
# HIV/AIDS Philanthropy: History and Current Parameters 1981-2000

First Edition
January 2003


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# HIV/AIDS Philanthropy: History and Parameters, 1981-2000



## Appendices

# INTRODUCTION

***Background***

Funders Concerned About AIDS (FCAA) has a longstanding commitment to accurately documenting the trends and parameters in U.S.-based philanthropic funding of HIV/AIDS. In response to the growing demand by grantmakers of all types and sizes, key policy makers, AIDS non-profits, the media and others, FCAA is dramatically expanding and regularizing this research element of our work.

As challenging as attempts to quantify and analyze philanthropic support for an issue can be, FCAA regards such efforts as critical. FCAA has created this report to serve as a practical tool for funders in developing, sustaining, revising and assessing AIDS-related grantmaking initiatives. This report can also be used by those outside of philanthropy to better report on, understand and work with HIV/AIDS grantmakers. Most importantly, FCAA hopes that this work can assist in informing a broader, more diverse and increasingly strategic mobilization of private grant support from foundations and corporations for the many effective HIV/AIDS initiatives that remain unfunded or underfunded in the United States and globally.

This report offers a brief overview and history of U.S.-based HIV/AIDS philanthropy. It further describes and summarizes the current state and trends of U.S.-based HIV/AIDS grantmaking. To assist the reader in achieving a better critical understanding of AIDS philanthropy and leadership, this report also analyzes HIV/AIDS grantmaking within the larger context of U.S. philanthropic giving, domestically and internationally.

FCAA will update the information in this report regarding current funding facts, figures and trends annually, as new information becomes available. For example, complete philanthropy data for the year 2001, including final AIDS grants data, will be available in summer 2003. Given current economic conditions generally, and for foundations and corporations in particular, future editions of this report could easily show great volatility in AIDS grantmaking relative to the year 2000 data reported on here. Where data in this report requires updating, correction, or clarification, FCAA welcomes comment and discussion from grantmakers at any time.

This report is divided into four sections:

- introduction
- overview of the history of HIV/AIDS philanthropy from 1981 to 1999
- summary of current (year 2000) HIV/AIDS philanthropy
- comparative HIV/AIDS philanthropy data and general philanthropy information

This report also includes a wealth of appendices to provide comprehensive resource information on the full range of HIV/AIDS funding streams – private and public, domestic and international.

### *Methods*

The information in this report was researched and compiled using the following methods:

- A review of years worth of existing FCAA data on AIDS philanthropy – from publications such as *AIDS Is Your Business Update* and *Voices from the Field: Remobilizing HIV/AIDS Philanthropy for the 21st Century*[1]; and
- Other primary research, including confirmation of grant totals related to HIV/AIDS through telephone interviews with foundation staff, internet research, review of foundation annual reports and web-sites, and secondary research, including review of many resources from the Foundation Center.

To determine the top 25 U.S.-based AIDS grantmakers of 2000, FCAA used the following methods:

- Creation of a grantmaker list through a review of the websites and annual reports of foundations that had targeted HIV/AIDS as a priority funding issue in the past and were reported to be the top HIV/AIDS funders in previous years.
- Comparison of this list with the Foundation Center list of the largest 50 HIV/AIDS funders for 2000, with a review and assessment of any inconsistencies in reported funding levels.
- Direct contact with the resulting list of the 25 largest HIV/AIDS funders to ensure the accuracy of all grant information for the year 2000.

### *Limitations*

In general, reports on philanthropic giving focus on the grants of large foundations, given the easier accessibility to such information and the larger financial sums involved. For example, the Foundation Center's database includes only the 1,000 largest foundations in terms of assets and is further limited to grants exceeding $10,000 dollars. This may not be a significant limitation in the analysis of the volume of AIDS funding, since large foundations provide most grants made in the United States.[2] However, small foundations are also crucial to philanthropy, funding a diverse range of often innovative programs supporting disenfranchised communities. The leadership of small foundations has been especially important for HIV/AIDS programs. Because information about grants and funding patterns for small foundations is more limited, smaller foundation funding may be underrepresented in this report and total foundation funding for AIDS for any year mentioned in this report may have been slightly higher than FCAA or other sources are able to determine.

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[1] Appendix I includes the Executive Summary of *Voices From the Field: Remobilizing HIV/AIDS Philanthropy for the 21st Century*.

[2] According to the 2001 Foundation Center publication, *Foundation Giving Trends*, approximately 39% of the 56,582 active grantmaking institutions in the U.S. accounted for 92% of grantmaking in 2000. More than half of all foundation grant dollars in 2000 came from the 1,200 largest foundations, which represented only 2.1% of the total number of active grantmaking institutions.

In addition, the information that the Foundation Center collects is based solely on self-selected information provided by U.S. grantmakers, based on their definitions of what is HIV/AIDS-related grantmaking. These definitions vary among grantmakers within the field and also change over time.[3] AIDS grants present special problems in this regard as HIV/AIDS is in many respects a collection of issues and topic areas ranging from or touching significantly upon everything from reproductive rights/health and substance abuse to public health and sustainable development.

Adding to these limitations in research, there is generally a two-year lag time in compiling complete statistical data on foundation funding due to the collection methods of other research entities in the field and many foundations reporting procedures. For example, most foundations' annual reports are not published until several months after the calendar year closes, and not all foundations operate on a January through December fiscal year. Therefore, the year 2000 is the latest year for which near-complete data is available, and in gathering data for this report, it was difficult to obtain complete and non-conflicting grant data even for the year 2000 from some organizations and publications.

In order to validate and compile the most accurate figures for this report, FCAA attempted to contact all major HIV/AIDS grantmakers directly. Unfortunately, FCAA was unable to gather or confirm information with all grantmakers. FCAA therefore welcomes on-going input and clarifications from grantmakers for future publications.

[3] Different grantmakers view funding categories differently, e.g., reproductive health and rights, health, and HIV/AIDS grants can all be categorized differently among funders. However, the Foundation Center provides 28 major subject fields, with subcategories, for grant listings. These subject fields can be found in The Foundation Center's annual publication *The Foundation Grants Index*.

# HISTORY OF HIV/AIDS PHILANTHROPY: 1981 TO 1999

***A community-centered beginning***

Following the first reported case of AIDS in the United States in 1981, the first funding response came not from institutions, but from individuals in affected communities in the U.S. and Europe. Early individual donors were often the friends of and health and service providers for those who were ill from AIDS, donating money for emergency services and AIDS information campaigns in their communities. Because very few private and public institutions responded to this crisis, new structures and leadership emerged to take action against the disease. AIDS service organizations (ASOs) and networks of people living with AIDS (PWA) began forming in Los Angeles, New York, Paris, San Francisco and other major cities as early as 1982, mobilizing through pre-existing community networks.[4]

Funding for the first AIDS efforts came primarily from individuals, and was informal, highly personal[5] and often centered around the social and political networks of those affected by the disease, including gay men, hemophiliacs, immigrant Haitians, and injection drug users. Public awareness and a broader public funding response to AIDS were limited, in part due to the stigma attached to discussing, reporting about, and funding a disease associated with gay men and injection drug use. The staff, volunteers, and clients affiliated with AIDS service organizations (ASOs) were the first to actively pursue private grantmakers and to try to mobilize government resources.[6]

AIDS was initially of little interest to the U.S. foundation world, most likely due to the small number of AIDS cases outside of the "four H's" – Haitians, hemophiliacs, heroin users, and homosexuals. Most foundations were no doubt hesitant to fund the issue because of the tremendous stigma associated with the disease and, related to this fact, the long-standing avoidance of any grantmaking on gay issues. Other factors may have been the urban concentration of the disease initially, making it of little interest to the many foundations that fund outside of the largest U.S. metropolitan areas, and the very newness of the disease initially. Also, many funding programs, then and now, do not support single-disease issues.[7]

Governmental AIDS funding in the United States and internationally was mostly limited to epidemiological research and related functions until the isolation of HIV as the cause of AIDS in 1985.[8] Even into the early 1990's, U.S. government resources and leadership were considerably lacking, and states, counties, and cities widely varied

[4] Peter Arno and RG Hughes. "Local Policy Responses to the AIDS Epidemic in New York and San Francisco." *New York State Journal of Medicine* 1987 (5):264-272.
[5] Institute for Health Policy Studies, University of San Francisco, *The HIV Epidemic: New and Continuing Challenges for the Public and Private Sectors*, February 1990.
[6] Martha Gibbons, *Who Funded AIDS?*, The Aspen Institute, Spring 1999.
[7] Gibbons, 1999, supra.
[8] Kaiser Family Foundation website at www.kff.org

their responses.[9] In the early years of AIDS, the silence of the U.S. government was deafening. Internationally, despite documented cases of AIDS in Africa as early as 1984; governments of wealthy nations, African governments and many multilateral institutions were also slow in their responses to AIDS.[10] [11]

***Early mobilization responding to community needs***

Despite the early lethargy of the philanthropic response, some foundation support for HIV/AIDS initiatives did begin to flow in 1983, two years after the first identified case of AIDS.[12] Total foundation support for HIV/AIDS in 1983 amounted to $216,000 awarded through five grants; eleven grants totaling $131,000 dollars in 1984; and forty-three grants totaling $981,333 dollars in 1985.[13] The first five grants awarded to HIV/AIDS-related issues were given by two community foundations, the **New York Community Trust** and the **San Francisco Foundation**, and by the **United Hospital Fund**, the **Charles A. Dana Foundation**, and the **Joint Foundation Support**.[14] These first grants were awarded to organizations that existed before the epidemic, had experience in social services and were responding to the epidemic.[15] Early in the AIDS epidemic, sympathetic staff or board members who had a personal connection to AIDS were often responsible for their foundations' entries into the field.[16]

From the for-profit sector, the insurance and pharmaceutical industries comprised the first consistent corporate philanthropic involvement with HIV/AIDS-related issues.[17] In addition to corporate support, members of the entertainment and design industries formed groups to respond to the epidemic, as AIDS was disproportionately impacting their communities.[18] Finally, several foundations were created exclusively to support research and care on HIV/AIDS, such as the **American Foundation for AIDS Research** (amfAR) which was founded in 1985.

Initial foundation and corporate support for AIDS was concentrated in the major U.S. and European cities where the funders were based and where the AIDS epidemic was most visible. Funding was directed to AIDS services, research, and legal efforts related

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[9] Michael Seltzer and Katherine Galvin, "Organized Philanthropy's Response to AIDS," *Non-profit and Voluntary Sector Quarterly*, January 1991.
[10] Peter Piot, TC Quinn, and H. Taelman. *Acquired immunodeficiency syndrome in a heterosexual population in Zaire*. Lancet 1984: 65-69.
[11] Laurie Garrett. *The Coming Plague*. New York: Farrar, Straus and Giroux, 1994. Chapter 11. See especially quotes from the Zambian Minister of Health and the President of Kenya in 1984, and a 1986 quote from the Director of the World Health Organization communicable disease program regarding a 1985 Bangui meeting of nine Central African countries on HIV, stating "we are paralyzed."
[12] Michael Seltzer, *Meeting the Challenge: Foundation Responses to AIDS*, Ford Foundation, August 1987.
[13] Seltzer, 1987, supra.
[14] Seltzer, 1987, supra.
[15] Susan Chambre, *Funding the Fight Against AIDS in NYC: The Evolution of Private Funding*, March 1996.
[16] Seltzer and Galvin, 1991, supra.
[17] Craig Smith, "How AIDS Became a Corporate Cause," *Corporate Philanthropy Report*, February 2001.
[18] Susan Chambre, "AIDS Funding," *Nonprofit Management & Leadership*, Vol. 7, 1996.

to stigma and discrimination. Once U.S. foundations were introduced to HIV/AIDS grantmaking, their involvement helped to influence the American public's perception that people with AIDS deserved support, and helped to leverage further support from various sectors.[19] Overall, private foundations played an important role in creating and sustaining AIDS programs until the government stepped in and assumed significant financial responsibility for fighting the epidemic in the United States.[20]

***Increased national and professional commitment***

In 1986, the **Robert Wood Johnson Foundation** (RWJ) was one of the first private foundations to include AIDS programs in their annual budget; this helped to legitimize AIDS within the foundation world.[21] RWJ granted $17.2 million dollars in 1986 to support a four-year national demonstration program, the AIDS Health Service Program, enabling health professionals and health care institutions to establish coordinated systems of out-of-hospital care for AIDS patients.[22] In the two years from 1986 to 1988, RWJ allocated a considerable 16% of its budget for HIV/AIDS efforts. On the heels of the Robert Wood Johnson Foundation, the **Ford Foundation** also began funding HIV/AIDS initiatives in 1987.[23] Soon after, major AIDS funding efforts by the **Aaron Diamond Foundation**, the **MacArthur Foundation**, the **Rockefeller Foundation**, and others followed.

