



Philanthropic Support to Address HIV/AIDS in 2016

REIGNITE THE FIGHT




FUNDERS CONCERNED ABOUT AIDS



OUR MISSION

The mission of Funders Concerned About AIDS (FCAA) is to mobilize the leadership, ideas, and resources of funders to eradicate the global HIV/AIDS pandemic and to address its social and economic dimensions.

FCAA envisions a world without AIDS, facilitated by a philanthropic sector that works collaboratively, transparently, and urgently to ensure focused and robust funding for:

-  Evidence-based interventions in the treatment and prevention of HIV infection;
-  Advocacy, research, and exploration of new methods to hasten the end of AIDS; and,
-  Investments that address the social inequities, health disparities, and human rights abuses that fueled the spread of the epidemic.

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THANK YOU

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TABLE OF CONTENTS

02	INTRODUCTION: REIGNITE THE FIGHT	19	FUNDERS THAT FOCUS ON HIV/AIDS
04	OVERVIEW	20	INTENDED USE
05	HIV/AIDS PHILANTHROPIC DISBURSEMENTS 2007–2016	24	TARGET POPULATIONS
06	TOP 20 PHILANTHROPIC HIV/AIDS FUNDERS IN 2016	26	APPENDIX 1: LIST OF ALL PHILANTHROPIC FUNDERS OF HIV/AIDS IN 2016
09	FUNDING CONTEXT	36	APPENDIX 2: METHODOLOGY
10	GEOGRAPHIC FOCUS	40	ENDNOTES
18	CORPORATE FUNDERS		

PLEASE VISIT THE FCAA WEBSITE AT:

<http://www.fcaaid.org/what-we-do/resource-tracking/> for an online version of the report, and additional information including:

- A press release
- Full lists of 2016 intended use and target populations by region
- Data privacy policy and pharmaceutical contributions policy

Acronyms and Abbreviations

ARV	antiretroviral
EMTCT	elimination of mother-to-child transmission
FCAA	Funders Concerned About AIDS
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
LGBTQ	lesbian, gay, bisexual, transgender, and queer/questioning
LMIC	low-and middle-income countries
OI	opportunistic infection
PrEP	pre-exposure prophylaxis
STI	sexually transmitted infection
TB	tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
U.S.	United States
VCT	voluntary counseling and testing
Note: All figures marked \$ are U.S. dollar amounts.	

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INTRODUCTION: REIGNITE THE FIGHT

HIV/AIDS philanthropic disbursements in 2016 reached the highest level to date: approximately \$680 million, a 2% increase from 2015.

While the third straight year of increases in philanthropic funding is encouraging, it must be viewed in a broader context. This year's increase belies a trend of funding decreases for HIV. In fact, the majority of funders decreased the level of resources allocated to fight HIV and AIDS between 2015 and 2016. Without a \$41 million increase from the Bill and Melinda Gates Foundation—a routine fluctuation in disbursements—we would be recording an overall decrease in funding from private philanthropy.

A CHALLENGING ENVIRONMENT



Shortly before the end of the 2016 calendar year—on which this data is based—a newly elected U.S. Administration put the trajectory of funding for HIV/AIDS, and global development as a whole, in peril. Since then, the Administration has telegraphed not only a lack of appetite to fund global development programs, but a willingness to create further threats, such as the reinstatement of the greatly expanded “Global Gag Rule,” which restricts international organizations receiving U.S. funding from performing or promoting abortion services.

At the same time, other bilateral donors decreased HIV funding, further exacerbating the resource gap. In July, headlines from the Kaiser Family Foundation and UNAIDS signaled the lowest level of donor government support for HIV/AIDS in low- and middle-income countries (LMIC) since 2010. While, encouragingly, philanthropic resources in LMIC increased by 11% from 2015, it's important to note that the overall decline in funding from donor governments between 2015 and 2016 (\$511 million) is almost equivalent to the total amount of HIV-related philanthropic support in the same year (\$680 million).

TAKING ACTION



Flagging resources and ill-informed policy threaten to roll back decades of progress. FCAA is responding to these challenges in key ways:

Mobilizing funding.

People living in the U.S. South experience tremendous gaps in access to health insurance and care, caused by structural barriers such as poverty, inadequate education, stigma, racism, sexism, homophobia and transphobia—compounded by political barriers, such as refusal to expand Medicaid. These issues, in turn, pose significant obstacles to accessing treatment and support for HIV/AIDS. Unfortunately, funding to the U.S. South decreased by \$2 million from 2015 to 2016.

To address the critical gap between need and resources in the U.S. South, a team of partners, brought together by FCAA and through support from Gilead Sciences, Ford Foundation, Elton John AIDS Foundation, ViiV Healthcare and Johnson & Johnson, launched the Southern HIV Impact Fund in the Winter of 2017. Through coordinated investment, the Fund aims to:

- Generate a demonstrable increase in both leadership and collaboration across the region, creating a robust pipeline of leaders for today and the future;
- Engage and support the remarkable leaders of the social justice movements to help strengthen and lead the fight; and
- Foster a community of learning, to deepen relationships between communities and donors, that will sustain this effort over time.

On World AIDS Day 2017 (December 1st), the Fund announced, as administered by AIDS United, the disbursement of over \$2.65 million in support of 37 grantees located in the U.S. South. Additionally, the Fund includes a rapid response mechanism that has already mobilized \$150,000 in support of people living with and affected by HIV/AIDS in hurricane-impacted areas including Texas and Florida.



Vigilantly monitoring the landscape.

Advocacy has played an enormous role in the progress the world has achieved in the fight against the disease. Today, it is more critical than ever to ensure resources continue to support this work. After significant increases in funding for advocacy in 2015, we saw a slight boost in 2016, maintaining that forward momentum.

To further support philanthropic efforts for HIV-related advocacy, FCAA established an Advocacy Network in January 2017. In partnership with several other organizations—amfAR, American Jewish World Service,

Friends of the Global Fight against AIDS, Tuberculosis and Malaria, Kaiser Family Foundation, NASTAD, the National Minority AIDS Council, and Open Society Foundations—we are monitoring the rapidly evolving political landscape and working to provide funders with the tools they need to understand and respond to the current political environment, and its impact on HIV/AIDS policy and funding. Looking forward, FCAA will also be convening funders in 2018 to strategize how to sustain community-based responses, particularly by and for key populations, within middle-income countries that are transitioning off of support from multilateral and bilateral donors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

REIGNITING THE FIGHT



FCAA was borne of government inaction in a time of crisis. Thirty years later, we are called to return to our activist roots to respond to a government hostile to those living with HIV/AIDS, and those most at risk of infection. FCAA's mission is mobilizing leadership and resources of funders to not only eradicate the global HIV/AIDS pandemic, but also to address its social and economic dimensions. Combating the hatred, racism, misogyny, xenophobia and homophobia—more evident since the last election—is as much our mission as fighting the disease itself.

Now, more than ever, we are calling on the private sector to increase support, and leverage its unique abilities to respond. We know the way—we have done it before. We will not leave the work to defeat HIV/AIDS undone. We cannot let our efforts, hope or spirit be diminished. Instead, we must **#ReigniteTheFight**.

John Barnes
Executive Director
Funders Concerned About AIDS (FCAA)

J. Channing Wickham
Executive Director
Washington AIDS Partnership, and Chair,
FCAA Board of Directors

OVERVIEW

This year marks the **15th annual** resource tracking publication from Funders Concerned About AIDS on philanthropic support for HIV/AIDS. The report relies on grants lists submitted by nearly **100 funders directly** (representing over 94% of the total funding), as well as grants information from funder websites, grants databases, annual reports, 990 forms, The Foundation Center, and grants flagged as HIV/AIDS-related received by Funders for LGBTQ Issues.

HIV/AIDS-related giving among private philanthropic organizations in 15 countries totaled approximately **\$680 million** in 2016, representing a **2% increase** (\$16 million) from 2015, and **the highest amount of disbursements to date**.

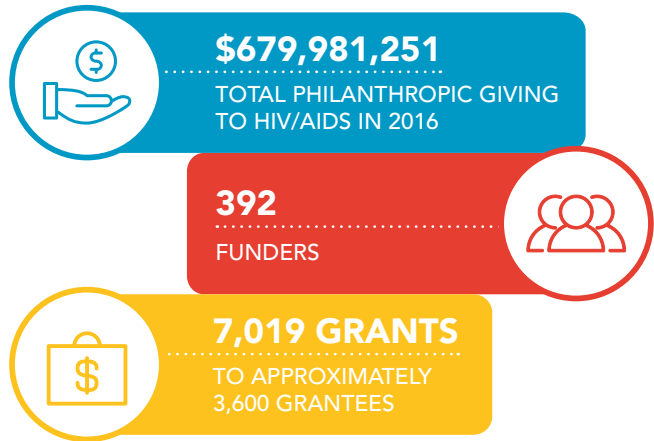
The 2016 uptick was driven by **significant increases** from several of the top 20 funders, mainly ViiV Healthcare, Aidsfonds, and Elton John AIDS Foundation (US and UK), and carried by a \$41 million increase from the Bill and Melinda Gates Foundation, that is representative of their normal yearly fluctuations.

However, although we saw a boost in total funding, the overall trend is showing decreases from the majority of funders. Several Top 20 funders saw significant decreases in 2016, including the M.A.C AIDS Fund, the Children's Investment Fund Foundation, Johnson & Johnson and the Ford Foundation. Two longtime supporters of HIV/AIDS programs, the Tides Foundation and the Big Lottery Fund, also fell out of the top 20 list. Overall, more funders decreased their funding for HIV/AIDS in 2016 than increased. (85 funders decreased while 68 increased funding, and 22 remained flat).

HIV/AIDS philanthropic funding remains heavily concentrated among the top donors, with the **top 20 funders accounting for 87%** of all funding in 2016. To demonstrate the impact of this, we removed the two largest funders (Gates Foundation and Gilead)—which together represent just over half of all funding in 2016—and total giving to HIV/AIDS among **all other private funders** for which FCAA has 2015 and 2016 data, amounted to \$307 million. This reveals a **5% decrease** (\$17 million) from 2015, a discouraging decline in funding despite the overall increase.

Total giving from corporate funders represented **over a third** (\$241 million) of all private funding for HIV/AIDS in 2016, keeping steady with last year's rates. And while only twenty-five of the total 392 funders included in this report (6%) are **HIV-specific funding organizations**, their grants represented a substantial amount: **a quarter** of the total in 2016.

Most funding was given to **Global** (non-country-specific) HIV-related efforts (\$246 million). **International** funding, grants from a funder in one country to a grantee in another, was close behind, at \$239 million. Domestic funding (or grants to benefit a funder's own country) reached \$191 million in 2016.



Just under half of all country-level funding in 2016 for HIV/AIDS from philanthropic funders went to **high-income countries** (\$207 million) mostly to the U.S. (\$175 million). **Middle-income countries** received just **under a third** of funding (\$136 million)—with the remainder going to Low-income countries (\$79 million), a 20% increase from 2015.

The top country recipient of funding was the **U.S.**, where \$175 million was granted. The top regional recipient outside of North America was **East & Southern Africa** (\$173 million).

The top intended use category of all funding was **research** of worldwide benefit (\$249 million)—a 13% increase from 2015. Other top intended use categories for funding in 2016 were prevention (\$169 million), up 26% from 2015; treatment (\$161 million), advocacy (\$125 million), and social services (\$98 million).

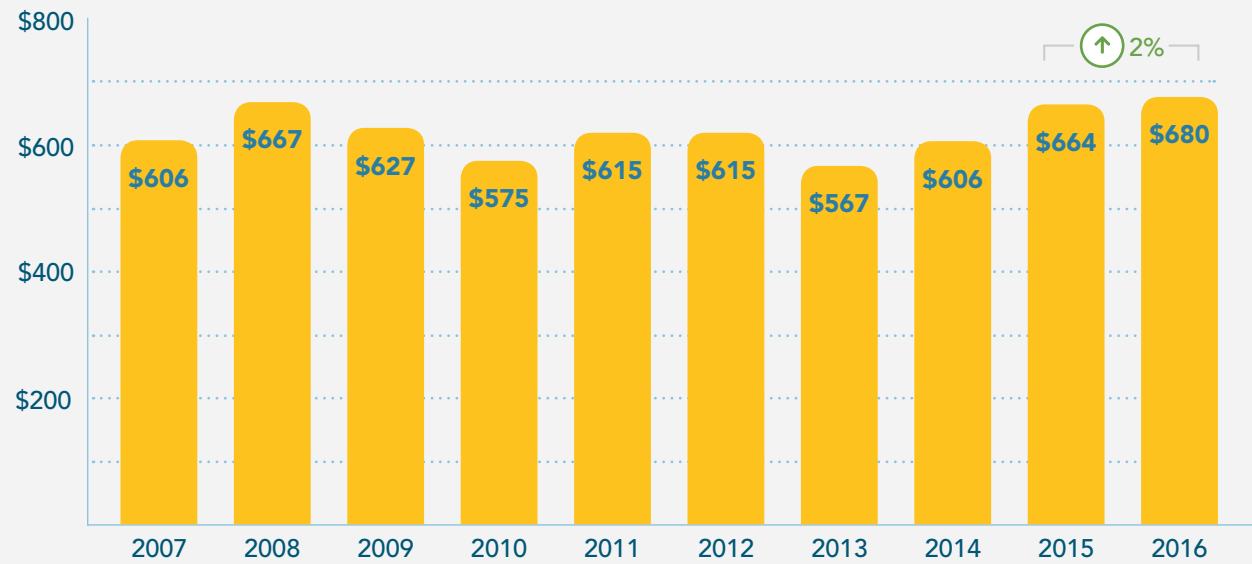
The overall top reported target population was funding for a **general population** (\$257 million), mostly for research grants, but also for prevention and advocacy grants benefiting a general population. This category saw a significant increase this year, mostly in parallel with the Gates Foundation bump in giving. The next top five target populations in 2016 were people living with HIV

where no sub-population was indicated (\$167 million)—youth age 15–24 (\$71 million), women & girls (\$70 million), children age 0–14 (\$48 million), and health care workers (\$44 million). Funding for key populations such as men who have sex with men, people who inject drugs, sex workers, and transgender populations, all decreased from 2015 to 2016.

