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U.S. Philanthropic Commitments for HIV/AIDS



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2004

Funders Concerned About AIDS

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Executive Summary

HIV/AIDS philanthropy by U.S.-based grantmakers in 2004 reflected growing attention to the international epidemic. Estimated total HIV-related grant commitments by U.S.-based philanthropies was \$345.7 million for the year, a 12% decrease from 2003. The change was due to a reduction in HIV-related giving by the world's largest private HIV-related grantmaker, the Bill & Melinda Gates Foundation.¹ Among U.S.-based grantmakers other than the Gates Foundation, total HIV-related grantmaking increased by 20% in 2004, to \$226.6 million.

The annual Funders Concerned About AIDS (FCAA) HIV/AIDS philanthropy resource tracking report is based on surveys completed by U.S.-based grantmakers, data from The Foundation Center, and other sources. Grantmakers were asked to provide FCAA with a variety of data about their HIV-related philanthropic commitments in 2004, including the regional distribution and intended use of funding. Data gathered by FCAA from surveys and The Foundation Center database indicate that in 2004:

- HIV grantmaking remained heavily concentrated among a relatively small number of funders. The Gates Foundation accounted for over a third (34%) of grant commitments in 2004.
- An increased percentage of grantmakers were funding HIV programming to address the epidemic outside the U.S. In 2004, 44% of the top 68 grantmakers made grants for both the domestic and international efforts as compared to 29% of the top grantmakers tracked in 2003. Nineteen percent of top grantmakers focused exclusively on the international epidemic in 2004 compared with 6% the previous year.
- An increased share of grantmaking aimed at addressing the AIDS epidemic globally was given to agencies based outside the U.S. and Canada. Agencies in Africa and the Middle East, in particular, received a greater per-

centage of internationally-oriented HIV-related grantmaking from U.S.-based funders.

- Grants to address the epidemic in the U.S. were concentrated in the Northeast and West of the country, as in 2003. This funding distribution is in contrast to the epidemiology of the U.S. domestic epidemic. In 2004, the South had the highest number of new AIDS diagnoses and the greatest number of people living with AIDS of any region in the nation.
- HIV-related giving by corporate grantmakers tracked by FCAA increased substantially as a percentage of total giving and in total dollars, to \$90.6 million in 2004 from \$69.4 million in 2003.

The latest analysis from FCAA indicates that U.S.-based grantmakers are continuing to dedicate increasing resources to address AIDS at home and internationally. Of those grantmakers who responded to FCAA's survey questions about expected funding levels in 2005, 48% overall – and five of the 10 biggest funders – indicated they expected to report an increase in HIV/AIDS grantmaking for 2005.

The FCAA figures were being finalized as new data released by the Joint United Nations Programme on AIDS (UNAIDS) indicated that the AIDS epidemic continues to outpace the international response and that significantly increased resources are needed to meet urgent HIV prevention and treatment needs. In 2005, 4.1 million people were newly infected with HIV and more people are now living with HIV/AIDS and in need of services than ever before.

Private philanthropy has played a catalytic role throughout the history of the epidemic. Expanded philanthropic attention to AIDS remains essential in order to promote innovative programming, fill gaps in public services, and support proven-effective interventions that governments often fail to fund due to political or other concerns.

¹ The change in Gates Foundation grantmaking reflects normal fluctuation in grant flows as well as several multiyear grant commitments made in 2003 which were counted in that year.

About FCAA and this Report

Funders Concerned About AIDS (FCAA) was founded in 1987 with the goal of mobilizing philanthropic leadership, ideas, and resources, domestically and internationally; and to address the HIV/AIDS pandemic and 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.

There have been several changes at FCAA since we issued our last resource tracking report. In the fall of 2005, Sunita Mehta became FCAA's new Executive Director. The organization is now in the process of expanding its base of grantmaking agencies, including more funders that concentrate on women, African-Americans, poverty and other issues intertwined with the HIV/AIDS epidemic. The organization is also expanding its collaborative programming with other agencies.

This is FCAA's fourth annual publication that provides data and analysis on HIV/AIDS-related philanthropic commitments by U.S.-based philanthropic institutions, including private, family, and community foundations, public charities, and corporate grantmaking programs. This edition covers funding commitments made in 2004.

This year's report includes an expanded top U.S.-based HIV/AIDS grantmaker list which now covers the top 68 U.S. HIV/AIDS philanthropic entities. All entities that committed \$300,000 or more to HIV/AIDS in 2004 are included in the list. Where possible, we have observed trends in grantmaking among the top grantmakers. In an effort to better capture current ideas and trends in HIV/AIDS grantmaking, this year's report also includes sidebar profiles of top grantmakers in their own words.

Some grantmakers receive substantial funding from the U.S. government to implement HIV/AIDS programming or distribute funding to other programs. Because this report focuses on private sector philanthropy, government funds are generally not included in total grantmaking reported here. This publication provides information about financial resource commitments; in-kind donations are not reported here. Unlike last year's report, this edition does not provide an updated list of the previous year's (2003) grantmaking because we did not identify significant changes in grantmaking originally reported for that year.

FCAA's resource tracking work is intended to build common understanding and 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 collecting other types of detailed data directly from the major HIV/AIDS grantmakers, FCAA's goal is to create an easy-to-use 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. As a reference, in Appendix B, we have provided the most recent data compiled by the European HIV/AIDS Funders Group on HIV-related grant disbursements by European-based foundations. (Note that FCAA reports grant commitments in a given year, rather than disbursements.)

We welcome input from readers about how to make future editions of *U.S. Philanthropic Commitments for HIV/AIDS* more useful.

Introduction

A quarter-century after it was first recognized, HIV/AIDS remains the deadliest disease in the world. Each day over 11,000 people are newly infected with HIV and nearly 8,000 people die of the disease. It is estimated that approximately 39 million people are now living with HIV, more than ever before.ⁱ

Evidence increasingly suggests that HIV prevention interventions have had an important positive impact on HIV incidence and succeeded in preventing millions of infections around the world. Still, UNAIDS reports that in 2005 the number of people living with HIV increased in nearly every region. Almost two-thirds of people living with the disease are in sub-Saharan Africa and an increasing percentage of them are women or girls.ⁱⁱ

Expanded delivery of AIDS treatment has saved many thousands of lives. The World Health Organization's "3 by 5 initiative" set a goal of making HIV antiretroviral therapy available to three million people by the end of 2005. This and other efforts helped establish that AIDS treatment can be delivered successfully, even in communities with limited financial resources and health care infrastructure. But as of December 2005, the world had fallen short of the 3 by 5 target by 1.7 million people. Only 17% of people in sub-Saharan Africa in need of AIDS treatment were receiving it.ⁱⁱⁱ

Discussion of AIDS within the U.S. often focuses on the epidemic internationally, and a growing share of U.S.-based philanthropies is dedicating resources to the global response. Yet HIV/AIDS remains a serious concern in the U.S. and a true health disaster in many American communities. Approximately 1.1 million Americans are living with HIV or AIDS and it is estimated that the annual HIV infection rate of 40,000 has remained steady for over a decade.^{iv}

AIDS in the U.S. is distinguished by stark inequities and disturbing shortfalls in access to care. The epidemic continues to have a severe impact on gay men, men who have sex with men, communities of color, women, poor people, and injection drug users. It is estimated that half of all new infections occur in African-Americans, though they represent only 13% of the U.S. population. Survival time after AIDS

diagnosis is lower on average among African-Americans than it is for other racial/ethnic groups in the U.S.^v

Recent research suggests that only about half of people living with HIV in America are receiving regular HIV-related health care.^{vi} Only about half of the number of Americans who qualify for use of antiretroviral therapy according to U.S. federal treatment guidelines are actually receiving this care.^{vii} Approximately one in four Americans who are infected with HIV do not know it.^{viii}

Growing need for funding globally and in the United States

Total financial resources dedicated to addressing the AIDS epidemic in low- and middle-income countries have grown dramatically in last several years, reaching an estimated \$6.1 billion in 2004 and \$8.3 billion in 2005. The pandemic continues to significantly outpace the global response, however. UNAIDS has estimated that in 2006, \$15 billion is required to meet HIV-related prevention, treatment, care, and support needs in low- and middle-income countries.^{ix} This need will grow to \$18 billion and \$22 billion in 2007 and 2008 respectively. Based on funding commitments and trends, UNAIDS has estimated that in 2006 alone, there will be a gap of over \$6 billion.

Funding to address HIV/AIDS prevention, treatment, and support needs in the U.S. has increased significantly over the last decade. Much of the growth in U.S. government funding has been in the Medicare and Medicaid programs that provide AIDS-related medical care. Growth has been relatively stagnant for many of the government programs that provide support services to people living with HIV/AIDS (PLWHA), including housing, mental health, and drug abuse prevention and treatment services.

As of May 2006, 11 state AIDS Drug Assistance Programs (which subsidize purchase of treatments for PLWHA) either had waiting lists or had implemented cost – containment measures.^x New co-payment requirements and benefit limitations proposed for the Medicaid program—the medical lifeline for many low-



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Bill & Melinda Gates Foundation

Dr. Nicholas Hellmann
*Acting Director, HIV,
Tuberculosis, and
Reproductive Health*

income Americans living with HIV-threaten to further complicate access to HIV-related care. Increased and targeted investments in evidence – based HIV prevention programs hold the promise of significantly reducing annual HIV incidence,^{xi} yet U.S. federal funding to the CDC for prevention has remained relatively flat for several years.

