



Funders Concerned About AIDS  
Mobilizing Philanthropic Leadership, Ideas, and Resources  
in the Fight Against AIDS

# PHILANTHROPIC SUPPORT

## TO ADDRESS HIV/AIDS IN 2015

# 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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### 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.

Please visit the FCAA website at [www.fcaaid.org](http://www.fcaaid.org) for an online version of the report, and additional information including:

- A press release
- Full lists of 2015 intended use and target populations by region
- Data privacy policy and pharmaceutical contributions policy

Please visit [www.aidsfundingmap.org](http://www.aidsfundingmap.org) for a searchable database of 2015 funding by region, country and U.S. state.



## ABOUT THIS REPORT

FCAA first began its annual analysis of private funding for the HIV/AIDS epidemic in the year 2000. The start of the new millennium was also noteworthy for the HIV/AIDS community as it was the first year that Durban, South Africa hosted the International AIDS Conference, and the Millennium Development Goals (MDGs) were set.

This year marked the return of the IAC to Durban as well as FCAA's 14th edition of *Philanthropic Support to Address HIV/AIDS*. Last year the MDGs were replaced by the Sustainable Development Goals, that now target 2030 as the deadline for ending AIDS as a public health threat. These initiatives once again coinciding provided a unique opportunity to pause and consider what has changed in the struggle against the AIDS epidemic since 2000.

In 2000, philanthropic funding for HIV/AIDS was estimated at \$312 million, a more than 300% increase from 1999, entirely due to an historic commitment from the Bill & Melinda Gates Foundation to address the global HIV/AIDS pandemic. This game-changing support—and the lack of consistent data available on the philanthropic commitment to HIV/AIDS—is what inspired FCAA to produce improved research and analysis for the field.

Since then, FCAA has engaged private funding organizations in this annual effort through the use of quantitative and qualitative survey tools, desk research, and a review of Foundation Center grants, rising to the preeminent source of funding data on the HIV/AIDS epidemic. In 2015, we shifted our methodology from surveying funders on their aggregate HIV funding totals to analyzing individual grants lists. We received and reviewed more than 6,000 HIV-related grants in 2015 and more than 7,000 in 2016, which provide a **grant-level view of the field**, with deeper insights into the geographic, population, and strategy foci of the philanthropic response to HIV and AIDS.

New, for 2016, on page 25 we provide a breakdown of funding which highlights the efforts of those **funders whose work focuses specifically on HIV/AIDS**. Although this list is made up of just 25 organizations (5% of all funders), this group provided critical leadership in areas including support for key populations, community-led funding mechanisms, and driving advocacy for funding HIV/AIDS.

### Looking Forward, New Dimensions.

Central to FCAA's mission is addressing the social and economic dimensions of the HIV epidemic. To get there, we must also look beyond the list of funding organizations typically highlighted in this document to those who address key issues including health equity, racism, homophobia, poverty, and reproductive health and justice—issues that intersect with, and often fuel, the HIV/AIDS epidemic.

However, this type of work is also hard to quantify according to our methodology of counting HIV/AIDS grants. On page 24 we discuss some key issues in **intersectional funding**, including our commitment to identifying and analyzing HIV/AIDS-related philanthropy that addresses human rights and LGBTQ issues, work done in partnership with our colleagues at the International Human Rights Funders Group (IHRFG) and Funders for LGBTQ Issues.

For the first decade of this work, FCAA's research focused solely on U.S.-based funding organizations. Slowly, this effort expanded to include European organizations, and starting in 2008, to identify organizations based outside of the U.S. or West and Central Europe. With the sector's attention on Durban this summer, we attempted to identify **domestic funding organizations in Southern Africa**. While we were only able to find and include data from a few organizations, on page 12 we offer more details into the landscape of African philanthropy and some of the challenges the field faces in building a truly global community of HIV funders.

Thank you to the organizations that participated in this and previous year's reports. We welcome, and look forward to, input from readers about how to improve future editions of *Philanthropic Support to Address HIV/AIDS*.

### HIV/AIDS philanthropic funding in 2015 reached its highest point since 2008: \$663 million, a 10% increase from 2014.

Encouragingly, levels of HIV/AIDS philanthropic funding have returned to those not seen since 2008. Although this trend is not a new one in the broader philanthropic community, where giving has been increasing since 2009, it has not been evident in the HIV/AIDS sector until now. In fact, there was a 10% increase between 2014 and 2015 among HIV-related philanthropy, marking a larger growth than that among overall foundation giving in the same time period.

#### Let us pause to celebrate.

There is other good news to report. For the second year in a row, private funding for the HIV/AIDS epidemic in the U.S. reached a new high, up to \$168 million in 2015. In addition, for the first time since we began measuring it, philanthropic funding given internationally (from one country to another) increased from the previous year, reaching \$242 million in 2015.

#### But, this progress is fragile.

Over the years, philanthropic HIV/AIDS funding has become increasingly concentrated among a handful of donors. This trend continued in 2015, with the top 20 funders accounting for 84% of the total, and increases within the top 10 funders, primarily Gilead Sciences, driving the overall increase. Therefore, the decisions and fluctuations of a relatively small group of funders can have significant impact on the field at large.

But where does it fit in the broader funding landscape? According to a recent Kaiser Family Foundation/UNAIDS report, donor government funding to support HIV efforts in low- and middle-income countries (LMIC) fell for the first time in five years, from \$8.6 billion in 2014 to \$7.5 billion in 2015.<sup>1</sup> UNAIDS estimates that resources to address the epidemic will need to rise in LMIC from \$19 billion in 2015 to \$26.2 billion in 2020 (an increase of \$7.2 billion annually) to reach the UNAIDS global “Fast Track Targets” and to meet the United Nations Sustainable Development Goals deadline of ending AIDS by 2030. If the annual resources available stay at the 2015 levels and don’t switch course immediately to a trend of increased funding, the Fast Track Targets will not be met, and an estimated 18 million more new HIV infections and 11

million more AIDS deaths will occur between now and 2030 that could have been prevented.<sup>2</sup>

**Private philanthropy is just 2% of the total resources available for HIV/AIDS in LMIC, yet it is an essential part of the equation.** While the lion’s share of new resources needed must come from governments—responsible for 98% of total resources for HIV/AIDS—the more flexible, responsive, and risk-tolerant resources, only available through private philanthropy, are critical to success. We view it as a hopeful sign that philanthropy increased for HIV/AIDS in LMIC by \$34 million, or 8%, from 2014 to 2015. Though philanthropy’s overall contribution remains a small percentage of total resources, it is increasingly important that it is used to effectively leverage public dollars and to support programs that governments do not adequately support, if at all.

#### Exerting our influence.

The HIV epidemic has flourished in part due to human rights violations of the most vulnerable populations and inattention to the most impoverished regions. It is clear that we will never be able to achieve our goals of ending AIDS without addressing human rights. In December 2014, in partnership with the IHRFG, FCAA launched the Human Rights and HIV Funders Working Group to raise awareness of the need for funding at the intersection of human rights and HIV, and to remind the sector of the importance of strategic investment in the most impacted and often underfunded populations and geographies.

This past summer, the Political Declaration stemming from the United Nations High Level Meeting on HIV and AIDS (HLM) was met by outcries from the advocacy community as they felt the declaration fell significantly short in addressing the critical needs of key affected populations.<sup>3</sup> Here is where philanthropic resources can make a difference. Private HIV/AIDS-related funding for advocacy increased by \$32 million from 2014 to 2015. Funding for key populations—including transgender communities, sex workers, people who inject drugs, men who have sex with men, and general LGBTQ—increased by 59% from 2014 to 2015.

## Where we are needed.

This report relies on the data compiled from your respective philanthropic efforts and leadership. But how do we move beyond numbers on a page? We can—and must—start by using this information to make informed decisions about where our resources would make the most difference. FCAA's hope is that the grant level analysis and insights rolled out for the first time in last year's report enable funders and implementers to better align available resources with existing needs. The deep-dive infographics we have developed, and will continue to produce, are intended to bring attention to—and support advocacy for—underfunded and overburdened issues and geographies (such as the U.S. South and transgender communities).

We see this data, and how we elevate it, as a critical tool in reestablishing the urgency in the philanthropic response to HIV/AIDS. Use it to inform your grantmaking priorities, to demonstrate to your board of directors why now is the time to reengage in HIV/AIDS, or to inform your grantees and partners to help direct their efforts, and to help them hold the sector accountable.

**Our call to action:** Celebrate our second year of moderate increase, but also recognize the real goal—and our role in it—to increase overall financing for HIV/AIDS. We must continue to fight for increased funding, support those most vulnerable, and leverage investments in advocacy to ensure our combined efforts will reach the ambitious goal of ending AIDS.

**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 14th 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 93% of the total), 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.<sup>4</sup>

HIV/AIDS-related giving among private philanthropic organizations in 16 countries totaled approximately \$663 million in 2015,<sup>5,6</sup> representing a 10% increase (\$58 million) from 2014, and the highest amount since 2008.

The 2015 uptick was driven by **significant increases** from several of the top 10 funders, mainly Gilead Sciences, which alone gave \$51 million more in 2015 than 2014. ViiV Healthcare, Children's Investment Fund Foundation, Johnson & Johnson, and M•A•C AIDS Fund also each increased funding between \$5 million and \$13 million from 2014 and 2015.

This growth of new funding was partly **offset by decreases** in funding from other funders. The Bill & Melinda Gates Foundation gave \$27 million less in 2015 than 2014, which reflects a yearly fluctuation in grantmaking and does not indicate a change in their HIV/AIDS strategy. Two pharmaceutical companies that have been longtime supporters of HIV/AIDS programs, Merck and AbbVie, fell out of the top 20 list for the first time, as their funding strategies shifted to address other health areas.

HIV/AIDS philanthropic funding remains heavily concentrated among the top donors, with the **top 20 funders accounting for 84%** of all funding in 2015. For example, more funders decreased their funding for HIV/AIDS from 2014 (82 funders decreased while 54 increased funding), but increases among the largest funders—including seven of the top 10 funders—influenced the field overall. The increase among just the top five funders accounted for 77% of the overall increase reported from 2014 to 2015.

Excluding the influence of the two largest funders (Gates Foundation and Gilead Sciences)—which together represent about half of all funding in 2015—total giving to HIV/AIDS among **all other private funders** for which FCAA has 2014 and 2015 data, amounted to \$321 million, a 4% **increase** (\$14 million)



from 2014, marking a moderate yet encouraging upward trend.

Total giving from **corporate** funders represented **over a third** of all private funding for HIV/AIDS in 2015, an increase from 2014. And while a small number of funders (twenty-five of the total 482 funders, or 5%) included in this report are **HIV-specific funding organizations**, their grants represented a substantial amount: **a quarter** of the total in 2015.

Most funding was given to **international**<sup>7</sup> grants, from a funder in one country to a grantee in another (\$242 million), though global (non-country-specific funding) was close behind, at \$232 million. Domestic funding (or grants to benefit a funder's own country) reached \$188 million in 2015.

The top region to receive private philanthropic funding was **East & Southern Africa** (\$173 million). The top country recipient to receive funding was the **U.S.**, where \$168 million was granted.



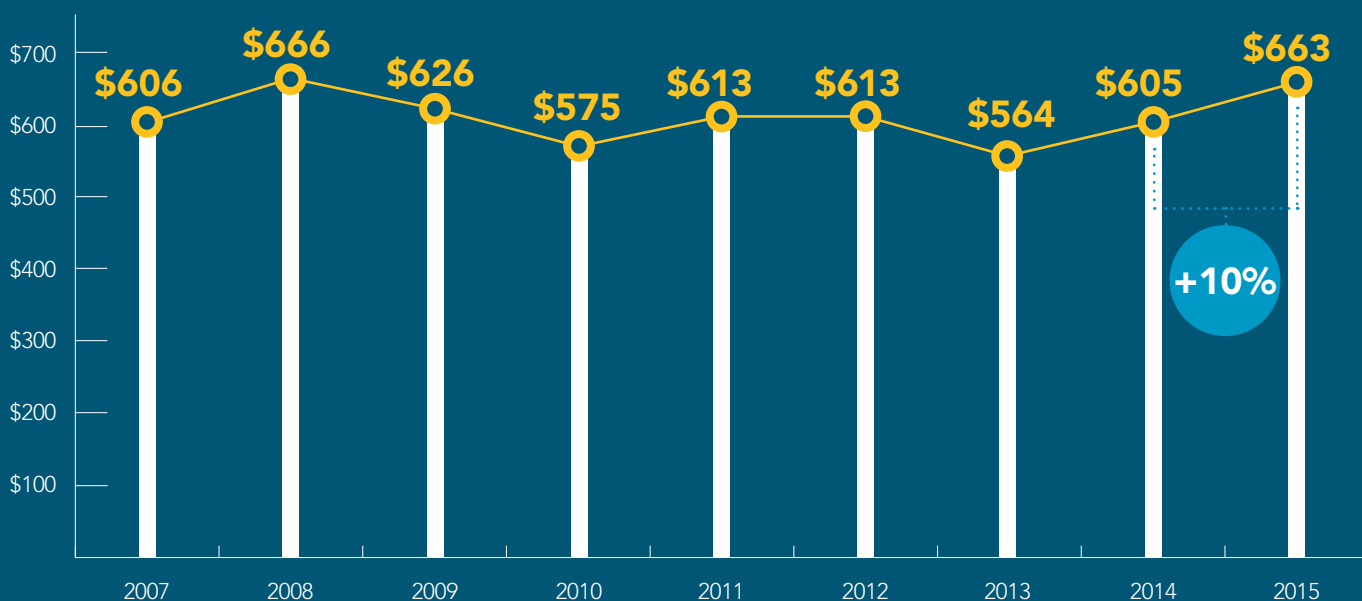
Over half of all country-level funding in 2015 for HIV/AIDS from philanthropic funders went to **high-income countries** (\$200 million), mostly to the U.S. (\$168 million). Just **under a third** went to **middle-income countries** (\$127 million), with the remainder (\$65 million) going to low-income countries.

