U.S. PHILANTHROPIC SUPPORT TO ADDRESS HIV/AIDS IN 2010

Funders Concerned About AIDS

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

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- Erika Baehr, primary author
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- Makfire Alija, former European HIV/AIDS Funders Group (EFG) Network Coordinator; and EFG Steering Committee members Anne Aslett (Executive Director, Elton John AIDS Foundation – UK) and Kate Harrison (Portfolio Manager, International Grants, Comic Relief)
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FCAA thanks all the philanthropic entities that responded to this year's FCAA resource tracking survey, which provided the bulk of information for this publication. Thanks are also due the Foundation Center and Foundation Search for use of their data to supplement this report.

Finally, FCAA thanks all the funding institutions that supported the organization with a membership contribution in 2011: our work to mobilize HIV/AIDS philanthropy would not be possible without their support.

FUNDERS CONCERNED ABOUT AIDS

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Acronyms and Abbreviations

ADAP	AIDS Drug Assistance Program
ART	antiretroviral therapy
ARV	antiretroviral
EFG	European HIV/AIDS Funders Group
FCAA	Funders Concerned About AIDS
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	U.S. Global Health Initiative
IDU	injecting drug user
MSM	men who have sex with men
NHAS	U.S. National HIV/AIDS Strategy
OVC	orphans and vulnerable children
PLWHA	people living with HIV/AIDS
UNAIDS	Joint United Nations Program on HIV/AIDS

Note: All figures marked in $ are U.S. dollar amounts.

Please visit the FCAA website at www.fcaaids.org for the resource tracking toolkit, including: the press release; a fact sheet summary of the FCAA and EFG resource tracking reports; a table of the focus of funding by funder and geographical region (United States, international or both); a copy of the survey sent to funders that was used to obtain the data in this report; websites of top funders; and a list of top HIV/AIDS funders in 2010 identified through this report. For more information on the report's methodology, please see the appendix on page 62.

FOREWORD

The commemoration of the 30th year of AIDS provided an opportunity to reflect on the important role philanthropy has played in supporting and advancing the global response to HIV/AIDS. Early in the epidemic, philanthropy struggled to respond to the emerging crisis; the majority of funding for early AIDS efforts came from individuals, and was mostly informal and highly personal. In 1987 Funders Concerned About AIDS (FCAA) was founded by a group of grantmakers dedicated to bringing philanthropic attention to the AIDS emergency and to building the field of AIDS-related philanthropy.

The philanthropic sector has mobilized billions of dollars over the course of the epidemic. But now, as this report highlights, as a sector and a movement, we are at a crossroads. In 2010 we experienced a significant decrease in the number of top HIV/AIDS funders (see page 21 for list). U.S. philanthropic funding for HIV/AIDS is highly concentrated, with the majority of disbursements coming from the 10 largest funders. Each funder that disappears from the sector represents a substantial and critical loss of financial support and leadership for the AIDS response.

The year 2012 marks the 25th anniversary of FCAA. As an organization and as a community, it is imperative for us to gather and strategize what this annual loss of self-identifying AIDS funders means to our work, to our grantees, and to the global response. We encourage you to join us for this year-long exploration: participate in our virtual and in-person briefings, help develop our next strategic framework, raise the awareness of HIV/AIDS philanthropy at the 2012 International AIDS Conference (taking place on U.S. soil for the first time in 20 years), and engage with your colleagues, grantees and public sector partners to ensure the successful implementation of the U.S. National HIV/AIDS Strategy.

FCAA commends the 60 funders named in this report for their continuing leadership and we urge our colleagues in the broader philanthropic community to help us ensure that there is not another 30 years of AIDS.

ABOUT THIS REPORT

FCAA's annual resource-tracking report is intended to contribute to a critical and thoughtful assessment of the total U.S.-based philanthropic investment in HIV/AIDS. By building upon HIV/AIDS grantmaking information reported by the Foundation Center and Foundation Search, and collecting other types of detailed data directly from HIV/AIDS funders, FCAA's goal is to create an easy-to-use, comprehensive, and informative publication that captures the scope and depth of philanthropic funding and support for HIV/AIDS. The annual resource tracking report is a joint effort of FCAA, our sister organization the European HIV/AIDS Funders Group and UNAIDS to provide coordinated data on global HIV/AIDS resource flows.

This is FCAA's ninth annual publication providing data and analysis on HIV/AIDS-related philanthropic giving by U.S.-based philanthropic institutions, including private, family, and community foundations; public charities; and corporate grantmaking programs. This edition

covers funding disbursements and commitments made in 2010. All information in this report is accurate and current as of September 2011. This year's **Top U.S.-Based HIV/AIDS Funders List** (see page 21) includes 60 U.S. HIV/AIDS philanthropic entities, each of which disbursed $300,000 or more to HIV/AIDS in 2010. Where possible, FCAA has observed trends in grantmaking among these top funders.

Finally, and most importantly, we thank all the organizations that participated in this and previous year's reports. Your important contribution not only makes this publication possible, but also makes the important political statement that HIV/AIDS-focused philanthropic funding is necessary and essential to ending this pandemic. FCAA welcomes input from readers about how to make future editions of *U.S. Philanthropic Support to Address HIV/AIDS* even more useful.

John L. Barnes

Executive Director,
Funders Concerned About AIDS

Funders Concerned About AIDS

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

Founded in 1987, FCAA is the only U.S.-based organization comprised of and for private philanthropic institutions concerned about, engaged in or potentially active in the fight against HIV/AIDS. An affinity group recognized by the Council on Foundations, FCAA's mission is to mobilize the leadership, ideas and resources of U.S.-based funders to eradicate the HIV/AIDS pandemic – domestically and internationally – and to address its social and economic consequences.

Through original research and issue-based publications, funder briefings and networking events, targeted technical assistance (TA), strategic partnerships within and outside the field of philanthropy, and other efforts, FCAA works to diversify and grow the pool of philanthropic support for HIV/AIDS; strengthen the scope, quality and effectiveness of all forms of HIV/AIDS philanthropic investment; and encourage and foster innovative and high-impact collaborations among grantmakers and between private funders and their colleagues in the public and non-profit sectors.

EXECUTIVE SUMMARY

Funding for HIV/AIDS from U.S- based philanthropies totaled $459 million in 2010, a drop of $33 million (7%) from 2009 funding.[1] New commitments (funding committed in a given year but not necessarily disbursed in that year) to HIV/AIDS in 2010 totaled $206 million, and were also lower compared to 2009, decreasing by 44%. Funding continues to be highly concentrated among a small group of the top 10 funders, who alone represent 80% of total disbursements.

The key driver of the overall decrease in both disbursements and commitments was a drop in funding from the largest private HIV/AIDS funder, the Bill & Melinda Gates Foundation, although these decreases were largely due to the multi-year nature of their commitments and reflect that they were undergoing an HIV/AIDS strategy review process in 2010. The fight against HIV/AIDS remains a top priority for the Gates Foundation and they forecast increased commitments as part of a new strategy and grants cycle in 2011. While not a permanent decrease, its effect demonstrates the sector's dependency on the largest funder.

Funders other than the Gates Foundation also experienced a decrease from 2009 to 2010, although much more slight at 2%. One of the factors in this decrease is a continuing trend of funders exiting the field of HIV/AIDS-specific funding. The number of philanthropic organizations that gave $300,000 or more to HIV/AIDS in 2010 was down by 30% (or 21 organizations) over the last three years, as long-time HIV/AIDS funders moved into areas such as sexual and reproductive health and health systems strengthening. Moreover, three of the top 10 funders forecast decreases in 2011 funding to HIV/AIDS due to a shift of funds to other related health areas.

Though now the field is experiencing a decline of numbers of funders, U.S. HIV/AIDS philanthropy has managed to increase from a mere $216,000 in 1983 to $459 million by 2010, in large part due to political will and funders' dedicated efforts to raise the level of response.

1 Funding for HIV/AIDS to the Global Fund to Fight AIDS, Tuberculosis and Malaria from HIV/AIDS philanthropic funders—totaling $6,217,761 from five funders in 2010, or about 1% of total HIV/AIDS philanthropic disbursements—was removed from all figures in the report, because it is increasingly difficult to track accurately. Funding to the Global Fund was also removed from previous year's figures, including 2009, in order to make accurate comparisons. Please see page 41 for more information.

Key Highlights for 2010

- Total disbursements (funding expended) from U.S.-based philanthropies were $459 million, a decrease of $33 million, or 7% from $492 million in 2009. Total commitments (funding committed in a given year but not necessarily disbursed in that year) also decreased, from $367 million to $206 million (or 44%).
- Funding for HIV/AIDS from the philanthropic sector was highly concentrated among a relatively small number of funders, with the top 10 funders accounting for 80% of all HIV/AIDS-related disbursements in 2010. The Gates Foundation alone accounted for 47% of all disbursements.
- Disbursements by the Gates Foundation for HIV/AIDS totaled $215 million in 2010, $29 million less than its comparable disbursements in 2009 ($244 million). Total disbursements by all other funders also decreased but more slightly, by $5 million (or about 2%) at $244 million in 2010 compared with $249 million in 2009.
- The number of funders disbursing more than $300,000 in 2010 (a total of 60 organizations) was the lowest on record since 2005 (when 81 total organizations gave more than $300,000), as several long-time HIV/AIDS funders closed their HIV/AIDS-specific grant programs. This is a continuation of a recent trend in which some funders have begun to move away from HIV/AIDS-focused grantmaking, often towards related health areas, and new funders have not replaced them.
- Corporate funders represented 24% ($109 million) of total 2010 disbursements—a slight increase from 18% of total disbursements, or $106 million, in 2009.
- Most HIV/AIDS funding provided by U.S.-based philanthropies in 2010 (78% of all disbursements) was directed to addressing the international epidemic, as opposed to funding addressing the epidemic within the United States. The majority of funders (56% in 2010) devoted some or all of their giving to addressing the international epidemic, while a quarter did so exclusively.

Key International Findings

- Funding for international initiatives was $20 million lower in 2010 than in 2009 (a 5% decline).
- Several geographic regions received less funding in 2010 compared to 2009, including Eastern and Southern Africa ($148 million in 2010, which was $10 million less than the previous year) and Eastern Europe and Central Asia ($5 million in 2010 compared with $12 million in 2009).
- The biggest share (43%) of international funding went to research in 2010 ($155 million), followed by prevention ($65 million) and advocacy ($45 million). In 2010, funding for nearly every category was less than 2009 amounts. Total funding amounts among funders other than the Gates Foundation for prevention and advocacy have risen since 2009, with $29 million in 2010 for prevention compared with $28 million in 2009, and $26 million in 2010 for advocacy compared with $23 million in 2009.

Key U.S. Domestic Findings

- Funding provided for the domestic epidemic was down nearly 10%, totaling $101 million in 2010 compared with $112 million in 2009.
- As in previous years, the Northeast region of the United States received the largest share of domestic funding (46%) in 2010, a total of $46 million compared with $53 million the previous year.
- The biggest share of domestic funding went to social services in 2010 ($23 million), followed closely by research ($23 million) and HIV prevention ($20 million). Funding to support domestic-based research experienced the sharpest decline from 2009 to 2010 (from $34 million in 2009). Funding for domestic prevention programs also fell slightly from 2009 to 2010 (from $34 million to $23 million).

2011 FORECAST:

Looking ahead, projections for 2011 suggest that total HIV/AIDS-related philanthropy funding levels may increase: 27% of the funders that answered this question forecast anticipated increases for 2011, including the top funder, the Gates Foundation. Forty-seven percent of funders expect their HIV/AIDS-related disbursements to remain approximately the same (including four of the top 10 funders).

Eleven percent of funders expect their funding to decrease in 2011, but that group includes three of the top 10 funders. Those three funders indicated that their funding will decrease because they plan to shift funding to other related health areas, such as sexual and reproductive health, neglected diseases, chronic hunger and malnutrition, and maternal and child health.

While these data suggest HIV/AIDS philanthropic funding will increase in 2011, it is important to note every dollar in any given year lost enables new HIV infections, results in fewer lives saved, and stalls progress against the global epidemic at every intervention level, from bio-medical science advances and behavioral prevention achievements, to progress on human rights issues. To seize current opportunities to end the epidemic, the philanthropic sector must strive to achieve maximum impact for every dollar spent, and mobilize increased and efficient funding for HIV/AIDS.

2011 AND THE ROAD AHEAD

This year, which marks three decades since the first reported AIDS case in the United States, may prove to be a game-changing moment in the history of the epidemic. Hard-won scientific advances in treatment and prevention offer new hope, bringing additional tools that can help halt HIV transmission. Current financial resources, however, are not enough, and have not been enough, at home and abroad, to end HIV/AIDS.

Resources for HIV/AIDS continue to tragically decrease as research reveals new options and the epidemic is stabilizing in some areas of the world. During an ongoing period of economic uncertainty, coupled with a growing focus on other health and development challenges, serious questions remain as to how to fully utilize new findings on HIV prevention and treatment, along with existing tools that have already demonstrated success. The emerging consensus is that resources will need to be allocated and used more efficiently, requiring greater demonstration of **evidence-based** and **results-oriented** programming, and shifting to more **methodical** and **sustainable long-term approaches**. Examples of these strategies are reflected in the examples of philanthropic innovation profiled within this report, from a new funding mechanism focused on key youth populations, to the scale-up of a new prevention intervention focused on MSM couples, to a non-cash technical assistance program empowering communities in Africa.

Though philanthropic giving represents only a small part of total resources for HIV/AIDS, it has changed the course of the epidemic in large part due to the sector's unique ability to be independent and flexible, and to address key focus areas such as advocacy and marginalized populations that are not covered by other sources of funding. As more philanthropic funders move away from HIV/AIDS than ever before, and resources become more dependent on the few funders at the top, how and where current funding is targeted must increasingly exemplify these principles to ensure impact.

The following sections provide a brief overview of current HIV/AIDS scientific progress, available resources, and potential funding gaps. As the sector evaluates the road ahead, this information is essential to understanding the future of the philanthropic response to HIV/AIDS: **where can private funding best innovate, strengthen, and advance the response?**

> *While perspectives differ, one simple truth emerges: we cannot break the arc of this epidemic —where five people were newly infected for every three starting treatment in 2010—if we adopt a 'business as usual' approach.*
>
> – **Michel Sidibé,** Executive Director, UNAIDS; *AIDS at 30: Nations at the Crossroads*

RECENT SCIENTIFIC ADVANCES

In addition to the existing tools for HIV prevention such as male circumcision, condoms, harm reduction strategies, prevention of vertical transmission, and behavior-change programs, the following interventions look promising as part of a combination approach to prevention.

The "treatment as prevention" concept has generated particular interest and excitement[2] as it appears likely to further break down the persistent dichotomy between treatment and prevention that has often pitted advocates and policymakers against each other in the scramble for resources.

Tool	Name of trial/product	Date of results	Population involved	Efficacy
Microbicide	CAPRISA 004/TDF gel	July 2010	Women	39%
Oral PrEP	iPrEx/TDF-FTC daily	November 2010	Men who have sex with men, transgender women	44%
Treatment as prevention	HPTN 052/ART for HIV-positive people	May 2011	Sero-discordant heterosexual couples	96%

According to *Capitalizing on Scientific Progress: Investment in HIV Prevention R&D in 2010*,[3] a report by the HIV Vaccines & Microbicides Resource Tracking Group, the total global investment—including commercial, public and philanthropic support—in research and development reached $1.9 billion for four key prevention options: preventive HIV vaccines, microbicides, oral pre-exposure prophylaxis (PrEP) using ARVs and operations research related to male circumcision.

2 AVAC. *We CAN End the AIDS Epidemic (statement).* June 2011. Available at: www.avac.org/ht/d/sp/i/34301/pid/3430.1

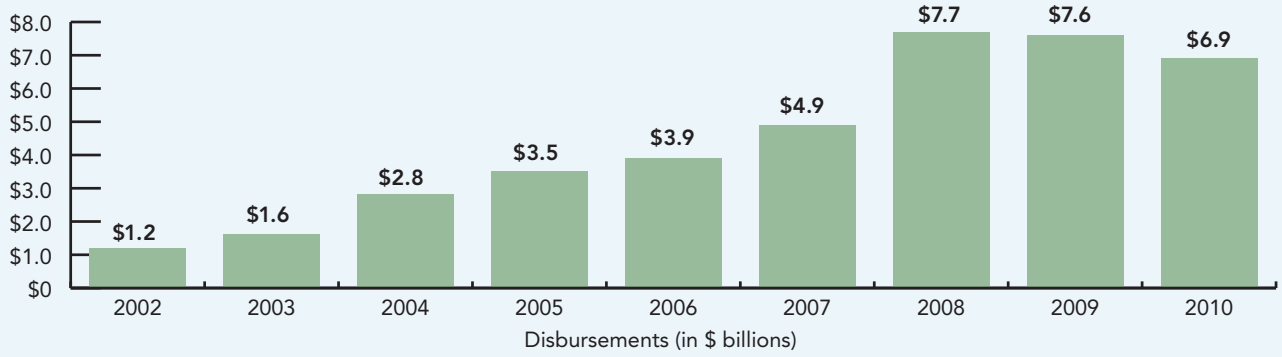
3 Available at: www.hivresourcetracking.org. The Working Group consists of AVAC: Global Advocacy for HIV Prevention, the International AIDS Vaccine Initiative (IAVI), the International Partnership for Microbicides (IPM) and the Joint United Nations Program on HIV/AIDS (UNAIDS).

Current Resources: Donor Governments & Private Philanthropy

HIV/AIDS-related private philanthropy continues to represent only a small part of the resources available to HIV/AIDS, both domestically (within the United States) and internationally, in comparison to funding from government sources.

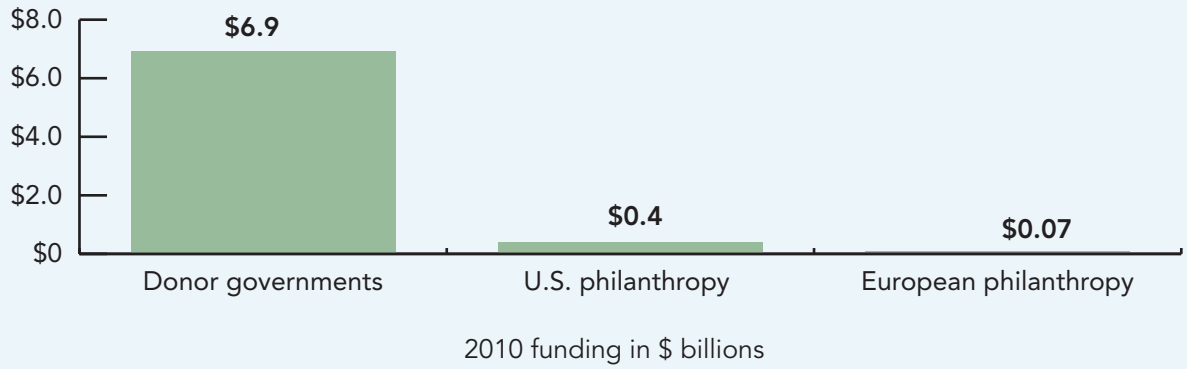
About half of all resources available for the HIV/AIDS response in low- and middle-income countries is provided by those countries for their own epidemics; the other half is provided in the form of international assistance from donor governments and non-governmental philanthropic sources. The UNAIDS and Henry J. Kaiser Family Foundation report on funding from donor governments found that disbursements for international AIDS assistance totaled $6.9 billion in 2010, a decrease from 2009 by 10%, after years of steady growth from 2002-2008. [4,5] According to the report, the decrease was due to a combination of three main factors: actual reductions in development assistance, currency exchange fluctuations, and a slowdown in the pace of U.S. disbursements, which was not a budget cut.

Chart A: **International AIDS Assistance from Donor Governments**



Source: UNAIDS and The Henry J. Kaiser Family Foundation. *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2010.* August 2011.

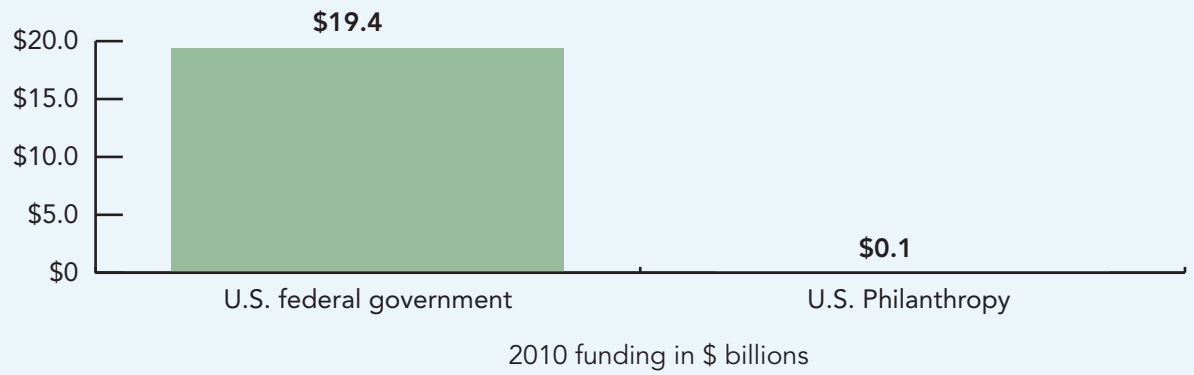
Chart B: **International Assistance to HIV/AIDS in Low- and Middle-income Countries**
(Donor governments, U.S. & European philanthropy comparison)



4 UNAIDS and The Henry J. Kaiser Family Foundation. *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2010.* August 2011. Available at: www.kff.org/hivaids/upload/7347-07.pdf.

5 Funding from donor governments for international AIDS assistance was essentially flat from 2008-2009.

Chart C: **U.S. Assistance for the Domestic U.S. HIV/AIDS Epidemic in 2010**
(Federal government and U.S. philanthropy comparison)



Notes: Chart does not include funding for HIV/AIDS from state governments. U.S. government total is for FY2010 while U.S. philanthropy total is for calendar year 2010.

Source for U.S. government domestic giving: The Henry J. Kaiser Family Foundation. *HIV/AIDS Policy Fact Sheet: U.S. Federal Funding for HIV/AIDS: The President's FY 2012 Budget Request.* March 2011. Available at: www.kff.org/hivaids/upload/7029-07.pdf.

It is worth noting that although they provide the most resources by far as a group, many governments only support specific areas or priorities. In its funding for the domestic epidemic, the U.S. government focuses primarily on treatment, prevention and medical care. **Advocacy**—which can encompass a range of activities to change public opinion, community and institutional norms, government policy and outcomes[6]—is not a main focus area of the U.S. government's funding, even though it is well known as a tool that can maximize impact.

Also, some governments choose not to provide resources targeting or supporting certain **marginalized populations**, even if such populations are disproportionately affected by HIV. Such decisions often stem from lack of awareness about such populations; associated social, cultural, economic and political stigma; and restrictive legal regimes. Governments in many countries are unwilling or unable to fund programming specifically for MSM (even though HIV prevalence is nearly always higher in this community than among the general population). For example, 76 countries currently criminalize same-sex relations,[7] which obstructs the ability of these individuals to access needed HIV treatment and prevention interventions.