U.S. Philanthropy and HIV/AIDS

Private funders, including private, family, and community foundations, corporate grantmakers, and grantmaking charities, have often stepped in early to provide support for needed programs and new initiatives and campaigns, including many that government either cannot or will not fund. Grantmakers have helped launch pioneering research for new treatments, vaccines, and microbicides; supported evidence-based sexual and reproductive health education, needle exchange, and other harm reduction efforts; and promoted global advocacy for access to HIV-related services.

Private funders have also sustained or initiated important endeavors that have been beyond the political or economic will of governments. This has included funding for HIV/AIDS interventions and programs among those stigmatized due to poverty, substance use, incarceration, homelessness, gender, sex work, race, age, sexual orientation, or sexual activity. Grantmakers have also played an essential role in funding public policy work and advocacy to hold governments and the private sector accountable.

These investments have paid off mightily. Growing evidence of the impact of AIDS-related programming, both globally and in the U.S., suggests that if proven-effective HIV prevention and treatment interventions can be made more broadly available, millions of lives can be saved and the prospects for whole communities can be markedly improved.

This year marks an unfortunate milestone — 25 years since the first AIDS case was diagnosed. It's a sobering reminder of how long the world has battled this disease, and how far we still have to go.

I recall the first day of my medical internship in San Francisco, just a year after the first reported AIDS case. My first patient was a man with *Pneumocystis carinii* Pneumonia — a tell-tale sign of AIDS, but that acronym and the cause of the disease were still unknown at that time. Although I didn't know it then, I, like so many other doctors of my generation, would devote my career to the fight against AIDS.

I believe we have every reason to be optimistic in the fight against AIDS. The world now has a range of proven strategies to prevent new HIV infections. We also have evidence that HIV/AIDS treatment can be delivered and is quite effective, even in the poorest settings. In addition, extraordinary scientific advances are moving us closer to a new generation of prevention and treatment tools.

The Bill & Melinda Gates Foundation has made the fight against AIDS a top priority. We focus our investments on innovative tools and strategies that have the potential to slow, and ultimately reverse, the global epidemic.

I'm encouraged by the progress our grantees are making. For example, ACHAP, the national AIDS initiative we support in Botswana, is rapidly expanding access to state-of-the-art HIV prevention and treatment services. In India, the Avahan Initiative is helping to bring HIV prevention programs to hundreds of thousands of people every month.

Our research and development grantees, such as the International Partnership for Microbicides, are helping accelerate the search for powerful new HIV prevention tools. We're pleased to participate in the Global HIV Vaccine Enterprise, an alliance of organizations focused on overcoming challenges in HIV vaccine development.

We are honored to work with many dedicated partners around the world, many of whom have been at the forefront of the fight against AIDS since the beginning. Our shared vision is a world without AIDS, and we remain committed to striving for this critical goal.

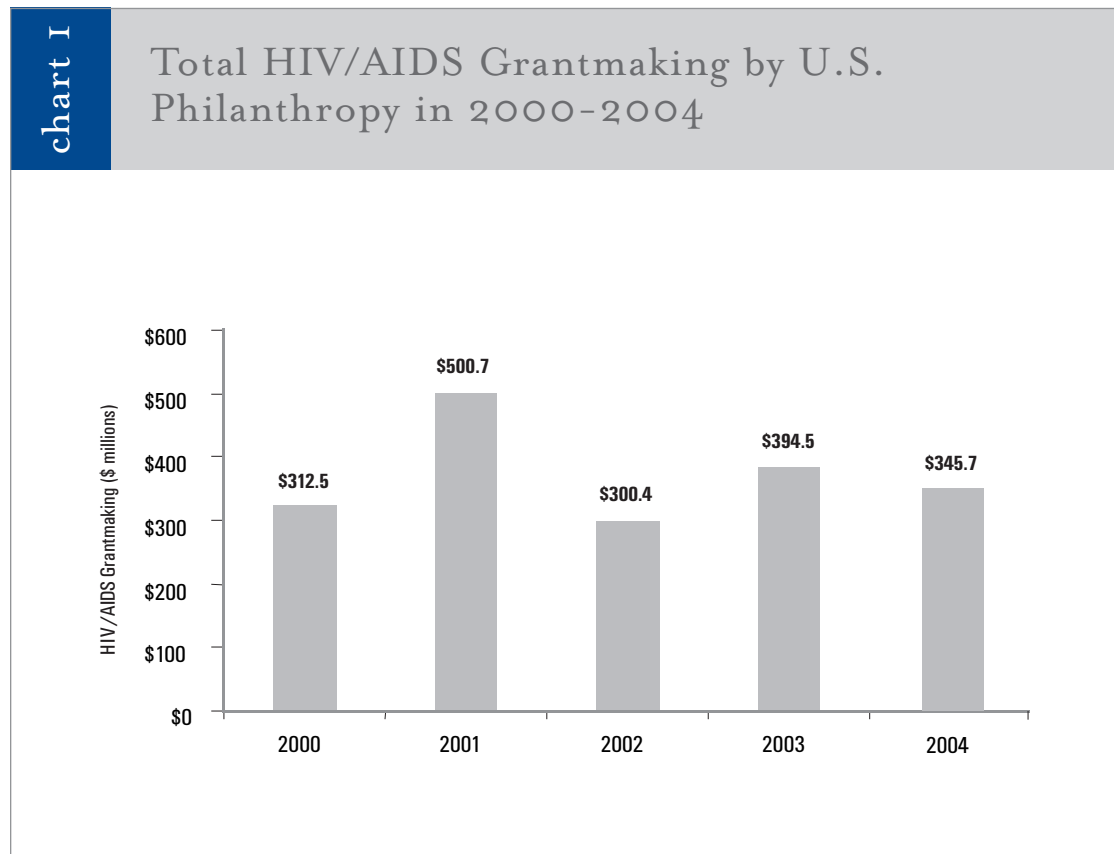
Total U.S. HIV/AIDS Grantmaking Commitments in 2004

FCAA identified 308 U.S. grantmakers who made HIV/AIDS-related grant commitments in 2004. These grantmakers made 4,423 HIV/AIDS-related grant commitments, resulting in an estimated total of \$345.7 million in support related to HIV/AIDS.^{xii}

The 2004 funding commitments represent a decrease of \$48.8 million — or about 12% of total HIV/AIDS-related commitments — compared with HIV-related grantmaking identified for 2003. The decrease is due to a reduction in HIV/AIDS-related funding commitments during 2004 by the biggest HIV-related grantmaker, the Bill & Melinda Gates

Foundation. Reduced Gates Foundation commitments for 2004 do not reflect a change of funding emphasis at the Foundation, but rather a normal fluctuation in grantmaking levels, including several multiyear commitments in 2003 that were counted for that year.

Total identified HIV/AIDS-related philanthropic commitments grew by \$38.4 million, 20%, from 2003 to 2004 when Gates Foundation commitments are not considered. This increase is particularly notable since overall giving by philanthropies in 2004 increased by only 6.9% during 2004.^{xiii}



Top U.S. HIV/AIDS Grantmakers in 2004

Sixty-eight grantmakers reported HIV-related grantmaking commitments of \$300,000 or more in 2004.

table I

Top U.S. HIV/AIDS Grantmakers in 2004

1. Bill & Melinda Gates Foundation, WA	\$119,120,922
2. Bristol-Myers Squibb Foundation, NY	\$29,120,626
3. Abbott Laboratories Fund, IL	\$22,645,382
4. Kaiser Family Foundation, Henry J., CA	\$15,143,586
5. The Ford Foundation, NY	\$12,700,000
6. The Merck Company Foundation, NJ	\$11,787,000
7. Open Society Institute/Soros Foundations Network, NY	\$10,901,224
8. The Pfizer Foundation, Inc., NY	\$9,175,000
9. Irene Diamond Fund, NY	\$8,981,267
10. The Rockefeller Foundation, NY	\$8,257,043
11. Broadway Cares/Equity Fights AIDS, NY*	\$7,798,000
12. M.A.C. AIDS Fund and M.A.C. Cosmetics, NY	\$7,006,560
13. Elizabeth Glaser Pediatric AIDS Foundation, CA ²	\$5,200,000
14. The Starr Foundation, NY	\$5,060,500
15. Atlantic Philanthropies, NY	\$5,038,000
16. Tides Foundation, CA*	\$3,040,934
17. The Foundation for AIDS Research (amfAR)*	\$2,574,534
18. Johnson & Johnson Contribution Fund, NJ	\$2,527,175
19. Altria Group, Inc., NY	\$2,427,218
20. Robin Hood Foundation, NY	\$2,325,000
21. Rockefeller Brothers Fund, Inc., NY	\$2,251,945
22. Levi Strauss Foundation, CA	\$2,190,150
23. The California Endowment, CA	\$2,111,618
24. Elton John AIDS Foundation, CA*	\$2,059,306
25. Missouri Foundation for Health, MO	\$2,034,351
26. Public Welfare Foundation, Inc., DC	\$1,815,000
27. National AIDS Fund, DC	\$1,764,787
28. Evelyn and Walter Haas, Jr. Fund, CA	\$1,575,000
29. Kellogg Foundation, W. K., MI	\$1,461,000
30. The New York Community Trust, NY	\$1,300,000
31. American Jewish World Service, NY	\$1,230,901
32. The Wells Fargo Foundation, CA	\$1,181,554
33. Glaser Progress Foundation, WA	\$1,045,000
34. The Susan A. Buffett Foundation, NE	\$1,000,000
35. The Comer Foundation, IL	\$962,100
36. Coca-Cola Foundation, GA, and Coca-Cola Africa Foundation	\$951,000
37. The Design Industries Foundation Fighting AIDS (DIFFA), NY	\$946,740
38. The van Ameringen Foundation, NY	\$933,500
39. Firelight Foundation, CA	\$893,100
40. Burroughs Wellcome Fund, NC	\$750,000
41. David and Lucile Packard Foundation, CA	\$740,000
42. The Gill Foundation, CO	\$700,500
43. Children Affected By AIDS Foundation, CA	\$669,785
44. The Prudential Foundation, NJ	\$650,000
45. ExxonMobil Foundation, TX	\$645,000
46. The George Gund Foundation, OH	\$610,000