Many of the early HIV/AIDS grantmakers established Funders Concerned About AIDS. FCAA was founded in 1987 in part as an effort to share knowledge and develop creative grants strategy to combat AIDS, and in part to educate and mobilize the rest of philanthropy to pay attention to this unfolding public health and societal disaster. FCAA is an official affinity group affiliated with the Council on Foundations, the largest philanthropic umbrella group in the United States. Since 1987, FCAA has developed into a respected and effective education and advocacy organization within philanthropy focused on mobilizing and shaping a more robust grantmaker response to HIV/AIDS both in the United States and internationally.[24]

In addition to considerable HIV/AIDS grantmaking, the Ford Foundation played a critical role in developing what is now known as the **National AIDS Fund** (NAF). In April 1988, in collaboration with eight large foundations[25], the Ford Foundation created a national funding pool originally known as the National Community AIDS Partnership

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[19] FCAA, *Philanthropy and AIDS: Assessing the Past, Shaping the Future*. April 1999, 11-12.
[20] Ibid.
[21] Gibbons, 1999, supra.
[22] Seltzer and Galvin, 1991, supra.
[23] Seltzer, 1987, supra.
[24] Martha Gibbons' 1999 publication, *Who Funded AIDS?,* includes a detailed history of Funders Concerned About AIDS.
**[25] The Robert Wood Johnson Foundation, The Aaron Diamond Foundation, Inc., The Ford Foundation, The Gannett Foundation, The James Irvine Foundation, The Joan B. Kroc Foundation, Henry and Lucy Moses Fund, Inc., and The New York Community Trust.**

(NCAP), which later became the National AIDS Fund.[26] The National AIDS Fund (NAF) served as a national organization bringing added credibility and coordination to U.S. HIV/AIDS philanthropy.[27]

NAF forged the first national-local partnership in which local foundations, United Ways, and corporations were encouraged to work in partnership with private foundations around local HIV/AIDS-related grantmaking. The development of this unique funding pool enabled local community foundations to become involved more easily in HIV/AIDS philanthropy than had been the case before. By and large, community foundations were able to respond more effectively to the unique community based needs of local populations due to their close proximity to the affected communities. In addition, community foundations played a key role in supporting local AIDS service providers, in building community awareness, and in providing incentive for local government action.[28]

Although **RWJ**, the **Ford Foundation**, and other large foundations had the ability to take risks in this major new issue early in the epidemic, smaller foundations were slow to get involved in HIV/AIDS grantmaking due perhaps to the enormity of the issue and their limited pool of resources.[29] In 2002, there were twenty-nine (29) community partnerships mobilizing resources for HIV/AIDS efforts and bridging efforts between private and community foundations, corporations, and individuals.[30] (See Appendix V for a complete list of current NAF partner sites with website addresses).

Community-based political pressure for a stronger U.S. government response for AIDS prevention, care, and research increased significantly after the 1986 licensure of a test for HIV and growing public awareness about AIDS as an expanding public health problem. In 1988, the political and public health consensus had shifted enough for the US Surgeon General's office to be able to mail information about HIV/AIDS to every U.S. household.[31]

In 1990, the federal government passed the Ryan White CARE Act, establishing new structures to help ensure HIV/AIDS health care access and appropriating designated, discretionary federal funding for this purpose for the first time.[32] By the late 1990's, most HIV/AIDS funding in the United States came from Federal health programs of Medicaid, Medicare, and the Ryan White CARE Act (See Appendix VI for detailed information of federal funding for HIV/AIDS). With an $11 billion dollar budget for HIV/AIDS in fiscal year 2000 (both discretionary and entitlement spending combined), the federal government has now assumed the major responsibility for caring for those

[26] Institute for Health Policy Studies, University of San Francisco, *The HIV Epidemic: New and Continuing Challenges for the Public and Private Sectors*, February 1990.
[27] Gibbons, 1999, supra.
[28] Seltzer and Galvin, 1991, supra.
[29] Seltzer and Galvin, 1991, supra.
[30] www.naf.org
[31] CE Koop. *Koop: The Memoirs of a Family Physician*. New York, Random House, 1991.
[32] http://aids.about.com/cs/ryanwhiteact

affected by the disease and supporting research efforts for new treatments, vaccines and microbicides, and immune-based therapies.[33]

### *A mid-1990's decline*

As FCAA research and other data indicated, by the mid-1990's, HIV/AIDS funding from private foundations and corporate foundations and giving programs began to decline somewhat, though the parameters of the actual decline are sketchy.[34] As an example of this decline, the Foundation Center reported decreases in HIV/AIDS grantmaking for several years after 1994.[35] [36] Though FCAA data for the same period differs from these figures, due to many of the research methodology limitations noted in the introduction to this report, it too supports the fact that HIV/AIDS grantmaking was, at best, volatile in the mid-1990's and suffered some declines.[37]

The reasons for this decline were varied and hard to assess. Many AIDS grantmaking initiatives begun in 1987-1988, were substantially funded for five years, but were not renewed at the same levels[38]. During the 1990s, some large foundations that had previously shown support for HIV/AIDS initiatives also started to curtail HIV/AIDS funding to shift resources toward other emerging social issues. In some cases, the decline in philanthropic AIDS funding could be attributed to the growing government role in funding health care and support services for people with AIDS. In other cases, it appears that traditional "donor fatigue" on an issue set in. It is also safe to say that several early HIV/AIDS funders had not considered the disease a long-term issue, but rather only a short-term, emergency funding priority.

Other grantmakers subsumed and integrated HIV/AIDS grantmaking under "special needs populations" or other broader funding categories, which either led to a real decline in grant dollars for AIDS or made the AIDS dollars harder to identify and track. Finally, in some cases, the drop in explicit foundation support came as foundations shifted HIV/AIDS funding into funding of related issues of health care access, broader health promotion, social and economic inequality, and other aspects of health policy, education, and services.

### *Attention to the global HIV/AIDS epidemic*

As noted earlier, funding for global AIDS issues was very slow in developing. International AIDS funding has recently gained new attention in the United States. Globally, HIV infection rates are rising substantially, particularly in resource poor developing nations. More than 98% of people with HIV live outside the United States,

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[33] Kaiser Family Foundation, *Federal HIV/AIDS Spending*, Budget Chartbook, October 2000.
[34] FCAA, *Philanthropy and AIDS: Assessing the Past, Shaping the Future*. April 1999.
[35] The Foundation Center. *National Guide to Funding in AIDS, 2nd Edition*. 2001, vii.
[36] The reader is reminded that due to research constraints, these figures represent only a portion of the actual number and volume of HIV/AIDS grants made in this period.
[37] FCAA, *Voices From the Field: Remobilizing HIV/AIDS Philanthropy for the 21st Century*. June 2001.
[38] Gibbons, 1999, supra.

and approximately 95% of all people living with HIV live in the world's poorest countries.[39] [40] The growing devastation AIDS is creating in many developing countries is of such a scale that almost any private funder in such countries must at least take note of the impact, regardless of its stated funding priorities and strategies.

In the 1980s, international HIV/AIDS grants were awarded by only a few U.S.-based foundations, including sustained support from three private foundations – the **Ford Foundation**, the **Public Welfare Foundation**, and the **Rockefeller Foundation**.[41] Today, international HIV/AIDS funding is still generally supported by these large, established foundations, but many smaller foundations have also become involved as the situation has taken on the dimensions of a true global catastrophe. A most notable addition to the global AIDS funding arena has been the entry of the **Bill and Melinda Gates Foundation**. However, even with substantial Gates Foundation funding, international HIV/AIDS grantmaking from the U.S. still accounts for only 16.3% of overall US-based HIV/AIDS philanthropy.[42]

Internationally, in 2001, United Nations Secretary General Kofi Annan called for the creation of a Global Fund to address AIDS, Tuberculosis, and Malaria (GFATM) to collect and distribute more than $10 billion annually (See Appendix VII for an overview materials on GFATM). Secretary General Annan devoted almost all of an unprecedented keynote address at the 2001 Council on Foundations annual conference to the need for a more powerful multi-sectoral response, including a larger role for U.S. grantmakers.[43] The large amounts of funding being allocated by the Gates Foundation and raised and now disbursed by the Global Fund have captured the attention and imagination of many U.S.-based foundations, generating new dialogue and energy about funding to combat HIV/AIDS internationally.

### *FCAA Efforts*

In 1998, in response to signs of a softening in philanthropic support for HIV/AIDS, FCAA hired the Gallup Organization to conduct a detailed survey of HIV/AIDS grantmakers. The purpose of this effort was to assess past and present grantmaker interest in and funding levels for HIV/AIDS programs and discern possible future trends. The results from this survey were compiled into a report called *Philanthropy and AIDS: Assessing the Past, Shaping the Future*.[44] The report indicated an overall reduction in HIV/AIDS grantmaking from U.S. foundations and corporations, but raised many new questions about the reasons for the decline and possible ways for FCAA and other leaders in the field to reverse it. The survey results represented a "wake-up call" to the field regarding the growing need for further strategic philanthropy on AIDS. The report

[39] Centers for Disease Control, National Center for HIV, STD, TB Prevention, June 2001.
[40] UNAIDS at www.unaids.org
[41] Funders Concerned About AIDS, *A Report on International AIDS Grantmaking*, December 1991.
[42] Foundation Center, *Foundation Giving Trends*, 2001.
[43] Janet L. Fix. "A Challenge to Step Up AIDS Grants." *The Chronicle of Philanthropy*, May 17, 2001.
[44] FCAA/Gallup Survey, *Philanthropy and AIDS: Assessing the Past, Shaping the Future*, April 1999.

results, and reaction to them, spurred FCAA to create a "remobilization" paradigm for our programs starting in 1999.

In 2000, as a follow-up to *Philanthropy and AIDS: Assessing the Past, Shaping the Future* and part of FCAA's remobilization campaign, FCAA embarked on a more qualitative research project called the Funder Remobilization Project (FRP). The goal of this work was to create an even greater critical understanding of the current and possible future state of HIV/AIDS grantmaking and significant trends in the philanthropic field. The results were presented in FCAA's publication *Voices from the Field: Remobilizing HIV/AIDS Philanthropy for the 21st Century*. This publication not only made the case for enhanced grantmaker leadership on HIV/AIDS domestically and globally, but also reported important research results showing that many foundations were not moving away from AIDS, but rather were developing innovative ways to continue funding HIV/AIDS-related issues by incorporating HIV/AIDS into other funding categories or collaborating with various grantmaking institutions to pool resources (See Appendix I for executive summary of *Voices from the Field*).[45]

After several years of remobilization efforts, FCAA's latest research shows a marked improvement in foundation commitment to HIV/AIDS grantmaking. As the data in the following section indicate, philanthropy responded increasingly well, at least through 2000, to the many challenges AIDS posed in Africa, Asia and Latin America and also right here in the United States.

[45] FCAA, *Voices From the Field: Remobilizing HIV/AIDS Philanthropy for the 21st Century,* June 2001.

# OVERVIEW OF CURRENT HIV/AIDS PHILANTHROPY: YEAR 2000

The following section highlights key statistics and trends in U.S. HIV/AIDS philanthropy up to and including the year 2000. This provides an update, and in some cases a revision, of the FCAA publication *Voices from the Field: Remobilizing HIV/AIDS Philanthropy for the 21st Century,* which contains qualitative data on some of the most current elements and trends in HIV/AIDS philanthropy[46] (See Appendix I for Executive Summary of *Voices from the Field*).

HIV/AIDS philanthropy is continually shifting as private foundations and corporate grantmakers move in and out of the HIV arena, re-focus their efforts, re-align their funding priorities, and support various domestic and international programs. As a result, this information is constantly in a state of flux. However, the data presented here can serve as a starting point in a review and assessment of the current state of U.S. private HIV/AIDS grantmaking.

