
U.S.
PHILANTHROPIC
SUPPORT
TO ADDRESS
HIV/AIDS
IN 2008

2008



Funders Concerned About AIDS

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U.S. PHILANTHROPIC SUPPORT TO ADDRESS HIV/AIDS IN 2008



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ACRONYMS AND ABBREVIATIONS

ARV = antiretroviral drug

CBO = community-based organization

CDC = U.S. Centers for Disease Control and Prevention

EFG = European HIV/AIDS Funders Group

FCAA = Funders Concerned About AIDS

Global Fund = Global Fund to Fight AIDS, Tuberculosis and Malaria

HCWs = healthcare workers

IDUs = injecting drug users

MSM = men who have sex with men

NGO = non-governmental organization

OVC = orphans and vulnerable children

PEPFAR = U.S. President's Emergency Plan for AIDS Relief

PLWHA = people living with HIV/AIDS

STI = sexually transmitted infection

UNAIDS = Joint United Nations Programme on HIV/AIDS

Note on text:

All figures marked in \$ are U.S. dollar amounts.

EXECUTIVE SUMMARY

Total HIV/AIDS-related philanthropy by U.S.-based funders increased by 11% between 2007 and 2008, rising from \$555 million to \$618 million in estimated disbursements. This increase was solely due to increased funding by the world's largest private philanthropy engaged in HIV/AIDS, the Bill & Melinda Gates Foundation. Without funding from the Gates Foundation, estimated disbursements actually decreased slightly (by approximately 3%) from 2007 to 2008.

Key findings and highlights for 2008 include:

- HIV/AIDS-related philanthropic funding is increasingly concentrated among a relatively small number of funders. The Gates Foundation alone accounted for 59% of funding disbursements in 2008. The top 10 funders, including the Gates Foundation, accounted for 82% of all HIV/AIDS-related disbursements in 2008.
- Corporate funders represented 16% of total 2008 disbursements, and 42% of all non-Gates HIV/AIDS-related philanthropy that year.
- Most funding in 2008 (84% of disbursements) was directed to addressing the HIV/AIDS epidemic outside of the United States. Even without the Gates Foundation, which exclusively funds HIV/AIDS projects outside of the U.S., the majority of funding (59%) by other top funders was directed outside the U.S., and an increased percentage of funders since 2007 (66% of funders in 2008, compared to 55% in 2007) devoted some or all of their giving to addressing the international epidemic. A growing share of this funding was given to organizations based in sub-Saharan Africa (42% in 2008, compared with 33% in 2007), and Asia and the Pacific (22% in 2008, up from 14% in 2007).
- Correspondingly, the share of funding for the domestic epidemic fell (from 18% of all funding in 2007 to 16% in 2008), and a lesser percentage of the top funders provided funding exclusively to address domestic HIV/AIDS issues in 2008. As in previous years, the Northeast region of the United States received the largest share of domestic funding (41%). Increased funding is needed in all regions—especially in Southern states, which continue to account for the greatest number of new AIDS diagnoses and the largest number of people living with HIV/AIDS (PLWHA).
- The biggest share of international funding went to research in 2008 (\$215 million), followed by prevention (\$112m) and treatment (\$80m). The biggest share of domestic funding went to HIV prevention in 2008 (\$27 million), followed closely by social services (\$24m) and treatment (\$21m). Smaller shares of both international and domestic funding were allocated to advocacy—which traditionally lags behind research, prevention and treatment—and orphans and vulnerable children (OVC) and human resources, two new categories this year.
- PLWHA were identified more frequently than any other population group as beneficiaries of both international and domestic philanthropy by U.S.-based funders. Internationally, other population groups identified after PLWHA were, in rank order, women, youth, OVC, and injecting drug users (IDUs). Domestically, after PLWHA, funders identified, in rank order, African-Americans, gay men and men who have sex with men (MSM), youth, homeless/impoverished persons, women, and IDUs. It is notable that while data from the U.S. Centers for Disease Control and Prevention (CDC) indicate over half of new HIV infections in the United States in 2006 were among gay and bisexual men, only a third of domestic funders identified this group as a top beneficiary of their organizations' giving.

Similarly, African-Americans accounted for almost half of new HIV infections in 2006, but only a third of domestic funders identified this group as a top target population of their funding.

- Looking ahead, funder projections for 2009 suggest that HIV/AIDS-related philanthropy funding levels will likely decrease: 42% of funders are forecasting anticipated decreases for 2009, including six of the top 10 funders. Forty-three percent of funders expect their HIV/AIDS-related disbursements to remain approximately the same or are unsure about 2009 funding levels, while only 15% of funders expected their funding to increase in 2009. This is the lowest percentage of funders expecting an increase on record since FCAA began surveying funders about their predictions for the upcoming year.

These findings carry several important implications for HIV/AIDS philanthropy. A trend of note this year is that aggregate HIV/AIDS-related disbursements among funders other than the Gates Foundation were flat from 2006 to 2007, and slightly decreased from 2007 to 2008 (by 3%). Given the extent of the economic crisis, increasing or even maintaining a stable level of HIV/AIDS financing through 2008 may have been a challenge for some funders, and funders deserve praise and recognition for the maintenance of support for critical HIV/AIDS work in 2008. Yet the needs of individuals and communities affected by HIV/AIDS have not leveled off since 2006; they continue to grow.

Internationally, the economic downturn has exacerbated the situation on-the-ground as it disproportionately impacts poorer countries, home to the vast majority of the tens of millions of people affected by HIV, who need more at precisely the time that donors are less able to provide such financing. Some international donors and governments are likely to cut health budgets, resulting in reduced funding for HIV/AIDS services. On the domestic front, many states are facing major deficits that will result in millions of dollars in budget cuts to HIV/AIDS programs, with prevention activities being some of the hardest-hit. Such cutbacks place the health and well-being of millions of people at risk, and threaten to stall progress toward scaling up HIV prevention, treatment, and care for all in need.

Private philanthropic funders have a unique opportunity to target funding for populations and issues that governments and other donors are reluctant to prioritize because they are perceived as too specific or controversial—such as advocacy activities that support the rights of PLWHA and marginalized communities, or prevention strategies that include harm reduction. The need is all the more urgent because in many countries and contexts, the activities perceived as more controversial (prevention programs for higher risk populations, for example) are more vulnerable to public budget cuts than other programs

because they have less political support. Private philanthropic funders should consider developing programs and strategic collaborations aimed at increasing the level and scope of targeted resources for these types of activities. Private philanthropic funders should also consider resourcing local NGOs and community-based organizations, which tend to be the most effective agents at reaching and delivering services to the most vulnerable HIV-affected individuals and families, and thus, are primed to best engender a longer-term, sustainable response.

Current economic and epidemiological realities demand greater resources for HIV/AIDS, not acceptance of stable levels, and further yet, more effective uses of the resources at hand. The economic crisis introduces new opportunities for critical funding, and can be seen as a catalyst towards ensuring that the resources that are available have maximum impact. Funders should be creative and committed in their efforts to increase resources and to sharpen the focus and effectiveness of their programs, in order to sustain the momentum made and ensure support to people living with and affected by HIV/AIDS, even in tougher financial times.

Approximately 33 million people are currently living with HIV around the world. Effective HIV treatment reaches only one in three people in need, however, and for every two people who start treatment, another five are newly infected. According to UNICEF, as of 2005, more than 15 million children under 18 had lost one or both parents to AIDS, and in 2007, 2.1 million children were living with HIV. There are over 1 million people in the United States living with HIV today, the highest number of all the world's industrialized countries. It is estimated that more than 20% of them do not know they are infected. In the U.S., there are 56,000 new HIV infections each year.

ABOUT FCAA AND THIS REPORT

Funders Concerned About AIDS (FCAA) was founded in 1987 with the mission 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. FCAA is the only U.S.-based organization comprised of and for private philanthropic institutions engaged in the response to HIV/AIDS.

For more than 20 years, FCAA has fostered and enhanced a meaningful grantmaker response to HIV/AIDS here in the United States and abroad. In early 2009 FCAA staff and board entered into a strategic planning process to determine our organizational and programming priorities, and emerged reaffirmed in our vision: to create a philanthropic sector that works collaboratively, informedly and urgently to ensure that the HIV/AIDS epidemic is halted, and that the communities already affected by it receive the resources they need.

The new economy necessitates working together to maximize our resources in the fight against HIV and AIDS. However, we also realize that partnerships are not forged overnight. In order to focus on building a community of funders through open dialogue and trust, FCAA convened our first-ever annual gathering in September 2009. See Page 22 for a review of the significant themes defined by gathering attendees around the role of private philanthropy in contributing to an end to the pandemic.

This signature publication series is proof that collaboration is not just part of our vision, it is the cornerstone of our approach. Four years ago FCAA, the European Foundation Centre's European HIV/AIDS Funders Group (EFG), and UNAIDS created the Working Group on Global Philanthropic Resource Tracking to formalize the working relationships that had existed among these three groups for years, and to further harmonize our collection approaches and present the most accurate possible picture of HIV/AIDS-related institutional philanthropy. Along with this publication, and EFG's 2008 resource tracking work, a specific result of this collaboration can be found in Appendix D, which includes an enhanced contact list and profiles of select funding organizations located outside of the U.S. and Western and Central Europe. At FCAA's Annual Gathering, Keynote speaker Stephen Lewis, Co-Director of AIDS-Free World, urged funders to partner closely with organizations on-the-ground; this project provides a beginning list of potential local partners and new insight into the landscape of global philanthropy.

This is FCAA's seventh annual publication that provides 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 made in 2008. All information in this report is accurate and current as of September 2009. This year's Top U.S.-Based HIV/AIDS Funders list includes the top 72 U.S. HIV/AIDS philanthropic entities. Each of these entities disbursed \$300,000 or more to HIV/AIDS in 2008. Where possible, we have observed changes in grantmaking among these top funders.

Now, more than ever, FCAA's resource tracking publication is poised to analyze the true impact of the economic crisis on HIV/AIDS grantmaking. While the funding landscape has changed, there is still room for optimism. Throughout the publication you will find profiles of grantmaker innovation: building the next generation of leaders in HIV prevention and advocacy; taking a collaborative approach to comprehensive sexual education in an urban school district; and funding grassroots organizations to effectively reach at-risk populations on-the-ground.

Some funders receive substantial funding from the U.S. government to implement HIV/AIDS programming or distribute funding to other programs. While we know these public/private partnerships are extremely valuable in ensuring that funds are allocated effectively, government funds (which are tracked and reported by UNAIDS) are not included in total grantmaking reported here because this report focuses exclusively on private sector philanthropy. See page 16 for a sidebar on public/private partnerships.

As noted in Table 1, some funders reported that they received some financial resources from other funders tracked by FCAA. At least some of these funds were used to support HIV/AIDS-related funding to other institutions. In order to avoid double-counting, the top grantmakers total in Table 1 reflects a reduction of \$19,644,373 to correct for reported re-granting of funds from one FCAA-tracked top grantmaker to another.

FCAA's resource tracking work 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 the 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.

FCAA hopes that this report will enable a wide variety of readers to gain new understanding about the overall distribution and diversity of U.S. HIV/AIDS philanthropic funding as well as trends in this grantmaking. We welcome input from readers about how to make future editions of *U.S. Philanthropic Support* more useful.

2009 REVIEW AND THE ROAD AHEAD

The most recent UNAIDS update on the global AIDS epidemic, released in November 2008, suggested that new infections were stabilizing in sub-Saharan Africa and most other parts of the world—a refreshing affirmation that something was indeed working in the fight against AIDS. The six-fold increase in HIV/AIDS financing from public and private funders since 2001 has been crucial to this progress. Such powerful momentum can and should be sustained even as the world struggles to overcome the challenges associated with the global economic crisis that began suddenly in 2008.

The global economic downturn has negatively affected the lives of millions of people around the world, but few have faced as much uncertainty as HIV-affected individuals and members of vulnerable populations.

It is estimated that the global economy as a whole will shrink this year for the first time since the 1940s. The impact is already particularly devastating among people living in low- and middle-income countries, which have limited resources to help citizens weather the downturn. Many governments have been forced to reduce social-sector spending even as the value of remittances from abroad—a key source of income in several resource-constrained countries around the world—has declined. The World Bank has estimated that some 200 million people around the world will have been pushed into poverty (living on less than \$2 a day) in the 18 months prior to the end of 2009 due to a combination of rising joblessness and higher food and energy prices.¹

As individuals and families become poorer, they have less disposable income to spend on health care (significant in regions like sub-Saharan Africa, where up to two-thirds of health expenditures are out-of-pocket), while the other necessities of life (such as basic nutrition, safe water, housing, and children's education) become more difficult to afford. The current and potential risks to the health and well-being of millions of PLWHA and their families are numerous. For example, they may not be able to afford transport fares to clinics, let alone pay various fees for services that once were cheaper or free.

Faced with major budget constraints, governments in some countries (such as Tanzania and Botswana) have made plans to reduce spending on national AIDS programs. According to a joint UNAIDS and World Bank report released in June 2009, treatment programs in 31% of the countries surveyed were expected to fall short of necessary resources by the end of 2009 if current trends continue.² The situation is likely to be even more devastating for prevention programs, especially those targeting marginalized populations, because such programs tend to be the first cut when budgets tighten.

It is therefore increasingly clear that most poorer and high-burden countries desperately need additional external help to maintain and further develop effective prevention interventions, enhance the focus on the interconnections between reproductive health and rights and HIV/AIDS, support the myriad needs of especially marginalized HIV/AIDS populations such as OVC, MSM and women, and ensure the provision of basic services to people currently receiving lifesaving HIV/AIDS treatment and support.

Bilateral and multilateral donors have been able to uphold their funding commitments through 2008 and 2009, but there may be some potential shortfalls on the horizon. As of November 2009, secured funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria totaled \$9.5 billion, little more than two-thirds of expected demand for 2008–2010.³ The launch of a new, comprehensive global health initiative by the Obama Administration in the midst of the

1 World Bank press release. "Crisis Hitting Poor Hard in Developing World, World Bank says." February 12, 2009. <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:22067892-pagePK:64257043-piPK:437376-theSitePK:4607,00.html>

2 UNAIDS and the World Bank. *The Global Economic Crisis and HIV Prevention and Treatment Programmes: Vulnerabilities and Impact*. June 2009. Available at: http://data.unaids.org/80/pub/Report/2009/jc1734_econ_crisis_hiv_response_en.pdf

3 Global Fund website. "Latest figures on pledges and contributions to the Global Fund." November 2, 2009. <http://www.theglobalfund.org/en/resources/?lang=en>

difficulties of the economic crisis was welcome. Yet there is concern that the FY 2010 budget request to Congress for HIV/AIDS and the Global Fund through PEPFAR does not include any significant increase over FY 2009 levels, and will not be enough. HIV/AIDS was also not on the agenda at the July 2009 G8 summit in Italy, also raising concern that world leaders no longer consider the epidemic a major priority, and are failing to honor their commitment, made at a summit in 2005, to provide adequate resources to achieve universal access to HIV prevention, care and treatment by 2010.

A recent survey conducted by the Henry J. Kaiser Family Foundation found that the U.S. public's sense of urgency about the domestic HIV/AIDS epidemic as a national health problem has greatly decreased over the past decade⁴. A concomitant decline was seen in regards to understanding or concern about personal risk, even among members of groups most vulnerable to HIV. Such complacency is dangerous, given that the annual number of new infections in the United States has remained the same over the past decade—about 56,000—and almost a quarter of those infected are not aware of their status. Also alarming is the domestic epidemic's disproportionate impact on racial and ethnic minorities and gay and bisexual men. To put it in perspective, compared with the global epidemic, the total number of African-Americans living with HIV in the United States is greater than the total number of HIV-infected people in seven of the 15 PEPFAR focus countries, and on its own would represent the 16th largest epidemic in the world.⁵

Domestic HIV prevention in particular requires more focus and more funding, as certain populations (African Americans and MSM) are not being effectively reached, and 21% of HIV-infected persons in the U.S. do not know they are infected. Yet prevention programs represented the smallest share (only 4%) of the FY2009 and FY2010 federal HIV/AIDS funding⁶. And, as a result of the economic crisis, state and local governments have been reducing budgets, cutting prevention programs as well as health and administrative staff for HIV/AIDS programs sharply. According to a survey by the National Alliance of State and Territorial AIDS Directors (NASTAD), 74% of HIV/AIDS programs that receive state funding experienced cuts to HIV prevention activities in 2009 as a result of state budget cuts. (The comparable share of HIV treatment programs receiving state funding that experienced cuts in 2009 was nearly 50%.)

The economic crisis has impacted most private philanthropic funders of HIV/AIDS. Some have reduced grantmaking and scaled back the provision of human and financial resources. For funders that rely on endowments for their source of wealth, the financial downturn, beginning in late 2007, has since cut a significant percentage of the value of their assets, with some sustaining losses exceeding 30% to date. Meanwhile, funders that rely on fundraising for income are finding it more difficult to secure existing donors as well as identify new ones. Regardless of income source, therefore, some funders have had to make difficult decisions this year—including 1) reductions in staff, salaries, benefits, or extra costs such as travel in order to maintain current levels of grantmaking or limit the scope of cuts; and/or 2) reductions in new or existing grantmaking. With no clear confidence in financial security for the future, the overall atmosphere is such that funders may be averse to supporting new or different projects.

All of these factors contribute to an atmosphere of pessimism and uncertainty regarding the future of both the domestic and international HIV/AIDS response. It is necessary, though, that all stakeholders recognize the importance of maintaining the hard-earned momentum built up over the past decade of increased investments in HIV/AIDS and health service delivery. These investments have paid off in countless ways, most notably in the huge number of lives saved. Instead of a reason to retrench, the economic crisis should be viewed as an opportunity

4 The Henry J. Kaiser Family Foundation, press release, "Less than a year after CDC announced the U.S. HIV epidemic is much larger than previously thought, public's sense of urgency is down, even among some higher risk groups". April 28, 2009. www.kff.org/kaiserpolls/posr042809nr.cfm%20

5 Black AIDS Institute. *Left Behind: Black America, A Neglected Priority in the Global AIDS Epidemic*. August 2008. www.blackaids.org/image_uploads/article_575/08_left_behind.pdf

6 The Henry J. Kaiser Family Foundation, HIV/AIDS Policy Fact Sheet, "U.S. Federal Funding for HIV/AIDS: The FY 2009 Budget Request." April 2008. www.kff.org/hiv/aids/upload/7029-041.pdf

to ensure that the limited resources available have maximum impact. Instead of succumbing to “HIV/AIDS fatigue,” or leaving AIDS behind to focus on other issues, all global players—multilateral and bilateral donors, governments in needy countries, and private philanthropists—should look anew at the epidemic, focusing on identifying and utilizing the most effective evidence-based solutions to rally additional resources and ensure continued progress on all fronts: human rights, prevention, social services, care, and treatment.

Private philanthropy has a critical and unique role in such efforts. Advocacy activities, especially those that empower PLWHA, marginalized populations and others affected by HIV/AIDS, are key to building campaigns, movements, and networks that support leadership among these populations, a development that helps give them a stronger voice and influence in policymaking, and creating social change. For a variety of reasons, they are also activities that large multilateral and bilateral organizations and national governments are less likely to support. Many smaller funders make up the field of private philanthropy, and, compared with larger donor organizations or governments, private philanthropic funders can respond much more flexibly to targeted prevention and treatment initiatives (such as the provision of clean syringes to injecting drug users) and the particular needs of marginalized populations (such as MSM, sex workers, and migrants). These are issues and populations that many larger and more formal entities ignore, at best, or discriminate against (at worst).