2007–2016 HIV/AIDS Private Philanthropic Disbursements¹

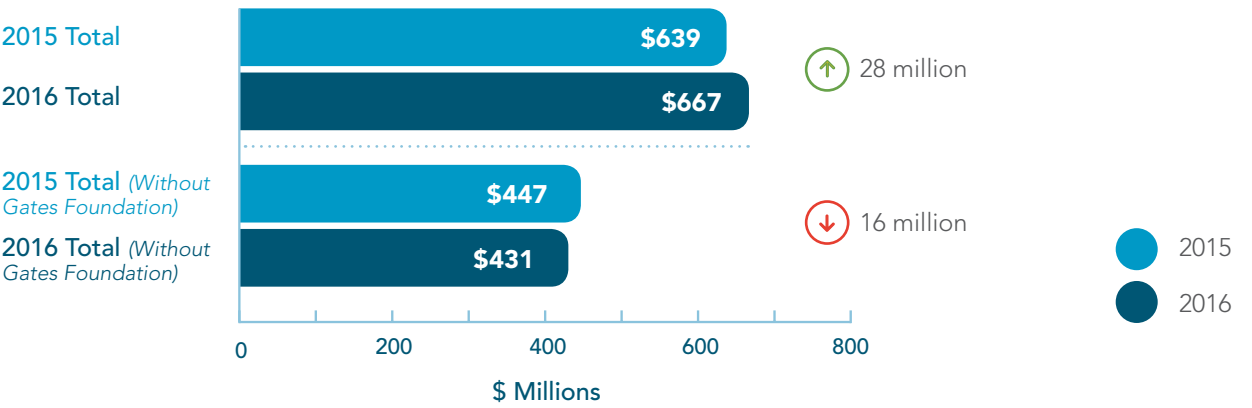
Dollars in Millions

Private philanthropic funding for HIV/AIDS totaled \$680 million in 2016, an increase of \$16 million or 2% from 2015 to 2016.



2015–2016 Year-to-Year Comparison

Among Same Set of Funders²



2016 TOP 20 PHILANTHROPIC FUNDERS OF HIV/AIDS³

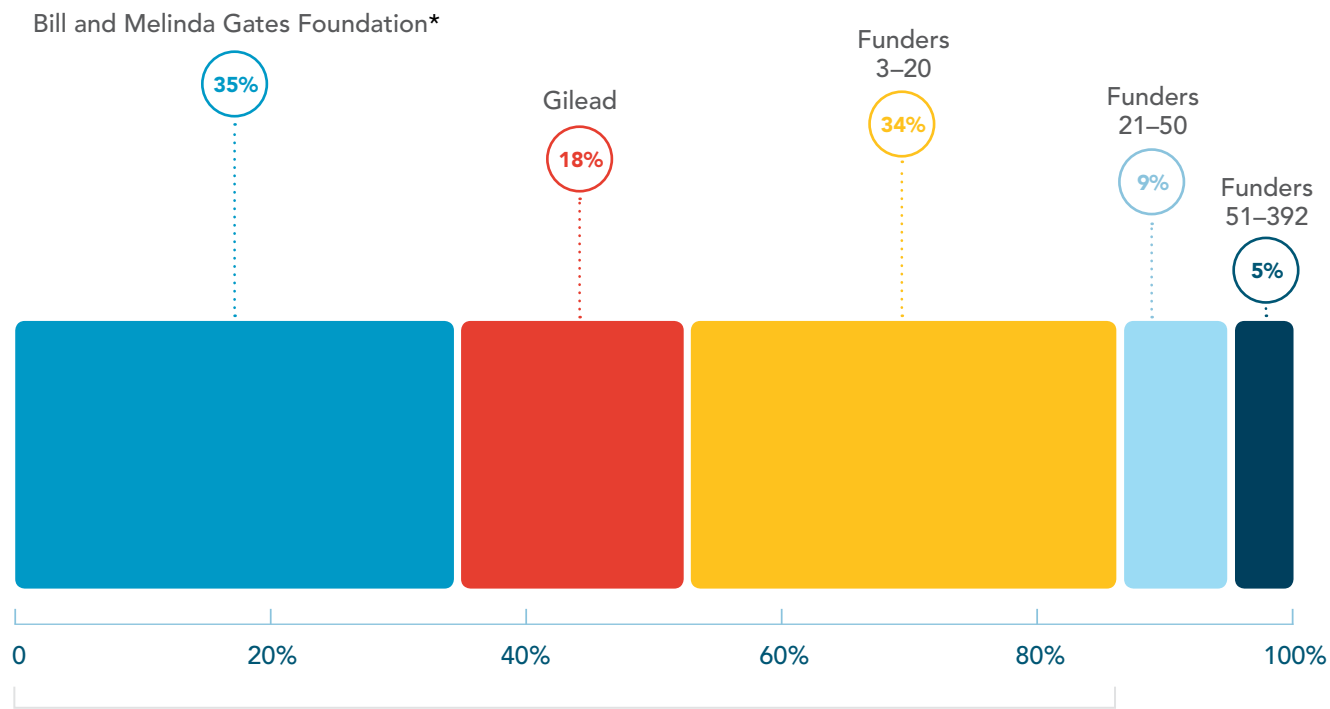
In 2016, the **top 20** HIV/AIDS funders awarded **\$608 million** in grants for HIV/AIDS, accounting for 87% of the year’s total. Eight of the top 20 were HIV-specific funders. It is important to note that changes in funding from one year to the next is not necessarily indicative of a trend, or a significant move away from HIV-related funding priorities. These changes can be reflective of general fluctuations, a strategy-refresh year, or the end of multi-year commitments.

For example, due to the large amount of funding overall from the **Gates Foundation**, the increase of \$41 million for HIV/AIDS from 2015–2016 reflects a typical yearly fluctuation (**21% increase**) in grantmaking, and does not indicate a change in their HIV/AIDS strategy. The addition of almost

\$2 million from **Gilead in 2016** maintains the significant growth we saw from them in 2015, after a 69% increase of \$51 million. This leaves Gilead as the number two funder behind the Gates Foundation, and contributing 18% of the total Philanthropic support to address HIV/AIDS in 2016.

	Funder Name	Location	2016 Disbursements (\$)	
1.	Bill & Melinda Gates Foundation	WA, USA	237,807,272	⬆
2.	Gilead Sciences, Inc.	CA, USA	126,158,168	⬆
3.	ViiV Healthcare	NC, USA & United Kingdom	45,338,820	⬆
4.	M.A.C AIDS Fund and M.A.C Cosmetics	NY, USA	39,029,081	⬇
5.	Wellcome Trust	United Kingdom	16,862,541	⬇
6.	Elton John AIDS Foundation	United Kingdom & NY, USA	16,780,252	⬆
7.	Children’s Investment Fund Foundation	United Kingdom	16,324,638	⬇
8.	Aidsfonds	Netherlands	14,736,001	⬆
9.	Johnson & Johnson	NJ, USA	13,283,845	⬇
10.	Conrad N. Hilton Foundation	CA, USA	10,322,000	⬇
11.	Phillip T. and Susan M. Ragon Institute Foundation	MA, USA	10,000,000	
12.	Ford Foundation	NY, USA	9,492,734	⬇
13.	Broadway Cares/Equity Fights AIDS	NY, USA	8,699,811	⬆
14.	amfAR, The Foundation for AIDS Research	NY, USA	8,675,825	⬆
15.	Sidaction	France	7,746,385	⬇
16.	Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company	NY, USA	6,773,811	⬇
17.	Stephen Lewis Foundation	Canada	5,426,282	⬇
18.	AIDS United	DC, USA	4,879,500	⬇
19.	Open Society Foundations ⁴	NY, USA	4,643,64	⬇
20.	National Lottery Distribution Trust Fund (South Africa)	South Africa	4,564,530	⬇

2016 Distribution of **Philanthropic HIV/AIDS Funding** by Funder Rank
(by percentage of total disbursements) *Largest Funder



The top 20 funders accounted for 87% of all funding in 2016.

2016 Top 10 Funders by **Number of Grants**

	Funder Name	Number of Grants
1.	Gilead Sciences, Inc.	871
2.	M.A.C AIDS Fund and M.A.C Cosmetics	677
3.	ViiV Healthcare	542
4.	Broadway Cares/Equity Fights AIDS	472
5.	Sidaction	333
6.	Bill & Melinda Gates Foundation	293
7.	Stephen Lewis Foundation	219
8.	Johnson & Johnson	214
9.	National Lottery Distribution Trust Fund (South Africa)	187
10.	Elton John AIDS Foundation	186

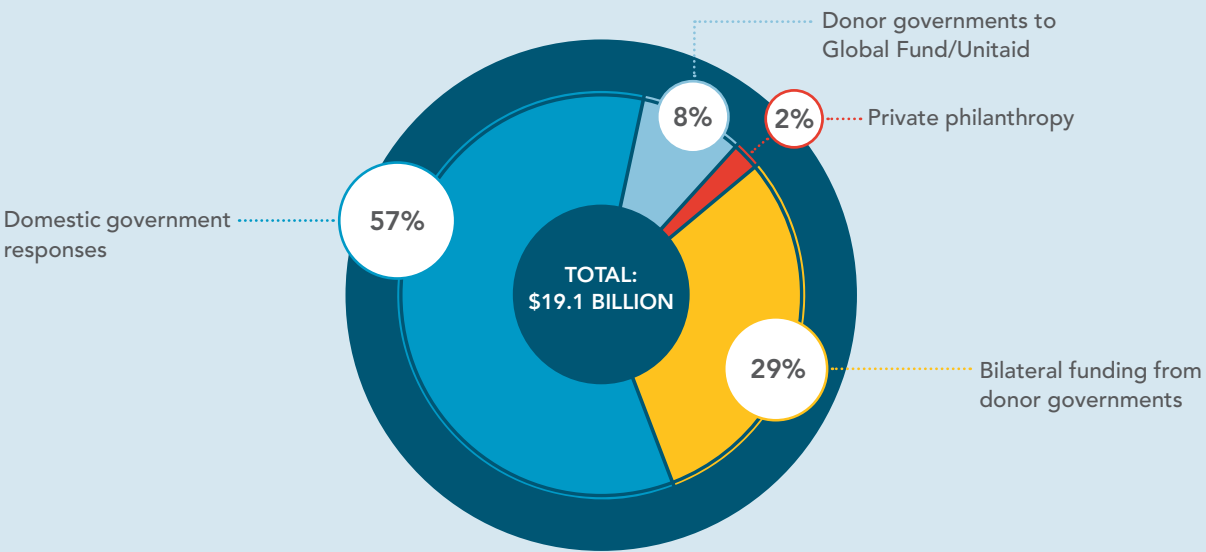
FUNDING CONTEXT

It is important to highlight the bigger picture of where HIV/AIDS-related philanthropy stands in the larger development landscape. Below we examine the influence of philanthropic support for HIV/AIDS compared to the response by governments and multilateral institutions, as well as compared to total U.S. philanthropy.

In 2016, approximately **\$19.1 billion** was being invested annually in the AIDS response in low-and middle-income countries (LMIC) by **donor and domestic governments**, compared to **\$465 million** by **private philanthropy** (or 2% of global resources available for HIV/AIDS in LMIC).

While donor government giving for HIV/AIDS in LMIC decreased by US\$511 million, marking the lowest level since 2010, **philanthropy increased for HIV/AIDS in LMIC** for the second year in a row, **by roughly \$22 million** (See the funding by country income chart on p17 for more information on philanthropic funding by income level.)

2016 Total Resources for HIV/AIDS in LMIC⁵



Note: This chart examines funding for the HIV/AIDS epidemic in low-and middle-income countries (upper-income countries not included) as per available data from UNAIDS and The Henry J. Kaiser Family Foundation for 2016. UNAIDS' analyses and targets also focus on LMIC countries only, as that is where the vast majority of people living with HIV live.⁶

2016 Share of Total U.S. Philanthropy for HIV/AIDS

Overall philanthropy from U.S.-based foundations and corporations in 2016 was \$77.8 billion for all areas, up 1 % from 2015, while philanthropy for HIV/AIDS work from U.S.-based funders amounted to \$554 million in 2015 (also a 1% increase from 2016).^{7,8} This year the upward trend in HIV/AIDS-related philanthropy is on par to that within overall philanthropy, though still **only 71 cents of every 100 dollars** awarded by U.S. foundations and corporations in 2015 **goes to HIV/AIDS issues**.



Only 71 cents of every 100 dollars goes to HIV/AIDS issues.

GEOGRAPHIC FOCUS

Where Funding is Coming From

Most private HIV/AIDS philanthropy is sourced from foundations and corporations that have **U.S.-based headquarters**.