***Important Facts and Figures At a Glance***

- A new analysis by Funders Concerned About AIDS conducted in 2002 reveals that estimated grants from U.S. foundations and corporations for HIV/AIDS issues, domestically and globally, increased significantly from approximately $76.1 million in 1999 to at least $312.4 million in 2000, representing a stunning increase of over 300%.[47]
- Support for domestic U.S. HIV/AIDS efforts is no longer in obvious decline as it was for some years in the 1990's, but it appears, at best, stagnant.
- While HIV/AIDS is primarily a global epidemic, with 95% of people with HIV living in the world's poorest countries, 83.7% of U.S. foundation funding in 2000 was directed to local HIV/AIDS efforts inside the U.S. Approximately 16.3% of overall U.S.-based HIV/AIDS funding supported international HIV/AIDS efforts in 2002 (90% of this amount WAS granted to organizations in the United States for work or in some cases distribution abroad).[48]
- Philanthropic giving to international HIV/AIDS efforts is clearly at its highest level ever, particularly with the **Bill and Melinda Gates Foundation** leading the way with several multi-million dollar grants in the period from 1999 to 2001.[49]

[46] Readers may notice that some of the data in this publication differs from some of the data that was reported in *Voices From the Field: Remobilizing HIV/AIDS Philanthropy for the 21st Century*. These changes are the result of FCAA's increased understanding of the Foundation Center's HIV/AIDS philanthropy figures, new Foundation Center data for these periods and additional research FCAA staff conducted to gather more detailed information on HIV/AIDS funding in the year 2000.
[47] FCAA, *Report on AIDS Grantmaking by U.S. Philanthropy*, June 2002.
[48] Foundation Center, *National AIDS Funding Guide*, 2001 edition.
[49] For more information on the Gates Foundation, visit www.gatesfoundation.org

### *Aggregate Statistics*

As a means of establishing a broad picture of HIV/AIDS grantmaking, the following section outlines philanthropic aggregates on HIV/AIDS philanthropy. The data has been compiled based on the latest findings from FCAA's research and data from the Foundation Center. Empty boxes indicate information that is not available or an inapplicable category.

**TABLE A: Total HIV/AIDS Funding by Year (Private U.S. Philanthropy)[50]**

| Year | FCAA Estimates | Gates Foundation HIV Annual Grants |
|---|---|---|
| **1996** | $58,873,000 | |
| **1997** | $47,044,000 | |
| **1998** | $55,248,000 | $1,203,333 |
| **1999** | $76,192,000 | $12,531,076 |
| **2000** | $312,470,398[51] | $178,731,270[52] |

**TABLE B: International HIV/AIDS Grantmaking by U.S. Funders**

| | 1998 | 1999 | 2000 |
|---|---|---|---|
| International HIV Grantmaking | $7.3 million | ---[53] | ---[54] |

Source: Foundation Center, National Guide to AIDS Funding, 2000.

### *Top 25 U.S. HIV/AIDS Funders of 2000*

As part of this research project, FCAA attempted to determine the top twenty-five U.S based HIV/AIDS grantmakers for the year 2000.[55] This list represents the most current information available to FCAA.

In order to determine the top AIDS funders, foundation websites and annual reports

[50] Readers may notice that some of the data in this publication differs from some of the data that was reported in *Voices From the Field: Remobilizing HIV/AIDS Philanthropy for the 21st Century*. These changes are the result of FCAA's increased understanding of the Foundation Center's HIV/AIDS philanthropy figures, new Foundation Center data for these periods and additional research FCAA staff conducted to gather more detailed information on HIV/AIDS funding in the year 2000.

[51] This figure is comprised of a blend of FCAA's Top 25 HIV/AIDS funders and The Foundation Center's Top 50 HIV/AIDS funders for 2000, some of which overlap. The definitive figure for year 2000 AIDS philanthropy is probably slightly higher than even the FCAA figure of $312 million given the many smaller foundations that support HIV/AIDS programs (often with grants under $10,000).

[52] It is difficult to reduce the Gates Foundation's HIV/AIDS grants to single year numbers because many of their HIV/AIDS grants are for multiple years.

[53] Although no definitive FCAA or Foundation Center figures exist for levels of international HIV/AIDS grantmaking by U.S. funders in 1999 or 2000, at the very least almost all of the Gates Foundation HIV/AIDS funding was internationally-focused.

[54] Ibid.

[55] This list includes only U.S.-based foundations. As a result, some foundations based outside the U.S. that give large amounts of money to HIV/AIDS are not included.

were carefully examined to calculate the total dollar amount of AIDS-related grants issued in 2000. In addition, the Foundation Center's top fifty HIV/AIDS grantmakers list was used as the starting point for and integrated into the analysis.[56] After having examined all available sources, FCAA contacted the largest foundations and checked the grant levels. The following dollar amounts indicate committed HIV/AIDS grant money in 2000, some of which has not necessarily been paid out, as many grants are multi-year grants.

**TABLE C: Largest 25 U.S. HIV/AIDS Funders of 2000**

| Foundation Name | Dollar Amount |
|---|---|
| 1. Bill & Melinda Gates Foundation | $178,731,270 |
| 2. Henry J. Kaiser Family Foundation[57] | $27,218,039 |
| 3. United Nations Foundation | $17,732,225 |
| 4. Ford Foundation | $11,154,687 |
| 5. Elizabeth Glaser Pediatrics AIDS Foundation | $8,123,347 |
| 6. Broadway Cares/Equity Fights AIDS | $5,797,000 |
| 7. The Rockefeller Foundation | $5,783,556 |
| 8. amfAR | $4,650,000 |
| 9. International Fund for Health and Family Planning | $4,530,439 |
| 10. The New York Community Trust | $3,400,660 |
| 11. Starr Foundation | $2,780,000 |
| 12. California Endowment | $2,759,608 |
| 13. Packard Foundation | $2,506,000 |
| 14. Levi-Strauss Foundation | $2,323,000 |
| 15. National AIDS Fund | $2,169,811 |
| 16. Doris Duke Charitable | $2,138,250 |
| 17. Irene Diamond Fund | $2,000,000 |
| 18. Open Society Institute | $1,901,722 |
| 19. Elton John AIDS Foundation[58] | $1,800,000 |
| 20. The John D. & Catherine MacArthur Foundation | $1,777,000 |
| 21. Houston Endowment | $1,660,000 |
| 22. Public Welfare Foundation | $1,350,900 |
| 23. Robin Hood Foundation | $1,241,250 |
| 24. Burroughs Wellcome | $1,195,000 |
| 25. Robert R. McCormick Tribune | $1,106,847 |
| **TOTAL** | $295,830,611 |

[56] The limitations of source data are noted on page 2 of this document.

[57] The Henry J. Kaiser Family Foundation committed $27.2 million in 2000 to HIV/AIDS policy and public education activities and projects (includes both domestic and international work) and to South Africa, including loveLife. This figure is likely an underestimate because, as an operating foundation, Kaiser does a significant amount of HIV/AIDS work that is integrated throughout the Foundation that is not always categorized as such or assessed a dollar value (e.g. the Kaiser Daily HIV/AIDS Report and Kaiser's HIV-related webcasts).

[58] The figure of $1.8 million for year 2000 HIV/AIDS funding is for the U.S. Elton John AIDS Foundation. There is also a British-based Elton John Foundation which makes grants separately and thus is not part of this list. The British component of the Elton John AIDS Foundation made HIV/AIDS grants totaling $2,596,000 in 2000.

### *Domestic/General HIV/AIDS Philanthropy*

These findings have been collected from various philanthropic sources reporting on HIV/AIDS-related issues. These findings help to paint a current picture of HIV/AIDS philanthropy, some of the major players, and its evolution over the past several years.[59]

- According to a new analysis by Funders Concerned About AIDS, estimated grants from U.S. foundations and corporations for HIV/AIDS issues, domestically and globally, increased significantly from approximately $76.1 million in 1999 to at least $312.4 million in 2000, representing a stunning increase of over 300%.[60] [61]
- Large portions of the estimated financial increases in the year 2000 for HIV/AIDS grants (over $178 million, or approximately 57% of the estimated year 2000 total) are due to one funder – the **Bill and Melinda Gates Foundation** -- which has made an historic commitment to addressing the AIDS pandemic globally.
- A significant percentage of philanthropic support for HIV/AIDS programs comes from the top 25 AIDS funders – a potential over-reliance on such funders for AIDS grants and a potential weakness in the broad-based support for HIV/AIDS giving throughout the field.
- 'New health' foundations, created from the conversion of not-for-profit hospitals or health plans into for-profit entities, are giving substantial money to domestic HIV/AIDS efforts.[62] For example, the **California Endowment**, a new health foundation created in 1996, donated $2.75 million dollars to HIV efforts in 2000.[63]
- The **Henry J. Kaiser Family Foundation**, the **Ford Foundation**, and the **Bill and Melinda Gates Foundation** are the top AIDS public policy funders.[64]
- HIV/AIDS grantmaking tends to be sporadic and not necessarily long-standing in terms of a funding category. Some foundations give only once to HIV/AIDS, making it difficult to calculate future funding streams. For example, the **Starr Foundation** gave approximately $6 million dollars to HIV/AIDS-related research in 2000, but made no HIV grants in 2001 or 2002.[65]
- Common areas of emerging funding support include: harm reduction, needle exchange, health care access, organizational capacity building, and global AIDS issues. These are areas where private foundations can have a significant impact as they have more flexibility to fund controversial programs. Political independence is another advantage that allows for private philanthropy to venture into uncharted areas critical to the amelioration of HIV/AIDS.[66]

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[59] For an updated selected list of HIV/AIDS grants, see the FCAA web site at www.fcaaids.org
[60] FCAA, *Report on AIDS Grantmaking by U.S. Philanthropy*, June 2002.
[61] Ibid.
[62] Foundation Center, *Health Funding Update*, 2001.
[63] www.calendow.org
[64] www.gatesfoundation.org
[65] Foundation Center, Foundation Center Search Database, July 2001.
[66] Northern California Grantmakers AIDS Task Force, *Challenge & Change: Legacy and Future of Foundation Funding of HIV/AIDS in California*, 1999.

### *International HIV/AIDS Philanthropy Findings*

- The **Bill and Melinda Gates Foundation** is the leading funder in international HIV/AIDS philanthropic grantmaking efforts.[67] [68] [69]
- In 2000, there were several sizeable grants given to international HIV/AIDS efforts that substantially increased overall HIV/AIDS annual grantmaking. For example, the **Kaiser Family Foundation** committed approximately $17 million to the loveLife program in South Africa[70], and the **Bill and Melinda Gates Foundation** committed $50 million to the African Comprehensive HIV/AIDS Partnership.[71]
- Based on an analysis of the largest HIV/AIDS funders in 2000, HIV/AIDS funding, particularly international grants, come from a few large, established foundations. There appears to be relatively little participation from small grantmaking institutions in international HIV/AIDS grantmaking, although this may be changing in 2002-2003. Larger foundations have more resources and are able to make a greater impact, whereas smaller foundations often have geographical limitations that restrict them from funding internationally. Many smaller foundations are also overwhelmed by the sheer size of the global pandemic, and question the impact that they could have.[72]
- In Africa, a number of cross-sectoral partnerships are being established in order to intensify the response to AIDS across the continent.
- The corporate sector is increasingly showing leadership in this partnership field with the local governments[73]. For example, Coca-Cola launched a Local Community Infrastructure initiative in Zambia which will provide assistance to the Family Health Trust, an education project that works with young people.[74]
- The UNAIDS estimate for current global HIV/AIDS expenditures in low and middle-income countries is approximately $1.8 billion annually.[75] This estimate puts spending for care and support at $1 billion and spending for prevention at $800 million.[76]
- According to the Kaiser Family Foundation, there are serious limitations in the data available on global HIV/AIDS spending in developing countries. Policy makers need better estimates of current spending by function or purpose, including prevention, care and research.[77]
- Current spending is nowhere near the estimated $6.5 to $15.5 billion experts have estimated as a range of need to adequately fight the international HIV

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[67] Foundation Center, *Foundation Giving Trends*, 2001.
[68] www.gatesfoundation.org/globalhealth/aids/grants.htm
[69] For an updated list of selected HIV/AIDS grants, see the FCAA web site at www.fcaaids.org/funding.htm.
[70] Kaiser Family Foundation at www.kff.org
[71] Bill and Melinda Gates Foundation at www.gatesfoundation.org
[72] Christopher Yu, *The Role of Private Philanthropy in the Fight Against Global HIV/AIDS*, June 2001.
[73] United Nations, General Assembly on HIV/AIDS, February 2001.
[74] FCAA, *AIDS Is Your Business Update*, April 2002.
[75] UNAIDS, Report to PCB, November 28, 2002, page 16-17.
[76] Kaiser Family Foundation, *Global Spending on HIV/AIDS*, June 2001.
[77] Ibid.

pandemic now and by 2007, respectively.[78] [79] Global funding for HIV/AIDS in lower income countries is considerably inadequate to support opportunities to prevent new infections and improve the lives of those already infected. UNAIDS projects that $4.4 billion will be needed globally for HIV/AIDS-related care and support, and $4.8 billion will be needed for HIV/AIDS prevention.[80] Similar estimates have been made by economists and policy makers of the Commission on Macroeconomics and Health (CMH)[81] and the Global Fund on AIDS, Tuberculosis, and Malaria (GFATM).[82]

### *A Sampling of Umbrella Categories*

Research in 2000 for FCAA's *Voices From The Field* publication revealed that many grantmakers are utilizing an "integration strategy" to continue funding HIV/AIDS-related issues in order to increase resource availability and to increase the potential for sustained support. The integration strategy has allowed HIV/AIDS issues to be subsumed under larger initiatives such as reproductive rights, community revitalization, human rights, and global health.[83] By subsuming HIV/AIDS grants under other funding categories, foundations are finding creative ways to continue funding this critical issue. The majority of AIDS grants have been integrated under broader, longstanding categories such as health, population, and youth development. Funding for HIV/AIDS can fall into a variety of categories including medical research, medical care, education and public awareness, social services, public policy, civil rights, international and developing country concerns. Following are examples of umbrella categories under which HIV/AIDS programs have been subsumed in major foundations that fund HIV/AIDS-related issues.