Collaborations among private philanthropic funders, as well as with corporations, governments, and large bilateral and multilateral organizations, are another important avenue to pursue in the near future. Funders can help each other meet mutual goals by coordinating and sharing best practices and skills, establishing successful models of service delivery, and leveraging investments to bring in additional commitments and resources. Partnerships should also be fostered with community-based organizations, thereby increasing the local capacity of constituents as a longer-term sustainable solution.

The economic downturn has forced funders to take stock of their work and to streamline programs to be as critically effective as possible. This could be precisely what is needed to sustain the momentum of past years and enhance it in the future. To achieve the goal of universal access to HIV prevention, treatment, and care by 2010, and the Millennium Development Goal of halting and reversing the spread of HIV by 2015, HIV/AIDS philanthropists must closely examine their successes and failures, join together with colleagues, and recommit to combating the epidemic with their best efforts.

TOTAL U.S. HIV/AIDS GRANTMAKING IN 2008

FCAA identified 345 U.S.-based funders that made HIV/AIDS-related grant disbursements in 2008. Combined, these funders supported some 6,300 HIV/AIDS-related grants or projects, disbursing a total of approximately \$618 million to these projects.

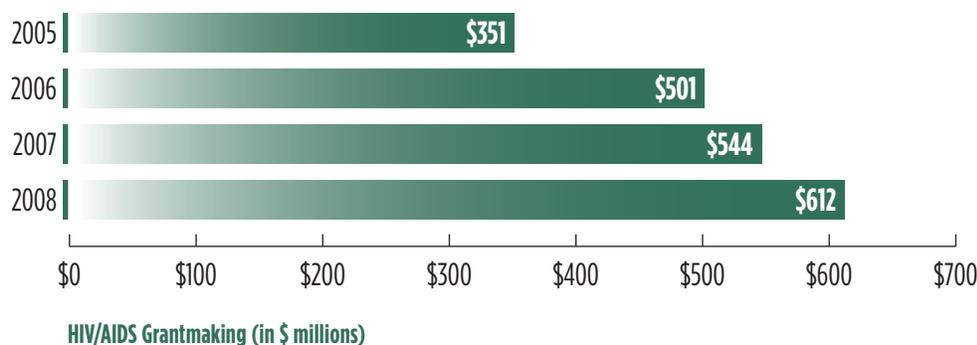
Note on missing data:

The great majority of private philanthropic funding for HIV/AIDS in 2008 has been captured in the available data. However, it is important to note that despite repeated efforts, FCAA was unable to receive data from some funders, and they are 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; the Coca-Cola Africa Foundation, which was a top funder in 2004, 2005, and 2006; and Gilead Sciences, which was a top funder in 2005. In addition, several other funders that have appeared in previous reports are not included this year for various reasons. They include the Rockefeller Foundation (which is focusing increasingly on health systems strengthening and not disease-specific programming) and The Henry J. Kaiser Family Foundation⁷ (an operating foundation that develops and runs its own policy research and communications programs, which are increasingly difficult to value financially). Two corporate funders that appeared in past reports (ExxonMobil and Altria Group) moved away from funding HIV/AIDS in 2008.

FCAA surveyed funders about funding commitments and disbursements in 2008. Tracking commitments (funding pledged 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 disbursed 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 all funders for which FCAA has both 2007 and 2008 data, the total value of disbursements increased 17% from 2007 to 2008.

Chart 1a:
Total HIV/AIDS Grantmaking Disbursements by U.S. Philanthropies 2005-2008⁸

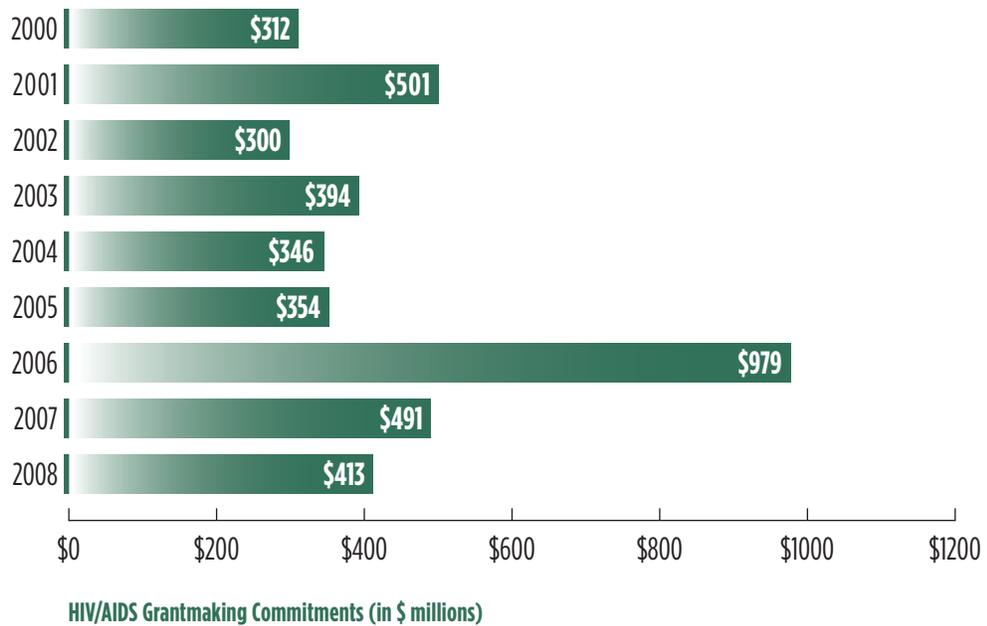


⁷ The Henry J. Kaiser Family Foundation is a private operating foundation with HIV-related activities that are increasingly integrated throughout its programs across the entire foundation. Though the foundation is usually one of the top ten funders in terms of highest annual disbursements, it is no longer 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 level of resources dedicated to HIV/AIDS both domestically and globally. (See Appendix A for a larger discussion about operating foundations and Kaiser's contributions.)

⁸ This chart includes only the funders for which FCAA has all four years of disbursement data (2005, 2006, 2007 and 2008) for 2005-2008.

Among the top funders⁹ tracked by FCAA, commitments decreased 16% between 2007 and 2008.

Chart 1b:
Total HIV/AIDS Grantmaking Commitments by U.S. Philanthropies 2000-2008¹⁰



⁹ "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 2008, a total of 72 funders met that criterion.

¹⁰ This chart includes all commitments data available for all top funders each year.

TOP U.S. HIV/AIDS FUNDERS IN 2008

Seventy-two funders reported HIV/AIDS-related grantmaking disbursements of \$300,000 or more in 2008. All are listed in Table 1.

Table 1:
Top 72 U.S. HIV/AIDS Funders in 2008
(ranked by amount of disbursements)¹¹

Name	Disbursements (\$)	Commitments (\$)
1. Bill & Melinda Gates Foundation, WA	378,482,751	234,155,177
2. The Ford Foundation, NY	27,777,195	31,714,691
3. Abbott and Abbott Fund, IL	25,229,419	0
4. M•A•C AIDS Fund and M•A•C Cosmetics, NY	23,461,948	27,362,165
5. Merck & Co., Inc, NJ	13,368,736	Not available
6. Open Society Institute, NY ¹²	12,494,236	12,494,236
7. Johnson & Johnson, NJ	11,667,000	11,667,000
8. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	10,383,997	4,553,626
9. Broadway Cares/Equity Fights AIDS, NY	10,039,298*	10,039,298
10. Pfizer Inc and Pfizer Foundation, NY ¹³	9,162,372	Not available
11. Irene Diamond Fund, NY	8,305,366	9,820,866
12. Elton John AIDS Foundation, NY	6,375,034*	6,375,034
13. Tides Foundation, CA ¹⁴	5,494,462*	3,044,581
14. The Foundation for AIDS Research (amfAR), NY	5,100,050*	4,619,805
15. Robin Hood Foundation, NY	4,895,000	5,135,000
16. National AIDS Fund, DC	4,750,273*	5,456,797
17. Elizabeth Glaser Pediatric AIDS Foundation, CA	4,168,868*	4,756,639
18. Doris Duke Charitable Foundation, NY	3,830,000	2,790,000
19. HIV Collaborative Fund, a project of the Tides Center, CA	3,001,210*	Not available
20. Rockefeller Brothers Fund, Inc., NY	2,550,000	2,692,500
21. The Starr Foundation, NY	2,005,000	10,005,000
22. W.K. Kellogg Foundation, MI	1,985,000	Not available
23. Global Fund for Women, CA	1,968,090*	2,058,600
24. Firelight Foundation, CA	1,872,084*	1,977,584
25. Levi Strauss & Co., CA	1,809,000	1,809,000
26. The New York Community Trust, NY	1,746,000*	1,746,000
27. The Wells Fargo Foundation, CA	1,722,269	Not available
28. AIDS Foundation of Chicago, IL	1,663,982*	Not available
29. American Jewish World Service, NY	1,640,623	1,430,009
30. The Sidney Kimmel Foundation, PA	1,640,000	Not available
31. GlaxoSmithKline US, NC ¹⁵	1,575,174	Not available
32. The San Francisco AIDS Foundation, CA	1,512,500	750,000
33. Silicon Valley Community Foundation, CA	1,435,066	Not available
34. Washington AIDS Partnership, DC	1,354,984*	1,199,620

¹¹ 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.

¹² The 2008 dollar amounts provided by the Open Society Institute are estimates and not exact figures. These estimated disbursements only include HIV/AIDS-related grants made to 1) the Open Society Institute's Public Health Program, 2) the Southeast Asia Initiative/Burma Project, and 3) national and regional Soros Foundations. They do not include HIV/AIDS-related grants made by any other Soros Foundation network program or entity.

¹³ 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.

¹⁴ A large part of HIV Collaborative Fund monies are included in the total figure for Tides Foundation, but the Collaborative Fund also handles funds that are not included in the Tides Foundation total. Double counting of funds is corrected in the aggregate total of disbursements.

¹⁵ The figure for GlaxoSmithKline includes grants data from the U.S. branch of the company only. The company is headquartered in the United Kingdom, and non-U.S. HIV/AIDS funding (approximately \$4.7 million in 2008) is tracked in the European HIV/AIDS Funders Group (EFG) resource tracking report (see www.hivaidsfunders.org to view the report, *European Philanthropic Support to Address HIV/AIDS in 2008*).

Table 1, continued

Name	Disbursements (\$)	Commitments (\$)
35. Pride Foundation, WA	1,316,952	Not available
36. Missouri Foundation for Health, MO	1,185,662	1,421,612
37. H. van Ameringen Foundation, NY	1,091,000	Not available
38. Children Affected By AIDS Foundation, CA	1,057,593*	1,057,593
39. Alphawood Foundation, IL	1,057,000	Not available
40. The Design Industries Foundation Fighting AIDS (DIFFA), NY	1,026,131	1,264,008
41. James B. Pendleton Charitable Trust, WA	990,411	990,411
42. International Fund for Health & Family Planning, NY	950,109	Not available
43. The Comer Foundation, IL	940,775	940,775
44. The William and Flora Hewlett Foundation, CA	900,000	1,049,048
45. The Pew Charitable Trusts, PA	881,000	Not available
46. Weingart Foundation, CA	773,400	Not available
47. United Nations Foundation, DC	753,346*	953,346
48. The Anne Dinning and Michael Wolf Foundation, NY	750,000	Not available
49. The Harry and Jeanette Weinberg Foundation, Inc., MD	725,000	Not available
50. Boston Foundation, Inc., MA	713,850*	Not available
51. South Africa Development Fund, MA	686,928*	686,928
52. Macy's Foundation, OH	673,070	Not available
53. Evelyn and Walter Haas, Jr. Fund, CA	645,000	505,000
54. The John D. & Catherine T. MacArthur Foundation, IL	615,000	250,000
55. The Summit Foundation, DC	568,000	568,000
56. The David and Lucile Packard Foundation, CA	550,000	1,580,000
57. AIDS Funding Collaborative, OH	544,763*	525,048
58. BD (Becton, Dickinson and Company), NJ	524,000	250,000
59. Houston Endowment Inc., TX	522,500	465,000
60. Arcus Foundation, MI	510,000	Not available
61. The Skoll Foundation, CA	510,000	Not available
62. The Community Foundation for the National Capital Region, DC	504,030	Not available
63. The John M. Lloyd Foundation, CA	484,550	334,550
64. Staying Alive Foundation, NY	480,810	665,458
65. San Diego HIV Funding Collaborative, CA	470,081	541,000
66. The Campbell Foundation, FL	442,946	442,946
67. Indiana AIDS Fund, IN ¹⁶	424,550	424,550
68. The Health Foundation of Greater Indianapolis, IN	394,740	418,251
69. Charles Stewart Mott Foundation, MI	370,000	Not available
70. World Children's Fund, CA	322,019	Not available
71. The Duke Endowment, NC	320,929	Not available
72. The Denver Foundation, CO	315,500	Not available
2008 HIV/AIDS Grantmaking Disbursements by Top 72¹⁷		\$600,814,259
2008 HIV/AIDS Grantmaking Commitments by Top 72		\$412,986,752
Total 2008 U.S. HIV/AIDS Grantmaking Disbursements		\$617,883,789

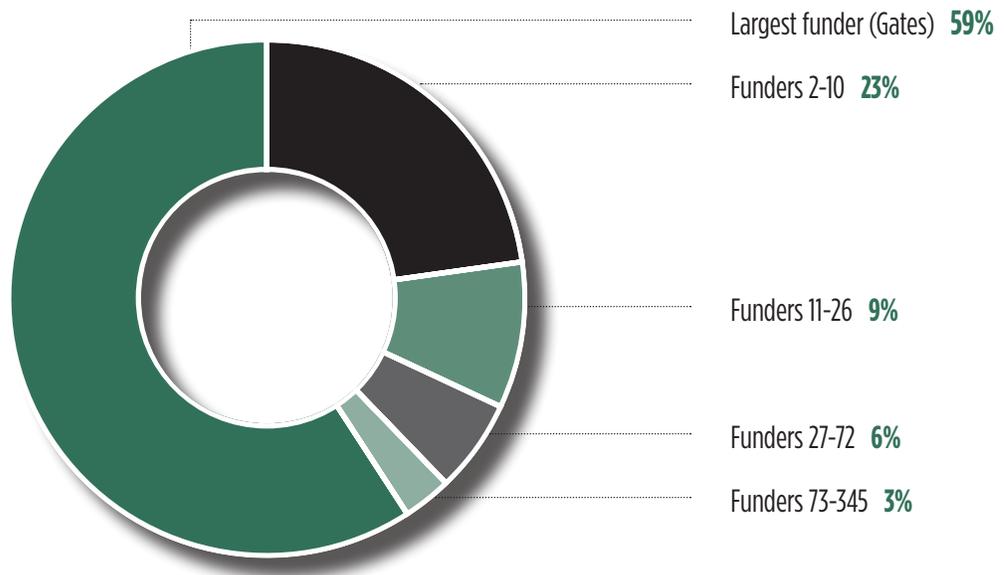
16 The Indiana AIDS Fund is a program of the Health Foundation of Greater Indianapolis; however, the two conduct separate RFPs and grantmaking.

17 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 institutions. To avoid double counting of funds, the top 72 subtotal reflects a reduction of \$19,644,373 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 \$19,644,373 to account for re-granting of funds from one FCAA-tracked grantmaker to another. See Appendix A for a more full explanation of the methodology used for this report.

CONCENTRATION OF HIV/AIDS FUNDERS

HIV/AIDS funding by U.S.-based private philanthropic funders is increasingly concentrated among a relatively small number of entities. Funding disbursements from the largest U.S. HIV/AIDS grantmaker, the Bill & Melinda Gates Foundation, accounted for 59% of all identified HIV/AIDS grantmaking disbursements in 2008—a slightly higher share than the 54% recorded for 2007. The top 10 U.S. HIV/AIDS funders, including the Gates Foundation, accounted for 82% of all identified HIV/AIDS grantmaking disbursements in 2008 (a slight increase from 79% in 2009).

Chart 2:
Distribution of Disbursements by Amount of the U.S. HIV/AIDS Funders in 2008
(by percentage of total disbursements)



INCREASING IMPACT THROUGH PUBLIC/PRIVATE PARTNERSHIPS

THE WASHINGTON AIDS PARTNERSHIP

In November 2007 headlines across the country pronounced Washington, D.C. as home to the highest HIV infection rate among U.S. cities. The first statistics amassed on HIV in the District revealed “a modern epidemic remarkable for its size, complexity and reach into all parts of the city.”

The Washington AIDS 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. The Partnership awards approximately \$1 million a year to local HIV/AIDS agencies, and also works to find ways to increase local HIV/AIDS resources and foster collaborative relationships with a variety of local and national partners.

In 2008 the Partnership formed a new public-private partnership with the D.C. government and the HIV/AIDS Administration (HAA) to expand the HIV medication safety-net and improve advanced planning for D.C.’s AIDS Drug Assistance Program (ADAP). ADAP is a federal program that provides funding to states for HIV medication for low-income individuals with HIV/AIDS who have limited or no access to prescription drugs.

A significant problem with enrollment and planning had led to \$5.8 million in unspent federal ADAP funding in the District - money that the D.C. government would have had to forfeit. As a result of this public-private partnership, the surplus was transferred to the Washington AIDS Partnership to examine best practices in the field, ensure that D.C. has an innovative drug procurement and delivery process in place, and purchase much-needed HIV medications for low-income individuals living with HIV/AIDS.

With a staff of two and a 23 member advisory committee of funders, experts, and individuals living with HIV/AIDS to guide the work, the Washington AIDS Partnership invests resources in local organizations to improve HIV/AIDS prevention and care services in the Washington, D.C. region. In addition to grantmaking, activities include providing technical assistance to local organizations, facilitating local public policy initiatives to improve the HIV/AIDS system of prevention and care, and recruiting and mentoring a team of young people who commit to a year of full-time volunteer service at local HIV/AIDS agencies as AmiCorps members.

The Partnership is pursuing five important goals in its efforts to end HIV/AIDS in the region. They are:

- 1. PROMOTING EFFECTIVE POLICY;**
- 2. BUILDING NONPROFIT CAPACITY;**
- 3. PROMOTING BEST PRACTICES;**
- 4. DEVELOPING AND INVESTING IN LEADERS;**
- 5. ENGAGING PHILANTHROPIC PARTNERS.**

For more information on the Partnership, and their goals, please visit:

www.washingtonaidspartnership.org/PDF/AFightWeCanWin.pdf



At FCAA’s Annual Gathering in September, Washington AIDS Partnership Executive Director Channing Wickham (far left) moderated a panel on the local epidemic. Dr. Shannon Hader (far right), Director, HIV/AIDS Administration, D.C. Department of Health, joined the panel to emphasize the District’s growing leadership in innovative public-private partnerships.

According to Channing Wickham, Executive Director of the Washington AIDS Partnership, the District’s approach to ADAP had not been evaluated prior to 2008. “In order to create the type of forward-looking program that can be responsive to shifts in enrollment and drug utilization, we first had to study and align ourselves with best practices from around the world.” The Partnership contracted John Snow, Inc. (JSI), a public health research and consulting firm, to provide technical assistance in establishing an HIV Medication Pipeline to ensure the supply of antiretroviral (ARV) drugs and other HIV medications for the D.C. ADAP. JSI’s detailed analysis included the exploration of alternative sources of supply and options for procurement of ARV drugs, as well as the development of a forecasting methodology to guide long-term planning and management of the HIV Medication Pipeline.

