

OVERALL FUNDING

1. What are the overall numbers in the report?

U.S.:

- In 2010, total disbursements for HIV/AIDS from U.S.-based philanthropies were \$459 million, a decrease of \$33 million, or 7% from the 2009 total—\$492 million. Total commitments also decreased, from \$367 million in 2009 to \$206 million in 2009 (or 44%).

Europe:

- In 2010, total expenditures for HIV/AIDS from European-based philanthropies were €107 million or \$153 million, about €7 million (\$10 million) less in 2010 compared with 2009, among the 30 funders for which EFG has two years of comparable expenditure data (2009 and 2010). This corresponds to a 6% decrease.

2. Why did funding fall for U.S. philanthropic disbursements and commitments?

- The overall decrease in disbursements and commitments in 2010 was driven by a drop in funding by the Bill & Melinda Gates Foundation, which accounts for 47% of all HIV/AIDS philanthropy funding by U.S. funders. However, these decreases were largely due to the multi-year nature of their commitments, and reflect that they were undergoing a HIV/AIDS strategy review process in 2010. HIV/AIDS still remains a priority of the foundation and they forecast increased commitments as part of a new strategy and grants cycle in 2011.
- Disbursements from all US funders other than the Gates Foundation also decreased but more slightly, by 2% from 2009 to 2010. This decrease was primarily due to a trend of funders exiting the field of HIV- specific funding. Several long-time HIV/AIDS funders closed their HIV/AIDS-specific grant programs. We've also seen some funders move away from specific HIV/AIDS-focused grants, and new funders have not replaced them. This indicates a shift toward funding programs that are crosscutting, such as sexual and reproductive health and health systems strengthening.
- In addition to the drop in commitments by the Gates Foundation (\$150 million), commitments data from all other funders were \$10 million less in 2010 in comparison with 2009 (\$173 million vs. \$183 million).
 - Commitment data is not available for all funders, and yearly fluctuations similar to that at the Gates Foundation occur with other funders as well.
 - Though the commitments figure can help gauge current and future outlays, the sharp decrease in 2010 is mostly due to yearly fluctuation and availability of data and should not be considered indicative of what may happen in 2011 or the future.

3. Why did funding fall for European HIV/AIDS philanthropic expenditures?

- One funder— the Big Lottery Fund, which was the second largest European philanthropic HIV/AIDS funder in 2009, making £14,084,694 (€15,969,085) in grants to HIV/AIDS that year— made no grants in 2010. Similar to the Gates Foundation, the decrease in funding at Big Lottery Fund was due to the development of a new grants program in 2010 and is not indicative of a decision to halt or substantially limit such funding. Grants toward HIV/AIDS from Big Lottery Fund resumed in 2011.

4. Is there a trend of European funders shifting away from HIV/AIDS similar to that in the U.S.?

- The data does not indicate a strong trend of European funders shifting away from HIV/AIDS. One funder, the Bernard van Leer Foundation, which made €1,866,675 in grants to HIV/AIDS in 2009, shifted away from specifically funding HIV/AIDS towards other areas in 2010.

5. What is the total number of funders represented in the overall figures?

U.S.:

- The total \$459 million was disbursed by 218 U.S.-based funders and represents some 4,730 HIV/AIDS-related grants or projects.
- The “Top Funders List” (see page 21) includes 60 U.S. HIV/AIDS philanthropic entities, each of which disbursed \$300,000 or more to HIV/AIDS in 2010.

Europe:

- The total €107 million was disbursed by 31 European-based funders and represents some 3,895 HIV/AIDS-related grants or projects.

6. Why are there so many less European HIV/AIDS funders (31) than U.S. funders (218)?

- Historically, U.S. philanthropies have given more to HIV/AIDS than the European region. Private philanthropic giving overall (beyond just the HIV/AIDS issue) has been more substantial and more institutionalized historically in the U.S. over European countries. Also, the U.S. government tax laws require private philanthropic organizations to share their grantmaking in a 990 form, which is not the case for all European countries. Finally, the Foundation Center in the U.S. maintains a centralized database of grantmaking information that FCAA uses to supplement grantmaking data obtained directly from funders filling out the survey. The E.U. or individual European countries do not have similar databases, so it is likely that not *all* European philanthropic HIV/AIDS funders are captured in the EFG report. EFG is confident, however, that the *large majority* of European philanthropic HIV/AIDS funders are captured in the report.