² When funds received from the U.S. Government are considered, the Foundation made grants totaling \$26.8 million in 2004

2 Bristol-Myers Squibb Foundation John Damonti, *President*



Because enormous development needs and stigma fuel the spread of HIV infections and hamper the effective treatment of HIV/AIDS in Africa, the Bristol Myers Squibb Secure the Future Program has been committed to making coordinated philanthropic investments in building both sustainable healthcare capacity and those community-based supports like food security and nutrition, home based care, and income generation programs that are needed enhancements to medical care if true and sustained gains in people's health are to be realized. A person living with HIV

in rural Africa may receive quality medical care for their HIV disease for thirty minutes every month or three months or six months in a clinic, but between appointments, they manage their disease in their homes and communities. Building up development supports that drive health in those settings is critical – and even more, creating a feedback loop from these services to the formal medical services can allow patients to benefit from a truly comprehensive model of care. In all this work, our Foundation seeks to be partners who are “of” the national response plans to HIV, not standing separate from them. We consult extensively with governments about their needs and sign formal partnership agreements. We

also work to champion the role of civil society with governments and leverage the special flexibility we have as a private foundation by funding many non-governmental organizations who are working on the front lines of the HIV pandemic, but who are also below the radar of ministries, development donors, or other private foundations. Finally, we invest heavily in making the money work by strengthening the management skills and capacity of our grantee and other NGOs in the region through a five country collaborative training and network program called the Secure the Future NGO Institute.

table 1

continued... Top U.S. HIV/AIDS Grantmakers in 2004

47. Doris Duke Charitable Foundation, NY	\$605,440
48. The San Francisco Foundation, CA	\$599,755
49. The Overbrook Foundation, NY	\$550,000
50. The Campbell Foundation, FL	\$538,750
51. Boston Foundation, Inc., MA	\$535,250
52. The William and Flora Hewlett Foundation, CA	\$450,000
53. New York Foundation, NY	\$450,000
54. Houston Endowment Inc., TX	\$450,000
55. The John M. Lloyd Foundation, CA	\$420,000
56. Quantum Foundation, FL	\$414,500
57. Wallis Foundation, CA	\$380,000
58. Dade Community Foundation, Inc., FL	\$372,500
59. The Ahmanson Foundation, CA	\$360,000
60. The Pew Charitable Trusts, PA	\$347,000
61. The McKnight Foundation, MN	\$345,000
62. Until There's a Cure, CA	\$335,500
63. United Nations Foundation, DC	\$326,801
64. Kate B. Reynolds Charitable Trust, NC	\$324,048
65. Charitable Leadership Foundation, NY	\$323,573
66. Federated Department Stores Foundation, OH	\$320,250
67. Meyer Foundation, Eugene and Agnes E., DC	\$300,000
68. The Mellon Foundation, Andrew W., NY	\$300,000

2004 HIV/AIDS Grantmaking Commitments by Top 68 ³	\$332,350,676
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Total 2004 U.S. HIV/AIDS Grantmaking Commitments	\$345,720,558
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* These grantmakers received funds from other agencies tracked by FCAA. Some of these funds were then regranted as HIV-related grants to service providers and other grantees.

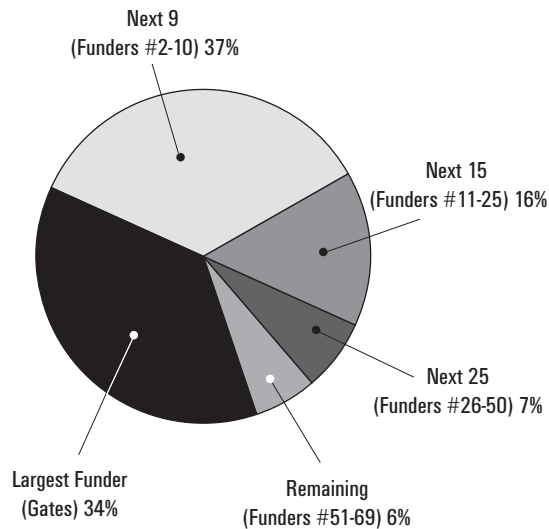
³ To avoid double counting of funds, both the Top 68 subtotal and total amounts shown here reflect a reduction of \$1,313,500 to correct for re-granting of funds from one FCAA-tracked grantmaker to another.

Concentration of HIV/AIDS Grantmakers

HIV/AIDS funding by U.S.-based grantmakers identified by FCAA remains heavily concentrated among a relatively small number of HIV/AIDS funders. Funding commitments from the largest U.S. HIV/AIDS grantmaker, the Bill & Melinda Gates Foundation, accounted for 34% of all identified HIV/AIDS grantmaking commitments in 2004 (though this is significantly smaller than the 53% share of the Gates Foundation in 2003). The top 10 U.S. HIV/AIDS grantmakers accounted for 71% of all identified HIV/AIDS grantmaking commitments in 2004. The Irene Diamond Fund joined the list of the top 10 identified HIV-related grantmakers list in 2004.

chart 2

Distribution by Size of the Largest U.S. HIV/AIDS Grantmakers in 2004



Changes in HIV/AIDS Grantmaking

Among the top 68 U.S. HIV/AIDS grantmakers for whom FCAA had data in both 2003 and 2004, 35 reported increases in HIV/AIDS grantmaking commitments from 2003.

table 2	U.S. HIV/AIDS Grantmakers Reporting Increases in HIV/AIDS Grantmaking Commitments (ranked by amount of increase)			
	2003	2004	change 03-04	% change
Bristol-Myers Squibb Foundation, NY	\$18,580,342	\$29,120,626	\$10,540,284	57%
Irene Diamond Fund, NY	\$2,175,000	\$8,981,267	\$6,806,267	313%
Abbott Laboratories Fund, IL	\$18,000,000	\$22,645,382	\$4,645,382	26%
Atlantic Philanthropies, NY	\$782,000	\$5,038,000	\$4,256,000	544%
M.A.C. AIDS Fund and M.A.C. Cosmetics, NY	\$4,413,794	\$7,006,560	\$2,592,766	59%
Open Society Institute/Soros Foundations Network, NY	\$8,308,570	\$10,901,224	\$2,592,654	31%
Evelyn and Walter Haas, Jr. Fund, CA	\$390,000	\$1,575,000	\$1,185,000	304%
The Merck Company Foundation, NJ	\$10,000,000	\$11,787,000	\$1,787,000	18%
Missouri Foundation for Health, MO	\$287,472	\$2,034,351	\$1,746,879	608%
Broadway Cares/Equity Fights AIDS, NY	\$6,138,469	\$7,798,000	\$1,659,531	27%
Tides Foundation, CA	\$1,775,967	\$3,040,934	\$1,264,967	71%
The Pfizer Foundation, Inc., NY	\$8,300,000	\$9,175,000	\$875,000	11%
Rockefeller Brothers Fund, Inc., NY	\$1,434,000	\$2,251,945	\$817,945	57%
Public Welfare Foundation, Inc., DC	\$1,022,000	\$1,815,000	\$793,000	78%
W.K. Kellogg Foundation, MI	\$770,000	\$1,461,000	\$691,000	90%
The California Endowment, CA	\$1,423,118	\$2,111,618	\$688,500	48%
Coca-Cola Foundation, GA, and Coca-Cola Africa Foundation	\$330,796	\$951,000	\$620,204	187%
Johnson & Johnson Contribution Fund, NJ	\$2,042,058	\$2,527,175	\$485,117	24%
The George Gund Foundation, OH	\$125,000	\$610,000	\$485,000	388%
The Design Industries Foundation Fighting AIDS (DIFFA), NY	\$520,368	\$946,740	\$426,372	82%
The Comer Foundation, IL	\$596,603	\$962,100	\$365,497	61%
The Ahmanson Foundation, CA	\$5,000	\$360,000	\$355,000	7100%
Henry J. Kaiser Family Foundation, CA	\$14,831,043	\$15,143,586	\$312,543	2%
The San Francisco Foundation, CA	\$357,000	\$599,755	\$242,755	68%
The Overbrook Foundation, NY	\$347,500	\$550,000	\$202,500	58%
American Jewish World Service, NY	\$1,032,334	\$1,230,901	\$198,567	19%
The McKnight Foundation, MN	\$157,000	\$345,000	\$188,000	120%
The Starr Foundation, NY	\$4,875,000	\$5,060,50	\$185,500	4%
New York Foundation, NY	\$270,000	\$450,000	\$180,000	67%
Firelight Foundation, CA	\$720,800	\$893,100	\$172,300	24%
Altria Group, Inc., NY	\$2,301,450	\$2,427,218	\$125,768	5%
Boston Foundation, Inc., MA	\$436,700	\$535,250	\$98,550	23%
Levi Strauss Foundation, CA	\$2,120,480	\$2,190,150	\$69,670	3%
ExxonMobil Foundation, TX	\$598,859	\$645,000	\$46,141	8%
Children Affected By AIDS Foundation, CA	\$666,090	\$669,785	\$3,695	1%

Of the top 68 grantmakers for whom FCAA had data in 2003 and 2004, 23 reported decreases in HIV/AIDS grantmaking commitments from 2003-2004.⁴

table 3

U.S. HIV/AIDS Grantmakers Reporting Decreases in HIV/AIDS Grantmaking Commitments