Ultimately, the scale up of the D.C. ADAP will maximize drug availability, HIV treatment stability, and enrollment of District residents who desperately need HIV medications. The public-private partnership is just one step in this massive effort: with new systems in place, a public marketing campaign will also be needed to work with providers on getting HIV positive people back into care and treatment. “In this type of partnership, you have access to resources far beyond your own,” says Wickham. “As private philanthropy, our fluency in grantmaking and ability to negotiate flexible contracts has complemented the public sector’s epidemiology expertise and access to federal dollars.” This unique combination of skills and resources has created the right environment to support the D.C. government in the development of an innovative new model for drug access and provision in the District of Columbia.

CHANGES IN HIV/AIDS GRANTMAKING

Among the top 72 U.S.-based HIV/AIDS funders for which FCAA had disbursements data for 2005 through 2008 (51 of 72 funders), a total of 41 reported a higher level of HIV/AIDS grantmaking disbursements in 2008 than in 2005. Thirty-six funders reported higher amounts of disbursements in 2008 compared with 2007.

Table 2:
HIV/AIDS Funders Reporting Higher Amounts of HIV/AIDS Grantmaking Disbursements in 2008 than 2005
 (ranked by amount of increase between reported amounts for those years)

Name	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	Change 05-08 (\$)	% Change
Bill & Melinda Gates Foundation, WA	137,546,593	257,855,885	308,917,741	378,482,751	240,936,158	175%
M•A•C AIDS Fund and M•A•C Cosmetics, NY	9,122,623	16,187,422	22,042,057	23,461,948	14,339,325	157%
The Ford Foundation, NY	14,692,292	22,669,531	18,482,541	27,777,195	13,084,903	89%
Merck & Co., Inc, NJ	8,340,000	15,696,000	15,937,739	13,368,736	5,028,736	60%
Johnson & Johnson, NJ	7,812,000	12,925,000	12,490,000	11,667,000	3,855,000	49%
The Foundation for AIDS Research (amfAR), NY	2,568,944	2,812,983	2,085,840	5,100,050	2,531,106	99%
Elton John AIDS Foundation, NY	3,884,391	4,805,874	6,288,676	6,375,034	2,490,643	64%
National AIDS Fund, DC	2,568,944	2,812,983	2,085,840	5,100,050	2,531,106	99%
Broadway Cares/Equity Fights AIDS, NY	7,986,298	8,035,864	8,824,046	10,039,298	2,053,000	26%
Robin Hood Foundation, NY	2,845,000	3,805,000	4,275,000	4,895,000	2,050,000	72%
Irene Diamond Fund, NY	6,426,715	6,690,905	7,127,787	8,305,366	1,878,651	29%
Tides Foundation, CA	3,976,736	4,332,319	5,037,793	5,494,462	1,517,726	38%
American Jewish World Service, NY	309,008	1,839,061	1,538,960	1,640,623	1,331,615	431%
Abbott and Abbott Fund, IL	23,933,226	19,474,610	26,449,721	25,229,419	1,296,193	5%
Pride Foundation, WA	73,000	73,000	77,864	1,316,952	1,243,952	1704%
The New York Community Trust, NY	730,000	1,330,000	1,545,450	1,746,000	1,016,000	139%
Firelight Foundation, CA	930,037	1,507,723	2,056,400	1,872,084	942,047	101%
W. K. Kellogg Foundation, MI	1,045,000	1,520,073	1,450,000	1,985,000	940,000	90%
Rockefeller Brothers Fund, Inc., NY	1,650,000	1,624,500	2,050,000	2,550,000	900,000	55%
Global Fund for Women, CA	1,132,924	1,371,583	1,961,758	1,968,090	835,166	74%

CHANGES IN HIV/AIDS GRANTMAKING

Table 2, continued

Name	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	Change 05-08 (\$)	% Change
Weingart Foundation, CA	35,000	265,000	130,000	773,400	738,400	2110%
Boston Foundation, Inc., MA	80,000	110,000	140,280	713,850	633,850	792%
The Pew Charitable Trusts, PA	338,000	0	326,000	881,000	543,000	161%
Washington AIDS Partnership, DC	821,675	1,010,800	1,193,050	1,354,984	533,309	65%
AIDS Funding Collaborative, OH	49,565	424,232	386,398	544,763	495,198	999%
The Design Industries Foundation Fighting AIDS (DIFFA), NY	594,807	683,000	1,221,290	1,026,131	431,324	73%
Charles Stewart Mott Foundation, MI	48,600	404,228	260,000	370,000	321,400	661%
Children Affected By AIDS Foundation, CA	749,686	911,364	909,986	1,057,593	307,907	41%
The David and Lucile Packard Foundation, CA	250,000	750,000	1,270,000	550,000	300,000	120%
BD (Becton, Dickinson and Company), NJ	243,200	837,464	650,000	524,000	280,800	115%
The Wells Fargo Foundation, CA	1,470,175	1,490,089	1,607,101	1,722,269	252,094	17%
AIDS Foundation of Chicago, IL	1,435,148	1,785,401	1,186,594	1,663,982	228,834	16%
The Comer Foundation, IL	724,836	806,000	1,140,000	940,775	215,939	30%
International Fund for Health & Family Planning, NY	750,253	1,703,029	1,619,810	950,109	199,856	27%
H. van Ameringen Foundation, NY	933,500	1,178,000	1,434,000	1,091,000	157,500	17%
The Health Foundation of Greater Indianapolis, IN	933,500	1,178,000	1,434,000	1,091,000	157,500	17%
Evelyn and Walter Haas, Jr. Fund, CA	532,000	585,000	280,000	645,000	113,000	21%
The Community Foundation for the National Capital Region, DC	416,963	472,067	263,253	504,030	87,067	21%
The John M. Lloyd Foundation, CA	404,175	410,000	390,000	484,550	80,375	20%
South Africa Development Fund, MA	614,041	638,455	686,828	686,928	72,887	12%
Indiana AIDS Fund, IN	375,550	433,900	515,050	424,550	49,000	13%

Of the top 72 funders for which FCAA had HIV/AIDS grantmaking disbursement data from 2005 through 2008, a total of 10 reported disbursing less in 2008 than in 2005. Twenty-three funders reported disbursing less in 2008 than in 2007. 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.

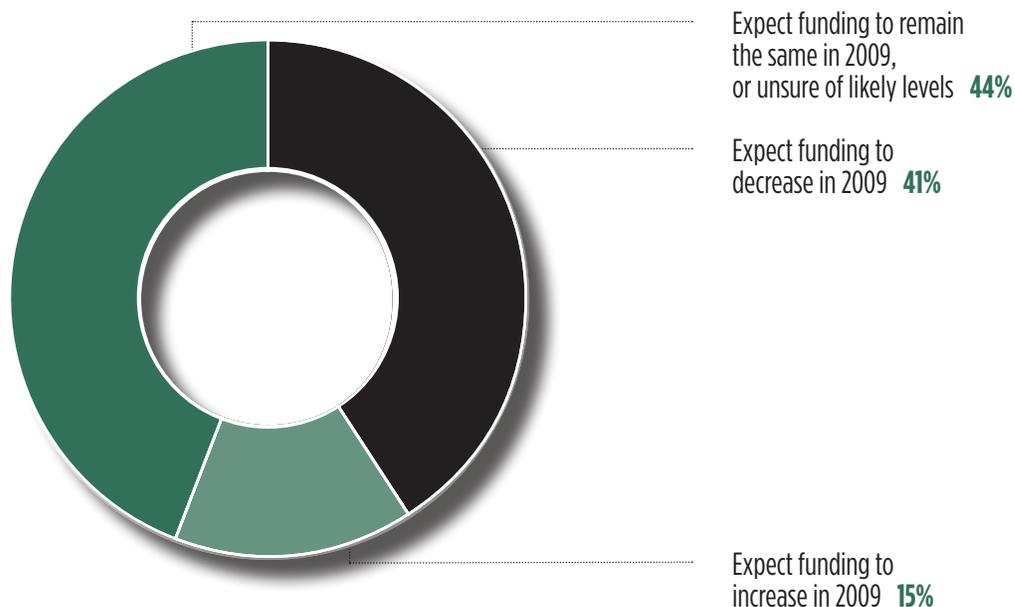
Table 3:
U.S. HIV/AIDS Funders Reporting Lower Amounts of HIV/AIDS Grantmaking Disbursements in 2008 than 2005
 (ranked by amount of decrease between reported amounts for those years)

Name	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	Change 05-08 (\$)	% Change
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	26,806,679	31,935,113	15,996,612	10,383,997	-16,422,682	-61%
Elizabeth Glaser Pediatric AIDS Foundation, CA	8,580,706	8,619,232	5,821,951	4,168,868	-4,411,838	-51%
United Nations Foundation, DC	1,531,278	6,708,922	1,537,977	753,346	-777,932	-51%
Alphawood Foundation, IL	1,700,600	2,275,000	570,000	1,057,000	-643,600	-38%
The John D. & Catherine T. MacArthur Foundation, IL	1,138,000	1,336,000	1,817,000	615,000	-523,000	-46%
Missouri Foundation for Health, MO	1,667,440	2,147,438	1,086,099	1,185,662	-481,778	-29%
Levi Strauss & Co., CA	2,124,958	2,212,370	1,876,100	1,809,000	-315,958	-15%
The William and Flora Hewlett Foundation, CA	1,075,000	1,390,417	2,100,000	900,000	-175,000	-16%
The Campbell Foundation, FL	603,400	652,668	644,687	442,946	-160,454	-27%
Houston Endowment Inc., TX	550,000	1,040,000	435,000	522,500	-27,500	-5%

2009 FORECAST

In the FCAA survey on 2008 funding, funders were asked about their anticipated grantmaking levels for 2009. Only 15% of HIV/AIDS funders that responded to this survey question (8 of 52 entities) indicated that they expected an increase in HIV/AIDS grantmaking in 2009, including only one of the top 10 funders. This is the lowest forecast for a year-on-year increase since FCAA began asking this question on the survey. Equally troubling is the sharp increase in the share of funders that forecast their 2009 grantmaking levels to be less than in 2008—41% (21 of 52 responding), compared with only 17% of respondents forecasting a year-on-year decrease for the report compiled in 2008 (on 2007 data). Six of the top 10 funders expect their funding to decrease in 2009. Forty-four percent (22 of 52) reported that they anticipate disbursements to remain at approximately the same level or were unsure.

Chart 3:
Forecast of 2009 U.S. Philanthropic HIV/AIDS Funding
(by percentage of funders)



U.S. CORPORATE HIV/AIDS FUNDERS

In 2008, 11 corporate foundations and giving programs were among the top 72 U.S. HIV/AIDS funders identified by FCAA. The total estimated support of these 11 entities in 2008 was \$100 million (1,831 grants), representing 16% of the \$618 million total estimated HIV/AIDS U.S. philanthropy for 2008, and a 3% decrease in the amount of corporate giving compared with results reported for the 11 top corporate funders for 2007.¹⁸

Table 4:
Top U.S. Corporate HIV/AIDS Funders in 2008
(ranked by amount of disbursements)

Abbott and Abbott Fund, IL	\$25,229,419
M•A•C AIDS Fund and M•A•C Cosmetics, NY	23,461,948
Merck & Co., Inc, NJ	13,368,736
Johnson & Johnson, NJ	11,667,000
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	10,383,997
Pfizer Inc and Pfizer Foundation, NY	9,162,372
Levi Strauss & Co., CA	1,809,000
GlaxoSmithKline US, NC	1,575,174
The Wells Fargo Foundation, CA	1,722,269
Macy's Foundation, OH	673,070
BD (Becton, Dickinson and Company), NJ	524,000
Total	\$99,576,985

2009 Corporate Forecast

Nine of the 11 corporate funders listed in Table 4 provided FCAA with information about their grantmaking, including whether they expected their HIV/AIDS-related funding to increase or decrease in 2009. None of the corporate funders forecasted funding to increase in 2009. Three expected grantmaking to remain about the same, two funders were unsure, and four funders said they expected funding to decrease in 2009.

¹⁸ FCAA reported \$102.2 million in disbursements among the top 11 corporate HIV/AIDS funders in 2007.

BRINGING FUNDERS TOGETHER

THE FIRST ANNUAL GATHERING OF FUNDERS CONCERNED ABOUT AIDS

*Alone we can impact the epidemic,
together we can end it.*

- FCAA

From September 16-18, 2009, balancing the hope and opportunity presented by new leadership in the fight against AIDS with unparalleled global economic challenges, FCAA convened its first annual gathering of more than 120 domestic and international HIV/AIDS grantmakers, advocates, and people living with HIV/AIDS; key federal administration officials; newly appointed leaders of international efforts focused on HIV/AIDS; and other distinguished thought leaders and innovators. Key to the gathering was also the outreach to and attendance of stalwart leaders from the field of private philanthropy, particularly other affinity groups whose members' work intersects with the myriad issues surrounding HIV and AIDS.

Over the course of three intensive and action-packed days, we heard from all corners of the globe about innovative approaches to HIV/AIDS grantmaking, prevention, social services and care provision, and human rights protections for people with or at high risk of HIV/AIDS; discussed the impact of the new economic paradigm in which we all live and work; learned about the future of U.S. policy and funding for HIV/AIDS at home and abroad; discovered innovative and exciting uses being made of media and technology in AIDS work; delved deep into the issue of reproductive rights of women with HIV and AIDS; and explored new collaborative possibilities between funders and among funders, the public sector and NGOs.

Several significant themes emerged around the role of private philanthropy in contributing to the end of the epidemic, including:

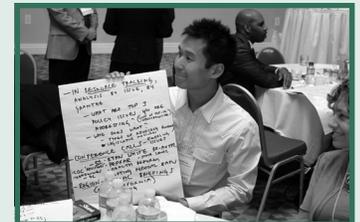
- Breaking through the blockages that exist in funding essential to HIV/AIDS advocacy work at the local, state, regional and global levels;
- Participating actively in the development of a coherent, evidence-based and effective U.S. National HIV/AIDS Strategy;
- Exploring and taking concrete action on grantmaker collaborations to enhance philanthropy's positive impact on the epidemic;
- Refocusing on building the basic capacity and leadership of grassroots organizations, particularly those that serve marginalized populations, and with a special focus on developing the next generation of leaders in the fight against HIV/AIDS.

NEXT STEPS FOR FCAA

The net result of the gathering for FCAA is a richness of ideas on short- and long-term opportunities to continue to fulfill our mission and further hone our approach to Inform, Convene and Collaborate. Our first tasks - already begun - to embark on the important work prioritized for FCAA by participants include producing an in-depth report on the gathering to be shared with our stakeholders, collecting the vast resources shared by participants into one central location, and continuing the conversations about collaboration begun at this historic event.



Members of the Future of Funding for HIV/AIDS in the Private Sector panel: (from L to R) Moderator, Steve Gunderson (Council on Foundations), Kim Frawley (Pfizer, Inc.), Thomas Coates (UCLA), Nancy Mahon (M•A•C AIDS Fund), Todd Summers (Bill & Melinda Gates Foundation), and Kandy S. Ferree (National AIDS Fund).



Grantmakers took part in roundtable discussions to help guide future FCAA programming.

"I look forward to continuing to advocate for grantmakers to support our common goal to maintain the energy, commitment, and results that we need to reverse this epidemic."

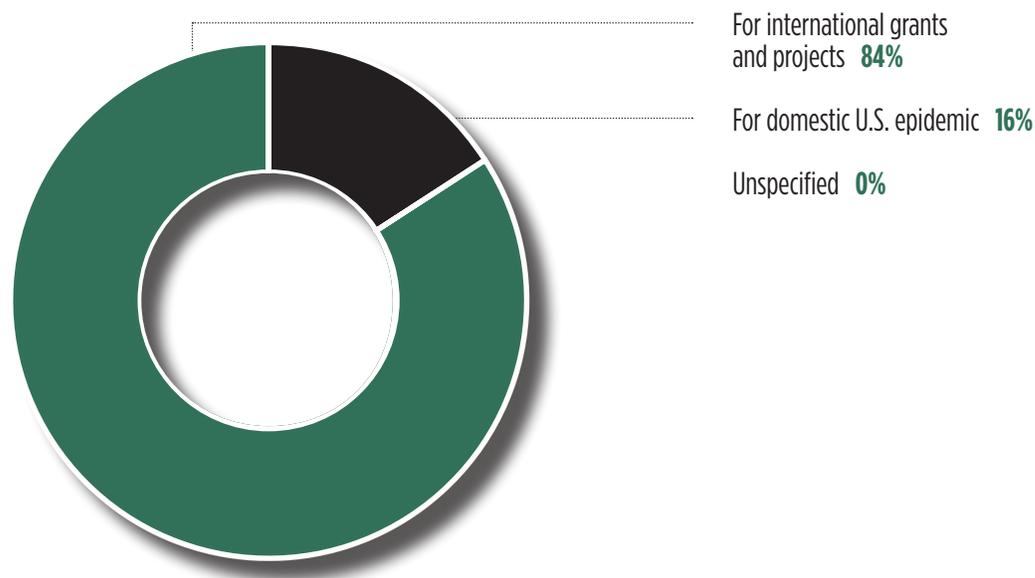
- Keynote Speaker Michel Sidibé,
Executive Director, UNAIDS

GEOGRAPHIC DISTRIBUTION OF HIV/AIDS FUNDING

Among the top 72 U.S. HIV/AIDS funders in 2008, a total of 55 (76%) provided data on the geographic distribution of their funding disbursements. FCAA gathered geographic distribution data for 16 other funders from The Foundation Center, Foundation Search, grants databases on a funder's website, or 990 tax forms, but could not obtain data on geographic distribution for one of the top 72 HIV/AIDS funders.

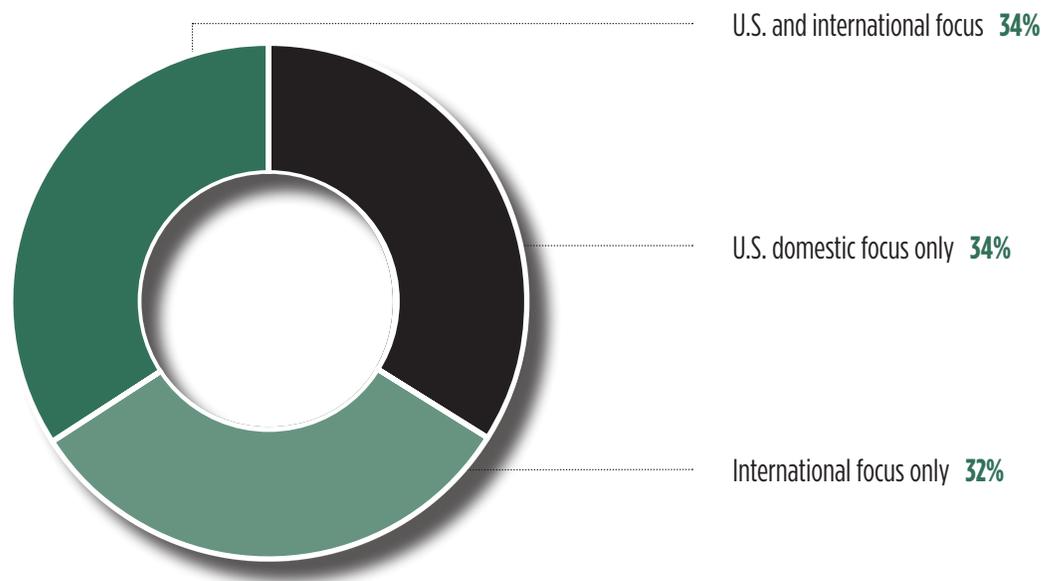
Analysis by FCAA suggests that of the estimated \$618 million disbursed in 2008 by the top 72 funders, at least \$521 million (84%) was directed to global or international HIV/AIDS work (including funds granted to U.S. organizations for international work). At least \$98 million was disbursed to domestic U.S. HIV/AIDS efforts, representing 16% of the amount of all HIV/AIDS grants disbursed by the top 72 funders. The geographic distribution of the remaining funds (approximately \$1.5 million, or 0%) could not be identified. In 2007, the figure for international funding was \$446 million (an increase of 77% from 2007 to 2008), and the figure for domestic funding was \$97 million (an increase of 1% from 2007 to 2008).