7. Why has there been a decrease in the number of U.S. funders?

- Findings over the past six years show a steady decline in the number of HIV funders: a total of 21 organizations (or 30%) have dropped from this report since 2005, while new funders have not replaced them. Given the trend of highly concentrated funding among the top funders (the top 10 funders gave 80% of the total disbursements in 2010), any loss of funders represents a further narrowing of the field and raises concern about stalled progress in fighting the epidemic.
- In 2010, several long-time HIV/AIDS funders closed their HIV/AIDS-specific grant programs.
- For example, Rockefeller Brothers Foundation ended their [South Africa program in 2009](#). Trends also show funders moving away from silo funding for one disease and moving toward funding crosscutting programs. For example, Rockefeller Foundation and the Doris Duke Charitable Fund moved towards a health systems strengthening approach over a disease-specific approach. Budget cuts prompted both The William and Flora Hewlett Foundation and The David and Lucile Packard Foundation to move away from grantmaking focused specifically on HIV/AIDS: The William and Flora Hewlett Foundation is consolidating some of their portfolios

on global development and population, and thus, will not be funding or measuring HIV efforts separately, while The David and Lucile Packard Foundation, as part of a new strategy for 2009-2013, shifted funding away from family planning and HIV/AIDS integration, and thus, no longer funds HIV/AIDS.

8. How do geographic disbursements and target populations compare to the global and domestic epidemic rates of HIV infection?

Global Epidemic

- Total funding directed to regions outside the U.S. from U.S. philanthropies was \$20 million lower in 2010 than 2009 (a 5% decline).
- Total funding directed to regions outside Western and Central Europe from European philanthropies in those countries was approximately €8 million lower in 2010 than 2009.
- The East and Southern Africa region continues to receive the largest portion of funding for HIV/AIDS from both U.S. and European philanthropies. Even with a \$10 million drop from 2009, which was the largest year-to-year drop among all regions, the area received \$148 million from U.S. philanthropies, or 41% of all U.S. for international funding. European HIV/AIDS funders gave 37% of all funding, or €40 million, to this region in 2010. This does essentially correspond to need: the Sub-Saharan Africa region had the highest numbers of people living with HIV (22.5 million) and new HIV infections (1.8 million) of any region in 2009.
- Nearly 80% of U.S. funders chose people living with HIV/AIDS (PLWHA) as the target population of their international grantmaking. European funders (84%) also chose PLWHA as the top target population of HIV/AIDS funding. On a national level, UNAIDS data indicates that some of the most vulnerable populations are not being reached. For example, in Eastern Europe and Central Asia, a region of concentrated new infections in populations such as injecting drug users, sex workers, and men who have sex with men, 89% of HIV-prevention investments are not focused toward these populations. The share of U.S. funders that chose these vulnerable populations as being the major beneficiaries of their international funding was as follows: 15% supported programs for men who have sex with men, 9% supported programs for sex workers, and 3% supported programs for injecting drug users. The share of European funders that chose these vulnerable populations as being the major beneficiaries of their funding was: 10% supported programs for men who have sex with men, and 6% supported programs for sex workers. No European funders chose injecting drug users as a target population.

U.S. Domestic Epidemic

- Roughly \$101 million (or 22%) of total U.S. disbursements were directed to the U.S. domestic epidemic, representing a near 10% decrease from 2009 levels (\$112 million).
 - FCAA identified 20 U.S. funders out of the top 60 funders that disbursed \$1 million or more to support domestic U.S. HIV/AIDS programming in 2010.
- Even though nearly half of all new infections in the United States occurred in the South, only 25% of all U.S. philanthropic funding for HIV/AIDS was directed to the area. However, funding to the South did increase slightly (\$2 million) from 2009.
- Men who have sex with men account for 64% of all new infections in the U.S., but according to U.S. funders of the domestic epidemic, only 28% believe men who have sex with men are the greatest beneficiaries of their programs.