2016 Philanthropic HIV/AIDS Funding by Donor Location



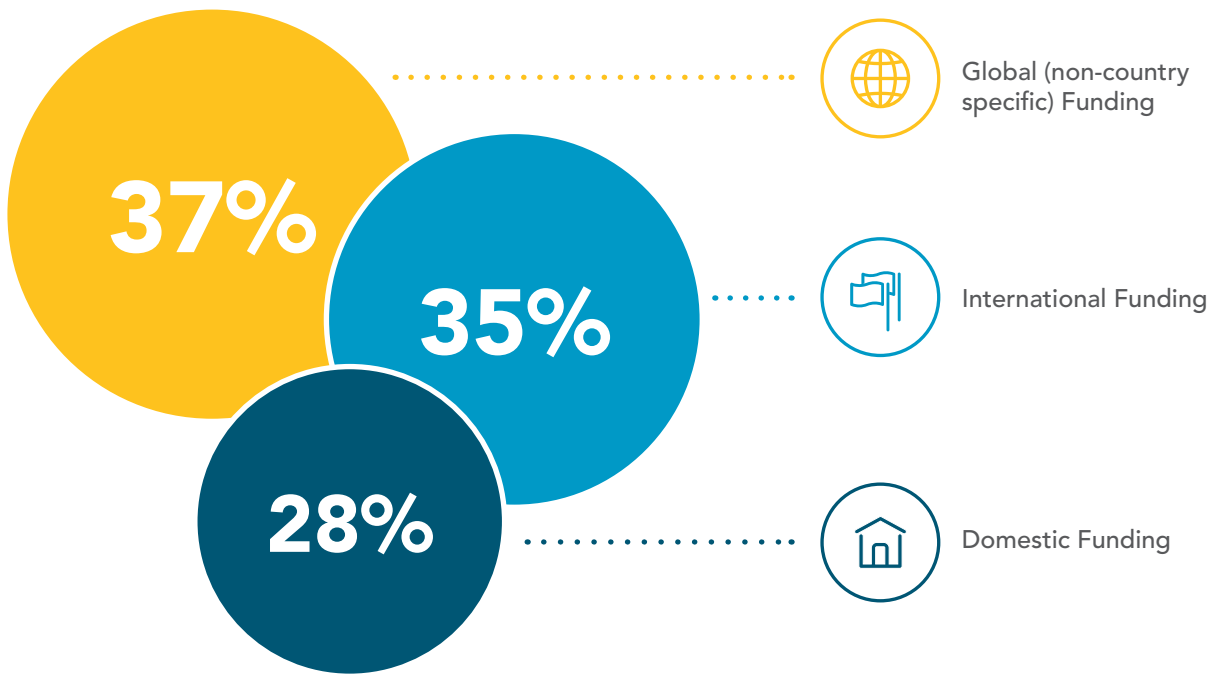
Where Funding is Going

FCAA uses three key categories⁹ for geographical resource flows:

- Domestic** HIV/AIDS funding includes data on **indigenous** funding that is directed to or benefiting projects within an organization's own country or region.
- International** HIV/AIDS funding includes data on funding that is directed to or benefiting projects in specific **countries or regions outside** of an organization's own country or region.
- Global (non country-specific)** HIV/AIDS funding includes data on funding that is of a worldwide reach or target population rather than a specific national or regional impact, such as research or global advocacy efforts.

Most funding is given to **Global** (non-country-specific) grants (\$246 million), though **International** was not far behind at \$239 million. Historically, most funding has been directed globally, because of large research grants to benefit a global population funded by the Gates Foundation.

2016 Philanthropic HIV/AIDS Funding by Geographic Focus



Philanthropic Support to Address HIV/AIDS in 2016^{10,11}

A total of **392 philanthropic funders** in **15 countries** made more than **7,000 grants** for HIV/AIDS to approximately **3,600 grantees** totaling **\$680 million** in 2016.

GLOBAL

[TOP 3] FUNDERS	[TOP 3] INTENDED USE	[TOP 3] TARGET POPULATIONS
Gates Foundation	\$210m Research	\$201m General population
Gilead	\$21m Prevention	\$20m People living with HIV
Wellcome Trust	\$20m Advocacy	\$14m Women & girls

\$246
MILLION

CANADA

[TOP 3] FUNDERS
M•A•C AIDS Fund
Gilead
Canadian Foundation for AIDS Research (CANFAR)

[TOP 3] INTENDED USE
\$1m Advocacy
\$1m Prevention
\$1m Social services

[TOP 3] TARGET POPULATIONS
<\$1m People who inject drugs
<\$1m Economically disadvantaged/homeless
<\$1m Women & girls

\$175
MILLION

\$8
MILLION

\$8
MILLION

LATIN AMERICA

[TOP 3] FUNDERS
Aidsfonds
M•A•C AIDS Fund
Ford Foundation

[TOP 3] INTENDED USE
\$5m Advocacy
\$3m Prevention
\$3m Treatment

[TOP 3] TARGET POPULATIONS
\$3m People living with HIV
\$2m Women & girls
\$2m Youth (15–24)

CARIBBEAN

[TOP 3] FUNDERS
M•A•C AIDS Fund
Aidsfonds
Tides Foundation

[TOP 3] INTENDED USE
\$5m Treatment
\$4m Advocacy
\$2m Social services

[TOP 3] TARGET POPULATIONS
\$3m People living with HIV
\$2m Youth (15–24)
\$2m Sex workers

WESTERN & CENTRAL EUROPE

[TOP 3] FUNDERS
M•A•C AIDS Fund
Gilead
ViiV Healthcare

[TOP 3] INTENDED USE
\$17m Social services
\$13m Prevention
\$9m Advocacy

[TOP 3] TARGET POPULATIONS
\$12m People living with HIV
\$6m Gay men/men who have sex with men
\$5m Youth (15–24)

\$33
MILLION

EASTERN EUROPE & CENTRAL ASIA

[TOP 3] FUNDERS
Aidsfonds
Gilead
ViiV Healthcare

[TOP 3] INTENDED USE
\$5m Advocacy
\$4m Treatment
\$3 Prevention

[TOP 3] TARGET POPULATIONS
\$5m People living with HIV
\$1m General population
\$1m Youth (15–24)

\$9
MILLION

EAST ASIA & SOUTHEAST ASIA

[TOP 3] FUNDERS
Aidsfonds
M•A•C AIDS Fund
Gates Foundation

[TOP 3] INTENDED USE
\$7m Advocacy
\$7m Prevention
\$6m Treatment

[TOP 3] TARGET POPULATIONS
\$5m Youth (15–24)
\$5m People living with HIV
\$5m Gay men/men who have sex with men

SOUTH ASIA & THE PACIFIC

[TOP 3] FUNDERS
Gates Foundation
M•A•C AIDS Fund
Aidsfonds

[TOP 3] INTENDED USE
\$9m Advocacy
\$7m Treatment
\$6m Prevention

[TOP 3] TARGET POPULATIONS
\$5m Gay men/men who have sex with men
\$5m People who inject drugs
\$5m Transgender

\$14
MILLION

\$19
MILLION

WEST & CENTRAL AFRICA

[TOP 3] FUNDERS
Gates Foundation
ViiV Healthcare
Aidsfonds

[TOP 3] INTENDED USE
\$13m Research
\$12m Treatment
\$10m Prevention

[TOP 3] TARGET POPULATIONS
\$13m Women & girls
\$12m People living with HIV
\$7m Pregnant women/mothers & babies

\$41
MILLION

\$173
MILLION

EAST & SOUTHERN AFRICA

[TOP 3] FUNDERS
Gates Foundation
Children's Investment Fund Foundation
ViiV Healthcare

[TOP 3] INTENDED USE
\$67m Prevention
\$63m Treatment
\$43m Advocacy

[TOP 3] TARGET POPULATIONS
\$45m Youth (15–24)
\$38m Children (0–14)
\$33m Women & girls

NORTH AFRICA & MIDDLE EAST

[TOP 3] FUNDERS
Aidsfonds
Gilead
Ford Foundation

[TOP 3] INTENDED USE
\$3m Advocacy
\$1m Treatment
<\$1m Prevention

[TOP 3] TARGET POPULATIONS
\$2m People living with HIV
<\$1m LGBTQ—General
<\$1m Pregnant women/mothers & babies

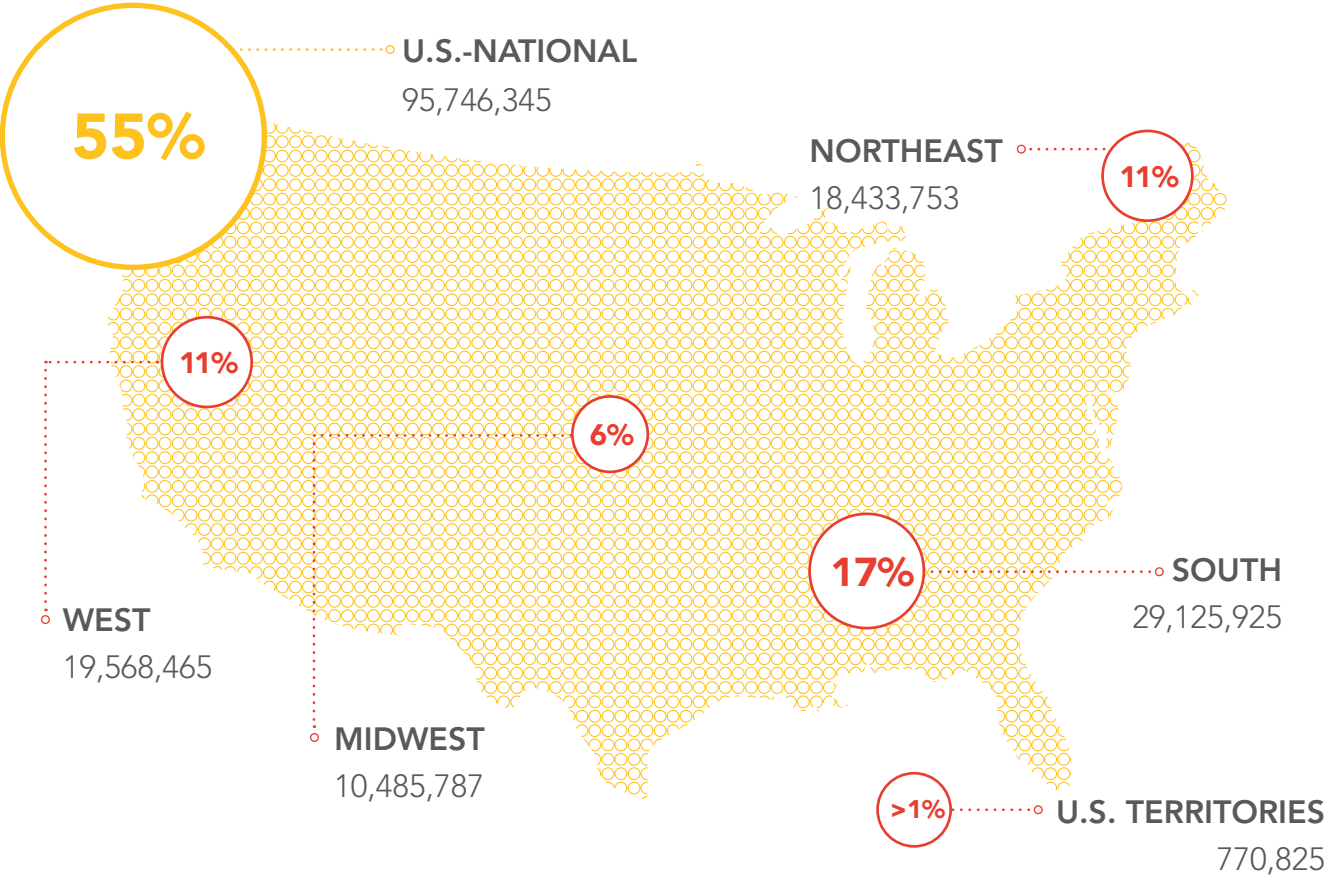
FUNDING FOR THE U.S. EPIDEMIC

For the third year in a row, private HIV/AIDS philanthropic **funding to the U.S.** reached a new high, totaling **\$175 million** in 2016.

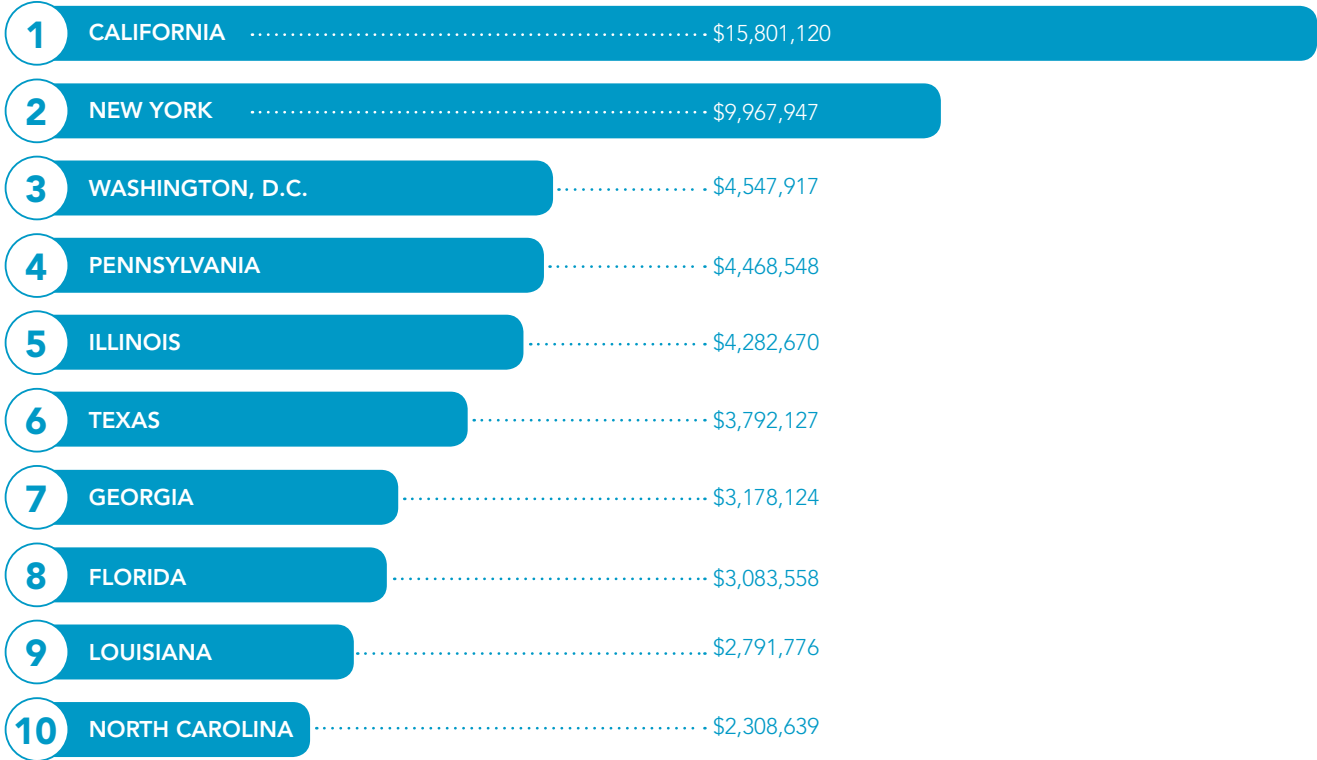
2016 Top 10 Philanthropic Funders of U.S. HIV/AIDS Epidemic

Funder Name	Amount (\$)		Funder Name	Amount (\$)	
1. Gilead Sciences, Inc.	89,628,320	↑	6. AIDS United	4,879,500	↓
2. ViiV Healthcare	21,769,325	↑	7. Ford Foundation	4,455,000	↓
3. M.A.C AIDS Fund and M.A.C Cosmetics	10,805,389	↓	8. Johnson & Johnson	4,272,698	↓
4. Broadway Cares/Equity Fights AIDS	8,136,298	↑	9. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company	2,693,488	↓
5. Elton John AIDS Foundation, US	7,739,812	↑	10. Merck	2,236,000	↓

2016 Philanthropic HIV/AIDS Funding by U.S. Region



2016 Philanthropic HIV/AIDS Funding by Top 10 Recipient U.S. States



FOCUS ON THE U.S. SOUTH:

HIV/AIDS funding to the U.S. South decreased by \$2 million between 2015 to 2016.