Chart 4:
U.S. Grant Dollar Disbursements in 2008 by Geographic Focus
(by percentage of total disbursements)



Data collected by FCAA indicates that, in 2008, 32% of funders provided funding exclusively to address the epidemic internationally, while 34% of funders provided funding exclusively to address the epidemic domestically. In 2007, 45% of those funders for whom FCAA was able to gather geographic distribution data were focused exclusively on the U.S. domestic epidemic, indicating a decrease of funders focused exclusively on the United States.

Chart 5:
Geographic Focus of U.S. HIV/AIDS Funders in 2008
(by percentage of funders)



FUNDERS WITH AN INTERNATIONAL HIV/AIDS FOCUS

FCAA identified 24 funders out of the top 72 funders that disbursed 90% or more of their grantmaking to support international HIV/AIDS programming in 2008.

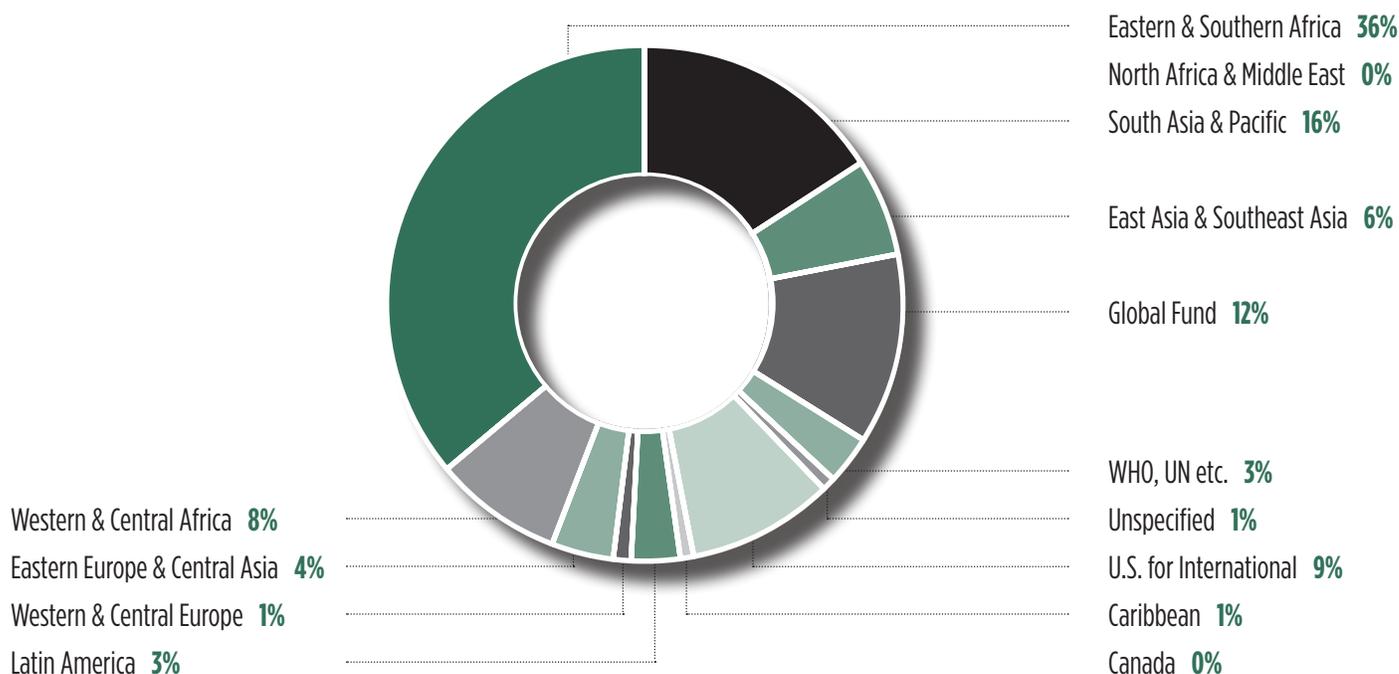
Table 5:
Top U.S. HIV/AIDS Funders with a Primarily International Focus in 2008
 (ranked by amount of international disbursements)

	International (\$)	% of total
Bill & Melinda Gates Foundation, WA	378,482,751	100%
Open Society Institute, NY	12,494,236	100%
Elizabeth Glaser Pediatric AIDS Foundation, CA	4,168,869	100%
Doris Duke Charitable Foundation, NY	3,830,000	100%
HIV Collaborative Fund, a project of the Tides Center, CA	3,001,210	100%
Rockefeller Brothers Fund, Inc., NY	2,555,000	100%
The Starr Foundation, NY	2,005,000	100%
Global Fund for Women, CA	1,968,090	100%
Firelight Foundation, CA	1,872,084	100%
American Jewish World Service, NY	1,640,623	100%
International Fund for Health & Family Planning, NY	950,109	100%
The William and Flora Hewlett Foundation, CA	900,000	100%
United Nations Foundation, DC	753,346	100%
The Anne Dinning and Michael Wolf Foundation, NY	750,000	100%
South Africa Development Fund, MA	686,928	100%
The John D. & Catherine T. MacArthur Foundation, IL	615,000	100%
The Summit Foundation, DC	568,000	100%
The David and Lucile Packard Foundation, CA	550,000	100%
San Diego HIV Funding Collaborative, CA	541,000	100%
BD (Becton, Dickinson and Company), NJ	524,027	100%
The Skoll Foundation, CA	510,000	100%
Staying Alive Foundation, NY	468,765	97%
Charles Stewart Mott Foundation, MI	370,000	100%
World Children's Fund, CA	322,019	100%

Of the top 72 funders in 2008, FCAA identified 48 that disbursed funds to address the international epidemic. FCAA was not able to determine international regional distribution of funding disbursements for one of these 72 funders.

In comparison with earlier reports, more detail was requested from funders for the 2008 report in regards to the geographical distribution of their funding. Two new categories were added: funds to the Global Fund to Fight AIDS, Tuberculosis and Malaria; and funds to the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and other multilateral organizations. In addition, two regional categories were broken down further: sub-Saharan Africa was divided into two separate categories (Western and Central Africa, and Eastern and Southern Africa), and Asia and the Pacific was divided into two separate categories (South Asia and the Pacific, and East Asia and Southeast Asia). Finally, the Middle East and North Africa were combined as one new category.

Chart 6:
Geographic Distribution of International U.S. HIV/AIDS Philanthropic Funding in 2008
 (by percentage of top U.S. Funders' total international disbursements)



Comparisons can be made for the larger regions with previous years' data by combining the new subcategories. For example, there was an increase in giving to the sub-Saharan Africa region: Western and Central Africa's 8%, plus Eastern and Southern Africa's 36%, gives a total of 42% of total international disbursements given to sub-Saharan Africa in 2008—compared with the 33% share provided to sub-Saharan Africa in 2007. There was also an increase in funding to the Asia and Pacific region: South Asia and the Pacific's 16%, plus East Asia and Southeast Asia's 6%, gives a total of 22%—compared with the 14% given in 2007. Funding to U.S. organizations for international work decreased in 2008, from 45% in 2007 to only 9% in 2008.

FUNDERS WITH A DOMESTIC U.S. FOCUS

Thirty of the top 72 U.S. funders in 2008 identified by FCAA disbursed 90% or more of their grantmaking to domestic HIV/AIDS issues.

Table 6:
Top U.S. HIV/AIDS Funders with a Primarily Domestic Focus in 2008
 (ranked by amount of domestic disbursements)

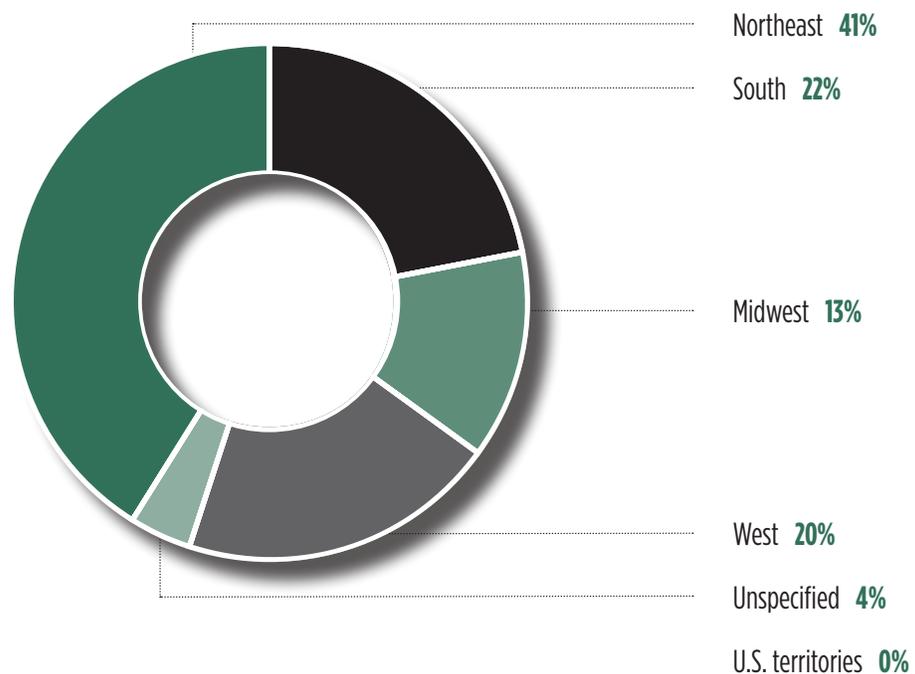
	Domestic (\$)	% of total
Broadway Cares/Equity Fights AIDS, NY	9,434,298	94%
Irene Diamond Fund, NY	8,305,366	100%
Robin Hood Foundation, NY	4,895,000	100%
National AIDS Fund, DC	4,750,273	100%
The New York Community Trust, NY	1,746,000	100%
The Wells Fargo Foundation, CA	1,716,969	100%
AIDS Foundation of Chicago, IL	1,617,115	97%
GlaxoSmithKline US, NC	1,575,174	100%
Washington AIDS Partnership, DC	1,354,984	100%
Pride Foundation, WA	1,316,952	100%
Missouri Foundation for Health, MO	1,185,662	100%
H. van Ameringen Foundation, NY	1,091,000	100%
The Design Industries Foundation Fighting AIDS (DIFFA), NY	1,026,131	100%
James B. Pendleton Charitable Trust, WA	990,410	100%
The Comer Foundation, IL	940,775	100%
The Pew Charitable Trusts, PA	881,000	100%
Weingart Foundation, CA	773,400	100%
The Harry and Jeanette Weinberg Foundation, Inc., MD	725,000	100%
Boston Foundation, Inc., MA	702,350	98%
Macy's Foundation, OH	660,070	98%
Evelyn and Walter Haas, Jr. Fund, CA	645,000	100%
AIDS Funding Collaborative, OH	544,763	100%
Houston Endowment Inc., TX	522,500	100%
Arcus Foundation, MI	510,000	100%
The Community Foundation for the National Capital Region, DC	504,330	100%
The Campbell Foundation, FL	399,892	90%
Indiana AIDS Fund, IN	424,550	100%
The Health Foundation of Greater Indianapolis, IN	394,740	100%
The Duke Endowment, NC	320,929	100%
The Denver Foundation, CO	300,500	95%

Chart 7 shows the U.S. regional distribution of domestic HIV/AIDS philanthropic funding. Of the top 72 funders in 2008, FCAA identified a total of 49 funders that disbursed funds to addressing the U.S. domestic epidemic. Approximately 4% of total grantmaking to address U.S. domestic activities tracked by FCAA was not able to be identified by region.

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 in Chart 7 is only an estimate of the actual funding spent in the region.

The funding patterns in Chart 7 do not reflect geographic HIV prevalence estimates in the United States. According to the CDC, 46% of the country's new AIDS cases in 2007 were in the South, as well as the highest numbers of people living with HIV and AIDS and the most AIDS deaths. That region was followed, in decreasing order of HIV prevalence, by the Northeast, the West, and the Midwest.¹⁹

Chart 7:
Regional Distribution of Domestic U.S. HIV/AIDS Philanthropic Funding in 2008
(by percentage of total domestic disbursements)



¹⁹ Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, 2007*, Vol. 19. Atlanta: U.S. Department of Health and Human Services, CDC, 2009. www.cdc.gov/hiv/topics/surveillance/resources/reports/

Table 7:
Top Funders by U.S. Region in 2008
 (ranked by amount of disbursements to grantees based in each region)

Northeast	(\$)
Irene Diamond Fund, NY	8,305,366
Broadway Cares/Equity Fights AIDS, NY	6,381,574
M•A•C AIDS Fund and M•A•C Cosmetics, NY	4,970,728
Robin Hood Foundation, NY	4,895,000
The New York Community Trust, NY	1,746,000
South	(\$)
The Ford Foundation, NY	3,690,500
National AIDS Fund, DC	3,178,450
M•A•C AIDS Fund and M•A•C Cosmetics, NY	1,774,660
Elton John AIDS Foundation, NY	1,470,291
Pfizer Inc and Pfizer Foundation, NY	1,424,697
Midwest	(\$)
AIDS Foundation of Chicago, IL	1,617,115
Pfizer Inc and Pfizer Foundation, NY	1,327,765
Abbott and Abbott Fund, IL	1,279,691
Missouri Foundation for Health, MO	1,185,662
M•A•C AIDS Fund and M•A•C Cosmetics, NY	1,080,900
West	(\$)
Merck & Co., Inc, NJ	5,247,648
M•A•C AIDS Fund and M•A•C Cosmetics, NY	2,076,822
The Wells Fargo Foundation, CA	1,410,425
Abbott and Abbott Fund, IL	1,279,691
Pfizer Inc and Pfizer Foundation, NY	1,248,495

Table 8:
Focus of Funding by the Top 72 U.S. HIV/AIDS Funders in 2008
 (in alphabetical order)

	Domestic	International	Both
Abbott and Abbott Fund, IL			●
AIDS Foundation of Chicago, IL			●
AIDS Funding Collaborative, OH	●		
Alphawood Foundation, IL			●
American Jewish World Service, NY		●	
The Anne Dinning and Michael Wolf Foundation, NY		●	
Arcus Foundation, MI	●		
BD (Becton, Dickinson and Company), NJ			●
Bill & Melinda Gates Foundation, WA		●	
Boston Foundation, Inc., MA			●
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY			●
Broadway Cares/Equity Fights AIDS, NY			●
The Campbell Foundation, FL			●
Charles Stewart Mott Foundation, MI		●	
Children Affected By AIDS Foundation, CA			●
The Comer Foundation, IL	●		
The Community Foundation for the National Capital Region, DC	●		
The David and Lucile Packard Foundation, CA		●	
The Denver Foundation, CO		●	
The Design Industries Foundation Fighting AIDS (DIFFA), NY	●		
Doris Duke Charitable Foundation, NY		●	
The Duke Endowment, NC	●		
Elizabeth Glaser Pediatric AIDS Foundation, CA		●	
Elton John AIDS Foundation, NY			●
Evelyn and Walter Haas, Jr. Fund, CA	●		
Firelight Foundation, CA		●	
The Ford Foundation, NY			●
The Foundation for AIDS Research (amfAR), NY			●
GlaxoSmithKline US, NC	●		
Global Fund for Women, CA		●	
H. van Ameringen Foundation, NY	●		
The Harry and Jeanette Weinberg Foundation, Inc., MD	●		
The Health Foundation of Greater Indianapolis, IN	●		
HIV Collaborative Fund, a project of the Tides Center, CA		●	
Houston Endowment Inc., TX	●		
Indiana AIDS Fund, IN	●		
International Fund for Health & Family Planning, NY		●	
Irene Diamond Fund, NY	●		
James B. Pendleton Charitable Trust, WA	●		
The John D. & Catherine T. MacArthur Foundation, IL		●	
The John M. Lloyd Foundation, CA			●

Table 8, continued

	Domestic	International	Both
Johnson & Johnson, NJ			●
Levi Strauss & Co., CA			●
M•A•C AIDS Fund and M•A•C Cosmetics, NY			●
Macy's Foundation, OH			●
Merck & Co., Inc, NJ			●
Missouri Foundation for Health, MO	●		
National AIDS Fund, DC	●		
The New York Community Trust, NY	●		
Open Society Institute, NY		●	
The Pew Charitable Trusts, PA	●		
Pfizer Inc. and Pfizer Foundation, NY			●
Pride Foundation, WA	●		
Robin Hood Foundation, NY	●		
Rockefeller Brothers Fund, Inc., NY		●	
San Diego HIV Funding Collaborative, CA		●	
The San Francisco AIDS Foundation, CA			●
The Sidney Kimmel Foundation, PA			Not available
Silicon Valley Community Foundation, CA			●
The Skoll Foundation, CA		●	
South Africa Development Fund, MA		●	
The Starr Foundation, NY		●	
Staying Alive Foundation, NY			●
The Summit Foundation, DC		●	
Tides Foundation, CA			●
United Nations Foundation, DC		●	
Washington AIDS Partnership, DC	●		
Weingart Foundation, CA	●		
The Wells Fargo Foundation, CA	●		
The William and Flora Hewlett Foundation, CA		●	
W. K. Kellogg Foundation, MI			●
World Children's Fund, CA		●	

EXAMPLES OF FUNDER INNOVATION

As part of this year's survey, FCAA asked grantmakers to provide examples of innovative programs they funded in 2008. While collected responses ranged broadly in scope, we were pleased to find common definitions of innovation, including: working collaboratively to solve a problem and leverage resources towards greater impact; and, trusting in grantees to best address the true needs of their local communities. Below are just a few of the submitted examples.

ASSESSING IMPACT: AIDS FUNDING COLLABORATIVE



Around the country momentum continues to build around K-12 comprehensive sexual education; however, the lack of replicable evidence-based programming remains an obstacle to national progress.

In the summer of 2006, concerned by data on increasing HIV infection rates in local teenagers, Cleveland's Mayor Frank G. Jackson called for a plan to address the issue in the public schools. A multi-stakeholder collaborative -- composed of educators, public officials, community organizations, activists and funders -- responded by designing the K-12 Responsible Sexual Behavior (RSB) Initiative to provide a comprehensive sexuality education to all students within the Cleveland Metropolitan School District (CMSD). At its inception, the RSB Initiative was one of the only, if not the only, such programs in a large urban school district in the United States.

A cornerstone of the approach of the AIDS Funding Collaborative (AFC) -- established as a public-private partnership in 1994 -- is "enabling local funders to respond collectively to HIV/AIDS by increasing coordination of funding efforts and identifying gaps." According to Director, Laureen Tews Harbert, AFC quickly recognized an opportunity to support the RSB Initiative's evaluation phase. "We knew it would be a critical step to ensuring that the program was responsive to, and reflective of, the needs of students, parents and teachers." In November 2007, AFC engaged Philliber Research Associates (PRA) to conduct the full-scale K-12 evaluation effort. To date, the AFC has committed to three years of funding, as well as staff time, to manage the evaluation process in partnership with local stakeholders.