**Examples:**

| | |
|---|---|
| **Bill and Melinda Gates Foundation:** | Global Health: HIV/AIDS<br>(Priorities for funding include AIDS vaccine development, prevention/protection, microbicide development, comprehensive approaches, AIDS orphans) |
| **Ford Foundation:** | Asset Building and Community Development:<br>Human Development and Reproductive Health<br>Human Rights and International Cooperation |

[78] UNAIDS Economic Reference Group, October 2002.
[79] United Nations Secretary General Kofi Annan, April 2001; *Science Magazine*, June 2001; and Commission on Macroeconomics and Health, December 2001.
[80] UNAIDS at www.unaids.org
[81] Commission on Macroeconomics and Health at www.cmhealth.org
[82] Global Fund to Fight AIDS, Tuberculosis, and Malaria at www.globalfundatm.org
[83] Yu, 2001, supra.

| | |
|---|---|
| **MacArthur Foundation:** | Global Security & Sustainability<br>Population |
| **California Endowment:** | Access<br>Multi-Cultural Health |
| **Packard Foundation:** | Population:<br>Family Planning and Reproductive Health Services |
| **Rockefeller Foundation:** | Health Equity |
| **Robert Wood Johnson:** | Priority Populations<br>Community Health<br>Supportive Services |
| **W.K. Kellogg:** | Health |
| **UN Foundation:** | Children's Health<br>Women & Population |

***Original HIV/AIDS Grantmakers: A Comparison of Past and Present Grantmaking***

The following section is a comparison examining past and present HIV/AIDS funding efforts of the first foundations to step forward and fund HIV/AIDS-related programs in the beginning of the pandemic. This comparison provides a qualitative example of the trend in the late 1990s to reduce HIV/AIDS funding. As the FCAA/Gallup survey indicated, early core AIDS funders started to show signs of weakness in their HIV/AIDS funding and an overall waning interest in AIDS. However, as *Voices from the Field: Remobilizing HIV/AIDS Philanthropy for the 21st Century* indicated in 2001, funding opportunities for HIV/AIDS-related issues were increasing, and many foundations were using creative ways to maintain HIV/AIDS as a funding priority.

The following examples show how several of the original HIV/AIDS funders withdrew their support, leaving a several-year gap in HIV/AIDS grantmaking. Fortunately, this gap in funding seems to have been temporary as a result of other large foundations replacing the original funders in HIV/AIDS grantmaking.

**TABLE D: ORIGINAL HIV/AIDS GRANTMAKERS: THEN AND NOW**

| FOUNDATION | THEN | NOW |
|---|---|---|
| **Charles A. Dana Foundation** | $2 million awarded from 1994-1996 to a consortium of neuroscience researchers examining AIDS Dementia. | Nothing directly related to HIV/AIDS grantmaking. Funding focus is biomedical research, with some immunology research grants. |
| **James Irvine Foundation** | Apportioned 20% of health budget totaling $4,121,500 dollars to HIV/AIDS between 1988 and 1993. | In 1999, all health grantmaking phased out due to a perception that health and HIV/AIDS had gained new funding from other foundations, and that strategic funding could focus elsewhere. |
| **Robert Wood Johnson Foundation** | $17.2 million awarded to an AIDS Health Service Program in 1986. | HIV/AIDS funding category dissolved, and less than 1% of the budget currently allocated for HIV/AIDS grantmaking. |
| **Aaron Diamond Foundation** | In 1985, the foundation began a multi-million dollar program to support AIDS research. | As planned, the foundation gave away all of its money within an allotted time period and disbanded. |

### *Collaborative HIV/AIDS Funding Mechanisms*

Relatively unique to AIDS philanthropy, at least initially, was the development of a formal network of *funder collaborations* in which national funders paired up with community foundations to pool funds in order to maximize resources.[84] Information about the National AIDS Fund, the oldest and largest example of this type of collaboration, is available in section II of this document. This effective strategy combines the local expertise of community foundations and established infrastructure and the reputation of larger foundations. These projects not only provide more money, but also allow sharing of resources and knowledge. Collaboration works to keep small foundations, corporations and government entities involved in HIV/AIDS efforts by combining resources and expertise and decreasing the sense of isolation between organizations. Collaborations can help bridge the gap between organizations and can involve government, social service agencies, private foundations, public and private sectors, and business.

The following are examples of funder collaborations that are effectively mobilizing resources and working towards minimizing the devastating effects of HIV/AIDS.

[84] Seltzer, 1997, supra.

***MTCT-Plus AIDS Initiative:***

In early December 2001, eight U.S. foundations launched a $50-million AIDS initiative called MTCT-Plus. The five-year pilot program aims to reduce mother-to-child HIV transmission in developing nations. The contributing foundations hope that grantmakers outside the United States will also fund the initiative so that it will grow to a $100-million program.

The eight foundations that provided initial funding to the initiative are:

- the **Rockefeller Foundation**
- the **Henry J. Kaiser Family Foundation**
- the **Robert Wood Johnson Foundation**
- the **United Nations Foundation**
- the **Bill and Melinda Gates Foundation**
- the **William and Flora Hewlett Foundation**
- the **John D. and Catherine T. MacArthur Foundation**
- the **David and Lucile Packard Foundation**

The initiative will provide testing, drug treatment and additional health care services for HIV-positive pregnant women and their newborn children. The infection of newborns can be prevented using a low-cost regimen of drugs, however, the lack of treatment programs for pregnant women has discouraged many women from seeking care. Of the 26 million pregnant women in sub-Saharan African in 2001, experts estimate that more than 2.5 million are infected with HIV.

The pilot program is administered by the Mailman School of Public Health at Columbia University with grants going to organizations in Africa, Asia and Latin America already working on HIV/AIDS prevention and care. Additionally, part of the money will go to the United Nations Children's Fund (UNICEF). The first set of grants was distributed in March 2002.

Due to the scope of the international pandemic, grantmakers may have concerns about how to effectively and meaningful apply limited resources to HIV/AIDS related issues. The MTCT-Plus AIDS Initiative serves as an example of the broader scope of services that can be reached through collaborative efforts. Emphasis should be placed on building “cause specific” partnerships between donors to keep up with the spread of the epidemic, especially in developing countries. As evidenced by recent FCAA reports, this significant international initiative shows the growing support within organized philanthropy for global AIDS efforts.

For more information on this initiative, including contact information, visit the Mailman School of Public Health's web site at: **www.mtctplus.org.**

***Northern California Grantmakers AIDS Task Force:***

The AIDS Task Force (ATF) of Northern California Grantmakers (NCG) began in 1986 as a discussion group composed of foundation and corporate funders concerned about the increasing numbers of people contracting HIV/AIDS.[85] The discussion group provided an opportunity to learn and share information about the pandemic as well as to develop specific grantmaking strategies. In 1988 the NCG Board of Directors formally authorized the work of the Task Force, which has since developed into a coordinated, focused giving program and a forum for the on-going education of grantmakers about HIV/AIDS. The ATF evolved into a collaborative funding effort, currently involving 30 foundations and corporations.

Over the past ten years, the ATF has made over 230 grants totaling $7 million in the areas of prevention, care, public policy, and technical assistance to organizations in the San Francisco Bay Area. The ATF's collaborative approach to grantmaking not only benefits persons living with HIV and those at risk for infection, but it also has an added benefit for grantmakers. Outside evaluations confirm that numerous funders might not have become involved in AIDS grantmaking if they had not joined the ATF. An additional benefit is derived from pooled funds. Pooling creates a critical mass of creative, flexible, and focused dollars that attracts innovative proposals. Both small and large foundations realize a greater impact than they could make through their own grantmaking programs.

[85] www.ncg.org/aboutncg/coll_aids_grants.html

# COMPARATIVE DATA ON RECENT HIV/AIDS PHILANTHROPY

COMPARATIVE DATA

To fully understand the current state of HIV/AIDS philanthropy, it is necessary to examine the broader picture of philanthropy and place HIV/AIDS grantmaking within a larger philanthropic context. From 1995 to 2000, philanthropy experienced record growth in giving; foundation assets doubled from $226.74 billion in 1995 to $486.08 billion in 2000; 16,000 new foundations were created, bringing the total number of foundations to 56,582; there was a westward shift in foundation resources; and the world's largest foundation, the **Bill and Melinda Gates Foundation**, was established.[86] These findings along with other significant trends are valuable in making sense of the overall philanthropic background under which HIV/AIDS philanthropy is operating.

This section outlines some of the most recent general philanthropy findings and statistics. These aggregates are helpful in gauging the current state of the foundation world, such as levels of grantmaking and areas of significant support. Furthermore, because of the trend to subsume HIV/AIDS efforts under broader funding categories such as health, it is critical to have knowledge about the state of current health grantmaking.

(All data is from the Foundation Center unless otherwise noted, although FCAA's higher, aggregate number for year 2000 AIDS philanthropy is used throughout this section. Empty boxes indicate information that is not yet available).

### *Foundation Giving Aggregates*

### HIV/AIDS-Specific Aggregates:

**TABLE E-I: U.S. Domestic Totals in Dollar Amounts**

| | 1998 | 1999 | 2000 |
|---|---|---|---|
| Total Annual Grantmaking | $19.5 billion | $23.3 billion | $27.6 billion |
| Total HIV/AIDS Grantmaking[87] | $55.2 million | $76.1 million | $312.4 million |
| Total Health Grantmaking | $3 billion | $3.7 billion | $4.46 billion |

[86] Foundation Center, *Foundation Giving Trends*, 2001.
[87] FCAA, *Report on AIDS Grantmaking by U.S. Philanthropy*, June 2002

**TABLE E-II: U.S. –Based Grantmakers Total International Giving**

| | 1998 | 1999 | 2000 |
|---|---|---|---|
| **Total HIV/AIDS International Grantmaking** | $7.3 million | ---[88] | **---[89]** |
| Total Health International Grantmaking | $158 million | $240 million | **---** |
| Total International Grantmaking | $1.32 billion | $1.3 billion | $2.4 billion |

**TABLE E-III: Dollar Value of Grants by Subject Categories (Dollars in Thousands)**

| | 1998 | 1999 | 2000 |
|---|---|---|---|
| Education | $2,366,631 | $2,822,129 | $3,779,009 |
| Health | $1,602,137 | $1,981,949 | $3,089,922 |
| Human Services | $1,455,932 | $1,869,291 | $2,169,075 |

Source: *Foundation Giving Trends 2002*, Foundation Center

**TABLE E-IV: Total Grant Dollars Designated for Special Population Groups: 1998-2000 (Dollars in Thousands)**

| | 1998 | 1999 | 2000 |
|---|---|---|---|
| Children & Youth | $1,566,634 | $1,795,933 | $2,490,014 |
| Minorities | $962,545 | $917,790 | $1,156,608 |
| Women & Girls | $628,393 | $736,548 | $1,089,408 |
| Disabled | $300,335 | $387,652 | $476,447 |
| ***People with AIDS[90]*** | ***$55,248*** | ***$76,192*** | ***$312,470*** |
| Gays & Lesbians | $8,787 | $13,507 | $17,660 |

Source: *Foundation Giving Trends 2002*, Foundation Center

**TABLE E-V: Number of Grants Designated for Special Population Groups: 1998-2000**

| | 1998 | 1999 | 2000 |
|---|---|---|---|
| Children & Youth | 18,555 | 21,689 | 25,162 |
| Minorities | 8,867 | 9,796 | 11,877 |
| Women & Girls | 6,448 | 7,245 | 8,037 |
| Disabled | 4,383 | 4,960 | 5,682 |
| ***People with AIDS*** | ***806*** | ***909*** | ***1,092*** |
| Gays & Lesbians | 210 | 339 | 422 |

Source: *Foundation Giving Trends 2002*, Foundation Center

[88] Although no definitive FCAA or Foundation Center figures exist for levels of international HIV/AIDS grantmaking by U.S. funders in 1999 or 2000, at the very least almost all of the Gates Foundation HIV/AIDS funding for these years was internationally-focused.
[89] Ibid.
[90] FCAA, *Report on AIDS Grantmaking by U.S. Philanthropy*, June 2002.