9. Is funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) from philanthropy included in the report?

- No. Funding for HIV/AIDS to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) from U.S. HIV/AIDS philanthropic funders – totaling just over \$6 million from five funders in 2010 (or 1% of total disbursements) – was removed from all figures in the report as it is becoming increasingly difficult to track. Funding to the Global Fund was also removed from all previous year figures, including 2009, in order to make more accurate comparisons. A longer explanation of this change is provided on page 41 in the FCAA report. No funding to the Global Fund was reported from European HIV/AIDS funders in 2010.

10. What percentage of funding is represented by the top 10 funders in both the U.S. and Europe?

U.S.:

- The top 10 U.S. funders accounted for 80% of all HIV/AIDS disbursements from philanthropies in 2010.
 - The Gates Foundation—the world’s largest private HIV/AIDS funder—represented 47% of disbursements alone.

Europe:

- The top 10 European funders accounted for 86% of all HIV/AIDS disbursements from philanthropies in 2010.

11. What do you expect for 2011 HIV/AIDS philanthropic funding?

- We anticipate funding levels to increase in 2011. Over a quarter of U.S. funders anticipate increases in 2011 funding, including the Gates Foundation. Forty-seven percent of U.S. funders expect their funding to remain approximately the same. For Europe, 38% of funders anticipated funding to increase in 2011, while 35% expected funding to remain the same.

12. What role do corporate HIV/AIDS funders play?

- Ten corporate foundations were among the top 60 U.S.-based HIV/AIDS funders in 2010. U.S. corporate HIV/AIDS funders represented 24%, or \$109 million, of total 2010 disbursements—a slight increase from 18%, or \$106 million, in 2009. Three corporate foundations were among the European HIV/AIDS funders in 2010.

13. What kinds of things did U.S. organizations fund in 2010?

- U.S. organizations funded an array of HIV/AIDS programming in 2010. In response to the global epidemic, research, prevention and advocacy were the top funded programs. Domestically, the majority of funding went to research, social services and prevention.
 - On pages 44 and 57 FCAA has provided brief examples of the type of projects funders supported in the top intended use categories, both domestically and internationally.

COMPARISON TO GLOBAL RESOURCES/ROLE OF PHILANTHROPY

1. How much did government and multilateral organizations give to HIV/AIDS in 2010?

- About half of all resources available for the HIV/AIDS response in low- and middle-income countries are provided by those countries for their own epidemics; the other half is provided in the form of international assistance from donor governments and non-governmental philanthropic sources.
- The latest data indicate that the total amount of international assistance provided by donor governments decreased in 2010 from the previous year by 10%, after years of steady growth from 2002-2008. The decrease was due to a combination of three main factors: actual reductions in development assistance, currency exchange fluctuations, and a slowdown in the pace of U.S. disbursements, which was not a budget cut.
- According to UNAIDS, resources available for HIV/AIDS in low- and middle-income countries were approximately \$15 billion in 2010.

2. What is the amount of resources needed to fight HIV/AIDS?

- According to UNAIDS, the estimate of what is needed to achieve universal access to HIV prevention, treatment, care and support by 2015 in low- and middle-income countries is \$24 billion annually. This leaves an estimated minimum \$7 billion annual gap between investment needs and available resources.

3. How does philanthropic funding compare to overall resources for HIV/AIDS?

- U.S. and European HIV/AIDS-related private philanthropy continues to represent only a small part of the resources available to HIV/AIDS, both within the United States and Western and Central European countries for addressing the epidemic within their countries, as well as internationally for addressing the epidemic outside of the U.S. and Europe.

4. What role does philanthropy play in comparison to donor governments?

- Philanthropy has a catalytic role to play in the global HIV/AIDS response through its commitment to key focus areas, such as advocacy work, and reaching marginalized populations such as men who have sex with men. These areas are often not covered by government funding.
- Private philanthropy has rallied billions of dollars in support for HIV/AIDS over the course of the epidemic. U.S. philanthropy, for example, has grown contributions to HIV/AIDS from a mere \$216,000 in 1983 to \$459 million in 2010.