Why is this important? People living in the U.S. South experience tremendous gaps in access to health insurance and care, caused by structural barriers such as poverty, inadequate education, stigma, racism, sexism, homophobia and transphobia. These issues, in turn, pose significant obstacles to accessing treatment and support for HIV and AIDS. This confluence of barriers and obstacles is exemplified by the rates of HIV and AIDS in the region: The South is home to 44% of all people living with HIV/AIDS in the U.S. In 2015, the

region also accounted for 52% of new HIV diagnoses. Learn more about FCAA's work to address HIV in the U.S. South on page 2.

2016 Top 5 Philanthropic Funders of U.S. South	
1.	Gilead Sciences, Inc.
2.	Elton John AIDS Foundation, US
3.	Ford Foundation
4.	M.A.C AIDS Fund and M.A.C Cosmetics
5.	AIDS United

INTERNATIONAL/GLOBAL FUNDING

2016 Top 10 Philanthropic Funders of International/Global HIV/AIDS Grants

Funder		Amount (\$)	
1.	Bill & Melinda Gates Foundation	237,802,272	↑
2.	Gilead Sciences, Inc.	36,529,848	↓
3.	M.A.C AIDS Fund and M.A.C Cosmetics	28,223,692	↓
4.	ViiV Healthcare	16,862,541	↑
5.	Wellcome Trust	16,862,541	↓
6.	Children's Investment Fund Foundation	16,324,638	↓
7.	Aidsfonds	13,529,656	↑
8.	Conrad N. Hilton Foundation	10,322,000	↓
9.	Phillip T. and Susan M. Ragon Institute Foundation	10,000,000	
10.	Johnson & Johnson	9,011,147	↓

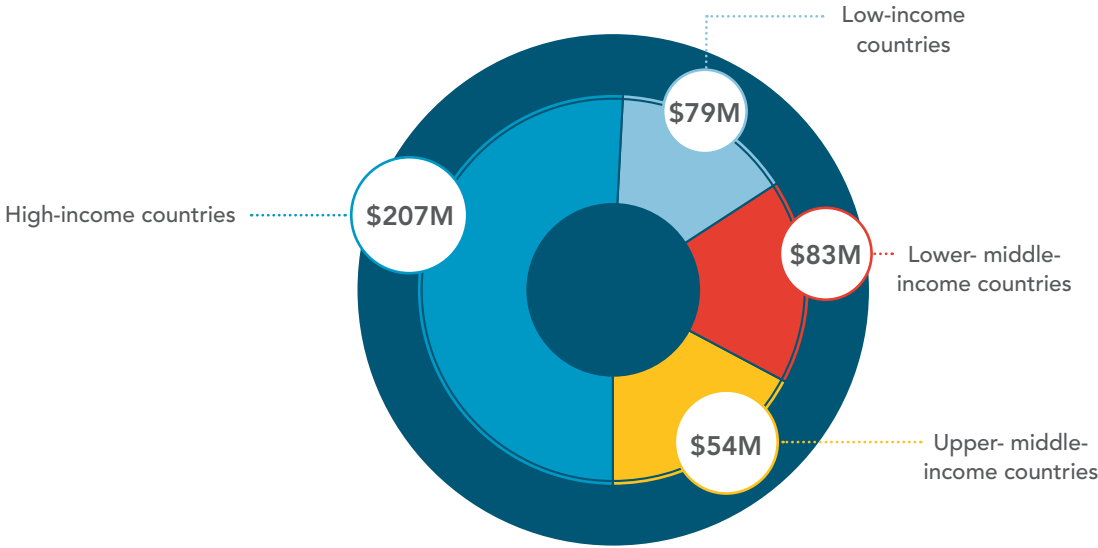
2016 Top 20 Recipient Countries of Philanthropic HIV/AIDS Funding

Country		Amount (\$)	Country		Amount (\$)
1.	US	175,433,177	11.	France	7,530,195
2.	Kenya	38,464,173	12.	China	5,712,835
3.	South Africa	35,193,499	13.	Lesotho	5,339,343
4.	Zimbabwe	23,452,947	14.	Nigeria	4,697,598
5.	Malawi	20,387,116	15.	Democratic Republic of Congo	3,542,425
6.	Zambia	20,323,641	16.	Indonesia	3,532,183
7.	Tanzania	15,707,202	17.	Vietnam	3,511,917
8.	India	14,756,963	18.	Jamaica	3,273,829
9.	Uganda	11,698,994	19.	Swaziland	3,148,079
10.	United Kingdom	10,030,071	20.	Spain	2,910,096

FUNDING BY COUNTRY INCOME LEVEL

Just under half of all country-level funding in 2016 for HIV/AIDS from philanthropic funders went to **high-income countries** (\$207 million). **Middle-income countries** received just **under a third** of funding (\$136 million)—a 7% increase from 2015, with upper-middle-income countries receiving \$54 million (a 9% decrease from last year) and lower-middle-income countries receiving \$83 million (a 21% increase from 2015). Low-income countries received \$79 million in 2016, a 20% increase from 2015.

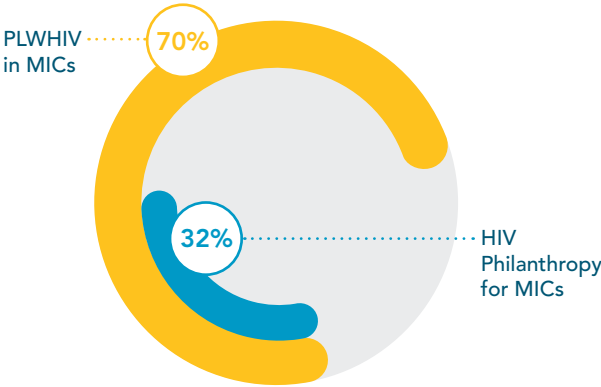
2016 Philanthropic HIV/AIDS Funding by Country Income Level^{12,13}



FOCUS ON MIDDLE-INCOME COUNTRIES:

Less than a third of country-specific HIV-related philanthropy in 2016 was disbursed to middle income countries. Why is this important? Nearly 70% of people living with HIV live in middle-income countries (those with a per capita income between \$1,045 and \$12,736). FCAA is planning to convene funders next year to discuss how to sustain community-based responses, particularly by and for key populations, within middle-income countries that are transitioning off of support from the Global Fund and other bilateral sources.

2016 Funding vs. Need for Middle-Income Countries



CORPORATE FUNDERS

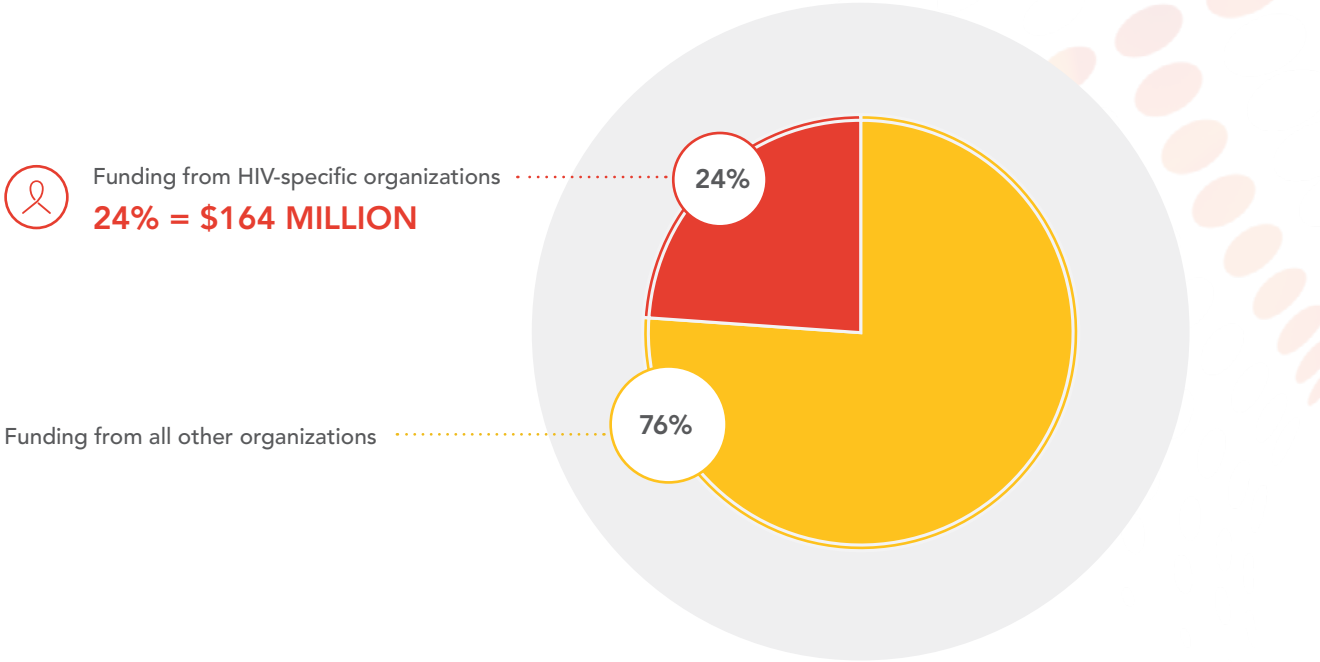
There were 20 corporate foundations and giving programs—including five of the top 20 funders—that supported HIV/AIDS work in 2016. This represented 34% (or \$241 million) of total HIV/AIDS philanthropy in 2016. Comparatively among overall corporate and foundation philanthropy, corporate funders represent only 24% (or roughly \$18.5 billion) of total charitable giving in the U.S.¹⁴

2016 Corporate Philanthropic HIV/AIDS Funders

	Funder	Amount (\$)
1.	Gilead Sciences, Inc.	126,158,168
3.	ViiV Healthcare	45,338,820
2.	M.A.C AIDS Fund and M.A.C Cosmetics	39,029,081
4.	Johnson & Johnson	13,283,845
5.	Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company	6,773,811
6.	Abbvie Foundation and Abbvie	3,994,250
7.	Merck	2,929,058
8.	Levi Strauss & Co.	1,500,000
9.	MTV Staying Alive Foundation	722,393
10.	GlaxoSmithKline	346,787
11.	Wells Fargo Foundation	312,000
12.	Rio Tinto	166,000
13.	TD Charitable Foundation	129,000
14.	The Coca-Cola Foundation, Inc.	100,000
15.	Salesforce Foundation	79,921
16.	The Kraft Heinz Company Foundation	7,760
17.	Williams Sonoma Foundation	7,708
18.	The CarMax Foundation	2,000
19.	Price Chopper's Golub Foundation	500
20.	Con Edison Corporate Giving Program	400
	TOTAL	240,881,501

FUNDERS THAT FOCUS ON HIV/AIDS

A small number of funders (twenty-five of the total 392 funders, or 6%) are HIV-specific funding organizations, but their grants represented a substantial amount: almost a quarter of the total in 2016.