6 As defined by Dose of Change, available at http://issuu.com/doseofchange/docs/advocacy_glossary

7 The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA). *State-sponsored Homophobia: A world survey of laws criminalizing same-sex sexual acts between consenting adults.* May 2011. Available at: old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2011.pdf

KNOW YOUR EPIDEMIC – FINDING THE GAPS

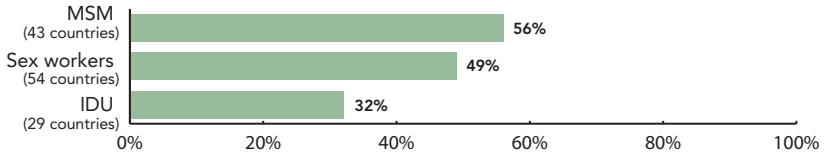
Throughout this report selected highlights of the latest data on the global and domestic U.S. epidemics are provided to contextualize the philanthropic response. Epidemics vary widely according to country context, which is why it is critical for public and private funders to "know" their epidemic in order to achieve maximum impact. Experience to date indicates, however, that responses do not often match with knowledge, especially in regards to marginalized populations. For example:

THE GLOBAL EPIDEMIC

- In Eastern Europe and Central Asia, a region of concentrated new infections in populations such as IDUs, sex workers, and MSM, only 11% of HIV prevention investments are focused on these higher-risk populations.
- The proportion of HIV prevention funding for programs for sex workers, MSM, and IDUs was only 1.7% in Burkina Faso, 0.4% in Côte d'Ivoire and 0.24% in Ghana in 2008, yet the estimated percentage of new infections in those population groups in 2010 was 30%, 28% and 43%, respectively.
- In both Kenya and Mozambique, an estimated one quarter to one third of new HIV infections occur among IDUs, MSM and sex workers. Yet total spending directed to HIV prevention among these key populations in 2008 was 0.35% in Kenya and 0.25% in Mozambique, and almost all from international sources.

Source: *UNAIDS Report on the Global Epidemic, 2010.* Available at: www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf.

Chart D: **Median Coverage of HIV Prevention Programs for Selected Population Groups, 2010**



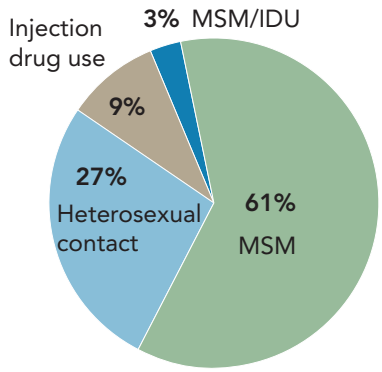
Source: *UNAIDS Report on the Global Epidemic, 2010.* Available at: www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf.

THE DOMESTIC U.S. EPIDEMIC

Some 50,000 new infections occur in the United States each year, the majority of which occur among MSM. African-American males had the highest rate of new HIV infections of any ethnic and gender group from 2006-2009. The majority of new infections were also among young people aged 13-29.[8] New infections in young African-American MSM increased 48% from 2006-2009.

In terms of geographic distribution, about half (45%) of all new AIDS diagnoses were in the South, which continues to have the greatest number of people estimated to be living with HIV and AIDS of all the regions (Northeast, South, Midwest, West and U.S. Territories). More than 80% of AIDS diagnoses are found in large U.S. metropolitan areas, and the state/dependent area with the highest AIDS diagnosis rate per 100,000 in 2009 was also a city: Washington, DC.[9,10]

Chart E: **New Infections in the U.S. in 2009 by Transmission Category**



Source: Centers for Disease Control and Prevention. Fact Sheet: *Estimates of New HIV Infections in the United States, 2006–2009.* August 2011. Available at: www.cdc.gov/nchhstp/newsroom/docs/HIV-Infections-2006-2009.pdf

8 Prejean J, Song R, Hernandez A, Ziebell R, Green T, et al. 2011. *Estimated HIV Incidence in the United States, 2006–2009.* PLoS ONE 6(8):e17502. doi:10.1371/journal.pone.0017502. Available at: www.plosone.org/article/info:doi/10.1371/journal.pone.0017502.

9 The Henry J. Kaiser Family Foundation. *The HIV/AIDS Epidemic in the United States.* August 2011. Available at: www.kff.org/hivaids/upload/3029-12.pdf.

10 For further state-specific details about epidemic demographics and funding, see the AIDS United State Fact Sheets: www.aidsunited.org/policy-advocacy/state-fact-sheet/

Global Resource Gap

At the UN General Assembly High Level Meeting on AIDS in June 2011, commitments were made to achieve new targets by 2015, such as eliminating vertical transmission, halving sexual transmission of HIV, and getting 15 million people on treatment. Commitments were also made to reach the UNAIDS estimate of what is needed to achieve universal access to HIV prevention, treatment, care and support by 2015 in low- and middle-income countries—at least **$22 billion annually**—and to close the $7 billion annual gap between the estimated total resources allocated to HIV/AIDS and what is needed.[11] While philanthropy cannot fill the resource gap alone, philanthropic organizations and corporations can use their visibility to influence policymakers, other funders, media and the public. Philanthropic organizations can also build coalitions that share resources and increase leveraging power. Coordinated actions across the field could serve as a catalyst that inspires new and existing donors to rally for increased funding and better use of funds, and could make a huge impact.

Such a rally is imperative, as the resource gap appears likely to grow wider because, in the current economic climate, many donors– philanthropic, government, and others– are allocating fewer resources to HIV/AIDS. The U.S. government, the world's largest funder in terms of absolute resources, may face difficulty in reaching its goals given the current fiscal challenges. Recently, for example, the Obama administration requested $9.8 billion for FY2012 for the **Global Health Initiative (GHI),**[12] the U.S. government strategy through which international HIV/AIDS assistance now flows, but that amount is subject to reductions in a time of stringent budget cuts to foreign assistance, and the U.S. economy is not likely to dramatically improve in the immediate future.

At the same time, the **Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)**—the second largest source of international HIV/AIDS assistance—is currently underfunded. During its most recent replenishment drive, donor governments from 40 countries pledged a total of $11.7 billion for the years 2011-2013. That amount was about $1.3 billion less than what the Global Fund itself considered minimal to meet its current commitments and continue to make grants to countries in need moving forward.[13]

Few stakeholders or observers dispute the argument that HIV/AIDS can only be fully addressed with more resources. A growing number are making the case, however, that spending more money now is the cost-effective approach over the long run. Most notably, an **investment framework**[14] developed under UNAIDS auspices proposes a comprehensive, longer-term approach to the global HIV/AIDS epidemic based on three program areas: basic programming (mostly treatment but also prevention tools such as prevention of vertical transmission, male circumcision, condom promotion, and programs for key populations such as injecting drug users, MSM and sex workers); "critical enablers" to help maximize impact of resources and programming (such as community mobilization); and synergies with development sectors (such as health-systems improvement and HIV education in schools and workplaces).

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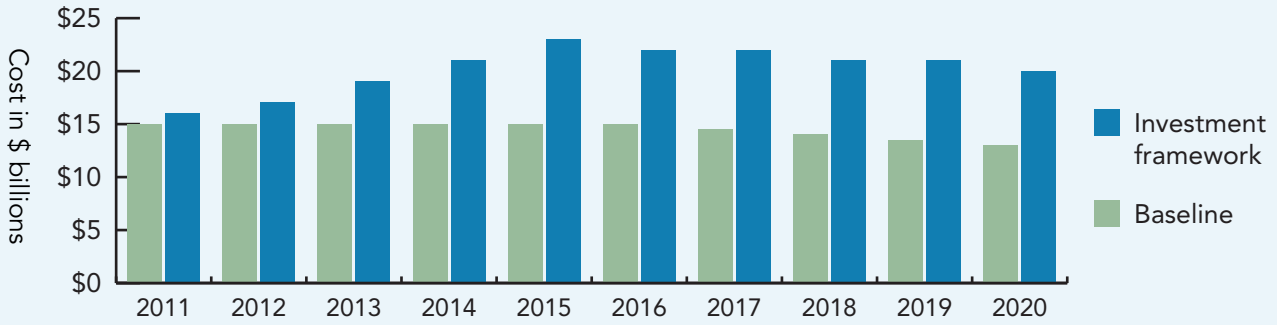
11 UN General Assembly. *Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS.* A/RES/65/277. June 2011. Available at: www.un.org/ga/search/view_doc.asp?symbol=A/65/L.77

12 The Henry J. Kaiser Family Foundation. *U.S. Funding for the Global Health Initiative (GHI): The President's FY 2012 Budget Request.* March 2011 Available at: www.kff.org/globalhealth/upload/8160.pdf.

13 Global Fund to Fight AIDS, Tuberculosis and Malaria. *Making a difference: Global Fund Results Report 2011.* Available at: www.theglobalfund.org/documents/publications/progress_reports/Publication_2011Results_Report_en/.

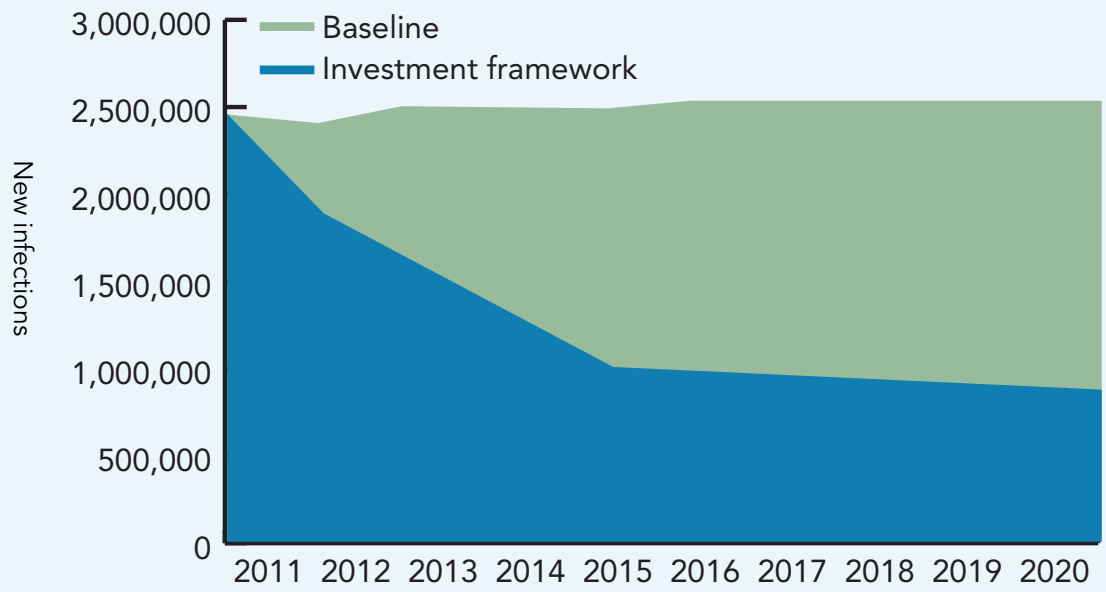
14 Schwartländer et al. "Towards an improved investment approach for an effective response to HIV/AIDS." *The Lancet.* 3 June 2011, 2031–41.

Chart F: **Cost in Low- and Middle-income Countries**



Source: Schwartländer et al. "Towards an improved investment approach for an effective response to HIV/AIDS." *The Lancet*. 3 June 2011, 2031–41.

Chart G: **Number of New HIV Infections per Year**



Source: Schwartländer et al. "Towards an improved investment approach for an effective response to HIV/AIDS." *The Lancet*. 3 June 2011, 2031–41.

According to the framework, resources required under this comprehensive approach would peak at $22 billion in 2015 and then decline from 2015-2020 because of gains in efficiency, decreases in new infections, and reduced need for services for PLWHA over time. The authors also conclude that adopting and sustaining the model to the fullest possible extent would mean an additional **7.4 million lives would be saved, 29.4 million life-years would be gained,** and **12.2 million new infections would be averted** from 2011 to 2020.

U.S. Domestic Resource Gap

Federal funding for the U.S. domestic epidemic was 4.8% higher in the 2011 fiscal year than in 2010, and the FY2012 budget request represents a 4.7% increase over FY2010 levels.[15] However, those increases have not been sufficient to counter the effects of many states' fiscal crises and to meet increased demand in the U.S. for treatment and care due to unemployment and other economic challenges, high drug costs, and new HIV treatment guidelines calling for earlier initiation. The challenges are most notable in terms of access to HIV medicines through the AIDS Drug Assistance Program (ADAP), which is co-funded and administered at state level.

Status of AIDS Drug Assistance Program (ADAP) as of August 25, 2011		
Waiting lists	Alabama, Arkansas, Florida, Georgia, Idaho, Louisiana, Montana, North Carolina, Ohio, South Carolina, Utah, Virginia	9,141 people (up from approximately 3,500 people in September 2009)
Lowered financial eligibility	Arkansas, Illinois, North Dakota, Ohio, South Carolina, Utah	445 disenrolled
Other cost-containment measures (reduced formulary, capped enrollment, implemented medical criteria, etc.)	Alabama, Arizona, Arkansas, Colorado, Florida, Georgia, Idaho, Illinois, Kentucky, Louisiana, North Carolina, North Dakota, Ohio, Puerto Rico, Utah, Virginia, Washington, Wyoming	

Source: National Alliance of State and Territorial AIDS Directors (NASTAD). *ADAP Watch*. August 26, 2011. Available at: www.nastad.org/Docs/015910_ADAP%20Watch%20update%20-%208.26.11.pdf

Though the FY2012 budget request for the domestic epidemic represents an increase over FY2011, the appropriations process could mean big cuts for programs such as health care for low-income PLWHA, ADAP, prevention, and housing assistance. Such cuts would make it difficult to fully roll out and meet the commitments of the **National HIV/AIDS Strategy (NHAS)**. Unveiled in July 2010, the NHAS aims to allocate resources where they are needed most, and among its targets are increasing the proportion of all HIV-positive gay and bisexual men, African-Americans, and Latinos with undetectable viral load by 20% by 2015. Perhaps the greatest challenge to the success of the NHAS will be the cost of implementing and sustaining the plan. It is estimated that an investment of $15.175 billion[16] will be required over a five-year period for the NHAS to meet its goals (see below). It is also estimated that the strategy could pay for itself with over $17 billion in healthcare savings over the same five-year period if all its prevention goals are met.

U.S. National HIV/AIDS Strategy (NHAS)

THE NHAS HAS THREE PRIMARY GOALS:

- Reducing HIV incidence
- Increasing access to care and optimizing health outcomes
- Reducing HIV-related health disparities

TARGETS SET FOR 2015 INCLUDE:

- Lowering the annual number of new infections by 25%
- Increasing the percentage of people living with HIV who know their serostatus to 90%
- Increasing the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis 85%

15 The Henry J. Kaiser Family Foundation. *U.S. Federal Funding for HIV/AIDS: The FY 2012 Budget Request.* October 2011. www.kff.org/hivaids/upload/7029-07.pdf

16 Holtgrave, David R. "On the Epidemiologic and Economic Importance of the National AIDS Strategy for the United States." *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 11 August 2010. Published ahead of print as PDF at: http://journals.lww.com/jaids/Abstract/publishahead/The_Prevalence_and_Clinical_Course_of.99049.aspx

At the launch of the strategy, President Barack Obama reminded the country that partnership remains key to its successful implementation. A number of domestic private funders have since started to evaluate how their grantmaking can help advance the goals of the NHAS,[17] such as supporting grantees whose programmatic outcomes demonstrate evidence of alignment with the strategy. As just one example, in July 2010, **AIDS United** was awarded a $3.6 million Social Innovation Fund grant to expand its Access to Care (A2C) initiative to "ensure that PLWHA have access to primary medical care and HIV-specific care, improve individual health outcomes for PLWHA, and strengthen local services systems." See the profile on page 53 to learn how the A2C initiative supports the principal goals of the NHAS.

Trends in Broader Philanthropy

The annual publication *Giving USA,* which tracks charitable contributions in all areas, reported in June 2011 that grantmaking by private, community and operating foundations totaled about $41 billion, a decrease of 1.8% from the amount reported in 2010. Corporate giving, including both in-kind and cash donations, totaled $15.3 billion, an 8.8% increase over the previous year's amount.[18] In July 2011, however, the *Chronicle of Philanthropy* reported that corporate funding was likely to remain flat in 2011 after the 2010 upswing as the U.S. economy remains unstable.[19] The report concluded that it may take until at least 2013 for many corporate funders to return to pre-recession level giving. On the positive side, these circumstances have forced many grantmakers to make changes to get the most impact out of limited resources.

17 Visit FCAA's Funders Toolkit for the National HIV/AIDS Strategy at www.fcaaids.org for more examples and resources on funder alignment with the NHAS.

18 Hall, Holly and Joslyn, Heather. "Giving Rose by 2.1% Last Year, New Estimate Shows." *Chronicle of Philanthropy*. June 19, 2011. Available at: http://philanthropy.com/article/Giving-Rose-by-21-Last-Year/127948/

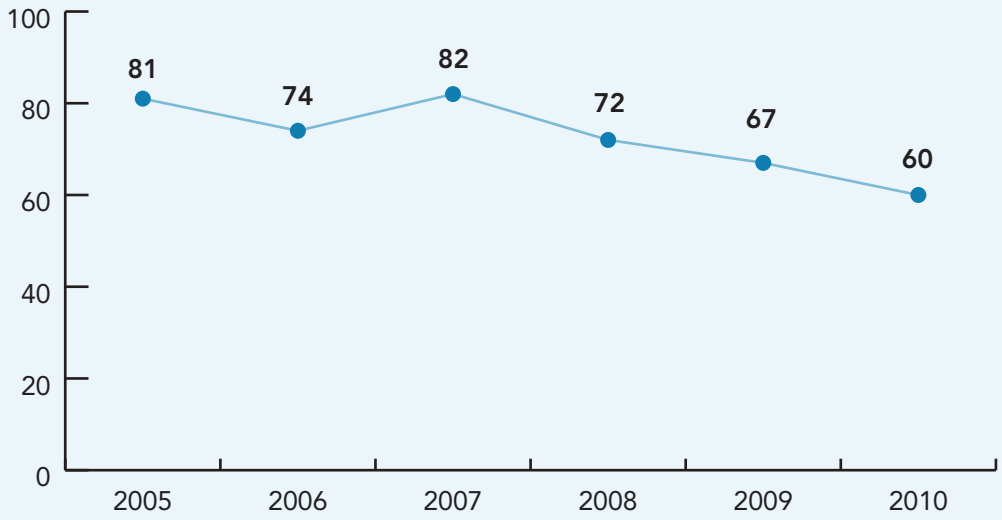
19 Frazier, Eric and López-Rivera, Marisa. "Corporate Giving Slow to Recover as Economy Remains Shaky." *Chronicle of Philanthropy.* July 24, 2011. Available at: http://philanthropy.com/article/Big-Businesses-Won-t/128327/

What Can HIV/AIDS Philanthropy Do?

In the changing landscape of HIV/AIDS and the global economy, the longstanding "business as usual" approach seems increasingly unworkable and ineffective. Amidst the overall decline in resources for HIV/AIDS in 2010, philanthropic HIV/AIDS funders must consider the larger context of resources needed and available for HIV/AIDS, as well as the evidence of what works, and develop new strategies to best take advantage of the exciting opportunities in prevention, treatment scale-up, advocacy and support for marginalized populations.

The number of HIV/AIDS "top" funders —those giving $300,000 and above to HIV/AIDS—has decreased by 21 organizations since 2005, as funders such as the Rockefeller Foundation, Rockefeller Brothers Foundation, the William and Flora Hewlett Foundation, the David and Lucile Packard Foundation, and the Evelyn and Walter Haas Jr. Fund have moved away from HIV/AIDS-specific funding to focus on related health areas. Importantly, no new funders have replaced the financial support and leadership of these organizations within the sector. Given the trend of narrowing numbers of funders, today's HIV/AIDS philanthropic leaders must use their position to inspire and influence others, and build new coalitions and coordinated efforts, as well as carefully considering how to make best use of the existing resources.

Chart H: **Number of U.S. Philanthropic Funders Giving Over $300,000 per Year**
(by percentage of total expenditures)



To maximize its effectiveness, the philanthropic sector needs to continue to reprioritize and support strategically smarter, better coordinated, and more efficient interventions that target the needs of communities most impacted by the epidemic (whether in the United States or abroad). Such steps are particularly important as new policies and paradigms are developed to respond to promising new findings, and existing tools and efforts are examined. Though now the field is experiencing a decline of numbers of funders, U.S. HIV/AIDS philanthropy has managed to increase from a mere $216,000 in 1983 to $459 million by 2010, in large part due to political will and funders' dedicated efforts to raise the level of response. The philanthropic sector must continue to provide a catalytic and strategic piece of the global response to HIV/AIDS.

TOTAL U.S. HIV/AIDS GRANTMAKING IN 2010

FCAA identified 218 U.S.-based funders that made HIV/AIDS-related grant disbursements in 2010. Combined, those funders supported some 4,730 HIV/AIDS-related grants or projects, disbursing a total of approximately $459 million.[20]

Note on missing data: The majority of private philanthropic funding for HIV/AIDS in 2010 has been captured in the available data. However, it is important to note that despite repeated efforts, FCAA was unable to obtain data from some funders, and their disbursements are therefore not included in the report. No data were received from the Children's Investment Fund Foundation (US), which was a top funder in 2005, 2006, and 2007; Gilead Sciences, a top funder in 2005; Macy's Foundation, a top funder in 2008 and 2009; and Until There's A Cure, a top funder in 2006, 2007 and 2009. In addition, several other funders that have appeared in previous reports are not included this year for various reasons. They include the David and Lucile Packard Foundation, the Rockefeller Brothers Fund, and the William and Flora Hewlett Foundation, all of which shifted from specifically funding HIV/AIDS towards other health interventions, and The Henry J. Kaiser Family Foundation,[21] an operating foundation that develops and runs its own policy research and communications programs, which are increasingly difficult to value financially.

20 Funding for HIV/AIDS to the Global Fund to Fight AIDS, Tuberculosis and Malaria from HIV/AIDS philanthropic funders- totaling $6,217,761 from five funders in 2010, or about 1% of total HIV/AIDS philanthropic disbursements- was removed from all figures in the report, because it is increasingly difficult to track accurately. Please see page 41 for more information.

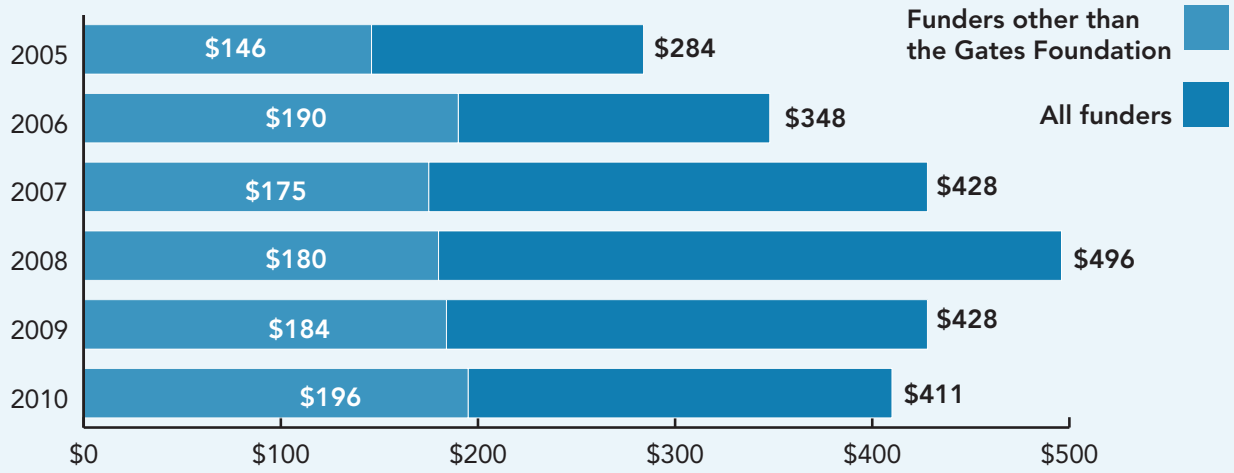
21 The Henry J. Kaiser Family Foundation is a private operating foundation with HIV-related activities that are increasingly integrated throughout its programs across the entire foundation. Though the foundation is usually one of the top 10 funders in terms of highest annual disbursements, it is no longer possible to separately identify and report the level of foundation resources dedicated specifically to HIV/AIDS. It should be noted that the foundation has maintained its commitment and amount of resources dedicated to HIV/AIDS both domestically and globally. (See the Appendix for additional information about operating foundations and Kaiser's contributions.)