(ranked by amount of decrease)

	2003	2004	change 03-04	% change
Bill & Melinda Gates Foundation, WA	\$206,398,000	\$119,120,922	-\$87,277,078	-42%
The Rockefeller Foundation, NY	\$15,097,069	\$8,257,043	-\$6,840,026	-45%
Doris Duke Charitable Foundation, NY	\$2,542,000	\$605,440	-\$1,936,560	-76%
The Ford Foundation, NY	\$14,445,450	\$12,700,000	-\$1,745,450	-12%
United Nations Foundation, DC	\$2,050,000	\$326,801	-\$1,723,199	-84%
Glaser Progress Foundation, WA	\$2,575,000	\$1,045,000	-\$1,530,000	-59%
The Foundation for AIDS Research (amfAR), NY	\$3,838,701	\$2,574,534	-\$1,264,167	-33%
National AIDS Fund, DC	\$2,190,500	\$1,764,787	-\$425,713	-19%
Robin Hood Foundation, NY	\$2,747,000	\$2,325,000	-\$422,000	-15%
Houston Endowment Inc., TX	\$860,000	\$450,000	-\$410,000	-48%
The Wells Fargo Foundation, CA	\$1,502,525	\$1,181,554	-\$320,971	-21%
The New York Community Trust, NY	\$1,594,500	\$1,300,000	-\$294,500	-18%
van Ameringen Foundation, NY	\$1,211,500	\$933,500	-\$278,000	-23%
Federated Department Stores Foundation, OH	\$526,250	\$320,250	-\$206,000	-39%
Kate B. Reynolds Charitable Trust, NC	\$520,335	\$324,048	-\$196,287	-38%
The Gill Foundation, CO	\$800,000	\$700,500	-\$99,500	-12%
Dade Community Foundation, Inc., FL	\$441,200	\$372,500	-\$68,700	-16%
Burroughs Wellcome Fund, NC	\$814,000	\$750,000	-\$64,000	-8%
The Campbell Foundation, FL	\$600,279	\$538,750	-\$61,529	-10%
The William and Flora Hewlett Foundation, CA	\$500,000	\$450,000	-\$50,000	-10%
John M. Lloyd Foundation, CA	\$455,000	\$420,000	-\$35,000	-8%

2005 forecast

In its annual survey, FCAA asked grantmakers about their anticipated grantmaking levels for 2005. 48% of HIV/AIDS grantmakers (26 of 54) who responded to this question on FCAA's survey indicated that they expected an increase in HIV/AIDS grantmaking in 2005. Six of the 10 biggest funders expected to increase funding in 2005. 20 of the 54 grantmakers (37%) responding to FCAA's annual survey stated that they anticipated commitments to remain approximately at the same level or were unsure, while only eight of the 54 (15%) stated they expected to see a decrease in HIV/AIDS grantmaking in 2005.

⁴This report does not count grant commitments made by funders when the source of those funds is the US Government. The Elizabeth Glaser Pediatric AIDS Foundation experienced a decrease in grantmaking between 2003 and 2004 when US Government funds are not considered, but a threefold increase in grantmaking during this period when government funding is counted. FCAA has not included the Foundation in this list of grantmakers reporting decreases given the real increase in grantmaking by the Foundation.

U.S. Corporate HIV/AIDS Grantmakers

In 2004, 13 corporate foundations and giving programs were among the top 68 U.S. HIV/AIDS funders identified by FCAA. The total estimated support of these 13 entities in 2004 was \$90.6 million (1,613 grants), representing 26% of the \$345.7 million estimated HIV/AIDS U.S. philanthropy total for 2004, and a significant increase in corporate giving among the top corporate funders for whom FCAA had 2003 data.^{xiv}

table 4		Top U.S. Corporate HIV/AIDS Grantmakers in 2004
Bristol-Myers Squibb Foundation, NY		\$29,120,626
Abbott Laboratories Fund, IL		\$22,645,382
The Merck Company Foundation, NJ		\$11,787,000
The Pfizer Foundation, Inc., NY		\$9,175,000
M.A.C. AIDS Fund and M.A.C. Cosmetics, NY		\$7,006,560
Johnson & Johnson Contribution Fund, NJ		\$2,527,175
Altria Group, Inc., NY		\$2,427,218
Levi Strauss Foundation, CA		\$2,190,150
The Wells Fargo Foundation, CA		\$1,181,554
Coca-Cola Foundation, GA, and Coca-Cola Africa Foundation		\$951,000
The Prudential Foundation, NJ		\$650,000
ExxonMobil Foundation, TX		\$645,000
Federated Department Stores Foundation, OH		\$320,250
Total		\$90,626,915

2005 Forecast

11 of the 13 corporate funders above provided FCAA with information about their grantmaking, including whether they expected their HIV/AIDS related funding to increase or decrease in 2005. Six of 11 (55%) said they expected funding to increase in 2005; five (45%) expected grantmaking to remain about the same.

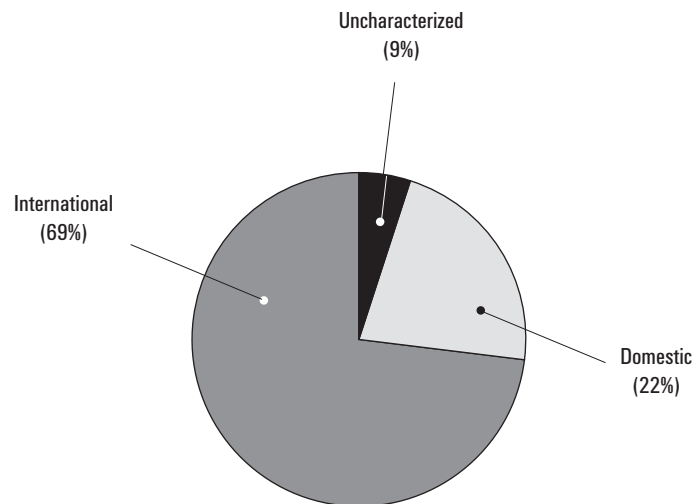
Geographic Distribution of HIV/AIDS Grants

From among the top 68 U.S. HIV/AIDS grantmakers, 55 (81%) provided data on the geographic distribution of their funding commitments. FCAA gathered geographic distribution data for 12 other grantmakers from The Foundation Center but could not obtain data on geographic distribution for one of the top 68 HIV/AIDS grantmakers.

Data analysis by FCAA suggests that of the estimated \$345.7 million committed in 2004, at least \$76.8 million was committed to domestic U.S. HIV/AIDS efforts, representing 22% of all HIV/AIDS grants committed. At least \$238.7 million (69%) of HIV/AIDS grants committed by U.S. grantmakers was devoted to global or international HIV/AIDS relief. The remaining \$30.3 million (9%) could not be characterized (*see Chart 3 below*).

chart 3

Grant Dollar Commitments in 2004 by Geographic Focus



3 Abbott Laboratories Fund Jeff Richardson, VP, Abbott Fund, Global AIDS Care Program



I started my AIDS advocacy work as a volunteer on the streets of New York City in 1983. Since then I have worked in various positions in HIV/AIDS advocacy and programming in the public, not-for-profit and private sectors. The opportunity to create a program from the ground up that could have a real impact on people living with HIV/AIDS in the developing world led me to my current position at the Abbott Fund.

Since 2001, Abbott and the Abbott Fund have invested \$100 million to fight

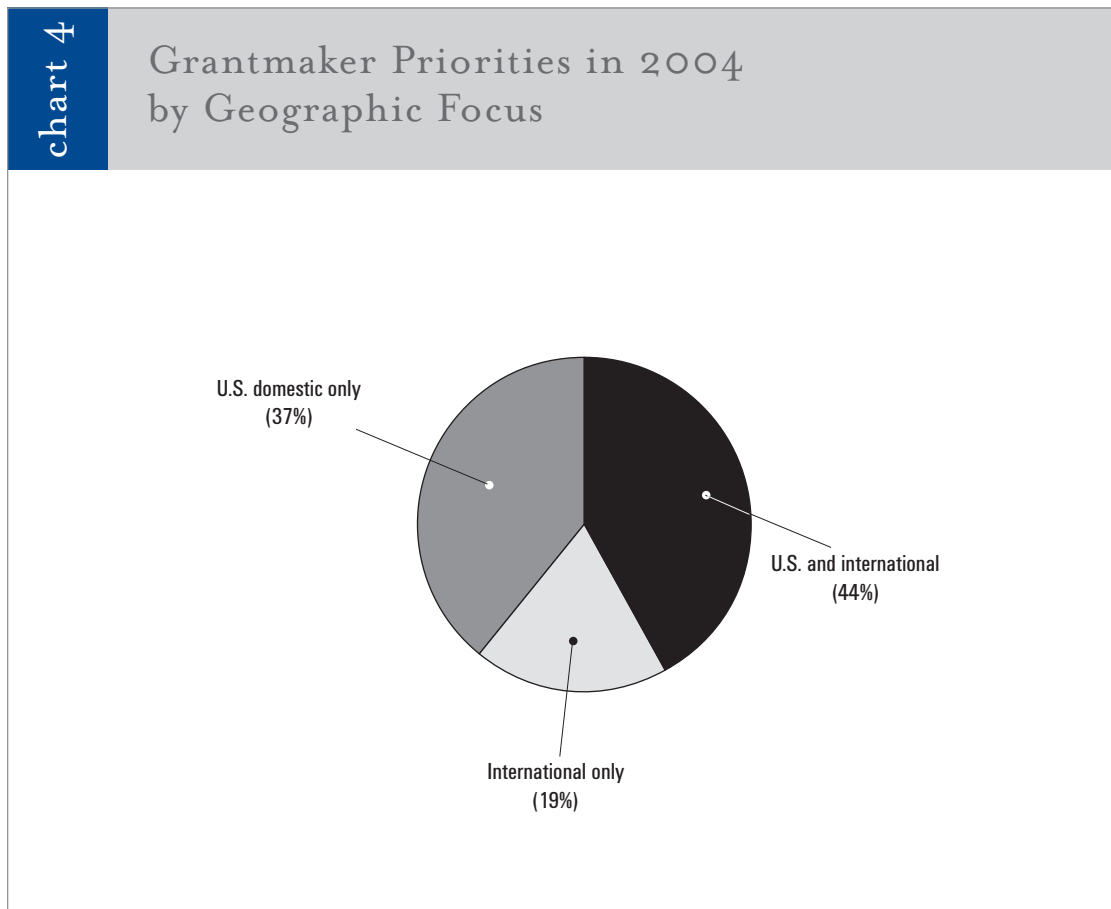
HIV/AIDS in developing countries, focused on four key areas - strengthening health care systems, helping children affected by HIV/AIDS, preventing mother-to-child transmission of HIV, and expanding access to testing and treatment. Together with governments and nongovernmental partners, we are pioneering new models in the fight against HIV/AIDS, and engaging others to share our progress.

