going to a clinic to access PrEP.** Latina transgender women, specifically, are also less likely to seek HIV prevention services if they anticipate cultural or language barriers or if they believe they will be targeted based on their immigration status.[25]
    - **Distrust in medical systems also contributes to healthcare avoidance among transgender women of color.** The lack of access to gender-affirming or other competent care for transgender people in many health clinics also contributes to transgender women's reluctance to access care.[26]
- **Access to gender-affirming care is critical to improving HIV-related outcomes among transgender people. Receiving gender-affirming hormone therapy was found to reduce a person's probability of acquiring HIV and increase the likelihood that they would achieve durable viral suppression.**[27]

Receiving gender-affirming hormone therapy was found to ***reduce the probability of acquiring HIV*** *and increase the likelihood of durable viral suppression.*[27]

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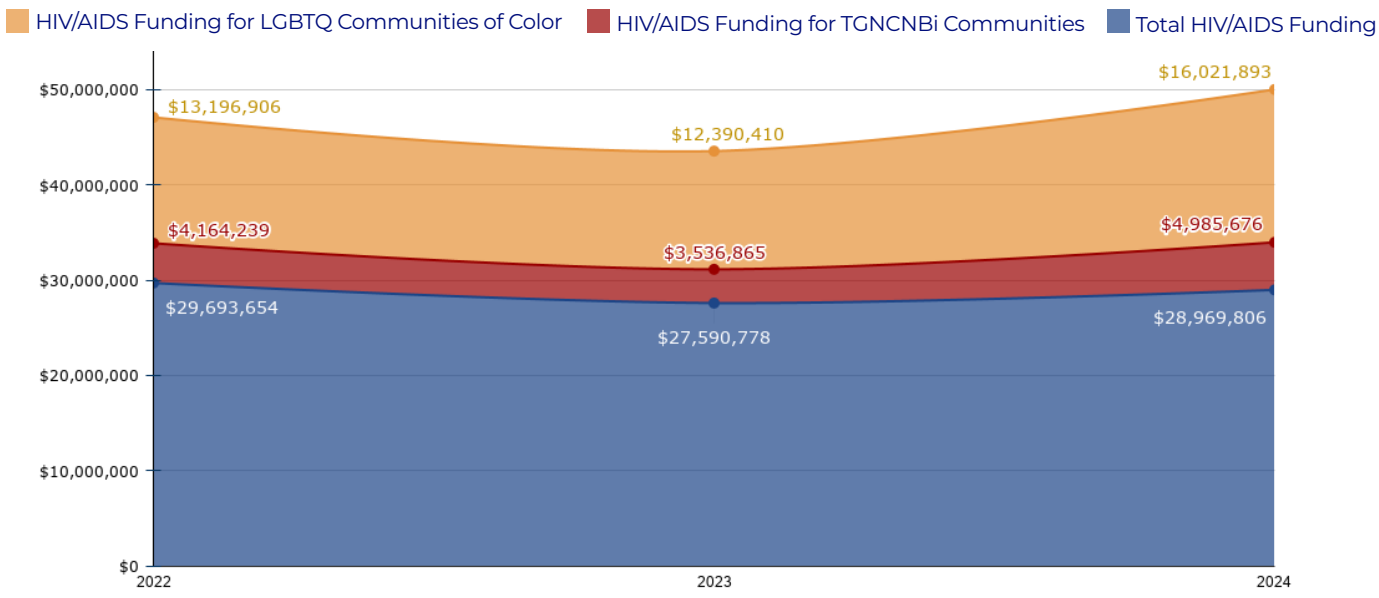
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HIV/AIDS + LGBTQ Philanthropic Landscape in the U.S.

- Based on resource tracking conducted by Funders Concerned About AIDS (FCAA), overall global philanthropic support for HIV/AIDS in 2024 decreased slightly (less than 1%) from 2023 levels while funding for LGBTQ+ populations impacted by HIV around the world increased by a total of 21% in 2024.[28]
  - Within the U.S specifically, a similar increase was seen. While overall HIV philanthropy funding in the U.S. increased by $32 million from 2023 to 2024 (a 11% increase), HIV funding for LGBTQ+ communities increased by 24% ($16 million). **Though HIV funding in the U.S. generally moved through national-level grants, more than 75% of HIV funding for LGBTQ communities in the U.S. went to organizations operating at the local level.**[29]
- According to resource tracking of LGBTQ philanthropy in the U.S., philanthropic funding for LGBTQ organizations working on issues related to HIV decreased from $29.7 million in 2022 to $27.6 million in 2023, then increased slightly to just under $29 million in 2024.[30]
  - **For transgender, gender nonconforming, and nonbinary (TGNCNBi) communities, funding for issues related to HIV also decreased from $4.2 million in 2022 to $3.5 million in 2023, before increasing to slightly less than $5 million in 2024.**[31]
  - For LGBTQ organizations focused on people of color, funding for HIV issues saw a similar decrease from $13.2 million in 2022 to $12.4 million in 2023 and an increase to $16 million in 2024.[32]

