Understanding the Value of Data:

FCAA Resource Tracking Webinar

January 24, 11 am

Agenda

Sarah Hamilton: History and Evolution of FCAA and our Resource Tracking Report

Mary Pounder of Comer Family Foundation: Putting Data into Action

Cat Gironda: What is the current landscape of HIV Funding?

How do I get more involved?

Logistics

This webinar is being recorded and will be available on www.fcaaids.org

There will be a Q&A at the end of the presentations.

If you have a question in the interim, please:

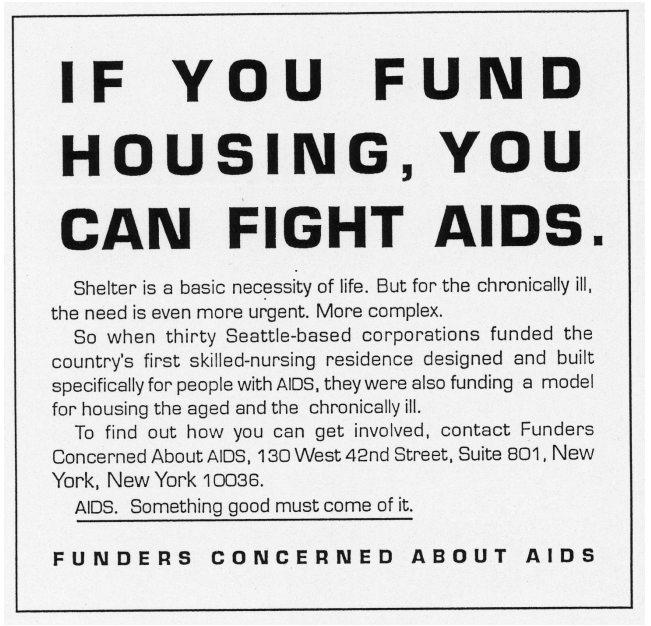
- Type it in the **chat feature** on your screen
- **Tweet** them to @FCAA
- **Email** them to sarah@fcaaids.org

Who What When Where?

WHO?	Funders Concerned About AIDS (FCAA) is the **leading voice** on philanthropic resources allocated to the global AIDS epidemic
WHAT?	Funders Concerned About AIDS' signature report, ***Philanthropic Support to Address HIV/AIDS***, is the most comprehensive study of its kind that identifies gaps, trends, and opportunities in HIV-related philanthropy
WHEN?	FCAA's Resource Tracking Report first launched in 2002, making this the **16th annual report** on the landscape of philanthropic funding for HIV
WHERE?	FCAA tracks funding distributed from donors in 14 different countries to organizations working **across the globe** on the HIV epidemic

The Evolution of FCAA & Resource Tracking

1987



IF YOU FUND HOUSING, YOU CAN FIGHT AIDS.

Shelter is a basic necessity of life. But for the chronically ill, the need is even more urgent. More complex.

So when thirty Seattle-based corporations funded the country's first skilled-nursing residence designed and built specifically for people with AIDS, they were also funding a model for housing the aged and the chronically ill.

To find out how you can get involved, contact Funders Concerned About AIDS, 130 West 42nd Street, Suite 801, New York, New York 10036.

AIDS. Something good must come of it.

FUNDERS CONCERNED ABOUT AIDS

2002

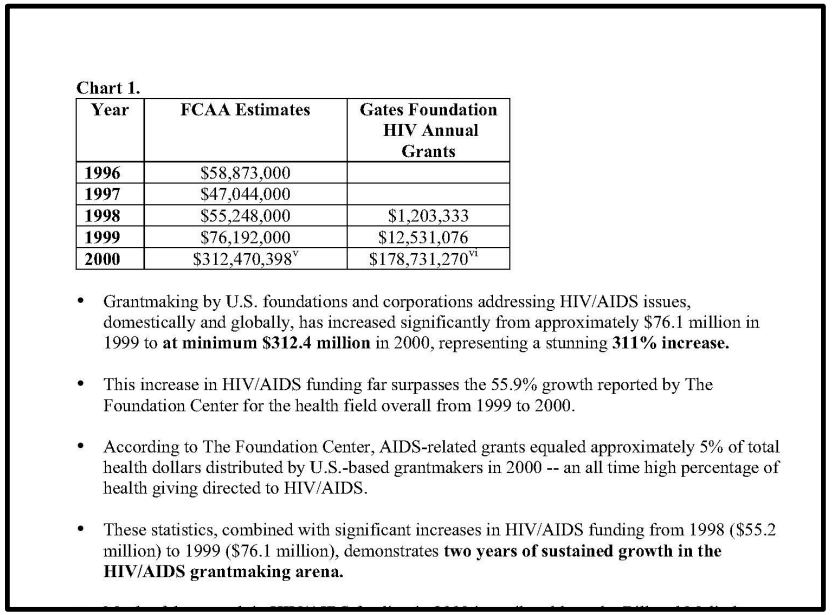
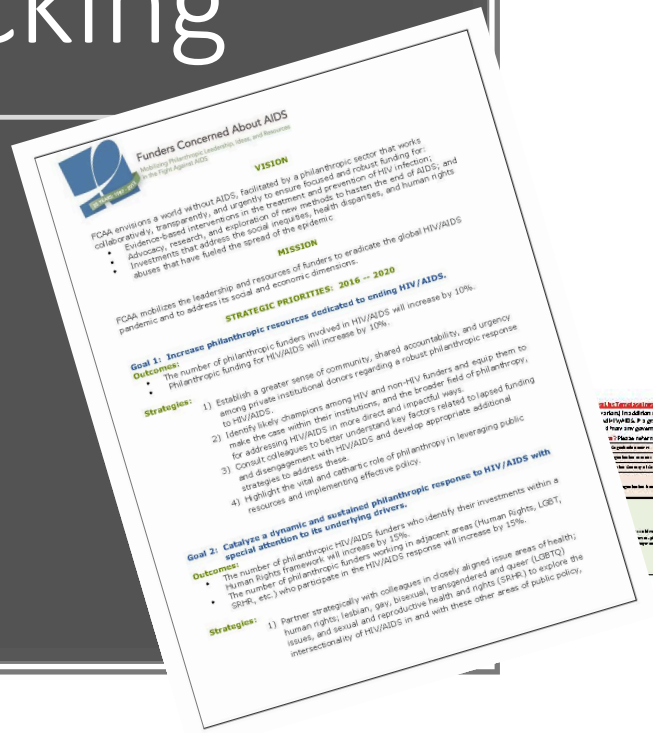


Chart 1.

Year	FCAA Estimates	Gates Foundation HIV Annual Grants
1996	$58,873,000	
1997	$47,044,000	
1998	$55,248,000	$1,203,333
1999	$76,192,000	$12,531,076
2000	$312,470,398[v]	$178,731,270[vi]

- Grantmaking by U.S. foundations and corporations addressing HIV/AIDS issues, domestically and globally, has increased significantly from approximately $76.1 million in 1999 to **at minimum $312.4 million** in 2000, representing a stunning **311% increase.**
- This increase in HIV/AIDS funding far surpasses the 55.9% growth reported by The Foundation Center for the health field overall from 1999 to 2000.
- According to The Foundation Center, AIDS-related grants equaled approximately 5% of total health dollars distributed by U.S.-based grantmakers in 2000 -- an all time high percentage of health giving directed to HIV/AIDS.
- These statistics, combined with significant increases in HIV/AIDS funding from 1998 ($55.2 million) to 1999 ($76.1 million), demonstrates **two years of sustained growth in the HIV/AIDS grantmaking arena.**

The Evolution of FCAA & Resource Tracking


Funders Concerned About AIDS

VISION

FCAA envisions a world without AIDS, facilitated by a philanthropic sector that works collaboratively, transparently, and urgently to ensure focused and robust funding for:
- Evidence-based interventions in the treatment and prevention of HIV infection;
- Advocacy, research, and exploration of new methods to hasten the end of AIDS; and
- Investments that address the social inequities, health disparities, and human rights abuses that have fueled the spread of the epidemic.

MISSION

FCAA mobilizes the leadership and resources of funders to eradicate the global HIV/AIDS pandemic and to address its social and economic dimensions.

STRATEGIC PRIORITIES: 2016 – 2020

Goal 1: Increase philanthropic resources dedicated to ending HIV/AIDS.

Outcomes:
- The number of philanthropic funders involved in HIV/AIDS will increase by 10%.
- Philanthropic funding for HIV/AIDS will increase by 10%.

Strategies:
1) Establish a greater sense of community, shared accountability, and urgency among private institutional donors regarding a robust philanthropic response to HIV/AIDS.
2) Identify likely champions among HIV and non-HIV funders and equip them to make the case within their institutions, and the broader field of philanthropy, for addressing HIV/AIDS in more direct and impactful ways.
3) Consult colleagues to better understand key factors related to lapsed funding and disengagement with HIV/AIDS and develop appropriate additional strategies to address these.
4) Highlight the vital and cathartic role of philanthropy in leveraging public resources and implementing effective policy.

Goal 2: Catalyze a dynamic and sustained philanthropic response to HIV/AIDS with special attention to its underlying drivers.