## Overall Philanthropy Aggregates:

**TABLE F-I: Foundation Aggregates**

| Year | Number of Foundations | *Total Giving* (in billions) | Total Assets (in billions) |
|---|---|---|---|
| 2000 | 56,201 | $27.6 | $486.09 |
| 1999 | 50,201 | $23.3 | $448.6 |
| 1998 | 46,832 | $19.46 | $385.05 |
| 1997 | 44,146 | $15.98 | $329.91 |

**TABLE F-II: Number of Foundations: 2000**

| Total | Independent | Corporate | Community |
|---|---|---|---|
| 56,201 | 50,532 | 2,018 | 2,166 |

**TABLE F-III: Percent of Increase in Giving by Type of Foundation 1999-2000**

| Independent | Corporate | Community |
|---|---|---|
| 18.2% | 6.1% | 17.1% |

**TABLE F-IV: Distribution of Grants by Foundation Type: 2000**

| Foundation Type | Dollar Value of Grants | Number of Grants |
|---|---|---|
| Independent | 83.6% | 63% |
| Corporate | 9.6% | 24% |
| Community | 5.4% | 11.2% |

**TABLE F-V: Distribution of Grants by Subject Categories: 1998-2000 (Dollar Value)**

| | 1998 | 1999 | 2000 |
|---|---|---|---|
| Education | 20,080 | 22,063 | 24,612 |
| Health | 11,816 | 12,776 | 14,517 |
| Human Services | 22,923 | 26,905 | 29,140 |

### *2000 Health Grantmaking Trends*

Research on health grantmaking is critical in assessing the state of HIV/AIDS grantmaking, as it is often the umbrella category under which HIV/AIDS programs are subsumed. Tracking health grantmaking trends can be indicative of how much funding is allocated to HIV/AIDS programs. Current research shows that foundations by and large are discontinuing their *AIDS* funding categories in favor of broader, more comprehensive funding categories such as *health*.

The following findings come from the Foundation Center's *Foundation Giving Trends* 2002 Edition, unless otherwise noted.

**TABLE F: Foundation Total Giving for Health**

| 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|
| $1.3 billion | $1.6 billion | $1.9 billion | $3.0billion |

Source: *Health Funding Update 2001*, Foundation Center

- Health giving comprised a record 21% of overall philanthropic dollars in 2000.
- Health funding increased by 56%, surpassing the 29% overall increase in other fields in 2000.
- Health ranked second to education in grant dollar received in 2000.[91]
- The **Bill and Melinda Gates Foundation** brought substantial growth to the health sector.
- The largest ten private foundations giving to health in 2000 were (in order): **Bill and Melinda Gates Foundation**, **Robert Wood Johnson Foundation, California Endowment**, **David and Lucile Packard Foundation**, **Lilly Endowment**, **Robert W. Woodruff Foundation**, **Starr Foundation**, **Whitaker Foundation, John A. Hartford Foundation**, **Ford Foundation**.
- New Health Foundations (the conversion of nonprofit hospitals into for-profit) awarded a total of at least $318.2 million in 2000.
- Independent, private foundations give more than double the amount to health-related issues than do corporate and community foundations.
- The largest categories in foundation health grantmaking in 2000 were hospitals and medical care (19%), medical research (27%), and specific diseases (14%).[92]
- Growing categories in health funding include public health efforts, reproductive health, and international programs. These categories often serve as 'umbrella categories' for AIDS grantmaking.

### *National Foundation Giving Trends at a Glance*

Source: Foundation Center, based on a sample of 1,016 large foundations

- Total philanthropic giving reached $203 billion in 2000 including individual, corporate, foundation giving, and bequests. This 6.6% increase compared to the revised 1999 figure of $190.79 billion was the slowest growth rate since 1995.[93]
- Total foundation grants rose 18.4% to an estimated $27.6 billion in 2000, up $4.3 billion dollars from 1999.
- A record of 582 grants of 2.5 million or more were reported in 2000.
- Three factors contributed to the rise in grantmaking from 1999-2000:
  - Record level of new gifts and bequests from donors to foundations.
  - Continued creation of new foundations.
  - Vibrant health of the nation's economy, which raised the value of existing endowments and encouraged giving by corporate foundations.

[91] Foundation Center, *Foundation Giving Trends*, 2002.
[92] Foundation Center, *Health Funding Update*, 2002.
[93] Giving USA 2001.

- Despite continued strong growth in foundation giving through 2000, clear signs of an economic slowdown were evident in early 2001. Many fear that philanthropic giving for 2002 will decrease.
- The total number of active foundations (community, corporate, operating, private) increased by nearly 6,400, from 50,201 in 1999 to 56,582 in 2000.
- Independent foundations provided approximately 81.5 % of total grants in 1999-2000, followed by corporate foundations at 10.8%, and community foundations at 7.9%.
- In 2000, independent foundation giving increased 18.7%.
- In 1999, community foundations outperformed both independent and corporate foundations, reporting a 26.9% increase.
- In 2000, community and independent foundations led growth; corporate foundations showed effects of economic slowdown.
- Community foundations targeted bigger shares of grant dollars to benefit specific population groups.
- For a second consecutive year, the **Bill and Melinda Gates Foundation** outranked all other grantmakers by size of asset growth and became the top-ranked U.S. foundation by assets. Among the top 25 HIV/AIDS funders, those reporting the highest increases in actual asset dollars in year 2000, after the Gates Foundation, include the **David and Lucile Packard Foundation**, the **Ford Foundation**, and the **California Endowment**.
- The largest category of funding was education (25%), followed by health (21%).
- Among intended beneficiary populations, children and youth continued to account for largest share of support, followed by the economically disadvantaged in 2000.
- The largest increases in 2000 among intended beneficiary populations were in grants to benefit military/veterans, gays and lesbians, people with AIDS, and the elderly and aging.

### *International Grantmaking Trends 2000*

Source: Foundation Giving Trends, 2001

- Domestic rather than international HIV/AIDS funding remains the primary focus of U.S. philanthropic funding. More than 8 out of 10 HIV/AIDS grant dollars from U.S. foundations go to domestic U.S. programs and efforts.
- International giving by U.S. foundations increased from 12% in 1999 to 16.3% in 2000 of the total grantmaking. Yet, of the U.S. foundation grants to "international AIDS" efforts, 89.2% of funding is granted to organizations based inside the U.S. for distribution or programming abroad.
- In 2000, foundations gave $901 million to overseas recipients. This represents a 109% increase from 1999.
- The largest ten international HIV/AIDS funders account for more than three-fifths of support in the field.
- Starting in 1987, the **Ford Foundation**, **Public Welfare Foundation**, and the **Rockefeller Foundation** led the international U.S. philanthropy response to the global HIV/AIDS epidemic.

- By 2000, the **Bill and Melinda Gates Foundation** had become the largest U.S. donor to international HIV/AIDS issues.
- The **United Nations Foundation**, a leading international HIV/AIDS donor, funds efforts in the Ukraine, India, South Asia and Central America.
- U.S. corporate organizations are increasingly engaging in cross-sectoral partnerships with the governments of countries hardest hit by the HIV/AIDS epidemic. Companies such as **Levi-Strauss**, **MTV**, **Standard Chartered Bank**, **Daimler-Chrysler,** and **Unilever** are taking the lead in promoting the involvement of business with the government.

***Conclusion***

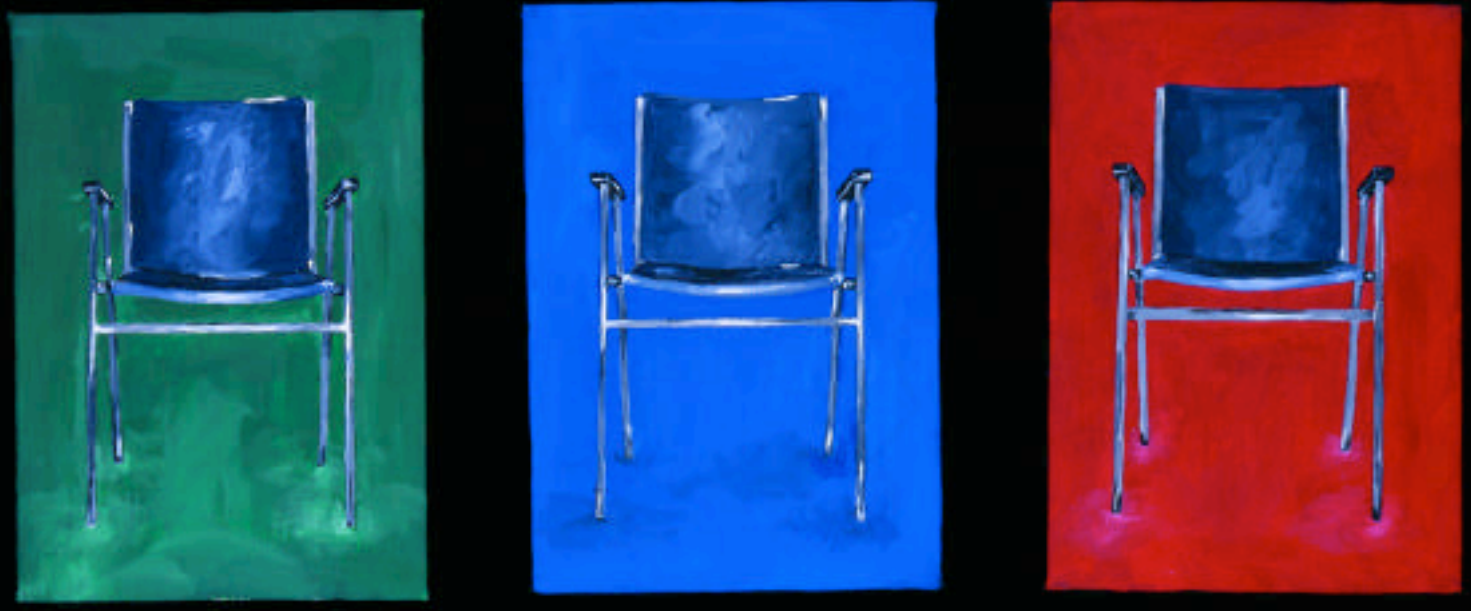
This dramatic increase in AIDS grantmaking demonstrates a necessary and important enhancement in philanthropic leadership on HIV/AIDS at a time when it is desperately needed. In light of FCAA's campaign to remobilize, diversify and deepen the philanthropic response to AIDS, FCAA is encouraged by this turn of events.

Despite these positive trends in AIDS grantmaking by U.S. foundations and corporations as of 2000, much more remains to be done by all sectors of society, including philanthropy, to fully address the tremendous challenges, domestically and globally, created by this pandemic.

The battle against HIV/AIDS is not over, despite advances in research on treatments against HIV and its associated opportunistic infections, and despite resulting prolonged life expectancies for people with AIDS living in wealthy countries. The needs and programming costs created by HIV/AIDS continue to far outweigh the level of support from both public and private organizations.

Overall, private foundations and corporate funders have played a critical role in furthering the response to HIV/AIDS. Foundations helped to fill the critical gap in HIV/AIDS funding until the U.S. government and then other governments and multilateral organizations allocated desperately needed resources to help alleviate the devastating effects of the pandemic. Ultimately, private foundations in the U.S. and internationally have helped to create some templates for government HIV/AIDS funding.