U.S. LGBTQ Grants for HIV/AIDS Programs Over Time, 2022-2024



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Impacts of Federal Funding Cuts on Domestic HIV/AIDS Programs

- **Recent cuts to federal healthcare funding by the Trump-Vance Administration have had significant impacts on HIV prevention and treatment programs nationwide since early 2025.**[33] For example, the Ryan White HIV/AIDS Program, which serves more than half of all people living with HIV in the U.S., has seen stalled funding, staffing shortages, and cuts to Congressional appropriations that could worsen over the 2027 fiscal year.[34]
  - **Globally, 65% of HIV/AIDS funders surveyed by FCAA reported that they were directly impacted by the Trump-Vance Administration's stop-work orders in 2025.** More than a third (37%) of these funders increased their HIV-specific grantmaking as a result, with U.S. funders reporting nearly $2 million in new HIV funding, at a minimum.[35]

- The cuts at the federal level have resulted in reductions in state budgets that further constrain state-level HIV prevention and treatment programs like AIDS Drug Assistance Programs (ADAPs). **ADAPs provide treatment and insurance assistance for people living with HIV.** Federal funding for ADAPs has not increased in 12 years, but these programs will see increased demand as out-of-pocket premiums for those on Affordable Care Act healthcare plans will increase substantially due to the One Big Beautiful Bill.[36]
  - To relieve pressure on ADAPs with a reduced budget, some states have implemented changes to eligibility requirements, leaving thousands of people without access to care. In Florida in 2026, for example, the state Department of Health reduced ADAP income eligibility from 400% of the Federal Poverty Level (FPL) to 130% FPL, cut insurance assistance programs, and removed Biktarvy, a single-tablet HIV medication recommended as a first-line regimen by national guidelines, from the program's available medications. **These eligibility changes led to a decrease in the number of people that could access HIV care through the ADAP, leaving an estimated 12,000 people without HIV care.** After outrage and protests from HIV activists in Florida, as well as a lawsuit from the AIDS Healthcare Foundation, the state government passed emergency legislation to restore access to Floridians who lost coverage, but the future of ADAP in Florida depends on future state and federal budgets for HIV/AIDS care.[37]

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33. The Trump-Vance Administration has issued a series of executive actions intended to restrict, if not remove, the human rights of LGBTQ people, as well as eliminate Diversity, Equity, and Inclusion (DEI) programming across the federal government, federal contractors, and grantees. By unilaterally making decisions on funding for healthcare in the U.S. without Congressional oversight, the Trump-Vance Administration has the power to target specific groups, including communities most impacted by HIV. These actions have impacted funding from LGBTQ health centers and also made it harder for organizations to implement HIV/AIDS programs with federal funding. For more information, please see: Dawson, L. and Kates, J. (2026, April 21). *Overview of President Trump's Executive Actions Impacting LGBTQ+ Health. Kaiser Family Foundation (KFF).* https://www.kff.org/lgbtq/overview-of-president-trumps-executive-actions-impacting-lgbtq-health/; Patty Murray. (n.d.). *FACT SHEET: Trump's Illegal and Unconstitutional Scheme to Withhold Funding Headed to Communities Across America* | United States Senate Committee on Appropriations. Retrieved May 6, 2026, from https://www.appropriations.senate.gov/news/minority/new-fact-sheet-trumps-illegal-and-unconstitutional-scheme-to-withhold-funding-headed-to-communities-across-america; Joyce, P. (2025). High Noon for the Separation of Powers?: Trump and the Impoundment Control Act. *Public Budgeting & Finance, 45*(4), 3–14. https://doi.org/10.1111/pbaf.70004

34. Lindsey Dawson. (2026, March 2). Constrained Budgets Lead States to Restrict HIV Drug Access Through Ryan White. *KFF*. https://www.kff.org/hiv-aids/constrained-budgets-lead-states-to-restrict-hiv-drug-access-through-ryan-white/

