SHIFting the Narrative:

A Celebration of Eight Years of the Southern HIV Impact Fund

AIDS United

SOUTHERN HIV IMPACT FUND

Executive Summary

This AIDS United retrospective report is an analysis of the Southern HIV Impact Fund's cumulative eight years of operation, highlighting its role in strengthening community-led HIV infrastructure across the South, and the measurable and lived impact grantees advanced through prevention, care, advocacy, and movement building.

As AIDS United completes the eighth year of the initiative, it is critical to conduct a thorough eight-year retrospective evaluation of its impact and its alignment with the original mission and goals, especially as the operating environment has become more volatile, more politicized, and less predictable for HIV and LGBTQ+ inclusive work. The purpose of this retrospective analysis is threefold:

1. To evaluate the effectiveness of the approaches employed by AIDS United and to determine whether the Southern HIV Impact Fund's strategic emphases and funding allocations have translated into tangible impact in the South, including stronger organizational capacity, deeper community reach, and more durable local infrastructure.
2. To identify emerging patterns and changes over the last eight years, crucial in informing HIV prevention and care service provision, partnership development, and community grounded advocacy in addition to the development of policies in the South.
3. To contribute a robust base of evidence for future strategic planning, empowering AIDS United to amplify the program's impact, including year nine priorities to disseminate public facing tools and findings, conduct think tanks and an environmental scan, host community forums, and issue low barrier urgent action grants to respond to emergent threats.

This retrospective is a tool for AIDS United to hold itself accountable to its goals, its partners and the broader community of organizations supporting communities living with or vulnerable to HIV. AIDS United is committed to understanding the Southern HIV Impact Fund's impact through systematic data collection, insight discovery and refinement of strategies. These practices constitute AIDS United's framework for facilitating this understanding, and for turning learning into action in year nine and beyond.

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Introduction

Southern HIV Impact Fund Historical Overview

Funders Concerned About AIDS convened in 2017 a group of funders with the intention of collaborating to create leveraged impact on the HIV epidemic in the Southern United States. This collaborative fund brought a strategic focus on HIV care and prevention services, advocacy and leadership development efforts in this region, with a coordinated approach among funders.

The Southern HIV Impact Fund was created with generous support from five funders under the Funders Concerned About AIDS umbrella: Ford Foundation, Gilead Sciences, Elton John Foundation, ViiV Healthcare and Johnson & Johnson. From the start, the Fund committed to directing at least 75% of all funds received to grantee organizations.

This collaborative model was a coordinated approach to developing strategies to end the epidemic and was pivotal in deepening the understanding of challenges faced by the region. Back in 2017, the five funders saw the strengths and commitment that regional organizations already possess in creating effective, relevant programs and initiatives to address the HIV epidemic in their communities.

Because there is a preexisting strong legacy of social justice work in the South that has long focused on racial and gender equality and reproductive rights, there are many allied organizations who are primed to combat the HIV epidemic. Funders Concerned About AIDS formed the Southern HIV Impact Fund with the understanding that Southern organizations working in the intersecting fields of racial and social justice, gender equality, reproductive and LGBTQ+ rights, immigration reform, and detention and mass incarceration, among others, are already ideally positioned to positively impact the social determinants of health that have significant implications for people living with or vulnerable to HIV in the South.

Eight years later, the Southern HIV Impact Fund remains committed to identifying leaders and organizations that are already engaged in HIV work, as well as those who are relatively new to HIV but are engaged in intersecting social justice work, to effectively address the prevention, care and support, advocacy, and leadership needs of individuals and communities impacted by HIV.

Our Mission

We are a collaborative of funders seeking a more coordinated and effective response to HIV and greater collective impact against the disparities that continue to drive the epidemic in marginalized communities in the Deep South.

Vision

We envision unfettered access to HIV prevention and care for those living with, and most impacted by, HIV in the deep south, achieved through:

- Increased, impactful and coordinated investment in communities where resources are most needed.
- Intersectional and sustainable social justice movements, recognizing HIV as a central challenge.
- A robust pipeline of leadership that is inclusive of Black, Latinx and LGBTQ communities.

Values

- Operate with transparency in grantmaking.
- Ensure grantmaking is informed by and responsive to community needs. Bring an intersectional approach to movement-building and service delivery.
- Build on the existing infrastructure and resilience inherent in southern communities.
- Offer user-friendly and flexible grantmaking processes, accessible to a wide range of organizations and groups.
- Take risks and award innovation.
- Bring race, class and gender analyses to the grantmaking process.
- Prioritize evaluation to better understand and advocate for collaborative grantmaking.

HIV in the Southern U.S.

The Southern HIV Impact Fund initiative is strategically aligned with the U.S. Department of Health and Human Services' Ending the HIV Epidemic (EHE) initiative. The EHE was established to prioritize those jurisdictions accounting for over half of new HIV diagnoses, and the states that bear a significant burden. It provides 57 jurisdictions with additional resources, technology and expertise to enhance HIV prevention and treatment activities. By design, the Southern HIV Impact Fund also prioritizes jurisdictions that account for a significant proportion of new HIV diagnoses, especially those located in urban and rural parts of the South. By merging its efforts with the established framework of the EHE initiative, the Southern HIV Impact Fund not only amplifies its reach and impact in these critical areas but also becomes an integral part of a coordinated national effort to end the HIV epidemic.

The U.S. South has an extremely disproportionate burden of HIV when compared with other regions of the country. The region, characterized by significant socioeconomic disparities, limited access to sexual and reproductive health care, and a complicated sociopolitical landscape, bears the country's highest HIV diagnosis rates. Social determinants such as poverty, lack of transportation, income inequality, and lack of insurance have been shown to be predictive indicators for HIV. Lack of insurance and absence of specialized HIV care, combined with HIV stigma, racism, homophobia and transphobia all pose barriers to receiving the treatment and the support people living with HIV need.

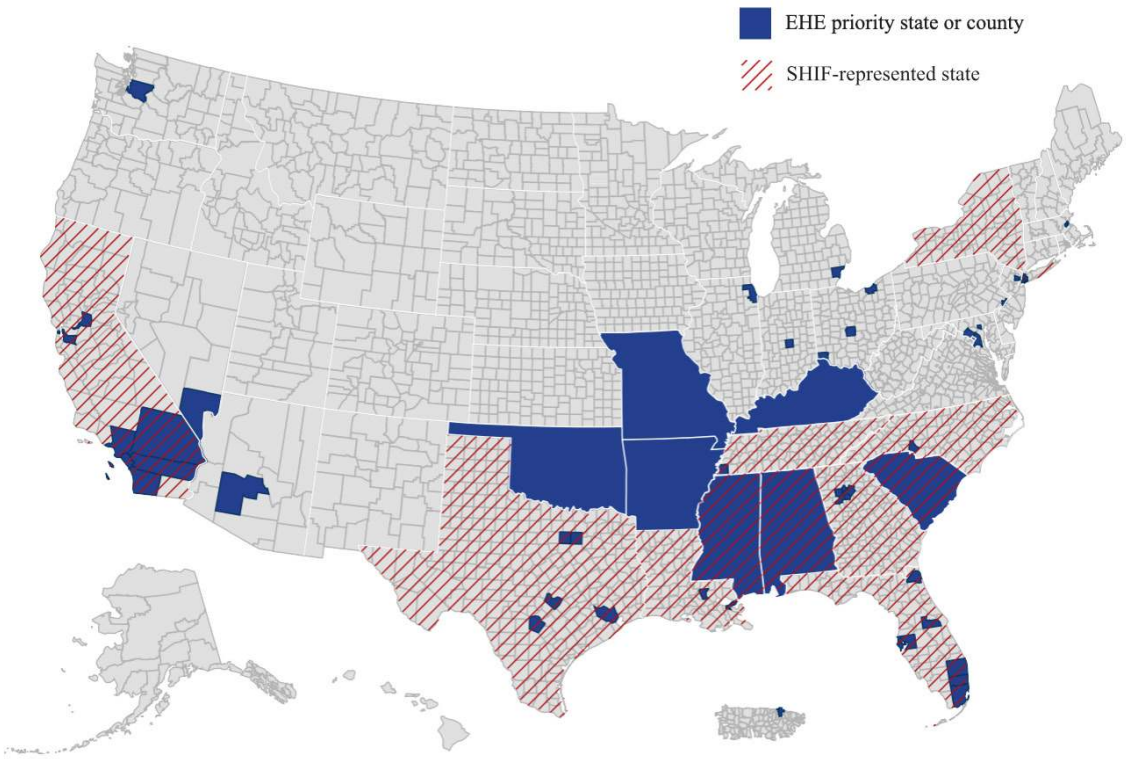
During the Southern HIV Impact Fund's third and fourth years, the COVID-19 pandemic only exacerbated these challenges faced by many Southerners living with and vulnerable to HIV. The program's foundational intent was to address these disparities through strategic deployment of direct funding to frontline organizations in the region.

In its eight years of operation, the Southern HIV Impact Fund dispersed a significant sum of over $15.3 million, across 274 grants, supporting 105 unique grantee organizations. Grantees ranged from new to moderately experienced community-based organizations, varying in size, united by a shared mission to end the HIV epidemic.

The Southern HIV Impact Fund, hereafter referred to as the Fund, grants came in two forms: project specific and general operations. There were 140 project specific grants that funded individual projects, each tied to specific goals and measurable outcomes. In addition, there were 134 general operations grants that offered flexibility, allowing organizations to cover any operational costs as needed, including overhead, salaries and routine expenses.

Methodology Overview

A comprehensive approach was adopted to gather the data referenced in this eight-year retrospective report. A combination of qualitative and quantitative analyses formed the backbone of this evaluation and allowed for a multifaceted exploration of the cumulative eight years of the Fund.



Data Collection

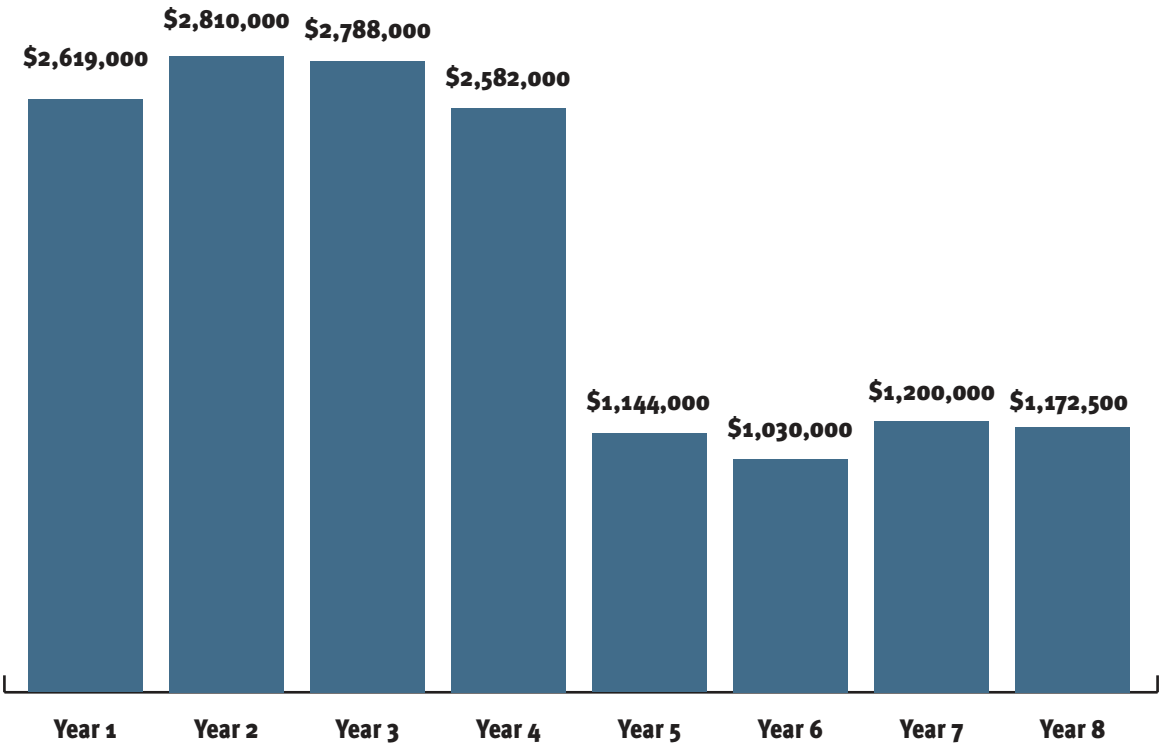
1. **Requests for Proposals (RFPs)** were used as benchmarks to understand the intended outcomes at the beginning of each grant year.
2. **Grantee application profiles** were reviewed to understand each grantee organization's goals, direct services and activities for beneficiaries.
3. **Budget reports** served as the lens to observe resource allocation for each grant year.
4. **Survey results** conducted at baseline, interim and final stages, along with check-ins throughout the grant years, provided a progressive view of grantees' activities and development.
5. **Annual evaluation reports** from the last eight years formed the foundation of the analysis, yielding valuable insights into the historical performance of grantees.
6. **Grantee testimonials** were incorporated to lend a qualitative dimension, humanizing and authenticating the empirical data.