The issue moving forward is how to continue and expand this level of funding and engage grantmakers to maintain long-term support for HIV/AIDS until progress against the disease itself – not donor fatigue or other 'artificial' factors – justifies any lessening of funding. These challenges are greater now that economic conditions have created many financial challenges for grantmakers trying to simply maintain funding levels of recent years. One thing is crystal clear -- the need to keep private philanthropy involved in creative and strategic HIV grantmaking remains imperative if the domestic and international fight against HIV/AIDS is to be won.



# VOICES FROM THE FIELD: REMOBILIZING HIV/AIDS PHILANTHROPY FOR THE 21ST CENTURY

# Executive Summary

**FUNDERS CONCERNED** About AIDS (FCAA) is the leading educator and advocate within the philanthropic community on HIV/AIDS. In research conducted by FCAA through the Gallup Organization in 1999, there were clear, troubling signs of weakness and disengagement in the domestic philanthropic response to HIV/AIDS.[2] The same research documented a developing, yet small and somewhat unorganized, philanthropic commitment to the enormous international HIV/AIDS crisis.

In response to this research and a pandemic that is evolving both domestically and internationally, FCAA embarked on additional qualitative research involving leading HIV/AIDS funders. This study, called the Funder Remobilization Project (FRP), was designed to gather information that will enable FCAA to better understand and further the philanthropic response to HIV/AIDS well into the 21st century. The research involved conducting in-depth interviews with 35 of the nation's leading HIV/AIDS funders to answer several primary research questions.



## KEY FINDINGS

### Q How are funders maintaining long-term support of HIV/AIDS?

**Grantmakers are re-aligning HIV/AIDS funding with their missions and strategic goals by making the connection between HIV/AIDS and other community needs.**

- The populations most affected by HIV/AIDS domestically and the issues confronting them—poverty, access to health care and substance abuse, for example—often align well with many foundations' longstanding commitments to community development and problem solving.
- Most of the funders interviewed are integrating HIV/AIDS grantmaking into broader, longstanding grantmaking areas such as health, chronic care, youth development and public policy.
- According to the funders interviewed, this strategy of "integration" can lead to increased resource availability and the potential for more sustained support.
- Grantmakers interviewed expressed concern that this strategy of integration could result in the opposite effect as well—a net loss for HIV/AIDS and could lead to increased competition for limited philanthropic resources between HIV/AIDS and other issues.

2 Funders Concerned About AIDS, *Philanthropy and AIDS: Assessing the Past, Shaping the Future*, 1999.

**Complex and evolving HIV/AIDS epidemiological trends often motivate funders to stay involved in HIV/AIDS grantmaking.**

- Leading HIV/AIDS grantmakers understand the complexity of the domestic and international pandemic and often use this understanding to justify their involvement, directly and indirectly, in the HIV/AIDS pandemic.
- The increasingly disproportionate impact of the HIV/AIDS pandemic on communities traditionally disenfranchised from mainstream health, social and economic life is enabling most leading funders to stay involved in HIV/AIDS because it relates to their broader commitment to serve underserved communities.

**Collaborative funding mechanisms often keep grantmakers involved in HIV/AIDS.**

- Collaborative funding pools continue to provide a vehicle for ongoing philanthropic support of HIV/AIDS. In some cases, the mechanism itself takes on a life of its own, keeping funders who might have withdrawn support involved in the issue.

## Q What obstacles and challenges remain for HIV/AIDS-related philanthropy, domestically and internationally, particularly as the pandemic evolves?

**Traditional roles for philanthropy have positive and negative consequences on HIV/AIDS-related grantmaking.**

- Funders tend to be "first-in" supporters of emerging issues. As HIV/AIDS enters its third decade with a robust public sector response in the United States, the ability for philanthropy to be "first-in" is limited because the issue is no longer seen as "new" or a "crisis". However, internationally the issue is viewed as a burgeoning crisis with a limited government/public sector response. This clears the way for philanthropy to play to its strength of issuing "first-in" funding.
- Grantmakers often look to fill gaps and identify "niches" where they can have a unique impact and leverage resources. As the pandemic evolves domestically, funders interviewed acknowledged that it might be more difficult to identify these opportunities, yet at the same time there are still a multitude of opportunities for philanthropy to be even more strategic and effective.

**The perception of HIV/AIDS domestically has changed from being a "crisis" to an "important problem".**

- HIV/AIDS domestically is no longer seen as a crisis by most of the funders interviewed. Nevertheless, HIV/AIDS is still viewed as one of the most important problems facing communities today.
- This change in perception has enabled many funders to integrate HIV/AIDS support into broader, often more long-standing areas of grantmaking. The downside is that it may also be contributing to some decreases in HIV/AIDS funding.

## Q How has U.S.-based philanthropy addressed the burgeoning global pandemic? How, if at all, has the global pandemic affected domestic HIV/AIDS philanthropy?

**The devastating international HIV/AIDS pandemic is receiving increased attention from the philanthropic community, yet few U.S.-based grantmakers fund international HIV/AIDS efforts.**

- Growth in HIV/AIDS philanthropy in recent years has occurred primarily on the international front through several major initiatives by large foundations.
- The increased attention given to the international HIV/AIDS pandemic has had an impact on the domestic response. In some cases it has overshadowed the U.S. problem and provided funders with justification for decreasing or withdrawing their support. In other cases it has kept attention on HIV/AIDS in general, enabling some to maintain or renew domestic efforts.
- The scope of the global pandemic is so great that many grantmakers are at a loss for how to apply their limited resources to the problem in a meaningful and effective way. This effect is particularly true for smaller foundations and for grantmakers that have never funded outside of the United States.
- The growth in the international HIV/AIDS pandemic is of great concern to grantmakers yet, for many, they cannot fund HIV/AIDS efforts in other countries because of perceived or actual restrictions in their funding guidelines.
- Many funders were unaware that there are many U.S.-based agencies doing work internationally that would be eligible for domestic grantmaking.

**International HIV/AIDS funding raises questions of how to be most effective.**

- Grantmakers are concerned about the mechanics of international grantmaking and how to work with local governments, local organizations, international institutions, other national governments and other grantmakers to develop and implement effective grantmaking strategies.
- Grantmakers questioned how to balance their need for accountability in funding with the larger need for local empowerment and control of international HIV/AIDS efforts.

## CONCLUSION

### Q As a philanthropic leader in HIV/AIDS, how can FCAA continue to mobilize and support an ongoing, robust and strategic philanthropic response?

As this research documents, philanthropy continues to play a critical role in the domestic and international response to the HIV/AIDS pandemic. The leading HIV/AIDS funders continue to view HIV/AIDS as a very important community issue in the United States that is related to many of the other health, social and economic concerns that they are trying to address through their grantmaking. It is this approach of "integration" that is enabling many funders to maintain, institutionalize and perhaps even increase support of HIV/AIDS programs and services. Internationally, philanthropy as a field appears to be slowly increasing its role. Leading large funders are paving the way (some in dramatic ways), yet there are many opportunities for grantmakers, large and small, to make an impact in the international pandemic.

This study has provided valuable information and answers to many key questions, particularly that philanthropy can and must continue to play an essential and ongoing role in bringing an end to the HIV/AIDS pandemic. The research identifies many opportunities for philanthropy to continue to play to its strengths and at the same time have a meaningful and strategic impact on the pandemic domestically and internationally. While many challenges remain, this research and the work of FCAA have helped to make these challenges more clearly understood. Through this understanding, what were once only challenges and insurmountable problems can become opportunities for philanthropy to do one of the things it does best—strategically invest in sustainable community problem-solving.

## APPENDIX II: Top 25 HIV/AIDS Funders in 2000 – FCAA Listing[94]

| Foundation Name | Websites |
|---|---|
| 1. Bill & Melinda Gates Foundation | www.gatesfoundation.org |
| 2. Henry Kaiser Foundation | www.kff.org |
| 3. United Nations Foundation | www.unfoundation.org |
| 4. Ford Foundation | www.fordfound.org |
| 5. Elizabeth Glaser Pediatrics AIDS Foundation | www.pedaids.org |
| 6. Broadway Cares/EFA | www.broadwaycares.org |
| 7. The Rockefeller Foundation | www.rockfound.org |
| 8. AMFAR | www.amfar.org |
| 9. International Fund for Health and Family Planning | N/A |
| 10. The New York Community Trust | www.nycommunitytrust.org |
| 11. Starr Foundation | http://foundationcenter.org/grantmaker/strr |
| 12. California Endowment | www.calendow.org |
| 13. Packard Foundation | www.packfound.org |
| 14. Levis Strauss Foundation | www.levistrauss.com/responsibility/foundation |
| 15. National AIDS Fund | www.aidsfund.org |
| 16. Doris Duke Charitable | www.ddct.aibs.org |
| 17. Irene Diamond Fund | www.adarc.org |
| 18. Open Society Institute | www.osi.hu |
| 19. Elton John AIDS Foundation | www.ejaf.org |
| 20. The MacArthur Foundation | www.macfound.org |
| 21. Houston Endowment | www.houstonendowment.org |
| 22. Public Welfare | www.publicwelfare.com |
| 23. Robin Hood Foundation | www.robinhood.org |
| 24. Burroughs Wellcome | www.bwfund.org |
| 25. Robert R. McCormick Tribune | www.rrmtf.org |

[94] In order to determine the top 25 AIDS funders, foundation websites and annual reports were carefully examined to calculate the total dollar amount of AIDS-related grants issued in 2000. In addition, the Foundation Center's top fifty HIV/AIDS grantmakers list was used as the starting point for and integrated into the analysis. After having examined all available sources, FCAA contacted the largest foundations and checked the grant levels.

## APPENDIX III: Top 50 HIV/AIDS Funders in 2000 – Foundation Center Listing

| Top 50 U.S. Foundations Awarding Grants for People with AIDS (PWAs), circa 2000* | | | | |
|---|---|---|---|---|
| | **Foundation Name** | **State** | **Dollar Amount** | **No. of Grants** |
| **1** | Bill & Melinda Gates Foundation | WA | $178,731,270 | 12 |
| **2** | The Ford Foundation | NY | 11,154,687 | 61 |
| **3** | The Starr Foundation | NY | 6,100,000 | 3 |
| **4** | International Fund for Health & Family Planning | NY | 4,530,439 | 3 |
| **5** | The Rockefeller Foundation | NY | 2,667,861 | 11 |
| **6** | The California Endowment | CA | 2,440,659 | 28 |
| **7** | Levi Strauss Foundation | CA | 2,323,000 | 40 |
| **8** | Doris Duke Charitable Foundation | NY | 2,138,250 | 4 |
| **9** | Open Society Institute | NY | 1,901,722 | 13 |
| **10** | Houston Endowment, Inc. | TX | 1,660,000 | 6 |
| **11** | Charles Stewart Mott Foundation | MI | 1,575,000 | 3 |
| **12** | Public Welfare Foundation, Inc. | DC | 1,425,900 | 25 |
| **13** | The David and Lucile Packard Foundation | CA | 1,331,000 | 4 |
| **14** | Burroughs Wellcome Fund | NC | 1,195,000 | 3 |
| **15** | Robert R. McCormick Tribune Foundation | IL | 1,106,847 | 22 |
| **16** | John D. and Catherine T. MacArthur Foundation | IL | 1,095,000 | 9 |
| **17** | Irene Diamond Fund | NY | 1,050,000 | 2 |
| **18** | The New York Community Trust | NY | 1,025,000 | 22 |
| **19** | The Rath Foundation | WI | 975,000 | 14 |
| **20** | The Merck Company Foundation | NJ | 961,689 | 6 |
| **21** | H. van Ameringen Foundation | NY | 870,840 | 25 |
| **22** | The Pew Charitable Trusts | PA | 805,000 | 8 |
| **23** | The Gill Foundation | CO | 752,875 | 41 |
| **24** | The Robert Wood Johnson Foundation | NJ | 708,189 | 7 |
| **25** | The California Wellness Foundation | CA | 700,000 | 8 |
| **26** | The William Penn Foundation | PA | 694,684 | 4 |
| **27** | Tisch Foundation, Inc. | NY | 656,000 | 1 |
| **28** | The Kresge Foundation | MI | 600,000 | 2 |
| **29** | Kate B. Reynolds Charitable Trust | NC | 585,172 | 6 |
| **30** | The Buffett Foundation | NE | 585,000 | 2 |
| **31** | The Melville Charitable Trust | CT | 519,003 | 3 |
| **32** | The David Geffen Foundation | CA | 516,200 | 8 |
| **33** | Pasadena Foundation | CA | 500,000 | 1 |
| **34** | Foundation for the Carolinas | NC | 477,338 | 7 |
| **35** | The Healthcare Foundation for New Jersey | NJ | 409,819 | 5 |
| **36** | The Morris and Gwendolyn Cafritz Foundation | DC | 400,000 | 2 |
| **37** | Eleanor Naylor Dana Charitable Trust | NY | 385,727 | 7 |
| **38** | The Agnes Gund Foundation | OH | 375,000 | 3 |
| **39** | Marin Community Foundation | CA | 370,000 | 4 |
| **40** | The Duke Endowment | NC | 361,298 | 4 |
| **41** | The San Francisco Foundation | CA | 333,750 | 14 |
| **42** | John S. and James L. Knight Foundation | FL | 325,000 | 1 |
| **43** | The Ralph M. Parsons Foundation | CA | 318,000 | 6 |
| **44** | AT&T Foundation | NY | 292,510 | 4 |
| **45** | The Comer Foundation | IL | 292,500 | 10 |
| **46** | The William H. Donner Foundation, Inc. | NY | 280,000 | 3 |
| **47** | The Bristol-Myers Squibb Foundation, Inc. | NY | 274,800 | 5 |
| **48** | The Columbus Foundation and Affiliated Organizations | OH | 274,000 | 3 |
| **49** | The Philadelphia Foundation | PA | 272,000 | 8 |
| **50** | Communities Foundation of Texas, Inc. | TX | 268,393 | 3 |
| | **TOTAL** | | **$239,591,422** | **496** |

*Based on grants of $10,000 or more awarded by a national sample of 1,015 larger U.S. foundations (including 800 of the 1,000 largest ranked by total giving). For community foundations, only discretionary grants are included. Grants to individuals are not included in the file. Grants may benefit multiple population groups, e.g., a grant for homeless children, and therefore may be counted in more than one population table. In addition, while the full value of the grant is counted, in practice only a portion of some grants benefit the specified population group(s).