Evidence-based case studies are essential to encourage other school districts to replicate the success of the RSB Initiative. "For the stakeholders in our community, the evaluation process is not just about monitoring outcomes to improve the RSB initiative," says Harbert. "It's also about a commitment to communicating about our program and documenting our lessons learned so that the CMSD model can inform conversations happening in other communities and at the state and national level."

The results of the first phase of the evaluation, released in January 2009, "demonstrated improvements in students' knowledge, attitudes, skills, and behavioral intent as a result of the program, and strong support for the initiative among parents, teachers, and community leaders." In the 2009-2010 school year, the 3rd year of the evaluation, one goal is transferring more of implementation and management of the evaluation in-house in effort to build a sustainable program.

SUPPORTING LEADERSHIP IN AIDS ADVOCACY: THE JOHN M. LLOYD FOUNDATION

In 2008 the John M. Lloyd Foundation created The John M. Lloyd AIDS Leadership Award to recognize, support and empower the unsung heroes of AIDS activism. A portion of the \$100,000 award, modeled on the MacArthur Fellows Program, is paid directly to the honoree as an unrestricted gift to be used however s/he believes will build their leadership capacity. The balance is then given to the organization for which the honoree works. The first award was bestowed upon Gregg Gonsalves, formerly of the AIDS and Rights Alliance of Southern Africa (ARASA). More recently, AIDS activists Paisan Suwannawong and Karyn Kaplan of the Thai AIDS Treatment Action Group (TTAG) were selected as co-recipients of the 2009 Leadership Award.

The Leadership Award is just one of the Foundation's strategic responses to the changing AIDS epidemic. Established in 1991 by John Musser Lloyd (1948-1991) "to seek creative, compassionate and courageous solutions to the root causes of the AIDS epidemic," the early work of the foundation was driven by the family's grief and personal connection to the epidemic. They operated through person-to-person grantmaking, supporting mostly local AIDS service organizations in the Los Angeles area. By 2001 the Foundation's geographic focus shifted from domestic to global, and in 2003 their funding priorities moved from education and prevention to an emphasis on mobilization, grassroots movement in advocacy, and convening.

In 2006, led by Board Chair Robert Estrin, the Board, Staff and select thought leaders gathered in New Mexico to commemorate the Foundation's 15th anniversary and reflect on the road ahead. Together they recognized the potential for long-term impact in supporting advocacy organizations active in the fight against AIDS. The Leadership Award is a direct result of the Foundation's new approach and provides the flexible money necessary for advocates to do innovative and responsive work. "By trusting in grantees to make the best decisions for their organizations, you create the space for them to dream," says Executive Director Melanie Havelin. "But it requires new thinking, and the patience to creatively develop benchmarks to evaluate success along the way."



2008 AIDS Leadership Award recipient Gregg Gonsalves, formerly of ARASA, and 2009 recipients Paisan Suwannawong and Karyn Kaplan of TTAG

SUPPORTING THE GROWTH OF GRASSROOTS ORGANIZATIONS: THE GLOBAL FUND FOR WOMEN



Members of the Legal AIDS Division conduct HIV training in Shaanxi, China.

were women, whose frequent travel back and forth for jobs creates opportunities for the virus to spread.

As their own data predicted an explosion in both migration patterns and HIV, the Division quickly reprioritized their efforts on HIV/AIDS awareness. This led them to launch HIV/AIDS programs in 2002, now known as their “Love and Care” campaign for women and children living with HIV/AIDS. Recent successes include education workshops, distribution of over 100,000 illustrated pamphlets on self-protection and medical services and training for 250 women migrant workers on sexual and reproductive health and rights. The project focuses on the use of labor recruiters as a last “point of contact,” with migrant women, many of whom experience isolation once they are in a factory or domestic care situation.

The Global Fund for Women (GFW) has proudly provided the Division with general operating support for more than 12 years, and just recently increased their commitment in 2009. Since its founding in 1987, GFW has nurtured flexible and responsive grantmaking strategies deeply rooted in the recognition that “women should have a full range of choices and that women themselves know best how to determine their needs and propose solutions for lasting change.” According to Caitlin Stanton, Senior Development Officer, Philanthropic Partnerships, GFW’s emphasis on flexible support, “allows organizations to be truly responsive to the needs of their community, sustainably grow their budget, and attract new and diverse funders.” The Division continually self-evaluates their own progress, measuring success in increased numbers of women reached, publications produced, and the depth of information shared.

A former GFW Board Member, Wu Qing, first met with the Legal Aid Division in 1996 at a training workshop organized by another GFW grantee. This highlights the tremendous value of flexible grant dollars as a tool to support networking opportunities that build leadership within civil society organizations. “Breaking the isolation of these groups is critical,” says Stanton. “It is the reality that for women leaders of NGOs to develop their strength, they need the opportunity to interact with each other and other experts in the field.”

MOBILIZING NEW LEADERS IN HIV PREVENTION: M·A·C AIDS FUND

In 2007, the M·A·C AIDS Fund partnered with two of the world’s leading educational institutions – Columbia University and the University of California, Los Angeles (UCLA) – to create the M·A·C AIDS Fund Leadership Initiative (MAFLI), a fellowship program aimed at cultivating emerging leaders in HIV prevention and seeding innovative HIV prevention programs in South Africa. In 2009, the Human Science Research Council, South Africa’s statutory research agency, joined this collaboration as the primary implementing partner in South Africa.

Each year a group of local emerging leaders in the field of HIV/AIDS prevention apply for the fellowship program with a proposed HIV prevention plan. Applicants are mid-career individuals who have demonstrated strong leadership potential. After an open nation-wide competition, selected fellows undergo an intensive two-month HIV prevention training program, facilitated by local and international experts in HIV prevention, and develop a business model to rollout their prevention plans. Upon completion, fellows receive seed funding from the M·A·C AIDS Fund to launch their HIV prevention programs. Fellows also receive ongoing one-on-one mentorship throughout a 10-month implementation period to help identify solutions to possible roadblocks in their plans. In total, the M·A·C AIDS Fund committed more than \$3.29 million dollars in support of MAFLI from 2007-2010.

One of the more innovative aspects of this program is that it seeks out applicants from a wide range of professional backgrounds as diverse entry points for at-risk individuals. Projects have ranged from working with male juvenile offenders in local detention centers to factory employees at large local employers such as the Ford Motor Company. MAFLI also prioritizes fellowships that give special consideration to gender-based inequities and their role in the spread of HIV.

To date, 34 fellows have completed the training program and are implementing their HIV prevention programs. Together, the partners are currently planning for the program’s evolution, and importantly, on the need to identify and leverage additional funding to help fellows to bring their programs to scale. “We created this program to support local leaders to create and integrate HIV prevention programs into diverse institutions like schools, churches and early childhood programs, in which the fellows were already established and trusted. The programs they have created have been as varied, creative and effective as the fellows themselves,” says Nancy Mahon, Executive Director, M·A·C AIDS Fund. “With a relatively small investment of about \$30,000 per fellow, we have been able to foster leadership and much needed local capacity on HIV prevention. We would very much like to find other funding partners for this program.”

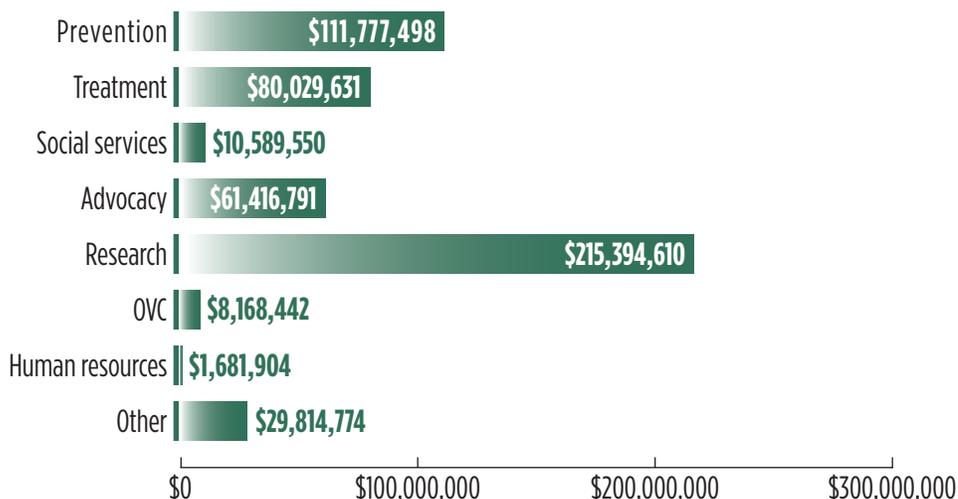
M·A·C AIDS FUND

INTENDED USE OF HIV/AIDS FUNDING

Fifty-three (74%) of the top 72 U.S. HIV/AIDS funders in 2008 provided survey data on intended use of their HIV/AIDS grants. FCAA was able to gather intended use data for 15 additional funders from The Foundation Center, Foundation Search, grants databases on funders' websites, or 990 tax forms, but could not obtain intended use data for four of the top 72 HIV/AIDS funders.

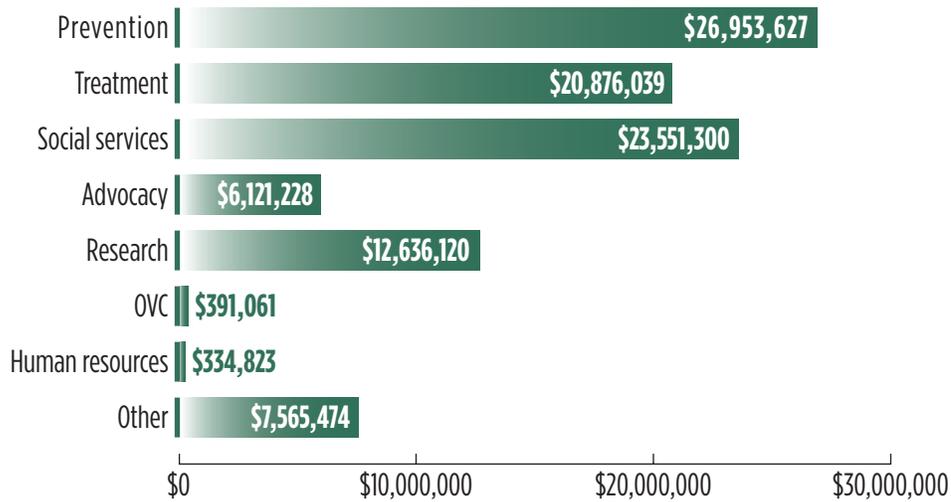
For the 2008 survey, FCAA asked funders to provide detail on intended use of international and HIV/AIDS grants separately. Also new were two additional categories: "orphans and vulnerable children" (OVC) and "human resources."

Chart 8:
International Intended Use of U.S. HIV/AIDS Philanthropic Funding in 2008



The "other" category for international intended use includes funding that was un-specified and funding for projects that did not fall under the pre-determined categories, such as: long-term health systems strengthening, general operating funds to community-based and service organizations, funding that fell across multiple categories and could not be broken down, organizational capacity-building, salaries, travel, rent and other administrative costs, building facilities, stigma reduction, and creating organizational alliances.

Chart 9:
Domestic Intended Use of U.S. HIV/AIDS Philanthropic Funding in 2008

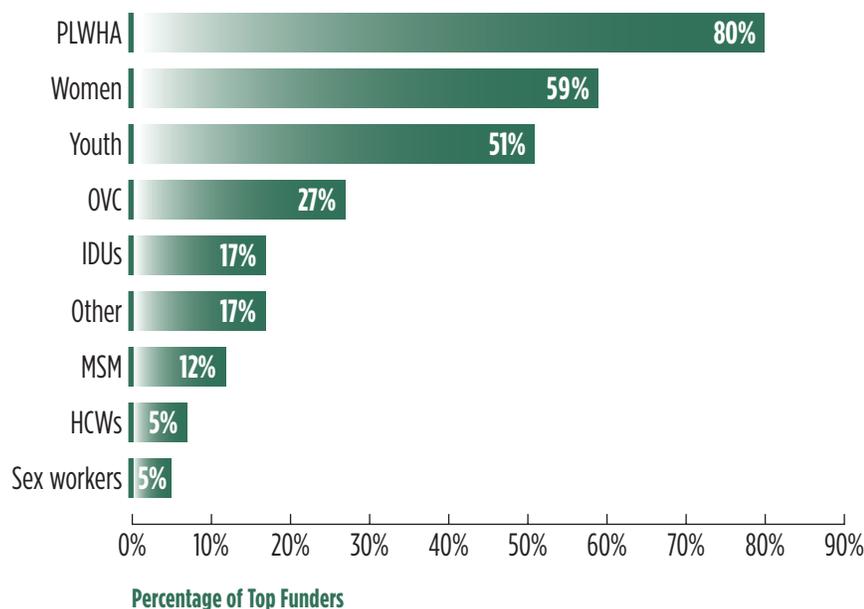


The “other” category for domestic intended use includes funding that was un-specified and funding for projects that did not fall under the pre-determined categories, such as: general operating funds to community-based and service organizations, funding that fell across multiple categories and could not be broken down, capacity-building of community-based organizations, technical assistance, fundraising events and activities, stigma reduction, and creating organizational alliances.

TARGET POPULATIONS OF HIV/AIDS FUNDING

Of the top 72 U.S. HIV/AIDS funders in 2008, FCAA was able to obtain information from 67 on the three population groups that receive the greatest benefit from their domestic and international funding. Funders were asked to report the top three target populations of their funding only. However, some funders reported more than three populations as their main focus. The charts below show the percentage of funders of the total 67 that answered the survey question that chose each category.

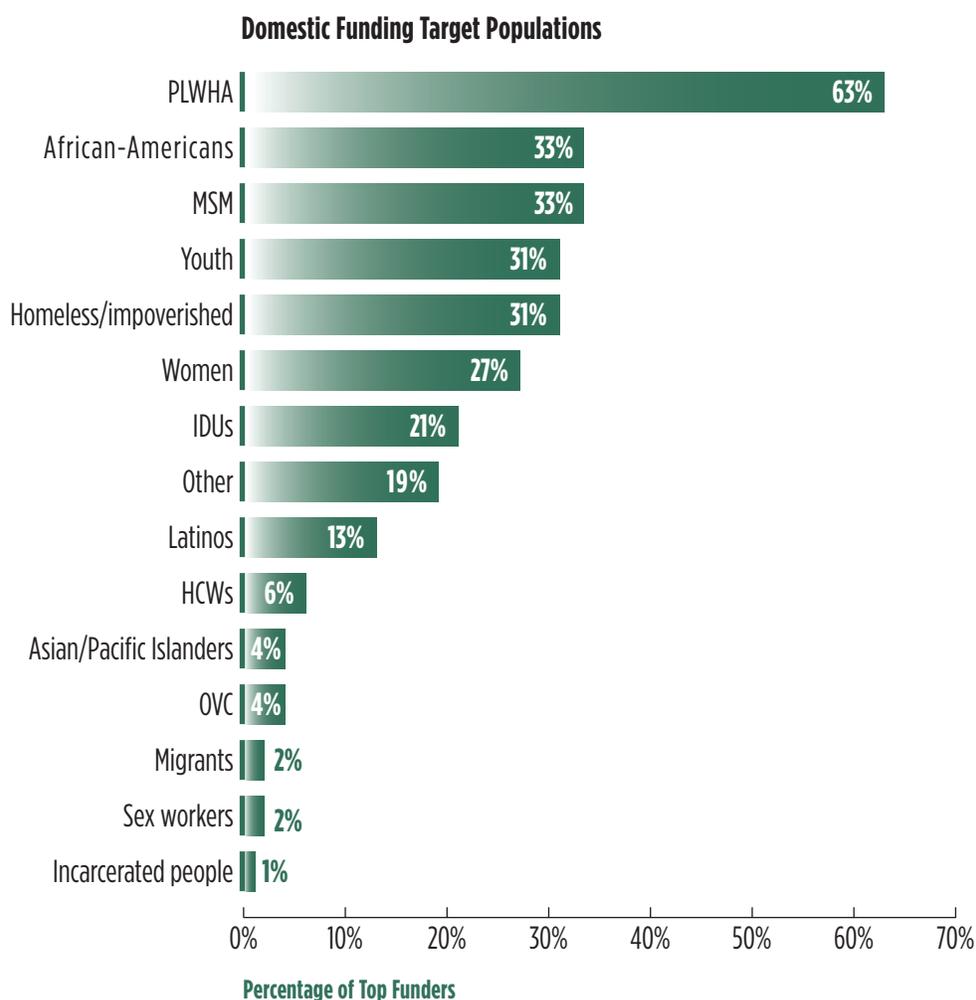
Chart 10:
International Target Populations for U.S. HIV/AIDS Philanthropic Funding in 2008
(by percentage of 41 top funders that responded to the survey question)



The “other” category for international target populations included responses such as: funding for all populations, funding that does not have a specific target population, children living with HIV/AIDS, medical research not directed to a specific population, apparel workers, and rural populations.

HCWs= healthcare workers
IDUs = injecting drug users
MSM = men who have sex with men
OVC = orphans and vulnerable children
PLWHA = people living with HIV/AIDS

Chart 11:
Domestic Target Populations for U.S. HIV/AIDS Philanthropic Funding in 2008
 (by percentage of 48 top funders that responded to the survey question)



The “other” category for domestic target populations included responses that fell outside of the pre-determined categories. Funders reported the following examples as “other”: funding for all populations, people of color, medical research not directed to a specific population, all persons at risk of contracting HIV, Jewish communities, and immigrant communities.

It is notable that while data from the U.S. Centers for Disease Control and Prevention (CDC) indicate over half of new HIV infections in the United States in 2006 were among gay and bisexual men, only a third of domestic funders identified this group as a top beneficiary of their organizations’ giving.²⁰ Similarly, African-Americans accounted for half of HIV diagnoses in 2007, but only a third of domestic funders identified this group as a top target population of their funding.²¹

²⁰ Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report 2007*, (Vol. 19). <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/default.htm>

²² *ibid.*

APPENDIX A

METHODOLOGY

SOURCES OF HIV/AIDS GRANTMAKING DATA

This report covers HIV/AIDS grant disbursements 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 over 340 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 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 can 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 2008 (see Appendix B). The survey was sent to several hundred U.S. funders in May 2009. FCAA staff distributed the survey to a pre-determined list of grantmaking organizations which FCAA determined were most likely to have significant levels of 2008 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 79 funders, either through fully completed surveys or other communications with foundation staff. Over 95% of estimated total HIV/AIDS grantmaking activity is captured by surveys returned to FCAA.

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 2008 HIV/AIDS grant disbursements using the Foundation Center and Foundation Search grants databases, as well as grantmaker websites and 990 forms. FCAA reviewed HIV/AIDS grantmaking totals and notable dataset outliers.

It is important to reiterate that 2008 data for the Children's Investment Fund Foundation (US), Coca-Cola Africa Foundation, and Gilead Foundation (all likely to be top HIV/AIDS funders) were not available, and therefore not included, at the time of publication of this report.

ANALYSIS

DEFINITION OF HIV/AIDS PHILANTHROPY

FCAA was intentionally broad in its definition and selection of U.S. 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 between domestic (within the United States and for U.S. programs) and international HIV/AIDS efforts, to the extent possible. 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 CDC and other federal agencies.²² For internationally focused HIV/AIDS grantmaking, FCAA requested data about where the grantee was located, using global regions as defined by UNAIDS.²³

FCAA also asked about the intended use of HIV/AIDS grants disbursed both inside and outside the United States, using the following eight 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;
- HIV/AIDS research (including medical, prevention, and social science research);
- Orphans and vulnerable children;
- Human resources (e.g. training, recruitment, and retention of healthcare workers); and
- Other.