Analysis

Funding Overview

The chart below shows an overview of the total grant funding that was allocated.

Southern HIV Impact Fund Total Funding Amount ($15,345,500)



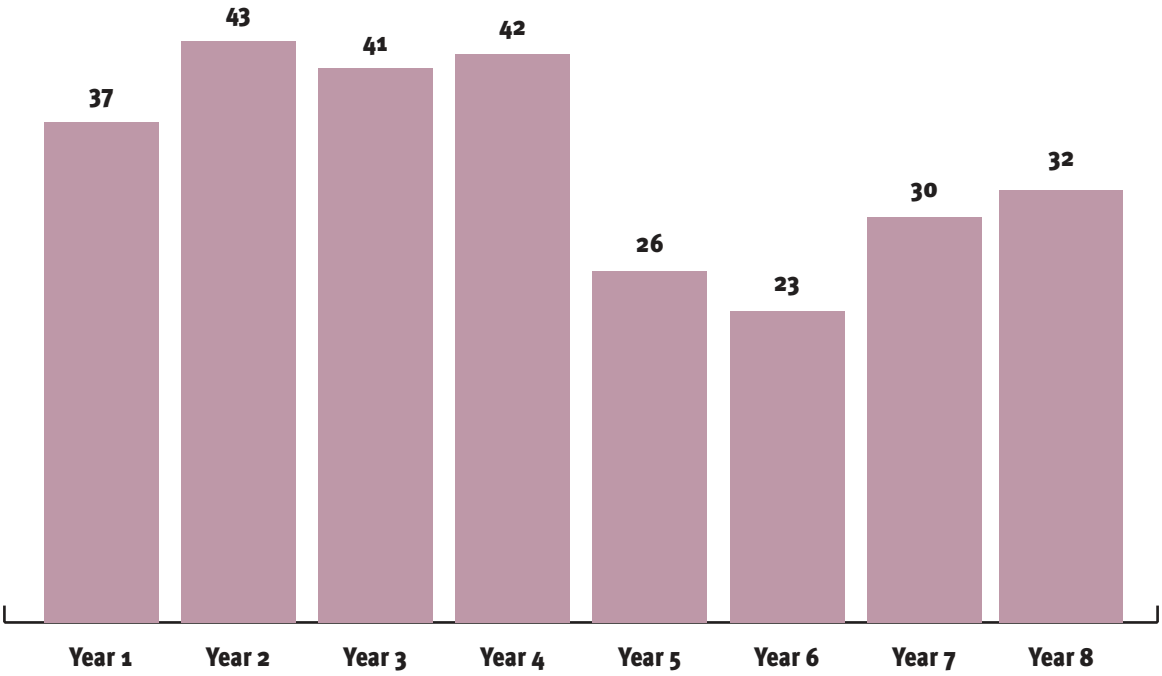
A variance most notable beginning in year five was primarily due to changes in the program's funding landscape. Three of the initial key funders: Johnson & Johnson, the Elton John Foundation, and the Ford Foundation, shifted their priorities and reduced or eliminated their commitment to the Fund.

While this presented challenges, the AIDS United and the Fund adapted by securing new partners, including the Levi Strauss Foundation, Merck, Janssen Pharmaceutical Companies, and a generous anonymous funder, who helped sustain its operations.

Number of Grants

The Fund has created a total of 274 grants for 105 unique grantee organizations, and over the eight years, the number of grants varied in correspondence with changes in funding. Starting with 37 grants in the inaugural year, this number peaked at 43 in the second year, coinciding with the peak funding amount. **The number of grants in the sixth year, when funding was lowest at $1.03 million, was only 23.** This trend pointed to a direct relationship between available funding and the capacity to support grant making, while highlighting the initiative's resilience in maintaining support for a substantial number of grantee organizations amidst funding fluctuations.

Number of Grants (N=274)



General Operations Grants and Project-Specific Grants

Over time, the Fund amended its grant allocation model, transitioning from an initial focus on project specific grants, to general operations grants. The latter allowed grantees to cover any operational costs, including overhead, salaries and routine expenses.

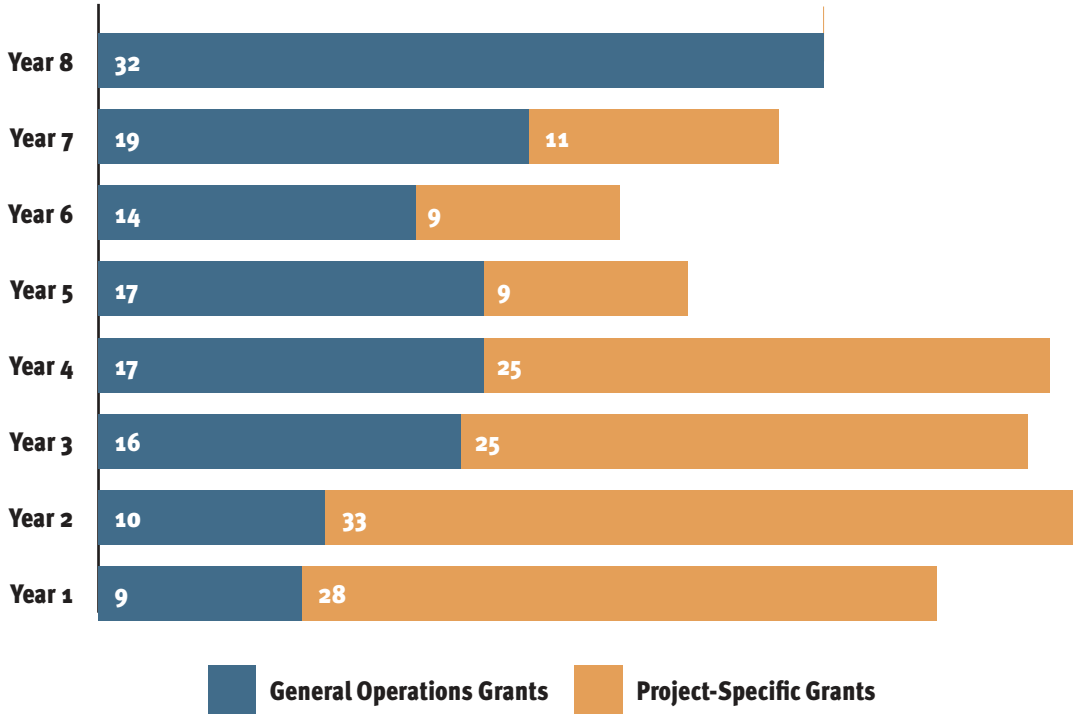
In the face of the COVID-19 pandemic during The Fund's third and fourth grant years, AIDS United quickly reclassified project specific grants as general operations grants. This immediate strategic modification was implemented to ensure that grantee organizations were adequately poised to respond to emerging challenges and emergency needs.

In turn, grantees maintained critical services during crises, adapted to rapidly

changing circumstances and ensured continuity of support to beneficiaries during the pandemic. **This support further contributed to the overall sustainability and crisis-readiness of the grantee organizations.**

Building on this approach, in year eight, the Fund awarded 33 general operating support grants to grantees doing HIV prevention, care, advocacy, and intersectional justice work. **The decision to transition all year eight grants to general operating was made due to the changing sociopolitical and economic climate.** These grants addressed both direct service delivery and HIV-related social determinants of health.

Grant Types



Grantee Selection and Meaningful Involvement of People Living with HIV

Throughout the eight years of the Fund, the demographic diversity within grantees' boards, executive teams and staff was a consistent standard. For each cohort, **Black or African American-led, Latinx-led and LGBTQ-led organizations were well-represented. These demographic groups also had significant presence in grantee boards and leadership positions. This representation reflected an intentional approach by the Fund, prioritizing organizations led by, accountable to, and rooted in communities most impacted by HIV.**

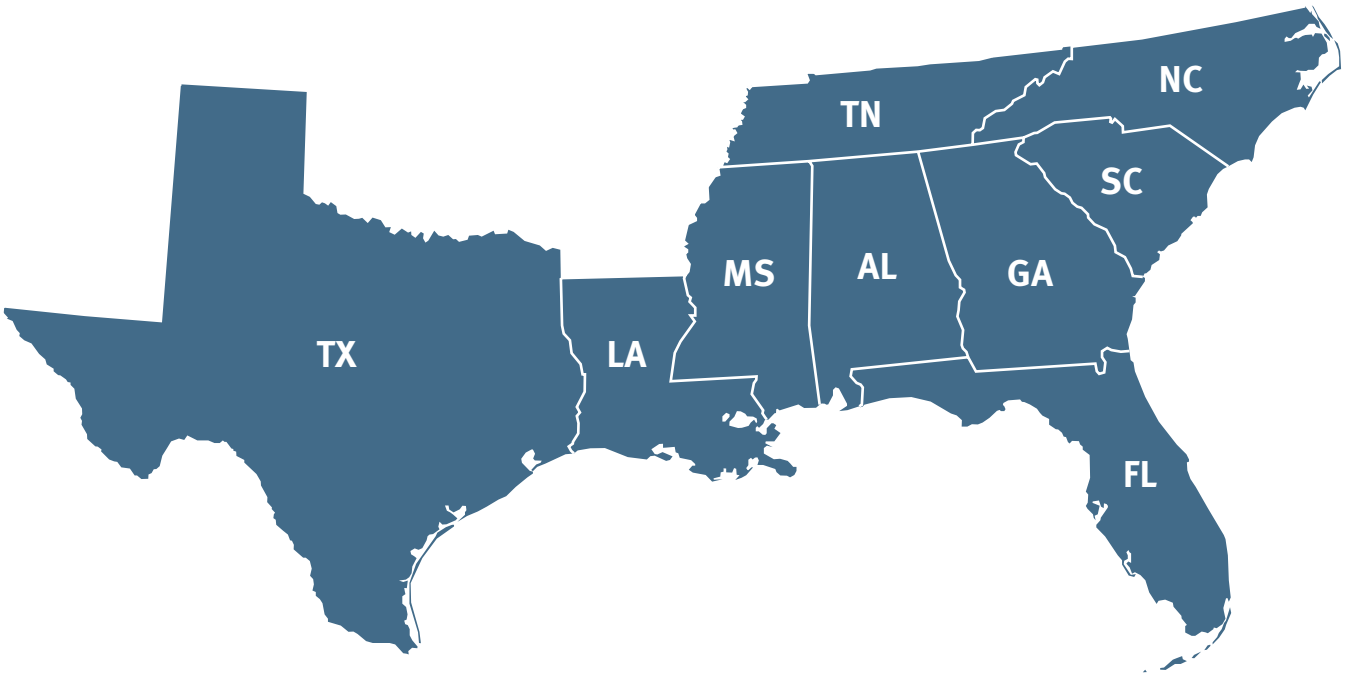
In terms of adherence to MIPA principles, most grantee organizations had a person with lived experience on staff, while others placed people living with HIV in decision-making positions, including board seats. This diversity within grantees reflects the Fund's dedication to supporting organizations that authentically represent and understand the communities they serve.

MIPA in practice within grantee programming is discussed later in this report under Grantee-Led Meaningful Involvement of People Living with HIV.

Geographic Impact

Geographically, the Fund's impact consistently covered nine states over the years: **Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Texas**. Importantly, these states are home to priority jurisdictions as identified by the federal Ending the Epidemic Initiative.