FCAA surveyed funders about funding commitments and disbursements in 2010. Tracking **commitments** (funding committed for grants/projects in a given year, whether or not the funds were disbursed in that year) helps to gauge current and future outlays. Tracking **disbursements** (funding actually made available in a given year, which may include funding from prior year commitments) provides data on funds actually paid out in a given year. (For some funders, commitments and disbursements are the same in a given year; for others, commitments indicate funding above or below actual disbursements in a year.)

Among funders for which six years of data were available, disbursements in 2010 totaled $411 million. The comparable figure for 2009 was $428 million, making the total value of disbursements in 2010 4% lower than 2009 among these funders.

Among the top funders[22] tracked by FCAA for which both 2009 and 2010 disbursements data are available, the total value of disbursements in 2010 was 6% lower than 2009.

Chart 1: **Total HIV/AIDS Grantmaking Disbursements by U.S. Philanthropies 2005-2010**
(for which six years of data are available[23])



Disbursements are funding actually made available in a given year, which may include funding from prior year commitments.

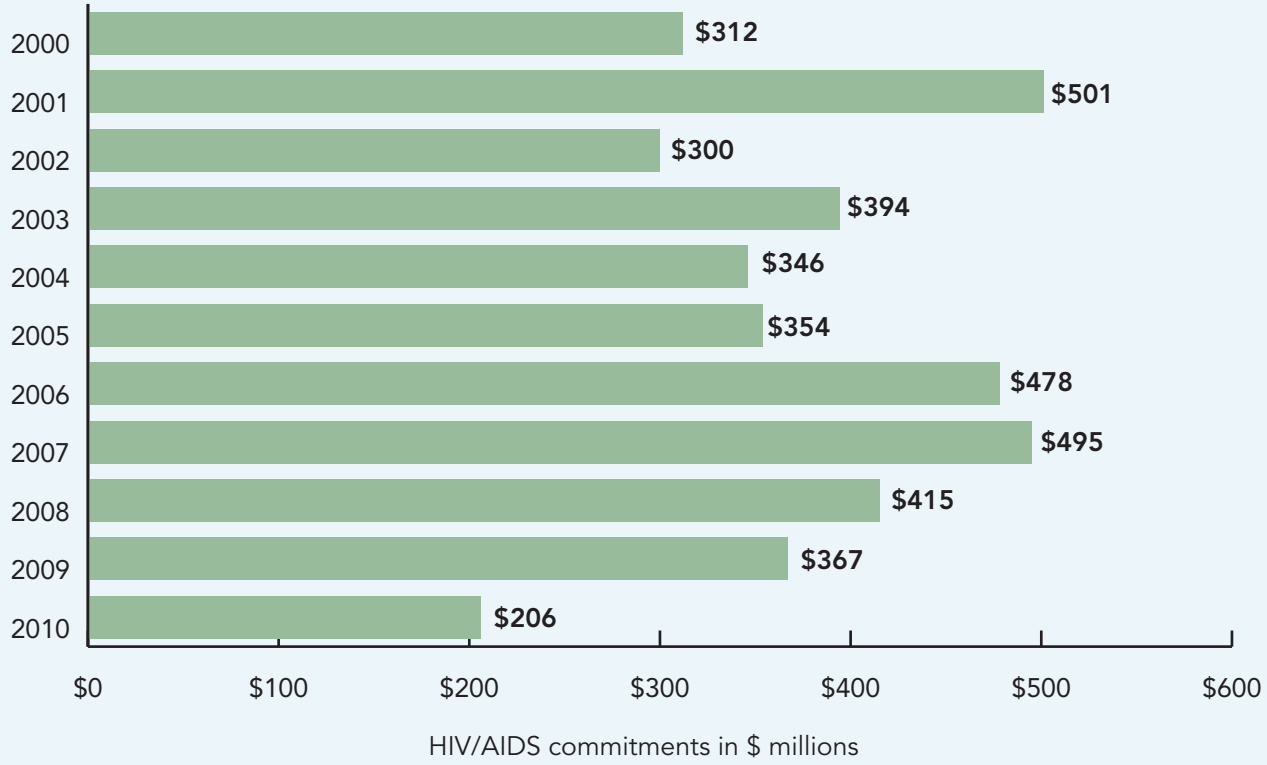
22 "Top funders" are those identified by FCAA that have disbursed $300,000 or more to HIV/AIDS grants and projects in a given year. In 2010, a total of 60 funders met that criterion.

23 Chart 1 includes only the funders for which FCAA has all six years of disbursement data (2005, 2006, 2007, 2008, 2009 and 2010) for period 2005-2010: a total of 42 of 218 funders. Those 42 funders represented 87% of all funding in 2010 (a total of $411 million).

Total commitments in 2010 among all funders were approximately $206 million, an amount 44% lower than the $367 million total in 2009.

Among the top funders tracked by FCAA for which both 2009 and 2010 commitments data are available, the total value of commitments was 42% lower in 2010 compared with 2009 ($351 million v. $205 million).

Chart 2: **Total HIV/AIDS Grantmaking Commitments by U.S. Philanthropies 2000-2010**[24]



Commitments are funding committed for grants/projects in a given year, whether or not the funds were disbursed in that year.

Note on the 2010 commitments total: Commitments from the top funder, the Gates Foundation, totaled $33 million in 2010, less than the comparable 2009 amount ($184 million). That difference of some $150 million accounts for nearly all of the overall difference in total commitments from all funders between 2009 and 2010. These decreases at the Gates Foundation were largely due to the multi-year nature of their commitments and reflect that they were undergoing an HIV/AIDS strategy review process in 2010. The fight against HIV/AIDS remains a top priority for the Gates Foundation and they forecast increased commitments as part of a new strategy and grants cycle in 2011.

Commitments data from all funders other than the Gates Foundation were $10 million less in 2010 in comparison with 2009 ($173 million vs. $183 million). That $10 million decrease was largely due to the shift of several top 2009 funders from specifically funding HIV/AIDS in 2010. Among the same set of funders other than the Gates Foundation for which FCAA has 2009 and 2010 data, commitments increased $5 million from 2009 to 2010, from $168 million in 2009 to $173 million in 2010.

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24 Chart 2 includes all commitments data available for all funders giving $300,000 or more each year.

TOP U.S. HIV/AIDS FUNDERS IN 2010

Sixty funders are categorized as "top" HIV/AIDS funders because they reported HIV/AIDS-related grantmaking disbursements of $300,000 or more in 2010. All are listed in Table 1.

Table 1: **Top 60 U.S. HIV/AIDS Funders in 2010 (ranked by amount of disbursements)**[25]

Name	Disbursements ($)	Commitments ($)
1. Bill & Melinda Gates Foundation, WA[26]	**214,933,110**	**32,886,575**
2. Ford Foundation, NY[27]	**28,812,312**	**25,300,000**
3. M·A·C AIDS Fund and M·A·C Cosmetics, NY[28]	**26,260,957**	**24,931,224**
4. Merck, NJ[29]	**22,482,432**	**Not available**
5. Abbott and Abbott Fund, IL	**21,607,018**	**21,607,018**
6. Johnson & Johnson, NJ	**11,368,214**	**11,368,214**
7. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	**10,809,411**	**6,735,721**
8. Philip T. and Susan M. Ragon Institute Foundation, MA	**10,000,000**	**Not available**
9. Broadway Cares/Equity Fights AIDS, NY	**9,984,988***	**9,984,988**
10. ViiV Healthcare, NC[30]	**9,273,873**	**Not available**
11. Open Society Foundations, NY[31]	9,211,995	9,211,995
12. AIDS United, DC	8,032,584*	7,258,459
13. Irene Diamond Fund, NY	7,786,141	6,886,953
14. Elton John AIDS Foundation, NY	7,051,093*	6,501,093
15. Tides Foundation, CA[32]	5,996,866	6,100,000
16. amfAR, The Foundation for AIDS Research, NY	5,633,467*	6,769,450
17. Robin Hood Foundation, NY	4,553,750	4,553,750
18. American Jewish World Service, NY	3,139,155*	Not available
19. The Starr Foundation, NY	3,000,000	Not available
20. Levi Strauss & Co., CA	2,982,000	2,982,000
21. International Treatment Preparedness Coalition (ITPC), a project of the Tides Center, CA[33]	2,309,126*	Not available
22. The New York Community Trust, NY	1,877,000*	1,877,000
23. Pfizer Inc and Pfizer Foundation, NY[34]	1,773,177	Not available
24. Elizabeth Glaser Pediatric AIDS Foundation, CA	1,749,654*	3,203,423
25. H. van Ameringen Foundation, NY	1,660,000	Not available
26. Max M. & Marjorie S. Fisher Foundation, Inc., MI	1,650,000	195,602
27. Wells Fargo, CA	1,614,364	Not available
28. United Nations Foundation, DC[35]	1,488,661*	3,319,793
29. Global Fund for Women, CA	1,487,000*	1,477,500
30. Firelight Foundation, CA	1,434,500*	Not available
31. AIDS Foundation of Chicago, IL	1,357,877*	1,865,651
32. Pride Foundation, WA	1,320,928	Not available
33. San Francisco AIDS Foundation, CA	1,125,000	Not available
34. Glaser Progress Foundation, WA	1,088,279	1,000,000
35. Alphawood Foundation, IL	1,042,000	Not available
36. Washington AIDS Partnership, DC	911,023*	1,167,546
37. Staying Alive Foundation, NY	842,661	906,598

Table 1: **Top 60 U.S. HIV/AIDS Funders in 2010 (ranked by amount of disbursements)**[25]

Name	Disbursements ($)	Commitments ($)
38. Robert Wood Johnson Foundation, NJ	839,998	989,998
39. The Comer Foundation, IL	822,500	822,500
40. Becton, Dickinson and Company, NJ	791,163	Not available
41. Conrad N. Hilton Foundation, CA	785,000	Not available
42. James B. Pendleton Charitable Trust, WA	780,529	780,529
43. John D. & Catherine T. MacArthur Foundation, IL	735,000	640,000
44. The Summit Foundation, DC	687,000	726,900
45. The California Wellness Foundation, CA	680,000	Not available
46. Design Industries Foundation Fighting AIDS (DIFFA), NY	654,802	676,109
47. The Health Foundation of Greater Indianapolis, IN	619,820	623,750
48. South Africa Development Fund, MA	550,607*	550,607
49. San Diego Human Dignity Foundation, CA	550,000	550,000
50. The Meadows Foundation, Inc., TX	545,000	Not available
51. Charles Stewart Mott Foundation, MI	500,000	Not available
52. The Morris and Gwendolyn Cafritz Foundation, DC	490,000	Not available
53. Houston Endowment Inc., TX	480,000	405,000
54. Weingart Foundation, CA	465,000	Not available
55. AIDS Funding Collaborative, OH	462,382	442,644
56. The Campbell Foundation, FL	450,330	Not available
57. Arcus Foundation, MI	405,416	Not available
58. Doris Duke Charitable Foundation, NY	352,000	Not available
59. Silicon Valley Community Foundation, CA	340,000	Not available
60. Children Affected By AIDS Foundation, CA	339,945*	339,945
2010 HIV/AIDS Grantmaking by Top 60[36]	**$448,614,647**	**$205,638,535**
Total 2010 U.S. HIV/AIDS Grantmaking	**$459,020,191**	

25 The state associated with each entity refers to the state in which the entity is based, not necessarily where grants and projects are funded by the entity.

26 The 2010 total for the Gates Foundation does not include HIV/AIDS funding to the Global Fund. Please see page 41 for more information.

27 The 2010 total for the Ford Foundation does not include HIV/AIDS funding to the Global Fund. Please see page 41 for more information.

28 The 2010 total for M·A·C AIDS Fund and M·A·C Cosmetics does not include HIV/AIDS funding to the Global Fund. Please see page 41 for more information.

29 The 2010 total for Merck does not include HIV/AIDS funding to the Global Fund. Please see page 41 for more information.

30 ViiV Healthcare is a specialist HIV company established in November 2009 by GlaxoSmithKline and Pfizer to deliver advances in treatment and care for people living with HIV. The company has headquarters in both the United States and the United Kingdom and the grantmaking is global in nature. As such, ViiV Healthcare appears in both the U.S. and European HIV/AIDS resource tracking reports. (To view the European HIV/AIDS Funders Group's report *European Philanthropic Support to Address HIV/AIDS in 2010*, please visit www.hivaidsfunders.org.)

31 The 2010 dollar amounts provided by the Open Society Foundations are estimates and not exact figures. The estimated disbursements only reflect external, HIV/AIDS-related cash grants from 1) the Soros Foundation Network's Public Health Program, 2) the Burma Project, and 3) national and regional foundations. These numbers do not include HIV/AIDS funding from any other programs within the Soros Foundations Network, though it is possible that other programs within the Soros Foundations Network may also have provided HIV/AIDS-related funding in 2010.

32 The Tides Foundation figure does not include grants made by the International Treatment Preparedness Coalition (ITPC), a project of Tides Center that for the purposes of this report has been listed separately.

33 ITPC is fiscally managed by Tides Center, and all ITPC grants are therefore legally made from Tides Foundation. For the purposes of this report, however, ITPC and the Tides Foundation have reported separately.

34 This figure includes grants from both Pfizer Inc and the Pfizer Foundation, but should be regarded as an estimate that does not include all HIV/AIDS funding due to the unavailability of complete data.

35 The 2010 total for the United Nations Foundation does not include HIV/AIDS funding to the Global Fund. Please see page 41 for more information.

36 Funders with an asterisk (*) after their total reported that they received some financial resources from other agencies tracked by FCAA. At least some of these funds were then re-granted to support HIV/AIDS-related funding to other entities. To avoid double counting of funds, the top 60 funders subtotal reflects a reduction of $12,362,461 to correct for re-granting of funds from one FCAA-tracked top grantmaker to another. The total amount for all grantmakers also reflects a reduction of $12,362,461 to account for re-granting of funds from one FCAA-tracked grantmaker to another. See the Appendix for a more full explanation of the methodology used for this report.

10 REASONS TO FUND HIV/AIDS

Over the last three years, the number of top HIV/AIDS funders has declined by nearly 30%. For that reason, FCAA has chosen to initiate a discussion within our sector entitled "Why I Fund AIDS." We drafted 10 reasons to fund HIV/AIDS that capture the magnitude of both the need for and impact of investments made to date. It is our hope that this dialogue will help to inform the debate within philanthropy about the urgent and ongoing need to continue to address the greatest pandemic of our time.

1. **AIDS is not over, and the needs of those impacted around the globe are woefully unmet.** Globally, there are 33.3 million PLWHA. To date, only six million have access to ARVs. In 2009 there were more than 7,000 new HIV infections per day.[37] Women represent slightly more than half of all PLWHA worldwide. Young people (ages 15-24) account for 41% of new HIV infections (among those 15 and over).
2. **Nearly 2/3 of PLWHA in the U.S. are not in treatment.** There are 1.1 million PLWHA in the U.S.: 20% are unaware of their status, and two-thirds of those (an estimated 640,000) are either undiagnosed, not in medical care, or not receiving the HIV-specific treatment they need.
3. **HIV and AIDS impact vulnerable communities most.** Gay and bisexual men and other MSM account for 61% of new infections in the U.S. Globally, an average of only 2% of national HIV prevention budgets was dedicated to MSM in 42 low- and middle-income countries.[38]
4. **HIV and AIDS undermine other efforts to combat poverty and social injustice.** According to UNAIDS, HIV and AIDS have a profound impact on growth, income and poverty. In countries with HIV prevalence rates >20%, GDP growth has been estimated to drop by 2.6 percentage points annually.[39]
5. **It's a human rights issue.** "HIV/AIDS stigma is often intertwined with the discrimination attached to being a woman, being poor, having a different sexual orientation, engaging in sex work or drug use, or being in prison. They serve as serious obstacles to effective delivery of prevention, testing, treatment and care services." –Daniel Lee, Executive Director, Levi Strauss Foundation.[40]
6. **Significant impact has been made.** For example, public and private sector support for prevention of vertical transmission has yielded an increase of ARV coverage from 15% in 2005 to 53% in 2009 among pregnant women living with HIV in low- and middle-income countries.[41]
7. **AIDS investments are paving the way for other health issues.** In September 2011, the Pink Ribbon Red Ribbon public-private partnership launched to fight cervical and breast cancer in developing countries, especially among women living with HIV/AIDS. PEPFAR-funded AIDS clinics in Sub-Saharan Africa and Latin America will offer cancer screenings and treatment.
8. **HIV/AIDS has redefined community involvement.** As just one example, the HIV/AIDS advocacy movement transformed the medical research and regulatory systems through patient-designed clinical trials and early access programs.[42]
9. **Private funders are advancing the goals of the National HIV/AIDS Strategy (NHAS).** In July 2010, AIDS United was awarded a multi-million dollar grant from the Social Innovation Fund to further expand the scope of its Access to Care (A2C) initiative. A2C supports the "Increasing Access to Care Pillar" of the NHAS in its focus to improve individual health outcomes and strengthen local services systems for PLWHA, representing one of the "most significant public and private sector investments currently being deployed to advance the NHAS."[43]
10. **After 30 years there is new optimism that, together, we can end AIDS.** Recent scientific and treatment advances – including in HIV cure research, oral PrEP, microbicides, male circumcision and treatment as prevention – offer new hope for PLWHA.

37 The Henry J. Kaiser Family Foundation. *Fact Sheet: The Global HIV/AIDS Epidemic*. December 2010. Available at: www.kff.org/hivaids/upload/3030-15.pdf

38 Global Forum on MSM & HIV. *An Analysis of Major HIV Donor Investments Targeting Men Who Have Sex with Men and Transgender People in Low- and Middle-Income Countries*. August 2011. Available at: www.msmgf.org/files/msmgf//Publications/GlobalFinancingAnalysis.pdf

39 Funders Concerned About AIDS. *Corporate Update*. September 2003. Available at: www.fcaaids.org/Portals/0/Uploads/Documents/Public/AIYB_Update_903.pdf

40 Funders Concerned About AIDS. *10 Minutes with…* Available at: www.fcaaids.org/OurWork/Impact/10MinutesWith/tabid/185/Default.aspx

41 UNICEF. *Childinfo* website. September 2010. Available at: www.childinfo.org/hiv_aids_mother_to_child.html

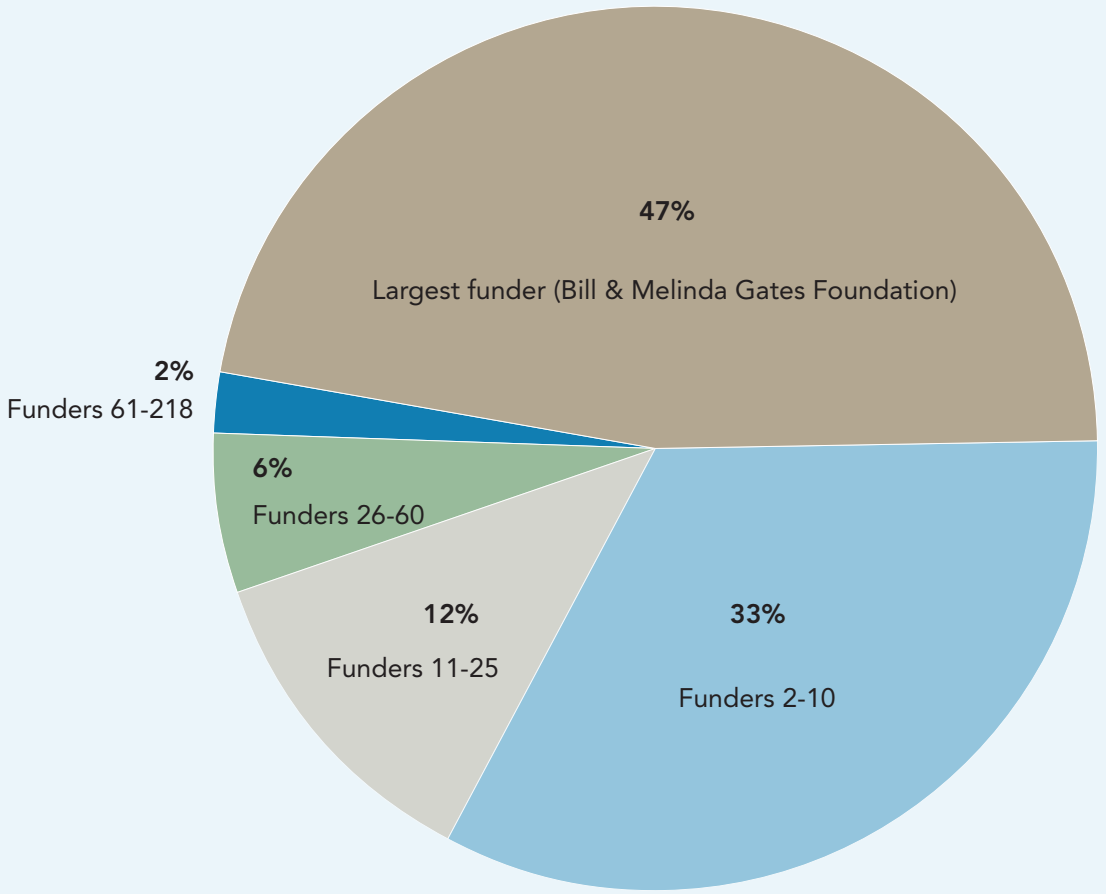
42 FasterCures and HCM Strategists. Back to Basics: *HIV/AIDS Advocacy as a model for catalyzing change*. June 2011. Available at: www.fastercures.org/index.cfm/Publications/HIVAIDS_Advocacy:_A_Model_for_Catalyzing_Change

43 Aids United website. "Aids United Mobilizes Private Sector Investment to Advance National HIV/AIDS Strategy." September 2011. Available at: www.aidsunited.org/news/aids-united-mobilizes-private-sector-investment-to-advance-national-hiv-aid

CONCENTRATION OF HIV/AIDS FUNDERS

HIV/AIDS funding by U.S.-based private philanthropic funders is heavily concentrated among a relatively small number of entities. Funding disbursements from the largest U.S. HIV/AIDS philanthropic grantmaker, the Gates Foundation, accounted for 47% of all identified HIV/AIDS grantmaking disbursements in 2010. The top 10 U.S. HIV/AIDS funders, including the Gates Foundation, accounted for 80% of all identified HIV/AIDS grantmaking disbursements in 2010.