2016 Funders that Focus on HIV/AIDS

Funder	Funder
1. ViiV Healthcare	14. Washington AIDS Partnership
2. M.A.C AIDS Fund and M.A.C Cosmetics	15. Egmont Trust
3. Elton John AIDS Foundation	16. Design Industries Foundation Fighting AIDS (DIFFA)
4. Aidsfonds	17. Southern African AIDS Trust
5. Broadway Cares/Equity Fights AIDS	18. WESEEHOPE
6. amfAR, The Foundation for AIDS Research	19. AIDS Foundation of Chicago
7. Sidaction	20. MTV Staying Alive Foundation
8. AIDS United	21. Canadian Foundation for AIDS Research (CANFAR)
9. Sentebale	22. AIDS Funding Collaborative
10. Keep A Child Alive	23. Avert
11. Elizabeth Taylor AIDS Foundation	24. Barry & Martin's Trust
12. Solidarite Sida	25. Kent Richard Hofmann Foundation, Inc.
13. Verein AIDS Life	

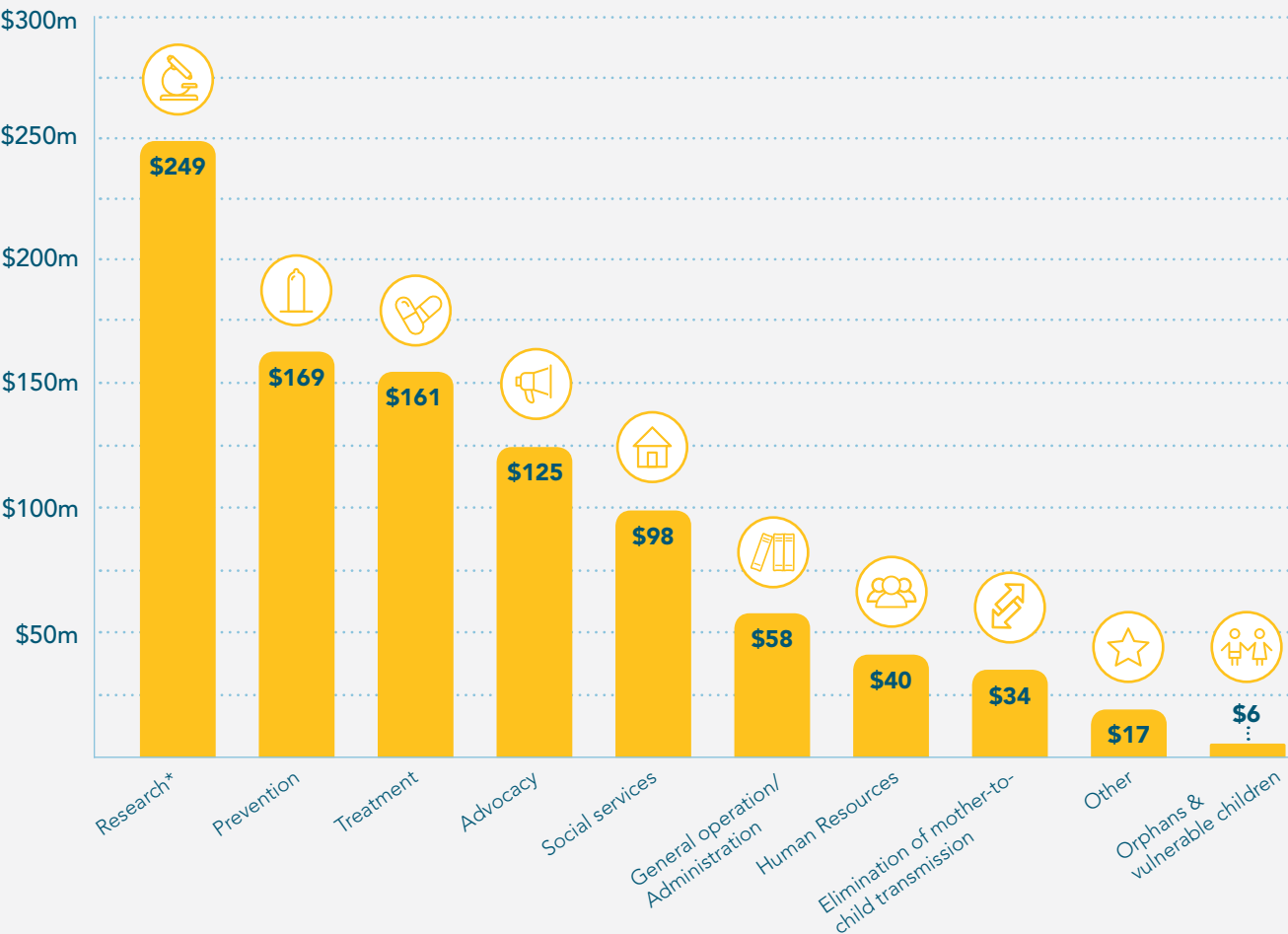
INTENDED USE

FCAA uses 10 different categories to classify the intended use of HIV/AIDS grants.

The overall amounts add up to \$948 million, as opposed to the \$680 million funders reported giving for HIV/AIDS work in 2016, because many individual grants target multiple categories. In that case, the total amount of the grant was counted in each intended use category. For example, a retention-in-care grant's whole amount would be counted towards both treatment (medical care) and social services (non-medical case management). **Research** is traditionally the highest category each year and usually over \$200 million (**\$249 million** in 2016), influenced by grantmaking from the Gates Foundation for this category.

2016 Intended Use of Philanthropic Funding for HIV/AIDS

(dollars in millions)



The **prevention** category received **\$35 million more** in 2016 compared to 2015, and **research** received **\$29 million more** in 2016.

Intended Use Categories

- RESEARCH***: medical, prevention, and social science research
- TREATMENT**: all medical care and drug treatment (clinic, community, and home-based care; ARV and OI treatment), end-of-life/palliative care, lab services, and provider/patient treatment information
- PREVENTION**: HIV testing, VCT, harm reduction, male circumcision, PrEP, STI prevention, health-related awareness/education/social & behavior change programs
- ADVOCACY**: Activities to reduce stigma & discrimination and to develop a strong HIV constituency/enhance responses to HIV, provision of legal services/other activities to promote access & rights, AIDS-specific institutional development/strengthening, reducing gender-based violence, films and other communications to increase general awareness of HIV/AIDS
- SOCIAL SERVICES**: HIV/AIDS-related housing, employment, food, and transportation assistance; cash transfers/grants to individuals; day care; income generation and microfinance programs; psychological/spiritual support and peer support groups; case management services; access-to-care case management services
- GENERAL OPERATING/ADMINISTRATION**: General/core support, monitoring & evaluation, facilities investment, management of AIDS programs, planning, patient tracking, information technology, strengthening logistics & drug supply systems
- HUMAN RESOURCES**: Training, recruitment, and retention of health care workers; direct payments to health care workers; continuing education for health care workers
- ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION (EMTCT)**: Counseling & testing related to EMTCT, ARV treatment within the context of EMTCT, safe infant feeding practices, and delivery and other services that are part of EMTCT programs
- OTHER**: funding that was unspecified and for projects that did not fall under the pre-determined categories, such as health systems strengthening, fundraising events and activities, conference support, sector transformation, support for AIDS walks
- ORPHANS AND VULNERABLE CHILDREN**: holistic provision of education, basic health care, family/home/community support, social services, and institutional care for children orphaned or made vulnerable by HIV/AIDS, in lieu of parental support

***Recommended resource:** Learn more about funding for HIV prevention research and development. The new report from the Resource Tracking for HIV Prevention Research & Development Working Group led by AVAC shows overall funding for HIV prevention research & development has remained essentially flat for over a decade. <http://www.hivresourcetracking.org/>



FOCUS ON PREP:

New for this year's report, FCAA made a specific effort to track pre-exposure prophylaxis (PrEP) grants, finding \$27 million in HIV-related philanthropic support of PrEP.

Of this funding, roughly \$12 million went to the US, where close to half of those efforts were National in focus. Almost \$4 million of the funding went to a global audience, and the top funded region outside of the U.S. was East and Southern Africa, which received over \$7 million of total PrEP-related funding.

Why is this important? When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%. UNAIDS recently listed the availability of PrEP as one of the many reasons why there has been a 32% decline in HIV-related deaths from

2010 to 2016—signaling its critical importance in HIV prevention. FCAA will continue monitoring and reporting on PrEP funding trends. FCAA is planning to convene funders to discuss issues surrounding PrEP access in Europe as part of a broader conversation around biomedical research and prevention in advance of the 2018 International AIDS Conference in Amsterdam.

2016 Top 5 Philanthropic Funders of PrEP

1. **Gilead Sciences, Inc.**
2. **Bill & Melinda Gates Foundation**
3. **M.A.C AIDS Fund and M.A.C Cosmetics**
4. **Elton John AIDS Foundation**
5. **Keith Haring Foundation**



FOCUS ON CAPACITY BUILDING & LEADERSHIP DEVELOPMENT:

Also new for this year's report, FCAA undertook an initiative to specifically monitor and analyze HIV philanthropy that supported capacity building and leadership development, finding that in 2016, \$31 million in HIV-related philanthropy supported these strategies. We reached this benchmark analysis by filtering for grants that specifically addressed support for advocacy training, capacity development, and leadership training. Eight million of capacity building grants we identified went to the US, and over 13 million went East & Southern Africa. Communities of color in the U.S. received over \$5 million of that funding, Women and girls received almost \$8 million, and Youth, aged 15–24, received over \$8 million.

Why is this important? As we continue to focus on the critical importance of supporting advocacy, we also must help protect sustainability of the advocacy response by

ensuring support for the capacity of our grassroots and community based organizations to carry out that work. The *Southern HIV Impact Fund* will also have a specific focus on supporting organizations to develop leadership within their communities for a sustained fight against HIV/AIDS.

2016 Top 5 Funders of Capacity Building & Leadership Development

1. **M.A.C AIDS Fund and M.A.C Cosmetics**
2. **Ford Foundation**
3. **Aidsfonds**
4. **Elton John AIDS Foundation**
5. **Bill & Melinda Gates Foundation**



FOCUS ON ADVOCACY & HUMAN RIGHTS:

After a significant increase (\$30 million) in private HIV-AIDS-related funding for advocacy and human rights between 2014 and 2015, funders again maintained their critical commitment to this issue with a 1% increase in funding to advocacy and human rights between 2015 and 2016, to a new high level of \$125 million.

Why is this important? Philanthropic funders have a history of providing critical support for people and issues that are under—or unfunded by governments. In July of 2016, we published our first data benchmark on HIV philanthropy for human rights that illuminated the critical work of advocacy within HIV/AIDS funding streams to reduce stigma, expand legal services, inform policy reports, protect the rights of those most vulnerable, and to combat widespread discrimination. Given the relationship between advocacy and human rights, we have since aligned our taxonomy to both analyze and discuss these issues and strategies interchangeably. FCAA's current strategic review (2016–2020) also includes a goal to “*Influence key public and philanthropic funders to align HIV/AIDS resources for greatest impact.*” As such, we will continue to highlight funding for advocacy and human rights as a critical point of leverage and influence for our sector.

In addition, we will continue to convene both the FCAA Advocacy Network and the Human Rights and HIV Funder Working Group (in partnership with the Human Rights Funders Network). These groups are intended to help keep funders up-to-date on policy changes and public funding cuts that will impact the fight against HIV/AIDS, as well as to sustain and evolve the work of organizations addressing human rights in the context of HIV.

2016 Top 5 Philanthropic Funders of Advocacy & Human Rights

1. **Bill & Melinda Gates Foundation**
2. **Children's Investment Fund Foundation**
3. **M.A.C AIDS Fund and M.A.C Cosmetics**
4. **Aidsfonds**
5. **ViiV Healthcare**

Recommended resources: To learn more about the field of human rights philanthropy, we recommend visiting our partners *The Human Rights Funders Network* at www.hrfn.org and their research initiative: *Advancing Human Rights: The State of Global Foundation Grantmaking* at <http://humanrightsfunding.org/>



FOCUS ON GENERAL OPERATING:

Another strategy to help organizations build their internal capacity is through General Operating Support. This funding is vital for an organization's ability to survive during challenging times, support their staff, and prioritize the needs of the communities they serve. In 2016, \$58 million in HIV-related philanthropy was granted in the form of general operating support. This represents a 9% decrease from 2015.

TARGET POPULATIONS

As more than a third of all philanthropic funding in 2016 went toward research, general populations that were targeted by research projects received the most funding of all target populations (\$257 million).

The overall amounts presented add up to \$989 million, as opposed to the \$680 million funders reported giving for HIV/AIDS work in 2016, because many individual grants target multiple populations, and such funding could not be disaggregated to the different populations. In that case, the total amount of the grant was counted in each population.

The ‘Other’ category included funding that was unspecified and for projects that did not fall under the pre-determined categories, such as community-based organizations and their staff, survivors of violence, faith communities, sero-discordant couples, truck drivers, Asian Americans/Pacific Islanders, and more.

2016 Target Populations of Philanthropic Funding for HIV/AIDS¹⁵

Target Population	Amount (\$)
General population (including medical research for a general population)	257,122,931*
People living with HIV (general)	167,493,378
Youth (15–24)	70,648,721
Women & girls	69,792,537
Children (0–14)	48,385,059
Health care workers	43,505,943
Pregnant women/mothers & babies	35,889,173
Gay men/men who have sex with men	31,544,214
Economically disadvantaged/homeless	28,792,366
People who inject drugs	21,112,584
Men & boys	21,090,348
Other	18,951,999
African American (U.S.)	18,765,327
Sex workers	18,393,898
Transgender	16,430,348
Orphans & vulnerable children	16,053,299
LGBTQ - General	14,621,063
Rural populations	14,530,686
Families	13,508,234
People co-infected with HIV/Hep C	8,442,125
Migrants/Refugees	8,415,476
Latinx (U.S.)	7,778,736
Incarcerated/formerly incarcerated	7,138,525
People co-infected with HIV/TB	6,242,352
Key affected populations not broken down	5,967,308

2016 Target Populations of Philanthropic Funding for HIV/AIDS continued

Target Population	Amount (\$)
Older adults (over 50)	5,078,335
Grandmothers & other caregivers	4,465,430
People with disabilities	3,738,572
Ethnic minority (outside U.S.)	3,649,462
Indigenous	973,346
No target population	44,000

*\$186m for general populations targeted by research grants
\$46m for general populations targeted by prevention grants
\$20m for general populations targeted by advocacy grants



FOCUS ON KEY POPULATIONS:

Funding for key populations—including men who have sex with men, people who inject drugs, transgender people, LGBTQ populations in general, and sex workers—decreased by 18% from 2015 to 2016.

Why is this important? According to UNAIDS, in 2015, key populations accounted for 44% of new HIV infections globally. In regions outside of Sub-Saharan Africa, that percentage increased to 80 percent. Additionally, these populations face a unique set of issues that serve as barriers to care, including but not limited to, widespread stigma and punitive laws. For example, most of reporting countries that participated in UNAIDS’ recent Global AIDS 2017 report noted the criminalization of same-sex relations, sex work and drug use within their country. To put the decrease in funding to key populations in further context, here is just one comparison: Funding for LGBTQ populations, which includes men who have sex with men and transgender people, represented only 8% of total funding in 2016. Globally MSM and transgender people are 24 and 49 times more at risk for HIV, respectively, than the general population.

FCAA will continue to highlight the critical need for resources for key populations within upcoming programming, including those that will focus on the U.S. South, middle-income countries and advocacy and human rights.