Our results thus far have been promising; Abbott Fund programs have provided services to more than 500,000 children and families coping with HIV/AIDS by linking them to improved health care, education, legal protection and community support.

We supported the establishment of a pediatric HIV treatment model that reduced mortality rates by 90 percent, and is now being replicated across Africa; trained more than 15,000 health care workers; and expanded HIV testing and treatment services at more than 80 sites in Tanzania.

My colleagues and I at the Abbott Fund recognize that delivering results requires partnership, communication, engagement and a willingness to be flexible and try innovative strategies. We hope our program results will inspire others to become involved in the fight against HIV/AIDS.

Data collected by FCAA indicates that in 2004 an increased share of grantmakers provided funding to address the epidemic both domestically and internationally. In 2003, 65% of those funders for whom FCAA was able to gather geographic distribution data were focused exclusively on the domestically-focused efforts in the U.S.



Grantmakers with a Domestic U.S. Focus

Thirty-one of the top 68 U.S. grantmakers identified by FCAA committed 90% or more of their grantmaking to domestic HIV/AIDS issues (see Table 5 below).

table 5

Top U.S. HIV/AIDS Grantmakers with a Primarily Domestic Focus

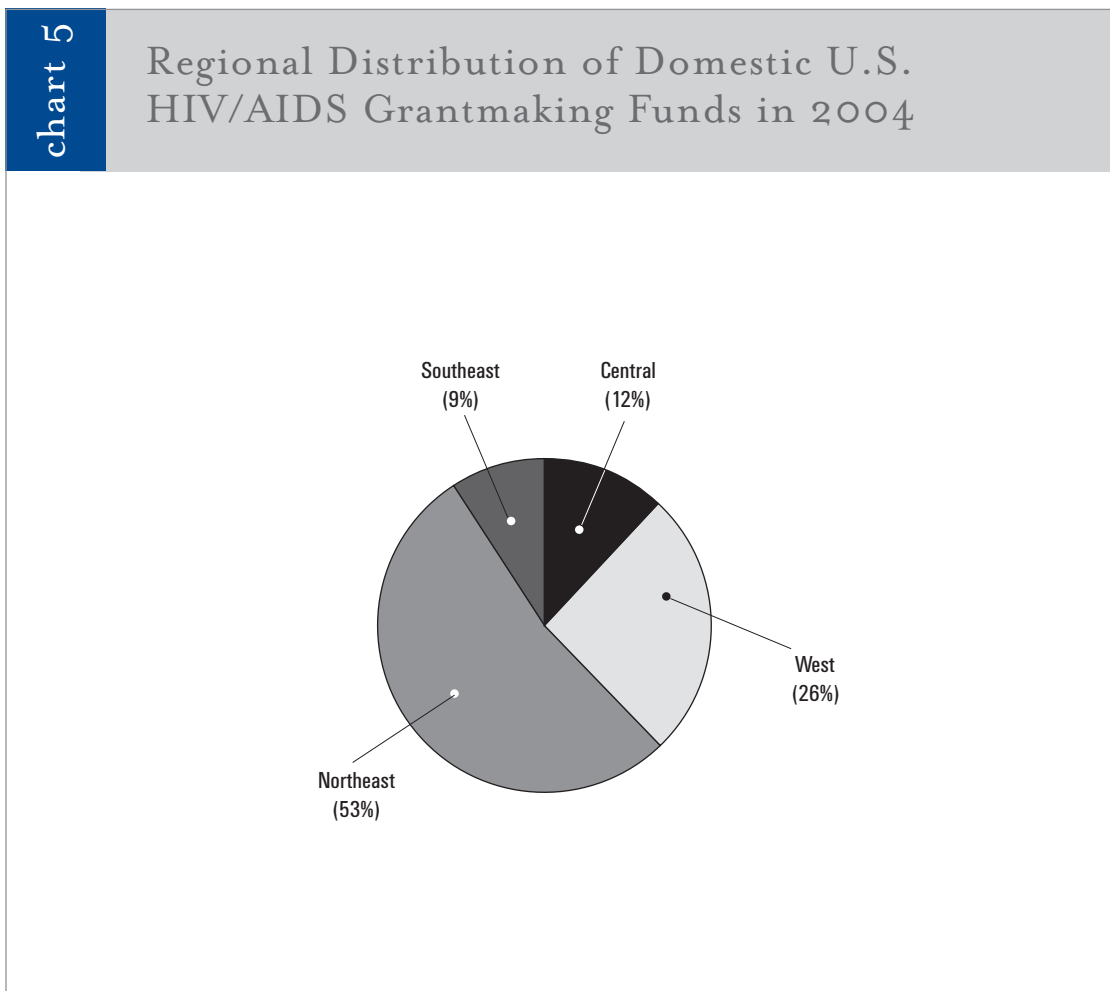
Irene Diamond Fund, NY	\$8,931,267	99%
Broadway Cares/Equity Fights AIDS, NY	\$7,631,000	98%
The Starr Foundation, NY	\$4,915,500	97%
Robin Hood Foundation, NY	\$2,325,000	100%
The California Endowment, CA	\$2,111,618	100%
Missouri Foundation for Health, MO	\$2,034,351	100%
Elton John AIDS Foundation, CA	\$1,958,306	95%
National AIDS Fund, DC	\$1,764,787	100%
The Wells Fargo Foundation, CA	\$1,181,554	100%
The Susan A. Buffett Foundation, NE	\$1,000,000	100%
The Comer Foundation, IL	\$962,100	100%
van Ameringen Foundation, NY	\$933,500	100%
Evelyn and Walter Haas, Jr. Fund, CA	\$780,000	100%
Burroughs Wellcome Fund, NC	\$750,000	100%
The Gill Foundation, CO	\$700,500	100%
The Design Industries Foundation Fighting AIDS (DIFFA), NY	\$685,861	100%
The Prudential Foundation, NJ	\$650,000	100%
The George Gund Foundation, OH	\$610,000	100%
The San Francisco Foundation, CA	\$573,255	96%
Houston Endowment, Inc., TX	\$450,000	100%
New York Foundation, NY	\$450,000	100%
Quantum Foundation, FL	\$414,500	100%
Wallis Foundation, CA	\$380,000	100%
Dade Community Foundation, Inc., FL	\$372,500	100%
The Ahmanson Foundation, CA	\$360,000	100%
The Pew Charitable Trusts, PA	\$347,000	100%
Until There's a Cure, CA	\$332,500	99%
Kate B. Reynolds Charitable Trust, NC	\$324,048	100%
Charitable Leadership Foundation, NY	\$323,573	100%
Federated Department Stores Foundation, OH	\$320,250	100%
Eugene and Agnes E. Meyer Foundation, DC	\$300,000	100%

Of the top 68 grantmakers, FCAA identified 55 who committed funds to addressing the U.S. domestic epidemic. FCAA was not able to determine domestic regional distribution of funding commitments by two of these 55 grantmakers.

Of the domestic funding that FCAA was able to classify by geographic distribution, 79% was committed to organizations based in the Northeast and West (see Chart 5 below). This regional concentration is consistent with figures for 2003.

These funding patterns are in contrast to the epidemiology of the national trends of the epidemic. According to the U.S. Centers for Disease Control and Prevention, in 2004, 39% of people living with AIDS resided in the South, a higher concentration than any other region in the country. Between 2000 and 2004, the annual number of new AIDS diagnoses increased by 25%, a higher percentage increase than for any other region of the country.^{xv}

Approximately 9% of total grantmaking to address U.S. domestic activities tracked by FCAA was not categorized by region and is not reflected in the chart below.