Chart 3: **Distribution of Disbursements by Amount of U.S. HIV/AIDS Funders in 2010**
(by percentage of total disbursements)



CHANGES IN HIV/AIDS GRANTMAKING

Among the top 60 U.S.-based HIV/AIDS funders for which FCAA had disbursements data for 2005 through 2010 (42 of 60 funders), a total of 30 reported a higher level of HIV/AIDS grantmaking disbursements in 2010 than in 2005. Thirty-one funders (of 56 for which two years of data were available) reported higher amounts of disbursements in 2010 compared with 2009.

Table 2: **U.S. HIV/AIDS Funders Reporting Higher Amounts of HIV/AIDS Grantmaking Disbursements in 2010 than 2005** *(ranked by size of monetary increase between reported amounts for those years)*

Name	2005 ($)	2006 ($)	2007 ($)	2008 ($)	2009 ($)	2010 ($)	Change 2005-2010 ($)	% Change
Bill & Melinda Gates Foundation, WA	137,546,593	157,855,885	252,917,741	316,440,490	243,526,604	214,933,110	77,386,517	56%
M·A·C AIDS Fund and M·A·C Cosmetics, NY	9,122,623	16,187,422	22,042,057	22,461,948	19,036,172	26,260,957	17,138,334	188%
Merck, NJ	8,340,000	15,696,000	15,937,739	13,368,736	21,507,000	22,482,432	14,142,432	170%
Ford Foundation, NY	14,692,292	22,669,531	18,482,541	27,777,195	27,684,607	28,812,312	14,120,020	96%
AIDS United, DC	2,517,434	2,743,538	3,065,892	4,750,273	4,853,409	8,032,584	5,515,150	219%
Johnson & Johnson, NJ	7,812,000	12,925,000	12,490,000	11,667,000	10,285,430	11,368,214	3,556,214	46%
Elton John AIDS Foundation, NY	3,884,391	4,805,874	6,288,676	6,375,034	5,302,002	7,051,093	3,166,702	82%
amfAR, The Foundation for AIDS Research, NY	2,568,944	2,812,983	2,085,840	5,100,050	4,418,488	5,633,467	3,064,523	119%
American Jewish World Service, NY	309,008	1,839,061	1,538,960	1,640,623	2,362,581	3,139,155	2,830,147	916%
Broadway Cares/Equity Fights AIDS, NY	7,986,298	8,035,864	8,824,046	10,039,298	7,907,800	9,984,988	1,998,690	25%
Robin Hood Foundation, NY	2,845,000	3,805,000	4,275,000	4,895,000	4,235,000	4,553,750	1,708,750	60%
Irene Diamond Fund, NY	6,426,715	6,690,905	7,127,787	8,305,366	7,619,943	7,786,141	1,359,426	21%
Pride Foundation, WA	49,800	73,000	77,864	1,316,952	1,649,132	1,320,928	1,271,128	2552%
The New York Community Trust, NY	730,000	1,330,000	1,545,450	1,746,000	1,518,000	1,877,000	1,147,000	157%
Levi Strauss & Co., CA	2,124,958	2,212,370	1,876,100	1,809,000	2,498,000	2,982,000	857,042	40%
H. van Ameringen Foundation, NY	933,500	1,178,000	1,434,000	1,091,000	835,000	1,660,000	726,500	78%
Conrad N. Hilton Foundation, CA	199,300	1,531,200	86,000	66,000	1,245,000	785,000	585,700	294%
Becton, Dickinson and Company, NJ	243,200	837,464	650,000	524,000	611,686	791,163	547,963	225%
Glaser Progress Foundation, WA	550,000	1,500,000	1,525,000	273,481	1,000,000	1,088,279	538,279	98%

Table 2: **U.S. HIV/AIDS Funders Reporting Higher Amounts of HIV/AIDS Grantmaking Disbursements in 2010 than 2005** *(ranked by size of monetary increase between reported amounts for those years)*

Name	2005 ($)	2006 ($)	2007 ($)	2008 ($)	2009 ($)	2010 ($)	Change 2005-2010 ($)	% Change
Robert Wood Johnson Foundation, NJ	349,986	299,930	273,944	489,970	1,738,601	839,998	490,012	140%
Charles Stewart Mott Foundation, MI	48,600	404,228	260,000	370,000	260,000	500,000	451,400	929%
Weingart Foundation, CA	35,000	265,000	130,000	773,400	195,000	465,000	430,000	1229%
AIDS Funding Collaborative, OH	84,565	424,232	386,398	544,763	602,788	462,382	377,817	447%
The Health Foundation of Greater Indianapolis, IN	250,000	350,000	403,875	394,740	424,550	619,820	369,820	148%
Global Fund for Women, CA	1,132,924	1,371,583	1,961,758	1,968,090	2,341,320	1,487,000	354,076	31%
Arcus Foundation, MI	112,000	847,890	220,000	510,000	300,000	405,416	293,416	262%
Wells Fargo, CA	1,470,175	1,490,089	1,607,101	1,722,269	1,726,952	1,614,364	144,189	10%
The Comer Foundation, IL	724,836	806,000	1,140,000	940,775	857,500	822,500	97,664	13%
Washington AIDS Partnership, DC	821,675	1,010,800	1,193,050	1,354,984	1,270,456	911,023	89,348	11%
Design Industries Foundation Fighting AIDS (DIFFA), NY	594,807	683,000	1,221,290	1,026,131	1,247,745	654,802	59,995	10%

Of the top 60 funders for which FCAA had HIV/AIDS grantmaking disbursement data from 2005 through 2010 (42 of 60 funders), a total of 12 reported disbursing less in 2010 than in 2005. Twenty-five funders (of 56 for which two years of data were available) reported disbursing less in 2010 than in 2009. It should be noted that some changes in funding are not indicative of larger trends of decreases in funding for some funders. Many funders make multi-year commitments, and expenditures of those commitments can vary greatly between years.

Table 3: **U.S. HIV/AIDS Funders Reporting Lower Amounts of HIV/AIDS Grantmaking Disbursements in 2010 than 2005** *(ranked by size of monetary decrease between reported amounts for those years)*

Name	2005 ($)	2006 ($)	2007 ($)	2008 ($)	2009 ($)	2010 ($)	Change 2005-2010 ($)	% Change
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	26,806,679	31,935,113	15,996,612	10,383,997	12,621,390	10,809,411	-15,997,268	-60%
Elizabeth Glaser Pediatric AIDS Foundation, CA[44]	8,580,706	8,619,232	5,821,951	4,168,868	3,821,121	1,749,654	-6,831,052	-80%
Abbott and Abbott Fund, IL	23,933,226	19,474,610	26,449,721	25,229,419	25,873,319	21,607,018	-2,326,208	-10%
Alphawood Foundation, IL	1,700,600	2,255,000	570,000	1,057,000	757,000	1,042,000	-658,600	-39%
Children Affected By AIDS Foundation, CA	749,686	911,364	909,986	1,057,593	453,003	339,945	-409,741	-55%
John D. & Catherine T. MacArthur Foundation, IL	1,138,000	1,336,000	1,817,000	615,000	1,456,000	735,000	-403,000	-35%
The Campbell Foundation, FL	603,400	652,668	644,687	442,946	303,047	450,330	-153,070	-25%
The California Wellness Foundation, CA	795,000	275,000	1,150,000	180,000	120,000	680,000	-115,000	-14%
AIDS Foundation of Chicago, IL	1,435,148	1,785,401	1,186,594	1,663,982	1,535,018	1,357,877	-77,271	-5%
Houston Endowment Inc., TX	550,000	1,040,000	435,000	522,500	337,500	480,000	-70,000	-13%
South Africa Development Fund, MA	614,041	638,455	686,828	686,928	1,069,994	550,607	-63,434	-10%
United Nations Foundation, DC	1,531,278	6,708,922	1,537,977	753,346	381,458	1,488,661	-42,617	-3%

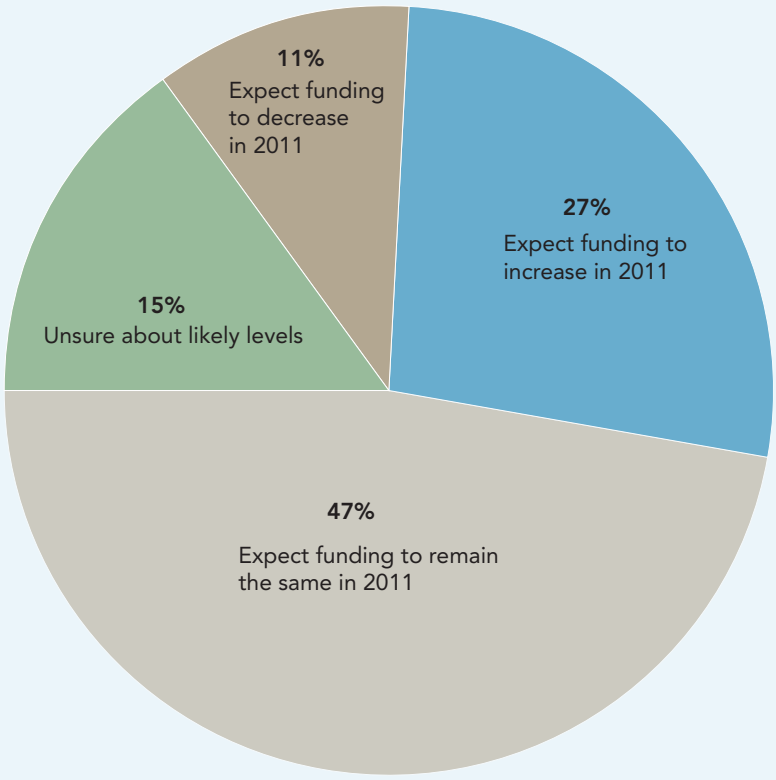
44 While Elizabeth Glaser Pediatric AIDS Foundation's re-granting to other organizations utilizing private funds continued to decrease in 2010, this does not reflect a decrease in the overall Foundation re-granting budget, which increased significantly during 2005-2010, primarily with public funding. The Foundation's publically funded re-granting budget increased from roughly $30 million in 2005 to about $58 million in 2010. However, private funding as a proportion of overall re-granting declined from 23% in 2005 to only 3% in 2010.

2011 FORECAST

In the FCAA survey on 2010 funding, funders were asked about their anticipated grantmaking levels for 2011. Of the HIV/AIDS funders that responded to that survey question (47 of 60), 27% indicated that they expected an increase in HIV/AIDS grantmaking in 2011 in comparison with 2010, including two of the top 10 funders, one of which was the top funder, the Gates Foundation. Eleven percent of funders, including three of the top 10 funders, forecast that their 2011 grantmaking levels would be lower than in 2010. Forty-seven percent of funders who answered the question (22 of 42 responding), including four of the top 10 funders, reported that they anticipate disbursements to remain at approximately the same level.

The three top 10 funders that indicated that their funding would be lower in 2011 also reported that the forecasted decrease was due to shifting funding to other related health areas, such as sexual and reproductive health, neglected diseases, chronic hunger and malnutrition, and maternal and child health. Given that the top 10 funders account for 80% of total disbursements in 2010, even minor shifts by these leading funders can have an enormous effect on the sector at large.

Chart 4: **Forecast of 2011 U.S. Philanthropic HIV/AIDS Funding** *(by percentage of funders responding)*



EXAMPLES OF INNOVATIVE FUNDING:
SPECIAL FOCUS: YOUTH

MTV's Staying Alive Foundation, HIV Young Leaders Fund, and the Washington AIDS Partnership

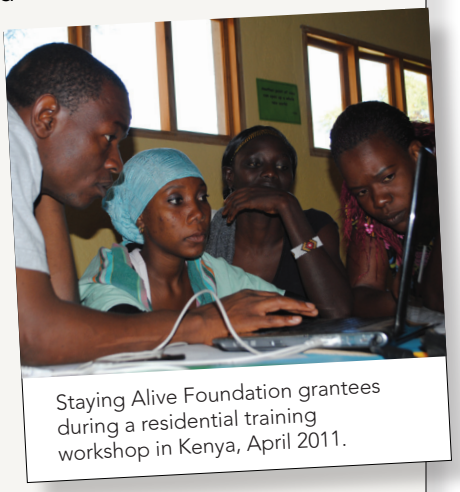
In July 2010 new data revealed that HIV prevalence among young people (ages 15-24) is dropping in many key countries.[45] According to UNAIDS, these declines are largely due to falling new HIV infections among young people, a possible outcome of changing sexual behaviors across the world. Still, with an estimated five million young people living with HIV/AIDS worldwide, it remains one of the most vulnerable populations affected by AIDS worldwide. United Nations Secretary-General Ban Ki-moon recently underscored the importance of the youth movement within his top recommendations for achieving Universal Access to HIV treatment, prevention, care, and support by 2015.[46]

In 2010, youth ranked as a top target population among both domestic- and international-focused private HIV/AIDS funders. This feature shares just a few of the innovative strategies – including core support, technical assistance and volunteerism – that funders are using to mobilize and develop young leaders in the global response to HIV/AIDS.

STAYING ALIVE FOUNDATION

MTV established the Staying Alive Foundation (SAF) in 2005 to build on its commitment to tackle HIV prevention and stigma through its Staying Alive Media Campaign. With the mission to encourage, energize and empower young people who are involved in HIV/AIDS awareness, education and prevention campaigns, SAF makes grants to organizations that are run by and for young people (ages 15 to 27). To date, SAF has done this by awarding financial grants and personal support to 304 youth-led organizations in 61 countries around the world.

In October 2009, with support from ViiV Healthcare's Positive Action program, SAF launched a new Training and Development Program[47] designed to build stronger and more sustainable grantee organizations. Conducted over four years (the length of a full grant cycle), the program includes a residential (in-person) workshop, a virtual grantee network (*Staying Alive Connected*), and continuous learning through e-courses, grantee exchanges and work placement. The first phase (Year 1) of the program focuses specifically on strengthening grantees' organizations, including building skills in project management, fundraising, and monitoring and evaluation. The second phase (Year 2 and onwards) focuses on strengthening these skills through continuous learning as well as demonstrating the benefits of cooperation, networking and sharing lessons.



Staying Alive Foundation grantees during a residential training workshop in Kenya, April 2011.

A total of 56 people from 28 grantee organizations based in 21 countries across Africa, Asia, and Eastern Europe have taken part in seven residential training workshops, including most recently in London, Dar es Salaam, Tanzania, and Naivasha, Kenya. In addition to building individual and organizational capacity, the workshops also focus on helping grantees to build relationships and partnerships. Staying Alive Connected is introduced at each workshop as a forum for grantees to continue to foster these relationships and engage in mutual learning and support.

In the past twelve months 64 young people have taken part in five e-courses that offered additional learning opportunities within political advocacy and project management. By both helping grantees see the

45 Outlook Breaking News: Young People. UNAIDS. 2010. Available online at: data.unaids.org/pub/Outlook/2010/20100713_outlook_youngpeople_en.pdf

46 UNAIDS Press Release. UN Secretary-General outlines new recommendations to reach 2015 goals for AIDS response. 3/31/2011. www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2011/march/20110331prsgreport/

47 Learn more at www.viivhealthcareeffect.com/tour-our-programmes/staying-alive.aspx

connection between their current work and advocacy, and also by helping to develop their voice and confidence, the advocacy e-course serves as an essential tool in helping grantees become leaders in their own community.

The final stage of the program is currently underway and involves grantee exchanges and work placements. Most recently grantee exchanges have taken place between organizations in Malawi, Uganda and Kenya. The expected long-term outcome is that a natural network of powerful, well-functioning youth-led organisations that have experience working together, will be well positioned to take on joint youth-led research, policy and advocacy initiatives, as well as ongoing capacity building collaborations and partnerships in program delivery.

"Ensuring the development and sustainability of your grantees is a smart way to leverage your investment into long-term results."

*– **Sara Piot,** Director of Grants, Staying Alive Foundation*

HIV YOUNG LEADERS FUND

The HIV Young Leaders Fund (HYLF) recently entered the field in 2010 as a new funding mechanism that allows young people to fully govern and direct substantial funding to youth-led initiatives that focuses on, and enables leadership among, young key affected populations. In July 2010 HYLF announced its inaugural grantees representing 23 organizations from 19 countries. HYLF aims to close the gap in youth-led HIV initiatives through supporting peer services, advocacy, and community mobilization by organizations of young people (30 years and younger) who are often excluded from or unreached by existing programs, including: young sex workers, young people from sexual minorities, young people who use drugs, young people living with HIV, and young women, depending on the context. HYLF is governed by a global Steering Committee that includes 11 young members from 11 countries representing different affected youth communities. Funding decisions are made by regional peer review panels to ensure regional expertise drives grant decisions. The HYLF has been supported by the Ford Foundation, John M. Lloyd Foundation, UNAIDS, New Venture Fund, Positive Action of ViiV Healthcare, the United Nations Population Fund and private donors.

Importantly, HYLF supports activities underfunded by existing funding mechanisms, including core funding for youth-led HIV initiatives. By providing this funding option, HYLF hopes to address a common problem youth-led initiatives face, which is that often donors want to fund short-term projects (not core costs). Many youth-led initiatives end up being unable to meet their basic needs, such as paying staff salaries or renting office space, and they are unable to become sustainable over the long run. By enabling grantees to strategically build and protect their organizational capacity, they are better able to amplify their mission and build a long-term movement. Some grantees, such as the Male Attitude Network in Nigeria, have leveraged core support from HYLF into new support from other donor sources. Often, donors are more willing to fund a youth-led organization after it has been able to establish a successful track record of attracting and managing other grant resources. HYLF also recognizes that certain young people were still left out of important conversations, and not visible in terms of advocating for what they need to create a better HIV response. Many of these groups are young people who face very high levels of stigma and discrimination in their communities on a daily basis, and are not reached through general "youth" HIV programs. As a small grants program—with grant sizes ranging from *$1,500 to $20,000*—HYLF is able to quickly mobilize, and thus grow, the leadership of most affected youth communities working at the grassroots level.

"HYLF's core funding goes straight to build the capacity of youth-led organizations… at the rate we're going, I'm sure we can build our capacity to a level where we can apply to much bigger grants to eventually scale-up the services we provide."

*– **HYLF Grantee Oliver Anene,** Male Attitude Network in Nigeria*

Due to the demand their launch created among youth-led organizations globally (they expected 500 applications, and received close to 3,000), HYLF has decided to take a regional approach in 2011-2012, and is focusing on three priority regions, as well as continued support to existing grantees. HYLF's priority regions are: Eastern Europe and Central Asia, Southeast Asia and the Pacific, and West and Central Africa. HYLF also seeks to connect the knowledge of grantees with the broader HIV response, and is currently participating in the development of a soon-to-be-released UNAIDS youth strategy. HYLF continues to advocate that funders and

other stakeholders not consider youth as one distinct population, but instead, think of youth comprehensively when addressing key affected populations (i.e. within MSM, transgender, sex worker or drug user populations).

WASHINGTON AIDS PARTNERSHIP

The Washington AIDS Partnership (the Partnership), an initiative of the Washington Regional Association of Grantmakers, is the largest private funder of HIV/AIDS prevention, education, and advocacy services in the Washington, D.C. metropolitan region, awarding over $1 million annually. The Partnership invests resources in local organizations to improve HIV/AIDS prevention, testing, and care services in the Washington, D.C. region. The Partnership also provides technical assistance to local organizations, and facilitates local public policy initiatives to improve the HIV/AIDS system of prevention, testing, and care.

In Washington D.C., home to the highest HIV prevalence rates in the United States, 1% of young people ages 13-24 are living with HIV.[48] The Partnership has a strong tradition of supporting young people living with or at risk for HIV/AIDS in the D.C. area, providing more than $700,000 to local youth-serving organizations and programs in 2010 and 2011. In addition to essential operating support, the Partnership also funds projects that range from HIV prevention education for area LGBT youth and female condom promotion among young D.C. women of color, to public policy and organizing work to improve HIV/AIDS and other sexual health-related policy affecting D.C. youth.

Another important effort of the Partnership is their recruitment and mentoring of a team of young people who commit to a year of full-time volunteer service at local nonprofits as AmeriCorps members. A renowned national program, AmeriCorps provides youth volunteers with a small monthly stipend and educational benefits in exchange for a year of service. The Partnership has served as a site of the AIDS United AmeriCorps program for the past 15 years.

Every year, a group of 12 volunteers are assigned to local organizations providing HIV/AIDS services where they work four days a week. While at their host site, members provide HIV testing and counseling services in the community, conduct HIV prevention education and outreach, and provide care services such as meal delivery, case management, and hospice care. Once a week, the AmeriCorps members work together on a joint service project benefiting the community, such as local health fairs and park clean-ups. In 2011-2012, the dollar value for the 2011-2012 team's services is estimated at $360,000, a significant resource brought to the community. When thinking about their year of service, a former Partnership AmeriCorps member noted that: "Many of the women we work with are facing unbelievable and seemingly insurmountable challenges—poverty, homelessness, joblessness, drug addictions, criminal convictions, histories of domestic abuse, etc.—and we are often coming into their lives at the point when they have reached rock bottom. It is tremendously inspiring to be a source of knowledge and support for my clients and to watch as they create real and lasting change in their lives."

The 2009-2010 AmeriCorps team during a two-day HIV testing and counseling event at the Martin Luther King Jr. Memorial Library in D.C.

"Not only does the AmeriCorps program bridge serious staffing needs at many local organizations, but it has given us the opportunity to develop future leaders in the health field. Our past members are now doctors, lawyers, social workers, public health officials and service providers working in the field of HIV/AIDS."

*– **Channing Wickham,** Executive Director, Washington AIDS Partnership*

48 Metro TeenAIDS Issue Brief. May 2009. metroteenaids.org/wp-content/uploads/2009/07/mta_issue-brief_apr09_57_3.pdf

U.S. CORPORATE HIV/AIDS FUNDERS

Ten corporate foundations and giving programs were among the top 60 U.S.-based HIV/AIDS funders identified by FCAA in 2010. The total estimated support of those 10 entities in 2010 was $109 million (1,436 grants), representing 24% of the $459 million total estimated HIV/AIDS U.S. philanthropy for 2010. The $109 million figure was 4% higher than the amount of corporate giving provided by the 11 top corporate funders for 2009.[49]

Table 4: **Top U.S. Corporate HIV/AIDS Funders in 2010** *(ranked by amount of disbursements)*

M·A·C AIDS Fund and M·A·C Cosmetics, NY	$26,260,957
Merck, NJ	22,482,432
Abbott and Abbott Fund, IL	21,607,018
Johnson & Johnson, NJ	11,368,214
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	10,809,411
ViiV Healthcare, NC	9,273,873
Levi Strauss & Co., CA	2,982,000
Pfizer Inc and Pfizer Foundation, NY	1,773,177
Wells Fargo, CA	1,614,364
Becton, Dickinson and Company, NJ	791,163
Total	**$108,962,609**

2011 Corporate Forecast

Seven of the 10 corporate funders listed in Table 2 provided FCAA with information about their grantmaking, including whether they expected their HIV/AIDS-related funding levels to be higher, lower or about the same in 2011. One of the corporate funders forecasted funding to be higher in 2011 in comparison with 2010; four expected grantmaking to remain about the same; and two funders said they expected funding to be lower in 2011.