The top intended use category of all funding is **research** of worldwide benefit (\$220 million). Other top intended use categories for funding in 2015 were to treatment (\$162 million), prevention (\$134 million), advocacy (\$123 million), and social services (\$97 million). Encouragingly, **advocacy funding increased** by \$32 million from 2014 to 2015.

The overall top reported target population was funding for a **general population** (\$202 million), mostly for research grants, but also for prevention and advocacy grants benefiting a general population. The next top five target populations in 2015 were people living with HIV where no sub-population was indicated (\$156 million), women & girls (\$72 million), children age 0-14 (\$66 million), youth age 15-24 (\$52 million), and health care workers (\$51 million). **Funding for key populations**, such as men who have sex with men, people who inject drugs, sex workers, and transgender populations, as well as **funding for children**, all **increased** from 2014 to 2015.

## PRIVATE PHILANTHROPIC FUNDING FOR HIV/AIDS TOTALED \$663 MILLION IN 2015, AN INCREASE OF \$58 MILLION OR 10% FROM 2014 TO 2015.












2007–2015 HIV/AIDS Philanthropic Disbursements<sup>8</sup> (dollars in millions)




## 2015 Top 20 Philanthropic Funders of HIV/AIDS<sup>9</sup>

In 2015, the **top 20** HIV/AIDS funders awarded **\$578 million** in grants for HIV/AIDS, accounting for 84% of the year's total. Seven of the top 20 were HIV-specific funders. Due to the large amount of funding overall from the **Gates Foundation**, the decrease of \$27 million for HIV/AIDS from 2014-2015 reflects a typical yearly fluctuation (**12% decrease**) in grantmaking, and does not indicate a change in their HIV/AIDS strategy. The addition of \$51 million from

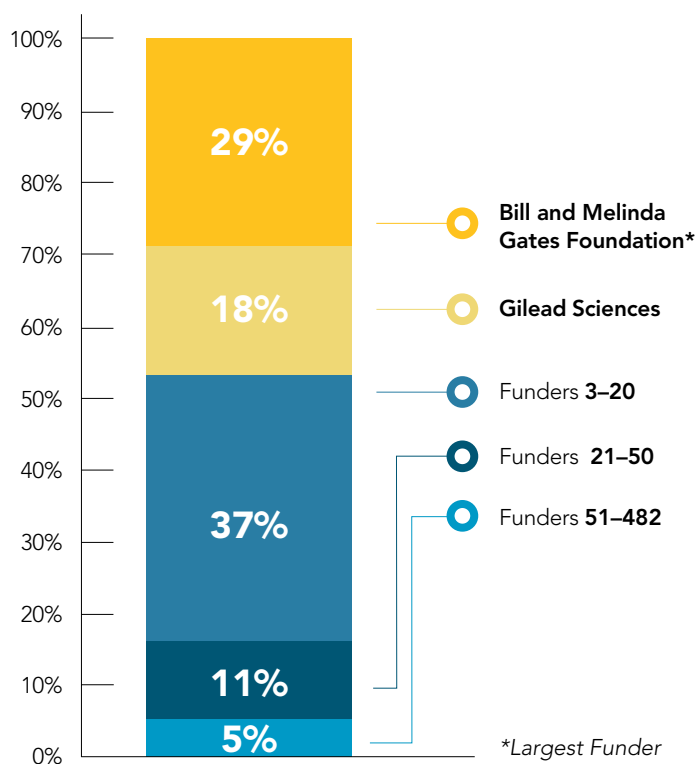
**Gilead (69% increase)** parallels the growth in Gilead's footprint. Gilead supports a variety of initiatives but some of its key areas of work in 2015 were to help U.S. HIV/AIDS patients afford out-of-pocket costs related to medical treatment and pharmaceuticals, implementing testing and PrEP education programs in the U.S. for key populations, and supporting global high impact programs.

Funder Name	Location	2015 Disbursements (\$)	Change 2014–2015
1. Bill & Melinda Gates Foundation	U.S.	\$197,050,394	\$-26,843,701
2. Gilead Sciences, Inc.	U.S.	\$124,195,825	\$50,798,441 
3. M•A•C AIDS Fund and M•A•C Cosmetics	U.S.	\$44,875,448	\$4,530,752 
4. ViiV Healthcare	U.K. & U.S.	\$29,143,479	\$13,197,786 
5. Children's Investment Fund Foundation	U.K.	\$21,032,181	\$10,034,971 
6. Wellcome Trust	U.K.	\$17,755,519	\$-3,101,382
7. Ford Foundation	U.S.	\$16,045,025	\$-2,020,476
8. Johnson & Johnson	U.S.	\$15,923,538	\$7,852,831 
9. Elton John AIDS Foundation <sup>10</sup>	U.K. & U.S.	\$15,002,619	\$2,607,703 
10. Conrad N. Hilton Foundation	U.S.	\$11,127,000	\$1,029,000 
11. Anonymous	U.S.	\$10,925,625	n/a
12. Philip T. and Susan M. Ragon Institute Foundation	U.S.	\$10,000,000	0
13. Open Society Foundations <sup>11</sup>	U.S.	\$8,600,000	n/a
14. Tides Foundation	U.S.	\$8,495,852	\$2,226,275 
15. AIDS Fonds/STOP AIDS NOW!	Netherlands	\$8,347,270	\$-882,716
16. Sidaction	France	\$8,030,858	\$-182,039
17. Broadway Cares/Equity Fights AIDS	U.S.	\$8,016,033	\$-1,628,352
18. Bristol-Myers Squibb Foundation and Bristol-Myers Company	U.S.	\$7,890,524	\$413,349 
19. amfAR, The Foundation for AIDS Research	U.S.	\$7,811,030	\$716,916 
20. Big Lottery Fund UK	U.K.	\$7,418,908	\$908,629 

 indicates funding increased from 2014 to 2015

## 2015 Distribution of Philanthropic HIV/AIDS Funding by Funder Rank

(by percentage of total disbursements)



**THE TOP 20 FUNDERS ACCOUNTED FOR 84% OF ALL FUNDING IN 2015.**

## 2015 Top 10 Funders by Number of Grants

Funder Name	Number of grants
1. Gilead Sciences, Inc.	922
2. M•A•C AIDS Fund and M•A•C Cosmetics	642
3. Broadway Cares/Equity Fights AIDS	481
4. ViiV Healthcare	426
5. National Lottery Distribution Trust Fund (South Africa)	334
6. Sidaction	306
7. Bill & Melinda Gates Foundation	234
8. Johnson & Johnson	225
9. Stephen Lewis Foundation	221
10. amfAR, The Foundation for AIDS Research	181

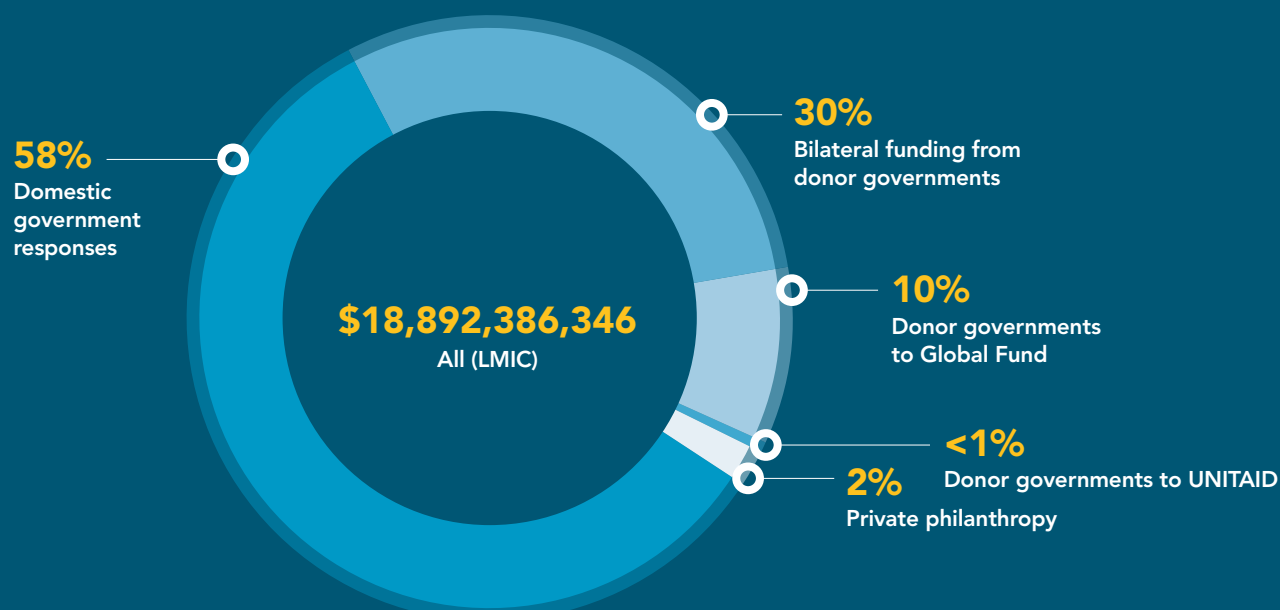
## FUNDING CONTEXT

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 2015, approximately **\$18.4 billion** was being invested annually in the AIDS response in low- and middle-income countries (LMIC) by **donor and domestic governments**, compared to **\$462 million** by **private philanthropy** (or 2% of global resources available for HIV/AIDS in LMIC). While donor government, bilateral and multilateral giving for

HIV/AIDS in LMIC decreased for the first time in five years by more than \$1 billion or 13% from 2014 to 2015, **philanthropy increased for HIV/AIDS in LMIC** by \$34 million, or 8%. (See the funding by country income chart on page 14 for more information on philanthropic funding by income level.)

### 2015 Total Resources for HIV/AIDS in LMIC<sup>12</sup>



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 2015. UNAIDS' analyses and targets also focus on low- and middle-income countries only, as that is where the vast majority of people living with HIV live.

### 2015 Share of Total U.S. Philanthropy for HIV/AIDS

Overall philanthropy from U.S.-based foundations and corporations reached a new high of \$78.3 billion (approximately 6% increase from 2014) for all areas, while philanthropy for HIV/AIDS work from U.S.-based funders amounted to \$558 million in 2015 (a 10% increase from 2014).<sup>13,14</sup> While the upward trend in HIV/AIDS-related philanthropy is slightly stronger than that within overall philanthropy, 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](#).

### 2015 Philanthropic HIV/AIDS Funding by Donor Location



# Looking Outside of the U.S. and Europe

**Since 2008**, FCAA has made attempts to identify and engage with additional private philanthropic funders based outside of the U.S. and the Western/Central Europe region, as part of an effort to present the most accurate picture of annual global HIV/AIDS resource flows. Given the return of the International AIDS Conference to Durban, South Africa in 2016, FCAA made an additional effort to focus on identifying and engaging funders from Southern Africa. While still a small sector, organized philanthropy in Africa is certainly growing, particularly among the corporate sector, high net-worth individuals, and community-based philanthropy (i.e. community foundations, women's funds, and LGBTQ funds).

This year's effort yielded minimal participation from indigenous funding organizations in Southern Africa, with such challenges and **lessons learned** similar to efforts made in previous years:

- o Many organizations outside of the U.S. and E.U. that are labeled as **'foundations' do not have indigenous private funding**: they operate more similarly to NGOs; receive funding from government, foundation or other NGO sources; and do not give grants but rather provide direct services. Many U.S. and Europe-based funders have a wide global reach and are the source funders of foundations in Latin America, Australia, North Africa, India and other Asian countries.
- o Foundations are **unable to disaggregate** HIV/AIDS-specific data when making grants to organizations involved in a range of activities where HIV/AIDS work cuts across broader organizational agendas, for example, HIV/AIDS in the context of holistic support for children.

- o There are few if any tax incentives, such as the income tax deduction for charitable donations in the U.S., to encourage philanthropic giving in other countries. Governments should consider revising their **tax codes and laws** to foster, rather than inhibit, charitable giving.
- o Philanthropic institutions and networks in many other countries are in their infancy. High net worth individuals, corporations, politicians, media and other high-profile influential players should step forward to **promote a culture of philanthropy** in order for the sector to grow in countries and regions where it has not been traditionally strong.
- o **Language barriers** affect the ability to identify funders in Eastern Europe, Latin America, Africa, and Asia. It is also difficult to engage newly identified funders **unfamiliar with the work** of FCAA and value of resource tracking, especially if they do not have an **organized, transparent grants** management system or the information is otherwise difficult for funders to share. There may be a reluctance to provide data to global Northern organizations, **questioning the value** of such research for the local community.

**FCAA seeks to connect** to more HIV/AIDS funders based around the world, to offer information and support, to foster channels of potential collaboration and networking between funders, and to help mobilize the ideas, leadership and resources of these funders to end the AIDS epidemic. Especially in the context of current resource needs, the contributions and perspectives of philanthropic organizations in other countries and regions are meaningful and vital.

**Recommended resources:** Learn more about the field of African philanthropy by visiting: Africa Philanthropy Network, African Philanthropy Forum, and Africa Grantmakers' Affinity Group and by reading: *Sizing the Field: Frameworks for A New Narrative on African Philanthropy*. Available online at: <http://bit.ly/2fnbg7n>.