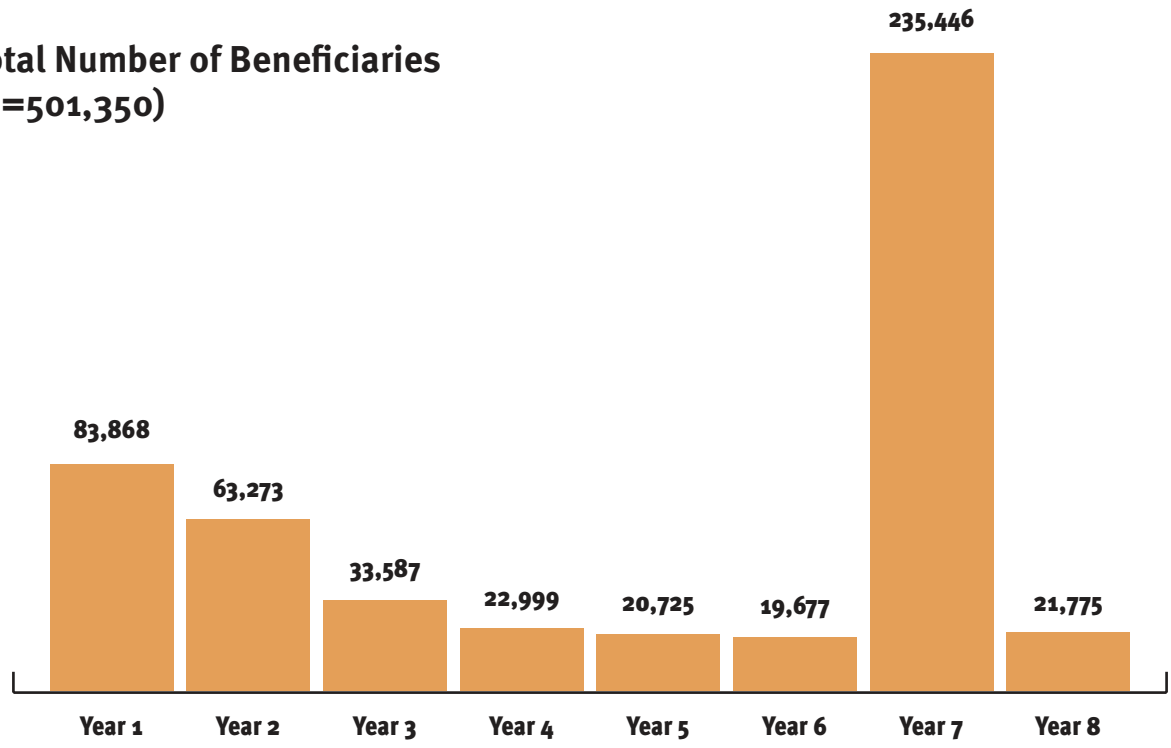
By focusing on both urban and rural communities within these states, the Fund strategically targeted regions with a high HIV burden, effectively complementing the EHE's aims. Despite the fluctuations in funding and challenges, like the COVID-19 pandemic, the Fund's unwavering commitment to these EHE-identified regions underscored its strategic resilience and dedication to ending the HIV epidemic. In addition to work within each state, the fund also worked regionally, underscoring the intersection and interconnectedness across state lines.



Number of Beneficiaries Served

Grantees described direct beneficiaries based on the engagement and interactions individuals had with them. Definitions ranged from individuals who receive onsite services and complete an intake, to those who attend a training, and anyone deemed an active member by either volunteering or attending at least one event. Unduplicated beneficiaries are unique individuals who accessed services or engaged with the grantee organization. This ensured that each person was counted only once, regardless of how many times they may have received a service or participated in an event.

Total Number of Beneficiaries (N=501,350)



***Note 1:** In year seven, one grantee reported a significantly large number of beneficiaries, over 200,000, due to high attendance at their events. While this figure reflected strong outreach and engagement, it also affected the proportionality of some graphs.*

The Fund reached a total of 505,485 unduplicated direct beneficiaries across the eight grant years. A clear decline in the number of beneficiaries served emerged during the COVID-19 period. **Years three and four reflected a marked drop in reach, attributed to pandemic-related disruptions that significantly affected programming and service delivery.**

Following the COVID-19 period, the downward trend continued, beginning in **year five** when reductions in available funding constrained the number of grantees supported and the scale of activities delivered. This relationship between funding levels and reach was further reflected in **year six**, when funding was at its lowest level of $1.03 million, coinciding with the lowest number of beneficiaries across the eight-year period.

Taken together, these trends underscored the Fund's cumulative reach across eight grant years, while **highlighting how pandemic disruptions and subsequent funding constraints shaped year to year beneficiary impact and the scale of grantee engagement**.

Beneficiaries Descriptive Data

Years One to Five Demographics

The Fund's emphasis on diversity and representation was a cornerstone of building trust and credibility with beneficiary communities.

Years Six to Eight Demographics

While years one through five captured beneficiary demographics primarily through summarized patterns reported by grantees, **reporting in years six through eight included** quantifiable demographic breakdowns that provided additional detail on the populations reached. Over the years six to eight, grantees reported reaching a total of **281,033** unduplicated direct beneficiaries.

At the same time, demographic reporting reflected common limitations in community-based settings, where privacy, safety, and trust shaped what participants chose to disclose and what grantees were able to capture consistently.

With a focus on diversity and inclusion, over five years grantees reported reaching a total of 224,452 unduplicated direct beneficiaries. The demographics of beneficiaries reflect a commitment to the inclusion of the communities most impacted by HIV.

Age

Primary reach among young and mid-adulthood populations, with most beneficiaries between **18 - 24** and **24 - 44**.

Race and Ethnicity

Services predominantly reached **Black or African American** and **Latinx** communities, populations most impacted by HIV.

Sexual Orientation

Strong engagement with **LGBTQ+ communities**, particularly **gay and same-gender loving** individuals.

Gender Identity

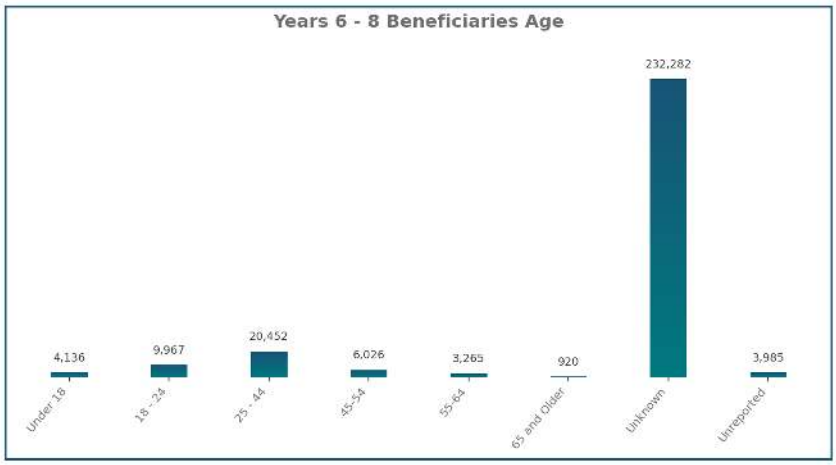
While most beneficiaries were **cisgender**, programs also reached substantial numbers of **transgender, gender-nonconforming**, and **nonbinary** individuals.

Staff

While most beneficiaries were **cisgender**, programs also reached substantial numbers of **transgender, gender-nonconforming**, and **nonbinary** individuals.

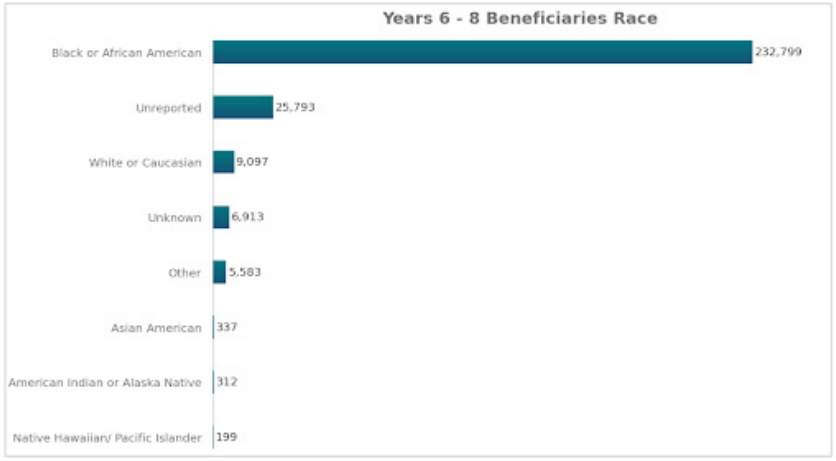
Age

Across years six to eight, the largest share of beneficiaries fell into the **Unknown** category (**232,282**), indicating that age was not consistently captured in all reporting. Among beneficiaries with reported age information, the strongest concentration was among adults **ages 25 to 44 (20,452)**, followed by **ages 18 to 24 (9,967)**, reflecting substantial reach among early and mid-adulthood populations. Older adults were also represented across **ages 45 to 54 (6,026), 55 to 64 (3,265)**, and **65 and older (920)**. Notably, grantees reported reaching **4,136** beneficiaries **under 18**, reflecting a meaningful level of engagement with youth or adolescents through prevention, education, and community-based outreach.



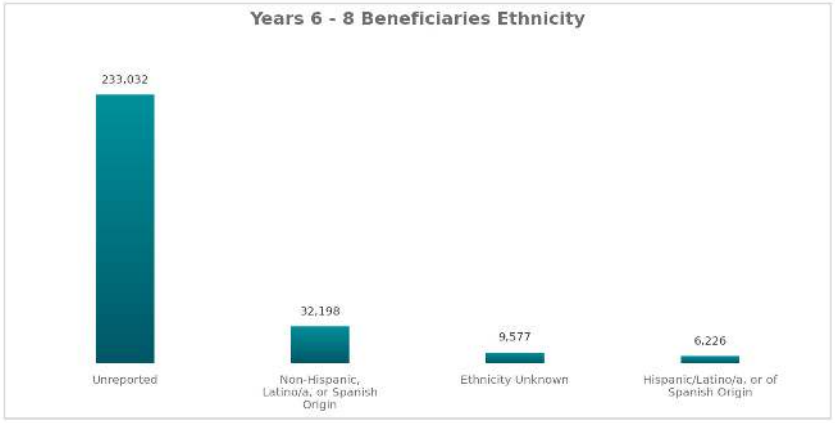
Race

Race data from years six to eight showed that beneficiaries were most frequently reported as **Black or African American (232,799)**, reflecting the Fund's sustained reach among communities that have experienced a disproportionate burden of HIV in the South. Additional beneficiaries were reported as **White or Caucasian (9,097)** and **Other (5,583)**, with smaller counts reported for **American Indian or Alaska Native (312), Asian American (337)**, and **Native Hawaiian or Pacific Islander (199)**. A portion of records fell into **Unknown (6,913)** and **Unreported (25,793)** categories, indicating that race was not consistently captured across all reporting, while the available data continued to show a strong concentration of reach among Black communities.



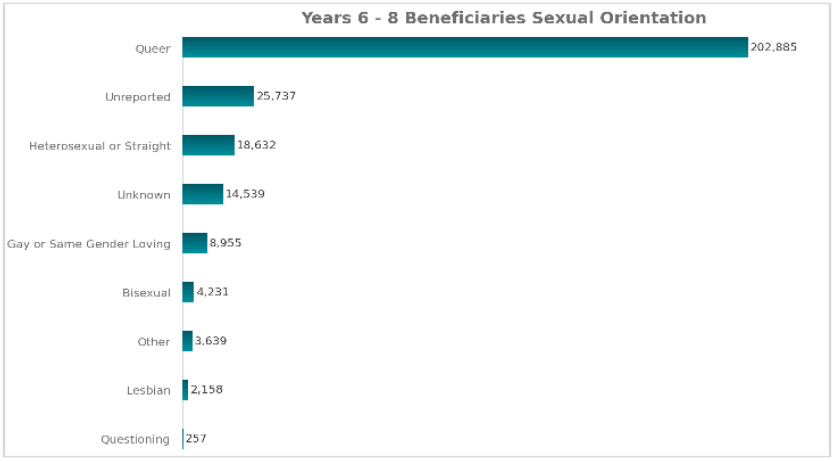
Ethnicity

Ethnicity data from years six to eight showed that **32,198** beneficiaries were reported as **Non-Hispanic, Latino/a, or Spanish Origin**, and **6,226** beneficiaries were reported as **Hispanic/Latino/a, or of Spanish Origin**. An additional **9,577** records were categorized as **Ethnicity Unknown**. **233,032** beneficiaries were **Unreported**, indicating that ethnicity was less consistently captured than other demographic indicators, or beneficiaries were not comfortable disclosing. Overall, the data reflected that grantees reached both Hispanic or Latino communities and non-Hispanic populations through funded activities.



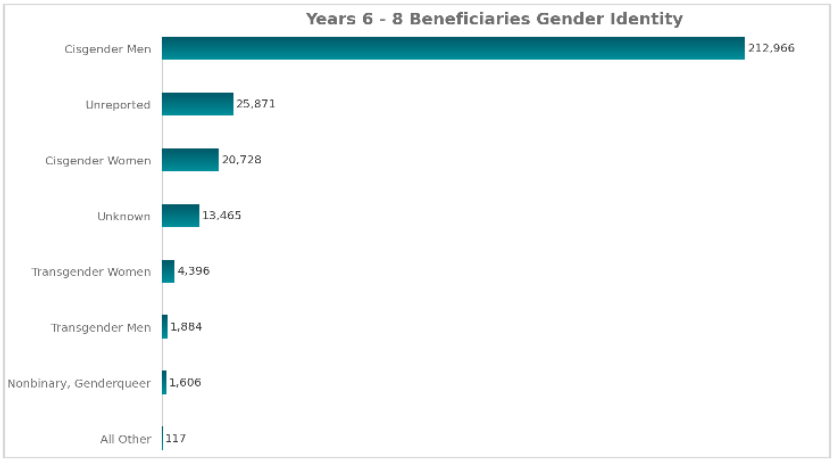
Sexual Orientation

Sexual orientation data from years six to eight reflected substantial reach among LGBTQ+ communities. The largest reported category was **Queer (202,885)**, followed by **Heterosexual or Straight (18,632)** and **Unknown (14,539)**. Additional beneficiaries were reported as **Gay or Same Gender Loving (8,955), Bisexual (4,231), Lesbian (2,158), Other (3,639)**, and **Questioning (257). Unreported (25,737)** responses indicated that sexual orientation was not consistently captured across all reporting, or beneficiaries were not comfortable disclosing. Available data continued to reflect strong engagement with LGBTQ+ populations.