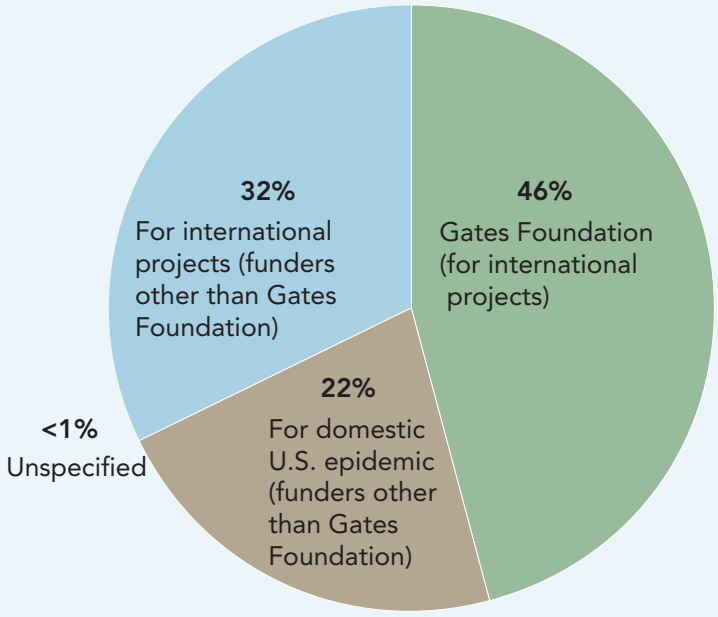
49 FCAA reported $106 million in disbursements among the top 11 corporate HIV/AIDS funders in 2009. Funding information was not available for 2010 for Macy's Foundation, which was one of the top 11 corporate funders in 2009.

GEOGRAPHIC DISTRIBUTION OF FUNDING

Among the top 60 U.S.-based HIV/AIDS funders in 2010, a total of 49 (82%) provided data on the geographic distribution of their funding disbursements. FCAA gathered geographic distribution data for 10 other funders from the Foundation Center, grants databases on funders' websites, or 990 tax forms, but could not obtain data on geographic distribution for one of the top 60 HIV/AIDS funders.

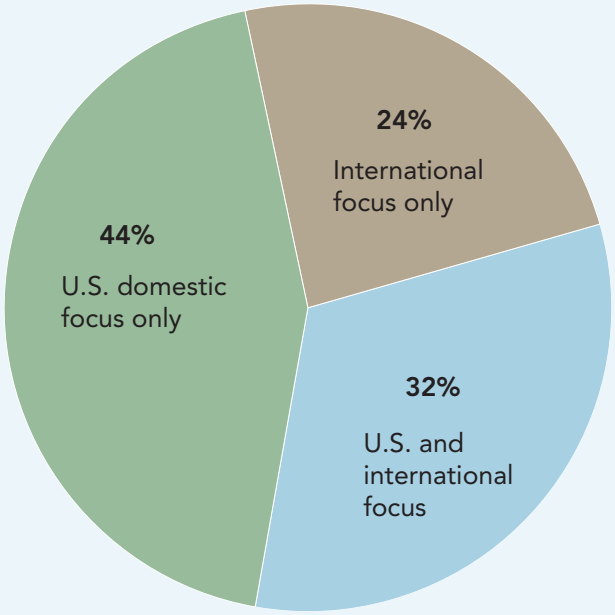
Analysis by FCAA suggests that of the estimated $459 million disbursed in 2010 by the top 60 funders, some $359 million (78%) was directed to global or international HIV/AIDS work (including funds granted to U.S. organizations for international work). About $101 million (or 22%) was disbursed to domestic U.S. HIV/AIDS efforts by the top 60 funders. The geographic distribution of the remaining funds (about $800,000, or less than 1%) could not be identified. In 2009, the figure for international funding was $379 million (an amount 5% higher than the comparable 2010 total), and the figure for domestic funding was $112 million (10% more than the comparable 2010 total).

Chart 5: **Share of Total Disbursements in 2010 by Geographic Focus**
(by percentage of total expenditure)



Data collected by FCAA indicate that in 2010, 24% of funders provided funding exclusively to address the epidemic internationally (14 of 59 funders), while 44% of funders provided funding exclusively to address the epidemic domestically (26 of 59 funders).

Chart 6: **Geographic Focus of U.S. HIV/AIDS Funders in 2010**
(by percentage of funders responding to question)



EXAMPLES OF INNOVATIVE FUNDING:
MOVING BEYOND DOLLARS TO EMPOWER COMMUNITIES

Bristol-Myers Squibb Foundation – SECURE THE FUTURE®

Empowered "Grannies" from Tanzania's Grandmothers Against Poverty and AIDS.

SECURE THE FUTURE® (STF), the flagship philanthropic program of Bristol-Myers Squibb and Bristol-Myers Squibb Foundation, provides care and support to women and children affected by HIV/AIDS in Africa. Since its launch in 1999, STF has funded more than $160 million in programs and has supported 230 projects in more than 20 African countries. In effort to continue to play a relevant role in the global response to HIV/AIDS, STF has evolved from a broad-based grantmaking program, to a focused investments initiative, to its current phase as a Technical Assistance and Skills Transfer Program (TAP). Launched in 2008, TAP provides technical assistance, capacity-building tools and seed funding to scale up community-based approaches for fighting HIV/AIDS in an increasing number of African countries and communities.

In 2010 TAP continued to provide technical support to organizations, governments and communities in Africa on governance, financial management, food security and income-generating activities. Through TAP, STF deploys a faculty of roughly 50 experts from across Africa, including former grant recipients and partners, to work alongside community-based HIV/AIDS organizations and provide highly customized assistance. The faculty is comprised of program managers, field workers, researchers, practitioners in the care of orphans and other vulnerable children, community mobilization and capacity building, and experts in the field of monitoring and evaluation. Another of TAP's innovative elements is its South-South – or "Africans helping Africans" – model of engagement that utilizes experts with real-world knowledge of the challenges facing TAP recipients, who can easily identify with them, and more openly communicate with fellow Africans.

In Africa, the epidemic's impact on the "middle generation," has left many grandmothers caring for their orphaned grandchildren. Former STF grantee Grandmothers Against Poverty and AIDS, a South Africa-based group that empowers grandmothers through HIV education and psychosocial support, is transferring their expertise to help organize new counterparts in Tanzania. Within a year, nearly 500 grandmothers have formed 36 support groups, gained critical knowledge about HIV prevention and care, provided mutual support, and generated income through crafts for their orphaned grandchildren. Another critical issue for STF is strengthening capacity in local community-based prevention, care, and control for tuberculosis (TB), including HIV co-infection. In October 2011 the Bristol-Myers Squibb Foundation announced a new partnership with the World Health Organization's (WHO) Stop TB Department for a two-year pilot initiative to strengthen these efforts in five countries in Africa. Leveraging STF's community-based technical assistance expertise, WHO will work to promote the development of new policies and programs that will better enable involvement of civil society organizations in TB community care.[50]

Many HIV/AIDS community-based approaches are now being transferred to strengthen other Bristol-Myers Squibb Foundation programs, including a new $100 million U.S. initiative focused on adult type 2 diabetes, with special focus on affected minority populations. Bristol-Myers Squibb also recently received the distinguished President's Award for its Technical Assistance and Skills Transfer Program as part of the Committee Encouraging Corporate Philanthropy's 2011 Excellence Awards.[51] This annual award recognizes CEO leadership, innovation, measurement and partnership in corporate philanthropy.

Learn more at: www.securethefuture.com

"The innovation of the Technical Assistance and Skills Transfer Program is that it is a South-South Skills Transfer Program - driven from the community-based African experience, and delivered by African experts."

*– **Phangisile Mtshali,** Director, Secure the Future, Bristol-Myers Squibb Foundation*

50 Bristol-Myers Squibb press release. "Bristol-Myers Squibb Foundation Announces Collaboration with World Health Organization's Stop TB Department to Strengthen Community Based Care of Tuberculosis Including HIV Co-Infection in Five African Countries." 11 October 2011. Available at: www.bms.com/news/press_releases/pages/default.aspx?RSSLink=http://www.businesswire.com/news/bms/20111011005388/en&t=634539206880822161

51 www.bms.com/news/features/2011/Pages/SkillsTransferProgram.aspx

PROVIDING TECHNICAL ASSISTANCE

Technical Assistance (TA) is the transfer of expert knowledge, such as professional advice and training, from a grantmaker to a grantee, and serves an important function in building organizational capacity and sustainability. New for 2011, FCAA's survey asked funders if they had done any TA in 2010 as part of their HIV/AIDS grantmaking, and if possible, to provide a financial value. Examples included:

Abbott and Abbott Fund: Provided lab mentors in Tanzania. *Approximate value = $184,000*

AIDS Foundation of Chicago: Trains other agencies in client-level database entry, and trains HIV/AIDS case managers in various areas such as: treatment adherence and latest research developments, etc. AFC also provides TA to dozens of organizations in all areas of program management and operations, communications, advocacy, fundraising, and other relevant areas.

AIDS Funding Collaborative: Provides TA in community planning, grantwriting, and connecting agencies with resources. Additionally, in 2010, AIDS Funding Collaborative was heavily involved in supporting organizations in the Cleveland area to submit requests for three federal Teen Pregnancy Prevention grants.

AIDS United: Provides staff time, including a Program Officer, TA contractors and Evaluators to their grantees. *Approximate value: $798,435*

Children Affected by AIDS Foundation: Provides TA related to completion of grant applications, mainly for international AIDS Service Organizations. Also provides translations and assistance with communications for Spanish-speaking grantees in Latin America.

Design Industries Foundation Fighting AIDS (DIFFA): Provided support for eight cities nationwide producing DIFFA-created fundraising projects. *Approximate value: $250,000*

Firelight Foundation: Provides funding for grantee TA activities, including: board strengthening, financial training to organizations, monitoring and evaluation, exchange visits, and network meetings.

Robin Hood Foundation: Provided TA in areas such as real estate consultation, pro bono legal assistance (value: $6,000), professional development (value: $6,300), fundraising consultation, board development ($7,000 grant) and board placement.

San Diego Human Dignity Foundation: Provides a TA meeting for all grantees, and helps all individual organizations in goal setting, outcomes, and other planning.

Washington AIDS Partnership: TA is a key component of the Partnership's grantmaking program that requires frequent interaction between staff and applicants during the grant round. This begins when the RFP is sent out, continues with the pre-proposal meeting with prospective applicants, and culminates with targeted site visits. Once grants are awarded, staff provides TA around program design, funding, and other issues during the grant period. Finally, staff also works individually with grantees undergoing structural and leadership changes, providing TA as needed.

FOCUS ON INTERNATIONAL HIV/AIDS FUNDING

FCAA identified 22 funders out of the top 60 funders that disbursed $1 million or more to support international AIDS programming in 2010.

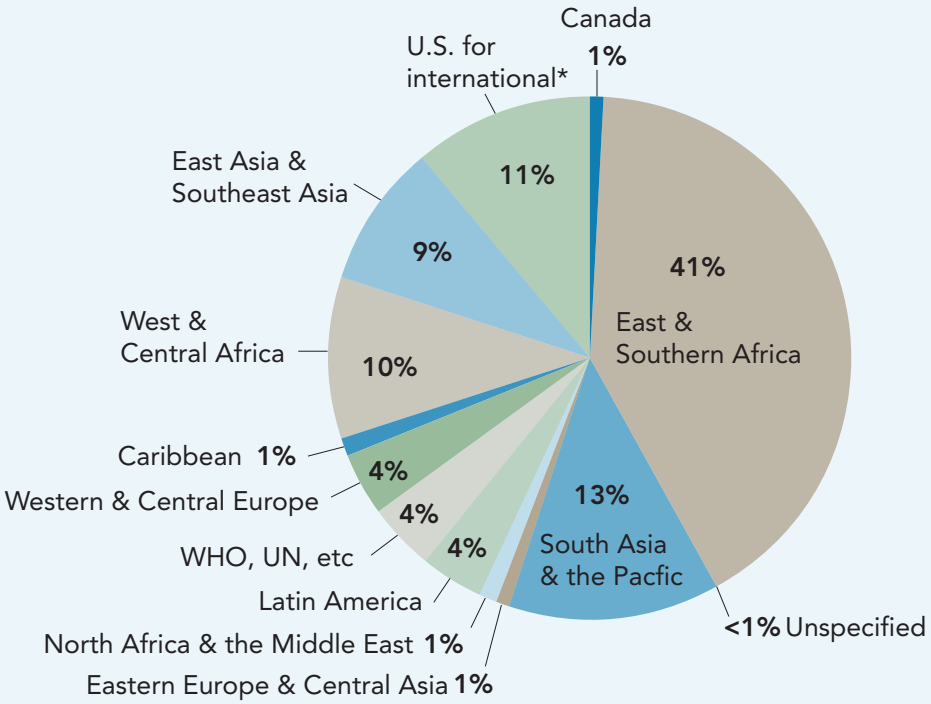
Table 5: **U.S. HIV/AIDS Funders Disbursing $1 Million or More to HIV/AIDS Projects Outside of the U.S. in 2010** *(ranked by amount of international disbursements)*

	International ($)	% of total HIV/AIDS disbursements by funder
Bill & Melinda Gates Foundation, WA	214,933,110	100
Ford Foundation, NY	22,607,322	78
Abbott and Abbott Fund, IL	20,021,914	93
M·A·C AIDS Fund and M·A·C Cosmetics, NY	15,256,042	58
Merck, NJ	13,919,156	62
Johnson & Johnson, NJ	9,935,714	87
Open Society Foundations, NY	9,211,995	100
ViiV Healthcare, NC	7,736,744	83
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	6,841,979	63
Tides Foundation, CA	5,996,866	100
amfAR, The Foundation for AIDS Research, NY	3,366,429	60
American Jewish World Service, NY	3,139,155	100
The Starr Foundation, NY	3,000,000	100
Elton John AIDS Foundation, NY	2,601,399	37
International Treatment Preparedness Coalition (ITPC), a project of the Tides Center, CA	2,309,126	100
Levi Strauss & Co., CA	1,912,000	64
Elizabeth Glaser Pediatric AIDS Foundation, CA	1,749,654	100
United Nations Foundation, DC	1,488,661	100
Global Fund for Women, CA	1,487,000	100
Pfizer Inc and Pfizer Foundation, NY	1,458,367	82
Max M. & Marjorie S. Fisher Foundation, Inc., MI	1,450,000	88
Firelight Foundation, CA	1,416,500	99
Glaser Progress Foundation, WA	1,088,279	100

Regional Geographic Distribution of International HIV/AIDS Philanthropic Funding

Of the top 60 funders in 2010, FCAA identified 36 that disbursed funds to address the international epidemic.

Chart 7: **Regional Geographic Distribution of International HIV/AIDS Philanthropic Funding in 2010 by U.S. Funders** *(by percentage of total international disbursements)*



* Funding for grantees with main offices in the United States that are known to use the grant money for work outside the U.S. are counted in the 'U.S. for international' figure. This is in contrast to the other categories where funding is granted directly to offices in each region.

The largest share of international funding went to the Eastern and Southern Africa region,[52] although the 2010 total of $148 million was $10 million less than the 2009 total—marking the largest year-to-year decrease by amount among all regions. The second largest decline was to Eastern Europe and Central Asia, from $12 million in 2009 to $5 million in 2010. The amount of funding provided to U.S. organizations for international work[53] was also lower in 2010 ($41 million) than in 2009 ($46 million).

52 See Appendix, page 63 for full list of countries in each region, based on the UNAIDS definitions of global regions.

53 Funding for grantees with main offices in the United States that are known to use the grant money for work outside the U.S. are counted in the total international figure.

Funding to the South Asia and the Pacific and the East Asia and Southeast Asia regions was lower in 2010 compared with 2009—$46 million in 2010 from $50 million in 2009 for South Asia and the Pacific, and some $31 million (2010) and $33 million (2009) for East Asia and Southeast Asia. Both decreases were impacted by lower amounts provided by the Gates Foundation. Disbursements from funders other than the Gates Foundation were greater in those regions in 2010, however, totaling $5 million in 2010 in South Asia and the Pacific (compared with $4 million the previous year) and $15 million in East Asia and Southeast Asia (compared with $12 million in 2009). The same difference was noted in regards to funding to WHO, the UN and other multilateral organizations: funding from the Gates Foundation was lower in 2010 ($12 million) than in 2009 ($18 million), while the amount provided by funders other than the Gates Foundation was slightly higher in 2010 ($3 million) than in 2009 ($2 million).

Funding allocated to several other regions increased from 2009 to 2010. Funding to Western and Central Europe increased to $13 million in 2010 from $8 million; funding to Latin America increased from $12 million in 2009 to $14 million the following year; funding to North Africa and the Middle East totaled $3 million in 2010, up from $1 million in 2009; funding to Canada was $4 million in 2010, compared with $2 million in 2009; and funding to the Caribbean increased from $2 million in 2009 to $3 million in 2010. Funding to the Western and Central Africa region remained about the same ($36 million).

UNDERSTANDING THE EPIDEMIC – FINDING THE GAPS

Region	People living with HIV (end of 2009)	New infections (2009)
Sub-Saharan Africa	22,500,000	1,800,000
East Asia, Southeast Asia, South Asia & the Pacific	4,927,000	356,500
North America	1,600,000	70,000
Eastern Europe & Central Asia	1,400,000	130,000
Latin America	1,400,000	92,000
Western & Central Europe	820,000	31,000
North Africa & the Middle East	480,000	75,000
Caribbean	240,000	17,000

Source: UNAIDS. *Report on the Global Epidemic, 2010.*
Available at: www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf.

EXAMPLES OF INNOVATIVE FUNDING:
BUILDING THE CAPACITY OF LOCAL LEADERSHIP

Elizabeth Glaser Pediatric AIDS Foundation

The Elizabeth Glaser Pediatric AIDS Foundation (the Foundation) is a global leader in the fight against pediatric HIV and AIDS, and has reached more than 11.6 million women with services to prevent transmission of HIV to their babies. It works at more than 5,400 sites in 17 countries to implement prevention, care, and treatment services; to further advance innovative research; and to execute strategic and targeted global advocacy activities in order to bring dramatic change to the lives of millions of women, children, and families worldwide.

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Recent ILA recipient (2007) Dr. Purnima Madhivanan is a public health physician, Associate Professor at Florida International University and Executive Director of the Public Health Research Institute, based in Mysore, India. Through support from the ILA, she has equipped traditional birth attendants – key actors in providing pregnancy care to rural women – to provide high quality, integrated PMTCT and antenatal care services. Her ILA-supported pilot effort served women in 146 rural villages and included community outreach, training and a mobile health clinic. The project also provided training to Government of India nurse midwives and community health workers to foster a sustained effort to deliver integrated pregnancy care to women in Indian communities.

In many countries with high HIV prevalence, greater numbers of local doctors and public health specialists are urgently needed. However, local opportunities are often limited, as many skilled personnel leave their countries for training and to pursue public health work. To encourage and support leaders at the forefront of generating local solutions to address the pandemic, the Foundation established the International Leadership Award (ILA) program in 2002. Recipients are researchers, clinicians, and program experts in resource-poor settings who have the potential to develop and manage programs that would assist in the elimination of pediatric AIDS in the countries where they live. They are involved in mentoring, initiating, and improving services, providing support to host governments, research, evaluation, and training. Perhaps most importantly, they help empower the next generation of local leaders to take significant strides toward the elimination of pediatric HIV and AIDS.

ILA awardees are selected from a highly qualified pool of applicants in the process of establishing successful careers and programs. Most will have completed training abroad within the past five years. All must demonstrate a commitment to continuing HIV/AIDS related work in a low-resource setting following completion of the three-year award. Since the program's inception, the Foundation has provided more than $5.8 million in grants to 14 award recipients from nine countries—including India, Kenya, Malawi, South Africa and Uganda.

Through these three-year grants, the Foundation is nurturing a vital cadre of local leaders who are at the forefront of generating local solutions to prevent and treat HIV/AIDS in children, women and families. Over the years, ILA recipients have gone on to become strong, visible leaders in the pediatric HIV/AIDS field within their respective country settings. Cumulatively, the 14 ILA recipients have trained and mentored 1,300 physicians, nurses, counselors, mid-wives/birth attendants, and laboratory technicians and leveraged more than $7.2 million in additional funding.

Privately funded, the ILA program is a critical component of the Foundation's efforts to eliminate pediatric AIDS. Donors include the Stavros Niarchos Foundation and Jewelers for Children. The ILA program complements the Foundation's prevention, care and treatment programs that provide a range of essential services to women, children and families affected by the HIV/AIDS in 16 countries.

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

Funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria from U.S. philanthropies for HIV/AIDS totaled $6,217,761 in 2010. This decrease from the total of $93 million to the Global Fund in 2009 is largely due to the Gates Foundation making two disbursements of $45 million each to the Global Fund in 2009, to cover both 2009 and 2010 (see explanation below).

Table 6: **U.S. Philanthropic HIV/AIDS Funding to the Global Fund in 2010**

United Nations Foundation, DC	$5,289,960
Gates Foundation, WA	407,801
M·A·C AIDS Fund and M·A·C Cosmetics, NY	375,000
Merck, NJ	75,000
Ford Foundation, NY	70,000
Total	**$6,217,761**

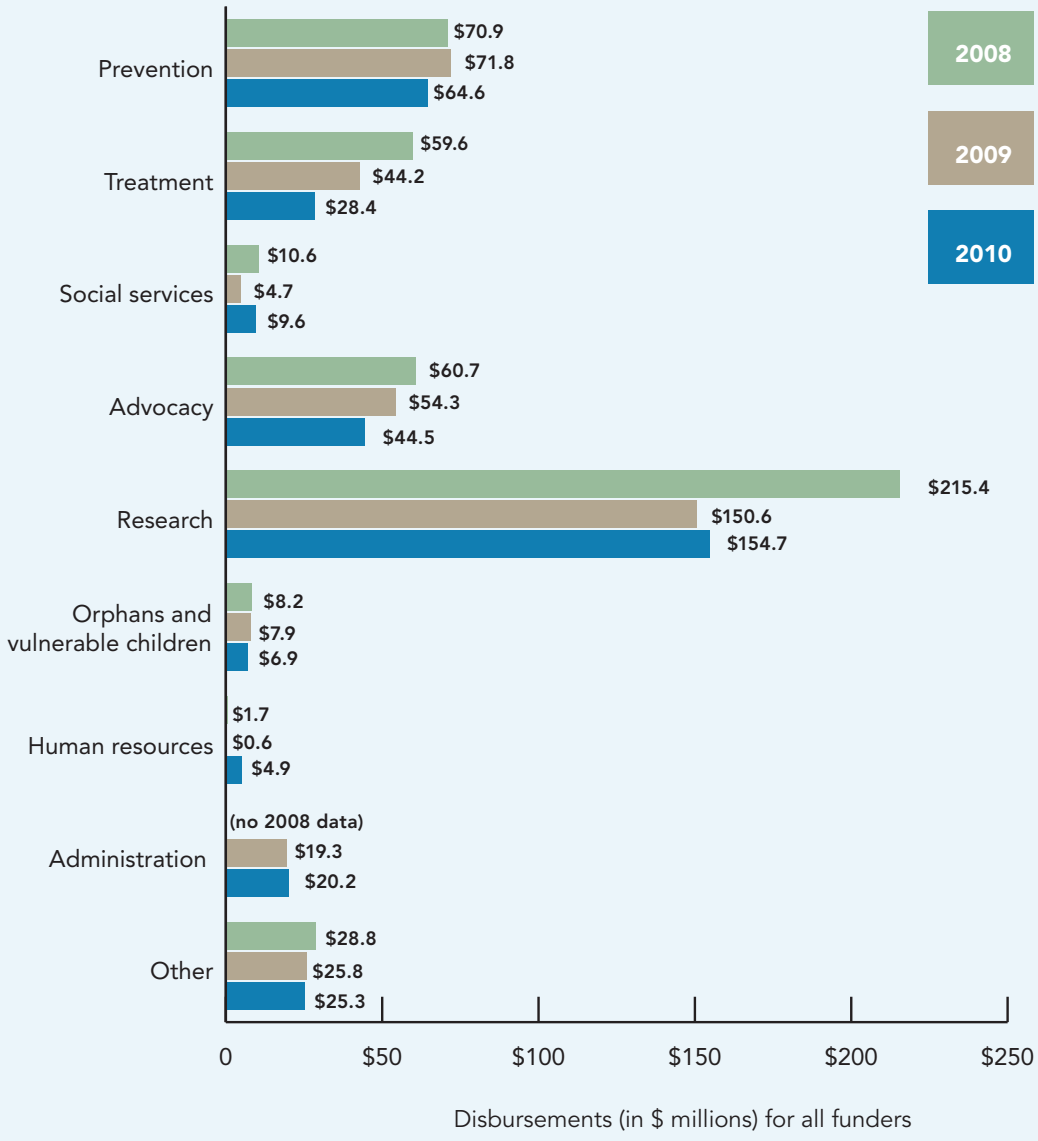
Funding for HIV/AIDS through the Global Fund was removed from total disbursements in this year's report because going forwards it will be increasingly difficult to accurately determine actual disbursements to the Global Fund from funders each year. Most donors contribute to the Global Fund via cash contributions. Donors can also contribute in the form of promissory notes, instruments which allow donors to make a firm commitment that year while deferring payment over a defined term. This represents a longer-term commitment, and also provides legally binding pledges to the Global Fund which allows the Fund to make grant commitments immediately upon receipt of the promissory note, though actual disbursements of funds to the Global Fund may happen over a number of years.