## Where Funding is Going

FCAA uses three key categories<sup>15</sup> for geographical resource flows:

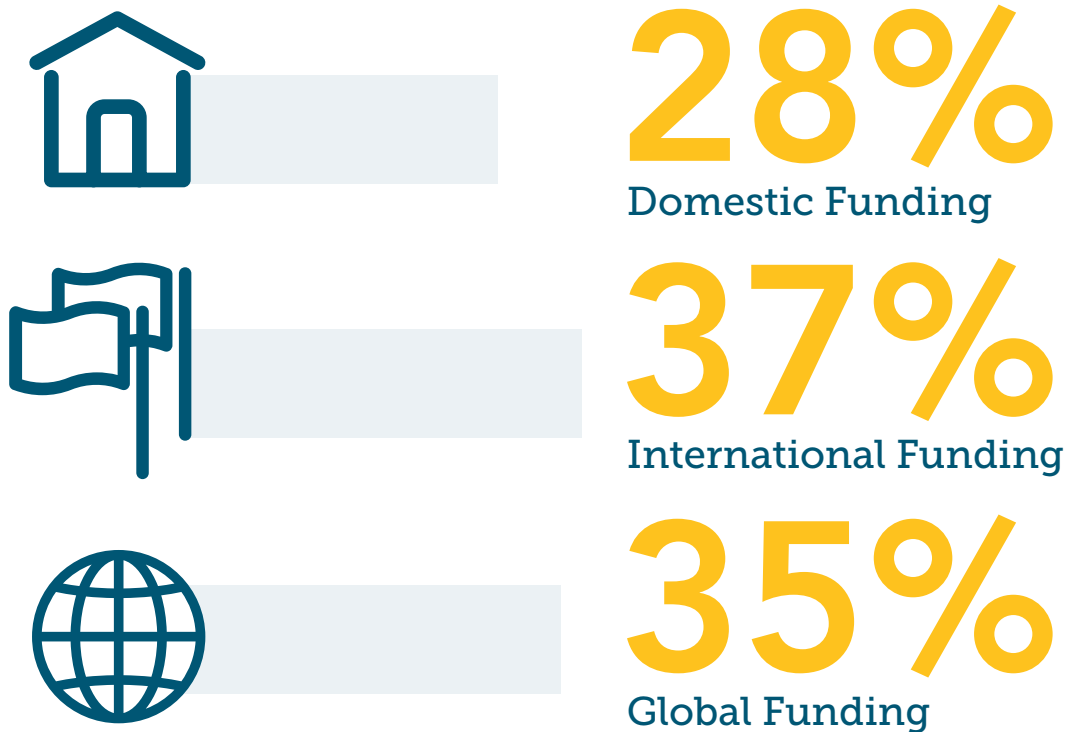
- **DOMESTIC** HIV/AIDS funding includes data on **indigenous** funding that is directed to or benefiting projects within an organization's own country or region.
- **INTERNATIONAL** HIV/AIDS funding includes data on funding that is directed to or benefiting projects in specific **countries or regions outside** of an organization's own country or region.
- **GLOBAL (NON COUNTRY-SPECIFIC)** HIV/AIDS funding is 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 **international** grants (\$242 million), though global (non-country-specific funding) was not far behind at \$232 million. Historically, most funding has been directed globally, because of large research grants to benefit a global population funded by the Gates Foundation. Due to a decrease in research funding in 2015 from the Gates Foundation, overall global funding is down.

Encouragingly, since the first time we began measuring it, private funding given internationally **increased** from 2014 to 2015, influenced by some of the top donors giving more internationally.

Domestic funding also increased from 2014 to 2015 to \$188 million, largely due to increased contributions to the U.S. from one U.S.-based funder (Gilead Sciences).

## 2015 Philanthropic HIV/AIDS Funding by Geographic Focus



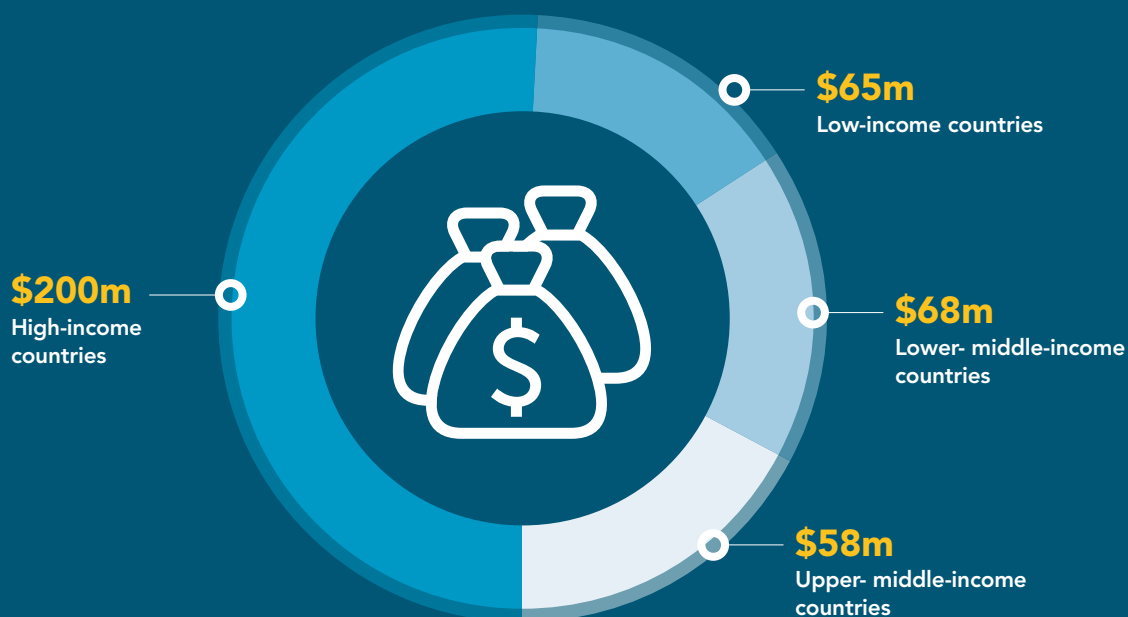


## Funding By Country Income Level

Over half of all country-level philanthropic funding for HIV/AIDS in 2015 went to high-income countries (\$200 million). Middle-income countries received just under a third of funding (\$127 million), with upper-

middle-income countries receiving \$58 million and lower-middle-income countries receiving \$68 million. Low-income countries received \$65 million.

## 2015 Philanthropic HIV/AIDS Funding by Country Income Level<sup>16</sup>



# The Importance of Funding Middle-Income Countries

**Nearly 70% of people living with HIV live in middle-income countries** (those with a per capita income between \$1,045 and \$12,736). Most of these people are poor, many live in underserved and rural communities, and others who are so called key populations are often marginalized and criminalized by government policy, rendering these communities especially vulnerable if donors leave. Moreover, even when a country experiences sustained economic growth or when financial rebasing changes a country's income classification, external structural factors conspire against rapid increases in spending on HIV programs in many middle-income countries.

**Structural factors** that limit middle-income countries' ability to increase spending on HIV include: high prices on medicines and other health technologies, due to intellectual property and investment rules found in trade agreements and the unwillingness of pharmaceutical companies to offer significant price discounts or access to voluntary licensing agreements to middle-income countries; pervasive problems of tax avoidance, illicit financial flows, and corporate corruption by multinational corporations that prevent increases in countries' gross incomes from translating into substantial increases in government revenue

overall; and fiscal restraint (or structural adjustment) policies imposed on countries, which restrict government spending on health and other key services. Many of these barriers to increasing public expenditure on health are imposed on low and middle-income countries through the actions of international financial institutions or donor countries themselves.

Additionally, due to the **reclassification of their income status**, several upper-middle income countries have already felt the impact of donors pulling out funding in their countries. These cuts are particularly deadly for key populations, especially when national governments are defaulting on their human rights obligations to ensure comprehensive HIV services, including effective prevention, for marginalized and criminalized groups. The Global Fund has defunded the AIDS response in several upper-middle income countries such as Romania, where the gap in funding has led to a drastic increase in HIV cases, specifically in key populations. Romania's HIV cases related to injection drug use soared from 3% in 2010 to 29% in 2013. Much of this increase is linked to the lack of funds to provide basic prevention like condoms and syringes.



Reprinted with permission from the HEALTH GAP report *Myths and Facts: Donor Funding for the Global AIDS Response* available at: [http://www.healthgap.org/myths\\_facts\\_donor\\_funding\\_for\\_global\\_aids\\_response](http://www.healthgap.org/myths_facts_donor_funding_for_global_aids_response).

# PHILANTHROPIC SUPPORT TO ADDRESS HIV/AIDS IN 2015<sup>17,18,19,20</sup>

A total of 482 philanthropic funders in 16 countries made more than 7,300 grants for HIV/AIDS to approximately 4,000 grantees totaling \$663 million in 2015.

## GLOBAL

### [TOP 3] FUNDERS

Bill & Melinda Gates Foundation  
Gilead Sciences, Inc.  
Wellcome Trust

### [TOP 3] INTENDED USE

**\$180m** Research  
**\$38m** Advocacy  
**\$ 9m** General operation/  
Administration

### [TOP 3] TARGET POPULATIONS

**\$160m** General population (including  
medical research for a general  
population)  
**\$46m** People living with HIV (general)  
**\$14m** Women & girls

## CANADA

### [TOP 3] FUNDERS

M•A•C AIDS Fund and M•A•C Cosmetics  
Open Society Foundations  
ViiV Healthcare

### [TOP 3] INTENDED USE

**\$ 2m** Social services  
**\$ 2m** Prevention  
**\$ 2m** Advocacy

### [TOP 3] TARGET POPULATIONS

**\$ 2m** People who inject drugs  
**\$ 2m** Sex workers  
**\$ 1m** Women & girls

## UNITED STATES

### [TOP 3] FUNDERS

Gilead Sciences, Inc.  
M•A•C AIDS Fund and M•A•C Cosmetics  
ViiV Healthcare

### [TOP 3] INTENDED USE

**\$53m** Treatment  
**\$51m** Prevention  
**\$40m** Social services

### [TOP 3] TARGET POPULATIONS

**\$63m** People living with HIV (general)  
**\$29m** Health care workers  
**\$26m** African Americans

## CARIBBEAN

### [TOP 3] FUNDERS

M•A•C AIDS Fund and M•A•C Cosmetics  
Tides Foundation  
Elton John AIDS Foundation, US

### [TOP 3] INTENDED USE

**\$ 4m** Elimination of mother-to-child  
transmission  
**\$ 4m** Treatment  
**\$ 2m** Social services

### [TOP 3] TARGET POPULATIONS

**\$ 3m** Pregnant women/mothers  
& babies  
**\$ 2m** Youth (15-24)  
**\$ 1m** Transgender

## LATIN AMERICA

### [TOP 3] FUNDERS

M•A•C AIDS Fund and M•A•C Cosmetics  
Tides Foundation  
Ford Foundation

### [TOP 3] INTENDED USE

**\$ 5m** Prevention  
**\$ 3m** Advocacy  
**\$ 3m** Treatment

### [TOP 3] TARGET POPULATIONS

**\$ 4m** Youth (15-24)  
**\$ 3m** People living with HIV  
**\$ 2m** Women & girls

**\$232M**

**\$5M**

**\$168M**

**\$8M**

**\$10M**

## WESTERN & CENTRAL EUROPE

### [TOP 3] FUNDERS

M•A•C AIDS Fund and M•A•C Cosmetics  
Big Lottery Fund, UK  
Gilead Sciences, Inc.

### [TOP 3] INTENDED USE

**\$17m** Social services  
**\$11m** Prevention  
**\$10m** Advocacy

### [TOP 3] TARGET POPULATIONS

**\$ 9m** People living with HIV (general)  
**\$ 6m** Migrants  
**\$ 6m** Economically disadvantaged

## EASTERN EUROPE & CENTRAL ASIA

### [TOP 3] FUNDERS

M•A•C AIDS Fund and M•A•C Cosmetics  
Gilead Sciences, Inc.  
Johnson & Johnson

### [TOP 3] INTENDED USE

**\$ 7m** Prevention  
**\$ 7m** Treatment  
**\$ 6m** Advocacy

### [TOP 3] TARGET POPULATIONS

**\$ 4m** People who inject drugs  
**\$ 4m** Youth (15-24)  
**\$ 3m** Sex workers

## EAST ASIA & SOUTHEAST ASIA

### [TOP 3] FUNDERS

M•A•C AIDS Fund and M•A•C Cosmetics  
Merck  
amfAR, the Foundation for AIDS Research

### [TOP 3] INTENDED USE

**\$ 7m** Prevention  
**\$ 6m** Treatment  
**\$ 4m** Social Services

### [TOP 3] TARGET POPULATIONS

**\$ 5m** People living with HIV (general)  
**\$ 4m** Youth (15-24)  
**\$ 2m** Gay men/men who have sex with men

## NORTH AFRICA & MIDDLE EAST

### [TOP 3] FUNDERS

Ford Foundation  
M•A•C AIDS Fund and M•A•C Cosmetics  
ViiV Healthcare

### [TOP 3] INTENDED USE

**\$ 3m** Advocacy  
**\$ 1m** General operation/Administration  
**\$ 1m** Treatment

### [TOP 3] TARGET POPULATIONS

**\$ 1m** Youth (15-24)  
**\$ 1m** People living with HIV (general)  
**\$ 1m** Gay men/men who have sex with men

## SOUTH ASIA & THE PACIFIC

### [TOP 3] FUNDERS

Bill & Melinda Gates Foundation  
M•A•C AIDS Fund and M•A•C Cosmetics  
ViiV Healthcare

### [TOP 3] INTENDED USE

**\$ 7m** Advocacy  
**\$ 7m** Prevention  
**\$ 4m** Treatment

### [TOP 3] TARGET POPULATIONS

**\$ 6m** Gay men/men who have sex with men  
**\$ 6m** Youth (15-24)  
**\$ 5m** Sex workers

## EAST & SOUTHERN AFRICA

### [TOP 3] FUNDERS

Bill & Melinda Gates Foundation  
Children's Investment Fund Foundation, UK  
Anonymous

### [TOP 3] INTENDED USE

**\$74m** Treatment  
**\$48m** Prevention  
**\$29m** Research

### [TOP 3] TARGET POPULATIONS

**\$48m** Children (0-14)  
**\$34m** Women & girls  
**\$25m** Youth (15-24)

## WEST & CENTRAL AFRICA

### [TOP 3] FUNDERS

Bill & Melinda Gates Foundation  
Gilead Sciences, Inc.  
Wellcome Trust

### [TOP 3] INTENDED USE

**\$15m** Research  
**\$13m** Prevention  
**\$10m** Advocacy

### [TOP 3] TARGET POPULATIONS

**\$16m** Women & girls  
**\$11m** General population (including medical research for a general population)  
**\$ 7m** Pregnant women/mothers & babies