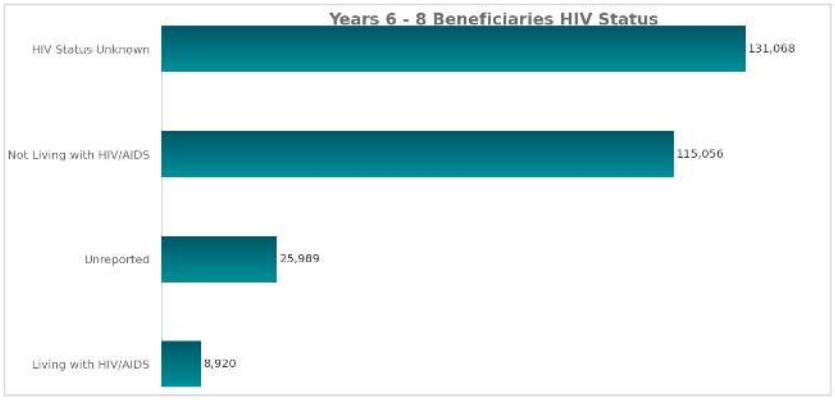
Gender Identity

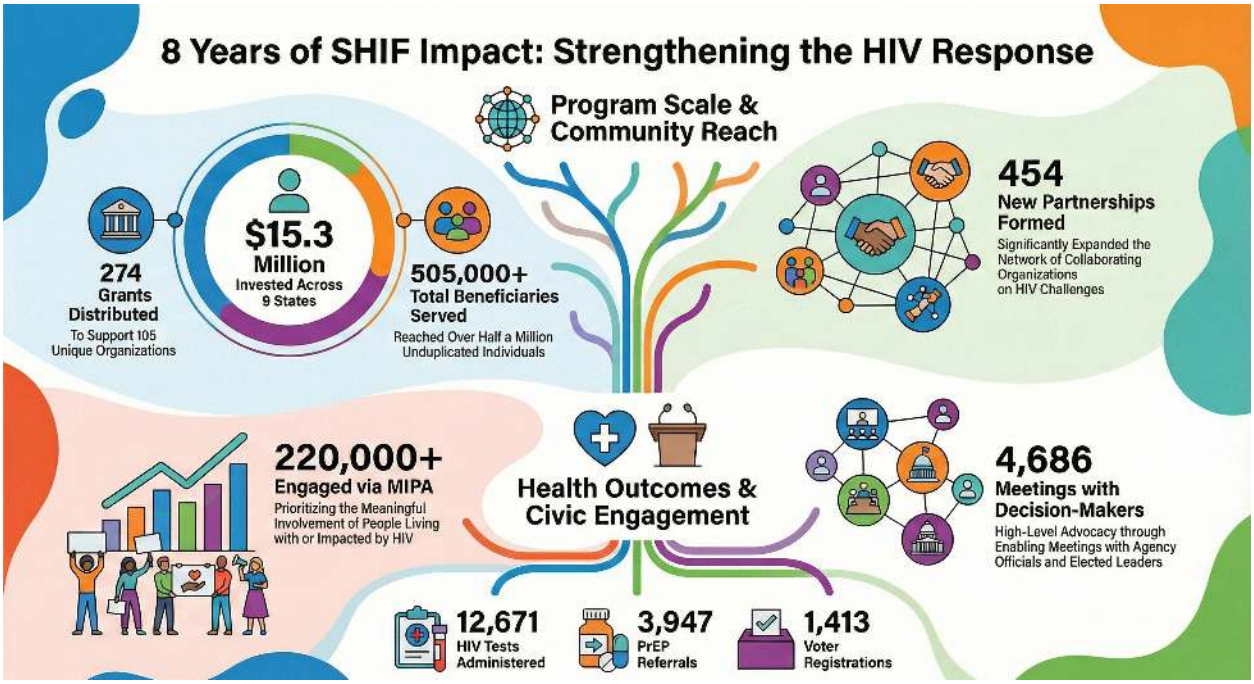
Gender identity data from years six to eight showed that the largest reported category was **Cisgender men (212,966)**, followed by **Cisgender women (20,728)**. Grantees also reported reaching transgender and gender diverse beneficiaries, including **Transgender women (4,396), Transgender men (1,844)**, and **Nonbinary or genderqueer (1,606)**, as well as **All Other (117)**. **Unknown (13,465)** and **Unreported (25,871)** categories indicated that gender identity was not consistently captured across all reporting, beneficiaries were not comfortable disclosing their status. Available data continued to reflect reach across a range of gender identities.



HIV Status

HIV status data from years six to eight showed that **115,056** beneficiaries were reported as **not living with HIV/AIDS**, reflecting the Fund's continued investment in prevention, education, and community-based outreach. At the same time, grantees reported reaching **8,920** beneficiaries **living with HIV/AIDS**, reinforcing the Fund's role in supporting linkage to care, retention, and wraparound services for people living with HIV. A substantial portion of records were categorized as **HIV status unknown (131,068)**, with an additional **25,989 unreported**, indicating that HIV status was not consistently captured across all reporting, or beneficiaries were not comfortable disclosing their status.





Demographic Reporting Context and Limitations

Across years six through eight, demographic reporting improved, but gaps remained. Higher Unknown and Unreported counts reflected the realities of community-based data collection, where privacy, safety, and trust shaped what participants chose to share. In some settings, demographic questions were not relevant to services, were not consistently built into intake processes, or felt unsafe to answer. These limits were intensified by stigma, misinformation, and a political climate that increased fear and required added effort to protect confidentiality and sustain engagement.

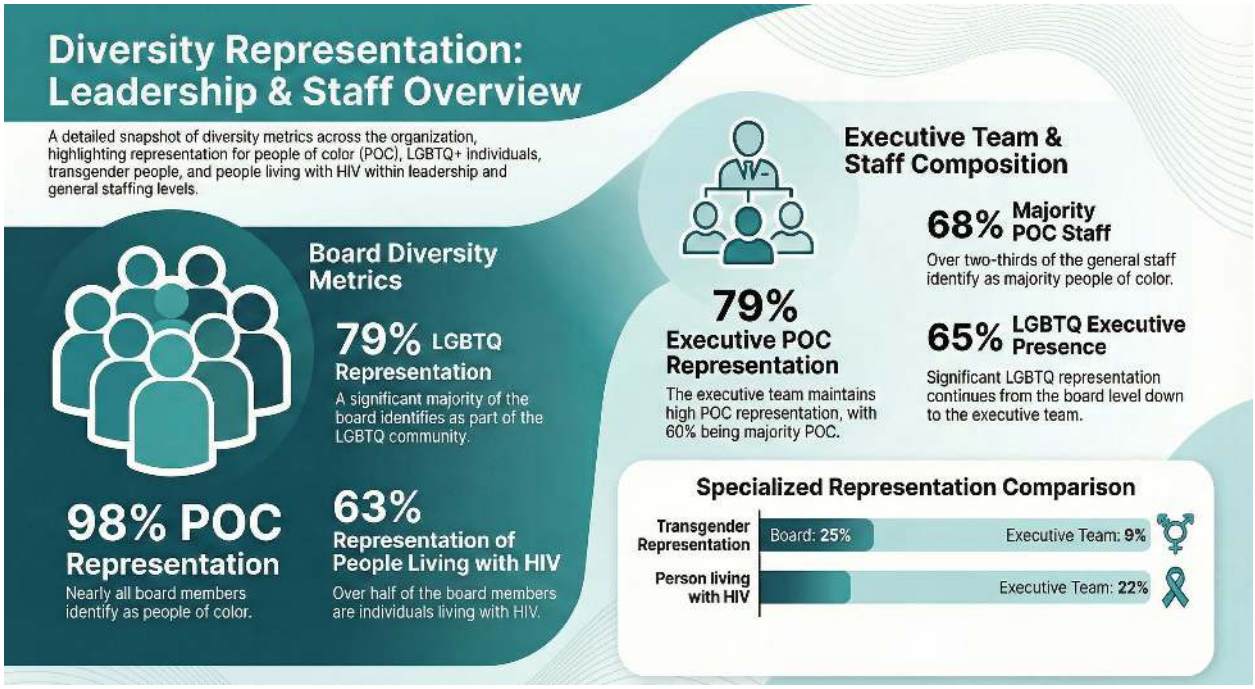
Grantee Activities

Years One through Five Meaningful Involvement

In years one through five, grantees reported meaningful involvement through a combination of leadership composition and community informed activities. This reporting provided an early view of how lived experience and representation were embedded within governance, leadership, staffing, and program design. The figures below reflect the percentage of grantee organizations reporting each indicator.

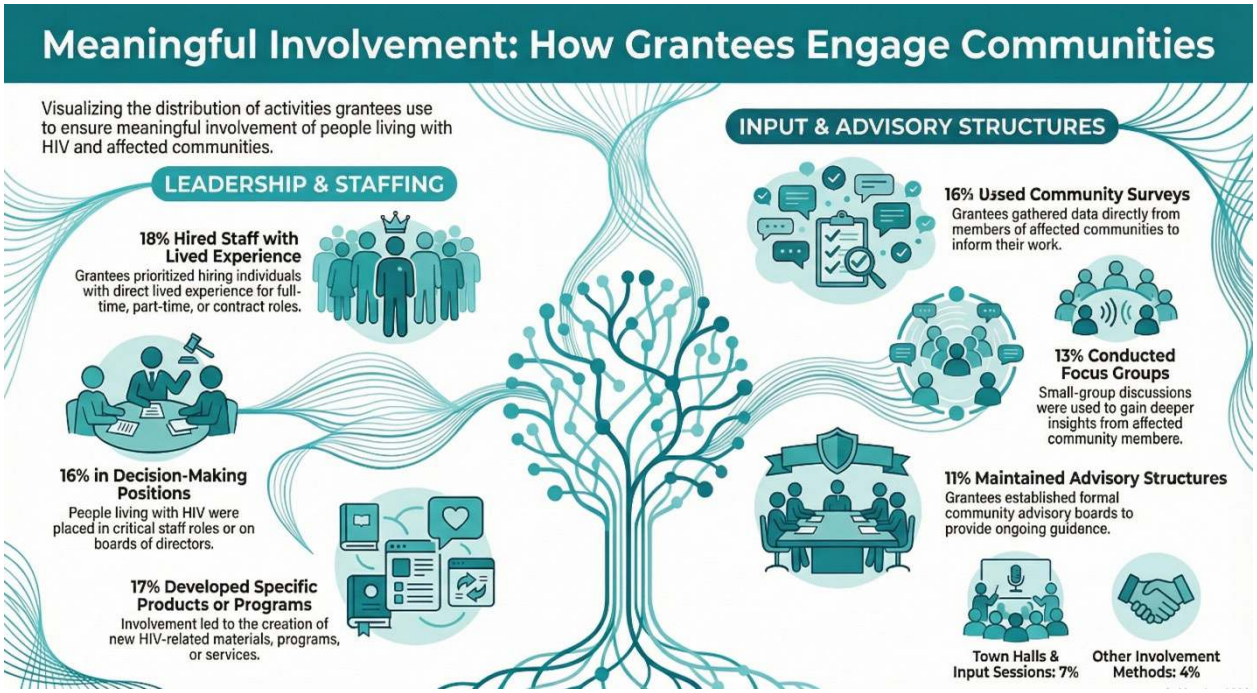
Governance and Leadership Composition

Below is a summary of how grantees reported representation across boards, executive teams, and staff as an early indicator of meaningful involvement.



Grantee-Led Meaningful Involvement Activities

Below is a summary of the community input and lived experience activities grantees reported as indicators of meaningful involvement in practice.



Below was an overall snapshot of leadership diversity and the meaningful involvement during the Fund's first five years. It summarizes how representation and decision making roles showed up across the board, executive team, and staff, and highlights key milestones in community voice and HIV related impact. This summary shows what strengthened over time, where progress accelerated, and what remained a priority for inclusive leadership.