FCAA also asked funders to identify the three population groups that benefit 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 these 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 pledged 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 2008 aggregate total grantmaking for all funders was adjusted downward by \$19,644,373 to account for known re-granting. This adjustment represents approximately 3% of the total estimated 2008 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 modestly higher than the total used for calculating the 2008 total.

²² U.S. Census Bureau. "Census Regions and Divisions of the United States:" www.census.gov.

²³ www.unaids.org

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 2008 HIV/AIDS grantmaking are likely to have missed HIV/AIDS disbursements from some institutions for which FCAA had no information or incomplete or unverified data. FCAA was also unable to collect data from some of the philanthropic organizations that did not respond to the survey, in addition to institutions 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.²⁴ Finally, philanthropic support is often not collected centrally within business organizations and may be higher than reported in this publication.²⁵
- 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.

²⁴ 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.

²⁵ According to the National Committee for Responsive Philanthropy, an estimated 50% of corporate philanthropy is undisclosed to the American public. National Committee for Responsive Philanthropy. The NCRP Quarterly, Summer 2003, p 7.

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 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 HIV/AIDS policy, media, and communications efforts. This includes serving as a major producer of policy analysis and research on domestic and global HIV/AIDS policy issues, providing fact sheets, polls, policy briefs, briefings, online news information services, and numerous other web-based resources, and developing and helping to run large-scale public health information campaigns on HIV throughout the world, in direct partnership with media companies, with an emphasis on reaching young people.

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. These 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 as data is very difficult, if not impossible.

In addition, other forms of support—such as volunteer efforts by corporate employees, matching donations programs, in-kind donations, cause-related marketing, and donations of technical assistance—are not always able to be valued monetarily or tracked as such. They are nonetheless valuable resources offered by corporations, especially those that can leverage other investments or build the capacity of communities to operate their own programs and services.

OTHER TYPES OF HIV/AIDS SUPPORT

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:

- Boston Foundation, Inc.: Staff time for Boston Community AIDS Partnership
- Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company (BMS): South-to-South technical assistance: grantees and partners from BMS's Secure the Future program provide technical assistance to organizations, governments, and communities in Africa on planning, fundraising, and advocacy.
- Children Affected By AIDS Foundation (CAAF): Distribution of toys to a non-profit serving American children infected or affected by HIV, and tickets for HIV-affected families to attend the CAAF Dream Halloween Fundraisings in Los Angeles and Chicago
- The Design Industries Foundation Fighting AIDS (DIFFA): Distribution of approximately \$100,000 in goods to AIDS service organizations for sale and/or auction
- Firelight Foundation: Providing training in monitoring and evaluation to grantees, and distribution of resource materials on program planning, community mobilization, and resource mobilization
- M•A•C AIDS Fund and M•A•C Cosmetics: Donation of approximately \$60,000 in cosmetics to HIV/AIDS organizations in North America. M•A•C makeup artists also participate in the M•A•C Good Spirits program, where they volunteer their time to teach men and women with HIV/AIDS simple makeup techniques and help them enhance their appearance and minimize problems resulting from the illness or medication regimens. The program aims to encourage those with HIV/AIDS to be active in promoting their own health and well-being. In 2008, M•A•C artists volunteered at more than 60 Good Spirits sessions across North America, donating over \$1 million in services for 4,300 people living with HIV and AIDS.
- Merck & Co., Inc: Donations of the medicines Crixivan, Stocrin and Isentress benefitting underserved populations in the United States and Africa (Botswana)
- Pfizer Inc and Pfizer Foundation: Donations of the medicine Diflucan from Pfizer Inc to governments and NGOs in developing countries. Pfizer also provides materials to support patient education and healthcare worker training.
- Staying Alive Foundation: HIV/AIDS awareness television programming on DVDs; condoms

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 valuable sources of HIV/AIDS funding, goods, and services that are difficult to identify and/or quantify.

APPENDIX B

FCAA 2008 HIV/AIDS RESOURCE TRACKING SURVEY

Name of organization:

Person completing survey:

Email address:

Telephone:

Organization website URL:

In answering the questions below, please note the following:

- **Changes to this year's survey:** We have made a few changes in this year's survey in an effort to capture more useful information for readers of the Resource Tracking report and to minimize time needed to complete the survey where possible. For those with HIV/AIDS-related disbursements below \$300,000 in 2008 we are only asking that you complete the beginning of the survey. The "geographic" question for international funding now includes revised categories for regional funding in harmonization with UNAIDS' latest resource tracking regional definitions, and includes categories for funding to the Global Fund and other multilateral organizations that work globally. This year we are asking that you report "intended use" of funding for domestic and international funding separately. Two new categories—OVC and human resources—have been added to the "intended use" question to harmonize with UNAIDS' intended use categories. We have made minor changes to the "target population" categories. Finally, we have provided space for you to let us know of particularly innovative funding projects in which you are engaged.
- As with last year's survey, questions about the geographic focus and intended use of funding are asked about your organization's **disbursements rather than commitments**. *If you are unable to answer any of the survey questions for your disbursements, but could provide data based on commitments, please provide that data with a note that the data were based on commitments.* We distinguish disbursements and commitments as follows:
 - **Disbursements:** 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:** Commitments are funding pledged for grants/projects in a given year, whether or not the funds were disbursed in that year.
- **Defining an HIV/AIDS grant or project:** In addition to reporting on grants/projects that are focused explicitly on HIV/AIDS, please include grants/projects made in other health, social, economic, and political areas when a **significant** aspect of the grant or project included a focus on HIV/AIDS.
- **Activities to include:** Please restrict your answers to **external** HIV/AIDS grantmaking/projects (i.e., *do not count* internal expenditures on staff and/or other programming).
 - *Private operating foundations* (as defined by the IRS)* *should include* the direct costs of HIV/AIDS-related programs only and not costs for staff.
 - *Do not include* the value of donated services, products, or other in-kind donations. (there is a space to list examples of your organization's in-kind donations, if you wish)
 - *Do not include* grants/projects committed or disbursed from funding received from the U.S. government or any other government.

* Private operating foundations are those specifically designated as such by the Internal Revenue Service (IRS) that use the bulk of their resources to run their own charitable programs, making few, if any, grants to outside organizations. Very few funders that FCAA surveys qualify as private operating foundations.

Please complete the survey by June 15, 2009. Return your completed survey to Erika Baehr via email at erikabaehr@gmail.com or fax at (617) 674.2240. Questions? Call Erika at (617) 987.0095

QUESTIONS FOR CALENDAR YEAR 2008

1a. What was the **total dollar amount** of your HIV/AIDS grant/project **disbursements** in 2008? \$ _____

Note: **Disbursements** means the total dollar amount actually paid out to grantees/projects or for projects during the calendar year. This total should include funds re-granted from other organizations.

1b. What was the **total dollar amount** of your HIV/AIDS grant/project **commitments** in 2008? \$ _____

Note: **Commitments** means the total dollar amount pledged during the calendar year, whether the funds were disbursed in that or another year. This total should include funds re-granted from other organizations. A multi-year grant/project should be fully counted in the year that it was committed.

Note: If your answer to question 1a was below \$300,000, please STOP HERE. You do not need to complete the rest of the survey. Please send us the information above. Thank you.

ALL SUBSEQUENT QUESTIONS FOR THIS YEAR REFER TO GRANT/PROJECT **DISBURSEMENTS ONLY.**

(Private operating foundations should include only the direct costs of HIV/AIDS-related programs)

1c. *Private operating foundations only**: Of the amount reported in #1a above, please provide a breakdown between:

The dollar amount of HIV/AIDS cash grants disbursed in 2008 \$ _____

The dollar value of HIV/AIDS program activities conducted in 2008 \$ _____

1d. *All organizations*: Compared to **2008**, please predict whether the total amount of your HIV/AIDS disbursements in **2009** will (please type 'x' by only **one** response):

increase _____

decrease _____

remain the same _____

discontinue _____

unsure _____

2. What was the **total number** of HIV/AIDS grants/projects disbursed in **2008**? _____

2a. Were any of these grants/projects multi-year commitments? Y () / N () (type 'x' next to one)

* Private operating foundations are those specifically designated as such by the IRS that use the bulk of their resources to run their own charitable programs, making few, if any, grants to outside organizations. Very few funders that FCAA surveys qualify as private operating foundations.

3. In 2008, where were your HIV/AIDS grant/project dollars disbursed?

(Please approximate total dollar amounts as best you can for the locations of grant recipients/projects. The geographical location would be where the recipients' main offices are situated. If you are unable to provide geographical data on disbursements, but could provide data based on commitments, please provide the data with a note that the data was based on commitments.)

The amounts in 3a, 3b, and 3c should add up to the total reported for question 1a.

3a. Total dollars disbursed to *U.S.-based grantees/projects* for **domestic**

HIV/AIDS programs: \$ _____

Please provide total dollar disbursements by region (the definitions of U.S. regions are consistent with U.S. Census definitions):

Amounts should add up to the total reported for question 3a.

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)

3b. Total dollars disbursed to *U.S.-based grantees/projects* for international HIV/AIDS work: \$ _____

3c. Total dollars disbursed to grantees/projects based *outside the United States* for international HIV/AIDS work: \$ _____

Please provide total dollar disbursements to grantees/projects by region. Funding provided directly to the Global Fund, WHO, UNAIDS or other multilateral organizations should be entered in the appropriate area below, and **not** in a geographic region. Please see Appendix 1 for definition of each region.

The amounts here should add up to the total reported for question 3c.

Canada	\$ _____
Caribbean	\$ _____
Latin America	\$ _____
Western and Central Europe	\$ _____
Eastern Europe and Central Asia	\$ _____
West and Central Africa	\$ _____
East and Southern Africa	\$ _____
North Africa and the Middle East	\$ _____
South Asia and the Pacific	\$ _____
East Asia and South East Asia	\$ _____
The Global Fund	\$ _____
WHO, UNAIDS, other multilaterals	\$ _____

4a. In 2008, what was the intended use of your disbursed grants/projects to address the epidemic in the United States?

(Please approximate total dollar amounts as best you can for the intended use of your grants/projects. If you are unable to provide intended use data on disbursements, but could provide data based on commitments, please provide the data with a note that the data was based on commitments.)

These amounts should add up to the total reported for question 3a.

HIV/AIDS awareness and prevention (including harm reduction)	\$ _____
HIV/AIDS 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	\$ _____
HIV/AIDS research (including medical, prevention, and social science research)	\$ _____
Orphans and vulnerable children (OVC)	\$ _____
HIV/AIDS human resources (e.g. training, recruitment, and retention of health care workers)	\$ _____
Other (e.g. long-term health systems strengthening and/or facilities investment, program management and administration) - Please specify: (_____)	\$ _____

4b. In 2008, what was the intended use of your disbursed grants/projects to address the epidemic outside of the United States (including funds given to U.S.-based organizations to address HIV/AIDS outside the United States)?

(Please approximate total dollar amounts as best you can for the intended use of your grants/projects. If you are unable to provide intended use data on disbursements, but could provide data based on commitments, please provide the data with a note that the data was based on commitments.)

These amounts should add up to the total reported for questions 3b and 3c combined.

HIV/AIDS awareness and prevention (including harm reduction)	\$ _____
HIV/AIDS 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	\$ _____
HIV/AIDS research (including medical, prevention, and social science research)	\$ _____
Orphans and vulnerable children (OVC)	\$ _____
HIV/AIDS human resources (e.g. training, recruitment, and retention of health care workers)	\$ _____
Other (e.g., long-term health systems strengthening and/or facilities investment, program management and administration) - Please specify: (_____)	\$ _____

5. Target populations: Please place an 'x' next to the **three population groups** that receive the greatest benefit from your domestic and international funding. The categories below are not mutually exclusive. Please mark the three that best reflect the main target populations reached through your funding.

Domestic funding - Please only pick three

- People living with HIV/AIDS _____
- Women _____
- Youth _____
- Orphaned/vulnerable children (OVC) _____
- African-Americans _____
- Latinos _____
- Native Americans _____
- Asians/Pacific Islanders _____
- Migrants _____
- Injecting drug users (IDUs) _____
- Sex workers _____
- Healthcare workers _____
- Men who have sex with men (MSM) _____
- Incarcerated people _____
- Homeless/impooverished persons _____
- Other: (_____) _____

International funding - Please only pick three

- People living with HIV/AIDS _____
- Women _____
- Youth _____
- Orphaned/vulnerable children (OVC) _____
- Migrants _____
- Refugees _____
- Injecting drug users (IDUs) _____
- Sex workers _____
- Health care workers _____
- Men who have sex with men (MSM) _____
- Incarcerated people _____
- Other: (_____) _____

6. In-kind donations (optional): If you would like to, please list examples of HIV/AIDS-related in-kind donations you made in 2008.

7. Re-granting: If you received \$50,000 or more from any of the foundations noted in Appendix 2 in 2008, please list the value of grants received from each foundation that were subsequently re-granted through your organization. Note that your organization's total grantmaking, including funds you re-granted, will be reflected in the FCAA report.

<i>Grant received from</i>	<i>Total re-granted to other organizations</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. Innovative funding (optional): Please feel free to use the space below to share an example of innovative funding that you would like others to know about. We will publish several examples in our report.

APPENDIX 1²⁶ Definitions of Global Regions

(Note: these definitions are taken from UNAIDS)

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

²⁶ This appendix was associated with the original survey sent to funders. It should therefore be considered a sub-appendix to Appendix B.

APPENDIX 2²⁷

Grantmaker list to review for calculating re-granting

(This list includes the top 82 funders in alphabetical order, based on 2007 data.)

Abbott Laboratories Fund, IL	The Elizabeth Glaser Pediatric AIDS Foundation, CA	James B. Pendleton Charitable Trust, WA	Kate B. Reynolds Charitable Trust, NC
AIDS Foundation of Chicago, IL	Elton John AIDS Foundation, Inc., NY	Johnson & Johnson, NJ	Richmond County Savings Foundation, NY
AIDS Funding Collaborative, OH	ExxonMobil Foundation, TX	The Robert Wood Johnson Foundation, NJ	The Robin Hood Foundation, NY
Alphawood Foundation, IL	Firelight Foundation, CA	The Henry J. Kaiser Family Foundation, CA	The Rockefeller Brothers Fund, Inc., NY
Altria Group, Inc., NY	The Ford Foundation, NY	W. M. Keck Foundation, CA	The Rockefeller Foundation, NY
American Jewish World Service, Inc., NY	The Foundation for AIDS Research (amfAR), NY	W. K. Kellogg Foundation, MI	San Diego HIV Funding Collaborative, a project of the Alliance Healthcare Foundation, CA
The Annenberg Foundation, PA	Bill & Melinda Gates Foundation, WA	The Kresge Foundation, MI	San Francisco AIDS Foundation, CA
Atlanta AIDS Partnership Fund, GA	The Gill Foundation, CO	Levi Strauss Foundation, CA	The San Francisco Foundation, CA
BD (Becton, Dickinson and Company), NJ	Glaser Progress Foundation, WA	The John M. Lloyd Foundation, CA	The San Francisco Foundation, CA
Bickerstaff Family Foundation, CA	The Global Fund for Women, CA	M•A•C AIDS Fund and M•A•C Cosmetics, NY	Silicon Valley Community Foundation, CA
The Bristol-Myers Squibb Foundation, Inc., NY	The George Gund Foundation, OH	John D. & Catherine T. MacArthur Foundation, IL	South Africa Development Fund, MA
Broadway Cares/Equity Fights AIDS, NY	Hartford Foundation for Public Giving, CT	Merck Company Foundation and Merck & Co., Inc., NJ	The Starr Foundation, NY
The California Endowment, CA	The Health Foundation of Greater Indianapolis, IN	Missouri Foundation for Health, MO	Staying Alive Foundation, NY
The California Wellness Foundation, CA	The Healthcare Foundation of New Jersey, NJ	National AIDS Fund, DC	Tides Foundation, CA
The Campbell Foundation, FL	The William and Flora Hewlett Foundation, CA	The New York Community Trust, NY	United Nations Foundation, DC
Children Affected by AIDS Foundation, CA	HIV Collaborative Fund, a project of the Tides Center, CA	The John R. Oishei Foundation, NY	Until There's A Cure Foundation, CA
The Children's Investment Fund Foundation, NY	Houston Endowment Inc., TX	The David and Lucile Packard Foundation, CA	H. van Ameringen Foundation, NY
The Comer Foundation, IL	Indiana AIDS Fund, IN	The Pew Charitable Trusts, PA	Washington AIDS Partnership, DC
The Design Industries Foundation Fighting AIDS (DIFFA), NY	International Fund for Health & Family Planning, NY	The Pfizer Foundation, Inc., NY	The Wells Fargo Foundation, CA
Doris Duke Charitable Foundation, NY	Irene Diamond Fund, NY	Polk Bros. Foundation, IL	White Flowers Foundation, NY
		Public Welfare Foundation, Inc., DC	Williamsburg Community Health Foundation, VA

²⁷ This appendix was associated with the original survey sent to funders. It should therefore be considered a sub-appendix to Appendix B.