\$30M

\$13M

\$4M

\$41M

\$13M

\$20M

\$173M

## Funding for the U.S. Epidemic

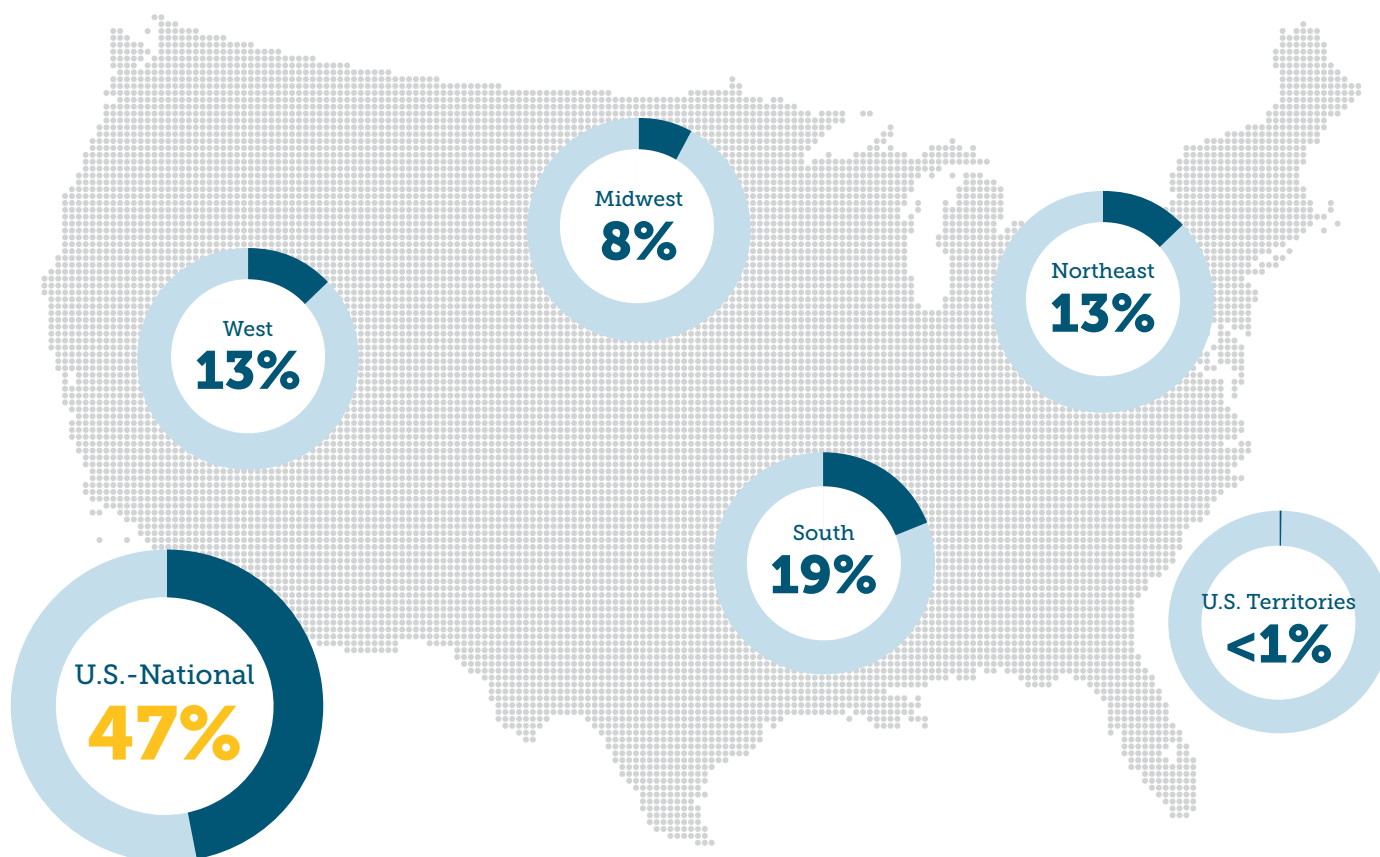


For the second year in a row, private HIV/AIDS philanthropic **funding to the U.S.** reached a new high, totaling **\$168 million** in 2015.

### 2015 Top 10 Philanthropic Funders of U.S. HIV/AIDS Epidemic

Funder Name	Amount for U.S.
1. Gilead Sciences, Inc.	\$84,189,196
2. M•A•C AIDS Fund and M•A•C Cosmetics	\$12,882,939
3. ViiV Healthcare	\$11,399,389
4. Broadway Cares/Equity Fights AIDS	\$7,192,175
5. Elton John AIDS Foundation, US	\$7,128,500
6. AIDS United	\$6,609,461
7. Ford Foundation	\$5,817,500
8. Johnson & Johnson	\$5,709,689
9. Bristol-Myers Squibb Foundation and Bristol-Myers Company	\$3,503,530
10. The Health Foundation of Greater Indianapolis	\$3,421,180

## 2015 Philanthropic HIV/AIDS Funding by U.S. Region



## 2015 Philanthropic HIV/AIDS Funding by Top 10 Recipient U.S. States

California	Indiana
<b>\$17,271,905</b>	<b>\$4,639,157</b>
New York	Georgia
<b>\$14,102,746</b>	<b>\$4,284,084</b>
Texas	Maryland
<b>\$5,269,905</b>	<b>\$3,940,972</b>
District of Columbia	Louisiana
<b>\$5,212,333</b>	<b>\$2,938,343</b>
Illinois	Florida
<b>\$4,697,129</b>	<b>\$2,657,707</b>

## 2015 Top 5 Philanthropic Funders of U.S. South







Funder Name
1. Gilead Sciences, Inc.
2. AIDS United
3. Ford Foundation
4. Elton John AIDS Foundation, US
5. M•A•C AIDS Fund and M•A•C Cosmetics

### FOCUS ON THE U.S. SOUTH

**HIV/AIDS funding to the U.S. South remained relatively flat between 2014 to 2015, although it accounts for a smaller portion of all U.S. funding (only 19% in 2015 compared to 22% in 2014) due to a significant increase in U.S. National funding. Why is this important?** The U.S. South is home to 44% of all people diagnosed as living with HIV in the U.S., despite these states having only one-third of the U.S. population. Further, there are many factors in the U.S. South that contribute to the high HIV infection rates, including transportation and financial barriers to receiving HIV care and testing, areas of extreme poverty, and HIV-related stigma and discrimination, among others. FCAA will continue to highlight trends in funding to the U.S. South with the guidance of its Southern Funders Working Group.

## International/Global Funding

### 2015 Top 10 Philanthropic Funders of International/Global HIV/AIDS Grants<sup>21</sup>

Funder Name	Amount for International/ Global Grants
1. Bill & Melinda Gates Foundation	\$197,045,394
2. Gilead Sciences, Inc.	\$40,006,630 
3. M•A•C AIDS Fund and M•A•C Cosmetics	\$32,067,509 
4. Children's Investment Fund Foundation	\$21,032,181 
5. Wellcome Trust	\$17,755,519
6. ViiV Healthcare	\$17,721,457 
7. Conrad N. Hilton Foundation	\$11,127,000 
8. Anonymous	\$10,925,625
9. Ford Foundation	\$10,227,525
10. Johnson & Johnson	\$10,213,849 

### 2015 Top 20 Recipient Countries of Philanthropic HIV/AIDS Funding

Country	Amount	Country	Amount
1. United States	\$167,944,637	11. France	\$8,400,433
2. South Africa	\$33,830,167	12. China	\$7,404,102
3. Kenya	\$23,902,209	13. Lesotho	\$5,414,072
4. Malawi	\$18,443,920	14. Canada	\$5,207,470
5. India	\$15,114,723	15. Spain	\$4,999,875
6. Zimbabwe	\$14,533,785	16. Ukraine	\$4,803,357
7. Tanzania	\$14,020,785	17. Mozambique	\$4,753,730
8. United Kingdom	\$10,583,378	18. Nigeria	\$4,549,842
9. Uganda	\$9,617,114	19. Thailand	\$4,448,764
10. Zambia	\$9,227,462	20. Brazil	\$4,260,642



## CORPORATE FUNDERS

There were **27** corporate foundations and giving programs—including five of the top 20 funders—that supported HIV/AIDS work in 2015.

This represented 35% (or **\$238 million**) of total HIV/AIDS philanthropy in 2015. Comparatively among general philanthropy, corporate funders

represent only 5% (or roughly \$19 billion) of total charitable giving in the U.S.<sup>22</sup>

### 2015 Corporate Philanthropic HIV/AIDS Funders

Funder Name	Amount
1. Gilead Sciences, Inc.	\$124,195,825
2. M•A•C AIDS Fund and M•A•C Cosmetics	\$44,875,448
3. Viiv Healthcare	\$29,143,479
4. Johnson & Johnson	\$15,923,538
5. Bristol-Myers Squibb Foundation and Bristol-Myers Company	\$7,890,524
6. Merck	\$6,787,909
7. AbbVie Foundation and AbbVie	\$4,365,810
8. Levi Strauss & Co.	\$2,609,800
9. MTV Staying Alive Foundation US/UK	\$595,330
10. GlaxoSmithKline	\$354,919
11. Wells Fargo Foundation	\$354,500
12. Intesa Sanpaolo	\$302,864
13. The Coca-Cola Foundation, Inc.	\$275,000
14. Rio Tinto	\$184,000
15. The Polo Ralph Lauren Foundation	\$100,000
16. General Mills Foundation	\$20,000
17. Boston Scientific Foundation, Inc.	\$18,240
18. TD Charitable Foundation	\$14,750
19. The CarMax Foundation	\$12,680
20. Ben & Jerry's Foundation, Inc.	\$5,250
21. Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access	\$4,950
22. MetLife Foundation	\$4,000
23. Staples Foundation, Inc.	\$3,500
24. Williams Sonoma Foundation	\$3,227
25. Price Chopper's Golub Foundation	\$500
26. Harvard Pilgrim Health Care Foundation	\$250
27. National Fuel Gas Company Foundation	\$196
<b>Total</b>	<b>\$238,046,489</b>

## INTENDED USE

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

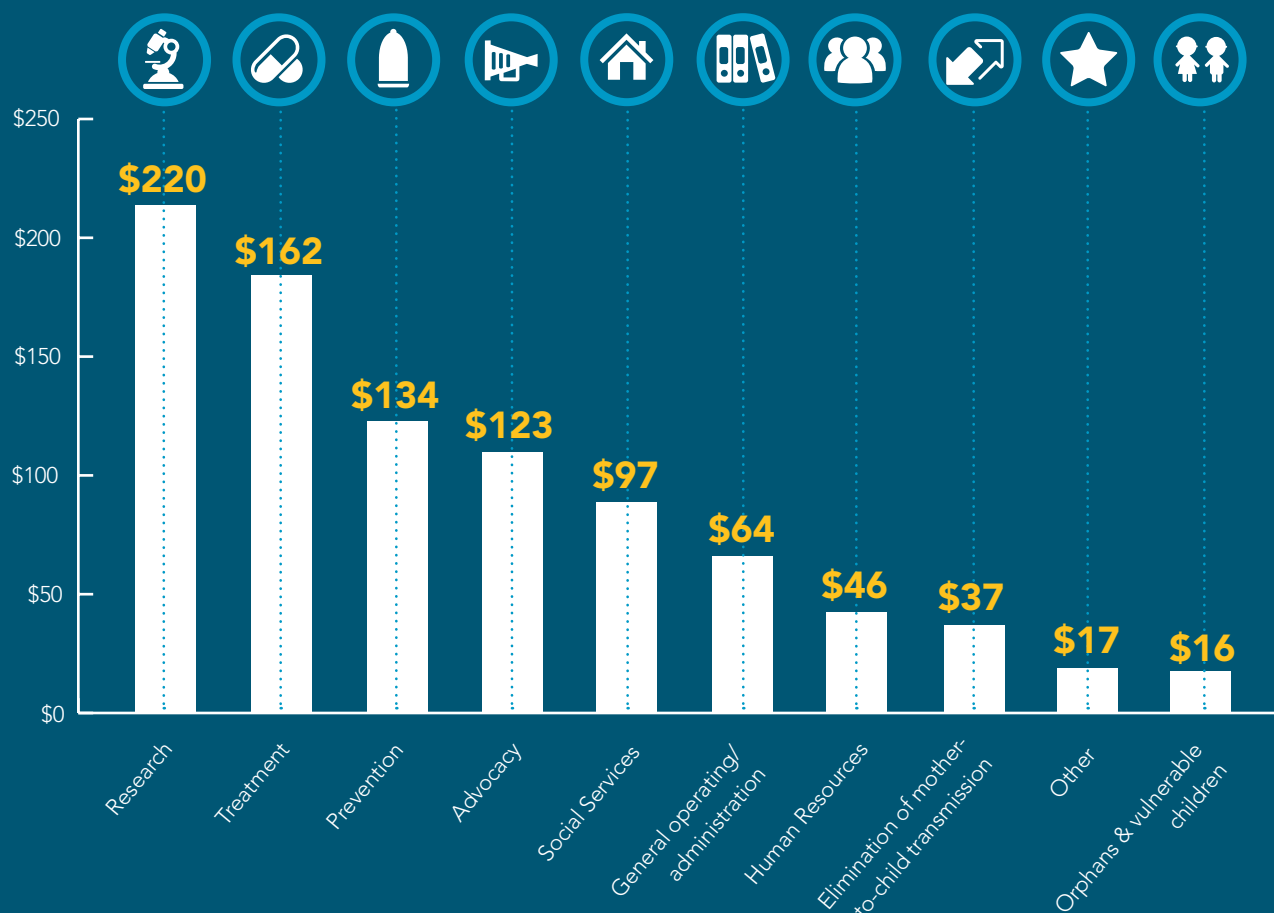
The overall amounts add up to \$917 million, as opposed to the \$663 million funders reported giving for HIV/AIDS work in 2015, because many individual grants target multiple categories. In that case, the total amount of the grant was counted in each intended use category. For example, a retention-in-care 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 (**\$220 million** in 2015), influenced by grantmaking from the Gates Foundation for this category.