2016 Top 5 Philanthropic Funders of Key Populations
1. M.A.C AIDS Fund and M.A.C Cosmetics
2. Bill & Melinda Gates Foundation
3. Elton John AIDS Foundation
4. Gilead Sciences, Inc.
5. Ford Foundation

(Includes grants marked for ‘Gay men/men who have sex with men’, ‘People who inject drugs’, ‘Transgender people’, ‘Sex workers’, and ‘General LGBTQ’)

Recommended resources: Learn more about foundation giving for LGBTQ communities from our partners at Funders for LGBTQ Issues at: <https://www.lgbtfunders.org/>

APPENDIX 1

[2016] Philanthropic HIV/AIDS Funders

	Funder Name	2016 Disbursements (\$)	Funder Location	# of Grants
1	Bill & Melinda Gates Foundation	237,807,272	U.S.	293
2	Gilead Sciences, Inc.	126,158,168	U.S.	871
3	ViiV Healthcare	45,338,820	U.K. & U.S.	542
4	M.A.C AIDS Fund and M.A.C Cosmetics	39,029,081	U.S.	677
5	Wellcome Trust	16,862,541	U.K.	47
6	Elton John AIDS Foundation	16,780,252	U.K. & U.S.	186
7	Children's Investment Fund Foundation	16,324,638	U.K.	15
8	Aidsfonds	14,736,001	Netherlands	123
9	Johnson & Johnson	13,283,845	U.S.	214
10	Conrad N. Hilton Foundation	10,322,000	U.S.	18
11	Phillip T. and Susan M. Ragon Institute Foundation	10,000,000	U.S.	1
12	Ford Foundation	9,492,734	U.S.	58
13	Broadway Cares/Equity Fights AIDS	8,699,811	U.S.	472
14	amfAR, The Foundation for AIDS Research	8,675,825	U.S.	165
15	Sidaction	7,746,385	France	333
16	Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company	6,773,811	U.S.	150
17	Stephen Lewis Foundation	5,426,282	Canada	219
18	AIDS United	4,879,500	U.S.	110
19	Open Society Foundations	4,643,646	U.S.	N/A
20	National Lottery Distribution Trust Fund (South Africa)	4,564,530	South Africa	187
21	Segal Family Foundation	4,481,666	U.S.	49
22	Big Lottery Fund UK	4,109,414	U.K.	27
23	Abbvie Foundation and Abbvie	3,994,250	U.S.	24
24	Sentebale	3,333,278	U.K.	4
25	Nationale Postcode Loterij (Dutch National Postcode Lottery)	3,226,335	Netherlands	2
26	Oak Foundation	3,217,805	Switzerland	23
27	Merck	2,929,058	U.S.	91
28	FXB International - Association Francois-Xavier Bagnoud	2,887,551	Switzerland	9
29	Comic Relief UK	2,791,724	U.K.	18
30	Tides Foundation	2,728,051	U.S.	39
31	Keep A Child Alive	2,153,629	U.S.	10
32	Elizabeth Taylor AIDS Foundation	1,967,772	U.S.	102
33	H. van Ameringen Foundation	1,832,000	U.S.	28
34	Family Health Council of Central Pennsylvania, Inc.	1,749,384	U.S.	5
35	Firelight Foundation	1,672,850	U.S.	71
36	Solidarite Sida	1,633,551	France	82
37	Verein AIDS Life	1,550,051	Austria	17
38	Monument Trust	1,530,764	U.K.	14
39	Levi Strauss & Co.	1,500,000	U.S.	23
40	Health Foundation of Greater Indianapolis	1,362,953	U.S.	35
41	James B. Pendleton Charitable Trust	1,220,142	U.S.	6
42	American Jewish World Service	1,176,500	U.S.	77
43	VriendenLoterij (Dutch Friends Lottery)	1,146,014	Netherlands	1

	Funder Name	2016 Disbursements (\$)	Funder Location	# of Grants
44	Fondation de France	1,119,253	France	50
45	California Wellness Foundation	1,062,500	U.S.	10
46	Washington AIDS Partnership	1,061,322	U.S.	23
47	Pride Foundation	1,046,230	U.S.	24
48	Egmont Trust	995,828	U.K.	40
49	Design Industries Foundation Fighting AIDS (DIFFA)	995,500	U.S.	59
50	The William and Flora Hewlett Foundation	958,334	U.S.	4
51	Southern African AIDS Trust	948,100	South Africa	42
52	WESEEHOPE	909,960	U.K.	29
53	AIDS Foundation of Chicago	894,827	U.S.	24
54	King Baudouin Foundation	870,620	Belgium	12
55	Robin Hood Foundation	870,000	U.S.	5
56	Red Umbrella Fund	850,579	Netherlands	25
57	Global Fund for Women	796,000	U.S.	35
58	Robert Wood Johnson Foundation	771,351	U.S.	8
59	One to One Children's Fund	761,042	U.K.	5
60	Comer Family Foundation	736,500	U.S.	48
61	UHA! East African Sexual Health and Rights Initiative	735,059	Kenya	28
62	MTV Staying Alive Foundation	722,393	U.K. & U.S.	54
63	Fondation Merieux	695,275	France	6
64	Kaiser Permanente	691,636	U.S.	39
65	Doris Duke Charitable Foundation	646,400	U.S.	4
66	Episcopal Health Foundation	607,852	U.S.	3
67	Weingart Foundation	600,000	U.S.	4
68	Raymond F. Schinazi and Family Foundation, Inc	591,796	U.S.	1
69	Mama Cash	583,481	Netherlands	15
70	Silicon Valley Community Foundation	579,717	U.S.	21
71	Canadian Foundation for AIDS Research (CANFAR)	578,698	Canada	14
72	Cone Health Foundation	544,001	U.S.	20
73	Mennonite Central Committee (MCC)	539,576	U.S.	23
74	Morris and Gwendolyn Cafritz Foundation	537,000	U.S.	4
75	AIDSNET	530,003	U.S.	1
76	Missouri Foundation for Health	467,266	U.S.	1
77	Healthcare Foundation of New Jersey	465,536	U.S.	5
78	Cleveland Foundation	438,098	U.S.	24
79	Edward Payson George Charitable Trust	420,000	U.S.	1
80	Campbell Foundation, The	376,646	U.S.	17
81	The Susan Thompson Buffett Foundation	374,019	U.S.	3
82	GlaxoSmithKline	346,787	U.K.	50
83	New York Women's Foundation, Inc., The	340,000	U.S.	6
84	Summit Foundation	330,438	U.S.	11
85	Keith Haring Foundation	315,000	U.S.	2
86	Wells Fargo Foundation	312,000	U.S.	26
87	W. W. Smith Charitable Trust	299,615	U.S.	3

	Funder Name	2016 Disbursements (\$)	Funder Location	# of Grants
88	AIDS Funding Collaborative	296,273	U.S.	15
89	Community Foundation for Greater Atlanta	290,000	U.S.	6
90	The David and Lucile Packard Foundation	285,875	U.S.	2
91	Avert	259,008	U.K.	4
92	Charles Stewart Mott Foundation	250,000	U.S.	1
93	South Africa Development Fund	232,450	U.S.	3
94	San Diego Human Dignity Foundation	215,743	U.S.	11
95	Care Source Foundation	212,000	U.S.	1
96	Frank E. Payne and Seba B. Payne Foundation	200,000	U.S.	1
97	Global Fund for Children	196,700	U.S.	34
98	Alphawood Foundation	190,000	U.S.	3
99	Otto Bremer Foundation	185,000	U.S.	3
100	Black Tie Dinner	178,565	U.S.	4
101	The California Endowment	178,350	U.S.	13
102	Barry & Martin's Trust	170,999	U.K.	28
103	Rio Tinto	166,000	U.K.	1
104	Sigrid Rausing Trust	156,799	U.K.	2
105	United Way of Greater Greensboro, Inc.	154,372	U.S.	1
106	United Way of Central Ohio	151,000	U.S.	1
107	Astraea Lesbian Foundation for Justice	143,400	U.S.	9
108	TD Charitable Foundation	129,000	U.S.	4
109	United Way for the Greater New Orleans Area	117,868	U.S.	2
110	Primate's World Relief and Development Fund	116,120	Canada	4
111	The Wasily Family Foundation, Inc.	115,000	U.S.	3
112	Trident United Way, Inc.	114,573	U.S.	2
113	Pilgrim Trust	107,007	U.K.	1
114	The Seattle Foundation	105,500	U.S.	5
115	HRH Foundation	100,000	U.S.	1
116	Institute of Medical Education & Research	100,000	U.S.	1
117	Lloyd A. Fry Foundation	100,000	U.S.	2
118	New York Community Trust, The	100,000	U.S.	1
119	Rockefeller Foundation	100,000	U.S.	1
120	The Coca-Cola Foundation, Inc.	100,000	U.S.	1
121	The Hardesty Family Foundation, Inc.	100,000	U.S.	1
122	Irqaa Trust South Africa	97,666	South Africa	12
123	Advocates for Youth	95,000	U.S.	3
124	Prince Charitable Trusts	90,000	U.S.	1
125	The Grace Helen Spearman Foundation	90,000	U.S.	3
126	United Way of the Mid-South	87,486	U.S.	1
127	Healthcare Georgia Foundation, Inc.	87,000	U.S.	2
128	Rochester Area Community Foundation	84,250	U.S.	7

	Funder Name	2016 Disbursements (\$)	Funder Location	# of Grants
129	Dyson Foundation	81,500	U.S.	3
130	United Way of Metropolitan Chicago	81,400	U.S.	2
131	Salesforce Foundation	79,921	U.S.	12
132	The Greater New Orleans Foundation	78,530	U.S.	8
133	Longwood Foundation	75,000	U.S.	1
134	The Ralph M. Parsons Foundation	75,000	U.S.	2
135	VNA Foundation	75,000	U.S.	1
136	Steelcase Foundation	73,600	U.S.	1
137	Stonewall Community Foundation	71,747	U.S.	57
138	The TJX Foundation, Inc.	70,000	U.S.	12
139	California Community Foundation	69,827	U.S.	24
140	United Way of Southeastern Connecticut, Inc.	67,427	U.S.	1
141	The Calamus Foundation	65,000	U.S.	3
142	The Field Foundation of Illinois, Inc.	65,000	U.S.	3
143	Legal Services of the Hudson Valley	63,112	U.S.	1
144	United Way of South Hampton Roads	60,776	U.S.	3
145	Ittleson Foundation	55,000	U.S.	2
146	Richard Grand Foundation	55,000	U.S.	4
147	Arizona Community Foundation	54,000	U.S.	2
148	Third Wave Fund	53,500	U.S.	10
149	The Skolnick Family Charitable Trust	51,000	U.S.	2
150	Allegany Franciscan Ministries, Inc.	50,000	U.S.	1
151	F. M. Kirby Foundation, Inc.	50,000	U.S.	1
52	Knight Family Foundation	50,000	U.S.	1
153	The Collins Foundation	50,000	U.S.	2
154	The Heinz Endowments	50,000	U.S.	1
155	The Peter and Carmen Lucia Buck Foundation, Inc.	50,000	U.S.	1
156	John H. & Ethel G. Noble Charitable Trust	46,000	U.S.	1
157	Louis L. Borick Foundation	45,000	U.S.	1
158	Wallis Foundation	45,000	U.S.	3
159	Equal Justice Works	41,000	U.S.	1
160	Michael Reese Health Trust	40,000	U.S.	1
161	New York Foundation	40,000	U.S.	1
162	Consumer Health Foundation	38,000	U.S.	2
163	Hoblitzelle Foundation	37,500	U.S.	1
164	Carsten E. Jantzen Charitable Trust	36,000	U.S.	1
165	Trans Justice Funding Project	36,000	U.S.	19
166	Community Foundation of Greater Fort Wayne	35,200	U.S.	2
167	Annenberg Foundation	35,000	U.S.	2
168	Fund For Global Human Rights, Inc.	35,000	U.S.	2
169	Hugh J. Andersen Foundation	35,000	U.S.	3

	Funder Name	2016 Disbursements (\$)	Funder Location	# of Grants
170	Community Foundation of the National Capital Region	33,820	U.S.	13
171	David Bohnett Foundation	33,100	U.S.	8
172	AVAC	32,000	U.S.	2
173	Gamma Mu Foundation	31,100	U.S.	5
174	The Foundation for Civil Society	30,060	Tanzania	1
175	Arcus Foundation	30,000	U.S.	3
176	Carl B. and Florence E. King Foundation	30,000	U.S.	1
177	Eugene and Agnes E. Meyer Foundation	30,000	U.S.	1
178	Goodwin Family Memorial Trust	30,000	U.S.	1
179	Healthcare Foundation of Northern Lake County	30,000	U.S.	1
180	Palette Fund	30,000	U.S.	2
181	The Fred Harris Daniels Foundation, Inc.	30,000	U.S.	1
182	The Nordcliffe Foundation	30,000	U.S.	2
183	The Community Foundation for Greater New Haven	29,859	U.S.	5
184	Kent Richard Hofmann Foundation, Inc.	28,090	U.S.	9
185	Coastal Community Foundation of South Carolina	25,750	U.S.	4
186	Abell-Hanger Foundation	25,000	U.S.	1
187	Barra Foundation, The	25,000	U.S.	1
188	Community Foundation for Northeast Florida	25,000	U.S.	2
189	Fairfield County's Community Foundation, Inc.	25,000	U.S.	1
190	Fund for New Jersey, The	25,000	U.S.	1
191	Medina Foundation	25,000	U.S.	1
192	The Fund for New Jersey	25,000	U.S.	1
193	The Hylton Chaffee County Home for the Terminally Ill, Inc.	24,000	U.S.	1
194	The Greater Washington Community Foundation	23,250	U.S.	4
195	Jill & Jayne Franklin Charitable Trust	22,232	U.S.	1
196	King Baudouin Foundation United States, Inc.	20,762	U.S.	1
197	Associated Jewish Charities of Baltimore	20,000	U.S.	1
198	Carrie Estelle Doheny Foundation	20,000	U.S.	1
199	Esmond Harmsworth 1997 Charitable Foundation	20,000	U.S.	1
200	FRIDA: Young Feminist Fund	20,000	Panama	4
201	Hagedorn Fund	20,000	U.S.	1
202	Sam L. Cohen Foundation	20,000	U.S.	1
203	The Isadore and Bertha Gudelsky Family Foundation, Inc.	20,000	U.S.	1
204	Lutheran Foundation of St. Louis	19,000	U.S.	1
205	Association of American Medical Colleges	18,195	U.S.	2
206	Danford Foundation	17,500	U.S.	3
207	Silva Watson Moonwalk Fund	17,500	U.S.	3
208	The Casey Albert T. O'Neil Foundation	17,000	U.S.	1
209	Elizabeth Firth Wade Endowment Fund	16,000	U.S.	2
210	The Don and Maggie Buchwald Foundation	16,000	U.S.	1