APPENDIX C

TOP U.S. HIV/AIDS FUNDERS WEBSITES

Abbott and Abbott Fund, IL
www.abbott.com

AIDS Foundation of Chicago, IL
www.aidschicago.org

AIDS Funding Collaborative, OH
www.communitysolutions.com/projects/displayProject.asp?project_id=16

Alphawood Foundation, IL
www.alphawoodfoundation.com

American Jewish World Service, NY
www.ajws.org

The Foundation for AIDS Research (amfAR), NY
www.amfar.org

The Annenberg Foundation, PA
www.annenbergfoundation.org

Arcus Foundation, MI
www.arcusfoundation.org

Atlanta AIDS Partnership Fund, GA
www.aidsfundatl.org

BD (Becton, Dickinson and Company), NJ
www.bd.com/responsibility

Bill & Melinda Gates Foundation, WA
www.gatesfoundation.org

The Boston Foundation, MA
www.tbf.org

Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY
www.bms.com

Broadway Cares/Equity Fights AIDS, NY
www.broadwaycares.org

The Campbell Foundation, FL
www.campbellfoundation.com

Charles Stewart Mott Foundation, MI
www.mott.org

Children Affected By AIDS Foundation, CA
www.caaf4kids.org

The Comer Foundation, IL
www.comer-foundation.com

The Community Foundation for the National Capitol Region, DC
www.cfncr.org

The David & Lucille Packard Foundation, CA
www.packard.org

The Denver Foundation, CO
www.denverfoundation.org

The Design Industries Foundation Fighting AIDS (DIFFA), NY
www.diffa.org

Doris Duke Charitable Foundation, NY
www.ddcf.org

The Duke Endowment, NC
www.dukeendowment.org

Elizabeth Glaser Pediatric AIDS Foundation, CA
www.pedaids.org

Elton John AIDS Foundation, NY
www.ejaf.org

The Evelyn and Walter Haas, Jr. Fund, CA
www.haasjr.org

Firelight Foundation, CA
www.firelightfoundation.org

The Ford Foundation, NY
www.fordfound.org

GlaxoSmithKline US, NC
us.gsk.com

Global Fund for Women, CA
www.globalfundforwomen.org

The Harry and Jeannette Weinberg Foundation, Inc., MD
www.hjweinbergfoundation.org

The Health Foundation of Greater Indianapolis, IN
www.thfgi.com

HIV Collaborative Fund, a project of the Tides Center, CA
www.hivcollaborativefund.org

Houston Endowment Inc., TX
www.houstonendowment.org

Indiana AIDS Fund, IN
www.indianaaidsfund.org

The John D. & Catherine T. MacArthur Foundation, IL
www.macfound.org

The John M. Lloyd Foundation, CA
www.johnmlloyd.org

Johnson & Johnson, NJ
www.jnj.com/community/index.htm

Levi Strauss Foundation, CA
www.levistrauss.com/citizenship

M•A•C AIDS Fund and M•A•C Cosmetics, NY
www.macaidsfund.org

Macy's Foundation
www.macysinc.com/Community/

Merck & Co., Inc., NJ
www.merck.com/cr

Missouri Foundation for Health, MO
www.mffh.org

National AIDS Fund, DC
www.aidsfund.org

The New York Community Trust, NY
www.nycommunitytrust.org

Open Society Institute, NY
www.soros.org

The Pew Charitable Trusts, PA
www.pewtrusts.com

Pfizer Inc and Pfizer Foundation, NY
www.pfizerphilanthropy.com

Pride Foundation, WA
www.pridefoundation.org

Robin Hood Foundation, NY
www.robinhood.org

Rockefeller Brothers Fund, NY
www.rbf.org

San Diego HIV Funding Collaborative, CA
www.alliancehf.org/sdhiv/who_we_are.html

San Francisco AIDS Foundation, CA
www.sfaf.org

The Sidney Kimmel Foundation, PA
www.kimmel.org

Silicon Valley Community Foundation, CA
www.siliconvalleycf.org

The Skoll Foundation, CA
www.skollfoundation.org

South Africa Development Fund, NY
www.southafrica-newyork.net/sadf.htm

The Starr Foundation, NY
www.starrfoundation.org

Staying Alive Foundation, NY
www.staying-alive.org/en/home

The Summit Foundation, DC
www.summitfdn.org

Tides Foundation, CA
www.tides.org

United Nations Foundation, DC
www.unfoundation.org

Washington AIDS Partnership, DC
www.washingtonaidspartnership.org

Weingart Foundation, CA
www.weingartfnd.org

Wells Fargo Foundation, CA
www.wellsfargo.com/about/charitable

The William and Flora Hewlett Foundation, CA
www.hewlett.org

W.K. Kellogg Foundation, MI
www.wkkf.org

World Children's Fund, CA
www.worldchildrensfund.org

Note:

The Anne Dinning and Michael Wolf Foundation, the International Fund for Health and Family Planning, the Irene Diamond Fund, the James B. Pendleton Charitable Trust, and the H. van Ameringen Foundation do not have websites.

APPENDIX D

GLOBAL HIV/AIDS FUNDING ORGANIZATIONS

GLOBAL RESOURCE TRACKING: HISTORY AND HARMONIZATION

The Working Group on Global HIV/AIDS Philanthropic Resource Tracking is a current collaboration among FCAA, the European HIV/AIDS Funders Group (EFG) and UNAIDS that was formed to investigate HIV/AIDS philanthropy on a global level. UNAIDS began convening meetings of key players to examine global resource flows several years ago by creating the Global Consortium on Resource Tracking. Representatives included staff from multilateral agencies and NGOs (including WHO, the United Nations Population Fund [UNFPA], the Global Fund, the International AIDS Vaccine Initiative, and others), HIV/AIDS experts, and experts in tracking global resource flows. Members of the group met twice a year to begin creating coherent resource tracking mechanisms and reporting on global HIV/AIDS resource flows.

The European HIV/AIDS Funders Group (EFG) was created in 2002 by a group of European-based funders working to promote greater transparency, collaboration, and effectiveness in European HIV/AIDS philanthropy, and to encourage new activity in the field. FCAA and EFG have deepened their collaborative relationship since, stepping away from a country- or region-specific approach towards connecting funders in both regions and mobilizing a global philanthropic response to HIV/AIDS.

In 2008, FCAA and EFG worked to harmonize their resource tracking data by using a similar survey tool, categories, and layout in their resource tracking reports; they subsequently launched the reports jointly to a global audience. The regional and intended use categories found in both the FCAA and EFG resource tracking reports for 2008 coordinate with the UNAIDS categories, which are also used by PEPFAR and the Global Fund, in an effort to make all resource flows data comparable.²⁸

CURRENT OBJECTIVES

In continuation of the earlier exploratory resource tracking efforts of UNAIDS and others, the Working Group on Global HIV/AIDS Philanthropic Resource Tracking has sought to identify funders of HIV/AIDS in regions of the world beyond those tracked by FCAA (U.S.-based funders) and EFG (Western and Central Europe-based funders), including private and public foundations, corporate foundations, and other funding institutions. The Working Group aims to connect with these funders as best as possible, to offer information and support for their work, to foster channels of potential collaboration between funders in the global North and those in the global South, Eastern Europe and Asia, and to inform the global dialogue about HIV/AIDS resource tracking.

METHODOLOGY

In 2008, the Working Group drafted a preliminary list of funders located outside the United States and Western and Central Europe that were likely to be engaged in funding HIV/AIDS-related programming. This list, which also included the funders' websites, resulted from a brief web-based and literature-review research project. More recently, in 2009, the Working Group engaged in deeper research into private global philanthropy over a longer period and reached out to the funders previously identified and others in a much more systematic way—by, for example, identifying resources on philanthropy in different regions of the world, consulting with experts in philanthropy at the global and regional levels, and surveying the global funders directly about their HIV/AIDS giving. Surveys were sent in June to over 80 funders.

²⁸ See www.hivaidsfunders.org for the EFG HIV/AIDS resource tracking report, *European Philanthropic Support to Address HIV/AIDS in 2008*.

CHALLENGES

The formidable challenges to this research include: a lack of any kind of centralized or comprehensive database of philanthropic entities (such as the Foundation Center in the United States); a wide range of different kinds of philanthropic resources; language barriers; lack of transparency of financial information; and great variety in the definition of private philanthropy. It should also be noted that in general resource tracking surveys request a level of detail that can be prohibitively time-consuming or otherwise difficult for funders to voluntarily share. Therefore, high response rates are always a challenge, especially in the early efforts of outreach to newly identified funders unfamiliar with the project.

RESULTS

The results of this research have provided a new understanding of private philanthropy climates and regions, and the barriers in identifying them, outside of the United States and Western and Central Europe. Moreover, they enabled the production of a refined and expanded global funders list with additional in-depth information about select funders for this report.

Research and survey results revealed that in many regions outside of the United States and Western and Central Europe, there are few private foundations or trusts as they are defined in the United States. A majority of the organizations featured, for example, acted as local funding intermediaries and were financially, technically, or otherwise supported by governments and/or multilateral and bilateral organizations (e.g., the Global Fund or PEPFAR). Others, meanwhile, were corporations with main offices based in the United States or Western and Central Europe, and/or branches of private foundations with main offices based in those two regions.

While the responses received from such funders were informative, there was not enough of a critical mass of data to produce analysis as extensive as that provided in the FCAA and EFG reports.

Research highlights include the following:

- Few funders on the list had exclusively independent sources of income such as traditional endowments, which are common among funders in the United States and Western and Central Europe.
- In the Asia and Pacific, Latin American, Eastern Europe and sub-Saharan Africa regions, research suggested that most HIV/AIDS organizations are structured as community-based organizations (CBOs) or non-governmental organizations (NGOs), and are funded in part or wholly by governments and other organizations.
- In the Asia and Pacific region, private philanthropy was reported as not very visible—at least partly because bilateral and multilateral donor programs are so large.
- Similarly, in Latin America, public policies funded by governments largely overshadow private philanthropy, which plays a much smaller role.
- In India, a source reported that there are few indigenous HIV/AIDS funders; rather, HIV/AIDS programs are supported by the government, multilaterals, and a few major foreign foundations.

- In the Middle East, a source reported being “appalled” at the lack of private HIV/AIDS funders.
- Many major foundations and corporations based in the United States and Western and Central Europe have active funding branches in sub-Saharan Africa, particularly in South Africa, that provide local philanthropic funding.

GLOBAL RESOURCE TRACKING—AN IMPORTANT WORK IN PROGRESS

Despite the many variables that make private institutional philanthropy different in different regions of the world, institutions engaged in such grantmaking can be as uniquely poised as their counterparts in the United States and elsewhere to fund projects and populations that governments, corporations, and other organizations may consider too controversial or sensitive to fund. One foundation officer in the Central American region reported that philanthropists with private or corporate wealth avoid funding HIV/AIDS in general and seek more conservative issues to support.

This situation highlights the difficulties faced by many local community groups and PLWHA seeking funding and support, especially those working with and on behalf of marginalized groups. Private HIV/AIDS philanthropy funders from more robust and well-resourced regions, such as the United States and Western and Central Europe, should be encouraged to fill the gap by seeking out and supporting individuals and groups engaged in HIV/AIDS activities that local stakeholders ignore. One potentially useful strategy would be to prioritize the creation of partnerships between organizations in the global North and the global South, Eastern Europe and Asia, with the goal of promoting impactful philanthropy in these regions. Structures and opportunities such as collaborative partnerships, networks, and coalitions with partner organizations and business partners can increase access to funding and other vital resources at the grassroots level in those needy areas.

Given the flexibility of private philanthropy to respond to critical issues, the synergistic opportunities of global partnerships, and the potential of emerging economies in parts of the world outside of the United States and Western and Central Europe, global resource tracking efforts are a valuable work in progress that will continue to be pursued.

FCAA welcomes any feedback related to this section of the report. Comments or suggestions about how to improve global resource tracking in the future should be sent to Makfire Alija at makfire.alija@hivaidsfunders.org.

LIST OF GLOBAL HIV/AIDS FUNDING ORGANIZATIONS

The following is a list of funding organizations outside of the United States and Western and Central Europe that are involved in HIV/AIDS-related activities.

ARGENTINA

Fundacion Mantovano Para La Prevencion Del Sida Y Drogadiccion

Rodriguez Peña 69 1º Piso
(1020) Capital Federal
Buenos Aires, Argentina
Tel./Fax: +54 114 371 7393
www.drwebsa.com.ar/fmsida

The Foundation provides HIV/AIDS awareness and prevention education, direct services, and financial stipends to help PLWHA and their families.

UBATEC

Viamonte 577 5º Piso, C1053ABK
Ciudad Autónoma de Buenos Aires, Argentina
Tel./Fax: +54 11 4313 3600
www.ubatec.uba.ar

UBATEC serves as an intermediary for funds for HIV/AIDS public awareness, prevention and education programs with a focus on women, youth and LGBT communities in Argentina.

ARMENIA

Open Society Institute Assistance Foundation

7/1 Tumanyan St. 2-nd cul-de-sac,
375002
Yerevan, Armenia
Tel./Fax: +374 10 53 38 62
www.osi.am

The Foundation supports harm reduction programs to reduce HIV transmission among IDUs and others at risk. It supports capacity-building, public awareness and advocacy programs throughout the country.

AUSTRALIA

AIDS TRUST of Australia

P.O. Box 1030
Darlinghurst NSW
Sydney, Australia 1300
Tel.: +61 02 9285 4400
Fax: +61 02 9261 8845
www.aidstrust.com.au

The Trust raises funds and distributes grants to community-based organizations that provide HIV/AIDS awareness education, research and direct support for PLWHA.

Bobby Goldsmith Foundation

P.O. Box 97
Darlinghurst NSW
Sydney, Australia 1300
Tel.: +61 02 9283 8666
Fax: +61 02 9283 8288
www.bgf.org.au

The Foundation provides financial support to PLWHA for medical, housing and educational expenses.

Helen Macpherson Smith Trust

Level 43
80 Collins Street
Melbourne, Australia 3000
Tel.: +61 03 9631 2551
Fax: +61 03 9631 2530
www.hmstrust.org.au

The Trust awards a limited number of HIV/AIDS grants through its health program.

BRAZIL

Fundacao Athos Bulcao

Setor de Autarquias Norte
Quadra 01 Bloco E
70041-904 Brasília - DF - Brasil
Tel./fax: +55 61 3322 7801
www.fundathos.org.br

Athos Bulcao supports HIV/AIDS awareness and prevention programs for youth.

Fundo Angela Borba

Rua Hans Staden, 21 - Botafogo,
Cep 22281-060
Rio de Janeiro - RJ - Brasil
Tel.: +55 21 2286 1046
Fax: +55 21 2286 6712
www.angelaborbafundo.org

The Foundation has a Women & HIV/AIDS project.

CANADA

Canadian Foundation For AIDS Research (CANFAR)

165 University Avenue, Suite 710
Toronto, Ontario
Canada M5H 3B8
Tel.: +1 416 361 6281
Fax: +1 416 361 5736
www.canfar.com

CANFAR is the only national organization in Canada dedicated to privately funding research into all aspects of HIV infection and AIDS.

Farha Foundation

100-576 rue Ste-Catherine West
Montréal, Quebec
Canada H2L 2E1
Tel.: +1 514 270 4900
Fax: +1 514 270 5363
www.farha.qc.ca/en/index.html

Farha funds organizations throughout Quebec providing HIV/AIDS care and services as well as prevention and education programs.

Match International

310 - 411 Roosevelt Avenue
Ottawa, Ontario
Canada K2A 3X9
Tel.: +1 613 238 1312
Fax: +1 613 238 6867
www.matchinternational.org

MATCH supports initiatives, including those addressing HIV/AIDS, which are identified by women in the global South and are led and implemented by women in Africa, Asia, South America and the Caribbean.

APPENDIX D
GLOBAL HIV/AIDS FUNDING ORGANIZATIONS

Rooftops Canada Foundation

720 Spadina Avenue, Suite 313
Toronto, Ontario
Canada M5S 2T9
Tel.: +1 416 366 1445
Fax: +1 416 366 3876
www.rooftops.ca

Rooftops focuses on disadvantaged communities in Africa, Asia, Latin America, the Caribbean and Eastern Europe. It provides support for housing and support services for PLWHA.

Snowy Owl AIDS Foundation

200 2500 Palladium Drive
Ottawa, Ontario
Canada K2V 1E2
Tel.: +1 613 828 8843
Fax: +1 613 828 7964
www.snowyowl.org

The Foundation supports organizations dedicated to HIV/AIDS education, prevention, and direct support services in the Ottawa-Hull region of Canada.

Stephen Lewis Foundation

260 Spadina Avenue
Suite 501
Toronto, Ontario
Canada M5T 2E4
Tel.: +1 416 533 9292
Fax: +1 416 850 4910
www.stephenlewisfoundation.org

The Foundation supports community-based organizations in Africa working to assist AIDS orphans, provide care to women who are ill, support grandmothers caring for their orphan grandchildren, and sustain associations of PLWHA.

**CHINA, PEOPLE'S
REPUBLIC OF**

Chi Heng Foundation

P.O. Box: GPO Box 3923
Central Hong Kong, China
Tel.: +852 2517 0564
Fax: +852 2517 0594
www.chihengfoundation.com

The Foundation funds and operates projects in education and care for children and adults impacted by AIDS, as well as HIV prevention and anti-discrimination programs.

Hong Kong AIDS Foundation

5/F, Shauekiwan Jockey Club Clinic
8 Chai Wan Road
Hong Kong, China
Tel.: +852 2560 8528
Fax: +852 2560 4154
www.aids.org.hk

The Foundation has a PLWHA Support Fund through which it provides limited direct assistance to PLWHA.

Hua Qiao Foundation

6 Lane 1279
Zhong Shan Xi Road
Shanghai 200051, China
Tel.: +86 21 3209 5514
www.huaqiaofoundation.org

Hua Qiao serves as an intermediary for international funding to HIV/AIDS programs in China that support AIDS orphans.

Kadoorie Charitable Foundations

1st Floor, St. George's Building
2 Ice House Street
Hong Kong, China
Tel.: +852 2905 3386

The Foundation funds a wide range of initiatives in health, community development, poverty alleviation and education. It supports community health education and HIV prevention programs.

ECUADOR

Corporación KIMIRINA

Ramirez Davalos 258 y Paez
Quito, Ecuador
Tel.: +593 22 55 67 50
Fax: +593 22 56 87 67
www.kimirina.org

KIMIRINA supports HIV/AIDS education, awareness prevention and treatment programs throughout Ecuador from a human rights perspective with a focus on gender equality.

GHANA

African Women's Development Fund

PMB CT 89 Cantonments
Accra, Ghana
Tel.: +233 21 521257
Fax: +233 21 782502
www.awdf.org

The group's HIV/AIDS Fund supports women's organizations throughout Africa advocating for non-discrimination and gender equality as well as direct support for HIV prevention, treatment, support and community care. The Fund also provides capacity-building grants to women's organizations working on HIV/AIDS issues.

INDIA

Rajiv Gandhi Foundation

Rajendra Prasad Road
New Delhi - 110 001, India
Tel.: +91 11 2375 5117
Fax: +91 11 2375 5119
www.rgfindia.com

The Foundation supports HIV training programs for health professionals working with NGOs to treat the underprivileged throughout India. It also supports education, prevention and direct services programs for PLWHA as well as capacity-building grants for CBOs working in this area.

Vasavya Mahila Mandali

Benz Circle, Vijayawada - 520 010
Andhra Pradesh, India
Tel.: +91 86 6247 0966
Fax: +91 86 6247 3056
www.vasavya.com

Vasavya is an intermediary for international and national funders and governments. It supports home and community-based HIV/AIDS care and prevention programs.

MAMTA Health Institute for Mother and Child

B-5, Greater Kailash Enclave-II
New Delhi, India 110048
Tel.: +91 11 2922 0210
Fax: +91 11 2922 0575
www.mamta-himc.org

MAMTA is an intermediary for international and national funders and governments. It supports HIV/AIDS programs focusing on direct care, advocacy, and training throughout the country.

Palmyrah Workers Development Society (PWDS)

Crystal Street, Marthandam-629165
Kanyakumari District
Tamil Nadu, India
Tel.: +91 46 5127 0241
Fax: +91 46 5127 0138
www.pwds.org

PWDS is an intermediary for international and national funders and governments.

It supports CBOs and NGOs working with AIDS orphans as well as organizations providing community-based care and support programs for PLWHA.

LEPRA Society

Post Box No. 1518
West Marredpally, Secunderabad
Andhra Pradesh, India
Tel.: +91 040 2780 2139
Fax: +91 040 2780 1391
www.leprasociety.org

LEPRA is an intermediary for international and national funders and governments. It supports a wide range of HIV/AIDS projects from direct care to advocacy to education and vocational programs throughout the country.

TEST Foundation

4, Sathalvar Street
Mugappair West
Chennai, India 600037
Tel.: +91 044 2624 4100
Fax: +91 044-2625 0315
www.testfoundation.in

TEST is both an operating foundation, running its own programs including home-based care and a hospice for AIDS patients, and a grantmaking

organization, providing direct monetary support to PLWHA and their families. It also engages in advocacy, training, organizing, and networking with local community members, communities of faith, local governments, and others to educate and promote care for PLWHA.

JAPAN

Japanese Foundation For AIDS Prevention

Suidobashi Bldg. 5F, Misakicho 1-3-12
Chiyoda-ku, Tokyo 101-0061, Japan
Tel.: +81 3 5259 1811
Fax: +81 3 5259 1812
www.jfap.or.jp/english/index.htm

JFAP raises funds from the public to support its STOP AIDS Fund, which provides grants to Japanese grassroots HIV/AIDS-related NGOs.