35. *Adapting in Crisis: 2025 Rapid Response Survey.* (2026). Funders Concerned About AIDS. https://www.fcaaids.org/wp-content/uploads/2026/03/FCAA_RapidResponseSurvey_Spotlight_FINAL.pdf

36. About 17 Million More People Could be Uninsured due to the Big Beautiful Bill and other Policy Changes. (n.d.). *KFF*. Retrieved April 16, 2026, from https://www.kff.org/quick-take/about-17-million-more-people-could-be-uninsured-due-to-the-big-beautiful-bill-and-other-policy-changes/; HIV+Hepatitis Policy Institute. (2026, March 5). *Comprehensive National PrEP Bills to Prevent HIV Introduced.* POZ. https://www.poz.com/article/comprehensive-national-prep-bills-prevent-hiv-introduced

As of 2024, there were nearly 600,000 PrEP users in the U.S., which is roughly 50% of the CDC's estimated 1.2 million people who could benefit from PrEP.

- The reductions in federal healthcare funding and the potential for further cuts to HIV prevention services threatens to exacerbate the PrEP coverage gap. **As of 2024, there were nearly 600,000 PrEP users in the U.S., which is roughly 50% of the CDC's estimated 1.2 million people who could benefit from PrEP.** However, recent data suggest that this figure is closer to 2.3 million, nearly double the CDC's current estimates.[38]
  - In 2026, Senators Smith (MN) and Schiff (CA) and Reps Takano (CA), Balint (VT), and Pocan (WI) introduced the PrEP Access and Coverage Act of 2026 to address this growing gap. The bill would increase insurance coverage for all forms of PrEP, prohibit discrimination based on PrEP use in insurance coverage, and establish grant programs to provide PrEP to those without insurance or access to health centers. Though the legislation is unlikely to pass in the current Congress, it establishes a plan of action to increase PrEP coverage in the U.S.[39]

- **The strain on the HIV response in the U.S. due to funding uncertainty, workforce disruptions, and policy shifts has resulted in significant disruptions in service delivery.** A recent survey of providers working across Federally Qualified Health Centers (FQHCs), hospitals, private practices, and other outreach settings found that from July to October 2025, **61% of respondents saw disruptions to at least one HIV service, and 68% of respondents saw one or more operational changes to their clinics due to funding or policy changes. These disruptions have disproportionately impacted transgender individuals and immigrants (including those who are undocumented).** Almost all respondents also reported that these cuts made structural barriers to accessing care more pronounced.[40]

37. Kenslea, G. (2026, March 24). Gov. DeSantis Signs Emergency Bill Restoring HIV Drug Access for Over 12,000 Floridians. *AIDS Healthcare Foundation.* https://www.aidshealth.org/2026/03/gov-desantis-signs-emergency-bill-restoring-hiv-drug-access-for-over-12000-floridians/; Levenson, M. (2026, March 25). Florida Restores Access to Low-Cost H.I.V. Medications After Uproar. *The New York Times.* https://www.nytimes.com/2026/03/25/health/florida-hiv-meds-assistance-program.html
38. Schweitzer, K. (2026). After a Decade of Progress Against HIV, PrEP Enters a Precarious Era. JAMA, 335(13), 1108–1110. https://doi.org/10.1001/jama.2026.1795; PrEPVu. (2025, June 26). *PrEP Use in 2024 – PrEPVu.* AIDSVu. https://prepvu.org/resources/prep-use-in-2024/; Kourtis, A. P., Wiener, J., Zhu, W., Rönn, M. M., Salomon, J., Huang, Y.-L. A., Lyles, C., Patel, R. R., Hoover, K. W., Fanfair, R. N., & Mermin, J. (2025). Estimating the population need for preexposure prophylaxis for HIV in the United States. *Annals of Epidemiology, 106*, 48–54. https://doi.org/10.1016/j.annepidem.2025.04.017
39. HIV+Hepatitis Policy Institute. (2026, March 5). *Comprehensive National PrEP Bills to Prevent HIV Introduced.* POZ. https://www.poz.com/article/comprehensive-national-prep-bills-prevent-hiv-introduced
40. Emergency HIV Clinical Response Task Force. (2026). *HIV Response in the U.S. Experiencing Renewed Strain.* https://www.iapac.org/wp-content/uploads/2026/04/US-HIV-Service-Disruption-Impact-Data-Brief-v2-14-April-2026.pdf