	Funder Name	2016 Disbursements (\$)	Funder Location	# of Grants
211	John Ben Snow Memorial Trust	15,000	U.S.	1
212	Medical Education Collaborative	15,000	U.S.	1
213	Ruth/Allen Ziegler Foundation	15,000	U.S.	1
214	Temple Hoyne Buell Foundation	15,000	U.S.	1
215	The Daniel Foundation of Alabama	15,000	U.S.	1
216	Woodbury Foundation	15,000	U.S.	1
217	Bread and Roses Community Fund	13,750	U.S.	3
218	The Robert S. Wennett and Mario Cader-Frech Foundation, Inc.	12,500	U.S.	1
219	The Halliday Foundation, Inc.	12,000	U.S.	1
220	Eugene and Marilyn Glick Foundation Corporation	11,500	U.S.	1
221	Blue Shield of California Foundation	11,000	U.S.	1
222	Mile High United Way, Inc.	10,977	U.S.	1
223	Grand Rapids Community Foundation	10,850	U.S.	4
224	Medtronic Communities Foundation	10,791	U.S.	9
225	Raymond James Charitable Endowment Fund	10,750	U.S.	1
226	Fonds pour les Femmes Congolaises	10,674	Democratic Republic of Congo	3
227	Mckesson Foundation	10,166	U.S.	6
228	Alan & Babette Sainsbury Charitable Fund	10,000	U.K.	1
229	Amon G. Carter Star-Telegram Employees Fund	10,000	U.S.	1
230	Corina Higginson Trust	10,000	U.S.	1
231	Davis Family Foundation	10,000	U.S.	1
232	Hill Foundation	10,000	U.S.	1
233	Himan Brown Charitable Trust	10,000	U.S.	1
234	Jean T. and Heyward G. Pelham Foundation	10,000	U.S.	1
235	North Star Fund, Inc.	10,000	U.S.	1
236	Roxie and Azad Joseph Foundation	10,000	U.S.	1
237	The Dorian Fund	10,000	U.S.	1
238	The Leo and Peggy Pierce Family Foundation, Inc.	10,000	U.S.	1
239	The Mary Norris Preyer Fund	10,000	U.S.	2
240	The Tonamora Foundation	10,000	U.S.	1
241	Timber Lake Foundation	10,000	U.S.	1
242	WaterStone	10,000	U.S.	1
243	Ruth Mott Foundation	9,900	U.S.	2
244	Ukrainian Women's Fund	8,854	Ukraine	1
245	The Intuit Foundation	8,362	U.S.	1
246	Greater Saint Louis Community Foundation	8,349	U.S.	5
247	The Melville Charitable Trust	8,250	U.S.	1
248	Disability Rights Fund	8,000	U.S.	1
249	The Kraft Heinz Company Foundation	7,760	U.S.	13
250	Williams Sonoma Foundation	7,708	U.S.	4

	Funder Name	2016 Disbursements (\$)	Funder Location	# of Grants
251	Our Fund	7,670	U.S.	8
252	Sidney Stern Memorial Trust	7,500	U.S.	2
253	LoPrete Family Foundation	7,000	U.S.	1
254	United Way of Chittenden County, Inc.	6,552	U.S.	1
255	Bess J. Hodges Foundation	6,500	U.S.	1
256	Herbert I. and Elsa B. Michael Foundation	6,500	U.S.	1
257	Health 1st Foundation, Inc.	6,000	U.S.	1
258	L. & N. Andreas Foundation	6,000	U.S.	2
259	Samuel & Hannah Holzman Trust	6,000	U.S.	2
260	The Isabel Allende Foundation	6,000	U.S.	1
261	United Way of Rhode Island, Inc.	5,849	U.S.	1
262	Dora R. Isenberg Fund	5,500	U.S.	1
263	Beaver Family Foundation, Inc	5,000	U.S.	1
264	Brooks Family Foundation	5,000	U.S.	1
265	CKKO Foundation	5,000	U.S.	1
266	Foster Family Foundation	5,000	U.S.	1
267	Greater Green Bay Community Foundation, Inc.	5,000	U.S.	1
268	Joe C. Davis Foundation	5,000	U.S.	1
269	Marriner S. Eccles Foundation	5,000	U.S.	1
270	New York Council for the Humanities	5,000	U.S.	1
271	Petrello Family Foundation	5,000	U.S.	1
272	The 80/20 Foundation, Inc.	5,000	U.S.	1
273	The Brown Foundation	5,000	U.S.	1
274	The Cooper-Siegel Family Foundation	5,000	U.S.	1
275	The Ferguson Foundation	5,000	U.S.	1
276	The Holland Foundation	5,000	U.S.	1
277	The HOW Fund	5,000	U.S.	1
278	The Joe & Hellen Darion Foundation, Inc.	5,000	U.S.	1
279	The John Mondati Foundation	5,000	U.S.	1
280	Weston Foundation	5,000	U.S.	1
281	Akron Community Foundation	4,000	U.S.	1
282	Fales Foundation Trust	4,000	U.S.	1
283	Pink House Foundation, Inc.	4,000	U.S.	1
284	Utah Medical Association Foundation	4,000	U.S.	1
285	Pittsburgh Child Guidance Foundation	3,500	U.S.	1
286	Paul G. Arpin Charitable Trust	3,239	U.S.	1
287	George W. Rentschler Foundation	3,000	U.S.	1
288	Kroger Co Foundation	3,000	U.S.	2
289	The Dorothy Cate & Thomas F. Frist Foundation	3,000	U.S.	3
290	The Kenneth S. Hollander Charitable Foundation	3,000	U.S.	1
291	Richard & Ann J. Prouty Foundation	2,967	U.S.	1

	Funder Name	2016 Disbursements (\$)	Funder Location	# of Grants
292	Abilis Foundation	2,531	Finland	1
293	Castle Foundation	2,500	U.S.	1
294	Community Care Foundation Inc	2,500	U.S.	1
295	Deupree Family Foundation	2,500	U.S.	1
296	The EBB Point Foundation	2,500	U.S.	1
297	Victor Family Foundation	2,500	U.S.	1
298	The RMF Foundation Inc.	2,400	U.S.	1
299	Compton Foundation, Inc.	2,390	U.S.	1
300	Aero Gives, Inc.	2,000	U.S.	2
301	David Schwartz Foundation, Inc	2,000	U.S.	2
302	Helen J. Urban and Thomas Nelson Urban Charitable Foundation IV	2,000	U.S.	1
303	Louise H. Moffett Family Foundation	2,000	U.S.	1
304	Mitzi & Warren Eisenberg Family Foundation, Inc.	2,000	U.S.	1
305	Nora Roberts Foundation	2,000	U.S.	1
306	Oklahoma City Community Foundation, Inc.	2,000	U.S.	2
307	The Annie E. Casey Foundation	2,000	U.S.	1
308	The Arch and Stella Rowan Foundation Inc.	2,000	U.S.	1
309	The CarMax Foundation	2,000	U.S.	2
310	The Eugene McDermott Foundation	2,000	U.S.	1
311	The Pollination Project Foundation	2,000	U.S.	2
312	The Towbes Foundation	2,000	U.S.	1
313	The Yen Family Charitable Foundation	2,000	U.S.	2
314	Central Susquehanna Community Foundation	1,522	U.S.	1
315	Community Foundation of Sarasota County	1,500	U.S.	2
316	Dunn Family Foundation	1,500	U.S.	2
317	Kantor Foundation Inc.	1,500	U.S.	1
318	Kevin G. Schoeler Foundation	1,500	U.S.	1
319	Metzger Price Fund Inc	1,500	U.S.	1
320	Morgan Stanley Foundation, Inc	1,500	U.S.	1
321	RBG, Inc.	1,500	U.S.	1
322	The Charitable Foundation, Inc.	1,500	U.S.	1
323	Walter and Elise Haas Fund	1,500	U.S.	1
324	Community Foundation of Broward	1,265	U.S.	1
325	The Rusnak Family Foundation	1,200	U.S.	1
326	Bernard Weinberg Foundation	1,000	U.S.	2
327	Collins Foundation	1,000	U.S.	1
328	Community Foundation of Greater Memphis	1,000	U.S.	1
329	D. Baker Ames Charitable Foundation	1,000	U.S.	1
330	Dubrow Foundation	1,000	U.S.	1
331	Edelman Foundation	1,000	U.S.	1
332	Edina Realty Foundation	1,000	U.S.	1

	Funder Name	2016 Disbursements (\$)	Funder Location	# of Grants
333	Edward and Rose Donnell Foundation	1,000	U.S.	1
334	Faith & James Knight Foundation, Inc.	1,000	U.S.	1
335	George Foundation, Inc.	1,000	U.S.	1
336	Harris Family Foundation	1,000	U.S.	1
337	Henry and Sylvia Yaschik Foundation Inc.	1,000	U.S.	1
338	Irene D. Cunningham Trust	1,000	U.S.	1
339	Jerome A. Yavitz Charitable Foundation, Inc.	1,000	U.S.	1
340	Joseph C. Grossman Foundation	1,000	U.S.	1
341	Michael Dunitz Crisis Foundation	1,000	U.S.	1
342	Minneapolis Foundation	1,000	U.S.	1
343	Robert M. and Joyce A. Johnson Foundation	1,000	U.S.	1
344	Roy A. Hunt Foundation	1,000	U.S.	1
345	Ruth and Seymour Klein Foundation, Inc.	1,000	U.S.	1
346	The Jane and Richard Eskind and Family Foundation	1,000	U.S.	1
347	The Pasquinelli Foundation	1,000	U.S.	1
348	The Phyllis M. Coors Foundation	1,000	U.S.	1
349	The Ray Lanyon Fund	1,000	U.S.	1
350	The Robert G. & Ellen S. Gutenstein Foundation, Inc.	1,000	U.S.	1
351	The Wagner Foundation	1,000	U.S.	1
352	Wellfleet Foundation, Inc.	1,000	U.S.	1
353	Harold S. & Marian B. Coleman Charitable Foundation Inc.	900	U.S.	2
354	Community Fdn of Collier Co	750	U.S.	1
355	Mike and Jan Salta Foundation	750	U.S.	1
356	Meredith Corporation Foundation	575	U.S.	3
357	The Daniel Cayre Foundation Inc.	508	U.S.	2
358	Alfredo and Ada Capitanini Foundation	500	U.S.	1
359	Gordy-Mead-Britton Foundation	500	U.S.	1
360	Harteveldt-Gomprecht Foundation Inc.	500	U.S.	1
361	Patricia R. Behring Foundation	500	U.S.	1
362	Peter C. Dozzi Family Foundation	500	U.S.	1
363	Pierce Family Foundation	500	U.S.	1
364	Price Chopper's Golub Foundation	500	U.S.	1
365	Robert E. Ringdahl Foundation Inc.	500	U.S.	1
366	Robert N. & Nancy A. Downey Foundation	500	U.S.	1
367	Sherry and Alan Leventhal Family Foundation	500	U.S.	1
368	Sterling Fund & Fellowship Foundation	500	U.S.	1
369	The Andrew and Barbara Bangser Charitable Foundation Inc.	500	U.S.	1
370	The Bartenbach Foundation Trust	500	U.S.	1
371	The Davidson Family Foundation	500	U.S.	1
372	The Joe & Sandy Samberg Foundation, Inc.	500	U.S.	1
373	The Staten Island Foundation	500	U.S.	1

	Funder Name	2016 Disbursements (\$)	Funder Location	# of Grants
374	The Vadasz Family Foundation	500	U.S.	1
375	Trefoil Foundation Trust	500	U.S.	1
376	Washoe Pines Foundation	500	U.S.	1
377	William C. & Theodosia Murphy Nolan Foundation	500	U.S.	1
378	Working Woman's Home Association, Inc.	500	U.S.	1
379	Con Edison Corporate Giving Program	400	U.S.	2
380	Caleres Cares Charitable Trust	300	U.S.	1
381	Keiter Family Foundation	300	U.S.	1
382	Tri-Valley Morning Star Foundation	300	U.S.	3
383	Greenfield Foundation	250	U.S.	1
384	Linda and Jock Mutschler Foundation	250	U.S.	1
385	Southwest Care Center	250	U.S.	1
386	The Annette & Irwin Eskind Family Foundation	250	U.S.	1
387	Melvin S. Cutler Charitable Foundation	200	U.S.	1
388	The Finney Foundation	200	U.S.	1
389	The Ford Family Foundation	150	U.S.	1
390	Loeb Charitable Foundation	100	U.S.	1
391	Rubblestone Foundation	100	U.S.	1
392	The Adela & Lawrence Elow Foundation	100	U.S.	1

Note on Missing Data:

The majority of private philanthropic funding for HIV/AIDS in 2016 has been captured in the available data. FCAA was unable to obtain data from some funders, and their disbursements are therefore not included in the report, including the following:

- Aga Khan Foundation (Switzerland)
- Anglo American (UK)
- Chevron Corporation (US)
- Deutsche AIDS-Stiftung (Germany)
- Foundation La Caixa (Spain)
- Swedish Postcode Foundation
- Wal-Mart Foundation (US)
- Until There's a Cure (US)
- The San Francisco Foundation (US)
- The Rush Foundation (UK)
- Presbyterian World Service and Development (CAN)
- Orasure (US)
- Magic Johnson Foundation (US)
- George Gund Foundation (US)
- Charlize Theron Africa Outreach Project (US)

Several other HIV/AIDS funders have not been included:

- Deutsche Stiftung Weltbevölkerung (DSW- The German Foundation for World Development), because HIV/AIDS funding is integrated with broader sexual and reproductive health funding and the HIV/AIDS part is unable to be disaggregated.
- Elizabeth Glaser Pediatric AIDS Foundation, which is increasingly funded by the U.S. government.
- The Henry J. Kaiser Family Foundation, an operating foundation that develops and runs its own policy research and communications programs, which are difficult to value financially.
- The San Francisco AIDS Foundation, which receives most of its funding from other funders tracked in this report and operates internal programs.
- Other organizations, such as International Treatment Preparedness Coalition (ITPC), that run their own programs and do not give grants to external grantees.