## APPENDIX V: National AIDS Fund

The Fund's primary purpose is channeling critical resources to community-based organizations to fight HIV/AIDS at the local level. Through 29 state and local funding collaboratives – the NAF Community Partnerships – the Fund provides grants and other support to nearly 500 community-based organizations annually, principally for prevention efforts. The National AIDS Fund's Community Partnerships use the leverage of national grants to raise support locally, and make community-level decisions about how and where funds should be spent. Together with the Community Partnerships, the Fund has raised and invested over $100 million since 1988 for the fight against HIV/AIDS in the United States.

Nationally, the network of 29 Community Partnerships represents an infrastructure for channeling national resources to local programs across the country that can best utilize that support. At the state and local levels, the 29 Community Partnerships serve not only as collaborative fundraising and grantmaking bodies, but also often as conveners, technical assistance providers, community builders, and policy advocates.

### *The Community Partners of the National AIDS Fund (as of 1/1/03)*

| | |
|---|---|
| AIDS Foundation of Chicago | www.aidschicago.org |
| AIDS Foundation Houston | www.AIDShelp.org |
| AIDS Funding Collaborative | www.uws.org |
| AIDS Partnership California -- Los Angeles | www.aidspartnershipca.org |
| AIDS Partnership California -- San Francisco | www.aidspartnershipca.org |
| Atlanta AIDS Partnership Fund | www.aidsfundatl.org |
| Border AIDS Partnership | http://www.epcf.org/borderaids.html |
| Boston AIDS Partnership | www.aac.org |
| Broward AIDS Partnership | www.cfbroward.org |
| Community AIDS Partnership of the Capital Region | www.aidswalk-capitalregion.org/ |
| Greater Harrisburg AIDS Fund | www.ghf.org |
| Guilford Community AIDS Partnership | www.gcap1.org |
| Heart of America Community AIDS Partnership | www.hauw.org/aids_partnership.htm |
| Indiana AIDS Fund | www.indianaaidsfund.org |
| Iowa Community AIDS Partnership | www.gcrcf.org/icap.htm |
| Kansas Partnership for HIV/AIDS | |
| Maine Community AIDS Partnership | www.maineaidsinfo.org |
| Michigan AIDS Fund | www.michaidsfund.org |
| New Jersey AIDS Partnership | www.pacf.org/aids.html |
| New Mexico Community AIDS Partnership | www.nmcf.org/sections/initiatives.html |
| New York City AIDS Fund | www.nyct.org |
| Pima County HIV/AIDS CARE Consortium | www.cfsoaz.org |
| San Diego HIV Funding Collaborative | www.alliancehf.org |
| South Florida Community AIDS Partnership | |
| The Regional HIV/AIDS Consortium | www.uwcentralcarolinas.org |
| Tulsa Community AIDS Partnership | www.csctulsa.org/aids.htm |
| Ventura County AIDS Partnership | www.vcunitedway.org |
| Washington AIDS Partnership | www.washingtongrantmakers.org |

More information about the National AIDS Fund can be found at **www.aidsfund.org**

## APPENDIX VI: U.S. GOVERNMENT AIDS FUNDING

Since 1981, the U.S. Federal government has spent more than $100 billion in combating HIV/AIDS, with more than 94% of this spent within the United States. Federal government spending on AIDS in the fiscal year ending in September 2002 (FY2002) totaled $14.7 billion. The President's budget request for FY2003 for HIV/AIDS-related programs was $15.8 billion.

Beginning in 1981 with the allocation of several hundred thousand dollars for research, U.S. government spending on HIV/AIDS nearly doubled every year between FY1982 and FY1989. Since then, annual increases in Federal spending have been more gradual.

Approximately 93% of U.S. government spending on HIV/AIDS is now through the four mandatory entitlement programs of Medicaid, Medicare, Social Security Disability Insurance (SSDI), and Supplemental Security Income (SSI), and through the four discretionary programs of the Ryan White CARE Act, the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development (USAID).

**U.S. Government Spending on HIV/AIDS**

| U.S. Government Program | ***FY2002 HIV/AIDS Spending*** *($ millions)* | ***FY2003 President's Request*** *($ millions)* |
|---|---|---|
| ***Mandatory Entitlement Spending*** | | |
| Medicaid | $ 4,200 | *N/A* |
| Medicare | $ 2,100 | *N/A* |
| SSDI and SSI | $ 1,344 | *N/A* |
| ***Discretionary Spending*** | | |
| Ryan White CARE Act | $ 1,911 | $ 1,911 |
| National Institutes for Health (NIH) | $ 2,516 | $ 2,770 |
| Centers for Disease Control and Prevention (CDC) | $ 1,142 | $ 1,143 |
| U.S. Agency for International Development (USAID) | $ 435 | $ 540 |

*Sources:* *NORA FY2003 Appropriations Document, May 2002;*
*Kaiser Family Foundation Trends in U.S. Spending on HIV/AIDS, July 2002.*

The following is a description of these major U.S. Federal government programs related to HIV/AIDS.

***Medicaid***
http://cms.hhs.gov/hiv/default.asp

Medicaid is a joint Federal and State program providing health and long-term care coverage to low-income Americans. Among all adults living with HIV in the United States, approximately one in four is enrolled in Medicaid and another 15% are dually

enrolled in both Medicaid and Medicare. Medicaid also covers approximately 90% of children living with AIDS. In many states, Medicaid covers the costs of clinical care and also prescription drugs, case management, adult day health care, and hospice care.

Medicaid is the largest single HIV/AIDS-related government program, although spending on HIV/AIDS amounts to less than 5% of Medicaid spending and is probably lower than spending on other diseases such as cancer or diabetes. In total dollar amounts, the U.S. Federal Medicaid program spent more than $4.2 billion each year on HIV/AIDS in FY2002, with a matching contribution from each state of an estimated $3.5 billion.

***Medicare***
http://cms.hhs.gov/hiv/default.asp

Medicare is a Federal program providing health insurance to both the elderly and disabled, covering the medical care of more than 39 million Americans. Medicare is the largest health insurance program in the United States and serves all eligible beneficiaries regardless of income or medical history. An estimated 20% of adults living with HIV/AIDS receive medical coverage through Medicare. Medicare covers basic medical services, but it does not cover outpatient prescription drugs or long-term care. In FY2002, the Medicare program spent $2.1 billion on costs related to HIV/AIDS.

***Social Security***
www.ssa.gov/pubs/10019.html

The Social Security Administration provides two major benefit programs related to HIV/AIDS. Social Security Disability Insurance (SSDI) provides insurance for people who are disabled, partially paying for hospital and hospice care, laboratory tests, home care, and other medical services. Individual SSDI benefit amounts correspond to the amount contributed into Social Security by the individual while they were working. Supplemental Security Income (SSI) provides financial support for people who are disabled and have extremely low incomes and resources. In FY2002, the SSDI and SSI programs spent more than $1.3 billion on care for people living with HIV/AIDS.

***Ryan White CARE Act***
www.ask.hrsa.gov/HIV.cfm

At a cost of $1.9 billion of federal government spending each year, the Ryan White CARE Act represents approximately 13% of U.S. government investment in the fight against HIV/AIDS. Ryan White CARE Act programs fund primary health care and support services for people with HIV/AIDS who lack health insurance and financial resources. Each year, CARE Act programs reach more than 500,000 individuals living with, or at risk for, HIV.

The four largest components of the Ryan White CARE Act are:

- Title I (Part A) which provides $620 million to 51 eligible metropolitan areas disproportionately affected by HIV/AIDS,
- Title II (Part B) which provides $639 million - one-third of CARE Act funding - to pay for HIV/AIDS treatments through the AIDS Drug Assistance Programs (ADAP) in each state, and an additional $338 million to states and territories to improve the quality, availability, and organization of care for people living with HIV/AIDS,
- Title III (Part C) which provides $195 million directly to community-based providers for early intervention and primary care services for people living with HIV/AIDS, and
- Title IV (Part D) providing $71 million aimed at enhancing access to care for children, youth, and women with HIV or at risk for HIV through several hundred clinical care sites.

***National Institutes for Health (NIH)***
www.nih.gov/od/oar

In FY2002, approximately $2.6 billion, or 18% of federal HIV/AIDS spending, was dedicated to HIV/AIDS research. Nearly all (95%) of this funding was directed to the National Institutes of Health (NIH), distributed among 24 institutes and centers. NIH AIDS research is divided into 12 areas of emphasis, which include natural history and epidemiology, etiology and pathogenesis, therapeutics, vaccines, microbicides, and behavioral and social science research. Approximately 10% of the NIH budget is used for intramural research at the NIH laboratories, and 80 to 85% of funding is channeled through extramural grants and contracts to more than 2,000 research universities and centers around the world.

***Centers for Disease Control and Prevention (CDC)***
www.cdc.gov/hiv/dhap.htm

Federal spending on prevention of HIV/AIDS amounted to approximately 7% of the total U.S. government HIV/AIDS funding in FY2002. The CDC is the primary agency involved in domestic U.S. prevention activities. Within the CDC, the National Center for HIV, STD, and TB Prevention (NCHSTP) is in charge of public health surveillance, prevention research, and prevention and control of HIV/AIDS, other sexually-transmitted diseases (STDs) and tuberculosis (TB). Key programs include:

- HIV Prevention and Surveillance Cooperative Agreements with 65 state and local health departments, to fund HIV counseling and testing services, public health education and risk-reduction efforts, community planning, and epidemiology and surveillance,
- Direct funding to 22 national and regional racial and ethnic minority community-based organizations and nearly 100 other community-based organizations for HIV prevention programs,

- STD Prevention and Surveillance Cooperative Agreements with 65 state and local health departments for prevention, testing and treatment of STDS, including 33 syphilis elimination programs,
- TB Prevention and Surveillance Cooperative Agreements with 68 state and local health departments for prevention, testing and treatment of tuberculosis.

***U.S. Agency for International Development (USAID)***
www.usaid.gov/pop_health/aids/index.html

Approximately 6%, or almost $1 billion, of U.S. government spending on HIV/AIDS was focused on the global AIDS epidemic, primarily through the seven government agencies of USAID ($510 million in FY2002), CDC ($144 million), NIH ($145 million), Peace Corps ($5 million, and Departments of Agriculture ($25 million), Defense ($14 million), and Labor ($10 million). In addition, in FY2002, the U.S. government appropriated $200 million to the Global Fund to Fight AIDS, Malaria and Tuberculosis. USAID is the largest government agency in international HIV/AIDS funding, investing more than half of all federal global HIV/AIDS spending toward programs in more than 50 countries, with 23 countries marked as higher priority.