The **advocacy** category received **\$32 million more** in 2015 compared to 2014, and **treatment** received **\$29 million more** in 2015.

### 2015 Intended Use of 2015 Philanthropic Funding for HIV/AIDS

(dollars in millions)





## 2015 Top 5 Philanthropic Funders of Advocacy

Funder Name
1. Gilead Sciences, Inc.
2. M•A•C AIDS Fund and M•A•C Cosmetics
3. Ford Foundation
4. Bill & Melinda Gates Foundation
5. Open Society Foundations

### FOCUS ON ADVOCACY

**HIV/AIDS-related funding for advocacy increased by 35% from 2014 to 2015, to a new high of \$123 million, representing 18% of total funding this year.** *Why is this important?* Philanthropic funders have a history of providing critical support for people and issues that are underfunded (or not funded at all) by governments. Dollars spent at the intersection of HIV and advocacy bolster efforts to keep national and international funders accountable, and yield tangible results in financing, policy change and service delivery. FCAA's new strategic review (2016-2020) 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 as a critical point of leverage and influence for our sector.

## Intended Use Categories

	<b>RESEARCH*:</b> medical, prevention, and social science research
	<b>TREATMENT:</b> 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
	<b>PREVENTION:</b> HIV testing, VCT, harm reduction, male circumcision, PrEP, STI prevention, health-related awareness/education/social & behavior change programs
	<b>ADVOCACY:</b> 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
	<b>SOCIAL SERVICES:</b> 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
	<b>GENERAL OPERATING/ADMINISTRATION:</b> General/core support, monitoring & evaluation, facilities investment, management of AIDS programs, patient tracking, information technology, strengthening logistics & drug supply systems
	<b>HUMAN RESOURCES:</b> Training, recruitment, and retention of health care workers; direct payments to health care workers; continuing education for health care workers
	<b>ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION (EMTCT):</b> 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
	<b>OTHER:</b> 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
	<b>ORPHANS AND VULNERABLE CHILDREN:</b> 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/>

## INTERSECTIONALITY AND HIV/AIDS

Just as the real complexity of our lives cannot always be cleanly divided into separate pieces or identities, the HIV/AIDS epidemic does not exist in a vacuum: it occurs at the intersection of overlapping structural factors and social issues that greatly affect health access and equity.

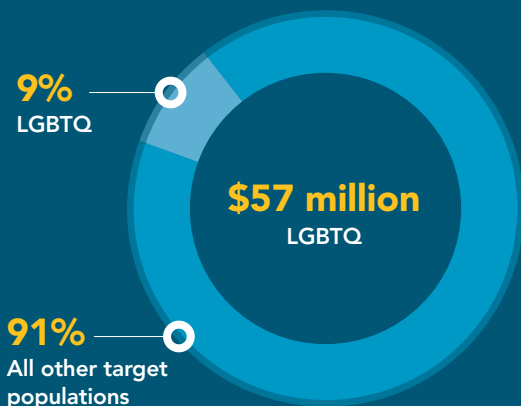
These complex and often overlapping social determinants—such as poverty, race, gender identity, and mental health to name a few—place people at disproportionate risk for HIV infection and impact their access to care. As such, these factors should be analyzed and understood in research and advocacy work around HIV.

While many funders give grants that address these intersectional issues, the FCAA resource tracking project is focused on philanthropy addressing HIV/AIDS specifically, and we must rely on grants data that is able to be quantified and measured for HIV/AIDS. FCAA advises funders as part of the methodology of this report that an HIV/AIDS grant is one in which HIV/AIDS is a significant or majority aspect of the grant. Grants that mainly focus on related intersectional areas may not be classified as HIV/AIDS grants, and/or may not be easily disaggregated into quantitative data, though they may impact people living with HIV or at risk of HIV infection indirectly by addressing the related issues that affect their lives.

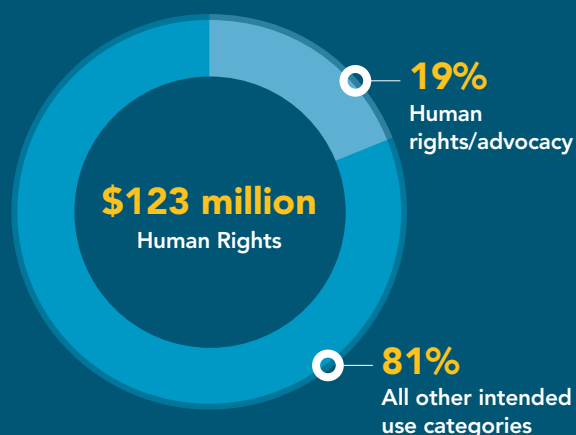
While FCAA acknowledges the deep contributions these related grants may have on the HIV epidemic, definitions must be set for HIV/AIDS grants for the purposes of this report. One of the goals of FCAA's 2016-2020 Strategic Review is to “catalyze a dynamic and sustained philanthropic response to HIV/AIDS with special attention to its underlying drivers,” and as such, we are committed to identifying and engaging funders who work at these critical points of intersection, and to finding new ways to quantify and qualify those efforts. FCAA's 2016 AIDS Philanthropy Summit will feature a series of conversations on health equity focused on such issues as: women of color, protections of and barriers to care, and place-based challenges to equity.

As another example, FCAA partners closely with organizations such as Funders for LGBTQ Issues and International Human Rights Funders Group that contribute resource tracking efforts for their respective focus areas. Our partnership focuses on sharing data where possible, supporting funder outreach, and advising on methodologies across issues to help accurately quantify intersectional funding.

### 2015 Funding for LGBTQ-Related HIV/AIDS Grants



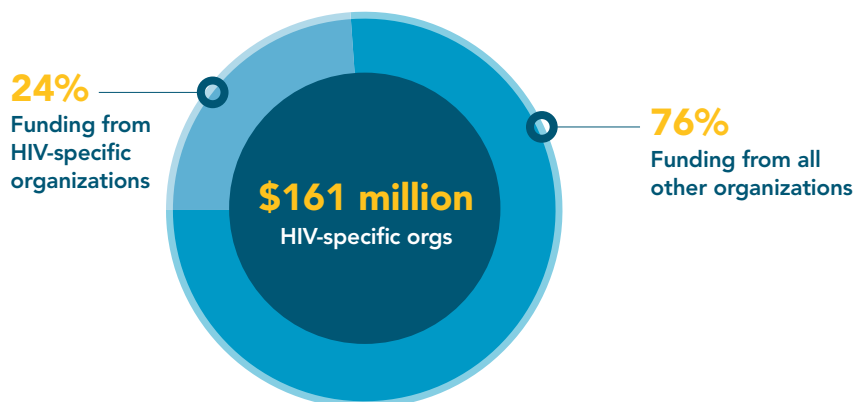
### 2015 Funding for Human Rights-Related HIV/AIDS Grants



**Recommended resources:** Learn more about foundation giving for LGBTQ communities at: <https://www.lgbtfunders.org/>. Visit *Advancing Human Rights: The State of Global Foundation Grantmaking* at <http://humanrightsfunding.org/>

## FUNDERS THAT FOCUS ON HIV/AIDS

A small number of funders (twenty-five of the total 482 funders, or 5%) are **HIV-specific funding organizations**, but their grants represented a substantial amount: **a quarter** of the total in 2015.



### 2015 Funders That Focus on HIV/AIDS

Funder Name
1. M•A•C AIDS Fund and M•A•C Cosmetics
2. ViiV Healthcare
3. Elton John AIDS Foundation, UK & US
4. Philip T. and Susan M. Ragon Institute Foundation
5. Aids Fonds/STOP AIDS NOW!
6. Sidaction
7. Broadway Cares/Equity Fights AIDS
8. amfAR, The Foundation for AIDS Research
9. AIDS United
10. Stephen Lewis Foundation
11. Sentebale
12. Verein AIDSLife
13. Keep A Child Alive

Funder Name
14. Elizabeth Taylor AIDS Foundation
15. Washington AIDS Partnership
16. AIDS Foundation of Chicago
17. Solidarité Sida
18. Design Industries Foundation Fighting AIDS (DIFFA)
19. WESEEHOPE
20. Egmont Trust
21. Canadian Foundation for AIDS Research (CANFAR)
22. MTV Staying Alive Foundation
23. AIDS Funding Collaborative
24. AVERT
25. HIV Young Leaders Fund

## TARGET POPULATIONS

As about a third of all philanthropic funding in 2015 went toward research, **general populations** that were targeted by research projects received the most funding of all target populations (\$202 million).

The overall amounts presented add up to \$980 million, as opposed to the \$663 million funders reported giving for HIV/AIDS work in 2015, 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, grantees (for institutional strengthening), faith leaders and faith communities, truck drivers, police, employees, survivors of violence, Asian Americans/Pacific Islanders, and Native Americans.

### 2015 Target Populations of Philanthropic Funding for HIV/AIDS<sup>23</sup>

Target Populations	Amount
1. General population (including medical research for a general population)	\$201,936,002*
2. People living with HIV (general)	\$155,830,056
3. Women & girls	\$71,794,858
4. Children (0-14)	\$66,162,876
5. Youth (15-24)	\$52,407,062
6. Health care workers	\$51,421,085
7. Economically disadvantaged/homeless	\$46,377,431
8. Pregnant women/mothers & babies	\$38,058,099
9. Gay men/men who have sex with men	\$37,503,013
10. People who inject drugs	\$29,054,378
11. African Americans (U.S.)	\$26,549,136
12. Orphans & vulnerable children	\$21,908,058
13. Sex workers	\$21,450,876
14. Transgender people	\$20,180,945
15. Families	\$17,846,438
16. General LGBTQ	\$14,920,122
17. Latinos (U.S.)	\$12,418,898
18. Other	\$12,371,638
19. Rural populations	\$9,680,996
20. Migrants	\$9,388,877
21. People co-infected with HIV and TB	\$8,963,033
22. Men & boys	\$8,938,145
23. Key affected populations not broken down	\$8,393,011

Target Populations	Amount
24. Incarcerated/formerly incarcerated	\$7,990,034
25. People co-infected with HIV and Hepatitis C	\$5,733,699
26. Older adults (over 50)	\$4,957,125
27. Grandmothers & other caregivers	\$4,872,915
28. People with disabilities	\$3,995,009
29. Ethnic minority (outside U.S.)	\$3,831,489
30. Indigenous	\$2,611,587
31. Refugees/displaced persons	\$2,561,259

\* **\$160M** for general populations targeted by **research grants**  
**\$23M** for general populations targeted by **prevention grants**  
**\$13M** for general populations targeted by **advocacy grants**

## 2015 Top 5 Philanthropic Funders of Grants for Children

Funder Name
1. Children's Investment Fund Foundation
2. Conrad N. Hilton Foundation
3. Anonymous
4. M•A•C AIDS Fund and M•A•C Cosmetics
5. FXB International- Association Francois-Xavier Bagnoud

(Includes grants marked for 'Children (0-14)' and 'Orphans & vulnerable children')

## 2015 Top 5 Philanthropic Funders of Key Populations

Funder Name
1. M•A•C AIDS Fund and M•A•C Cosmetics
2. Bill & Melinda Gates Foundation
3. Gilead Sciences, Inc.
4. Elton John AIDS Foundation, UK & US
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')

### FOCUS ON CHILDREN

**HIV/AIDS-related funding for children climbed to the #4 largest target population, increasing by \$28 million from 2014 to 2015 (to \$66 million).** *Why is this important?* We know that 2.6 million children are living with HIV/AIDS, with less than one-third receiving antiretroviral treatment, and nearly 700 children newly infected with HIV each day. With the guidance of its Women & Children Funders Working Group, FCAA will continue to highlight trends in funding for children and adolescents in an effort to align and leverage philanthropic leadership with key initiatives, such as the recent Start Free, Stay Free, AIDS Free Initiative launched in July 2016 by UNAIDS and PEPFAR.<sup>24</sup>

### FOCUS ON KEY POPULATIONS

**Funding for the key populations of men who have sex with men, people who inject drugs, transgender people, and sex workers all increased in 2015 compared to 2014, by between \$10 million and \$13 million each.** *Why is this important?* In 2014, key populations accounted for 35% of new HIV infections globally. Key populations refer to those groups most vulnerable to HIV infection, because access to health services such as HIV prevention, treatment, and care can be difficult. In some cases, these populations are more vulnerable because they are marginalized by society due to stigma and discrimination around HIV. Governments may also neglect or even criminalize these groups. Philanthropic funders have a history of providing critical support for people and issues that are socially marginalized or underfunded by governments. Because private donors are subject to far fewer restrictions in what and where they are able to fund, theirs are often the only resources available to support the most vulnerable.