Additionally, see the Methodology (Appendix 2) for a discussion of contributions from other sources of HIV/AIDS funding such as operating foundations, NGOs, and individuals.

APPENDIX 2: METHODOLOGY

Sources of HIV/AIDS Grantmaking Data

This resource tracking report covers HIV/AIDS grant disbursements from all sectors of philanthropy, including private, family, and community foundations; public charities; corporate grantmaking programs (corporate foundations and direct giving programs); philanthropies supported by lotteries; and fundraising charities.

Data was included for 392 grantmaking entities, using a variety of sources:

- 1 Grants lists sent from funders
- 2 Funder websites, grants databases, annual reports, and 990 forms
- 3 Direct communications with funders
- 4 Grants databases maintained by the Foundation Center; and
- 5 Grants flagged as HIV/AIDS-related received by Funders for LGBTQ Issues

FCAA believes that this multifaceted approach arrives at a more comprehensive data set of HIV/AIDS funders than could be accomplished using any single data source or single method of calculation.

Analysis

FCAA asks for information about calendar year disbursements related to HIV/AIDS in 2016. Disbursements are the amount of funding expended on grants/projects in a given year and may include funding from commitments made in prior years as well as in the current year. A grants list template was sent to funders if the grants information is not publicly accessible. The template asks for the grantee, amount in 2016, geographical area of benefit, and a grant description. FCAA staff determines the intended use and target populations of each grant from the grant description. FCAA was intentionally inclusive and broad, in acknowledgement of the fact that such efforts often overlap with many other issue areas of philanthropy. Therefore, some respondents have included or excluded grants and projects that were not wholly focused on HIV/AIDS efforts. HIV/AIDS grants from foreign offices of foundations that operate internationally are counted as coming from the country where their main headquarters is located.

PRIVATE VS. PUBLIC INCOME

Some of the funders in this report receive income from various governments to support HIV/AIDS projects and grants. While such partnerships and projects are

extremely valuable in allocating resources effectively, income received from governments has been excluded from total funding amounts noted in this publication because this report attempts to focus exclusively on private-sector philanthropy.

CURRENCIES

The baseline currency for this report is the U.S. dollar. However, funders reported expenditures in various currencies. This necessitated the use of exchange rates; the rates used consistently throughout this report were as of 8 October 2017 from xe.com.

CALCULATIONS OF RE-GRANTING

To avoid counting the same funds twice, the FCAA data are adjusted to account for re-granting. Re-granting refers to funds given by one FCAA-tracked grantmaker to another for the purposes of making HIV/AIDS-related grants. The 2016 aggregate total grantmaking for all funders was adjusted downward by \$21,346,494 to account for re-granting. In the past, FCAA relied on funders to report re-granted funds, which resulted in less accuracy than the new methodology of funders sharing full grants lists.

GEOGRAPHICAL DEFINITIONS

For international and regional focused HIV/AIDS grantmaking, FCAA requested data about where the grantee was located, and used the following regions as defined by UNAIDS:

CARIBBEAN: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Cuba, Dominica, Dominican Republic, Grenada, Guadeloupe, Guyana, Haiti, Jamaica, Martinique, Montserrat, Netherland Antilles, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands

LATIN AMERICA: Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, French Guiana, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela

WESTERN & CENTRAL EUROPE: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, Vatican City

EASTERN EUROPE & CENTRAL ASIA: Armenia, Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Macedonia, Malta, Moldova, Poland, Romania, Russian Federation, Serbia and Montenegro, Slovakia, Slovenia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

WEST & CENTRAL AFRICA: Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo (Brazzaville), Democratic Republic of Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea (Conakry), Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome, Senegal, Sierra Leone, Togo

EAST & SOUTHERN AFRICA: Angola, Botswana, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Reunion, Rwanda, Seychelles, Somalia, South Africa, Swaziland, Uganda, Tanzania, Zambia, Zimbabwe

NORTH AFRICA & THE MIDDLE EAST: Afghanistan, Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestinian Territories, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen

SOUTH ASIA & THE PACIFIC: Australia, Bangladesh, Bhutan, Fiji, India, Maldives, Nepal, New Zealand, Pakistan, Papua New Guinea, Samoa, Sri Lanka, Timor-Leste

EAST ASIA & SOUTHEAST ASIA: Brunei Darussalam, Cambodia, China, Indonesia, Japan, Laos, Democratic People's Republic of Korea (North), Korea, Malaysia, Mongolia, Myanmar, Philippines, Singapore, Taiwan, Thailand, Vietnam

For domestic U.S. grantmaking, FCAA requested regional data based on five U.S. sub-regions, using Northeast, South, Midwest, West, and U.S. territories categories as defined by the U.S. Census Bureau and used by the U.S. Centers for Disease Control and Prevention (CDC) and other federal agencies as follows:

NORTHEAST: Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

SOUTH: Alabama, Arkansas, District of Columbia, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia

MIDWEST: Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin

WEST: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

U.S. TERRITORIES: Puerto Rico, U.S. Virgin Islands

U.S. NATIONAL: Not to a specific state or region

Intended Use and Target Populations

FCAA has changed the way we track both target populations and intended use. In the past, grants have been attributed to only one population and intended use category. However, with our new capacity to code grants directly, we were able to identify every population or strategy included within a grant focus. In those incidences, the total amount of the grant was counted in each intended use category. For example, a retention-in-care grant’s whole amount would be counted towards both treatment (medical care) and social services (non-medical case management).

Funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria

Private philanthropic funders have long played an important role for The Global Fund to Fight AIDS, Tuberculosis and Malaria, both in financial contributions, but also in governance, support for advocacy and pro-bono services and partnerships. The Global Fund reported contributions of approximately **\$311 million** from philanthropic and corporate funders in 2016.

2016 Global Fund-reported Contributions from Philanthropic and Corporate Donors

(for all three diseases)

Funder Name	Amount (\$)
Bill & Melinda Gates Foundation	198,700,000
(PRODUCT) RED™ and Partners [American Express, Apple, Bugaboo International, Converse, Dell + Windows, GAP, Giorgio Armani, Hallmark, Motorola Foundation, Motorola Inc. & Partners, Starbucks Coffee, Media Partners and (RED) Supporters, Carlos Slim Foundation, Motsepe]	12,382,000
United Nations Foundation and its donors	253,000
Tahir Foundation	4,025,000
Ecobank	250,000
Takeda Pharmaceutical	92,500,000
Other Donors (includes contributions received from the American Express Membership Rewards® program, Transnational Giving Europe [TGE], GOAL [Gift Of A Life, Global Fund staff fundraising initiative] and Merrimac Middle East)	3,124,000
Total	\$311,234,000

Source: Global Fund to Fight AIDS, Tuberculosis and Malaria. “2016 Annual Financial Report,” Available at: https://www.theglobalfund.org/media/6388/corporate_2016annualfinancial_report_en.pdf

Funding for HIV/AIDS through the Global Fund was removed from total disbursements in the report for this year and previous years because it is difficult for funders to accurately determine actual disbursements to the Global Fund each year. The Global Fund accepts donations as cash and promissory notes, and in the case of the promissory notes, the funding is not necessarily withdrawn for use by the Global Fund the year the grant is disbursed by a funder; instead, it is subject to the Global Fund’s decision-making on timing of usage.

Defining a Human Rights Grant

For purposes of this report, FCAA defines a human rights grant including funding strategies such as, but not limited to the key human rights programs as enshrined in paragraph 80 of the 2011 Political Declaration and promoted by UNAIDS as part of every national response to HIV (http://www.unaids.org/sites/default/files/media_asset/Key_Human_Rights_Programmes_en_May2012_0.pdf):

- Stigma and discrimination reduction*
- HIV-related legal services
- Monitoring and reforming laws, regulations and policies relating to HIV
- Rights/legal literacy, e.g. helping people to know laws, rights, and legal recourse
- Sensitization of law-makers and law enforcement agents
- Training health care providers on human rights and medical ethics
- Reducing gender inequality, discrimination and violence against women in the context of HIV
- Reducing discrimination against key populations in the context of HIV (e.g. people living with HIV, men who have sex with men, transgender people, sex workers, people who use drugs, migrants, prisoners).

* These are programs that work to address drivers or manifestations of stigma and discrimination, and include:

- Measurement of S&D through Stigma Index, in healthcare settings and in general population;
- Community-led and peer-to-peer interaction;
- Use of media, including “edutainment”;
- Engagement with religious and community leaders, and celebrities;
- Inclusion of non-discrimination as part of institutional and workplace policies in employment/education

Private operating foundations

Private operating foundations are those that use the bulk of their resources to run their own charitable programs and make few, if any, grants to outside organizations. In some cases, the HIV/AIDS philanthropy reported to FCAA includes the value of programmatic efforts and operational grantmaking, but not operational (internal) staff or other costs. The *Henry J. Kaiser Family Foundation (KFF)* is one example of a U.S.-based private operating foundation that is not able to identify and report HIV/AIDS-specific funding because its HIV-related activities are increasingly integrated throughout its programs across the entire foundation.

Corporate programs

Several corporations that operate HIV/AIDS programs are not willing or able to report those programs financially. In some cases, corporations do not centrally or specifically track HIV/AIDS expenditures and therefore reporting is not feasible. Also, many corporations with branch facilities in areas highly affected by HIV (such as in sub-Saharan Africa) support workplace programs that provide HIV/AIDS services to employees, sometimes extending those services to employees’ families or all community members. Those HIV/AIDS-specific services are usually offered with other health services at a corporate facility’s on-site clinic. As such, quantifying the monetary value of specific HIV/AIDS services for a corporation with facilities in several countries is very difficult and is usually not available. In addition, other forms of support—such as volunteer efforts by corporate employees, matching donations programs, in-kind donations, cause-related marketing, and donations of technical assistance—are not always able to be valued monetarily or tracked as such. They are nonetheless valuable resources offered by corporations, especially those that can leverage other investments or build the capacity of communities to operate their own programs and services.

Other sources of support

In-kind donations, technical assistance, private individual donors, and direct services provided by hospitals, clinics, churches, and community health programs all represent other sources of HIV/AIDS funding, goods, and services that are difficult to identify and/or quantify. Even so, their contributions are highly valuable.

ENDNOTES

1. The chart shows aggregate funding disbursements per year for all funders. Data for funders based outside of the U.S. and E.U. is not available for 2007–2011 as FCAA only began tracking them as of 2013 with data from 2012. Additionally, totals for 2007–2015 were recalculated using the same exchange rates as were used throughout this report.
2. For this chart we only compare funders that we have 2015 and 2016 data for, removing all other funders from the analysis. If a funder did not make any HIV-related grants in one of the years, then we included their total as \$0 for the comparison, but if we were unable to collect their data than they were removed from the analysis entirely.
3. Re-granting between funders tracked by FCAA was not removed for this table.
4. Open Society Foundations provided an estimate that only reflect grants that specifically reference HIV/AIDS and were awarded by the Open Society Foundations network's Public Health Program in 2016. These numbers do not include HIV/AIDS funding from other programs or foundations within the Open Society Foundations network, though Open Society Foundations has provided HIV/AIDS-related funding through other programs and foundations.
5. The Henry J. Kaiser Family Foundation/UNAIDS. *Donor Government Funding for HIV in Low- and Middle-Income Countries in 2016. July 2017*. Available at: http://www.unaids.org/sites/default/files/media_asset/20170721_Kaiser_Donor_Government_Funding_HIV.pdf.
6. UNAIDS refers to the July 2015 update of the income level classification from the World Bank for the classification of LMIC. <https://blogs.worldbank.org/opendata/new-country-classifications>.
7. The majority of U.S.-based philanthropic funding for all issue areas (not just HIV/AIDS) is from individual donors (\$282 billion in 2016). As this FCAA report only reports funding from organizations such as foundations and corporations and not individuals, only that funding was used for the comparison of overall philanthropy to HIV/AIDS philanthropy.
8. *Giving USA: The Annual Report on Philanthropy for the Year 2016. 2017*. Available at: <https://givingusa.org/tag/giving-usa-2017/>.
9. Grants are coded as to where they benefit geographically, which is not always where the grantee is located. For example, a grantee such as the World Health Organization is headquartered in Switzerland, however, this grant would be coded geographically as per where the project was benefiting, whether the work was 'Global' in nature, or to a specific country or region outside of Switzerland.
10. For a full list of amounts to all intended use and target population categories by geographic region, please see <http://www.fcaaid.org/what-we-do/resource-tracking/>.
11. Some intended use and target population amounts add up to more than the regional total because one grant may target several categories and populations. In that case, the whole amount of the grant is applied to each.
12. Only country-level data is included in this chart. Some regional funding could not be disaggregated by country as many regions are a mix of low-, middle- and high-income countries. Country income classification as per World Bank, accessed February 2017, available at: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519#Low_income.
13. Funding for most Research is designated for a Global audience and thus is not included in this chart.
14. *Giving USA: The Annual Report on Philanthropy for the Year 2016. 2017*. Available at: <https://givingusa.org/tag/giving-usa-2017/>.
15. The population category 'General population' was used for grants such as research and prevention/awareness grants that target all populations. The population category 'People living with HIV/AIDS' was used for grants targeted toward people living with HIV/AIDS where a specific subpopulation was not applicable. The population 'General LGBTQ' was used for grants where only a general LGBTQ population was targeted. For grants that targeted specific groups within this category (gay men, transgender people) please see those specific categories. 'Orphans & vulnerable children' are included as a population group separately from 'Children (0–14)' as certain grants target orphans & vulnerable children specifically, while others target children in general. The category of "key populations not broken down" refers to those most likely to be exposed to HIV or transmit it- with their engagement being critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs, sex workers and their clients, and people in prisons are at higher risk of HIV exposure than other people.





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