Impact on Municipal HIV Funding Due to COVID-19 Related and National Funding Constraints

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Background

Cities in the Global North have historically relied on the commitment from federal governments in coordination with municipal funding to build and maintain sustained responses to HIV.

The COVID-19 pandemic and resulting shock to health systems impacted financing mechanisms for national and municipal COVID-19 responses.
Methods

An HIV Barometer survey was fielded among Fast-Track Cities in seven countries:

- Canada (1)
- France (7)
- Germany (2)
- Italy (7)
- Spain (5)
- United Kingdom (8)
- United States (27)
Methods Cont.

The survey’s aim was to gain a multidisciplinary view of opinions and perspectives regarding:

1. Effect of COVID-19 on city HIV responses
2. COVID-19’s impact on city health budgets
3. Ongoing commitment to funding city HIV responses

The survey collected Likert Scale responses from local stakeholders connected to funding and/or implementing city HIV responses including public health officials, community-based organizations, clinical and service providers, and patient-advocates.
Results

More than two-thirds of respondents indicated that the probability of decreased HIV funding would precipitate increased HIV and AIDS-related mortality as either somewhat probable (33%) or probable (28%).
Results cont.

- 66% of respondents indicated that social support services would be at risk due to COVID-19 related budget cuts.
- HIV research (43%), HIV prevention (42%), key population outreach (42%), and mental health services (42%) were also identified as services at highest risk due to COVID-19 budget cuts.
Results, cont.

When asked about the impact of COVID-19 had on municipal funding for HIV programming

- 23% indicated the impact was significant
- 26% reported this impact would be short-term, lasting no more than 1-2 years
A plurality of respondents believed COVID-19 would have a somewhat significant or significant impact on commitment towards HIV funding.

- The United States demonstrated the greatest concern, with 36% reporting somewhat significant and 19% reporting significant impact on municipal commitment to HIV funding.
Conclusions

The data from this survey demonstrates that:

• COVID-19 fueled budget constraints are having, and may continue to have, a negative impact on municipal HIV response

• Strategies to minimize the impact COVID-19 has had on municipal responses, such as reallocating resources or leveraging existing resources, should be further explored