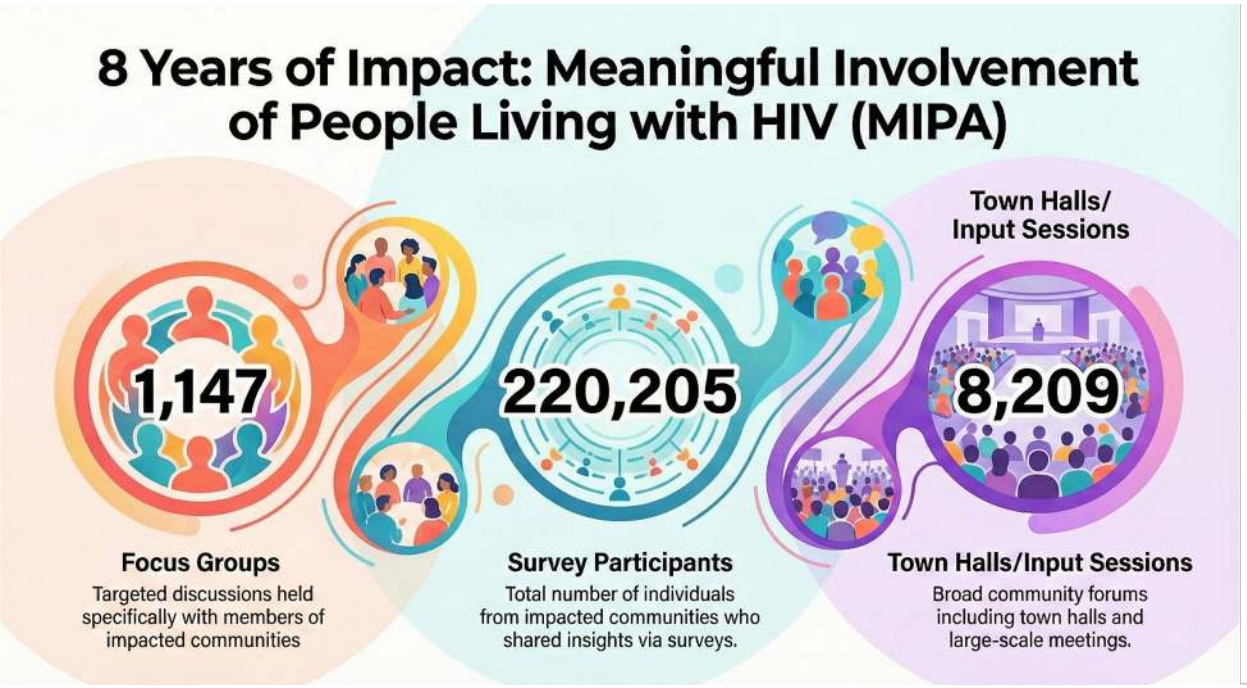
Years Six through Eight Meaningful Involvement

In years six to eight, grantees reported more detailed indicators of meaningful involvement within programming, including engagement through focus groups, surveys, and larger input sessions such as town halls. This reporting provided a clearer view of how community voice informed program design, implementation, and adaptation.

Within these three years, grantees reported focus groups with members of impacted communities, participants engaged through surveys, and larger input sessions such as town halls. Taken together, these figures reflected a sustained emphasis on community driven feedback mechanisms at scale, reinforcing the Fund's commitment to centering lived experience and community input within funded work.

In addition to the quantitative indicators captured through surveys, focus groups, and larger input sessions, years six through eight also reflected a broader range of grantee described meaningful involvement activities that demonstrated how lived experience shaped decision making in practice. **Grantees described community-designed events and convenings, formal advisory structures that guided program direction, and consistent listening mechanisms used to gather input over time. They also highlighted**

peer leadership and paid roles for people with lived experience, including facilitation, outreach, and campaign leadership, as well as governance level involvement through decision making positions and board participation. Across these approaches, grantees emphasized storytelling and narrative change, community-led program design and evaluation, and safe dialogue spaces that supported trust, visibility, and sustained engagement among communities most impacted by HIV.

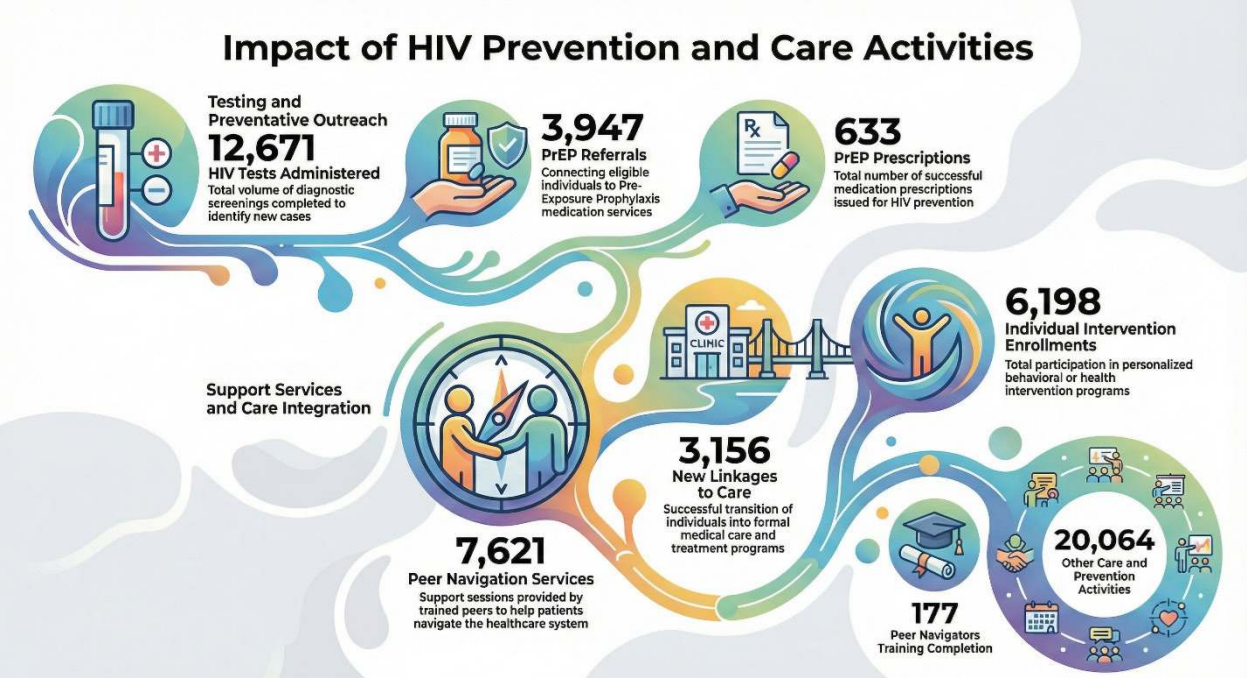


Year One —Year Eight: Overall Meaningful Involvement of People Living with HIV

HIV Prevention and Care Activities

Throughout the eight years of the Fund, grantees participated in a variety of prevention and care activities. Of these, HIV testing was the most consistently implemented activity, as observed across the eight years. This fundamental prevention activity reflected the importance of access to HIV testing and early detection. The next most reported activity was increasing access to PrEP, or preexposure prophylaxis, a medication that prevents HIV.

Grantees' approach to community-based prevention strategies was highlighted via additional endeavors such as group-based activities, like workshops, trainings and interventions. Another recurrent activity throughout the years was new linkages to care, which emphasized the critical role of connecting individuals to necessary HIV care services. Peer navigation, another critical care and support activity, underscored grantees' dedication to the provision of comprehensive, client-centered care.

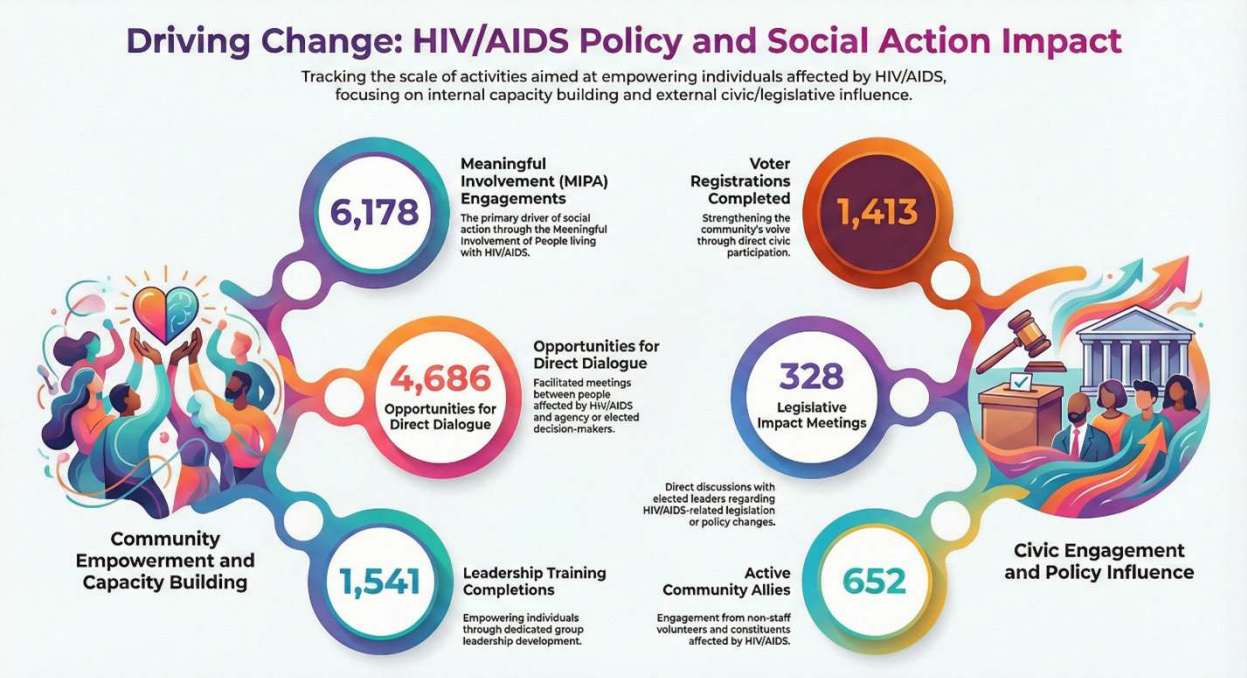


Policy and Social Action Activities

An environmental scan of this region over this eight-year period validated grantees' instrumental role in driving transformative policy and social change. A range of policy, advocacy, and movement-building activities were consistently implemented.

Efforts to enable meetings between those impacted by HIV and key decision-makers were the most frequent of these activities. This reflected a dedication to engaging key stakeholders in the shaping of HIV-related policies.

Moreover, leadership training activities indicated the grantees' focus on capacity building among the beneficiaries. They fostered the development of local advocates, with the appropriate training to effectively advocate for changes in HIV-related policies and programs. Voter registration was also a common activity, and it underscored the value placed on civic engagement as a tool for HIV advocacy.



Grantee Partnerships

Partnership development surfaced as a vital component of the Fund's strategy, given its **consistent investment in the cultivation of new grantee collaborations**. Over these eight years, this initiative **broadened the reach of grantees' service delivery, outreach, and advocacy efforts, and strengthened the coalition of organizations in the South** dedicated to ending the HIV epidemic. Grantees reported 454 new partnerships, and 361 expanded partnerships.

Partnerships expanded access points for engagement, including community events and cultural platforms, strengthened referral pathways and linkage coordination, and increased the capacity for prevention, testing, and supportive services. Grantees also described partnerships that supported harm reduction distribution, mobile and community-based service delivery, leadership development, and cross sector collaborations that addressed broader wellness and social determinants.

Continued investment in grantee partnerships remained positioned to empower a robust framework of advocacy and action in the South and to extend coordinated impact across jurisdictions where partnerships created shared learning and shared infrastructure. The expansive reach and diverse representation within grantee partnerships continued to be pivotal in the promotion of targeted outreach and interventions beyond their individual or respective communities.

With the Fund as a conduit, continued fostering of these partnerships supported sustainability, strengthened grantee integration within local ecosystems, and reinforced community trust through collaborate delivery models.

The Fund's Role in Partnerships Development

The Fund recognized the value of grantee collaborations and stayed committed to fostering an environment that allowed for organic growth within grantees' relationships. **By providing opportunities for shared experiences, resources and advocacy, the Fund created conditions where grantee organizations could thrive and flourish in their joint initiatives.**

The program also acknowledged the importance of diverse and inclusive partnerships in addressing the HIV epidemic through its commitment to

supporting these partnerships and compounding their impact. The Fund continued to **encourage grantees to take ownership of partnerships, recognizing that organic and self-driven collaborations often yield the most sustainable and impactful outcomes.**

In later years, this approach was reflected in partnerships that strengthened coordinated outreach, expanded service delivery capacity, and supported coalition building across advocacy, harm reduction, and community engagement spaces.