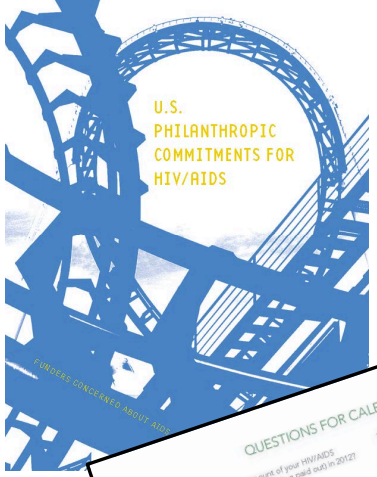
Outcomes:
- The number of philanthropic HIV/AIDS funders who identify their investments within a Human Rights framework will increase by 15%.
- The number of philanthropic funders working in adjacent areas (Human Rights, LGBTQ, SRHR, etc.) who participate in the HIV/AIDS response will increase by 15%.

Strategies:
1) Partner strategically with colleagues in closely aligned issue areas of health; human rights; lesbian, gay, bisexual, transgendered and queer (LGBTQ) issues; and sexual and reproductive health and rights (SRHR) to explore the intersectionality of HIV/AIDS in and with these other areas of public policy,

2003

2004 – 2012

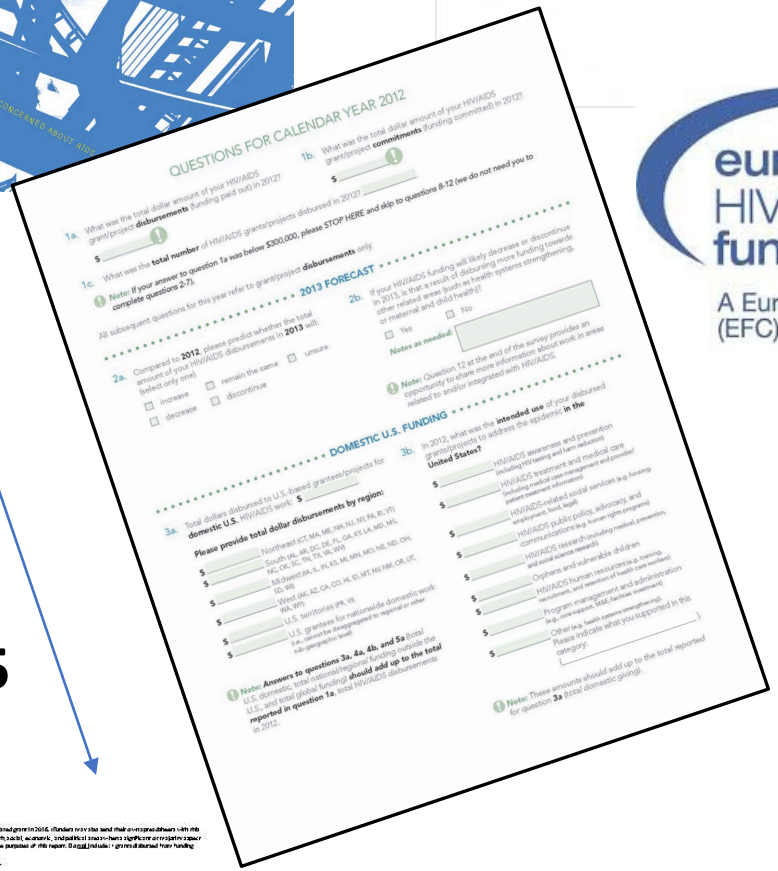
2015



UNAIDS

european HIV/AIDS funders

A European Foundation Centre (EFC) Special Interest Group


QUESTIONS FOR CALENDAR YEAR 2012

1a. What was the total dollar amount of your HIV/AIDS grant/project **disbursements** (funding paid out) in 2012?

1b. What was the total dollar amount of your HIV/AIDS grant/project **commitments** (funding committed) in 2012?

1c. What was the **total number** of HIV/AIDS grants/projects disbursed in 2012?

Note: If your answer to question 1a was below $300,000, please STOP HERE and skip to questions 8-12 (we do not need you to complete questions 2-7).

All subsequent questions for this year refer to grant/project **disbursements** only.

2013 FORECAST

2a. Compared to **2012**, please predict whether the total amount of your HIV/AIDS disbursements in **2013** will:
increase / remain the same / unsure / decrease / discontinue

2b. If your HIV/AIDS funding will likely decrease or discontinue in 2013, is that a result of us disbursing more funding towards other related areas (such as health systems strengthening or maternal and child health)?
Yes / No
Notes as needed:

Note: Question 12 at the end of the survey provides an opportunity to share more information about work in areas related to and/or integrated with HIV/AIDS.

DOMESTIC U.S. FUNDING

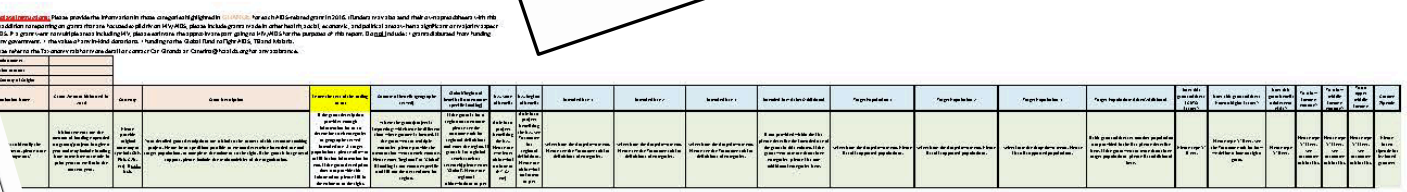
3a. Total dollars disbursed to U.S.-based grantees/projects for domestic U.S. HIV/AIDS work: $

Please provide total dollar disbursements by region:
$ Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)
$ South (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV)
$ Midwest (IA, IL, IN, KS, MI, MN, MO, NE, ND, OH, SD, WI)
$ West (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY)
$ U.S. territories (PR, VI)
$ U.S. grantees for nationwide domestic work (i.e., cannot be disaggregated to regional or other sub-geographic level)

Note: Answers to questions 3a, 4a, 4b, and 5a (total U.S. domestic, total national/regional funding outside the U.S., and total global funding) **should add up to the total reported in question 1a**, total HIV/AIDS disbursements in 2012.

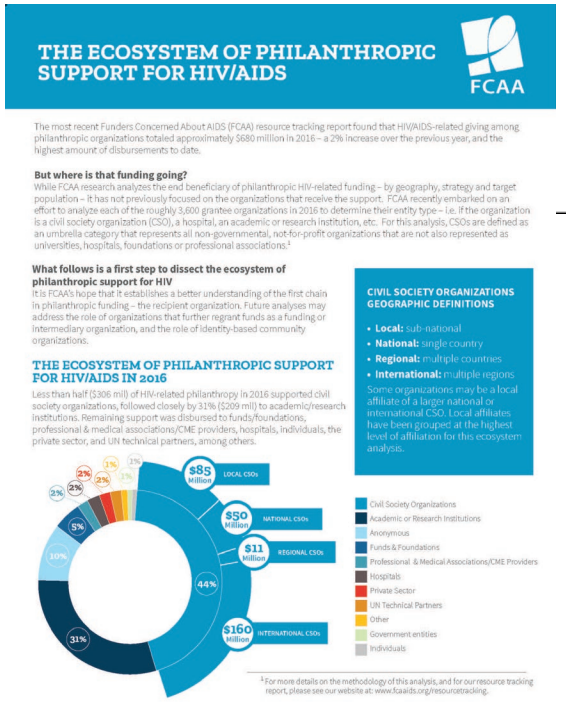
3b. In 2012, what was the **intended use** of your disbursed grants/projects to address the epidemic **in the United States?**
$ HIV/AIDS awareness and prevention (including HIV testing and basic education)
$ HIV/AIDS treatment and medical care (including medical case management and provider patient information)
$ HIV/AIDS-related social services (e.g. housing, employment, food, legal)
$ HIV/AIDS-related policy, advocacy, and communications (e.g. human rights programs)
$ HIV/AIDS public policy, advocacy, and communications (e.g. human rights programs)
$ HIV/AIDS research (including medical, prevention, and social science research)
$ Orphans and vulnerable children
$ HIV/AIDS human resources (e.g. training, recruitment, and retention of health care workers)
$ Program management and administration (e.g. travel expenses, M&E, facilities expenses)
$ Other (e.g. health systems strengthening)
Please indicate what you supported in this category: _____

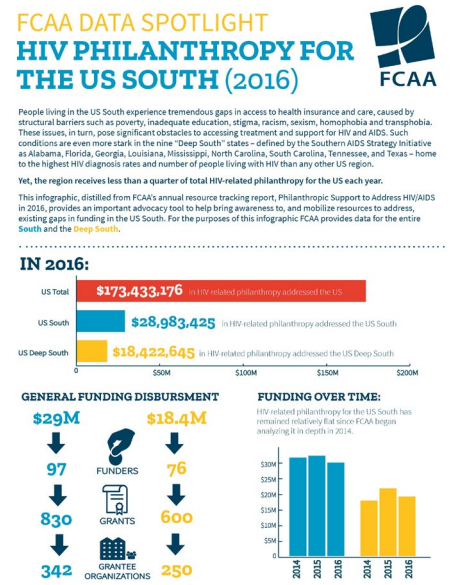
Note: These amounts should add up to the total reported for question 3a (total domestic giving).