# APPENDIX 1

## 2015 Philanthropic HIV/AIDS Funders

Funder Name	Location	2015 Disbursements (\$)	# of Grants
1. Bill & Melinda Gates Foundation	U.S.	\$197,050,394	234
2. Gilead Sciences, Inc.	U.S.	\$124,195,825	922
3. M•A•C AIDS Fund and M•A•C Cosmetics	U.S.	\$44,875,448	642
4. Viiv Healthcare	U.K. & U.S.	\$29,143,479	426
5. Children's Investment Fund Foundation	U.K.	\$21,032,181	14
6. Wellcome Trust	U.K.	\$17,755,519	71
7. Ford Foundation	U.S.	\$16,045,025	100
8. Johnson & Johnson	U.S.	\$15,923,538	225
9. Elton John AIDS Foundation	U.K. & U.S.	\$15,002,619	183
10. Conrad N. Hilton Foundation	U.S.	\$11,127,000	16
11. Anonymous	U.S.	\$10,925,625	17
12. Philip T. and Susan M. Ragon Institute Foundation	U.S.	\$10,000,000	1
13. Open Society Foundations	U.S.	\$8,507,913	81
14. Tides Foundation	U.S.	\$8,495,852	68
15. Aids Fonds/STOP AIDS NOW!	Netherlands	\$8,347,270	131
16. Sidaction	France	\$8,030,858	306
17. Broadway Cares/Equity Fights AIDS	U.S.	\$8,016,033	481
18. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company	U.S.	\$7,890,524	157
19. amfAR, The Foundation for AIDS Research	U.S.	\$7,811,030	181
20. Big Lottery Fund UK	U.K.	\$7,418,908	36
21. National Lottery Distribution Trust Fund (South Africa)	South Africa	\$7,304,167	334
22. Merck	U.S.	\$6,787,909	97
23. AIDS United	U.S.	\$6,609,461	96
24. Stephen Lewis Foundation	Canada	\$5,235,198	221
25. AbbVie Foundation and AbbVie	U.S.	\$4,365,810	14
26. Comic Relief UK	U.K.	\$3,956,456	26
27. Sentebale	U.K.	\$3,529,453	4
28. The Health Foundation of Greater Indianapolis	U.S.	\$3,421,180	29
29. Foundation for the National Institutes of Health	U.S.	\$3,264,578	7
30. Levi Strauss & Co.	U.S.	\$2,609,800	33
31. FXB International- Association Francois-Xavier Bagnoud	France	\$2,391,466	9
32. Oak Foundation	Switzerland	\$2,339,585	13
33. H. van Ameringen Foundation	U.S.	\$2,297,000	30
34. Verein AIDSLife	Austria	\$2,192,602	21
35. Nationale Postcode Loterij (Dutch National Postcode Lottery)	Netherlands	\$2,077,697	2
36. Keep A Child Alive	U.S.	\$2,029,765	11
37. Elizabeth Taylor AIDS Foundation	U.S.	\$2,026,781	110
38. Washington AIDS Partnership	U.S.	\$1,699,912	34
39. Kaiser Permanente	U.S.	\$1,479,636	46
40. Monument Trust	U.K.	\$1,461,733	12
41. The UN Trust Fund to End Violence Against Women	U.S.	\$1,349,408	3
42. American Jewish World Service	U.S.	\$1,307,843	98
43. The Bob and Renee Parsons Foundation	U.S.	\$1,291,277	4
44. Fondation de France	France	\$1,273,968	47
45. Robin Hood Foundation	U.S.	\$1,250,000	5
46. AIDS Foundation of Chicago	U.S.	\$1,231,107	36

Funder Name	Location	2015 Disbursements (\$)	# of Grants
47. James B. Pendleton Charitable Trust	U.S.	\$1,190,247	7
48. Firelight Foundation	U.S.	\$1,148,210	67
49. Pride Foundation	U.S.	\$1,112,024	20
50. Global Fund for Women	U.S.	\$1,102,476	86
51. Solidarité Sida	France	\$1,004,357	78
52. Segal Family Foundation	U.S.	\$967,500	10
53. Alphawood Foundation	U.S.	\$951,262	8
54. Mennonite Central Committee (MCC)	U.S.	\$882,201	40
55. Design Industries Foundation Fighting AIDS (DIFFA)	U.S.	\$881,000	49
56. WESEEHOPE	U.K.	\$856,028	23
57. Zonta International Foundation	U.S.	\$800,000	1
58. NoVo Foundation	U.S.	\$750,000	1
59. VriendenLoterij (Dutch Friends Lottery)	Netherlands	\$713,269	1
60. Comer Family Foundation	U.S.	\$712,500	42
61. Egmont Trust	U.K.	\$662,274	27
62. Canadian Foundation for AIDS Research (CANFAR)	Canada	\$600,390	12
63. Robert Wood Johnson Foundation	U.S.	\$595,807	8
64. MTV Staying Alive Foundation	U.S. & U.K.	\$595,330	50
65. Cone Health Foundation	U.S.	\$574,676	20
66. Community Foundation for Greater Atlanta	U.S.	\$451,200	13
67. Houston Endowment	U.S.	\$425,000	4
68. King Baudouin Foundation	Belgium	\$406,884	3
69. Mama Cash	Netherlands	\$400,939	13
70. The Rockefeller Foundation	U.S.	\$400,100	2
71. The Morris and Gwendolyn Cafritz Foundation	U.S.	\$397,000	4
72. Red Umbrella Fund	Netherlands	\$379,601	15
73. Doris Duke Charitable Foundation	U.S.	\$372,600	4
74. GlaxoSmithKline	U.K.	\$354,919	56
75. Wells Fargo Foundation	U.S.	\$354,500	31
76. The Campbell Foundation	U.S.	\$348,900	16
77. AIDS Funding Collaborative	U.S.	\$325,575	14
78. The California Endowment	U.S.	\$320,800	12
79. The Community Foundation for the National Capital Region	U.S.	\$318,171	30
80. Intesa Sanpaolo	Italy	\$302,864	1
81. Robert Mapplethorpe Foundation, Inc.	U.S.	\$302,500	6
82. Louis L. Borick Foundation	U.S.	\$300,000	1
83. United Way of Greater St. Louis, Inc.	U.S.	\$294,018	1
84. Global Fund for Children	U.S.	\$283,000	24
85. The Coca-Cola Foundation, Inc.	U.S.	\$275,000	3
86. California Wellness Foundation	U.S.	\$250,000	2
87. The Hearst Foundation, Inc.	U.S.	\$250,000	2
88. Frank E. Payne and Seba B. Payne Foundation	U.S.	\$243,950	3
89. Healthcare Foundation of New Jersey	U.S.	\$241,743	4
90. Sigrid Rausing Trust	U.K.	\$239,646	3
91. South Africa Development Fund	U.S.	\$213,500	6
92. The New York Women's Foundation, Inc.	U.S.	\$190,000	3
93. Rio Tinto	U.K.	\$184,000	1
94. San Diego Human Dignity Foundation	U.S.	\$175,175	10

Funder Name	Location	2015 Disbursements (\$)	# of Grants
95. Barr Foundation	U.S.	\$175,000	1
96. The Wasily Family Foundation, Inc.	U.S.	\$175,000	5
97. Barry & Martin's Trust	U.K.	\$161,882	36
98. Fondo Centroamericano de Mujeres	Nicaragua	\$156,381	3
99. The Seattle Foundation	U.S.	\$153,558	17
100. One to One Children's Fund	U.K.	\$152,262	2
101. United Way of Central Ohio	U.S.	\$151,000	1
102. The Peter and Carmen Lucia Buck Foundation, Inc.	U.S.	\$150,000	2
103. The Robert & Jennifer Diamond Family Foundation	U.S.	\$150,000	2
104. Kenny's Kids	U.S.	\$145,480	1
105. George Gund Foundation	U.S.	\$145,000	3
106. New York Community Trust, The	U.S.	\$140,000	7
107. The Don and Lorraine Freeberg Foundation	U.S.	\$140,000	1
108. AVERT	U.K.	\$138,460	4
109. The Philadelphia Foundation	U.S.	\$132,774	15
110. Black Tie Dinner	U.S.	\$131,801	4
111. Silicon Valley Community Foundation	U.S.	\$123,330	36
112. One World Children's Fund	U.S.	\$123,166	1
113. Wallis Foundation	U.S.	\$120,000	6
114. UHAI: East African Sexual Health and Rights Initiative	Kenya	\$115,400	9
115. John D. & Catherine T. MacArthur Foundation, The	U.S.	\$115,000	1
116. The Heinz Endowments	U.S.	\$112,000	2
117. F. M. Kirby Foundation, Inc.	U.S.	\$105,000	2
118. Daniel M. Soref Charitable Trust	U.S.	\$100,000	1
119. Fund For Global Human Rights, Inc.	U.S.	\$100,000	4
120. HIV Young Leaders Fund	Netherlands	\$100,000	10
121. The Polo Ralph Lauren Foundation	U.S.	\$100,000	3
122. William Randolph Hearst Foundation	U.S.	\$100,000	1
123. Arcus Foundation	U.S.	\$98,000	3
124. Eugene and Agnes E. Meyer Foundation	U.S.	\$97,000	3
125. Booth Ferris Foundation	U.S.	\$95,000	1
126. Missouri Foundation for Health	U.S.	\$93,600	1
127. The Ahmanson Foundation	U.S.	\$85,000	1
128. The Grace Helen Spearman Foundation	U.S.	\$84,500	3
129. Bodossaki Foundation	Greece	\$79,657	1
130. Ruth Mott Foundation	U.S.	\$77,344	3
131. Community Chest	South Africa	\$77,328	14
132. Amgen Foundation, Inc.	U.S.	\$77,000	1
133. Hillcrest Foundation	U.S.	\$76,000	3
134. Fondazione Cariplo	Italy	\$75,716	1
135. Annenberg Foundation	U.S.	\$75,150	2
136. Hagedorn Fund	U.S.	\$75,000	3
137. The Ted Snowdon Foundation	U.S.	\$75,000	3
138. Hugh J. Andersen Foundation	U.S.	\$71,500	7
139. Calvin Klein Family Foundation	U.S.	\$70,800	3
140. Lloyd A. Fry Foundation	U.S.	\$70,000	1
141. Communities Foundation of Texas, Inc.	U.S.	\$66,306	18
142. M. J. Murdock Charitable Trust	U.S.	\$60,830	1

Funder Name	Location	2015 Disbursements (\$)	# of Grants
143. Consumer Health Foundation	U.S.	\$60,000	2
144. Emory T. Clark Family Foundation	U.S.	\$59,999	2
145. Rockefeller Philanthropy Advisors, Inc.	U.S.	\$59,222	5
146. David Bohnett Foundation	U.S.	\$58,711	11
147. Gamma Mu Foundation	U.S.	\$57,200	9
148. Stonewall Community Foundation	U.S.	\$53,354	33
149. Mensen met een Missie	Netherlands	\$53,120	4
150. Association of American Medical Colleges	U.S.	\$53,000	4
151. The Skolnick Family Charitable Trust	U.S.	\$52,500	2
152. Barra Foundation, Inc.	U.S.	\$51,000	2
153. Kent Richard Hofmann Foundation, Inc.	U.S.	\$50,205	15
154. Charles A. Frueauff Foundation, Inc.	U.S.	\$50,000	2
155. Glaser Progress Foundation	U.S.	\$50,000	1
156. Knight Family Foundation	U.S.	\$50,000	1
157. The Jacob and Valeria Langeloth Foundation	U.S.	\$50,000	1
158. The Melville Charitable Trust	U.S.	\$50,000	1
159. van Loben Sels/RembeRock Foundation	U.S.	\$50,000	2
160. Venture Philanthropy Partners	U.S.	\$50,000	1
161. Viragh Family Foundation	U.S.	\$50,000	1
162. Walter & Karla Goldschmidt Foundation	U.S.	\$50,000	1
163. Woodbury Foundation	U.S.	\$50,000	1
164. Primate's World Relief and Development Fund	Canada	\$49,348	4
165. Connelly Foundation	U.S.	\$46,000	4
166. Alexander and Margaret Stewart Trust	U.S.	\$45,000	2
167. Jill & Jayne Franklin Charitable Trust	U.S.	\$44,464	2
168. The Hyde and Watson Foundation	U.S.	\$43,000	4
169. The Pierce Family Charitable Foundation	U.S.	\$40,350	8
170. Andy Warhol Foundation for the Visual Arts	U.S.	\$40,000	1
171. Goodwin Family Memorial Trust	U.S.	\$40,000	2
172. Green Tree Community Health Foundation	U.S.	\$40,000	2
173. Lutheran Foundation of St. Louis	U.S.	\$40,000	2
174. Medical Education Collaborative	U.S.	\$40,000	1
175. Monterey Peninsula Foundation	U.S.	\$40,000	1
176. New York Foundation	U.S.	\$40,000	1
177. Sequoia Foundation	U.S.	\$40,000	1
178. VNA Foundation	U.S.	\$40,000	1
179. The Stewardship Foundation	U.S.	\$38,000	2
180. Meyer Memorial Trust	U.S.	\$35,970	1
181. National Endowment for Democracy	U.S.	\$35,167	1
182. Michael Reese Health Trust	U.S.	\$35,000	1
183. The Collins Foundation	U.S.	\$35,000	2
184. The First Hospital Foundation	U.S.	\$35,000	2
185. Wild Geese Foundation, Inc.	U.S.	\$34,000	4
186. Richard Grand Foundation	U.S.	\$32,500	3
187. American Society for the Prevention of Cruelty to Animals	U.S.	\$30,000	1
188. Jewish Community Foundation of Greater Hartford, Inc.	U.S.	\$30,000	2
189. Mary Wohlford Foundation	U.S.	\$30,000	2
190. Rockefeller Brothers Fund, Inc.	U.S.	\$30,000	1