5. Given ongoing global economic instability, and the need for more resources now to support new and existing tools that could end new infections, what can funders do to improve the funding situation, to increase funding and to increase the number of funders involved in HIV/AIDS?

- In the *Road Ahead* section (pages 8-17), FCAA outlines a number of potential strategies, including to:
 - Find where private funding can best innovate, strengthen and advance the response (most affected populations, and areas not covered by other sources of funding such as marginalized populations and advocacy)

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- Ensure programming is evidence-based and efficient as possible
- Consider aligning programming with NHAS or UNAIDS investment framework
- Take advantage of advances in science
- Use their position and visibility to inspire other funders and leaders to seize this moment in HIV/AIDS history
- Build coalitions, consider pooling resources, or otherwise collaborating, to leverage power

METHODOLOGY

1. How do you collect this information? How many funders participate?

- FCAA and EFG each distribute a survey tool to organizations identified as HIV/AIDS-related funders requesting key data on their HIV/AIDS grantmaking from the previous year. In addition, FCAA supplements the U.S. survey results with public information from the Foundation Center and Foundation Search grant databases. EFG supplements the European survey results with information from funders' websites and annual financial reports. Survey responses were received from 62 U.S. funders, representing 99.7% of the data included in the report. Survey responses were received from 26 European funders, representing 92% of the data included in the report.
- For the FCAA report, data related to geographic disbursements, target populations, and intended use is only gathered for those top funders who disbursed \$300,000 or more in the given year. For all other U.S. funders, their grantmaking data contributes only to the total disbursements figure (and commitments, if relevant).

2. What countries are included as “Europe” in the EFG report?

- Throughout the EFG report, the term “European” is used to describe the funders profiled. Those philanthropic entities, however, are all based in Western and Central European countries. While there are likely to exist some HIV/AIDS philanthropies based in Eastern Europe (most notably, in Russia and Ukraine), EFG has not been able to obtain data this year on private philanthropic funding from funders in that part of Europe.

3. How long have FCAA and EFG been tracking AIDS philanthropy?

- FCAA has been publishing this report for nine years. The report covers funding disbursements and commitments from the prior year. For a list of past FCAA resource tracking publications, please see: www.fcaaid.org/Resources/Publications/tabid/197/Default.aspx
- EFG published its first resource tracking publication in 2004 on funding data in 2003-2004. For a list of past EFG resource tracking publications, please see: www.hivaidsfunders.org/Pages/ResourceTracking.aspx

4. What is FCAA and EFG's relationship with UNAIDS?

- UNAIDS has been a long-time ally—both as a project partner and financial supporter—of FCAA and EFG's critical resource tracking report. In 2008 the three organizations, with grant support of the Ford Foundation, formed the Working Group on Global Philanthropic Resource Tracking

FCAA & EFG 2011 RESOURCE TRACKING REPORT Q&A

to begin identifying a network of global funding organizations engaged in HIV/AIDS work. Since 2008, all three organizations have worked closely to harmonize data collection methods, report analysis and design, and related outreach efforts to enhance a global perspective on AIDS-related private funding.

ABOUT FCAA AND EFG

1. What is Funders Concerned About AIDS (FCAA)?

- FCAA is the only U.S.-based organization comprised of and for private philanthropic institutions concerned about, engaged in or potentially active in the fight against HIV/AIDS. An affinity group recognized by the Council of Foundations, FCAA's mission is to mobilize all forms of philanthropic leadership and resources to address the pandemic and its consequences.

2. What is the European HIV/AIDS Funders Group (EFG)?

- The European HIV/AIDS Funders Group (EFG) is a knowledge-based network dedicated to strengthening European philanthropy in the field of HIV/AIDS. The group aims to mobilise philanthropic leadership and resources to address the global HIV/AIDS pandemic and its social and economic consequences and to promote an enabling environment for strategic and independent giving in this field as well as fields closely connected to HIV/AIDS such human rights, global health, and global development.

3. Where can I find more information?

- www.fcaids.org
- www.hivaidsfunders.org