Top Funders by U.S. Region

Northeast

Irene Diamond Fund, NY	\$8,931,267
The Starr Foundation, NY	\$4,733,500
Broadway Cares/Equity Fights AIDS, NY	\$4,099,300
Robin Hood Foundation, NY	\$2,325,000
M.A.C. AIDS Fund and M.A.C. Cosmetics, NY	\$2,166,956

Southeast

The Pfizer Foundation, Inc., NY	\$1,320,000
Abbott Laboratories Fund, IL	\$986,345
Elton John AIDS Foundation, CA	\$550,044
Broadway Cares/Equity Fights AIDS, NY	\$536,000
M.A.C. AIDS Fund and M.A.C. Cosmetics, NY	\$447,882

Central

Missouri Foundation for Health, MO	\$2,034,351
Abbott Laboratories Fund, IL	\$986,345
Broadway Cares/Equity Fights AIDS, NY	\$788,300
Burroughs Wellcome Fund, NC	\$750,000
Elizabeth Glaser Pediatric AIDS Foundation, CA	\$682,500

West

Broadway Cares/Equity Fights AIDS, NY	\$2,207,400
The California Endowment, CA	\$2,111,618
M.A.C. AIDS Fund and M.A.C. Cosmetics, NY	\$1,673,773
The Wells Fargo Foundation, CA	\$1,043,344
Abbott Laboratories Fund, IL	\$986,347

4

Henry J. Kaiser Family Foundation
Jennifer Kates, *Vice President; Director of HIV Policy*



I came to the Kaiser Family Foundation more than eight years ago expressly because of HIV/AIDS. I had been working to address the epidemic as a community advocate, student, and researcher since the late 1980s and knew that the Foundation had made a strong and early commitment to HIV/AIDS when it restructured in 1991, making HIV a priority focus. It is a commitment that remains today and that has only grown.

But the Foundation's work on HIV/AIDS is different than that of most other foundations working in the field. As a private operating

foundation, we develop and run our own policy research and communications programs. We strive to serve as an independent voice and source of facts and analysis for policymakers, the media, the community, and the public about HIV/AIDS. Our main "product" is information, not grants, which we work to leverage through media partnerships and other innovative strategies.

What does this mean? It means that while you won't usually find us providing grants to all the amazing AIDS service organizations that operate in the U.S. and around the world, you will find us developing a new web site with the latest data, news, and information on HIV/AIDS; working

with U.S. and foreign journalists on HIV/AIDS, through workshops, briefings, and other training opportunities; convening briefings on current issues in HIV policy or analyzing HIV policies and programs; launching media partnerships on HIV/AIDS around the world by working with entertainment companies to reach diverse audiences; consulting with TV shows on HIV storylines; helping to create and improve HIV prevention services in South Africa; and surveying the public on their attitudes towards HIV/AIDS. It is a fast moving, constantly changing, and challenging work environment, much like the epidemic itself, and one that compels me to do my best to make a difference.

Grantmakers with a Global or International HIV/AIDS Focus

FCAA identified 17 grantmakers out of the top 68 that committed 90% or more of their grantmaking to support international AIDS programming in 2004 (see *Table 7 below*).

table 7 Top U.S. HIV/AIDS Grantmakers with a Primarily International Focus		
Bill & Melinda Gates Foundation, WA	\$119,120,922	100%
The Ford Foundation, NY	\$11,800,000	93%
The Merck Company Foundation, NJ	\$11,137,000	94%
Open Society Institute/Soros Foundations Network, NY	\$10,808,224	99%
The Rockefeller Foundation, NY	\$8,257,043	100%
Atlantic Philanthropies, NY	\$5,038,000	100%
Rockefeller Brothers Fund, Inc., NY	\$2,251,945	100%
American Jewish World Service, NY	\$1,230,901	100%
Glaser Progress Foundation, WA	\$1,045,000	100%
Coca-Cola Foundation, GA, and Coca-Cola Africa Foundation	\$951,000	100%
Firelight Foundation, CA	\$893,100	100%
ExxonMobil Foundation, TX	\$645,000	100%
Doris Duke Charitable Foundation, NY	\$605,440	100%
Boston Foundation, Inc., MA	\$492,500	92%
The William and Flora Hewlett Foundation, CA	\$450,000	100%
United Nations Foundation, DC	\$326,801	100%
The Andrew W. Mellon Foundation, NY	\$300,000	100%

Of the top 68 grantmakers, FCAA identified 42 who committed funds to addressing the international epidemic. FCAA was not able to determine international regional distribution of funding commitments by one of these 42 grantmakers.

Data available to FCAA indicates that in 2004 a decreased share of grantmaking to address the international impact of the epidemic was distributed to organizations in the U.S. and Canada. In 2004, 50% of all international HIV/AIDS grant funding by the top 68 U.S. HIV/AIDS grantmakers tracked by FCAA was committed to organizations based in the U.S. or Canada, compared with 69% in 2003. An increased share of grantmaking was distributed to organizations in Africa and the Middle East – 26% in 2004 compared with 14% in 2003.

chart 6

Geographical Distribution of Global HIV/AIDS Grant Funding in 2004

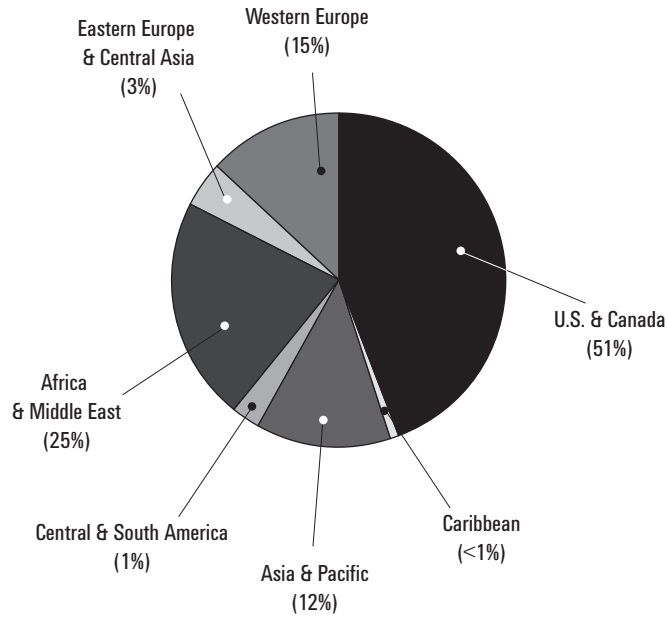


table 8

Focus of Funding by the Top 68 U.S. HIV/AIDS Grantmakers in 2004 (in alphabetical order)

	domestic	international	both
Abbott Laboratories Fund, IL			▲
The Ahmanson Foundation, CA	▲		
Altria Group, Inc., NY			▲
American Jewish World Service, NY		▲	
The Foundation for AIDS Research (amfAR), NY			▲
Atlantic Philanthropies, NY		▲	
Boston Foundation, Inc., MA			▲
Bristol-Myers Squibb Foundation, NY			▲
Broadway Cares/Equity Fights AIDS, NY			▲
The Susan A. Buffett Foundation, NE	▲		
Burroughs Wellcome Fund, NC	▲		
The California Endowment, CA	▲		

Focus of Funding by the Top 68 U.S. HIV/AIDS Grantmakers in 2004 (in alphabetical order)

	Domestic	International	Both
The Campbell Foundation, FL			A
Charitable Leadership Foundation, NY	A		
Children Affected By AIDS Foundation, CA			A
Coca-Cola Foundation, GA, and Coca-Cola Africa Foundation		A	
The Comer Foundation, IL	A		
Dade Community Foundation, Inc., FL	A		
Irene Diamond Fund, NY			A
The Design Industries Foundation Fighting AIDS (DIFFA), NY	A		
Doris Duke Charitable Foundation, NY		A	
Elizabeth Glaser Pediatric AIDS Foundation, CA			A
Elton John AIDS Foundation, CA			A
ExxonMobil Foundation, TX		A	
Federated Department Stores Foundation, OH	A		
Firelight Foundation, CA		A	
The Ford Foundation, NY			A
Bill & Melinda Gates Foundation, WA		A	
The Gill Foundation, CO	A		
Glaser Progress Foundation, WA		A	
The George Gund Foundation, OH	A		
Evelyn and Walter Haas, Jr. Fund, CA	A		
The William and Flora Hewlett Foundation, CA		A	
Houston Endowment Inc., TX	A		
Johnson & Johnson Contribution Fund, NJ			A
Henry J. Kaiser Family Foundation, CA			A
W. K. Kellogg Foundation, MI			A
Levi Strauss Foundation, CA			A
The John M. Lloyd Foundation, CA			A
M.A.C. AIDS Fund and M.A.C. Cosmetics, NY			A
The McKnight Foundation, MN			A
The Andrew W. Mellon Foundation, NY		A	
The Merck Company Foundation, NJ			A
Eugene and Agnes E. Meyer Foundation, DC	A		
Missouri Foundation for Health, MO	A		
National AIDS Fund, DC	A		
The New York Community Trust, NY			A
New York Foundation, NY	A		
Open Society Institute/Soros Foundations Network, NY			A
The Overbrook Foundation, NY			A
The David and Lucile Packard Foundation, CA			A
The Pew Charitable Trusts, PA	A		
The Pfizer Foundation, Inc., NY			A
The Prudential Foundation, NJ	A		
Public Welfare Foundation, Inc., DC			A
Quantum Foundation, FL	A		
Kate B. Reynolds Charitable Trust, NC	A		
Robin Hood Foundation, NY	A		
Rockefeller Brothers Fund, Inc., NY		A	
The Rockefeller Foundation, NY		A	
The San Francisco Foundation, CA			A
The Starr Foundation, NY			A
Tides Foundation, CA			A
United Nations Foundation, DC		A	
Until There's a Cure, CA			A
van Ameringen Foundation, NY	A		
Wallis Foundation, CA	A		
The Wells Fargo Foundation, CA	A		

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The Ford Foundation
Jacob A. Gayle, Ph.D., *Deputy Vice President, HIV/AIDS Initiative*



Some of the most profound lessons learned in my life have been as a result of the HIV pandemic and our human responses to its challenges. I have learned tremendous lessons about the frailties of human existence, the kindness of the human soul and the tenacity of human determination. Even without tremendous resources, our global family has mounted successful HIV actions that brought about demonstrations of success, cultivating a sense of hope that, one day, we will be conquerors of HIV and, even greater, the myriad factors that have

enabled the virus to continue its spread. Recent increases in HIV-related resources reflect global acknowledgement of the vastness of the challenge we confront and our ownership of both the problem and its solution. The Ford Foundation recently renewed its commitment to HIV/AIDS service as it launched its Special Global Initiative on HIV/AIDS. I am pleased to have the privilege to help steer its course. This effort will bring additional financial resources to the collective effort. But the true added value will be the reinforcement of human resolve around the globe amongst those who strive to ensure that HIV action is approached within the

contexts of social justice and human rights. New resources will help support the development of the new generation of leadership that is needed to confront tomorrow's challenges with passion, urgency and commitment; will promote greater public accountability for the limited assets committed to the HIV response; and will help to ensure that lessons learned and successes achieved will equitably benefit all in need, despite their own level of affluence or influence. We expect success, and are pleased to commit reputation and resources to the solidarity.