The Evolution of FCAA & Resource Tracking

2016 – Present





Why?

Our report helps funders to:

Align	Align available resources with critical needs
Discover	Discover other organizations active in the countries that they fund
Identify	Identify new partners and help leverage and strengthen their own work
Build	Build support for a new project or issue in an under-resourced country
Inform	Inform efforts of grantees and partners to increase long-term sustainability or programs.

Mary Pounder

The Comer Family Foundation

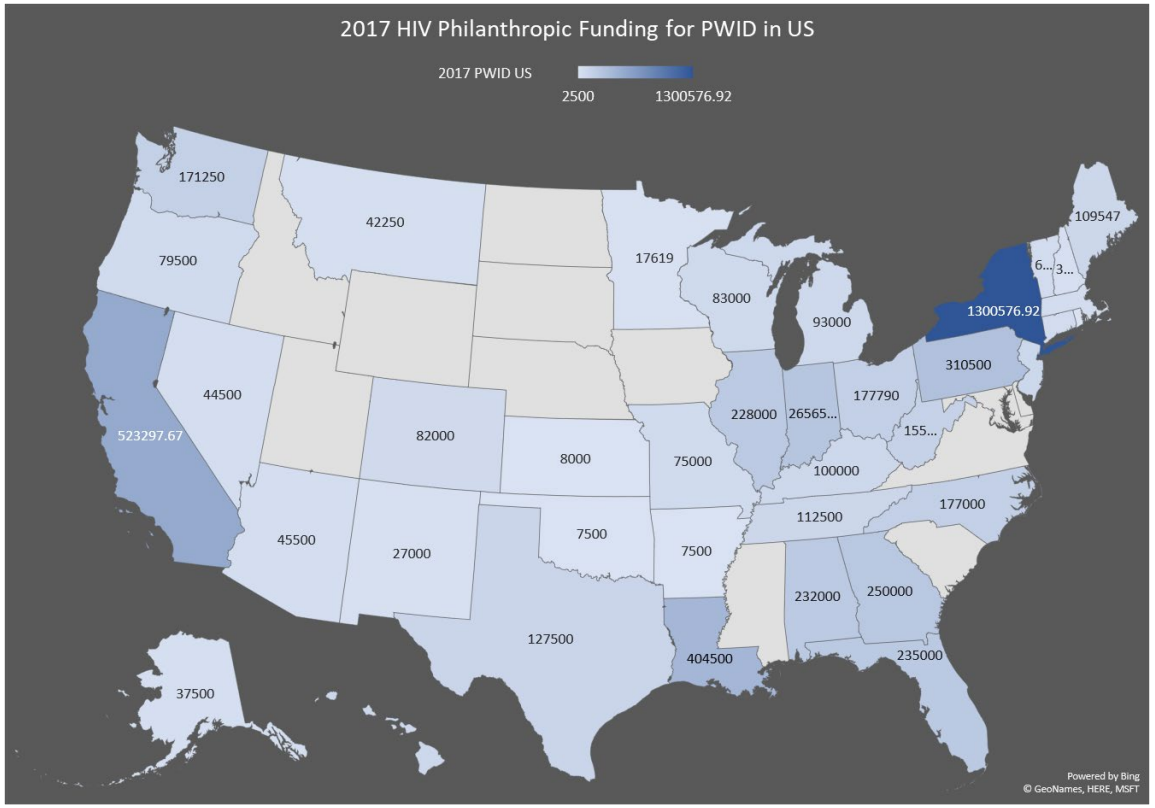
Comer Family Foundation: Commitment to Harm Reduction

