HIV/AIDS grantmakers and key stakeholders came together on October 7, 2010 at the California Endowment in Oakland, CA to discuss the impact of state budget cuts on HIV/AIDS programs across the country.

Julie Scofield, Executive Director of the National Alliance of State & Territorial AIDS Directors (NASTAD), opened with an overview of the state funding environment. In 2009, 29 states reported a loss of $170 million in their HIV/AIDS and viral hepatitis programs, and in 2010, 28 states reported an additional loss of $52 million. Forty-one states have reported over 200 open or unfilled HIV/AIDS or viral hepatitis-related public health positions over the past two years, with other states instituting mandatory furloughs and pay and/or hiring freezes. States are also cutting prevention and treatment programs, including: prevention training, provision of testing services, behavioral interventions, condoms, and syringe exchange programs.

While the gap between need and available resources is immense—the cuts in 2009 budgets alone is 34% greater than total domestic disbursements by philanthropic HIV/AIDS funders in the same year—Scofield highlighted a few opportunities in the road ahead. Seven states in 2010 reported the restoration of $55.3 million in state funding, mostly for the AIDS Drug Assistance Programs (ADAPs). She urged funders to support the local and state advocacy necessary to ensure both the National HIV/AIDS Strategy and healthcare reform will be fully funded and implemented.

“Innovations in Funding,” moderated by Kandy Ferree, President & CEO of the National AIDS Fund, brought together the California Endowment, Bristol-Myers Squibb and the Bay Area Positive Network for Health to discuss why and how they are shifting their funding paradigms within the new funding environment. The panel found a strong theme in the role of supporting both advocacy and community infrastructure over the long term to ensure systems change. The discussion also underscored the essential need to approach the work more holistically—across funding issues and portfolios—to strengthen a broader network of advocacy and create sustained impact.

Convened in Oakland, the briefing provided the opportunity to view the public funding context in a city poised to tell two stories: one of crisis, and one of response. Since 1998 Alameda County (including Oakland, which accounts for 65% of the county’s total HIV/AIDS cases) has been fighting a state of emergency directly related to HIV/AIDS cases within the African American community. In 2007 keynote speaker Oakland Mayor Ronald V. Dellums became one of the first U.S. Mayors to be publicly tested for HIV/AIDS. By becoming the public face of HIV/AIDS testing in Oakland – and launching the city’s innovative Get Screened Oakland (GSO)—the Mayor hopes to help take the stigma out of HIV testing, and to promote that everyone know their status. Mayor Dellums urged funders to help scale up this testing model nationally.

Dr. Marsha Martin, Director of GSO, was joined by partners from the Levi Strauss Foundation, Flowers Heritage Foundation, The Global Business Coalition on HIV/AIDS, Tuberculosis...
and Malaria (GBC), and Chevron to discuss the challenges and successes behind its public-private partnership model. The original question behind GSO was, in a city such as Oakland—with finite borders—how do you target HIV/AIDS assistance and messages, and importantly, how do you understand where the virus is? The goal behind GSO was to make HIV/AIDS everybody’s business in Oakland, and to do this, it needed multi-sector partners to help fully reach into the community. GSO invited all partners—including corporate and family foundations, both AIDS and non-AIDS community service providers, and the corporate sector—to the table from its inception to collaboratively determine what support and unique skills they could offer. The partners’ leadership has also played an important role in encouraging others from beyond the HIV/AIDS community to work on HIV.

The final panel encapsulated the day’s themes with a discussion among young leaders from WORLD, the Downtown Youth Clinic (East Bay AIDS Center), Pacific Center for Human Development and La Clinica de la Raza who shared examples of innovative programming in Oakland: an on-site bathhouse drop-in therapist, positive women-led peer networks, community outreach programs focused on at-risk Latino populations, and a youth-focused social network HIV testing initiative. It became clear that while there has been a lot of effort in scale up of both HIV testing and awareness in the Oakland area, their care and support services are extremely strained. Panelist Naina Khanna, Director of Policy and Community organizing at WORLD, reminded funders that while we look to the AIDS Service Organization community to help achieve the care, prevention and health disparities goals of the new National HIV/AIDS Strategy, we cannot afford to scale back investment in these organizations that provide culturally competent services grounded in community. Panelists agreed that they need funders’ help to innovate, evaluate, collaborate and leverage other funding. The panelists also asked for flexibility in funding, and the time for a formative phase to support research, needs assessment and information gathering. Moderator Gregory Edwards, Executive Director of the Flowers Heritage Foundation, ended the session by congratulating their leadership and underscoring the need for funders to invest in new leaders in a sustainable way.