Going forwards, removing Global Fund funding from total disbursements is of particular relevance to the Gates Foundation. Historically, the Gates Foundation has been the largest U.S. philanthropic donor to the Global Fund, and the source of 96% of the $93 million provided to the Global Fund for HIV/AIDS by U.S. philanthropies in 2009. Since 2001, the Gates Foundation has donated $650 million to the Global Fund—including $100 million annually since 2005. It is estimated that 45% of Global Fund funding goes to HIV/AIDS; therefore, 45% of the Gates Foundation's annual gift ($45 million) has been allocated to HIV/AIDS. The Gates Foundation made two HIV/AIDS disbursements totaling $90 million to the Global Fund in 2009, to cover pledges of $45 million each for 2009 and 2010. Funding to the Global Fund has been removed from all figures that appear in this report, including 2010 figures and figures from previous years in order to make an accurate comparison.

Intended Use of International HIV/AIDS Funding

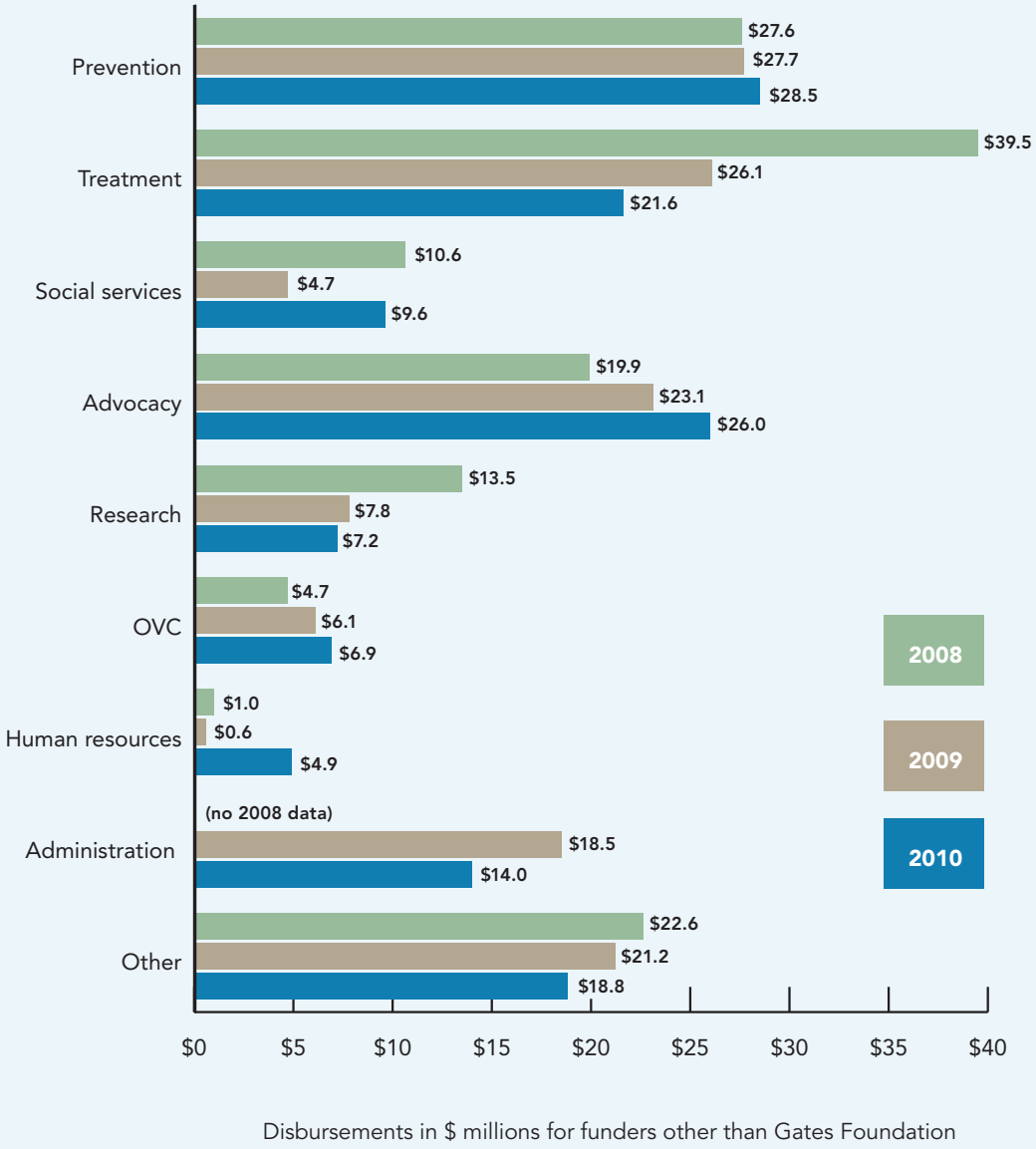
FCAA was able to obtain data on intended use of international HIV/AIDS grants for 58 of the top 60 U.S. HIV/AIDS funders in 2010. Chart 7a shows the 2008, 2009 and 2010 intended use of international funding totals for all funders (including the Gates Foundation) for a year-to-year comparison. Chart 7b shows international intended use for funders other than the Gates Foundation.

Chart 8a: **Intended Use of International U.S. HIV/AIDS Philanthropic Funding in 2008, 2009 and 2010** *(All funders)*



The "other" category for international intended use includes funding that was unspecified and funding for projects that did not fall under the pre-determined categories, such as: funding that fell across multiple categories and could not be broken down, long-term health systems strengthening, building and renovating labs and health care facilities, conducting evaluations, and organizational capacity-building.

Chart 8b: **Intended Use of International U.S. HIV/AIDS Philanthropic Funding in 2008, 2009 and 2010**
(Funders other than Gates Foundation)



MORE ON INTERNATIONAL INTENDED USE

*Annual intended use data illustrates the top areas HIV/AIDS-related funders support with their grantmaking. New for this year, FCAA took a deeper look at the top funders represented within the highest intended use categories of **research**, **prevention** and **treatment**—as well as the **advocacy**, where we've witnessed encouraging increases – in an effort to provide more detail about the kinds of programs captured by this data.*[54]

RESEARCH

- One funder supported research exploring the mechanisms for HIV persistence and the potential for HIV eradication (i.e., "**cure research**")
- Two funders disbursed funds to **vaccine-related research**
- One funder supports research activities focused on **mathematical modeling of the HIV epidemic**
- One funder is supporting the development of an **infant HIV rapid test**
- One funder supported **observational research** relevant to **HIV treatment outcomes** in adults and children in **Asia and the Pacific**
- Several funders support **scientific conferences** that prioritize **networking and information exchange** among leading HIV/AIDS experts.

PREVENTION

- Three funders prioritized **prevention of vertical transmission** in Africa and other countries
- One funder supports the training and mentorship of **emerging leaders in HIV prevention in South Africa**

TREATMENT

- One funder supports **expanded access to HIV/AIDS care and treatment** for **HIV-infected children and families** globally
- One funder's investments have significantly **expanded the health care system in Tanzania**, including modernizing the National hospital.

ADVOCACY

- One funder supported workshops, meetings, technical assistance and publications to develop the **capacity and leadership of global grantees** to advance the health and rights of marginalized populations
- One funder supports training activities to **empower and mobilize women living with HIV/AIDS** globally

CROSS-CUTTING

- One funder provided support to **grassroots organizations for research, direct service and advocacy projects** aimed at reducing HIV infection and transmission among **MSM and transgender individuals** in resource-limited countries
- One funder supports a **country-specific national HIV/AIDS strategy** in Africa to prevent new HIV infections and reduce HIV/AIDS-related morbidity and mortality rates through a **comprehensive prevention, treatment care, and support approach**
- One funder's support has helped establish an effective and replicable model for **delivering prevention, treatment, care, and support services** in **China**.

54 The top four funders – at $1 million or above – were further surveyed for information about representative programs. We also reviewed funder websites and annual reports for additional information. Due to the anonymity of this report, organizations are not tied to specific programming.

FUNDING GAME-CHANGERS IN HIV PREVENTION RESEARCH

In April 2011 FCAA, M·A·C AIDS Fund and AVAC convened a funders' briefing to review the latest scientific advances and funding landscape for HIV prevention and research, and to discuss how grantmakers at all levels of giving can impact the delivery of these tools in the future. Recommendations for funders included:

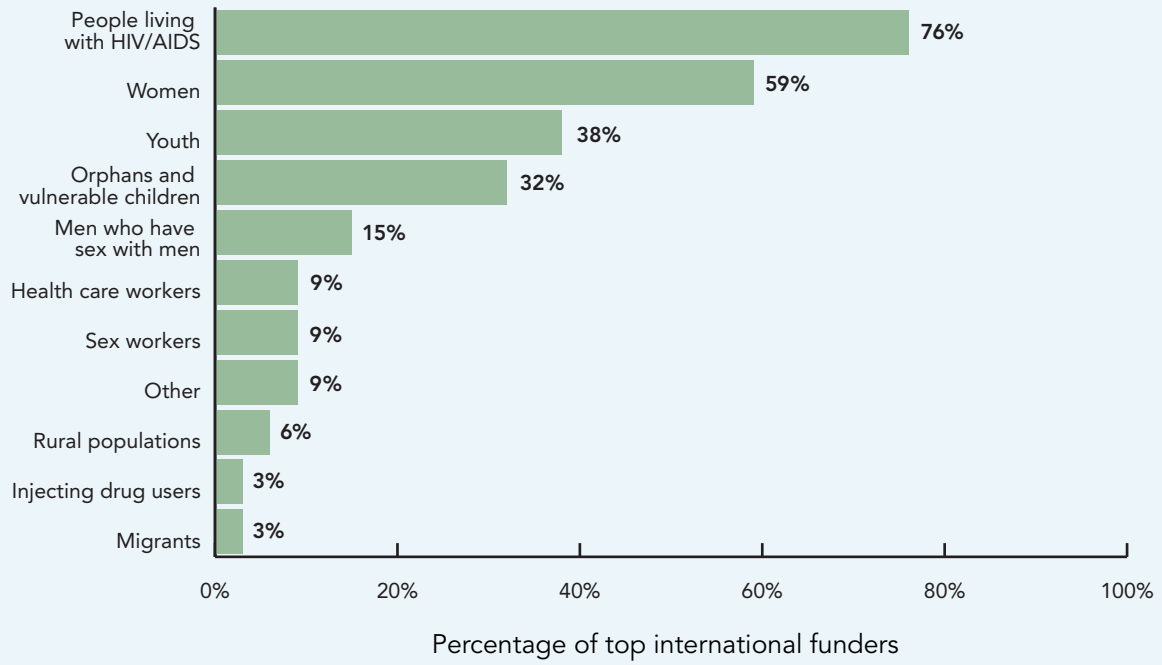
- Support both the research of products close to market to confirm trial results, and the acceleration of access to the product as soon as it is licensed.
- Fund trials of other products and formulations to completion.
- Fund demonstration projects to mobilize people and promote adherence to the chosen program. Similarly, funding the addition of a site to an existing study can also be a relatively less expensive option for new funders, and allows the testing of a new synergy or approach that may be more applicable for your community.
- Support individual studies focused on ART in prevention research.
- Foster communication programs on HIV prevention, especially with young people.
- Support global leadership (such as the World Health Organization) to monitor and foster research, as well as the rapid development of guidance as evidence becomes available.
- Support scientific meetings to share best practices, and provide leadership and foster collaboration among researchers.
- Consider pooling resources with other organizations.

For a full briefing report, please visit www.fcaaids.org

Target Populations of International HIV/AIDS Funding

Top U.S. HIV/AIDS funders were asked to identify the three population groups that receive the greatest benefit from their funding. Chart 8 shows the percentage of the 34 total respondents whose funding addresses the international epidemic and chose each category. The categories are not mutually exclusive. (Note: Although funders were asked to list only the top three target populations of their funding, some reported more than three populations. In those cases, all populations reported were included in Chart 8.)

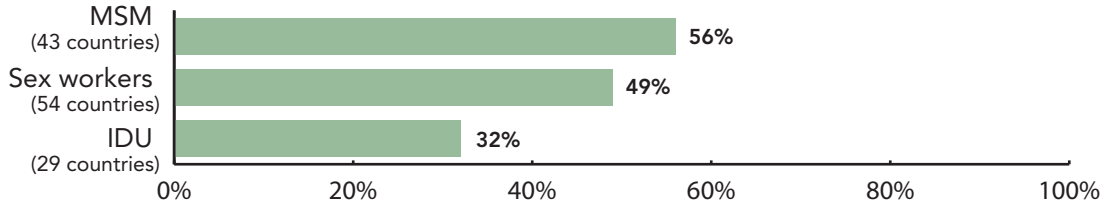
Chart 9: **Target Populations for International U.S. HIV/AIDS Grantmaking in 2010**
(by percentage of 34 top international funders from which target populations data were obtained)



The "other" category for international target populations included responses such as funding for medical research that reached women living with HIV, children and families; and funding for lesbian, gay, bisexual and transgender populations.

UNDERSTANDING THE EPIDEMIC – FINDING THE GAPS

Chart C: **Median Coverage of HIV Prevention Programmes for Selected Population Groups, 2010**



Source: *UNAIDS Report on the Global Epidemic, 2010.* Available at: www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf.

- In Eastern Europe and Central Asia, a region of concentrated new infections in populations such as IDUs, sex workers, and MSM, 89% of HIV prevention investments are not focused toward these populations.
- The proportion of HIV prevention funding for programs for sex workers, MSM, and IDUs is only 1.7% in Burkina Faso, 0.4% in Côte d'Ivoire and 0.24% in Ghana, yet the percentage of new infections in those population groups is 30%, 28% and 43%, respectively.
- In both Kenya and Mozambique, between one quarter and one third of new HIV infections occur among IDUs, MSM and sex workers. Yet total spending directed to HIV prevention among these key populations is 0.35% in Kenya and 0.25% in Mozambique, and almost all is from international sources.

Source: *UNAIDS Report on the Global Epidemic, 2010.*
Available at: www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf

EXAMPLES OF INNOVATIVE FUNDING:
TARGETING AN UNDERFUNDED REGION

ELTON JOHN AIDS FOUNDATION

Established in the U.S. in 1992 and in the U.K. in 1993 by Sir Elton John, the Elton John AIDS Foundation (EJAF) is one of the world's leading non-profit organizations supporting innovative HIV prevention programs, efforts to eliminate HIV/AIDS-related stigma and discrimination, and direct care and support services for people living with HIV/AIDS. Together, both entities have raised over $225 million for programs in 55 countries around the globe since inception.

Strategic evaluation is a core component of EJAF's grantmaking, and priorities are regularly evaluated within the ever-changing HIV/AIDS epidemic, aiming for grant awards that will make the greatest impact. For close to 20 years this strategy has allowed EJAF to expand both the amount of money given, and also their ability to target populations that are poorly served by current prevention efforts and are most at risk of HIV infection, including the under-funded community of the Caribbean. While the region has an adult HIV prevalence rate of 1% - making it the second most affected region in the world, after sub-Saharan Africa[55] - it receives a disproportionate level of funding. In 2010 only one percent of the $359 million disbursed to the international HIV/AIDS epidemic by U.S.-based private funders targeted the Caribbean.

Since 2006, EJAF has been one of the largest investors of private philanthropic dollars to the Caribbean, disbursing more than $5.6 million dollars to the region through early and innovative partnerships with leading stakeholders such as The Henry J. Kaiser Family Foundation, amfAR, Partners in Health (PIH), the Clinton Health Access Initiative (CHAI), and others.

Some of these efforts include:

» In 2006 EJAF joined the Kaiser Family Foundation as an early partner in the Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP). In the years since, EJAF's continued support has helped CBMP to grow to include 100 leading broadcasters from 25 Caribbean countries and territories, committed to expanding public awareness about HIV/AIDS and related issues. By sharing information and resources among broadcasters, and building their own capacity to develop and deliver HIV-themed programming content, CBMP broadcasters established new, coordinated media initiatives that impart lifesaving messages to prevent HIV infection and fight HIV/AIDS-related stigma and discrimination. CBMP broadcasters cover a total estimated population of some 30 million people in the second highest HIV/AIDS-impacted region of the world. This represents, by far, the single largest mobilization of media in response to any social issue in the region.

» In partnership with PIH, EJAF funding supported HIV care and treatment at a district hospital and health center in Port-au-Prince and Saint Marc, Haiti. EJAF also supported the delivery of voluntary counselling and testing and four internally displaced persons camps in Port-au-Prince. As of September 2010, PIH tested more than 20,000 people in these camps, 851, of whom tested HIV-positive and were referred to clinical treatment. PIH also provides home visits to the destitute sick and critical prevention activities such as community education sessions.

» EJAF funding supports the continued work of amfAR's MSM Initiative in the Caribbean on seven projects that provide HIV/AIDS services to and advocacy for men who have sex with men (MSM) in the region. The year 2010 marked the third year of amfAR's MSM Initiative and its continued efforts to deliver urgently needed community awards and technical assistance in the Caribbean.

» Since 2007, EJAF's partnership with CHAI in the Caribbean has achieved such notable results as: millions of dollars saved on antiretroviral (ARV) drugs in the English Caribbean, the launch of a pilot to reduce patient wait times at clinics in Jamaica's Western Region, and the roll out of more cost effective ARV regimens in Haiti.

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55 The Henry J. Kaiser Family Foundation. Fact Sheet: *The HIV/AIDS Epidemic in the Caribbean*. November 2009. Available at: www.kff.org/hivaids/upload/7505-06.pdf

FOCUS ON DOMESTIC U.S. HIV/AIDS FUNDING

FCAA identified 20 funders out of the top 60 funders that disbursed $1 million or more to support domestic U.S. HIV/AIDS programming in 2010.

Table 7: **U.S. HIV/AIDS Funders Disbursing $1 Million or More to HIV/AIDS Projects within the U.S. in 2010** *(ranked by amount of domestic disbursements)*

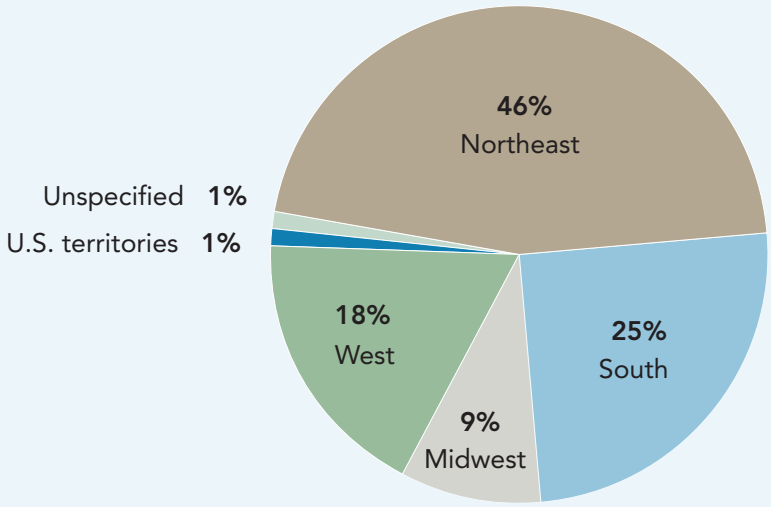
	Domestic ($)	% of total HIV/AIDS disbursements by funder
M·A·C AIDS Fund and M·A·C Cosmetics, NY	11,004,915	42
Philip T. and Susan M. Ragon Institute Foundation, MA	10,000,000	100
Broadway Cares/Equity Fights AIDS, NY	9,482,213	95
Merck, NJ	8,563,276	38
AIDS United, DC	8,032,584	100
Irene Diamond Fund, NY	7,786,141	100
Ford Foundation, NY	6,204,990	22
Robin Hood Foundation, NY	4,553,750	100
Elton John AIDS Foundation, NY	4,449,694	63
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	3,967,433	37
amfAR, The Foundation for AIDS Research, NY	2,267,038	40
The New York Community Trust, NY	1,877,000	100
H. van Ameringen Foundation, NY	1,660,000	100
Wells Fargo, CA	1,614,364	100
Abbott and Abbott Fund, IL	1,585,105	7
ViiV Healthcare, NC	1,537,129	17
Johnson & Johnson, NJ	1,432,500	13
Pride Foundation, WA	1,320,928	100
AIDS Foundation of Chicago, IL	1,307,877	96
Levi Strauss & Co., CA	1,070,000	36

Regional Geographic Distribution of Domestic U.S. HIV/AIDS Philanthropic Funding

Chart 9 shows the U.S. regional distribution of domestic HIV/AIDS philanthropic funding. Of the top 60 funders in 2010, FCAA identified a total of 45 that disbursed funds to address the U.S. domestic epidemic.

FCAA asks funders to report domestic funding according to where the office of the grantee is located. It is important to note that some funders' grantees conduct HIV/AIDS work outside of the region in which they are based. Therefore, the share of funding given to a domestic region specified in Chart 9 is only an estimate of the actual funding spent in the region. About 1% of total grantmaking to address U.S. domestic activities tracked by FCAA was not able to be identified by region.