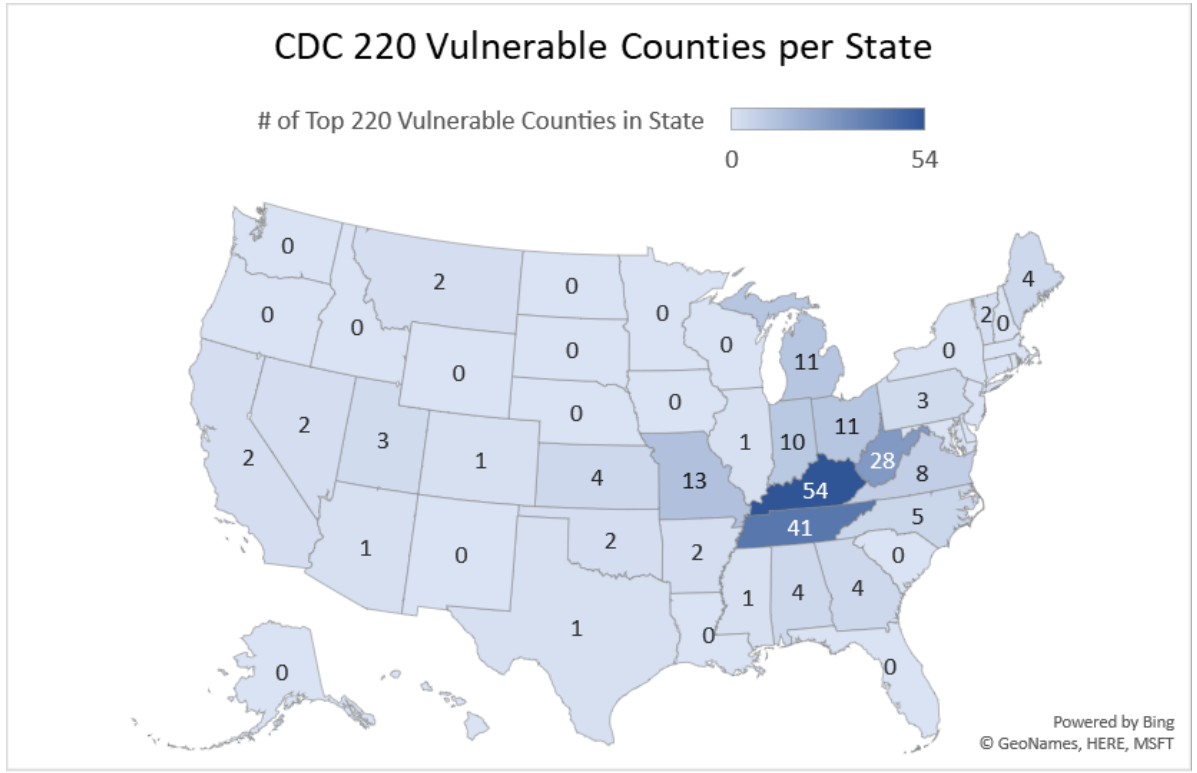
$14+ Million in Harm Reduction

160 Non Profits
640 Grants
37 states

Not Shown:
Investment in Puerto Rico and Hawai'i

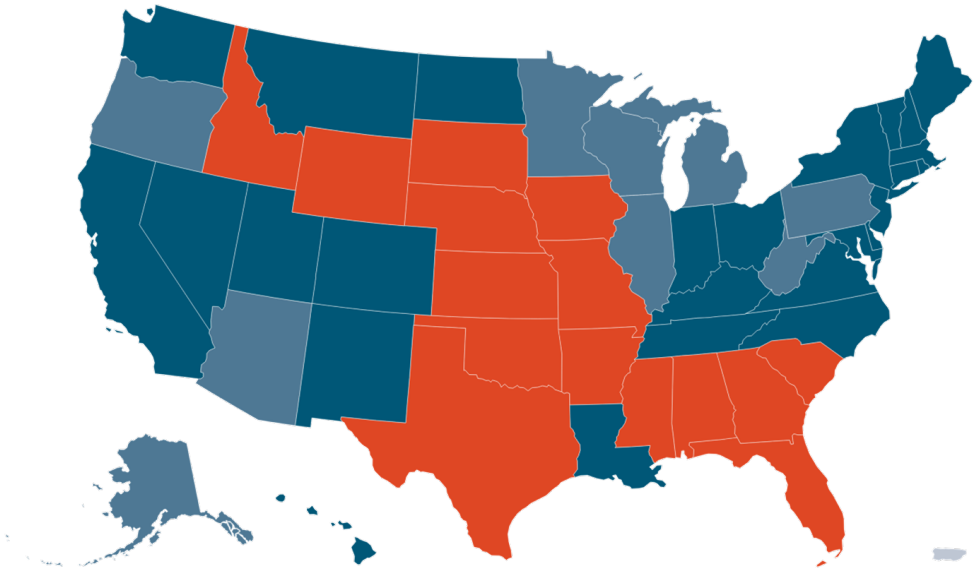
Contextualizing FCAA Data



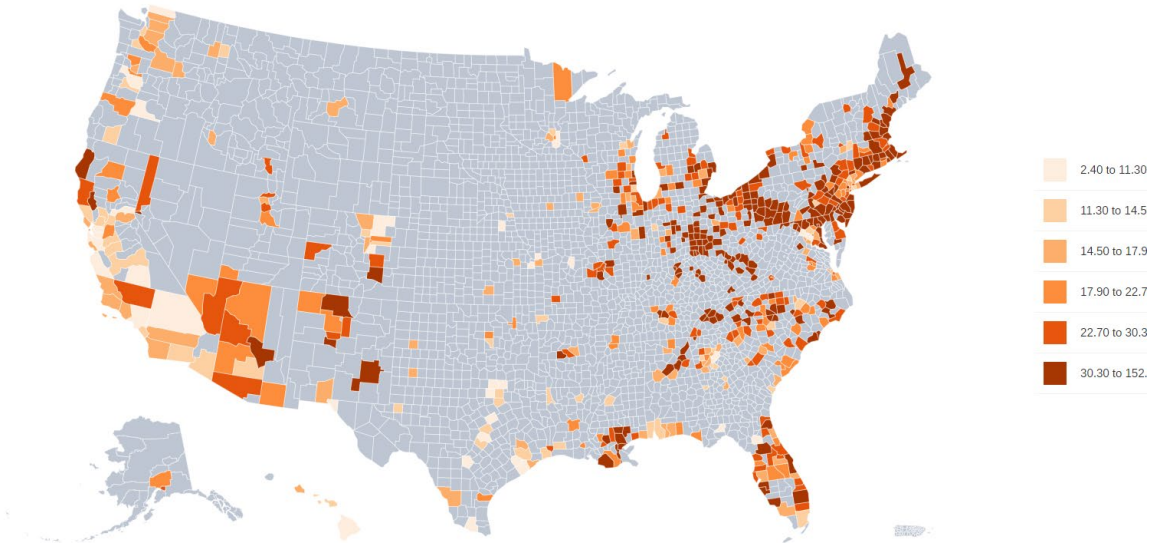


Strategic decisions

Syringe Exchange Program Legality (2018)



Drug Related Deaths per 100,000 in 2017*



**The total number of deaths from drug poisoning, including both illicit and prescription drugs (opioid and non-opioids)*

Source: opioid.amfar.org

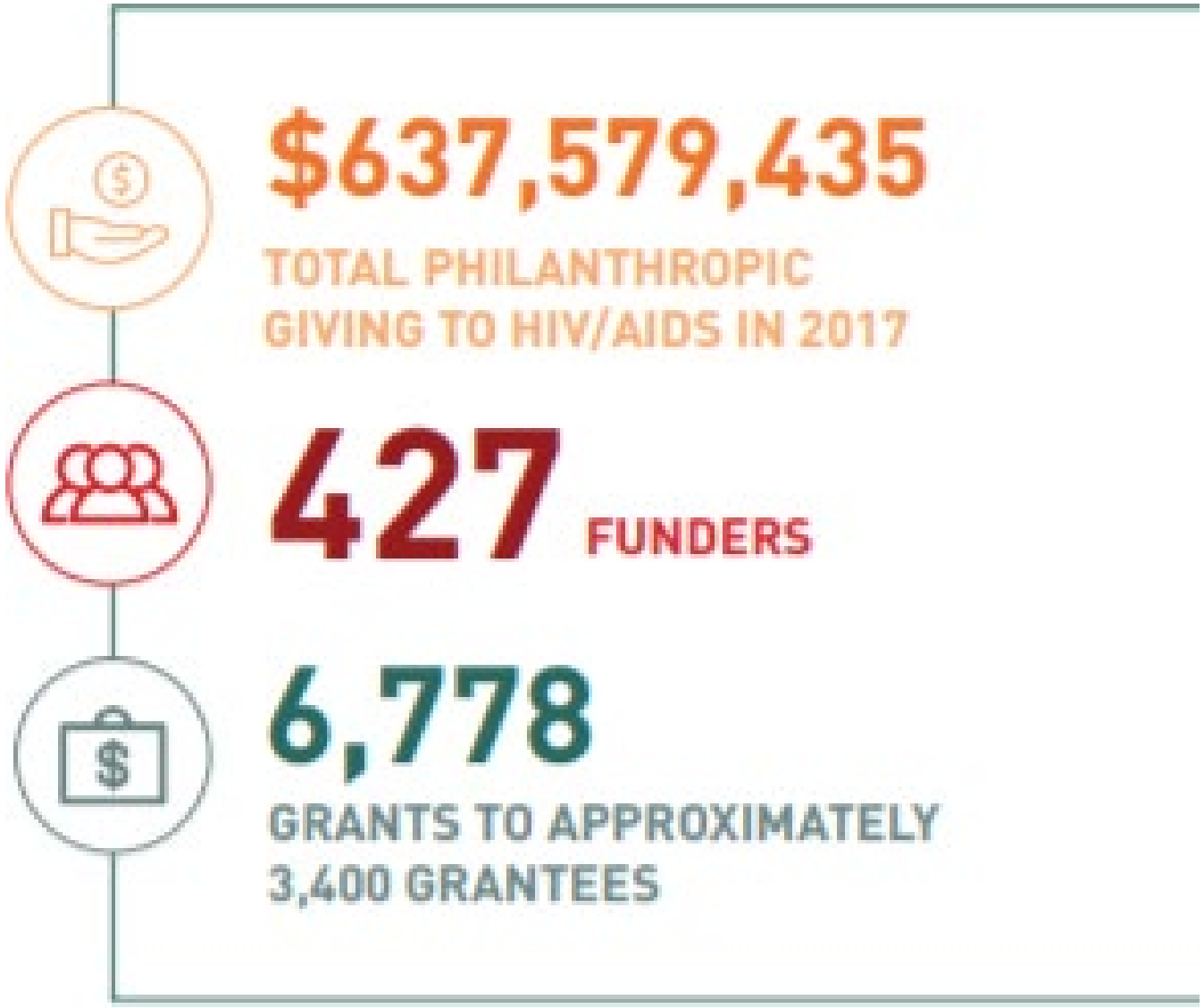
Priority Areas for Syringe Service Programs

Comer Family Foundation

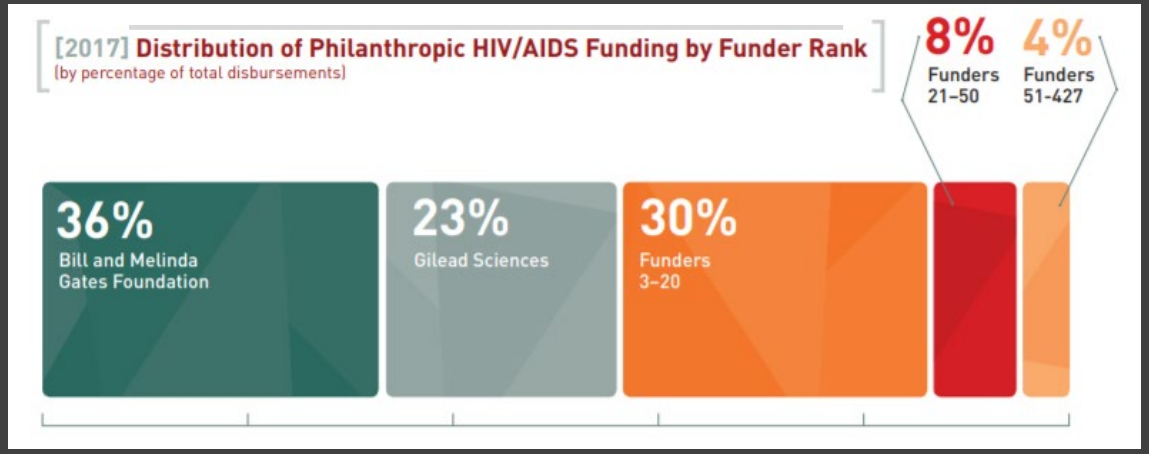
- Midwest / South
- Rural
- Top 220 counties identified by CDC
- Non-legalized syringe access states

- Statewide initiatives (WV)
- Summits on leadership & capacity building
- Rural naloxone delivery programs
- Sponsorship of smaller organizations to attend regional Harm Reduction Institutes (NASTAD, AIDS United, CBA, HRC, CFF)

What is the current landscape of HIV funding?