Leadership Development Program

Leadership Development Program Impact

Leadership Development Program participants consistently reported the transformative impact of their experiences. **Many highlighted the invaluable networking opportunities provided, enabling them to connect with peers and share insights. Other participants appreciated the program's capacity-building focus. By supporting the development of more effective programs and services, the Leadership Development Program strengthened leaders' ability to translate learning into practice and better serve their communities. Participants also noted the significant improvements in their organizational infrastructure and leadership capacity, thanks to the technical assistance provided by the program.**

This initiative played a crucial role in empowering individuals from diverse backgrounds and equipping them with crucial leadership and management skills, alongside tools for resilience and self-care. Its adaptability during the COVID-19 pandemic, by successfully transitioning to virtual platforms, demonstrated the program's commitment to maintaining participants' continuous learning and development.

Moreover, by supporting individual professional growth, as seen through career advancements and

increased director-level positions, and organizational capacity building, the Leadership Development Program meaningfully enhanced the infrastructure and leadership ability within the grantee organizations. Further, unique opportunities, like the scholarships for the International AIDS Conference, broadened participants' exposure to global insights and networks. This was the first international conference for 14 of the attendees. It was also the first international experience for six of the participants, five of whom got their passport for the first time. Overall, the program's multifaceted approach not only enriched the professional journeys of its participants but also catalyzed systemic change within their organizations' work.

In years six through eight, the program's impact was further reflected through service-learning projects that enabled participants to apply leadership skills in real world community settings. These projects strengthened participants' ability to design and facilitate community centered activities, build local partnerships, and respond to emerging needs with creativity and accountability. Projects frequently centered wellness, stigma reduction, education, and empowerment for communities disproportionately impacted by HIV, reinforcing the program's role in supporting leaders to convert professional development into tangible community benefit.

From Mentorship to Action: Strengthening a Pipeline of Leaders

The Leadership Development Program reinforced leadership as both a personal and community responsibility. It strengthened the pipeline of leaders across the South by pairing sustained mentorship and technical assistance with opportunities to practice leadership in community. Over the eight-year period, participants consistently translated learning into action, advancing skills, confidence, and organizational capacity while remaining grounded in the lived realities of the communities most impacted by HIV.

Technical Assistance and Support

Technical assistance provision was a vital component of the Fund's support strategy over the last eight years. **The intent was to strengthen grantee capacity by providing tools, resources, and tailored guidance that responded to what organizations reported as their most pressing challenges, including evaluation and data systems, direct service implementation, organizational sustainability, and community engagement.**

In its first year, the Fund provided tailored technical assistance to grantees through webinars and individualized support. To strengthen data collection, the initiative developed custom tools and supported updates to existing data collection systems. An in-person evaluation training was planned for grantees needing additional support.

As the initiative evolved, technical assistance expanded through video conference calls and hands-on-problem-solving that supported grantees' revision of data systems and development of new ones. **This approach yielded robust data collection protocols, improved tracking systems and eventually, clearer reporting and more consistent use of data for program decision-making.**

During the COVID-19 pandemic, the need for technical assistance grew significantly as grantees navigated unprecedented challenges such as service disruptions, remote work transitions, and new community needs. In response, the Fund offered one-on-one technical assistance virtually to support adaptation and program innovation. The annual convening was also shifted to a virtual model, with training content tailored to grantees' priorities.

Over time, technical assistance went on to include a broader range of organizational and leadership needs. **Convenings became one of the primary mechanisms used to deliver training and facilitated learning spaces developed in direct response to grantee needs and interests.**

In later years, AIDS United staff also delivered technical assistance through tailored coaching and in person site visits to assess program implementation and strengthen organizational systems. **Grantees received support related to policy and advocacy, communication and messaging, branding, outreach strategies, board development, and leadership growth, alongside healing and anti-trauma approaches that aligned with community needs.**

Grantees described this assistance as extremely effective and cited concrete organizational changes, including strengthened board policies that were more inclusive of LGBTQIA people living with HIV and improved collaboration with local and national partners that advanced policy work.

The Fund's technical assistance provision proved material in supporting grantee adaptation, strengthening organizational infrastructure, and expanding the reach and effectiveness of HIV prevention, care, and advocacy efforts in the South.

Community Power and Civic Engagement

The Fund invested in strategies that strengthened community leadership and expanded access to civic power, as a practical lever for equity in HIV outcomes. Two examples included the Southern Community Advocacy Council, launched in 2024, and the Get Out the Vote mini grants during the 2024 general election.

The Southern HIV Impact Fund Community Advocacy Council

The Community Advocacy Council was established to ensure that people living with HIV and communities most impacted by HIV helped shape the Fund's direction, not only through funded work, but through shared decision making and accountability. The council was composed of ten individuals from the Southern region who lived, worked, and organized in the South, and who were either living with HIV or disproportionately impacted by it. Members collaborated with the Fund on objectives, initiatives, and holistic strategies, with an intentional focus on racial justice, social justice, intersectionality, and meaningful involvement of people living with HIV.

Who the Council Included

The council structure prioritized both openness and choice around disclosure, reflecting real world safety and stigma considerations. **It included six diverse members living with HIV who were willing to be open about status, alongside four members representing a mix of experiences, such as people taking**

PrEP, HIV negative individuals, people who chose not to disclose status, and people with unknown status. The council also emphasized supporting emerging leaders, including youth of color under the age of twenty-five. Racial, ethnic, and gender diversity was reflected, including Black, White and Latinx members, transgender, and gender non-conforming identified folks.

What the Council Did

Council members supported the Fund by:

- **Aligning strategy with mission and values**, helping keep programming grounded in the communities most impacted by HIV and related syndemics
- **Upholding MIPA and intersectional equity commitments** across activities, messaging, and decision points
- **Reviewing programming and offering constructive feedback**, so adjustments could be made when needed
- **Strengthening community reach** by promoting the Fund through members' networks and trusted community relationships
- **Advancing narrative and visibility**, by sharing personal stories and community insights to deepen understanding and engagement
- **Supporting resourcing and sustainability efforts**, by collaborating with program staff and development partners to leverage connections and opportunities
- **Serving as a stakeholder group for year nine work**, providing early input that was shared with AIDS United and additional partners to shape priorities and reinforce community ownership.
- Ensuring that year nine planning reflected meaningful involvement in practice by keeping lived experience at the center of decision-making.

Why this Mattered

By embedding community leadership into how priorities were shaped and refined, the council strengthened the Fund's ability to remain responsive, accountable, and rooted in lived experience. Paired with time bound civic engagement efforts, the council reinforced a consistent message: health equity required community power, and community power required sustained investment in leadership, voice, and decision-making.

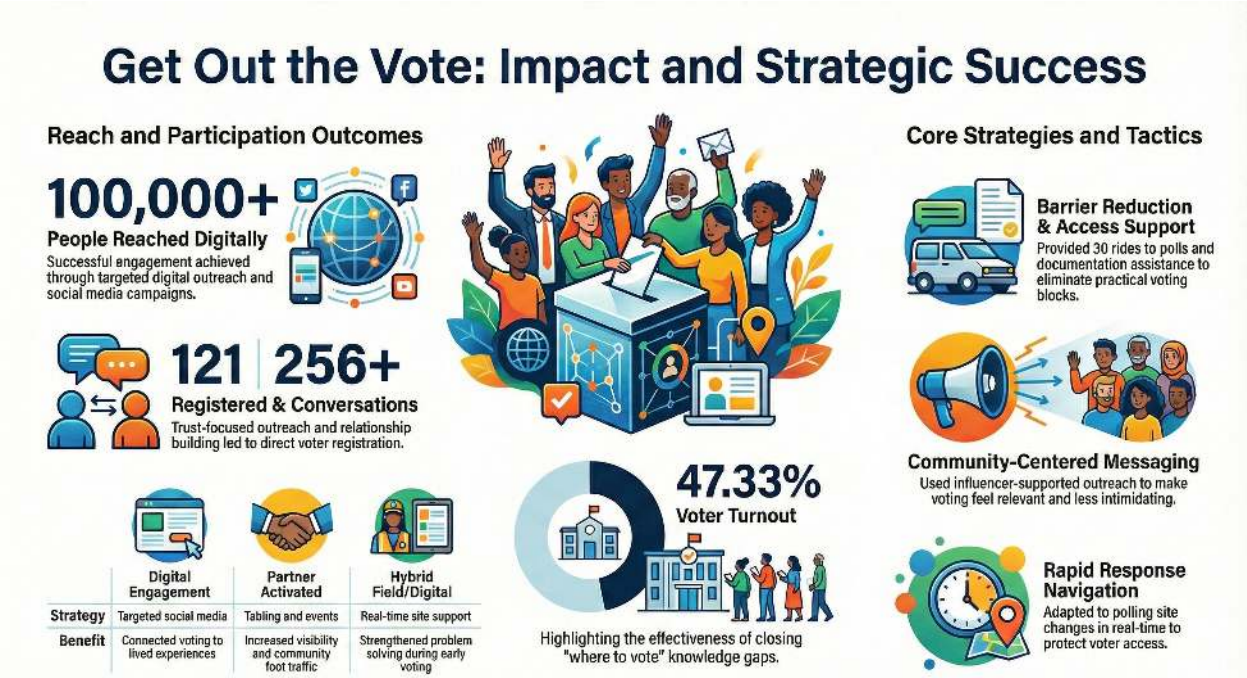
Get Out the Vote Mini Grants

In 2024, the Fund disbursed $10,000 in rapid response mini grants to support nonpartisan Get Out the Vote activities across eligible Southern states during the general election. These grants were designed to strengthen civic participation in communities most impacted by HIV, particularly amid ongoing voter suppression pressures and hostile policy conditions affecting LGBTQ communities, reproductive justice, and public health. Grantees used funds for voter registration, voter education and engagement, voter mobilization, and digital voter campaigns, grounding their efforts in the belief that voting is a political determinant of health that shapes access to power, resources, and systems change.

In post-election reflections, grantees reported accomplishing their Get Out the Vote goals by combining trusted, in person relationship building with high reach digital outreach. **Efforts centered on making voting practical and accessible for people navigating barriers, including Black women, transgender women, gender diverse communities, and people living with HIV, while linking civic participation to concrete community priorities such as HIV treatment and prevention, health care inequities, and local policy impacts.** In at least one setting, grantees also adapted rapidly to changing conditions, redirecting voters after Hurricane Milton contributed to polling site relocations.

Grantee strategies reflected a consistent through line: meet people where they are, online and in community, then remove friction points that prevent follow through. This included influencer supported messaging and normalized conversations about voting, tabling and outreach with local partners, voter education workshops and town halls, targeted social media content, and direct supports such as documentation help and transportation to the polls. Several grantees emphasized that these approaches increased turnout efforts, built trust, strengthened community connection, and expanded organizational capacity for ongoing nonpartisan voter education beyond the grant period.

From grantee reports, the strongest pattern was a shift from voter outreach as information sharing to voter outreach as barrier removal and trust building. Even with small, rapid response awards, grantees combined high reach digital tactics with on the ground problem solving, and they treated access barriers like transportation, documentation, and polling site changes as core program work, not add-ons.



Versatility and Adaptability in Crisis

Hurricane Relief

The Fund's response to three devastating hurricanes in 2017 showcased its versatility and adaptability in resource allocation. **There was $190,000 allocated for rapid response funding as part of the projects 2017 budget. At AIDS United's request, the original funders approved using the entirety of those funds to address the emergency of Hurricane Harvey in Texas and Hurricane Irma in Florida.**

Both hurricanes caused significant destruction, leading to the loss of life, property damage and the displacement of many residents living with and vulnerable to HIV, and to the organizations that serve them. **Selected organizations in impacted regions received those immediate relief funds.**

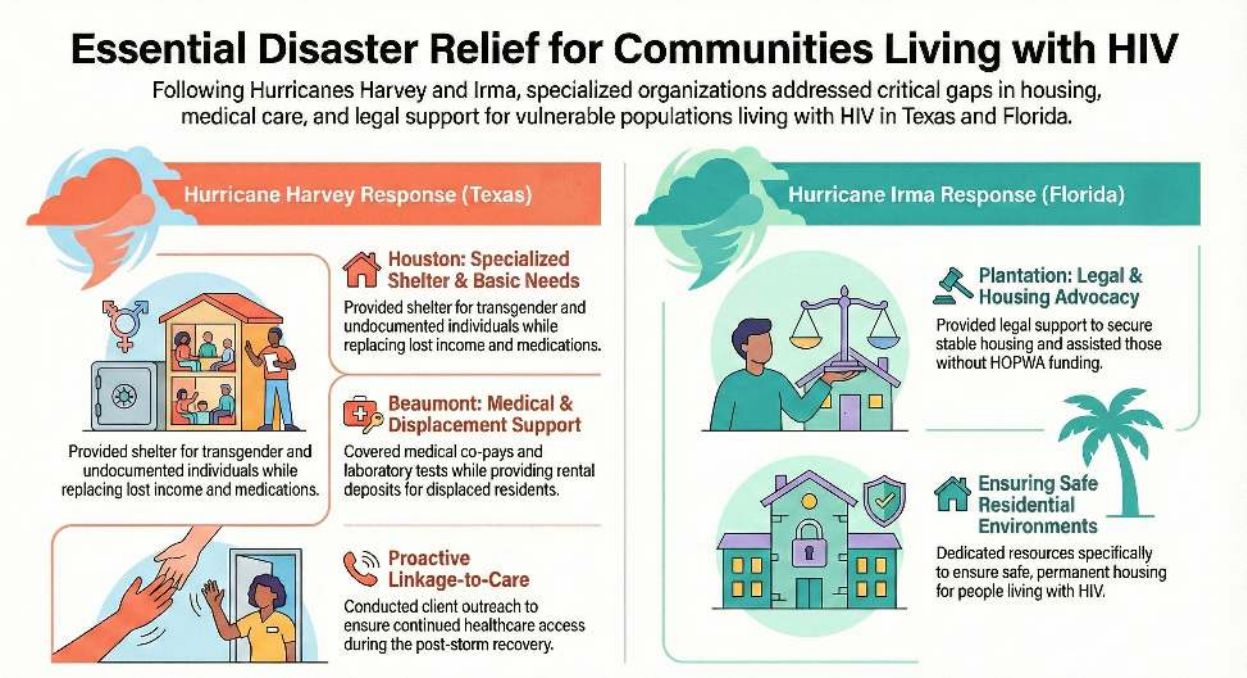
Those funds also became the foundation of AIDS United's Hurricane Relief Fund, which has since broadened to today's Relief, Recovery and Resilience Fund.