JORDAN

Noor Al-Hussein Foundation

P.O. Box 926687
Amman 11110 Jordan
Tel.: +962 6 560 7460
Fax: +962 6 560 6994
www.nooralhusseinfoundation.org

The Foundation addresses HIV/AIDS through its Family Planning and Reproductive Health program, which focuses on education, prevention and awareness campaigns.

KENYA

Africa Medical and Research Foundation (AMREF)

P.O. Box 27691-00506
Nairobi, Kenya
Tel.: +254 20 699 300
Fax: +254 20 609 518
www.amref.org

AMREF supports HIV prevention and treatment programs as well as advocacy and capacity-building for HIV/AIDS CBOs and NGOs in most countries throughout Africa.

Allavida K-Rep Development Agency

P.O. Box 10434 - 0100
Nairobi, Kenya
Tel.: +254 20 310 526
Fax: +254 20 310 525
www.allavida.org

Allavida's mission is to transform the practice and outcomes of development funding, grantmaking and philanthropy in Africa. One of its projects funded by PEPFAR provides credit and savings interventions to HIV-positive and affected persons to enable them to start or expand micro-enterprises and small-scale farming activities.

Development Innovation for Rural Communities (DEVIRUCO)

P.O. Box 542
Busia, Kenya 50400
Tel.: +254 722 693 689

DEVIRUCO serves as an intermediary to disburse a small amount of funding to CBOs. It also operates HIV/AIDS education, prevention and treatment programs.

Kenya Community Development Foundation

P.O.Box 10501
Nairobi 00100, Kenya
Tel.: +254 20 676 3002
Fax: +254 20 676 2538
www.kcdfoundation.org

KCDF awards grants for education scholarships, asset development, early childhood development, arts and culture, youth development, HIV/AIDS, organizational capacity-building and food security.

KYRGYZSTAN

Soros Foundation - Kyrgyzstan

55A, Logvinenko St.
Bishkek, 720040 Kyrgyzstan
Tel.: +996 312 66 34 75
Fax: +996 312 66 34 48
www.soros.org/about/foundations/kyrgyzstan

The Foundation administers the Central Asia Regional HIV/AIDS Program, which is designed to prevent the further spread of HIV in Central Asia through capacity-building for organizations addressing harm reduction, supporting prevention activities, and advocating for policies to increase the effectiveness of awareness and prevention programs.

APPENDIX D
GLOBAL HIV/AIDS FUNDING ORGANIZATIONS

MOZAMBIQUE

Foundation for Community Development

Av. 25 de Setembro Edificio Times Square
C.P - 4206
Mozambique
Tel.: +258 21 355 300
Fax: +258 21 355 355
www.fdc.org.mz

FCD supports education, prevention and treatment programs for PLWHA, capacity-building for HIV/AIDS CBOs, and care for orphaned children.

NEW ZEALAND

J.R. McKenzie Trust

P.O. Box 10 006
Wellington 6143, New Zealand
Tel.: +64 04 472 8876
Fax: +64 04 472 5367
www.jrmckenzie.org.nz

The Trust makes grants in the areas of social services, health services and community development, with a focus on children, young people and people with disabilities. It supports HIV/AIDS programs in all of its focus areas.

New Zealand AIDS Foundation

P.O. Box 6663, Wellesley Street
Auckland 1141, New Zealand
Tel.: +64 09 303 3124
Fax: +64 09 309 3149
www.nzaf.org.nz

The Foundation supports MSM who have HIV and AIDS through its Wellness Fund and a small scholarship fund.

NICARAGUA

Fondo Centroamericano de Mujeres

Rotonda El Gueguense
1 c. al Norte
Managua, Nicaragua
Tel.: +505 254 4981
Fax: +505 254 4982
www.fcmujeres.org

The Fund supports HIV prevention and treatment programs for women in Central America.

PHILIPPINES

Philippine Business for Social Progress

P.O. Box 3839
Manila, Philippines
Tel.: +63 2 527 7741
Fax: +63 2 527 3743
www.pbbsp.org.ph

PBSP supports advocacy efforts to increase awareness of HIV/AIDS throughout the Philippine business sector. It has supported the development of HIV/AIDS education prevention programs for employees in companies across the country.

SOUTH AFRICA

Ackerman Family Foundation

P.O. Box 23087
Claremont
Cape Town 7735, South Africa
Tel.: +27 21 658 1000
Fax: +27 21 658 1135

The Foundation funds a wide range of issues in South Africa, including HIV/AIDS.

ActionAid International

PostNet suite #248
Private bag X31
Saxonwold 2132
Johannesburg, South Africa
Tel.: +27 11 731 4500
Fax: +27 11 880 8082
www.actionaid.org

ActionAid serves as an intermediary for foundations and governments throughout the world. It builds the capacity of NGOs and CBOs in 23 countries to advocate and provide support for comprehensive HIV prevention, treatment, care and support.

Adelle Searll Memorial Trust

28 Norwich Drive
Bishops Court Est, Claremont
Cape Town, South Africa
Tel.: +27 21 797 2890

The Trust awards small grants in the Western Cape to CBOs working on aging, mental health, AIDS orphans and other issues.

AIDS Foundation of South Africa

P.O. Box 50582
Musgrave, Durban 4062
South Africa
Tel.: +27 31 277 2700
Fax: +27 31 202 9522
www.aids.org.za

The Foundation supports HIV prevention, education and treatment in the poorest and most under-resourced areas of the country. It also supports AIDS orphans programs.

Atlantic Philanthropies

South Africa

Cradock Heights, Second Floor
21 Cradock Avenue
Rosebank 2196
Johannesburg, South Africa
Tel.: +27 11 880 0995
Fax: +27 11 880 0809
www.atlanticphilanthropies.org

Atlantic supports HIV/AIDS research, policy development and organizational infrastructure in South Africa.

DG Murray Trust

P.O. Box 23893
Claremont 7735
Cape Town, South Africa
Tel.: +27 21 670 9856
Fax: +27 21 670 9850
www.dgmt.co.za

The Trust funds NGOs providing services to AIDS orphans and children.

Dockda Rural Development Agency

P.O. Box 186
Rondebosch 7701
Cape Town, South Africa
Tel.: +27 21 685 1236
Fax: +27 21 689 7199
www.dockda.org.za

The agency's HIV/AIDS program supports CBOs that provide treatment for PLWHA, support for orphans, and advocacy for increased resources, prevention and education.

Ikhala Trust

P.O. Box 210957
The Fig Tree
Port Elizabeth, South Africa
Tel.: +27 41 585 0970
Fax: +27 41 582 1425
www.ikhala.org.za

The Trust provides seed funding and organizational capacity-building grants to CBOs in the Eastern Cape working on HIV/AIDS issues.

The Isidore, Theresa and Ronald Cohen Charitable Trust

P.O. Box 7256
Cape Town, 8000
South Africa
Tel.: +27 21 421 7110
Fax: +27 21 421 7191

The Trust funds a wide range of issues in South Africa, including HIV/AIDS.

Ken Collins Charity Trust

P.O. Box 2330
Pietermaritzburg 3200
KwaZulu-Natal, South Africa
Tel.: +27 33 345 3947

The Trust supports CBOs providing HIV resources in South Africa.

Nelson Mandela Foundation

Private Bag X70000
Houghton 2041
South Africa
Tel.: +27 11 728 1000
Fax: +27 11 728 1111
www.nelsonmandela.org

The Foundation sponsors community dialogues throughout the country on HIV/AIDS resulting in expanded education and awareness leading to community action.

Nelson Mandela Children's Fund

P.O. Box 797
Highlands North 2037
South Africa
Tel.: +27 11 274 5600
Fax: +27 11 486 3914
www.nmcf.co.za

Children orphaned by AIDS are supported through the fund's Wellbeing Program.

Networking AIDS Community of South Africa (NACOSA)

P.O. Box 6358
Roggebaai, 8012
South Africa
Tel.: +27 21 461 7348
Fax: +27 21 461 7953
www.nacosa.org.za

NACOSA is a network of over 300 NGOs and CBOs working to reduce the impact of HIV and AIDS. It operates primarily in the Western Cape, where it provides small seed grants to CBOs.

Open Society Foundation for South Africa

P.O. Box 143
Howard Place
Pinelands, South Africa 7450
Tel.: +27 21- 511 1679
Fax: +27 21- 511 5058
www.osf.org.za

Through its Human Rights and Governance Program, OSF promotes policy development and public awareness of HIV/AIDS as a human rights issue.

Starfish Greathearts Foundation

Postnet Suite 510, Private Bag X9
Benmore 2010
South Africa
Tel.: +27 11 259 4000
Fax: +27 11 259 4111
www.starfishcharity.org

Starfish builds the capacity of NGOs and CBOs throughout South Africa to meet the educational, material and emotional needs of AIDS-orphaned children in their own communities.

Uthungulu Community Foundation

P.O. Box 1748
Richards Bay 3900
South Africa
Tel.: +27 35 797 1882/3
Fax: +27 35 797 3134
www.ucf.org.za

UCF awards small grants to grassroots organizations providing direct service, advocacy and education and awareness on HIV/AIDS issues.

TAIWAN**Nurses' AIDS Prevention Foundation**

4F, 279 Hsinyi Rd., Sec.4
Taipei, Taiwan
Tel.: +886 02 2531 7575
Fax: +886 02 2567 7585
www.napf.org.tw/intor7_E.htm

In addition to HIV/AIDS counseling and education/prevention work, the Foundation supports a competition that presents cash awards for HIV/AIDS nursing-related articles on research and special projects. It also provides stipends for nurses who become infected through their work.

TANZANIA**WAMA Foundation**

P.O. Box 10641
Dar es Salaam
Tanzania
Tel.: +255 22 212 6516
Fax: +255 22 2121 916
www.wamafoundation.or.tz

WAMA's focus is to improve the social and economic advancement of women and girls in Tanzania by increasing access to education, maternal and newborn health and sexual reproductive health services including HIV and AIDS.

UKRAINE**Elena Franchuk****Anti-AIDS Foundation**

Horizon Office Towers, Office 419-D
Shovkovychna Street, 42-44
Kyiv, Ukraine 01601
Tel.: +380 44 490 4805
Fax: +380 44 490 4885
www.antiids.org

The Foundation supports information and educational campaigns and NGOs providing direct support to PLWHA and HIV-positive children.

ZIMBABWE**Community Foundation for the Western Region of Zimbabwe**

21 Walter Howard Road
North End
Bulawayo, Zimbabwe
Tel./Fax: +263 9 200 078/209 617
www.westfound.com

The Foundation supports school-based programs providing psychosocial support for young children affected by AIDS and funds advocacy efforts to increase support for a wide range of HIV/AIDS programs.

As part of the global resource tracking effort, the following profiles present examples of funding organizations (with income from various public and private sources) outside of the U.S. and Western and Central Europe. Their work offers useful models for utilizing the power of partnerships, creative fundraising, and a human rights approach to PLWHA and marginalized populations.

PROFILE OF A FUNDING ORGANIZATION

Starfish Greathearts Foundation

Johannesburg, South Africa

HIV/AIDS funding in 2008:
\$3,824,632

Andre van Rensburg Chief Executive Officer

avanrensburg@iqgroup.net

www.starfishcharity.org

Tel.: +27 11 259 4000

The statistics reflecting the number of children in South Africa orphaned or left vulnerable by HIV/AIDS are staggering, with an estimated 1.4 million AIDS orphans in the country in 2008. In response to the growing pandemic, a group of young South Africans founded the Starfish Greathearts Foundation in 2001.

Driven by a vision to ensure that every orphaned and vulnerable child has access to basic services, Starfish's goal is to support over 100,000 children within the next five years. It hopes to achieve this goal by building the capacity of non-governmental and community-based organizations throughout South Africa to meet the educational, material and emotional needs of AIDS-orphaned children in their own communities.



Starfish is a not-for-profit developmental organization that enters into partnership with local organizations in under-resourced communities in the country's nine provinces. It currently supports 120 projects that provide services for over 36,000 AIDS-orphaned children. Its primary services include home visits, counseling, nutritional support, access to education and access to social grants.

Starfish offers a unique capacity-building program that empowers community-based organizations (CBOs) so that they are able to provide more effective services to a larger number of children orphaned by AIDS. This program provides mentors to teach basic management and fundraising skills to CBOs and provides training to local caregivers to assess and appropriately care for orphaned children in their community. General operating support is provided to the CBOs while in the program.

Once they have completed the capacity-building program, organizations are eligible to apply for annual grant funding of \$12,000 to \$36,000 to provide direct services to the children they serve. One such organization is the Alex AIDS Orphans Project in the Johannesburg suburb of Alexandra, which was set up over a decade ago to provide food for families and ensure that local children have access to education in local schools. With the support of Starfish, newly added programs now include home visits, bereavement counseling for children, and support groups for grandparents and HIV-positive mothers caring for children.

Children orphaned by AIDS seldom have the resources to continue with their education. Recognizing this critical problem, and being passionate about educational development, Starfish established an educational support program. Through this program the foundation provides needed assistance to CBOs such as Gozololo in KwaZulu-Natal, where its funding pays for children's school fees and stationery and provides a new school uniform each year.

In addition to basic food and education, every child needs emotional support, encouragement and care. Starfish ensures that orphans and vulnerable children receive much-needed counseling and home visits by caregivers in the community. Many caregivers receive training through its capacity-building program. The Ethembeni Orphan Care project near Port Elizabeth receives support from Starfish for food and education, and equally important, psychosocial support.

Starfish is supported by a range of foundations, corporations, charitable trusts and development agencies in addition to generating income from innovative fundraising events. The vast majority of funding for its programs is provided by PEPFAR.

Children throughout South Africa orphaned by AIDS are given a chance to be nurtured and loved by families in their communities thanks to the vision and commitment of the Starfish Foundation.

PROFILE OF A FUNDING ORGANIZATION

Corporación KIMIRINA

Quito, Ecuador

HIV/AIDS funding in 2008:
\$428,213

Amira Herdoiza

Executive Director

amiraherdoiza@hotmail.com

Website: www.kimirina.org

Tel.: +593 22 556 750

The economic crisis that Ecuador has been experiencing since 1999 has resulted in a dramatic increase in the levels of poverty throughout the country. Hardest hit by this crisis are communities already vulnerable to HIV infection, such as sex workers, migrants and men who have sex with men. The government has reduced funding for public health, thereby leaving many people living with HIV unable to afford adequate nutrition, medical attention and medications.



Partly in response to this growing crisis, Corporación KIMIRINA was founded in late 1999 to help address the needs of people living with HIV and expand HIV/AIDS awareness and prevention efforts across the country. Unique among many funders in the country, KIMIRINA approaches its work from a human rights perspective with a focus on gender equality.

A registered not-for-profit charity, Corporación KIMIRINA sponsors fundraising events and receives funds for re-granting to local organizations. During the past several years KIMIRINA has partnered with over 30 non-governmental and community-based organizations in 12 of Ecuador's 22 provinces, providing technical support and financial assistance to build organizational capacity to address a range of advocacy, policy and service issues.

In partnership with the International HIV/AIDS Alliance, KIMIRINA developed the Frontiers Prevention Project (FPP), which was implemented in six cities within Ecuador. The target populations included MSM, transgendered individuals, sex workers, and PLWHA. Working with dozens of local grassroots public and private partners, KIMIRINA provided organizational and programmatic technical support to increase counseling and HIV testing services. In addition, it trained partner organizations to advocate with local and national decision-makers for expanded rights and access to services. One significant result of these efforts was the inclusion of sex workers in a national program providing free HIV and STI testing services.

KIMIRINA has supported many projects to raise awareness and community involvement in HIV prevention. In collaboration with local and regional governments it supported training activities for municipal employees, utilized innovative theatre and artistic techniques with teenagers in public and private schools, and increased awareness and prevention education with indigenous and Afro-Ecuadorian organizations.

Currently, KIMIRINA is supporting the development of a program for the Empowerment of Women Living with HIV/AIDS. Workshops, training of peer educators and a campaign on women and HIV/AIDS are components of this program targeting the cities of Quito and Guayaquil. The project will also empower women to lobby local and national decision-makers for a broader, more holistic response to HIV and AIDS, emphasizing the importance of sustainable public policy advocacy.

KIMIRINA has effectively built the capacity of NGOs, CBOs and government entities to address issues of sexual and reproductive human rights, awareness and prevention of HIV/AIDS. Its work has been supported by foundations, corporations, and multi/bilateral organizations. Through community mobilization initiatives, public policy advocacy strategies and expansive social dialogue, Corporación KIMIRINA has made an important impact on HIV/AIDS awareness, prevention and services in Ecuador.

PROFILE OF A FUNDING ORGANIZATION

Elena Franchuk
Anti-AIDS Foundation
Kyiv, Ukraine

HIV/AIDS funding in 2008:
\$2,399,547

Olga Rudneva,
Executive Director
O.Rudneva@antiaids.org
Website: www.antiaids.org/en
Tel.: +38 44 490 4805

Ukraine remains one of the most affected countries in Europe, with an estimated adult HIV prevalence of 1.4%. WHO/UNAIDS estimates that the number of people living with HIV in Ukraine totals nearly 400,000. Ukraine also has one of the highest rates of HIV-positive pregnant women in Europe. In 2008 alone, over 3,600 children were born to HIV-positive mothers and the number is increasing 20-30% annually.



Founded in 2003, the Elena Franchuk Anti-AIDS Foundation is trying to change these statistics. As the only private foundation dedicated to fighting HIV/AIDS in Ukraine, it works in partnership with the Ukrainian government and other foundations around the world. The Foundation's activities focus on conducting large-scale information and educational campaigns primarily through the mass media; providing direct support to people living with HIV and AIDS; attracting additional resources to support projects for prevention and treatment of HIV/AIDS; and working to decrease stigma and discrimination against people living with HIV/AIDS.

The Foundation supports a number of programs working with HIV-positive children, providing direct support for families who have adopted HIV-positive children as well as awarding grants to orphanages and hospitals caring for them. In 2008 it entered into a partnership with the Elton John AIDS Foundation to create the Children Plus (+) project. That project focuses on ending discrimination against HIV-positive children, changing public attitudes through teacher training programs, and helping the children move out of orphanages and into adoptive or foster homes. The lives of hundreds of HIV-infected children have already been positively impacted by this work in 11 districts throughout Ukraine.

A new and unique project, Mobile Clinic, was recently launched with funds raised through the largest charity auction ever held in the country, which was organized by the Foundation under Anti-AIDS' social brand Fashion AID. Five fully equipped mobile clinics were purchased and given to regional HIV/AIDS centers in the areas most impacted by the epidemic. These clinics will provide thousands of children with critical medical treatment and care which would otherwise be nearly impossible to obtain.

Children are not the only focus of the Anti-AIDS Foundation. The Foundation is in its third year of a five-year collaborative project with the Clinton HIV/AIDS Initiative. The project aims to reduce the growth rate of HIV cases in Ukraine and to improve access to treatment and care for PLWHA. Target areas include increasing access to HIV/AIDS testing; training healthcare providers; improving the government procurement system; and extending access to substitution therapy for IDUs.

Saving lives and providing a better quality of life for thousands of children and adults affected by HIV/AIDS in Ukraine is a major goal of the Anti-AIDS Foundation. Through innovative and creative partnerships, it is turning that goal into reality.

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189 Montague St., Suite 801A
Brooklyn, NY 11201
Telephone: 718-875-0251
Fax: 718-875-0255
Email: info@fcaaid.org
Website: www.fcaaid.org

**Funders Concerned
About AIDS**

189 Montague St., Suite 801A
Brooklyn, NY 11201

Telephone: 718-875-0251

Fax: 718-875-0255

Email: info@fcaids.org Website:

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