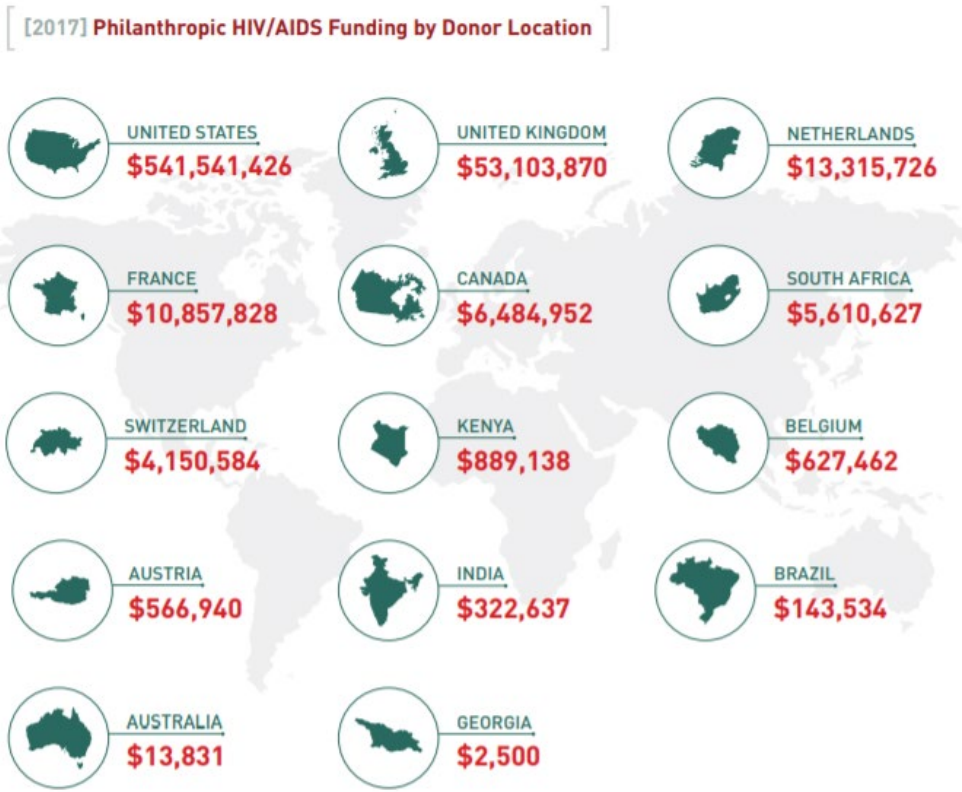
Who's the funding coming from?

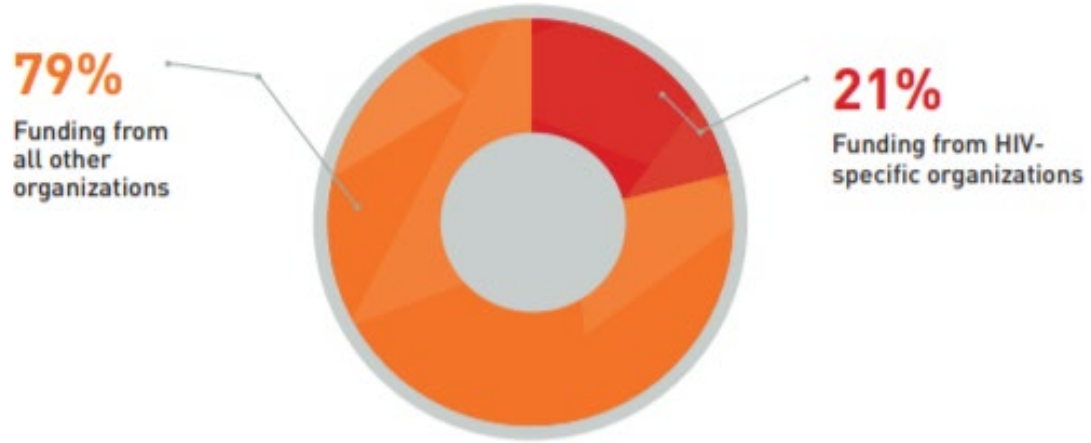


[2017] **Top 20 Philanthropic Funders of HIV/AIDS**[6]

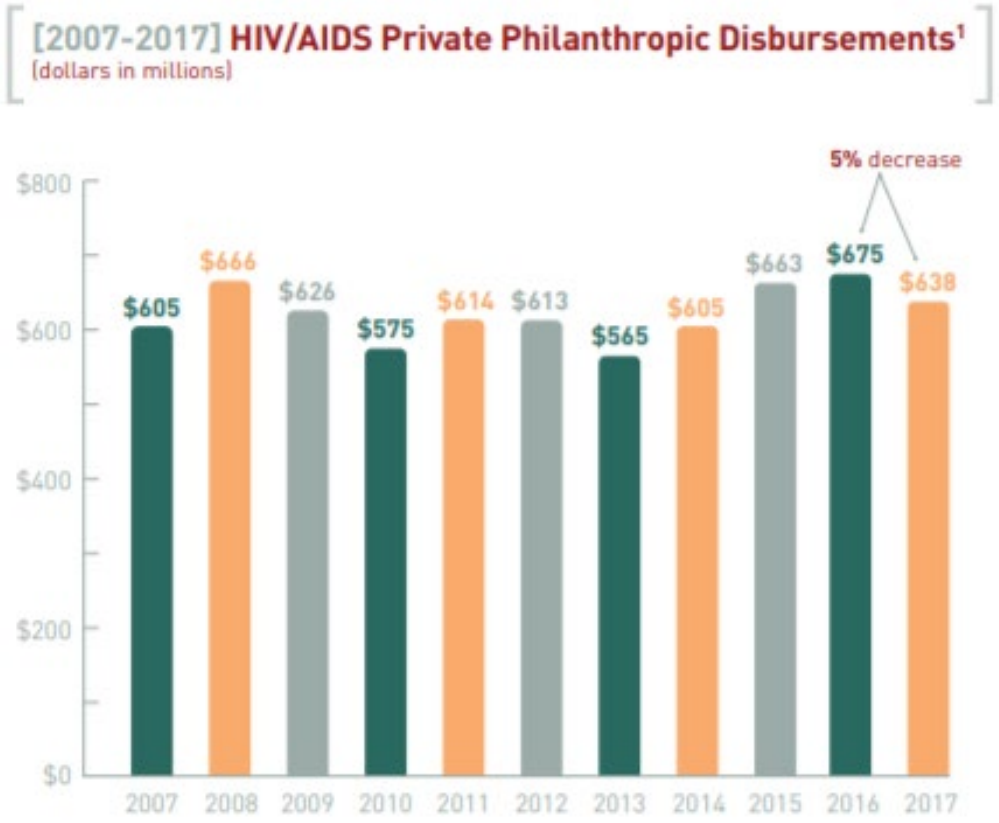
FUNDER NAME	2017 DISBURSEMENTS ($)
1. Bill & Melinda Gates Foundation	241,447,620
2. Gilead Sciences, Inc.	155,440,317
3. ViiV Healthcare	37,562,831
4. M.A.C AIDS Fund and M.A.C Cosmetics	23,172,042
5. Elton John AIDS Foundation	19,709,081
6. Johnson & Johnson	13,612,866
7. Aidsfonds	12,017,181
8. Conrad N. Hilton Foundation	10,889,000
9. Phillip T. & Susan M. Ragon Institute Foundation	10,000,000
10. Broadway Cares/Equity Fights AIDS	9,392,630
11. amfAR, The Foundation for AIDS Research	9,287,373
12. Sidaction	8,140,572
13. Ford Foundation	8,007,100
14. Open Society Foundations[7]	7,754,549
15. Children's Investment Fund Foundation	6,664,394
16. Wellcome Trust	5,460,721
17. Big Lottery Fund UK	5,394,015
18. Susan Thompson Buffett Foundation[8]	5,070,000
19. Stephen Lewis Foundation	4,732,138
20. National Lottery Distribution Trust Fund (South Africa)	4,721,583

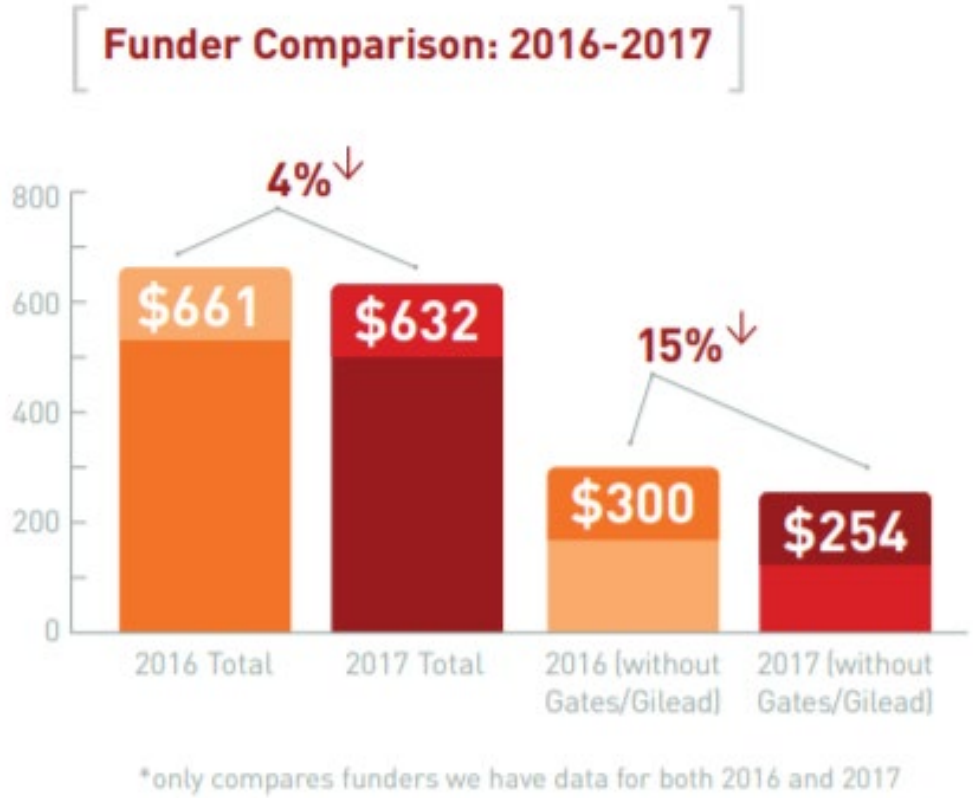
Where’s the funding coming from?