Within days of the devastating 2017 hurricanes, three original funders, Gilead, Johnson & Johnson, and ViiV Healthcare, played a pivotal role in expanding the relief effort by contributing significant additional funding outside their commitment to support the impacted regions. Their support inspired additional funding from corporate, foundation and individual donors, which led to AIDS United giving out over $2 million to over 70 organizations supporting the impacted HIV communities.

The funders' expanded commitment not only bolstered the Relief, Recovery and Resilience Fund but also served as a catalyst for adopting a more versatile and adaptive funding strategy for rapid response and emergency support funding across AIDS United.

Three organizations played a crucial role in post-hurricane relief and recovery by extending vital support to communities living with or vulnerable to HIV:

1. The first organization in Houston utilized its grant to assist transgender or undocumented people living with HIV by providing them shelter during Hurricane Harvey, replacing lost income, food and utilities, aiding in vehicle repairs, and ensuring they received essential medications.
2. The second organization in Beaumont, Texas, allocated its funding for medical expenses like blood tests and co-pays for people living with HIV who were uninsured or under-insured. The funds also catered to housing needs, including rental and utility deposits for those displaced by Hurricane Harvey, and facilitated client outreach and linkage-to-care.
3. The third organization in Plantation, Florida, used grant funds to offer legal support to people living with HIV without access to funds from the Housing Opportunities for Persons With AIDS Program, ensuring they obtained secure housing post-Hurricane Irma.



COVID-19 Response

During years three and four, the COVID-19 pandemic presented significant obstacles to grantees. In response, the Fund made the decision to offer general operating support grants for the entire grantee cohort. This reclassification of project specific grants as general operations grants was a crucial step in adapting to the shifting landscape presented by the pandemic. The effort contributed to sustaining the work of grantees, trusting them to make the right organizational decisions, and allowed them to maintain their programs and direct services.

In the face of heightened organizational needs and financial instability, this flexible funding strategy ensured continuity of operations and a well-poised response to emergent needs. For instance, **the repurposing of travel and in-person meeting funds to create an emergency response fund of $192,000 displayed the Fund's agility and responsiveness in unprecedented conditions. Within the first two years of the pandemic (years three and four), grantees served over 50,000 beneficiaries, indicating extensive reach and impact during a global pandemic. The grantees, in turn, leveraged these resources to remarkable effect. They recruited PrEP navigators, integrated COVID-19 awareness and response into their existing services.**

The general operating grants also facilitated the provision of essential support to the grantees in the areas of leadership and board development, leading to improvements in their organizational structure and capacity. This, combined with the targeted rapid response grants to organizations experiencing sudden hardships due to the pandemic, showcased the Fund's commitment to its mission despite the unfolding crisis.

Despite challenging circumstances presented by the COVID-19 pandemic, the Fund demonstrated profound adaptability and unwavering commitment to its grantee organizations. The strategic shifts allowed grantees to continue their essential work, while broadening their services and improving their infrastructure, resulting in significant and tangible impact in the face of a pandemic.

iFORWARD Program

Considering the challenges posed by the COVID-19 pandemic, which exacerbated existing disparities and emphasized the critical need for robust technical infrastructure, the iFORWARD program was created in 2022. **Supported by Janssen Pharmaceutical Companies of Johnson and Johnson, the initiative's purpose was to address the challenges Southern organizations confront in leveraging proper technology for their services and missions. To establish the program, AIDS United secured $100,000 in additional funding, pairing cash grants with targeted technical assistance to strengthen digital capacity without increasing administrative burden.**

The cohort strengthened its learning and support model through a combination of structured survey reporting and more conversational check-in formats. Quantitative reporting captured grantee profiles and beneficiary demographic information, including age, race and ethnicity, gender identity, and sexual orientation. For qualitative learning, regular video check in interviews created space for grantees to share successes, barriers, growth opportunities, and technical assistance needs in a more accessible format, while enabling the program to provide real time support and rapid troubleshooting.

iFORWARD also reinforced peer learning through a virtual convening model shaped by grantee needs. **Convening sessions addressed practical areas that affected sustainability and implementation, including state policy and advocacy, nonprofit accounting, social media tactics, independent revenue strategies, and the use of**

artificial intelligence for operational efficiency. Together, these supports helped grantees strengthen internal systems, expand outreach and engagement, and increase their ability to deliver services in a rapidly changing Southern context.

In its first year (April – December, 2022), iFOWARD supported a cohort of seven Southern grantee organizations in Georgia, Kentucky, Louisiana, Washington, D.C., and Texas, and a total of 8,225 unduplicated beneficiaries. iFORWARD grantees launched digital campaigns and created digital health literacy materials to promote health linkages and address barriers to care. They also hosted hybrid events and workshops targeting key populations and bolstered their technical infrastructure, from expanding telehealth services to investing in Wi-Fi and digital communication tools.

In its second year (June 2023 – June 2024), iFORWARD supported seven organizations and reached 1,783 unduplicated beneficiaries. One grantee demonstrated the scale that digital strategies made possible. **Across Facebook and Instagram alone, the organization reported 1,270,937 impressions, a reach of 654,725, and 5,5746 engagements.**

One grantee organization illustrated how iForward support translated into practical capacity gains. After developing and disseminating a survey to better understand trans men and transmasculine communities across the South, the organization recognized a key demographic data element had not been captured. Through iFORWARD technical assistance, the organization was able to recontact respondents through its survey platform, strengthen the completeness of the dataset, and receive support with analysis and reporting that informed a public learning event during Transgender Awareness Week.

Across cohorts, iFORWARD grantees also reported meeting long term goals that strengthened both operational infrastructure and community reach. These goals included improving data capture and feedback systems, expanding digital engagement through campaigns and QR code strategies, upgrading outdated equipment to improve day to day efficiency, and increasing access to digital tools that supported service delivery. **Grantees also used iFORWARD support to build and pilot hybrid learning approaches and digital health education efforts that elevated visibility, reduced stigma through community dialogue, and strengthened virtual outreach.** In some cases, grantees advanced foundational organizational milestones tied to sustainability, while others piloted innovative approaches to disseminate HIV information, allyship, and advocacy content at scale.

As a special program, iFORWARD reinforced that technology access was not a secondary need, but an enabling condition for sustaining HIV prevention, care, and advocacy in the South. By pairing flexible funding with targeted support, the program helped organizations strengthen internal systems, expand reach, and remain responsive to community needs in a shifting and often hostile landscape.

The Fund's Impact on Southern Infrastructure

In the span of eight years, the Fund served as a catalyst for strengthening community-based infrastructure in Southern communities disproportionately impacted by HIV. **Recognizing the critical need for robust public health infrastructure in this region, the Fund acted as a growth incubator for smaller and nascent local organizations supporting communities of people living with and vulnerable to HIV. Rather than only funding programs, the Fund invested in the conditions that made programs possible, supporting organizations as they built the internal capacity needed to sustain services, respond to disruption, and lead locally grounded solutions.**

In areas where infrastructural resources were previously limited or nonexistent, the Fund helped close critical operational gaps, providing the necessary framework and support that allowed community-based organizations to stabilize and grow. **From assisting small organizations in obtaining their 501(c)(3) status, to strengthening their governance and administrative readiness, and enabling them to access direct funding sources, the Fund contributed to long-term organizational viability and expanded reach.**

This approach empowered grantees to become active players in both their local communities and the broader regional public health landscape. **Over time, grantees strengthened systems for service delivery, data capture, staffing structures, partnerships development, and community trust-building, even amid compounding policy and funding pressures.**

The Fund's impact extended beyond providing funding, it paired resources with technical assistance, learning opportunities, and cohort connection that helped smaller and emerging organizations build skills, confidence and resilience. As grantees expanded their ability to deliver prevention, care, advocacy, and intersectional justice work, the Fund helped reinforce a stronger Southern ecosystem that could adapt to changing conditions without losing its community anchor.

As the Fund reflects on its eight-year trajectory, infrastructure building remained a consistent driver of impact. **The transformation of grantee organizations, from small, local nonprofits into more sustainable, networked, and visible public health and advocacy leaders, highlighted the Fund's role as an incubator for Southern leadership and capacity. This infrastructure legacy positioned grantees to continue meeting community needs, strengthening partnerships, and advancing equity in the South beyond the grant period.**

Grantee Infrastructure Support Highlights

The Fund's investment in local infrastructure was reflected in multiple grantee stories that demonstrated how targeted support strengthened capacity where services had previously been limited or inconsistent. **Across the eight-year period, several organizations moved from operating with minimal staffing, informal systems, or constrained reach to becoming trusted community anchors with stronger operations, clearer strategy, and expanded delivery models.**

One example involved a **South Florida-based organization** focused on transgender community support, where local services had been minimal prior to the Fund's involvement. **Infrastructure support enabled the organization to expand outreach, strengthen its program delivery, and grow its role as a trusted hub for prevention, care, and community-informed advocacy.** Over time, the organization became more visible, more stable, and more influential within local systems, helping shape conversations about trans health, equity, and safety.

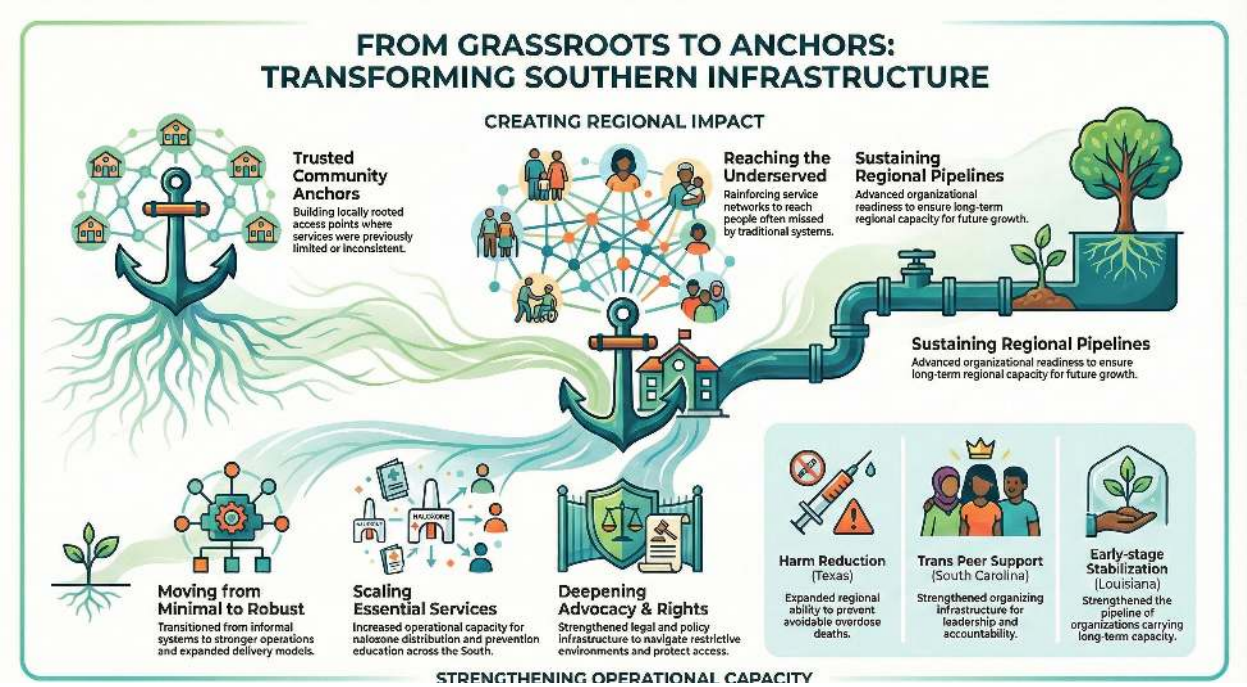
Another example involved a **Texas-based harm reduction organization** that increased its capacity to deliver critical resources to communities facing elevated overdose risk and structural vulnerability. Despite external pressures, **the organization expanded distribution of naloxone and other harm reduction tools, demonstrating how strengthened operational infrastructure could translate into life-saving reach at scale.**