Legal Barriers and the Criminalization of HIV

- Recent years have seen a sharp rise in anti-LGBTQ legislation across the U.S., which has monumental impacts on health services, particularly for HIV testing, prevention, and treatment. **For LGBTQ youth, living in states with anti-LGBTQ legislation was associated with lower rates of PrEP usage and lower rates of HIV and STI testing, and this association was more significant among LGBTQ youth of color.**
  - Conscientious objection laws, which permit healthcare providers to deny providing specific services based on the provider's personal or religious beliefs, could impact as much as 20% of the country's LGBTQ population that live in states with such laws. **LGBTQ people living in states with conscientious objection laws were 28% less likely to report receiving an HIV test and 71% more likely to self-report being in fair or poor health after such laws were passed.**[41]
- Laws that criminalize HIV exposure and non-disclosure or carry stronger punishments for people living with HIV especially target LGBTQ people of color, and Black LGBTQ people in particular. **Thirty-two states in the U.S. have an HIV-specific law that criminalizes exposure to or transmission of HIV,** even where transmission did not occur, there was no intent to transmit and/or where there was no activity that could have resulted in transmission, such as biting or spitting. Black Americans are more likely to be charged or convicted of an HIV-related crime, and are more likely to be placed on a sex offense registry due to an HIV-related conviction. **HIV criminalization laws disproportionately target transgender women of color, particularly Black and Latina trans women living with HIV,** who may be profiled by police and charged under a statute that carries a higher penalty for people living with HIV, such as aggravated prostitution.[42]

41. Kelly, N. K., Ranapurwala, S. I., Pence, B. W., Hightow-Weidman, L. B., Slaughter-Acey, J., French, A. L., Hosek, S., & Pettifor, A. E. (2024). The relationship between anti-LGBTQ+ legislation and HIV prevention among sexual and gender minoritized youth. *AIDS (London, England), 38*(10), 1543–1552. https://doi.org/10.1097/QAD.0000000000003926; Tran, N. M., & Seljord-Solberg, P. (2026, April 10). *Doctors can refuse to treat LGBTQ+ patients in several states – these religious exemption laws lead to drops in HIV testing.* The Conversation. https://doi.org/10.64628/AAI.nk947vjrt; Tran, N. M., McKay, T., Gonzales, G., Dusetzina, S. B., & Fry, C. E. (2025). Association of State Conscientious Objection Laws and Sexual Minority Population Health. *Sexuality Research and Social Policy.* https://doi.org/10.1007/s13178-025-01243-z

42. *Mapping HIV Criminalization Laws in the U.S., CHLP (2025) | The Center for HIV Law and Policy.* (2025, February). https://www.hivlawandpolicy.org/maps; Nathan Cisneros, Jordan Grasso, & Brad Sears. (2026, February). HIV Criminalization and Black Americans. *Williams Institute.* https://williamsinstitute.law.ucla.edu/publications/hiv-crim-black-americans/; Angelo, J. (2026, March 28). *"Take the Test, Risk Arrest": Why Some HIV-Positive Americans Are Still Forced to Register as Sex Offenders.* https://www.unclosetedmedia.com/p/take-the-test-risk-arrest-why-some; Center for American Progress & Movement Advancement Project. (2016, May). *Unjust: How the Broken Criminal Justice System Fails Transgender People.* https://www.mapresearch.org/policy-and-issue-analysis/criminal-justice-trans

RECOMMENDATIONS

For Grantmakers

- Use the data presented in this issue brief to organize within your institutions and **make strategic funding decisions** at the intersection of HIV/AIDS and LGBTQ communities.
  - **Invest in HIV programming tailored to key populations,** including gay, bisexual, and other same gender-loving men (especially Black and Latinx populations), trangender women of color, sex workers, people who use drugs, and those living in the U.S. South. Failing to prioritize these populations would result in a surge of new HIV acquisitions and reverse decades of progress.
  - **Engage directly with local, state, regional, and national HIV organizations working at the intersections** to ensure the following types of initiatives are abundantly resourced:
    - **Advocacy, training, and education** to reduce barriers to accessing HIV/AIDS prevention, care, and treatment, particularly for immigrants and TGNC communities of color.
    - **LGBTQ-sensitive wrap-around services** for people living with or who are vulnerable to HIV, including through initiatives to provide housing, legal support, and substance abuse treatment.
    - **Narrative change strategies** to build public understanding of health disparities among populations at highest risk, and reduce stigma that prevents people from seeking care.
  - **Increase flexible, general operating support and multi-year giving** to decrease grantees' overhead expenses and demand on their staff capacity, thereby more effectively supporting grantees to achieve the long-term social change they seek to make.
    - Fund state-based campaigns to **restore or protect federal funding for HIV/AIDS programs** like ADAPs, especially in the U.S. South.
  - **Get resources as close to the ground as possible**, including through grantees that are trans- and BIPOC-led. If you would like suggestions of community foundations and other intermediary entities that fund grantees working at this intersection, please contact Funders for LGBTQ Issues or Funders Concerned About AIDS.
- **Join Funders United for Democracy and Trans Justice (DTJ)**, an initiative that builds new learning spaces for philanthropic organizers to learn about the systemic threats facing trans communities and strategize to mobilize resources accordingly.
- **Submit your institution's grantmaking data** to ensure that your institution's work is reflected in future resource tracking reports.
  - Submit LGBTQ grant data to Funders for LGBTQ Issues
  - Submit HIV/AIDS grant data to FCAA