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191. The Mark Zurack & Kathy Ferguson Foundation	U.S.	\$30,000	2
192. King Cole, Inc.	U.S.	\$28,650	1
193. Grayson Foundation, Inc.	U.S.	\$28,000	1
194. Robert R. McCormick Foundation	U.S.	\$27,500	2
195. Foellinger Foundation, Inc.	U.S.	\$27,000	1
196. Pulitzer Center on Crisis Reporting	U.S.	\$26,730	4
197. Brazil Foundation	Brazil	\$26,607	2
198. Fairfield County's Community Foundation, Inc.	U.S.	\$26,000	2
199. Carrie Estelle Doheny Foundation	U.S.	\$25,000	1
200. Himan Brown Charitable Trust	U.S.	\$25,000	1
201. Moore Family Foundation	U.S.	\$25,000	1
202. The Fund for New Jersey	U.S.	\$25,000	1
203. The Janey Fund Charitable Trust	U.S.	\$25,000	1
204. White Family Foundation	U.S.	\$25,000	1
205. Frankel Family Foundation	U.S.	\$23,000	2
206. The Grainger Foundation Inc.	U.S.	\$22,500	3
207. United Way of the National Capital Area	U.S.	\$22,000	2
208. Nelson Mandela Children's Fund	South Africa	\$20,149	3
209. A. V. Hunter Trust, Inc.	U.S.	\$20,000	1
210. Abell-Hanger Foundation	U.S.	\$20,000	1
211. Curtis & Edith Munson Foundation	U.S.	\$20,000	2
212. Disability Rights Fund	U.S.	\$20,000	1
213. FRIDA: Young Feminist Fund	Panama	\$20,000	5
214. General Mills Foundation	U.S.	\$20,000	1
215. Gillson Longenbaugh Foundation	U.S.	\$20,000	1
216. Ittleson Foundation	U.S.	\$20,000	1
217. Joy Foundation	U.S.	\$20,000	1
218. Julius N. Frankel Foundation	U.S.	\$20,000	1
219. The Sharna and Irvin Frank Foundation	U.S.	\$20,000	2
220. The Y.C. Ho/Helen & Michael Chiang Foundation	U.S.	\$20,000	1
221. Fondation AGIR SA VIE	France	\$19,920	1
222. International Development Exchange	U.S.	\$19,000	3
223. Boston Scientific Foundation, Inc.	U.S.	\$18,240	1
224. The Foundation for Civil Society	Tanzania	\$18,000	2
225. Leverhulme Trust	U.K.	\$17,894	1
226. Trans Justice Funding Project	U.S.	\$17,375	15
227. Eugene and Marilyn Glick Foundation Corporation	U.S.	\$17,000	2
228. The Givecorps Foundation, Inc.	U.S.	\$16,893	1
229. United Way of Delaware, Inc.	U.S.	\$15,521	1
230. Old National Bank Foundation, Inc.	U.S.	\$15,177	8
231. Anonymous 10	U.S.	\$15,000	1
232. C. J. Huang Foundation	U.S.	\$15,000	1
233. Carl R. Hendrickson Family Foundation	U.S.	\$15,000	1
234. Central New York Community Foundation, Inc.	U.S.	\$15,000	1
235. Forest Foundation	U.S.	\$15,000	1
236. Frank W. & Carl S. Adams Memorial Fund	U.S.	\$15,000	1
237. Gardiner Howland Shaw Foundation	U.S.	\$15,000	1
238. Indianapolis Foundation	U.S.	\$15,000	1

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239. Maybelle Clark Macdonald Fund	U.S.	\$15,000	1
240. McInerney Foundation	U.S.	\$15,000	1
241. Moriah Fund	U.S.	\$15,000	1
242. Neil & Virginia Weiss Foundation in Memory of Steven Weiss	U.S.	\$15,000	1
243. Oppenstein Brothers Foundation	U.S.	\$15,000	1
244. Richard E. & Nancy P. Marriott Foundation, Inc.	U.S.	\$15,000	1
245. The Achelis and Bodman Foundation	U.S.	\$15,000	1
246. The Patron Saints Foundation	U.S.	\$15,000	1
247. Weingart Foundation	U.S.	\$15,000	1
248. William J. Brace Charitable Trust	U.S.	\$15,000	1
249. TD Charitable Foundation	U.S.	\$14,750	3
250. Binn Family Foundation Inc.	U.S.	\$14,000	1
251. LoPrete Family Foundation	U.S.	\$13,500	2
252. Frey Foundation	U.S.	\$13,000	1
253. The Nathan Cummings Foundation	U.S.	\$13,000	2
254. The CarMax Foundation	U.S.	\$12,680	12
255. The Anne and Henry Zarrow Foundation	U.S.	\$11,500	2
256. Robert W. & Amy T. Barker Family Foundation	U.S.	\$11,000	3
257. Community Foundation of Greater Greensboro, Inc.	U.S.	\$10,111	13
258. A. Montgomery Ward Foundation	U.S.	\$10,000	1
259. Amon G. Carter Star-Telegram Employees Fund	U.S.	\$10,000	1
260. Braemar Charitable Trust	U.S.	\$10,000	1
261. Colonel Stanley R. McNeil Foundation	U.S.	\$10,000	1
262. Doree Taylor Charitable Foundation	U.S.	\$10,000	1
263. Elizabeth Firth Wade Endowment Fund	U.S.	\$10,000	1
264. Esmond Harmsworth 1997 Charitable Foundation	U.S.	\$10,000	1
265. Florence S. Ducey Charitable Trust	U.S.	\$10,000	1
266. Frederick McDonald Trust	U.S.	\$10,000	1
267. Harry C. Moores Foundation	U.S.	\$10,000	1
268. Henrietta Lange Burk Fund	U.S.	\$10,000	1
269. John Steele Zink Foundation	U.S.	\$10,000	2
270. North Star Fund, Inc.	U.S.	\$10,000	1
271. Price Gilbert, Jr. Charitable Fund	U.S.	\$10,000	1
272. Robert W. Knox, Sr. and Pearl Wallis Knox Charitable Foundation	U.S.	\$10,000	2
273. Rose M. Badgeley Residuary Charitable Trust	U.S.	\$10,000	1
274. Samuel S. Fels Fund	U.S.	\$10,000	1
275. San Francisco Arts Commission	U.S.	\$10,000	1
276. The Calamus Foundation	U.S.	\$10,000	2
277. The Centene Foundation for Quality Healthcare	U.S.	\$10,000	1
278. The Connecticut Community Foundation	U.S.	\$10,000	1
279. The Harry and Jeanette Weinberg Foundation, Inc.	U.S.	\$10,000	1
280. The Kenneth T. and Eileen L. Norris Foundation	U.S.	\$10,000	1
281. The Kosasa Foundation	U.S.	\$10,000	1
282. The Laurie M. Tisch Foundation, Inc.	U.S.	\$10,000	1
283. The Thomas Phillips and Jane Moore Johnson Foundation	U.S.	\$10,000	1
284. The Tonamora Foundation	U.S.	\$10,000	1
285. YouthBridge Community Foundation	U.S.	\$10,000	1
286. Danford Foundation	U.S.	\$9,500	3

Funder Name	Location	2015 Disbursements (\$)	# of Grants
287. Dyson Foundation	U.S.	\$9,500	2
288. United Way of York County	U.S.	\$9,500	1
289. Cardinal Health Foundation	U.S.	\$9,175	3
290. Boys and Girls Aid Society of San Diego Ltd.	U.S.	\$9,000	1
291. McKesson Foundation, Inc.	U.S.	\$8,665	10
292. Janklow Foundation	U.S.	\$8,175	1
293. Samuel & Hannah Holzman Trust	U.S.	\$8,000	2
294. The Daniel Foundation of Alabama	U.S.	\$8,000	1
295. The Frederick E. Weber Charities Corporation	U.S.	\$8,000	1
296. Dobkin Family Foundation	U.S.	\$7,500	1
297. Epstein Family Foundation	U.S.	\$7,500	1
298. NewAlliance Foundation, Inc.	U.S.	\$7,500	1
299. Sholley Foundation	U.S.	\$7,500	1
300. The Virginia G. Piper Charitable Trust	U.S.	\$7,500	2
301. Theodore R. & Vivian M. Johnson Scholarship Foundation, Inc.	U.S.	\$7,500	2
302. Charles W. Kuhne Foundation Trust	U.S.	\$7,146	1
303. Blue Mountain Community Foundation	U.S.	\$7,000	1
304. Harold & Carolyn Robison Foundation	U.S.	\$7,000	1
305. The Casey Albert T. O'Neil Foundation	U.S.	\$7,000	1
306. The F. B. Heron Foundation	U.S.	\$7,000	3
307. The Llewellyn Foundation	U.S.	\$7,000	1
308. Gilhousen Family Foundation	U.S.	\$6,500	2
309. Dr. Gerald J. and Dorothy R. Friedman Medical Foundation, Inc.	U.S.	\$6,250	1
310. Jonas Fields, Charles Hannagan and David Walters Charitable Foundation	U.S.	\$6,000	2
311. Robins, Kaplan, Miller & Ciresi Foundation	U.S.	\$6,000	2
312. Roy A. Hunt Foundation	U.S.	\$6,000	2
313. Walter E. Lipe Trust	U.S.	\$5,800	2
314. Haëlla Foundation	U.S.	\$5,352	1
315. Paul G. Arpin Charitable Trust	U.S.	\$5,336	1
316. Zarrow Families Foundation	U.S.	\$5,300	2
317. Ben & Jerry's Foundation, Inc.	U.S.	\$5,250	3
318. Bowden Family Foundation	U.S.	\$5,000	1
319. Carita Foundation	U.S.	\$5,000	1
320. Community Foundation for Northern Virginia	U.S.	\$5,000	1
321. Employees Community Fund of Boeing-St. Louis	U.S.	\$5,000	2
322. Frieda C. Fox Family Foundation	U.S.	\$5,000	1
323. Harris and Eliza Kempner Fund	U.S.	\$5,000	1
324. Herb Block Foundation	U.S.	\$5,000	1
325. Irving Harris Foundation	U.S.	\$5,000	1
326. Jacob and Charlotte Lehrman Foundation, Inc.	U.S.	\$5,000	1
327. Joe C. Davis Foundation	U.S.	\$5,000	1
328. Marc & Friends Charitable Trust	U.S.	\$5,000	1
329. Morse Family Foundation, Inc.	U.S.	\$5,000	1
330. Orval and Susie Stewart Foundation	U.S.	\$5,000	1
331. Pratt Memorial Fund	U.S.	\$5,000	2
332. Stackner Family Foundation, Inc.	U.S.	\$5,000	1



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333. The A. Alfred Taubman Foundation	U.S.	\$5,000	1
334. The Cooper-Siegel Family Foundation	U.S.	\$5,000	1
335. The Cush Family Foundation	U.S.	\$5,000	1
336. The Ferguson Foundation	U.S.	\$5,000	1
337. The GiveWell Community Foundation, Inc.	U.S.	\$5,000	2
338. The Jockey Hollow Foundation, Inc.	U.S.	\$5,000	1
339. The Leo and Peggy Pierce Family Foundation, Inc.	U.S.	\$5,000	1
340. The Libra Foundation	U.S.	\$5,000	1
341. The Mary Norris Preyer Fund	U.S.	\$5,000	1
342. The Maxine and Jack Zarrow Family Foundation	U.S.	\$5,000	1
343. The Storr Family Foundation	U.S.	\$5,000	1
344. The Vidda Foundation	U.S.	\$5,000	1
345. Unitarian Universalist Service Committee, Inc.	U.S.	\$5,000	1
346. W. P. & Bulah Luse Foundation	U.S.	\$5,000	1
347. Washington Forrest Foundation	U.S.	\$5,000	1
348. Working Woman's Home Association, Inc.	U.S.	\$5,000	1
349. Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access	U.S.	\$4,950	1
350. Youth and Philanthropy Initiative	Canada	\$4,856	1
351. Caroline J. S. Sanders Charitable Trust No. II	U.S.	\$4,000	1
352. George W. Rentschler Foundation	U.S.	\$4,000	1
353. Lily Palmer Fry Memorial Trust	U.S.	\$4,000	1
354. MetLife Foundation	U.S.	\$4,000	4
355. The Jon & Abby Winkelried Foundation	U.S.	\$4,000	1
356. Wilma Donohue Moleen Foundation	U.S.	\$4,000	1
357. Staples Foundation, Inc.	Canada	\$3,500	1
358. Williams Sonoma Foundation	U.S.	\$3,227	5
359. Alpin J. and Alpin W. Cameron Memorial Fund	U.S.	\$3,000	1
360. Eisai USA Foundation, Inc.	U.S.	\$3,000	1
361. Emma Magnus Williams Charitable Trust	U.S.	\$3,000	1
362. Henry W. & Leslie M. Eskuche Charitable Foundation	U.S.	\$3,000	1
363. John M. Shapiro Charitable Trust	U.S.	\$3,000	2
364. John N. Blackman, Sr. Foundation	U.S.	\$3,000	1
365. Milton Tenenbaum Charitable Foundation	U.S.	\$3,000	1
366. New York Council for the Humanities	U.S.	\$3,000	1
367. Proteus Fund, Inc.	U.S.	\$3,000	1
368. Spirit Mountain Community Fund	U.S.	\$3,000	1
369. The Arch and Stella Rowan Foundation Inc.	U.S.	\$3,000	1
370. The Bruce J. Heim Foundation	U.S.	\$3,000	1
371. The Demos Family Foundation	U.S.	\$3,000	1
372. The Eugene McDermott Foundation	U.S.	\$3,000	1
373. The Norman Family Charitable Foundation Trust	U.S.	\$3,000	1
374. Third Wave Fund	U.S.	\$3,000	1
375. The Titmus Foundation, Inc.	U.S.	\$2,620	1
376. Community Foundation of the Great River Bend	U.S.	\$2,600	1
377. Albert E. & Birdie W. Einstein Fund	U.S.	\$2,500	1
378. Central Indiana Community Foundation, Inc.	U.S.	\$2,500	1