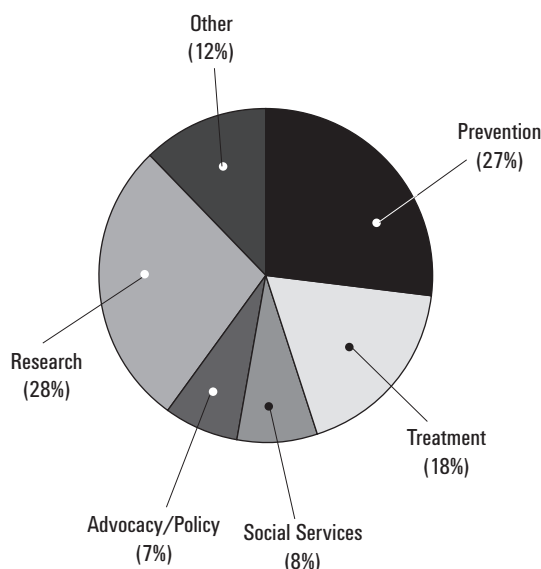
Intended Use of HIV/AIDS Grants

From among the top 68 U.S. HIV/AIDS grantmakers, 49 (72%) provided survey data on intended use of their HIV/AIDS grants. FCAA was able to gather intended use data for 15 additional grantmakers from The Foundation Center database but could not obtain intended use data for four of the top 68 HIV/AIDS grantmakers.

Of HIV-related grantmaking by the top 68 grantmakers that FCAA was able to track, 28% was dedicated to research, 27% to HIV/AIDS awareness and prevention programs, 7% to policy and advocacy efforts, 8% to HIV-related social services, and 18% to HIV treatment efforts. 12% of funding (total dollars) was designated as "other" (see Chart 7 below).

chart 7

Intended Use of U.S. HIV/AIDS Grantmaking in 2004



Appendix A: Methodology

FCAA is an active partner with the UNAIDS Global Consortium on Resource Tracking in efforts to track and better understand resource flows addressing HIV/AIDS issues and define consistent and transparent HIV/AIDS resource tracking methodologies.

Sources of HIV/AIDS Grantmaking Data

This report covers HIV/AIDS grant commitments from all sectors of U.S. philanthropy, including private, family, and community foundations, public charities, corporate grantmaking programs (corporate foundations and direct giving programs), and major U.S. HIV/AIDS grantmaking charities. FCAA included data for 308 grantmaking organizations in this report. Data was collected using a variety of sources: 1) a survey tool developed and administered by FCAA to grantmakers, 2) The Foundation Center's grants database, and 3) grantmaker web sites and other philanthropy affinity groups and research organizations. FCAA believes that this multi-faceted approach arrives at a more comprehensive data set of HIV/AIDS grantmakers than can be accomplished using any single data source or any single method of calculation.

FCAA Grantmaker Survey

FCAA distributed a survey instrument that asked respondents to describe their HIV/AIDS-related grantmaking commitments in 2004 (*see Appendix C*). The survey was sent to 97 U.S. grantmakers in December 2005. FCAA staff distributed the survey to a pre-selected list of grantmaking organizations which FCAA determined were most likely to have significant levels of 2004 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 grantmakers. Responses to the survey were received from 57 grantmakers, reflecting a 59% response rate. Because the response rate was higher among the largest grantmakers, over 94% of estimated total HIV/AIDS grantmaking activity is captured by surveys returned to FCAA.

The Foundation Center Database 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 2004 HIV/AIDS grant commitments using The Foundation Center's grants database and grantmaker websites. FCAA reviewed HIV/AIDS grantmaking totals and notable dataset outliers.

Analysis

Definition of HIV/AIDS Philanthropy

FCAA was intentionally broad in its definition and selection of U.S. HIV/AIDS grantmakers 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 grantmakers, it also includes HIV/AIDS grants from the non-U.S. offices of U.S. based foundations that operate internationally, such as The Ford Foundation, and the Open Society Institute/Soros Foundations Network. Limited data are available on HIV/AIDS philanthropic efforts of non-U.S. based institutions.

Survey respondents were asked to distinguish between domestic (within the U.S. 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 four U.S. subregions, using Northeast, Southeast, Central, and West categories as defined by the U.S. Census Bureau and used by the U.S. Centers for Disease Control and Prevention (CDC) and other federal agencies.^{xvi} For internationally-focused HIV/AIDS grantmaking, FCAA requested data about where the grantee was located, using global regions as defined by UNAIDS.^{xvii}

FCAA also asked about the intended use of HIV/AIDS grants committed in 2004 both inside and outside the United States, using the following six categories:

- HIV/AIDS awareness and prevention (including harm reduction)

- HIV/AIDS-related treatment and care
- HIV/AIDS-related social services (e.g. housing, employment, food, legal)
- HIV/AIDS public policy, advocacy and communication
- HIV/AIDS research (including medical, prevention, and social science research), and
- Other

Calculations of Other HIV/AIDS Funding Efforts

In some cases, the HIV/AIDS philanthropy reported to FCAA includes the value of programmatic efforts and operational grantmaking. For example, the Henry J. Kaiser Family Foundation is an operating foundation, not a grantmaking foundation, and its reported efforts include 2004 commitments to HIV/AIDS policy, communications, and media education and campaigns (including, for example, funding for its HIV/AIDS webcasts and Daily HIV/AIDS Report), but not operational (internal) staff or other costs.

Commitments vs. Disbursements

In this publication, FCAA reports HIV/AIDS grant commitments in the 2004 calendar year, rather than grant disbursements. Thus, for example, multiyear grants are counted fully in the year when they were initially awarded or committed by the funder. As a result, aggregate data on HIV/AIDS grantmaking commitments will differ from data on HIV/AIDS disbursements, even from the same philanthropic institution. Readers should therefore exercise caution when comparing FCAA data in this report, based on a commitment analysis, to data from other sources on HIV/AIDS philanthropy for the same years, which may be based on a disbursement analysis.

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-related grants. The 2004 aggregate total grantmaking for the top 68 and for all grantmakers was adjusted downward by \$1.3 million to account for known re-granting. This adjustment represents approximately 0.4% of the total estimated 2004 HIV/AIDS grant commitments. The re-granting figure is an estimate based on direct communications with grantmakers following review of FCAA survey and Foundation Center data. The true re-granting total is likely modestly higher than the total used for calculating 2004 totals.

Limitations

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

- 1) Although the use of multiple data sources safeguards the accuracy of the information presented here, 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 2004 HIV/AIDS grantmaking is likely to have missed HIV/AIDS commitments 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 was unavailable from The Foundation Center or other sources.

In the case of corporations, while 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 making measurement of corporate philanthropic efforts even more challenging than estimations of private foundation/public charity giving. Adding to the special nature of such calculations, 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.^{xviii} Finally, philanthropic support is often not collected centrally within business organizations and may be higher than reported here.^{xix}

FCAA also notes that some under-reporting may be due to timing. Although FCAA is confident that it has captured most 2004 HIV/AIDS philanthropy for this report, it will report additional 2004 data as they become available.

- 3) The definition of HIV/AIDS-related philanthropy in the survey was intentionally inclusive and broad, acknowledging 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.

Appendix B

Appendix B	Estimated 2005 Disbursements (Not Commitments) by Top European Foundations to Address HIV/AIDS in Less Developed Countries (in millions)	
	Euro €	U.S. \$
Wellcome Trust	19.2	25.7
Foundation Bettencourt Schueller *	9.0	12.1
Open Society Institute	8.1	9.6
Elton John AIDS Foundation (UK)	7.6	9.5
Children's Investment Fund Foundation	6.2	8.3
Foundation Mérieux	6.0	8.0
Foundation François - Xavier Bagnoud	4.2	5.6
Bernard van Leer Foundation	2.4	3.2
Unidea Unicredit Foundation	1.9	2.5
Panos London	1.5	2.0
AIDS Fonds	1.4	1.9
HopeHIV	1.2	1.6
Diana, Princess of Wales Memorial Fund	0.9	1.2
Deutsche Stiftung Weltbevölkerung (DSW)	0.9	1.2
Aga Khan Foundation	0.8	1.0
Total	71.3	93.4

* Refers to only one of the two programmes supported by the Foundation in the field of HIV/AIDS.