- **Sign onto the Grantmakers United for Trans Communities (GUTC) Pledge** to publicly express your foundation's support for and solidarity with trans communities and identify action steps to build a more trans inclusive workplace.

- **For Grantmakers in the U.S. Southeast or with a regional commitment to the South:** Learn more about how to more effectively serve LGBTQ communities in the region with support from the Out in the South Program.

For LGBTQ-serving Organizations

- **Assess ways to center or further center people living with or vulnerable to HIV in your programming**. Consider the following questions: *If you had an HIV program and no longer do, why is that? What would it mean to reinstate it?*

- **Use the latest resource tracking data from both FCAA and Funders for LGBTQ Issues** to inform your organization's programs and fundraising strategies, as well as data presented in this brief to understand the specific needs and experiences of LGBTQ people, particularly those living with or vulnerable to HIV, in the U.S.

- Refer to relevant reports for support in **navigating the LGBTQ philanthropic landscape.**[43]

- Contact research@lgbtfunders.org if you have any questions about this research or would like to discuss ideas for how to use this information to support your work.

For Advocates & Allies

- **Share these key findings with your networks, particularly those who may not be familiar with LGBTQ issues, HIV/AIDS programs or funding, or social justice more broadly.**

- **Connect with Funders for LGBTQ Issues (@lgbtfunders) on social media to stay informed about the latest updates in LGBTQ philanthropy.**

43. Funding LGBTQ+ Projects: Navigating the U.S. Philanthropic Landscape, Dale, E., Dorothy A. Johnson Center for Philanthropy at Grand Valley State University, 2026.

ABOUT THESE ISSUE BRIEFS

In the past several years, LGBTQ[44] communities have been at the crosshairs of a coordinated and vicious strategy to strip away our rights. In the United States, these attacks on bodily autonomy have taken the shape of executive actions and state legislation seeking to criminalize queer and trans existence–from the administration's targeting of trans youth, to blocking global aid recipients from supporting trans rights and diversity, equity, and inclusion efforts, and the nearly 500 anti-LGBTQ bills proposed in state legislatures across the country thus far in 2026, an intersectional response from philanthropy is needed.

The impact of these attacks are vast and far-reaching, with Black and Brown people, immigrants, and not only rural, but global LGBTQ communities left most vulnerable. In this context, Funders for LGBTQ Issues' 2024 Annual Resource Tracking Report found a 15% decrease in philanthropic investment for LGBTQ communities and issues in the United States. This translates to a staggering $31.2 million drop from 2023 during a time when our communities are under attack. Similarly, funding awarded for transgender, gender non-conforming, and non-binary communities decreased by 9% from 2023 to 2024 as TGNC communities are being relentlessly targeted.

To strengthen philanthropy's understanding of how the needs of LGBTQ communities intersect with related social justice issues and make the case for increased investment during this time of crisis, **Funders for LGBTQ Issues is releasing a series of issue briefs offering a queer lens to intersectional topics, such as immigration, disability justice, and HIV/AIDS.** The briefs will include relevant data at the intersection of the issue and LGBTQ communities, as well as provide actionable steps for grantmakers to center these issues in their grantmaking strategies. We believe this series will offer a critical case-making tool for funders across the philanthropic sector to engage more proactively in the urgent needs of our communities.

44. Throughout this resource, the acronym "LGBTQ" is inclusive of LGBTQ communities and individuals in all our diversity, including lesbian, gay, bisexual, transgender, queer and questioning, intersex, asexual, agender, two-spirit, non-binary, gender non-conforming, and all persons who identify as LGBTQ+.