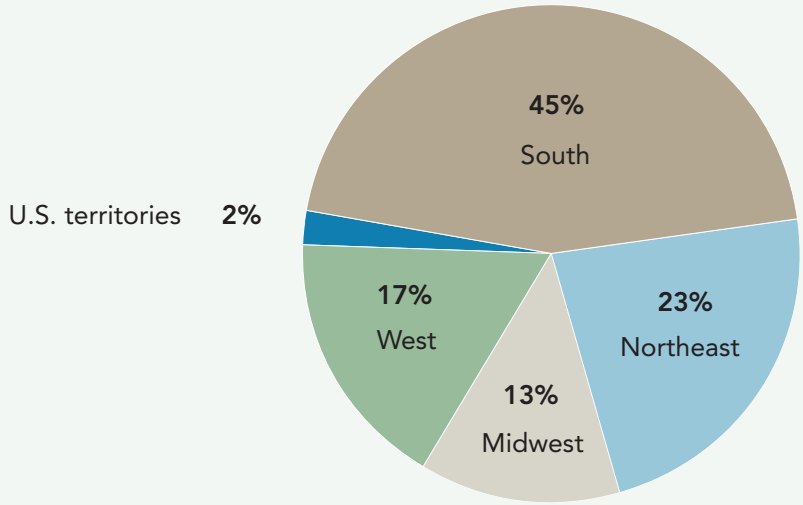
Chart 10: **Regional Distribution of Domestic U.S. HIV/AIDS Philanthropic Funding in 2010**
(by percentage of total domestic disbursements)



In comparison with 2009, funding to the Northeast region decreased in 2010, from $53 million to $46 million. Funding to the South was higher in 2010 ($25 million) than in 2009 ($23 million), as was funding for the U.S. territories region ($800,000 in 2010, compared with $400,000 in 2009). Funding to the West and Midwest regions decreased slightly: from $19 million in 2009 to $18 million in 2010 for the West, and from $10 million in 2009 to $9 million in 2010. About $1 million was unable to be specified.

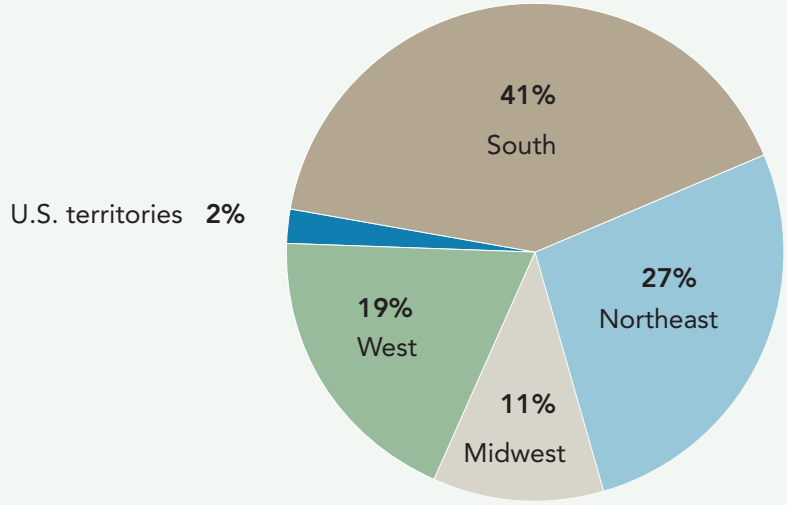
UNDERSTANDING THE EPIDEMIC- FINDING THE GAPS

Chart I: **Estimated New Infections in the U.S. in 2009 by Region**



Source: Centers for Disease Control and Prevention. *HIV Surveillance Report, Vol. 21. 2011.* Available at: www.cdc.gov/hiv/surveillance/resources/reports/2009report/index.htm

Chart J: **Estimated PLWHA in the U.S. by Region (up to end of 2008)**



Source: Centers for Disease Control and Prevention. *HIV Surveillance Report, Vol. 21. 2011.* Available at: www.cdc.gov/hiv/surveillance/resources/reports/2009report/index.htm

EXAMPLES OF INNOVATIVE FUNDING:
HUMAN RIGHTS APPROACH

International Treatment Preparedness Coalition (ITPC) and the Eastern Africa Treatment Access Movement (EATAM)

The International Treatment Preparedness Coalition (ITPC) is a worldwide network of community activists united by a vision of a longer, healthier, more productive life for people living with HIV. ITPC's mission is to enable communities in need access HIV treatment. As a grassroots movement, ITPC is the community's response to HIV and is driven, led by, and committed to the human rights of those most impacted by the pandemic.

Since its inception in 2003 ITPC has formed 13 regional networks in Africa, Asia, the Caribbean, Eastern Europe, and Latin America, and has made nearly 1,000 grants totalling close to US$10 million to community-based organizations of PLWHA in almost 100 countries. Many of ITPC's grantees are grassroots groups that have accessed ITPC's support when no other funding was available to them. In ITPC's unique approach to grantmaking, community members who know local epidemics and service gaps best and first-hand govern the regional networks, develop requests for proposals, and select grant recipients.

Grantees and activists demonstrate in Nairobi, Kenya against application of the national counterfeit law to generic HIV medications in April 2010.

The East Africa Treatment Access Movement (EATAM), a coalition of HIV/AIDS activists who advocate for the right to access prevention, treatment, and care services for PLWHA, is one of ITPC's regional networks. EATAM's work focuses in particular on the human rights of PLWHA in Djibouti, Eritrea, Ethiopia, Kenya, Somalia, Sudan, Tanzania, Uganda and Zanzibar. Since 2005, EATAM, whose regional membership is composed of ITPC's grantees, has distributed close to US$1 million to 127 community based-organizations.

A recent achievement is the lawsuit brought by three EATAM members against the government of Kenya to block the implementation of legislation adopted in 2008: the Anti-Counterfeit Act ("A-C Act 2008"). The legislation, also proposed in Uganda, aims to protect consumers against counterfeit medications, which can be unsafe; yet the legislation, yet fails to categorically distinguish counterfeit medications from generic medications.

Over the past decade generic medications for HIV have dramatically reduced the cost of treatment and made the medications more affordable for PLWHA. Kenya is the third and Uganda is the fourth largest African importer of generic drugs. The legislation, if implemented and applied to generic medications, will cause treatment to fail for thousands of PLWHA who depend on low-cost lifesaving generic ARVs. Therefore EATAM members campaigned to have A-C Act 2008 declared unconstitutional on the grounds that it infringes on the right to health of PLWHA.

During the first round of the court case, EATAM activists, wearing t-shirts emblazoned with the message *"Fight Counterfeits—Not Generic Drugs,"* attended hearings and held public rallies to raise awareness and show solidarity. The High Court of Kenya stopped the implementation of the bill with respect to generic drugs. This ruling will stand until the court hears the full case.

After the injunction was issued, Florence Akinyi of DACASA, an EATAM grantee, declared "I would not be alive at this point were it not for the generic ARV drugs I use. This ruling is commendable. We shall soldier on!" And Rose Kaberia, EATAM coordinator, said, "The happiest people in the world are not those who have no problems, but those who learn to live with what others might see as problems. As people living with HIV, we are happy that the court ruling reflects our commitment to continue rising from 'victimhood' to victory, and to lift others as we climb."

EXAMPLES OF INNOVATIVE FUNDING: MOBILIZING COLLABORATIONS

AIDS United and the Access to Care (A2C) Initiative

In November 2010 National AIDS Fund and AIDS Action announced their merger to create a new national organization in the fight against HIV/AIDS: AIDS United. Through its unique Community Partnerships program and targeted special grantmaking initiatives, AIDS United supports more than 400 grassroots organizations annually that provide HIV prevention, care and support services to underserved individuals and populations most impacted by the HIV/AIDS epidemic including communities of color, women and people living with HIV/AIDS in the U.S. South.

There are over a million PLWHA in the U.S., and two-thirds of those, an estimated 640,000, are either undiagnosed, not in medical care, or not receiving the HIV-specific treatment they need. AIDS United's **Access to Care (A2C)** Initiative was launched on World AIDS Day 2009 with a multi-year, multi-million dollar commitment from Bristol-Myers Squibb's (BMS) Positive Charge Initiative to help increase the access and retention of people living with HIV/AIDS (PLWHA) in HIV health care and support services, particularly PLWHA living in poverty who know their HIV status but are not receiving HIV-specific care or support. In May 2010 five major grant awards were provided to help break down barriers to care for PLWHA in geographically diverse communities representing major epicenters of the epidemic, including: Chicago, New York City, Oakland/San Francisco, and the states of North Carolina and Louisiana. In June 2010 the Wal-Mart Foundation provided new funding for additional collaborations in San Diego and Boston, both with a focus on linking women living with HIV/AIDS to care and treatment.

Emphasis on hard-to-reach populations is integral to AIDS United's A2C work, which has two main goals: first, to identify the systemic and/or personal barriers to care that PLWHA may experience; and second, to support the development of systems and interventions to alleviate those barriers and implement innovative approaches to ensuring access to and consistent engagement in care. A2C is designed to target the most difficult populations with refined outreach strategies, and with appropriate resources that otherwise would not be available. All funded projects within the A2C portfolio have developed a team of collaborating organizations to help reduce barriers to care, provide innovative solutions to long-standing access problems, and to change the way that systems operate in their community. AIDS United is committed to supporting projects that not only focus on individual level solutions to barriers to care, but also systemic change that will last long after AIDS United support is gone. As just one example, A2C features The Bay Area Network for Positive Health, the first ever collaboration between organizations from San Francisco and Oakland to address the unique barriers to care that each of their communities face.

In July 2010 the Obama Administration's Social Innovation Fund (SIF) awarded a $3.6 million grant to AIDS United to expand A2C. This innovative grant was one of 11 total grants and one of three awarded by SIF in the "healthy futures" area—and the only specific to HIV/AIDS, representing the "single largest award for HIV/AIDS made in decades by the federal government from new money and non-AID-specific funds." As SIF requires a 3:1 public-private funding match, all grantees will be required to provide a local 1:1 dollar match toward their grant awards, offering new opportunities for investment among the broader philanthropic sector, as well as the chance to engage in the successful implementation of the "Increasing Access to Care" pillar of National HIV/AIDS Strategy. In February 2011 AIDS United announced the first round of 10 A2C sub-grantees through the SIF grant, and in August, AIDS United and their funding partners announced that they met their required SIF federal 1:1 match, raising $2.5 million new dollars for the A2C program.

"The AIDS community has been offered a golden opportunity to serve thousands of people with HIV/AIDS and bring us one step closer to ending the AIDS epidemic… it is one we cannot miss."

*– **Mark Ishaug**, President and CEO, AIDS United*

Table 8: **Top Domestic Funders by U.S. Region in 2010**
(ranked by amount of disbursements to grantees based in each region)

Northeast	
Philip T. and Susan M. Ragon Institute Foundation, MA	$10,000,000
Irene Diamond Fund, NY	6,886,953
Broadway Cares/Equity Fights AIDS, NY	6,720,077
M·A·C AIDS Fund and M·A·C Cosmetics, NY	4,657,445
Robin Hood Foundation, NY	4,553,750
South	
M·A·C AIDS Fund and M·A·C Cosmetics, NY	$3,466,645
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	3,298,883
AIDS United, DC	3,241,610
Ford Foundation, NY	3,207,866
Merck, NJ	2,200,490
Midwest	
AIDS Foundation of Chicago, IL	$1,307,877
AIDS United, DC	1,151,134
Abbott and Abbott Fund, IL	1,021,205
Merck, NJ	987,650
M·A·C AIDS Fund and M·A·C Cosmetics, NY	625,570
West	
Merck, NJ	$4,609,536
M·A·C AIDS Fund and M·A·C Cosmetics, NY	2,140,255
AIDS United, DC	1,681,297
Wells Fargo, CA	1,253,750
Broadway Cares/Equity Fights AIDS, NY	981,260

EXAMPLES OF INNOVATIVE FUNDING:
PARTNERING WITH LOCAL HEALTH SYSTEMS

THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC. AND WISHARD HEALTH SERVICES

*The **Health Foundation of Greater Indianapolis (The Health Foundation)** was created in 1985 with the $12.5 million in proceeds from the sale of Indiana's first Health Maintenance Organization (HMO), MetroHealth. An independent, not-for-profit grantmaker, The Health Foundation has been and is still dedicated to preserve and enhancing the physical, mental and social health of the Greater Indianapolis community. Since 1986, The Health Foundation has contributed more than $32.7 million to health-related projects that are not easily funded by other means. From the beginning, its mission has been to support health-related causes, however, its funding priorities have changed as health concerns have evolved. Its current funding priorities are HIV/AIDS, the creation of school-based health clinics and childhood obesity. Along with the Indiana State Department of Health, The Health Foundation also convenes and supports the Indiana AIDS Fund, a private, philanthropic fundraising and grantmaking fund dedicated to supporting HIV/AIDS service in Indiana. Since it was founded in 1994, the Indiana AIDS Fund has become the largest private funder of HIV/AIDS programs in Indiana, and serves as a national partner of AIDS United.*

Wishard Health Services is the county hospital of Marion County the largest county in the state (encompassing the city of Indianapolis). In 2008 a care coordinator of the largest local AIDS Service Organization identified the need for a volunteer, routine and free rapid HIV testing program for individuals in the Wishard Emergency Department (ED) waiting room. Wishard services a high number of underserved and vulnerable patients in the greater Indianapolis area, many who may not have access to other HIV testing services in the community. in compliance with the recommendations from the Centers for Disease Control and Prevention's recommendations that all individuals aged 13-64 be routinely tested for HIV,[57] Wishard launched a new HIV Screening Program to offer this service to all patients accessing medical care in its ED. The Foundation supports this special pilot program by funding its primary HIV counselor/tester through its AIDS United AmeriCorps program.[58] With this important support, Wishard is able to utilize a nearly full-time employee for only $3,800 a year.

The Wishard HIV Screening Program offers the 55,000 unduplicated individuals that access Wishard ED services each year with the opportunity to be routinely screened for HIV. Tested individuals—regardless of status—are also linked to care and counseling via an on-site infectious disease clinic and non-medical case managers funded via the Ryan White Care Act. The Foundation has continued to fund the program since its 2008 launch, and is partnering with Wishard on the program's next phase, including the goal to have 24-hour staffing support, and an eventual scale-up to other area healthcare facilities.

This program has also been shared with the Office of National AIDS Policy as a potential model that can be widely, and cost efficiently, implemented across the United States. According to Jason Grisell, Program Manager for The Health Foundation, the Wishard HIV Screening Program offers "*a low-cost way of reaching a broad spectrum of patients, including, importantly, high-risk populations that we know are disproportionately impacted by HIV/AIDS: low-income, uninsured, undocumented, African Americans and Hispanics.*"

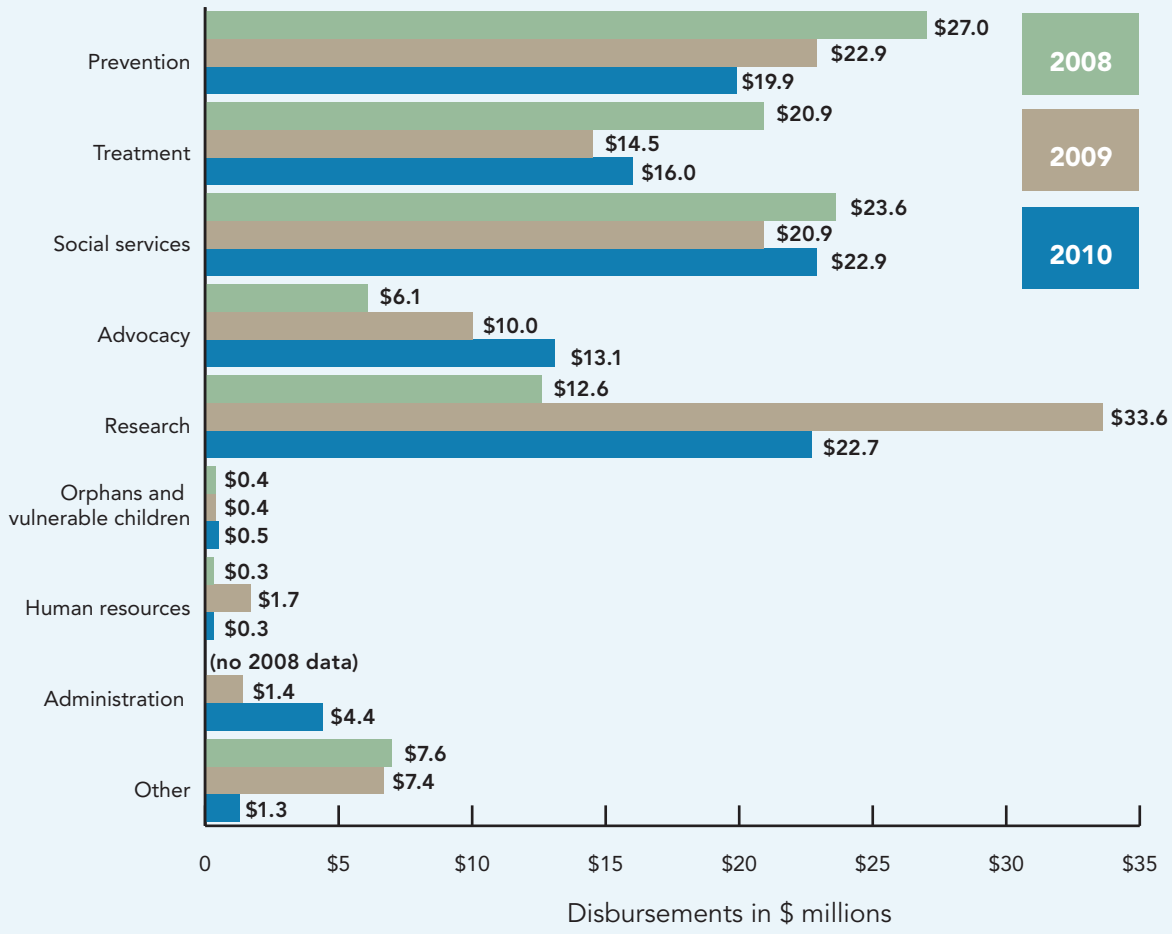
57 Centers for Disease Control and Prevention. "Revised Recommendations for HIV Testing of Adutls, Adolescents, and Pregnant Women in Health-care Settings." *MMWR* 2006;55(No. RR-14). Available at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm56

58 www.aidsunited.org/community-impact/americorps/

Intended Use of Domestic U.S. HIV/AIDS Funding

FCAA was able to obtain survey data on intended use of domestic HIV/AIDS grants for 58 of the top 60 U.S. HIV/AIDS funders in 2010. Chart 10 shows the 2008, 2009 and 2010 intended use of domestic funding totals for a year-to-year comparison.

Chart 11: **Intended Use of Domestic U.S. HIV/AIDS Philanthropic Funding in 2008, 2009 and 2010**



The "other" category for domestic intended use includes funding that was unspecified and funding for projects that did not fall under the pre-determined categories, such as: funding that fell across multiple categories and could not be broken down, networking with civil society, organizational capacity building, fundraising events and activities, HIV or health systems change and integration activities, and technical assistance.

MORE ON DOMESTIC INTENDED USE

*Annual intended use data illustrates the top areas HIV/AIDS-related funders support with their grantmaking. New for this year, FCAA took a deeper look at the top funders represented within the highest intended use categories of **research**, **prevention** and **social services**—as well as the **advocacy**, where we've witnessed encouraging increases—in an effort to provide more detail about the kinds of programs captured by this data.*[56]

RESEARCH

- One funder supported research focused on HIV prevalence among **incarcerated populations**
- Two funders supported **research capacity,** including of postdoctoral physicians focused on **health disparities among underserved populations**, and investigators transitioning to independent research careers focused on HIV/AIDS
- One funder supports **scientific conferences** that prioritize **networking and information exchange** among leading HIV/AIDS experts

PREVENTION

- One funder supported a **youth-focused** peer-to-peer HIV/AIDS prevention pilot program
- One funder has supported the development of a powerful new tool for **tracking HIV/AIDS testing and treatment**
- One funder supported the scale-up of a new **voluntary counseling & testing initiative** for male couples in the U.S.
- Four funders support harm reduction via **syringe exchange programs**

SOCIAL SERVICES

- One funder supported **comprehensive legal and social services** to improve access to care and quality of life for **low-income PLWHA** in the U.S.
- Two funders supports domestic non-profit organizations that **provide nutrition and housing services** to people living with and affected by HIV/AIDS
- One funder supports services that help **PLWHA** in the U.S. **navigate financial crises** brought on by the disease, including housing and medication expenses, and insurance coverage

ADVOCACY

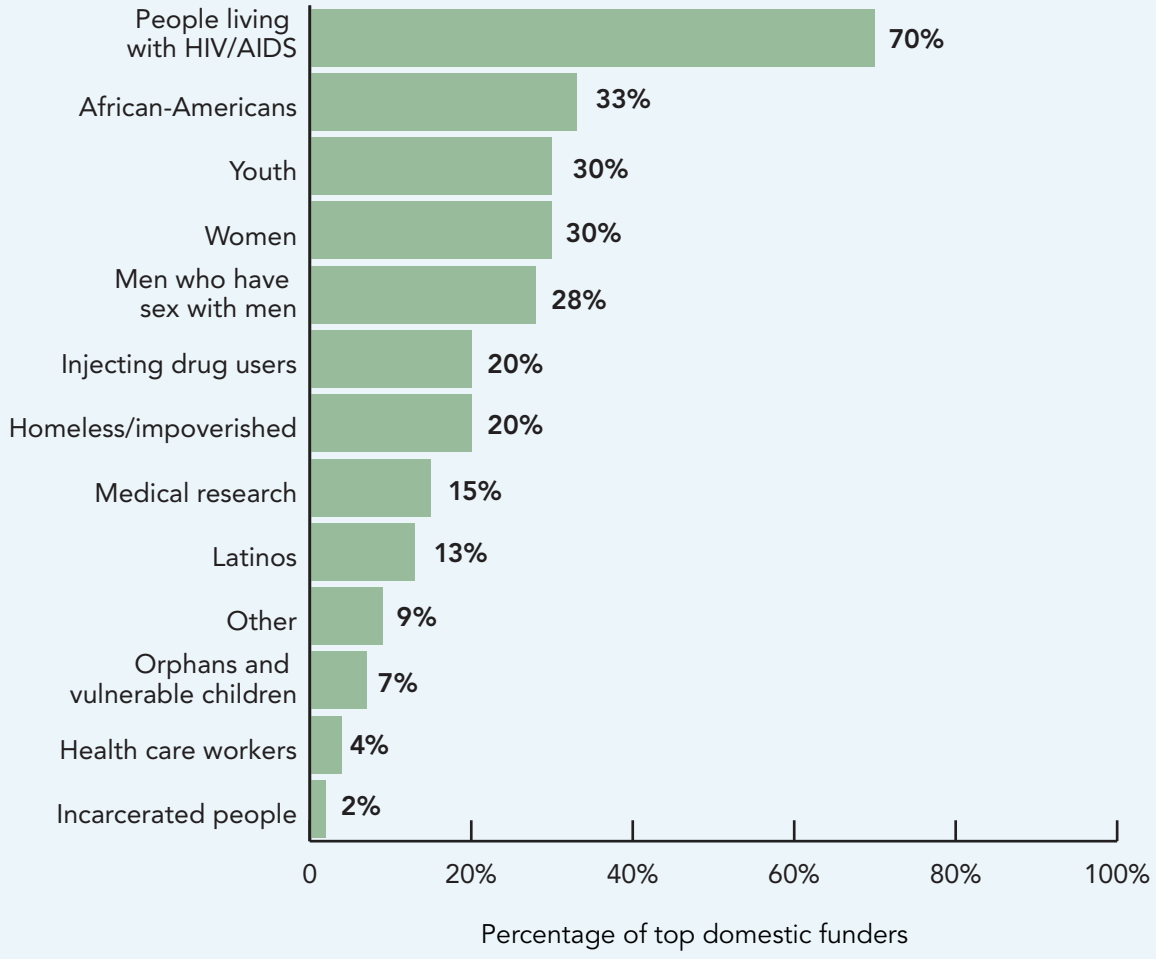
- One funder supports **policy analysis, research and communications** focused on health reform, Medicaid expansion, ADAP, HIV testing and Ryan White reauthorization
- One funder supports the **scale-up of community infrastructure and advocacy to address HIV/AIDS in the U.S. South**

56 The top four funders – at $1 million or above – were further surveyed for information about representative programs. We also reviewed funder websites and annual reports for additional information. Due to the anonymity of this report, organizations are not tied to specific programming.