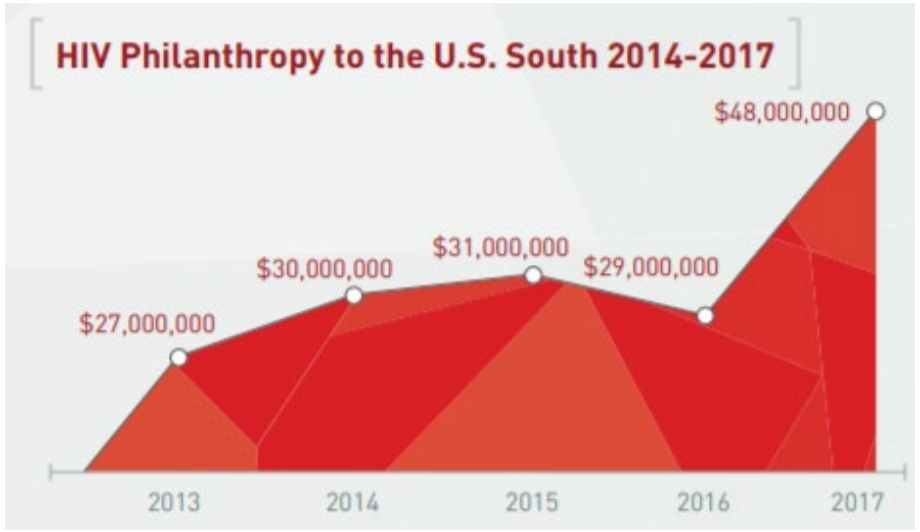


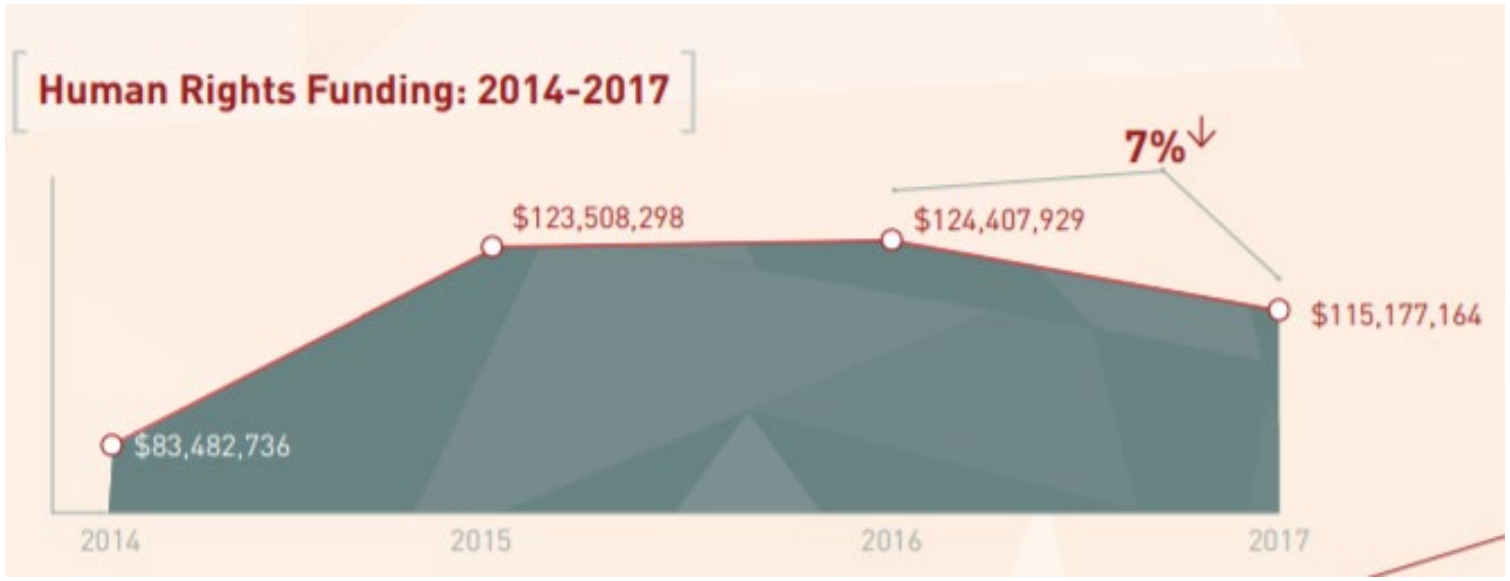


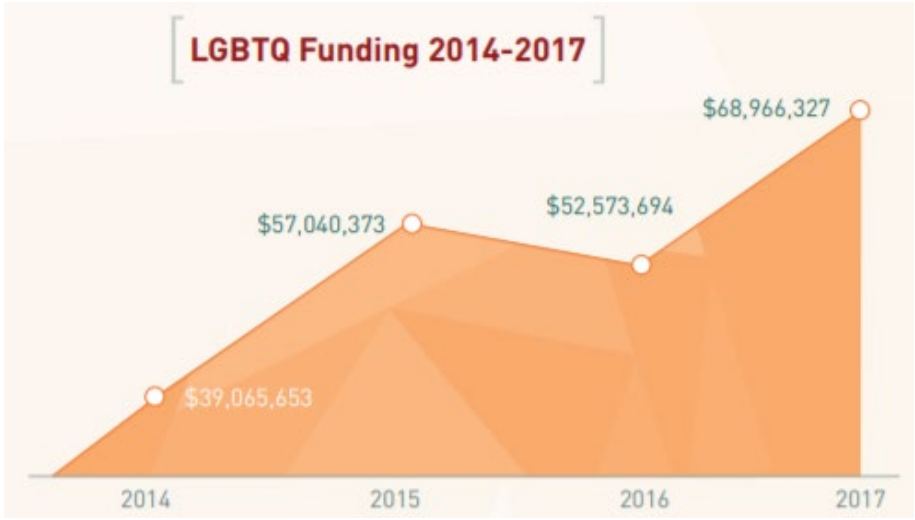
What's Changed since last year?





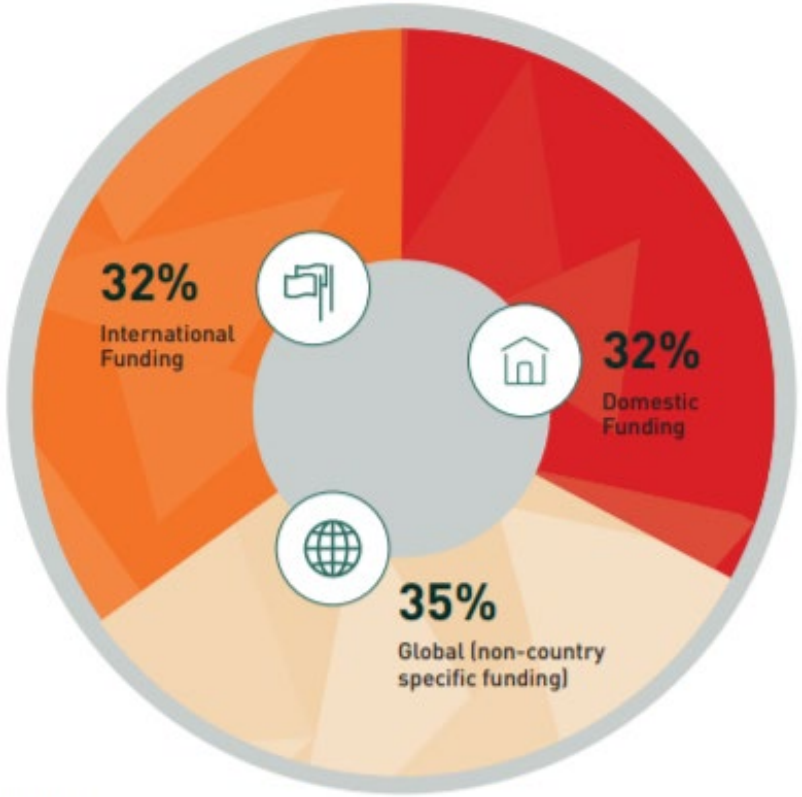






What are the trends?

Where's the funding going?