Funder Name	Location	2015 Disbursements (\$)	# of Grants
379. Dallas Women's Foundation	U.S.	\$2,500	1
380. Deupree Family Foundation	U.S.	\$2,500	1
381. DeWine Family Foundation, Inc.	U.S.	\$2,500	1
382. Downtown Jaycees Foundation	U.S.	\$2,500	1
383. Fred & Gretel Biel Charitable Trust	U.S.	\$2,500	1
384. Gary & Teresa Yourtz Foundation	U.S.	\$2,500	1
385. Milton and Hattie Kutz Foundation	U.S.	\$2,500	1
386. Pfister & Vogel Tanning Company Foundation	U.S.	\$2,500	1
387. Jubilee Foundation	U.S.	\$2,290	1
388. The Phileona Foundation	U.S.	\$2,250	1
389. Loeb Family Foundation Inc.	U.S.	\$2,200	2
390. Castle Foundation	U.S.	\$2,000	1
391. Charles H. Cross Charitable Foundation	U.S.	\$2,000	1
392. Florence H. Maxwell Foundation	U.S.	\$2,000	1
393. Gershman Foundation	U.S.	\$2,000	1
394. Helen J. Urban and Thomas Nelson Urban Charitable Foundation IV	U.S.	\$2,000	1
395. John F. Long Foundation, Inc.	U.S.	\$2,000	1
396. The Bob and Gaye Harris Foundation	U.S.	\$2,000	1
397. The Joseph Henry Edmondson Foundation	U.S.	\$2,000	2
398. The Morey Bernstein Memorial Foundation	U.S.	\$2,000	2
399. The Ray Lanyon Fund	U.S.	\$2,000	1
400. Valiant Foundation, Inc.	U.S.	\$2,000	1
401. The Meyer Levy Charitable Foundation	U.S.	\$1,750	1
402. The Covenant Foundation, Inc.	U.S.	\$1,625	1
403. Ian & Mimi Rolland Foundation	U.S.	\$1,600	1
404. Kevin G. Schoeler Foundation	U.S.	\$1,500	1
405. Lester Poretsky Family Foundation Inc.	U.S.	\$1,500	3
406. RBG, Inc.	U.S.	\$1,500	1
407. Sol Cohn Foundation	U.S.	\$1,500	1
408. Syd and Jan M. Silverman Foundation, Inc.	U.S.	\$1,500	1
409. Clark R. Green Charitable Foundation	U.S.	\$1,400	1
410. The Samuel Salmanson Foundation	U.S.	\$1,250	1
411. David Schwartz Foundation, Inc.	U.S.	\$1,200	1
412. Bill McCarty, III Foundation	U.S.	\$1,000	1
413. Charina Foundation, Inc.	U.S.	\$1,000	1
414. Claremont Savings Bank Foundation	U.S.	\$1,000	1
415. Collins Foundation	U.S.	\$1,000	1
416. D. Baker Ames Charitable Foundation	U.S.	\$1,000	1
417. John J. Flemm Foundation, Inc.	U.S.	\$1,000	1
418. Jordan and Jean Nerenberg Family Foundation	U.S.	\$1,000	1
419. L. & N. Andreas Foundation	U.S.	\$1,000	1
420. Liebergesell Foundation, Inc.	U.S.	\$1,000	1
421. Lillian Kaiser Lewis Foundation	U.S.	\$1,000	1
422. Michael Chernow Trust f/b/o charity C-2	U.S.	\$1,000	1
423. Michael Dunitz Crisis Foundation	U.S.	\$1,000	1
424. Morris, Max and Sarah Altman Memorial Trust	U.S.	\$1,000	1
425. Robert M. and Joyce A. Johnson Foundation	U.S.	\$1,000	1
426. Ruth and Seymour Klein Foundation, Inc.	U.S.	\$1,000	1

Funder Name	Location	2015 Disbursements (\$)	# of Grants
427. The 80/20 Foundation, Inc.	U.S.	\$1,000	1
428. The Buhl Foundation, Inc.	U.S.	\$1,000	1
429. The EBB Point Foundation	U.S.	\$1,000	1
430. The Greater Tacoma Community Foundation	U.S.	\$1,000	1
431. The Jake Foundation, Inc.	U.S.	\$1,000	1
432. The Jeffrey and Donna Eskind Family Foundation	U.S.	\$1,000	1
433. The Joe & Hellen Darion Foundation, Inc.	U.S.	\$1,000	1
434. The Lois & Richard Nicotra Foundation	U.S.	\$1,000	1
435. Thomas & Elizabeth Brodhead Foundation	U.S.	\$1,000	1
436. Wellfleet Foundation, Inc.	U.S.	\$1,000	1
437. The Community Foundation of Mendocino County, Inc.	U.S.	\$900	3
438. Harry B. Sandman Foundation	U.S.	\$800	1
439. Jane Stern Family Foundation Inc.	U.S.	\$750	1
440. Marguerite Casey Foundation	U.S.	\$750	1
441. Word & Deed Foundation of IMMI, Inc.	U.S.	\$600	1
442. Amsted Industries Foundation	U.S.	\$550	2
443. Bridgewood Fieldwater Foundation	U.S.	\$500	1
444. Gilroy & Lillian P. Roberts Charitable Foundation	U.S.	\$500	1
445. Helen and William Mazer Foundation	U.S.	\$500	1
446. James G. and Marcia H. Valeo Charitable Foundation	U.S.	\$500	1
447. Jeff Hunter Charitable Trust	U.S.	\$500	1
448. Julius & Evelyn Melnick Foundation	U.S.	\$500	1
449. Kids Fund	U.S.	\$500	1
450. Lerner Family Foundation, Inc.	U.S.	\$500	1
451. New Hampshire Charitable Foundation	U.S.	\$500	1
452. Northwest Area Foundation	U.S.	\$500	2
453. Price Chopper's Golub Foundation	U.S.	\$500	1
454. Strickland Family Foundation	U.S.	\$500	1
455. The Bartenbach Foundation Trust	U.S.	\$500	1
456. The Joe & Sandy Samberg Foundation, Inc.	U.S.	\$500	1
457. The Zelnick/Belzberg Charitable Trust	U.S.	\$500	1
458. Legacy Foundation, Inc.	U.S.	\$450	1
459. Doty Family Foundation	U.S.	\$375	1
460. Sheldon L. and Pearl R. Leibowitz Foundation	U.S.	\$300	1
461. Wasserman Family Foundation, Inc.	U.S.	\$270	1
462. A. Scheiner Family Charitable Foundation	U.S.	\$250	1
463. Donald Pitt Family Foundation	U.S.	\$250	1
464. George Smedes Poyner Foundation, Inc.	U.S.	\$250	1
465. Harvard Pilgrim Health Care Foundation	U.S.	\$250	1
466. Joseph Rosen Foundation, Inc.	U.S.	\$250	1
467. Paula & William Bernstein Foundation	U.S.	\$250	1
468. The Annette & Irwin Eskind Family Foundation	U.S.	\$250	1
469. The Staten Island Foundation	U.S.	\$250	1
470. McKinstry Company Charitable Foundation	U.S.	\$200	1
471. The Joseph Smelkinson and Samuel Roth Foundation Inc	U.S.	\$200	2
472. National Fuel Gas Company Foundation	U.S.	\$196	2
473. Commonweal Foundation, Inc.	U.S.	\$125	2
474. Harken Foundation	U.S.	\$100	1

Funder Name	Location	2015 Disbursements (\$)	# of Grants
475. Kahn Memorial Trust	U.S.	\$100	1
476. Lee and Marvin Traub Charitable Fund	U.S.	\$100	1
477. Myers Vitkin Foundation, Inc.	U.S.	\$100	1
478. Rubblestone Foundation	U.S.	\$100	1
479. S. & H. Family Foundation	U.S.	\$100	1
480. The Burton D. Morgan Foundation	U.S.	\$100	1
481. Abe & Rae Weingarten Fund	U.S.	\$50	1
482. Rehm Family Foundation	U.S.	\$50	1

### Note on Missing Data

The majority of private philanthropic funding for HIV/AIDS in 2015 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)
- Fondation Mérieux (France)
- International Treatment Preparedness Coalition (ITPC) [US]
- Swedish Postcode Foundation
- Wal-mart Foundation (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 that run their own programs and do not give grants to external grantees.

Additionally, see the Methodology 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 482 grantmaking entities, using a variety of sources: 1) grants lists sent from funders 2) funder websites, grants databases, annual reports, and 990 forms, and 3) direct communications with funders grants databases maintained by the Foundation Center, and 4) grants flagged as HIV/AIDS-related received by Funders for LGBTQ Issues. FCAA believes that this multi-faceted approach arrives at a more comprehensive data set of HIV/AIDS funders than could be accomplished using any single data source or any single method of calculation.

### ANALYSIS

FCAA asks for information about calendar year disbursements related to HIV/AIDS in 2015. 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 2015, 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 12 September 2016 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 2015 aggregate total grantmaking for all funders was adjusted downward by \$24,249,446 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).

## 2015 Global Fund-reported Contributions from Philanthropic and Corporate Donors (for all three diseases)

Funder Name	Amount
Bill & Melinda Gates Foundation	\$150,000,000
(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]	\$24,036,809
Children's Investment Fund Foundation	\$6,160,057
United Nations Foundation and its donors	\$4,346,780
Tahir Foundation	\$4,025,194
Comic Relief	\$3,956,327 (1m GBP, 2,624,960 USD)
Chevron Corporation	\$2,500,000
Vale	\$1,000,000
Takeda Pharmaceutical	\$907,025 (92.5m JPY)
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)	\$15,607
<b>Total</b>	<b>\$196,947,799</b>

(Source: Global Fund to Fight AIDS, Tuberculosis and Malaria. "Pledges and Contributions." [Excel spreadsheet.] Available at: [http://www.theglobalfund.org/documents/core/financial/Core\\_PledgesContributions\\_List\\_en/](http://www.theglobalfund.org/documents/core/financial/Core_PledgesContributions_List_en/))

### 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 **\$197 million** from private philanthropic funders in 2015.

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](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 that 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.



1. The Henry J. Kaiser Family Foundation/UNAIDS. *Financing the Response to HIV in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2015*. July 2016. Available at: [http://www.unaids.org/sites/default/files/media\\_asset/financing-the-response-to-HIV-in-low-and-middle-income-countries\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/financing-the-response-to-HIV-in-low-and-middle-income-countries_en.pdf).
2. UNAIDS. *Fast-Track Update on Investments Needed in the AIDS Response*. 2016. Available at: [http://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_Reference\\_FastTrack\\_Update\\_on\\_investments\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Reference_FastTrack_Update_on_investments_en.pdf).
3. ICASO. *Civil Society and Communities Declaration to End HIV: Human Rights Must Come First*. June 2016. Available at: <http://www.icaso.org/civil-society-communities-declaration-end-hiv-human-rights-must-come-first/>.
4. Because this report focuses on capturing relatively specific data on resources provided by the private philanthropy sector only, funders completing the survey were asked to exclude income received from any government sources and subsequently re-granted. (Government resource flows are tracked elsewhere; see [http://www.unaids.org/sites/default/files/media\\_asset/financing-the-response-to-HIV-in-low-and-middle-income-countries\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/financing-the-response-to-HIV-in-low-and-middle-income-countries_en.pdf) for the latest UNAIDS and Henry J. Kaiser Family Foundation resource tracking of donor governments to HIV/AIDS.)
5. Re-granting (grants given between funders tracked in 2015) was removed to avoid double-counting. The total amount re-granted by all philanthropic HIV/AIDS funders in 2015 was approximately \$24 million.
6. Funding for HIV/AIDS to the Global Fund to Fight AIDS, Tuberculosis and Malaria from HIV/AIDS philanthropic funders was removed from all figures in the report, because it is increasingly difficult to track accurately. Please see page 41 for more information.
7. FCAA uses three key categories 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 is 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.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.
8. 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 2007-2014 were recalculated using the same exchange rates as were used throughout this report.
9. Re-granting between funders tracked by FCAA was not removed for this table.
10. Elton John established the Elton John AIDS Foundation (EJAF) as a 501(c)(3) nonprofit foundation in the United States in 1992 and as a registered charity in the United Kingdom in 1993. The two organizations function independently with distinct Board and staff structures, grant processes, and separate geographic foci, but they have the same Founder, Chairman, and mandate of preventing HIV transmission and expanding access to HIV treatment. The U.S. foundation focuses its grantmaking efforts throughout the Americas and the Caribbean, while the U.K. charity funds HIV-related work in Europe, Asia, and Africa. Giving from both foundations appears here as one total. In 2015, EJAF US disbursed \$8,042,500 to HIV/AIDS-related grants while EJAF UK gave \$6,960,119.
11. The 2015 dollar amounts provided by the Open Society Foundations are estimates based on 2014 giving, because 2015 data was not available at the time of publication of this report. The awards included in this estimate only reflect grants that specifically reference HIV/AIDS and were funded by the Open Society Foundations network's Public Health Program or other thematic or geographic programs in 2014. These numbers do not include other HIV/AIDS funding from national or regional foundations within the Open Society Foundations network, though it is possible, that other foundations within the Open Society Foundations network may also have provided HIV/AIDS-related funding. Updated figures for 2015 will be used for future publications as they become available.
12. The Henry J. Kaiser Family Foundation/UNAIDS. *Financing the Response to HIV in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2015*. July 2016. Available at: [http://www.unaids.org/sites/default/files/media\\_asset/financing-the-response-to-HIV-in-low-and-middle-income-countries\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/financing-the-response-to-HIV-in-low-and-middle-income-countries_en.pdf).

13. The majority of U.S.-based philanthropic funding for all issue areas (not just HIV/AIDS) is from individual donors (\$265 billion in 2015). 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.
14. *Giving USA: The Annual Report on Philanthropy for the Year 2015*. 2016. Available at: <https://givingusa.org/see-the-numbers-giving-usa-2016-infographic/>.
15. 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.
16. 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 September 2016, available at: [https://datahelpdesk.worldbank.org/knowledgebase/articles/906519#Low\\_income](https://datahelpdesk.worldbank.org/knowledgebase/articles/906519#Low_income).
17. For a full list of amounts to each country and/or U.S. state and a ranked list of all funders per geographic region, please see <http://www.aidsfundingmap.org>.
18. For a list of countries included in each region category, please see the methodology.
19. For a full list of amounts to all intended use and target population categories by geographic region, please see <http://www.fcaids.org/resourcetracking>.
20. 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.
21. For a ranked list of all funders per geographic region, please see [www.aidsfundingmap.org](http://www.aidsfundingmap.org).
22. *Giving USA: The Annual Report on Philanthropy for the Year 2014*. 2015. Available at: <https://givingusa.org/see-the-numbers-giving-usa-2016-infographic/>.
23. 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.
24. <http://free.unaids.org/>