In South Carolina, a transgender-led peer support and advocacy organization scaled peer support services and convened advocacy events that drew hundreds of participants. **Infrastructure strengthening helped the organization increase visibility and expand community engagement, supporting more consistent programming, stronger connections, and wider recognition.**

Similarly, a **Mississippi-based legal and policy organization** amplified its advocacy work and deepened its influence in a region where communities impacted by HIV faced unique barriers. By strengthening internal infrastructure, **the organization expanded its ability to engage decision-makers, support community rights-based strategies, and sustain advocacy within a demanding policy environment.**

Two additional examples reflected growth in women-centered prevention and care programming. **Women-led organizations** serving communities disproportionately impacted by HIV expanded their outreach, prevention education, and service navigation, reaching thousands of women, particularly women of color, with health information and support. **These organizations became increasingly trusted in their communities, creating safer spaces and strengthening pathways to care, prevention, and wellness.**

Finally, a small and new **Louisiana-based organization** focused on aging adults living with HIV strengthened its organizational foundation, including progress toward formal nonprofit readiness and expanded programming capacity. **This support helped the organization move from early-stage development toward greater stability and reach.**



By serving as a growth incubator, the Fund supported emerging and community-rooted organizations in strengthening internal systems, expanding service delivery, and increasing their ability to respond to local needs, contributing to broader public health and equity goals in the South.

In identifying and supporting the intersections where these organizations operated, the Fund reinforced a practical strategy for strengthening Southern HIV response, rooted in the reality that progress depended on strong, community-led organizations with the trust, knowledge, and operational capacity to meet nuanced needs and sustain engagement over time.

Lessons Learned

Over eight years, evaluation findings and grantee feedback consistently pointed to a clear lesson: **progress in HIV outcomes in the South depended on strengthening the community-based organizations that made prevention, care, advocacy, and movement work possible.** The Fund learned that the most durable impact came from pairing resources with practical support that reduced burden, built trust, and helped organizations adapt in real time as conditions changed.

1. **Infrastructure building is a direct HIV strategy**
   Investing in internal capacity, not only program activities, proved essential to long term impact. **Small and emerging organizations benefited most when the Fund supported foundational needs such as nonprofit readiness, governance strengthening, staffing structures, and systems that made service delivery sustainable.** This infrastructure focus helped organizations stabilize, expand reach, and remain responsive to communities facing compounding barriers and stigma.

2. **Flexible funding protects continuity, dignity, and speed**
   Periods of disruption reinforced that flexibility was both a convenience and a safeguard. **The shift toward general operating support enabled organizations to maintain services, redirect resources to urgent needs, and make timely decisions without waiting for formal grant modifications.** This approach strengthened crisis readiness while reinforcing trust in grantees as the experts closest to community needs.

3. **Technical assistance works best when it follows grantees' defined needs**
   Grantee challenges shifted and technical assistance expanded accordingly. Early support focused on evaluation, data tools, and reporting systems. **Over time, the Fund learned to broaden support into areas that shaped sustainability and delivery, including leadership development, board strengthening, communications, outreach, policy and advocacy capacity, and healing-centered approaches, social media strategies and evaluation too.** Convenings and tailored coaching were most effective when they directly reflected what grantees said they needed to keep doing the work.

4. **Community leadership strengthens health outcomes**
   The Fund learned that civic engagement and shared decision making were not separate from HIV outcomes, they shaped the conditions that determined access, safety, and care. Efforts that supported communit**y leadership and reduced barriers to participation reinforced the practical link between power, policy, and health equity, especially amid voter suppression pressures and hostile policy environments.**

5. **Technology access is an enabling condition, not an add-on**
   COVID-19-related disruptions clarified that many organizations were being asked to operate modern programs without modern infrastructure. **Through iFORWARD, the Fund learned that pairing small cash investments with targeted technical support could rapidly strengthen digital capacity, improve outreach, and expand service options, while avoiding added administrative burden for small teams.**

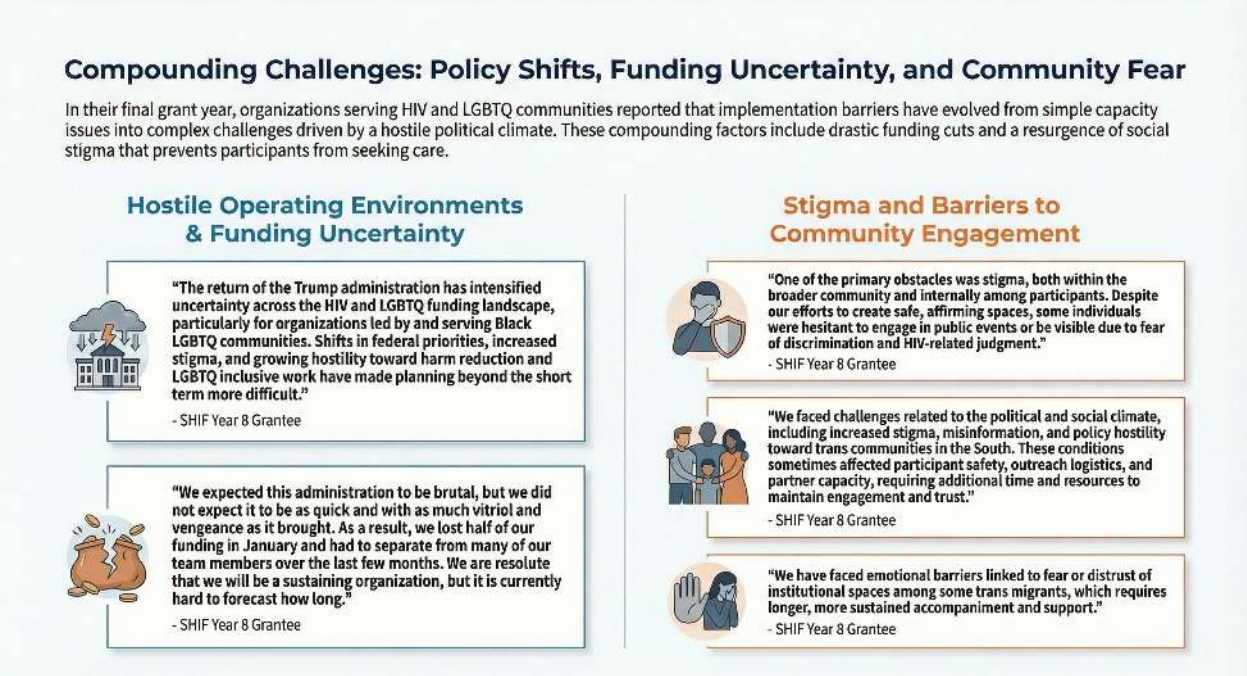
6. **Data quality depends on trust, safety, and feasibility**
   Demographic and outcome reporting reflected real world constraints, including privacy, stigma, safety concerns, and varied intake systems. **The Fund learned that lighter lift reporting options and conversational learning formats often produced more honest, usable information, while protecting dignity and reducing burden.** This strengthened the quality of learning without pressuring grantees or participants to disclose information that did not feel safe or relevant.

7. **Sustaining impact requires adapting to changing funding and policy conditions**
   Funding fluctuations and shifting political conditions underscored the importance of diversified funder partnerships and an intermediary model that could coordinate support, respond quickly, and maintain continuity even when the broader landscape changed. The Fund learned that resilience was both a grantee trait, and a program design requirement.

Compounding Challenges Amid Policy Shifts

In the final grant year, grantees' reflections made clear that implementation barriers were no longer only about capacity or access. They were shaped by a rapidly shifting policy environment, visible backlash toward DEI and LGBTQ inclusive work, and funding conditions that became harder to predict and harder to replace.

Across interim check ins and year end reporting, **grantees described policy hostility, rapid funding shocks, and rising stigma and misinformation that affected planning horizons, staffing stability, and participant safety.** They showed how these pressures influenced day-to-day decisions, from staffing and service models to participant safety, confidentiality, and the pace of outreach.



Together, these reflections made clear that the pressures grantees faced were programmatic, structural, and political. The costs were real: staff losses, shortened timelines, and communities carrying more fear into every decision about visibility and safety. Yet even as the ground shifted, grantees protected confidentiality, stayed close to community, and made hard operational choices to keep people safe and connected to care.

The next section highlights what grantees sustained and advanced under pressure, and what the Fund's model made possible when the operating environment became more hostile, more volatile, and more difficult to navigate.

Progress Under Pressure

Even as policy hostility and funding instability intensified across the grant years, grantees sustained core services, protected affirming spaces, and continued delivering community grounded prevention, care linkage, and harm reduction. **Many organizations adjusted outreach approaches, strengthened local partnerships, shifted staffing models, and prioritized participant confidentiality to preserve trust during a period marked by heightened fear and political targeting. The most consistent pattern across all cohorts' reflections was not retrenchment, but adaptation: grantees kept showing up, kept serving, and kept making real time decisions that protected both people and programs.**

A Legacy of Trust, Capacity, and Community Leadership

By the end of the final year, the operating environment had become more volatile, more punitive, and less predictable than in earlier years, yet the Fund and its grantees still demonstrated measurable forward motion. This period reinforced the Fund's core legacy: building durable Southern infrastructure led by communities most impacted by HIV, and proving that community leadership, technical support, and flexible resources could translate into sustained service delivery even when external conditions worsened. Against long-standing barriers and escalating political pressures, grantees endured and strengthened the ecosystem in the South, which is needed to keep people safe, connected to care, and affirmed.

Conclusion

Over eight years, the Fund stood with Southern communities through sustained pressure, shifting policies, and widening uncertainty. In places where support was thin or absent, the Fund helped build local organizations with stronger systems, deeper partnerships, and greater confidence to lead. **The Fund went beyond grant-making by protecting dignity, expanding safety, and making sure grantees were not asked to do the hardest work with the least support.**

This model worked because it treated local organizations as experts in their own context. By centering dignity, lived experience, and trust, the Fund enabled grantees to adapt in real time, protect affirming services, and stay connected to communities most impacted by HIV. **Grantees kept doors open when fear rose, when stigma sharpened, and when funding became harder to forecast.**

They adjusted outreach when communities needed privacy. They protected trust when visibility carried risk. They continued to show up with care, truth-telling, and practical support, even when the environment tried to make that impossible.

As the Fund moved into year nine, the goal was to honor its legacy by consolidating what was learned, responding to emerging threats, and shaping the next phase of Southern investment with community leadership at the center.

Looking ahead, the Fund's year nine priorities include:

- Producing and disseminating tools that summarize reach, impact, and lessons learned, including publicly available reports, a webinar series, conference presentations, and social media promotion.
- Conducting four Think Tanks to assess the current funding landscape, needs, and opportunities, supporting a wider re-envisioning of tailored investments and future programming.
- Partnering with Black South Rising (whose mission is to build political power for the Black South to improve health outcomes and promote healing), to hold community forums with individuals and advocates across the South to surface socio-political barriers to health and thriving, and to inform the Fund's assessment of community needs.
- Conducting a Southern funder convening at the conclusion of the Think Tanks or community forums to share findings and solicit support for the south.

The moment ahead is not gentle. But the legacy of the Southern HIV Impact Fund is that progress is still possible, even under strain, when communities are resourced and trusted to lead. Its legacy is not only a record of impact, but also a foundation for what comes next.

Acknowledgments

We would like to thank Funders Concerned About AIDS for creating the collaborative fund we know today as the Southern HIV Impact Fund.

We also offer special gratitude to the Elton John Foundation, Ford Foundation, Gilead Sciences, Janssen Pharmaceutical Companies, Johnson & Johnson, Levi Strauss Foundation, Merck, ViiV Healthcare, and a generous anonymous funder for supporting the Southern HIV Impact Fund over the past eight years. Without you, none of this work would have been possible.

Finally, we offer heartfelt gratitude to the many AIDS United staff who have worked on and supported the Southern HIV Impact Fund over the years. Your contributions have made this work possible. We are particularly thankful to Jesse Milan, Jr., J.D., Carl Baloney, Jr., and Athena Cross, DrPH, for continuing this legacy, and Clifford Castleberry, M.S., and Vienna Mbagaya, M.P.H., for making this eight-year retrospective possible.

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