Target Populations of Domestic U.S. HIV/AIDS Funding

Top U.S. HIV/AIDS funders were asked to identify the three population groups that receive the greatest benefit from their domestic funding. Chart 11 shows the percentage of the 46 total respondents whose funding addresses the U.S. domestic epidemic and chose each category. The categories are not mutually exclusive. (Note: Although funders were asked to list only the top three target populations of their funding, some reported more than three populations. In those cases, all populations reported were included in Chart 11.)

Chart 12: **Target Populations for Domestic U.S. HIV/AIDS Grantmaking in 2010**
(by percentage of 46 top domestic funders from which target populations data were obtained)

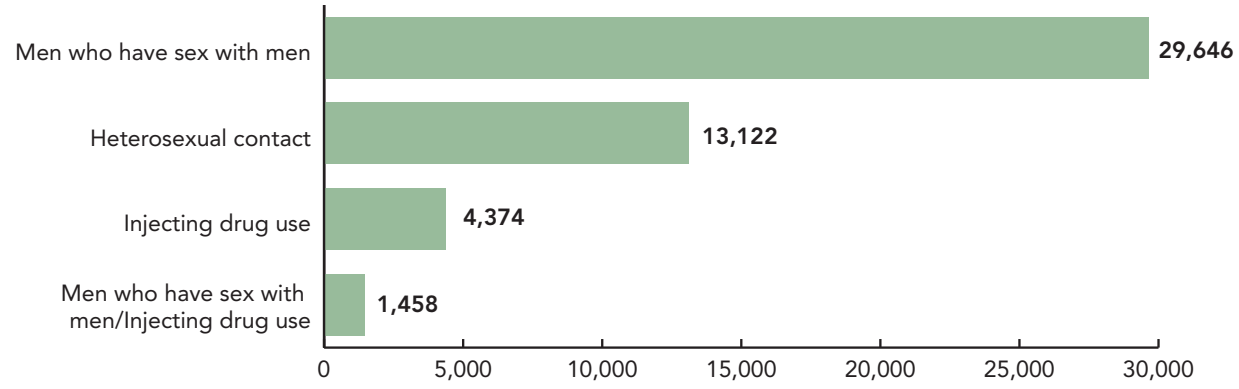


The medical research category was added to the list of target populations this year on the survey with the request to give further detail on what, if any, populations the research was targeted to. Funders who supported domestic U.S. medical research for HIV/AIDS reported the research targeting people at risk of contracting HIV, women, and HIV/AIDS patients.

The "other" category for domestic target populations included responses that fell outside of the pre-determined categories. Funders reported examples as "other" such as NGOs and grantee organizations for operational support, Southerners, and aging populations.

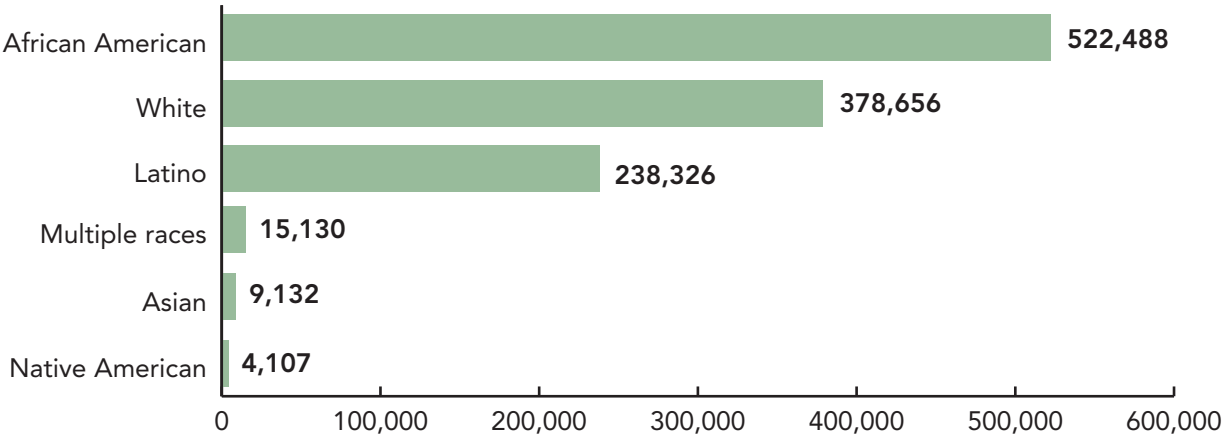
UNDERSTANDING THE EPIDEMIC – FINDING THE GAPS

Chart L: **Estimated New Infections in the U.S. in 2009 by Transmission Category**



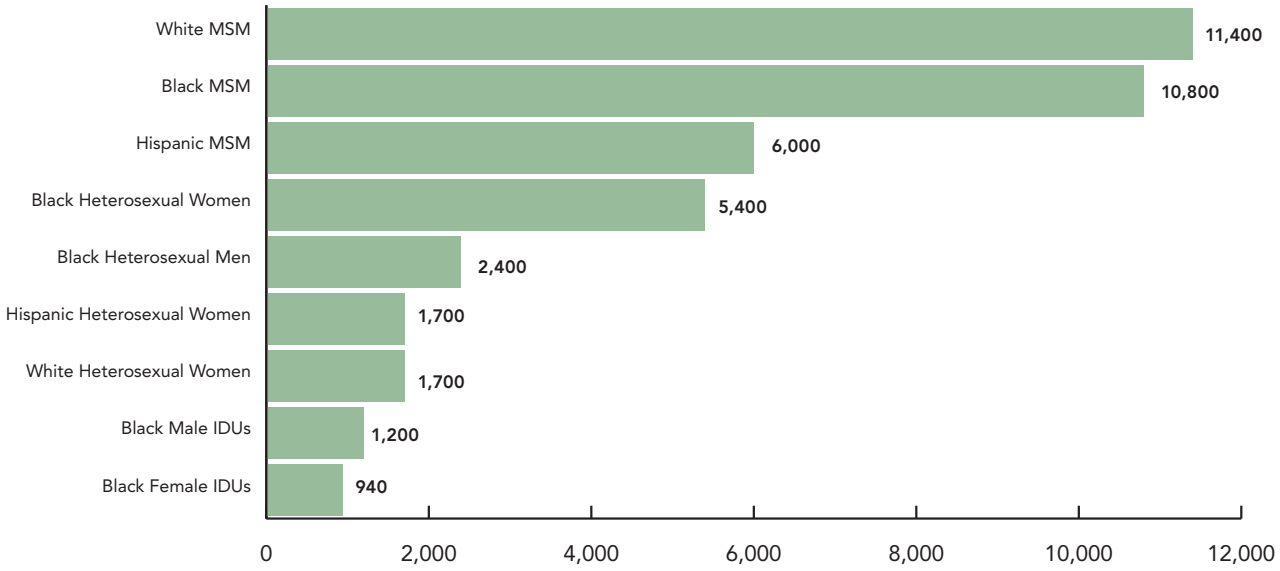
Source: Centers for Disease Control and Prevention. *Fact Sheet: Estimates of New HIV Infections in the United States, 2006–2009*. August 2011. Available at: www.cdc.gov/nchhstp/newsroom/docs/HIV-Infections-2006-2009.pdf.

Chart M: **Estimated PLWHA in the U.S. by Race/ethnicity** *(up to end of 2008)*



Source: Centers for Disease Control and Prevention. *HIV Surveillance Report, Vol. 21. 2011*. Available at: www.cdc.gov/hiv/surveillance/resources/reports/2009report/index.htm

Chart N: **Estimated New HIV infections in the U.S., 2009, for the Most-Affected Subpopulations**



Source: Centers for Disease Control and Prevention. *Fact Sheet: Estimates of New HIV Infections in the United States, 2006–2009*. August 2011. Available at: http://www.cdc.gov/nchhstp/newsroom/docs/HIV-Infections-2006-2009.pdf.

- African-American males had the highest rate of new HIV infections of any ethnic and gender group from 2006-2009.
- The majority of new infections were among young people aged 13-29.[59]
- Among MSM, new infections in African-American MSM aged 13-29 increased 48% from 2006-2009.

59 Prejean J, Song R, Hernandez A, Ziebell R, Green T, et al. 2011. *Estimated HIV Incidence in the United States, 2006–2009*. PLoS ONE 6(8):e17502. doi:10.1371/journal.pone.0017502. Available at: www.plosone.org/article/info:doi/10.1371/journal.pone.0017502.

EXAMPLES OF INNOVATIVE FUNDING:
UNDERSTANDING A CHANGING EPIDEMIC

M·A·C AIDS FUND AND COUPLES VOLUNTARY COUNSELING AND TESTING (CVCT)

M·A·C AIDS FUND

The M·A·C AIDS Fund (MAF), the heart and soul of M·A·C Cosmetics, was established in 1994 to support men, women and children affected by HIV/AIDS globally. As the third largest U.S.-based private donor for HIV/AIDS causes, MAF is a pioneer in HIV/AIDS funding, providing financial support to organizations working in underserved under resourced regions and populations, both in the U.S. and internationally. To date, MAF has raised $224 million (USD) exclusively through the sale of M·A·C's VIVA GLAM Lipstick and Lipglass donating 100% of the sale price to fight HIV/AIDS.

In 2010 as part of its special initiative focused on young MSM of color, MAF awarded a grant to Emory University to support an adaptation of couples HIV counseling and testing (CVCT) for male couples, developed in response to the rising rates of HIV infection among MSM in the U.S. In 2009, 61% of new HIV infections in the US were among MSM.[60] CVCT is an HIV testing service in which partners participate in all phases of HIV testing as a couple, including pre-test counseling, testing, and post-test counseling. First developed in the late 1980s as an intervention for heterosexual couples in Rwanda, CVCT has become a mainstay of HIV prevention programs in Africa. Despite studies demonstrating a reduction in HIV transmission among serodiscordant couples (where one partner is HIV-positive and the other is HIV-negative) by 50%,[61] CVCT has not been implemented in the U.S. where HIV counseling and testing services remain largely focused on the individual.

Armed with research from Africa showing that around 60%[62] of new HIV infections come from main—or cohabitating—partners, the Centers for Disease Control and Prevention (CDC) began to investigate the role of main partners in HIV transmission among MSM in the U.S. Early research found that the majority of new infections among MSM are likely due to sex with main partners.[63] In a 120-couple randomized trial, one-in-five couples were found to be discordant, and 12% of all men tested were HIV positive.

Emory University took the lead in adapting CVCT as a new intervention, called *Testing Together*, for MSM couples in the U.S. By targeting MSM—the largest population group at-risk for HIV in the U.S., and the only one in which rates of HIV infection continue to grow—the initiative aligns with goals of the National HIV/AIDS Strategy (NHAS). For example, the NHAS has a goal of reducing new HIV infections by 25% by 2015. Based on the success of CVCT in Africa, knowledge of HIV status of the MSM couples that participate in the U.S. pilot is expected to reduce HIV transmission within discordant couples by half. The provision of supportive services to the couples that participate in the intervention is also expected to promote the stability of couples, which plays an important role in promoting linkages to care. Finally, in terms of reducing health disparities, 80% of the men tested in the U.S. pilot were African American, indicating that this new HIV intervention is also acceptable to MSM of color, a target population of the NHAS.

With support from the M·A·C AIDS Fund, ***Testing Together*** has now moved out of a research setting into four clinics in Atlanta and Chicago, two cities with high HIV/AIDS rates, and large populations of African American and Hispanic MSM. The goal is to test 400 couples over the next year, and to learn more about the acceptability of the intervention from a broad array of counselors and participants.

"M·A·C AIDS Fund support is serving as a critical bridge as we move this from an academic process to the real world. We will now be able to offer community-based organizations and health departments good guidance on how best to implement this important new service."

– Patrick Sullivan, DVM, PhD, Associate Professor, Emory University

60 The Henry J. Kaiser Family Foundation. *The HIV/AIDS Epidemic in the United States.* August 2011. Available at: www.kff.org/hivaids/upload/3029-12.pdf.

61 Sullivan and Stephenson. "Couples Voluntary HIV Counseling and Testing for Men Who Have Sex With Men." *GMHC Treatment Issues.* September 2011. Pgs 2-4.

62 Dunkle KL, et al. "New heterosexually transmitted HIV infections in married or cohabiting couples in urban Zambia and Rwanda: an analysis of survey and clinical data." *Lancet.* 2008 Jun 28;371(9631):2183-91.

63 Sullivan et al. "Estimating the proportion of HIV transmissions from main sex partners among venue-attending men who have sex with men in the 5 US cities." *AIDS.* 2009; 23(9):1153-62.

Sources of HIV/AIDS Grantmaking Data

This report covers HIV/AIDS grant disbursements and commitments from all sectors of U.S. philanthropy, including private, family, and community foundations; public charities; corporate grantmaking programs (corporate foundations and direct giving programs); and major U.S. HIV/AIDS grantmaking charities. FCAA included data for 218 grantmaking entities in this report. Data were collected using a variety of sources: 1) a survey tool developed and administered by FCAA to funders, 2) grants databases maintained by the Foundation Center and Foundation Search, 3) funder websites, grants lists and 990 forms, and 4) direct communications with funders. 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.

FCAA FUNDER SURVEY

FCAA distributed a survey instrument that asked respondents to describe their HIV/AIDS-related grantmaking disbursements in 2010 (available at www.fcaaids.org). The survey was sent to several hundred U.S. funders in March 2011. FCAA staff distributed the survey to a pre-determined list of grantmaking organizations which FCAA determined were most likely to have significant levels of 2010 HIV/AIDS grantmaking and/or were most likely to list HIV/AIDS as a priority funding issue. Staff conducted several rounds of follow-up to secure as much data as possible directly from funders.

Responses to the survey were received from 62 funders, either through fully completed surveys or other communications with foundation staff. The total HIV/AIDS grantmaking activity captured by surveys returned to FCAA is 99.7% of the 2010 total.

FOUNDATION CENTER AND FOUNDATION SEARCH DATABASES AND OTHER SOURCES

To capture data for which FCAA did not have survey responses, FCAA conducted further research of U.S. HIV/AIDS funders and 2010 HIV/AIDS grant disbursements using the Foundation Center and Foundation Search grants databases, as well as grantmaker websites, grants lists and 990 forms. FCAA reviewed HIV/AIDS grantmaking totals and notable data set outliers.

It is important to reiterate that 2010 data for the Children's Investment Fund Foundation (US), Gilead Foundation, Macy's Foundation, and Until There's A Cure—all likely to have been top HIV/AIDS funders that year—were not available as this report was being prepared, and are therefore not included.

Analysis

DEFINITION OF HIV/AIDS PHILANTHROPY

FCAA was intentionally broad in its definition and selection of U.S.-based HIV/AIDS funders by including the HIV/AIDS philanthropic activity of several large U.S.-based public charities, donor-advised funds, corporate grantmaking programs, and operating foundations. While this report focuses only on U.S.-based funders, it also includes HIV/AIDS grants from foreign offices of U.S.-based foundations that operate internationally, such as the Ford Foundation.

Survey respondents were asked to distinguish as best as possible between domestic (within the United States and for U.S. programs) and international HIV/AIDS efforts. 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.[64] For internationally focused HIV/AIDS grantmaking, FCAA requested data about where the grantee was located, using the following global regions as defined by UNAIDS:[65]

64 U.S. Census Bureau. "Census Regions and Divisions of the United States" Online: www.census.gov.

65 See www.unaids.org.

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

Latin America
Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela

Western and Central Europe
Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland, Vatican City

Eastern Europe and 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 and Central Africa
Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo (Brazzaville), Congo (DR), Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea (Conakry), Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome, Senegal, Sierra Leone, Togo

East and Southern Africa
Angola, Botswana, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

North Africa and 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 and the Pacific
Australia, Bangladesh, Bhutan, Fiji, India, Maldives, Nepal, New Zealand, Pakistan, Papua New Guinea, Samoa, Sri Lanka, Timor-Leste

East Asia and South East Asia
Brunei Darussalam, Cambodia, China, Indonesia, Japan, Lao People's Democratic Republic, Korea (DPR), Korea (Republic), Malaysia, Mongolia, Myanmar, Philippines, Singapore, Thailand, Vietnam

FCAA also asked about the intended use of HIV/AIDS grants disbursed both inside and outside the United States, using the following nine categories:

- HIV/AIDS awareness and prevention (including harm reduction)
- HIV/AIDS-related treatment and medical care (including provider and patient treatment information)
- HIV/AIDS-related social services (e.g., housing, employment, food, legal)
- HIV/AIDS public policy, advocacy and communications (including human rights programs)
- HIV/AIDS research (including medical, prevention and social science research)
- Orphans and vulnerable children (OVC)
- Human resources (e.g., training, recruitment and retention of health care workers)
- Program management and administration (e.g., core support)
- Other

FCAA also asked funders to indentify the three population groups that benefitted the most from their domestic and/or international funding. The tally of responses listed in this report captures the number of funders focusing on particular groups, not the relative share of actual funding dedicated to addressing those groups.

DISBURSEMENTS VS. COMMITMENTS

FCAA uses funders' *disbursements* rather than funding *commitments* to calculate distribution of total funding by geographic region, intended use and other details. The reliance on disbursement data for funding details harmonizes the report with other resource tracking projects.

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. Commitments are funding committed for grants/projects in a given year, whether or not the funds were disbursed in that year. For some funders, commitments and disbursements are the same in a given year; for others, commitments indicate funding above or below actual disbursements in a year.

Calculations of Re-granting

To avoid counting the same funds twice, data in this report are adjusted to account for known 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 2010 aggregate total grantmaking for all funders was adjusted downward by $12,362,461 to account for known re-granting. That adjustment represents about 2.6% of the total estimated 2010 HIV/AIDS grant disbursements. The re-granting figures are estimates based on direct communications with funders following review of FCAA survey and Foundation Center and Foundation Search data. The true re-granting total is likely slightly higher than the total used for calculating the 2010 total.

Limitations

FCAA's data may differ from other data on HIV/AIDS philanthropy in several ways:

1. The use of multiple data sources is the main way FCAA seeks to ensure the accuracy of the information presented in its report. However, such reliance also presents challenges in reconciling the different methodologies—each of which has its respective advantages and limitations—applied to obtain information about grantmaking and philanthropic support activity.
2. Missing data/under-reporting: FCAA recognizes that its data for 2010 HIV/AIDS grantmaking are likely to have missed HIV/AIDS disbursements from some entities for which FCAA had no information or incomplete or unverified data. FCAA was also unable to collect data from some of the philanthropic entities that did not respond to the survey, in addition to entities for which data were unavailable from the Foundation Center, Foundation Search, or other sources.

   In the case of corporations, although federal law makes a corporation's tax returns open to the public, businesses are not otherwise legally required to disclose details about corporate philanthropic giving. Thus, determining levels of corporate philanthropic efforts are more challenging than estimations of private foundation/public charity giving. Moreover, corporations are neither required nor always able to place a value on the many forms of other support they can and do offer, such as volunteer efforts by their employees, in-kind donations, cause-related marketing, and similar activities.[66] Finally, philanthropic support is often not collected centrally within corporations and may be higher than reported in this publication.
3. The definition of HIV/AIDS-related philanthropy in the survey was intentionally inclusive and broad, in acknowledgement of the fact that such efforts often overlap with many other issue areas of philanthropy. Several respondents chose a restricted definition and reporting of HIV/AIDS-related grantmaking, excluding grants that were not wholly focused on HIV/AIDS efforts.

66 See also Committee to Encourage Corporate Philanthropy, "The Corporate Giving Standard: A Measurement Model for Corporate Philanthropy," which aims to establish methods of accounting for corporate contributions: www.corphilanthropy.org.

OTHER TYPES OF HIV/AIDS SUPPORT

The data in this report represent financial contributions only from HIV/AIDS funders, in the form of external grants and programs. Such financial contributions can be used to conduct a trend analysis because they are quantifiable as monetary amounts and are measurable in a clear and distinct way. However, many funders contribute in other important ways that are not as easily quantifiable or measurable. Some examples are noted below.

PRIVATE OPERATING FOUNDATIONS

Private operating foundations are those specifically designated as such by the Internal Revenue Service (IRS). They 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 is one example of a private operating foundation that is not able to identify and report HIV/AIDS-specific funding. Nevertheless, it is a leader in providing resources to support its own HIV/AIDS policy, media and communications programs. The Kaiser Daily HIV/AIDS report, HIV/AIDS fact sheets, polls, and analysis and research on policies and funding have served an invaluable role as leading sources of information for the field. The foundation also uses media to reach at-risk populations (as part of the Global Media Initiative), and aims to facilitate creative partnerships between advocates and policymakers to build capacity in HIV-affected communities.

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. Such 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. 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.

IN-KIND DONATIONS

FCAA offers funders the option of reporting donations of goods and services that are not or cannot be valued monetarily. Some reported examples are noted below, illustrating the diversity of support:

- Abbott and Abbott Fund: Provision of the Determine brand of rapid diagnostic tests for Abbott's prevention of vertical transmission program
- AIDS Foundation Chicago: Use of conference rooms by other AIDS organizations
- Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co.: The company provides HIV/AIDS medicines at no profit pricing in African countries.
- Children Affected By AIDS Foundation: Toy donations to New York and California AIDS service organizations; special outings and event attendance for children and their caregivers in California, New York, and Illinois
- Design Industries Foundation Fighting AIDS (DIFFA): Donation of design industry products valued at more than $300 for sale and/or auction
- Glaser Progress Foundation: Washer, dryer and bicycle for clinic

- M·A·C AIDS Fund and M·A·C Cosmetics: Donations of cosmetics and professional makeup services as part of the M·A·C Good Spirits program, where makeup artists volunteer their time to teach men and women with HIV/AIDS simple makeup techniques to help them enhance their appearance and minimize problems resulting from the illness or medication regimens. The program aims to encourage those living with HIV/AIDS to be active in promoting their own health and well-being.
- Merck: Donations of the HIV medications Isentress, Stocrin and Atripla
- Staying Alive Foundation: DVDs of MTV-produced programs on HIV

FUNDERS WITH A BROADER FOCUS

In some cases, funders choose to support projects across broad focus areas, such as health systems strengthening or sexual and reproductive health, where funding for HIV/AIDS would only be a part of a grant or project. FCAA asks funders to report a project or grant if a significant aspect is focused on HIV/AIDS; however, some funders may not be able to separately quantify specific HIV/AIDS funding. Of course, all HIV/AIDS interventions are important and should be encouraged, including the more broad approaches, even though they are difficult to track.

OTHER SOURCES OF SUPPORT

Community programs, research institutions, hospitals, clinics, counseling centers, churches, homeless shelters, orphanages, private individual donors, and anonymous donors all represent other sources of HIV/AIDS funding, goods, and services that are difficult to identify and/or quantify. Even so, they are highly valuable contributions.

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Funders Concerned About AIDS, 2121 Crystal Drive, Suite 700, Arlington, VA 22202
Telephone: 703-879-0815 Fax: 703-879-0800 Email: info@fcaaids.org Website: www.fcaaids.org

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2121 Crystal Drive, Suite 700 • Arlington, VA 22202

Tel: 703-879-0815 info@fcaaids.org

Fax: 703-879-0800 www.fcaaids.org