Source: European HIV/AIDS Funders Group

Appendix C:

FCAA HIV/AIDS Resource Tracking Survey

Name of Organization

Person Completing Survey

E-mail Address

Telephone

In answering the questions below, please:

- count the total value of all grants that were committed in calendar year 2004 (i.e. a multiyear grant should be fully counted in the year that it was awarded)
- include grants made in other health, social, economic, and political areas when a significant aspect of the grant included a focus on HIV/AIDS
- restrict your answers to external HIV/AIDS grantmaking (i.e. do not count internal expenditures on staff and/or other programming)

Private Operating Foundations (as defined by IRS, any private foundation that spends at least 85% of its adjusted net income or its minimum investment return, whichever is less, directly for the active conduct of its exempt activities) should include the direct costs of HIV/AIDS related programs

- do not include the value of donated services, products or other in-kind donations

Please complete the survey by Wednesday, January 18, 2006.

1. What was the total dollar amount of your HIV/AIDS grantmaking in 2004? \$ _____
(Private Operating Foundations should include the direct costs of HIV/AIDS related programs)

1a. Private Operating Foundations only: Of the amount reported in #1 above, please provide a breakdown between:

The dollar amount of HIV/AIDS cash grants committed in 2004 \$ _____

The dollar value of HIV/AIDS program activities conducted in 2004 \$ _____

1b. All organizations: Compared to 2004, please predict whether the total amount of your HIV/AIDS grantmaking in 2005 will (please mark only one response):

increase _____

decrease _____

remain the same _____

discontinue _____

unsure _____

2. What was the total number of HIV/AIDS grants committed in 2004? _____

2a. Were any of these grants awarded for periods of more than one year? (circle one) Y / N

3. In 2004, where were your HIV/AIDS grant dollars committed?
(Please approximate total dollar amounts as best you can for the locations of grant recipients.
The amounts in 3a, 3b, and 3c should add up to the total reported for question 1.)

3a. Total dollars committed to U.S.-based grantees for domestic HIV/AIDS programs: \$ _____

Please provide total dollar commitments by region:
(Amounts should add up to the total reported for question 3a.)

Northeast \$ _____ (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT)

Southeast \$ _____ (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV, PR, VI)

Central \$ _____ (IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI)

West \$ _____ (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OK, OR, TX, UT, WA, WY)

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

3c. Total dollars committed to grantees based outside the United States: \$ _____

Please provide total dollar commitments to grantees by region.
(The amounts here should add up to the total reported for question 3c.)

Canada \$ _____

Caribbean \$ _____

Central and South America \$ _____

European Union \$ _____

Eastern Europe (non-EU) and Central Asia \$ _____

Africa and the Middle East \$ _____

Asia and Pacific \$ _____

4. In 2004, what was the intended use of your grants?
(Please approximate total dollar amounts as best you can for the intended use of your grants.
These amounts should add up to the total reported for question 1.)

HIV/AIDS awareness and prevention (including harm reduction) \$ _____

HIV/AIDS treatment and medical care \$ _____

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) \$ _____

Other (please specify: _____) \$ _____

5. Regarding your grantmaking in 2004, can you provide a web-link to any document that describes a particularly notable HIV/AIDS grant or grantee, or an important strategic direction or trend in your institution's HIV/AIDS grantmaking?

(FCAA is collecting this information for possible mention in its publications and web site.
Please list the appropriate web link address below. If you would like to note something that is not accessible via the web, please provide U.S. with a brief summary description.)

Web address for description of notable grantmaking: http:// _____

Appendix D: Web sites of the Top 68 U.S. Grantmakers in 2004

Abbott Laboratories Fund, IL www.abbott.com	Federated Department Stores Foundation, OH www.federated-fds.com	New York Foundation, NY www.nyf.org
The Ahmanson Foundation, CA www.theahmansonfoundation.org	Firelight Foundation, CA www.firelightfoundation.org	Open Society Institute/Soros Foundations Network, NY www.soros.org
Altria Group, Inc., NY www.altria.com	The Ford Foundation, NY www.fordfound.org	The Overbrook Foundation, NY www.overbrook.org
American Jewish World Service, NY www.ajws.org	Bill & Melinda Gates Foundation, WA www.gatesfoundation.org	David and Lucile Packard Foundation, CA www.packard.org
The Foundation for AIDS Research (amfAR), NY www.amfar.org	The Gill Foundation, CO www.gillfoundation.org	The Pew Charitable Trusts, PA www.pewtrusts.com
Atlantic Philanthropies, NY www.atlanticphilanthropies.org	Glaser Progress Foundation, WA www.glaserprogress.org	The Pfizer Foundation, Inc., NY www.pfizerphilanthropy.com
Boston Foundation, Inc., MA www.tbf.org	The George Gund Foundation, OH www.gundfdn.org	The Prudential Foundation, NJ www.prudential.com
Bristol-Myers Squibb Foundation, NY www.bms.com	Evelyn and Walter Haas Jr. Fund, CA www.haasjr.org	Public Welfare Foundation, Inc., DC www.publicwelfare.org
Broadway Cares/Equity Fights AIDS, NY www.broadwaycares.org	The William and Flora Hewlett Foundation, CA www.hewlett.org	Quantum Foundation, FL www.quantumfoundation.org
Burroughs Wellcome Fund, NC www.bwfund.org	Houston Endowment Inc., TX www.houstonendowment.org	Kate B. Reynolds Charitable Trust, NC www.kbr.org
The California Endowment, CA www.calendow.org	Johnson & Johnson Contribution Fund, NJ www.jnj.com	Robin Hood Foundation, NY www.robinhood.org
The Campbell Foundation, FL members.aol.com/campfound	Henry J. Kaiser Family Foundation, CA www.kff.org	Rockefeller Brothers Fund, Inc., NY www.rbf.org
Charitable Leadership Foundation, NY www.charitableleadership.org	W. K. Kellogg Foundation, MI www.wkkf.org	The Rockefeller Foundation, NY www.rockfound.org
Children Affected By AIDS Foundation, CA www.caaf4kids.org	Levi Strauss Foundation, CA www.levistrauss.com	The San Francisco Foundation, CA www.sff.org
Coca-Cola Foundation, GA and Coca-Cola Africa Foundation www2.coca-cola.com	The John M. Lloyd Foundation, CA www.johnmlloyd.org	The Starr Foundation, NY www.starrfoundation.org
The Comer Foundation, IL www.comer-foundation.org	M.A.C. AIDS Fund and M.A.C. Cosmetics, NY www.macaidsfund.org	Tides Foundation, CA www.tides.org
Dade Community Foundation, Inc., FL www.dadecommunityfoundation.org	The McKnight Foundation, MN www.mcknight.org	United Nations Foundation, DC www.unfoundation.org
The Design Industries Foundation Fighting AIDS (DIFFA), NY www.diffa.org	The Andrew W. Mellon Foundation, NY www.mellon.org	Until There's a Cure, CA www.utac.org
Doris Duke Charitable Foundation, NY www.ddcf.org	The Merck Company Foundation, NJ www.merck.com/philanthropy	van Ameringen Foundation, NY www.vanamfound.org
Elizabeth Glaser Pediatric AIDS Foundation, CA www.pedaids.org	Eugene and Agnes E. Meyer Foundation, DC www.meyerfoundation.org	The Wells Fargo Foundation, CA www.wellsfargo.com
Elton John AIDS Foundation, CA www.ejaf.org	Missouri Foundation for Health, MO www.mffh.org	
ExxonMobil Foundation, TX www.exxon.mobil.com/community	National AIDS Fund, DC www.aidsfund.org	
	The New York Community Trust, NY www.nyct-cfi.org	

Note: Irene Diamond Fund, Susan A. Buffett Foundation, and Wallis Foundation do not have web sites.

Endnotes

- i UNAIDS, Report on the Global AIDS Epidemic, Geneva, May 2006
- ii UNAIDS, Report on the Global AIDS eEpidemic, Geneva, May 2006
- iii WHO, Progress on Global Access to HIV Antiretroviral Therapy, Geneva, March 2006
- iv U.S. Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, 2004, vol. 165, Atlanta, 2005
- v U.S. Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Vol. 16, 2005
- vi Fleming et al, "HIV Prevalence in the United States, 2000," Abstract # 11, Oral abstract session 5, 9th Conference on Retroviruses and Opportunistic Infections, 2002
- vii Kahn, J.G. 2002. "Access to and use of HIV anti-retroviral therapy: Variation by race/ethnicity in two public insurance programs in the U.S. Public Health Reports 117(3):252-62; discussion 231-1;" also see Teshale, E, et al, "Estimated number of HIV-infected persons eligible for and receiving HIV antiretroviral therapy, 2003 - United States," 12th Conference on Retroviruses and Opportunistic Infections, Absr # 167
- viii Glynn, K., Rhodes, P. "Estimated HIV Prevalence in the United States at the End of 2003," 2005 National HIV Prevention Conference, June 2005
- ix UNAIDS, "Resource needs for an expanded response to AIDS in low- and middle-income countries," UNAIDS, Geneva, August 2005
- x National Association of State and Territorial AIDS Directors, ADAP Watch, Washington, D.C., June 15, 2006
- xi Holtgrave, D., Curran J., "What works, and what remains to be done, in HIV prevention in the United States," Annual Review of Public Health 2006. 27:15-1-15.15
- xii This represents the adjusted total after \$1.3 million (FCAA estimated amount of re-granting in 2004) was subtracted from the raw total for 2004.
- xiii Foundation Center, Foundation Giving Rebounded in 2004, New York, April 2005
- xiv FCAA reported \$69.4 million in commitments among the top 13 corporate HIV/AIDS grantmakers in 2003.
- xv U.S. Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, 2004, vol. 16, Atlanta: U.S. Department of Health and Human Services, CDC; 2005: 1-46
- xvi U.S. Census Bureau. "Census Regions and Divisions of the United States:" www.census.gov
- xvii www.unaids.org
- xviii 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
- xix 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.



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