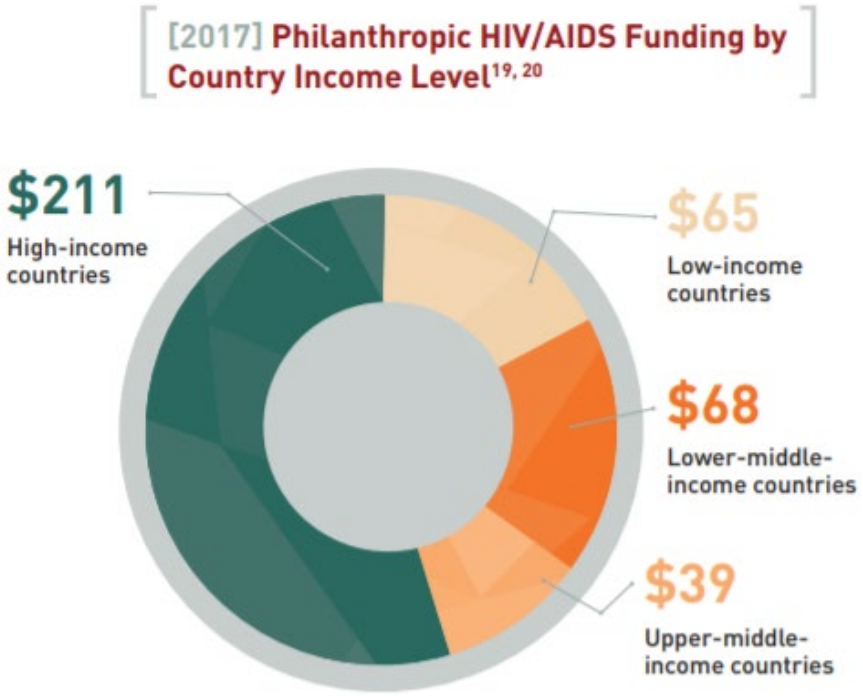
Note: 1% of funding was unable to be disaggregated leading to the funding discrepancy in the chart above.

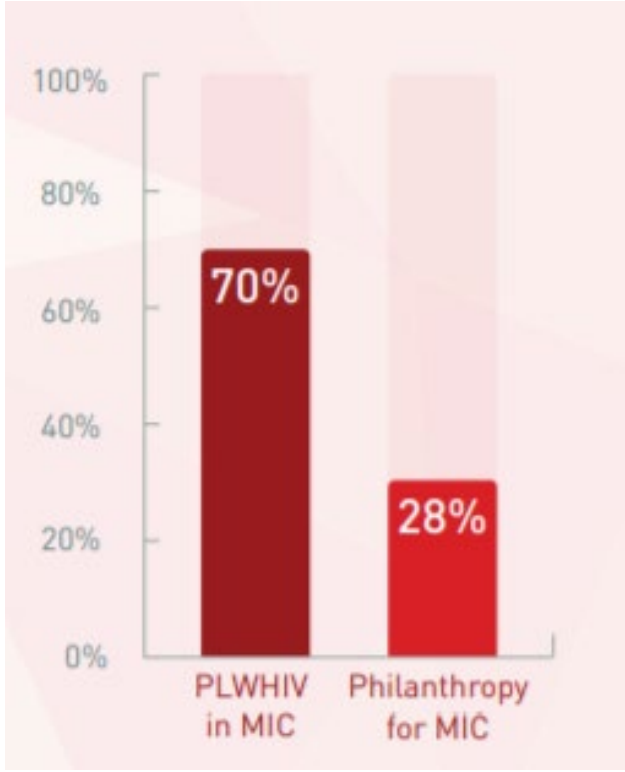
[2017] **Top 20 Recipient Countries of Philanthropic HIV/AIDS Funding**

COUNTRY	2017 DISBURSEMENTS ($)
1. US	185,711,465
2. Kenya	28,235,870
3. South Africa	24,884,548
4. Zimbabwe	21,671,146
5. Zambia	17,546,991
6. Malawi	17,382,762
7. Tanzania	10,850,285
8. Uganda	9,068,076
9. India	8,407,255
10. United Kingdom	6,664,504

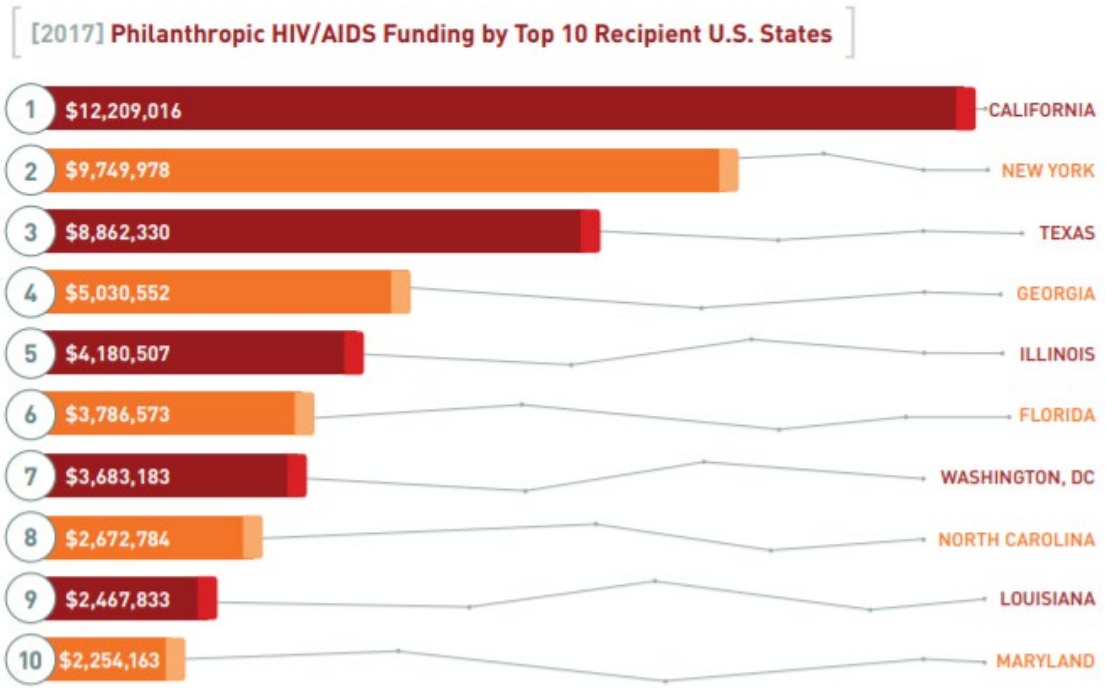
COUNTRY	2017 DISBURSEMENTS ($)
11. Lesotho	5,481,114
12. Mozambique	5,362,759
13. France	5,217,339
14. Nigeria	2,814,132
15. Canada	2,758,732
16. Ethiopia	2,460,617
17. Swaziland	2,415,093
18. Italy	2,256,143
19. China	2,048,594
20. Mexico	2,012,916

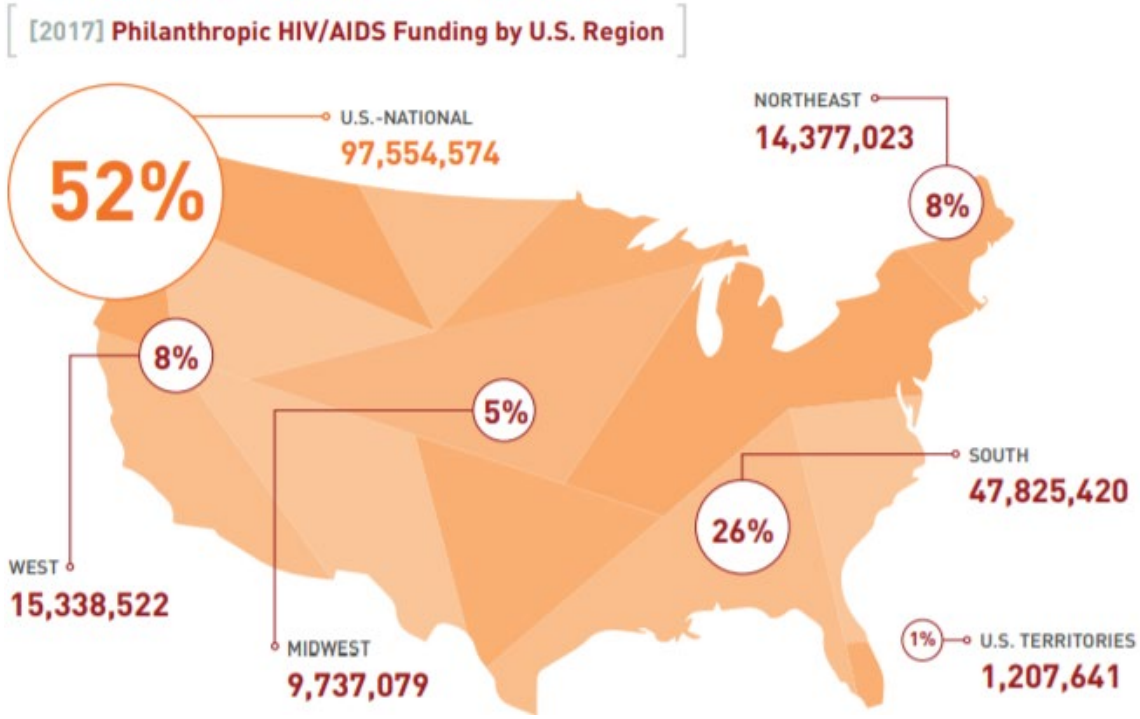
What funding is reaching LMIC?



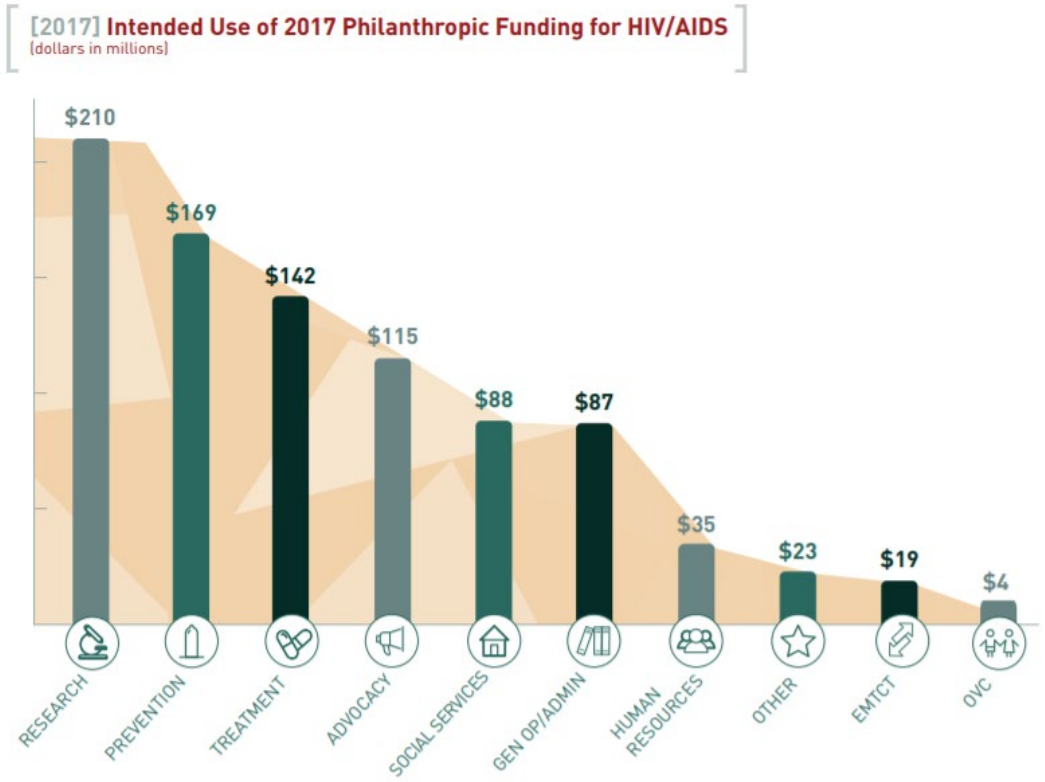


What's the US Landscape look like?





What type of work is being funded?



- Research : $210 million
- Prevention: $169 million
- PrEP: 14% increase in 2017
- Advocacy decreased, still 18% of total funding
- General Operating funding up $30 million
- Capacity Building/Leadership Development grants up by $29 million

Who is the funding reaching?

[2017] **Target Populations of Philanthropic Funding for HIV/AIDS**[22]

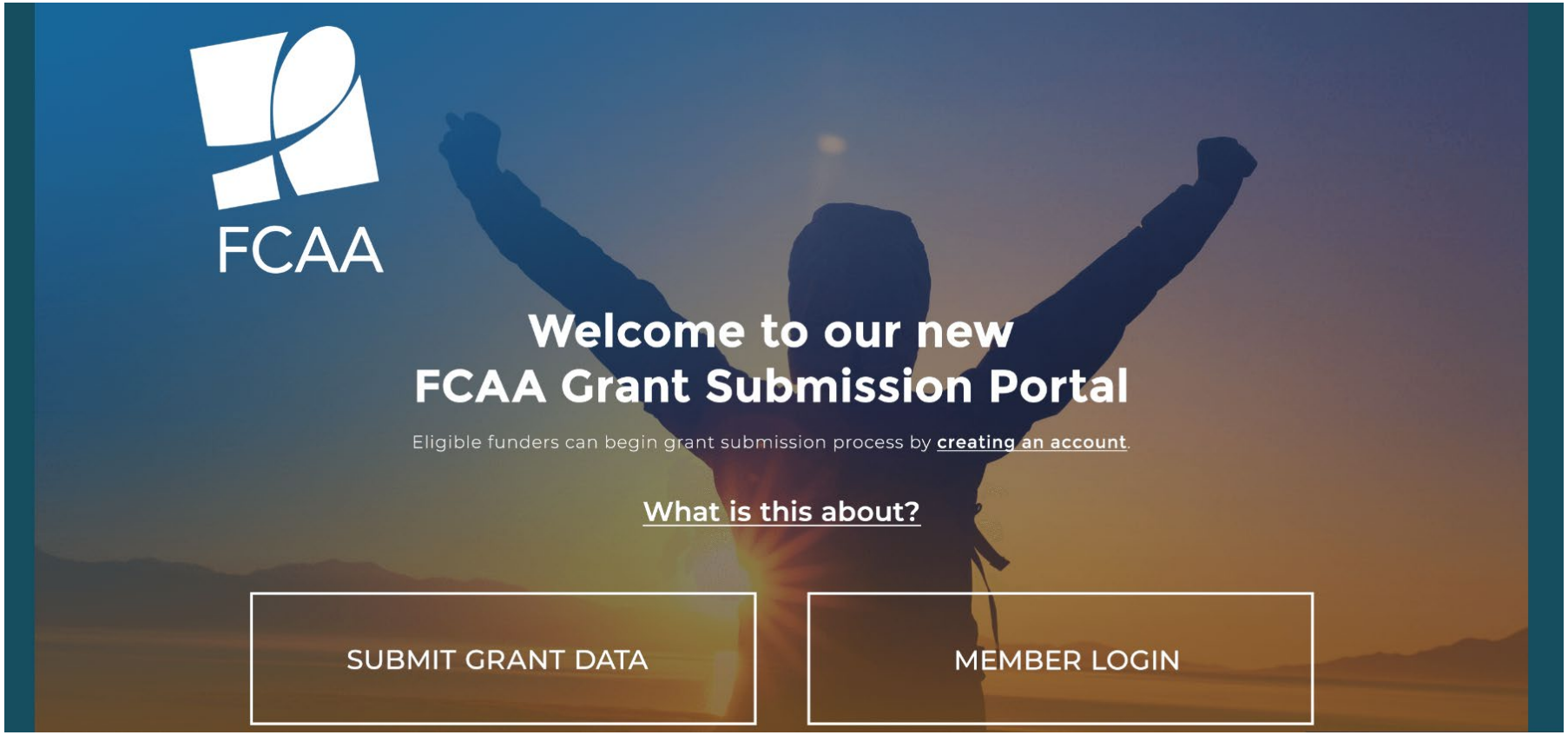
TARGET POPULATION	2017 DISBURSEMENTS ($)
General population (including medical research for a general population)*	247,883,142
People living with HIV (general)	150,705,800
Women & girls	77,886,525
Youth (15-24)	71,661,854
Economically disadvantaged/homeless	42,712,596
Gay men/men who have sex with men	42,652,836
Health care workers	37,977,470
Children (0-14)	37,600,167
African American (U.S.)	36,654,524
Transgender	34,244,021
Latinx (U.S.)	26,918,536
Men & boys	22,149,584
Other	21,559,502
Pregnant women/mothers & babies	20,008,443
LGBTQ - General	19,165,050
People who inject drugs	17,085,107
Sex workers	13,908,008
Orphans & vulnerable children	12,805,730
Families	12,501,926
Rural populations	9,349,690
Migrants/Refugees	7,323,856

- General Population: $248 million
- Transgender populations: 110% increase
- MSM: 35% increase
- Economically disadvantaged/homeless: 31% increase
- Funding for African Americas/Latinx nearly doubled
- Funding for PWID decreased by 11%
- Funding for sex workers decreased by 24%

Timeline

2019 Jan	January 24, RT Webinar We Are Here!	
2019 Feb	Begin rolling out new mini site	
2019 Mar	Launch Call for Data!	
2019 Apr	FCAA Spring Convening on April 9	
2019 May		
2019 Jun		
2019 Jul		
2019 Aug	Close Data Collection	
2019 Sep		
2019 Oct	FCAA Annual Summit October 28-29	
2019 Nov		
2019 Dec	Launch Report on or after World AIDS Day!	

What’s a new mini site?!



How do I get more involved?

- Look out for new infographics in the works for this year!
- Read our report, *Last Mile Funding: Improving practice in philanthropic funding of Community Action on AIDS*
- Join one of our working groups:
  - US South
  - Women & Children
  - Human Rights & HIV
  - Community Based Organizations
- Visit our new micro site rolling out for Resource tracking shortly:
  - Will allow funders to submit their grants list directly through site
  - FCAA Members will have access to a directory of grant data that they can login and search on their own!
  - More security, better functionality, and key member benefits!
  - Stay tuned for more details!