More information on U.S. government funding on HIV/AIDS can be found in:

*Trends in U.S. Spending on HIV/AIDS*, published by the Henry J. Kaiser Family Foundation at www.kff.org/content/2002/6056/6056.pdf

*Federal HIV/AIDS Spending: A Budget Chartbook, FY2001*, published by the Henry J. Kaiser Family Foundation at http://www.kff.org/content/2002/1633/

*Fiscal Year 2003 HIV/AIDS Appropriations Recommendations*, published by the National Organizations Responding to AIDS (NORA) at http://www.napwa.org/pubdocs

## APPENDIX VII: Global Fund to Fight AIDS, TB, and Malaria

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) is a new public-private partnership aimed at attracting, managing and disbursing additional resources against these three diseases. The goal of the Global Fund is to make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millenium Development goals.

As of October 2002, funding pledges to the Global Fund totaled $2.257 billion, from 33 governments and multilateral institutions and more than 20 other sources, including foundations, corporations and individuals.

The Global Fund has invited and received two rounds of funding applications. The first round of applications, called for in February 2002 and received in March 2002, resulted in more than 300 proposals seeking more than $5 billion over five years. By April 2002, these applications had been reviewed, and $616 million was awarded to 58 projects from 38 countries. The first year of funding for these 58 projects totaled $283 million. The second round of funding applications, announced in July 2002 and received in October 2002, included approximately 150 proposals. These applications will be reviewed in January 2003. The Global Fund plans to solicit two new rounds of applications in 2003.

Dr. Richard Feachem was appointed in April 2002 as the first Executive Director of the Global Fund. The Secretariat of the Global Fund has been temporarily staffed with specialists, but is now in the process of hiring a total of 50 permanent staff to sustain the Fund going forward.

More information about the Global Fund can be obtained by contacting the Global Fund at:

**Global Fund to Fight AIDS, Tuberculosis and Malaria**
53, Avenue Louis-Casaï
1216 Geneva-Cointrin, Switzerland
Tel: +41 22 791 17 00
Fax: +41 22 791 17 01
Web site: www.globalfundatm.org

| Pledges to the Global Fund to Fight AIDS, Tuberculosis and Malaria | |
|---|---|
| **DONORS *** | ***PLEDGE US $ ***** |
| United States | 500,000,000 |
| United Kingdom | 215,600,000 |
| Italy | 208,100,000 |
| Japan | 200,000,000 |
| Germany | 195,700,000 |
| France | 146,800,000 |
| Netherlands | 132,100,000 |
| European Commission | 117,400,000 |
| Canada | 100,000,000 |
| Gates Foundation | 100,000,000 |
| Sweden | 64,500,000 |
| Spain | 50,000,000 |
| Russia | 20,000,000 |
| Belgium | 17,600,000 |
| Norway | 17,300,000 |
| Denmark | 14,600,000 |
| Switzerland | 10,000,000 |
| Nigeria | 10,000,000 |
| Saudi Arabia | 10,000,000 |
| Ireland | 9,800,000 |
| Thailand | 5,000,000 |
| Luxembourg | 2,900,000 |
| Uganda | 2,000,000 |
| Kuwait | 1,000,000 |
| Rwanda | 1,000,000 |
| Austria | 1,000,000 |
| Zimbabwe | 1,000,000 |
| Winterthur Corporation | 1,000,000 |
| People of Taiwan | 1,000,000 |
| **Total Pledges:** | **$ 2,257,014,880** |

* Donors giving US $1 million or more as of October 2002

** UN Operational Rates of Exchange as of 1 October 2002

**Global Fund to Fight AIDS, Tuberculosis and Malaria**
**Voting Board Members** (as of September 2002)

Mr. Christoph Benn
Head of Department for Health Policy & Studies, German Institute for Medical Mission

Ms. Lieve Fransen
Head of Unit, Human and Social Development, Directorate General for Development, Belgium

Ms. Helene D. Gayle, MD, MPH
Senior Advisor HIV/AIDS Program, Bill and Melinda Gates Foundation, United States

Mrs. Mireille Guigaz
Directeur du Développement et de la Coopération Technique, CID/DCT, France

Mr. Rajat Gupta
Managing Director, McKinsey & Company, United States

Mr. Lennarth Hjelmåker
Director, Department for Global Development, Ministry of Foreign Affairs, Sweden

Mr. Huang Jiefu
Vice Minister, Ministry of Health, China

Ms. Milly Katana
Lobbying and Advocacy Officer, Health Rights Action Group, Uganda

Mr. Chrispus Kiyonga
Minister without Portfolio, Government of Uganda

Mr. Adetokunbo O. Lucas
Professor of International Health, Harvard University, United States

Mr. Giandomenico Magliano
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Mr. Ejaz Rahim
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Mrs. Clare Short
Minister for International Development, United Kingdom

Mr. Paulo Roberto Teixeira
Director, Brazilian STD/AIDS Program, Ministry of Health, Brazil

Mr. Tommy G. Thompson
Secretary of Health and Human Services, United States

Mr. Suwit Wibulpolprasert
Deputy Permanent Secretary, Ministry of Public Health. Thailand

## Global Fund to Fight AIDS, Tuberculosis and Malaria

**Technical Review Panel Members** (as of September 2002)

The 22 Technical Review Panel members will review the second round of proposals submitted for funding from 4 to 15 November and will submit its recommendations to the 4th Board of The Global Fund, which will meet in Geneva in early 2003.

**Malaria**

- Dr. Peter Kazembe — Malawi
- Dr. Giancarlo Majori — Italy
- Dr. Jane Elisabeth Miller — UK
- Dr. Hassan Mshinda — Tanzania

**Tuberculosis**

- Dr. Paula Fujiwara — USA
- Dr. G.R. Khatri — India
- Dr. Fabio Luelmo — Argentina
- Dr. Toru Mori — Japan

**HIV/AIDS**

- Dr. Alex Godwin Coutinho — Uganda
- Dr. Velosa Dos Santos — Brazil
- Prof. Hakima Himmich — Morocco
- Prof. Michel Kazatchkine — France
- Prof. Zhang Kong- Lai — China
- Ms. Malinowska-Sempruch — Poland
- Mr. Elhadj Sy — Senegal

**Cross-Cutting**

- Dr. Jonathan Broomberg — South Africa
- Dr. Usa Duangsaa — Thailand
- Dr. Ranieri Guerra — Italy
- Dr. Sarah Julia Gordon — Guyana
- Mr. Wilfred Griekspoor — The Netherlands
- Dr. Peter Sandiford — New Zealand
- Prof. Richard Skolnik — USA

## Global Fund to Fight AIDS, Tuberculosis and Malaria

June 2002 Update by the International Council of AIDS Service Organizations

http://www.icaso.org/gfatm/Global%20Fund-E-2002.pdf

Information on the Global Fund
to Fight AIDS, Tuberculosis and Malaria

# Global Fund Update

For NGOs and Civil Society

**June 2002** Prepared by the International Council of AIDS Service Organizations

# A C K N O W L E D G E M E N T S

ICASO wishes to acknowledge the assistance of the NGO representatives from around the world who contributed to the article on the CCM process. Their names have been included in the article on page 6. ICASO also wishes to thank Susan Chong and Renate Koch for reviewing a draft of this document.

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ICASO works to strengthen the community-based response to HIV/AIDS in all the regions of the world. Our mission is to:

- mobilize communities and their organizations to participate in the response to HIV/AIDS;
- articulate and advocate the needs and concerns of communities and their organizations;
- ensure that community-based organizations, particularly those with fewer resources and within affected communities, are strengthened in their work to prevent HIV infection, and to provide treatment, care and support for people living with and affected by HIV/AIDS;
- promote the greater involvement of people living with, and affected by HIV/AIDS in all aspects of prevention, treatment, care and support, and research;
- promote human rights in the development and implementation of policies and programs responding to all aspects of HIV/AIDS.

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**INTRODUCTION** The Global Fund to Fights AIDS, Tuberculosis and Malaria has become a critical player in the response to the HIV/AIDS epidemic. This Update has been prepared to keep NGOs and civil society abreast of the latest developments with respect to the Fund. The Update provides the results of the first round of funding and summarizes the issues that arose during that round; presents a series of articles on the experiences of NGOs with Country Coordinating Mechanisms (CCMs), written by representatives of NGOs from different corners of the world; provides a report on the contributions made to date to the Global Fund and highlights the need for contributions to be significantly increased; and provides information on the second round of funding, which will be launched shortly.

Suggested strategies for NGOs to follow have been inserted throughout the document (look for the **Suggested Strategy:** logo).

## US$ 616 MILLION AWARDED IN FIRST ROUND OF FUNDING

This article provides the results of the first round of funding.

In April 2002, the Global Fund announced its first round of grants. The Fund awarded US$ 378 million over two years to 40 projects in 30 countries. It conditionally awarded an additional US$ 238 million over two years to 18 projects in 14 countries (including three multi-country proposals), providing certain changes are made to the funding proposals. In all, 58 projects from 38 countries were funded at a total cost of US$ 616 million. Many of the proposals were for longer than two years; funding after the second year will be approved based on the performance of the projects during the first two years.

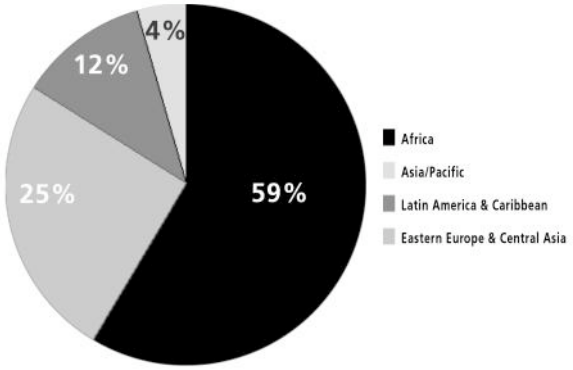
The call for proposals was issued on February 4, 2002. All proposals had to be submitted by March 10, 2002. More that 300

**Breakdown of First Year Funding by Country**

| Country (No. of Projects) | Disease(s) Targeted | Expenditure ($US) |
|---|---|---|
| Argentina (1) | AIDS | 6,459,200 |
| Benin (1) | Malaria | 1,482,920 |
| Burundi (1) | AIDS | 2,242,000 |
| Cambodia (2) | (1) AIDS; (2) AIDS | 7,154,701 |
| Chile (1) | AIDS | 6,360,891 |
| China (2) | (1) Malaria; (2) AIDS | 15,411,997 |
| Ethiopia (1) | TB | 7,018,000 |
| Ghana (2) | (1) TB; (2) AIDS | 2,516,059 |
| Haiti (1) | AIDS | 10,216,637 |
| Honduras (1) | AIDS, TB and Malaria | 10,041,283 |
| India (1) | TB | 1,966,999 |
| Indonesia (3) | (1) TB; (2) AIDS; (3) Malaria | 16,327,235 |
| Kenya (2) | (1) AIDS; (2) AIDS | 2,871,689 |
| Korea DPR (1) | TB | 1,209,000 |
| Laos (2) | (1) AIDS; (2) TB | 1,488,356 |
| Madagascar (1) | Malaria | 638,674 |
| Malawi (1) | AIDS | 19,979,782 |
| Mali (1) | Malaria | 1,453,857 |
| Moldova (1) | AIDS and TB | 1,739,005 |
| Mongolia (1) | TB | 129,000 |
| Morocco (1) | AIDS | 1,268,979 |
| Nigeria (3) | (1) AIDS; (2) AIDS, (3) AIDS | 11,078,286 |
| Panama (1) | TB | 260,000 |
| Rwanda (1) | AIDS and TB | 3,330,849 |
| Senegal (2) | (1) Malaria; (2) AIDS | 4,571,428 |
| Serbia (Yugoslavia) (1) | AIDS | 1,134,599 |
| South Africa (2) | (1) AIDS and TB; (2) AIDS | 24,868,652 |
| Sri Lanka (2) | (1) TB; (2) Malaria | 4,448,400 |
| Tajikistan (1) | AIDS | 620,105 |
| Tanzania (3) | (1) Malaria; (2) Malaria; (3) AIDS | 9,966,040 |
| Thailand (2) | (1) TB; (2) AIDS | 17,990,312 |
| Uganda (1) | AIDS | 20,751,367 |
| Ukraine (1) | AIDS | 9,034,300 |
| Viet Nam (2) | (1) AIDS; (2) TB | 5,000,000 |
| Zambia (3) | (1) AIDS; (2) Malaria; (3) TB | 41,058,000 |
| Zimbabwe (2) | (1) Malaria; (2) AIDS | 10,046,250 |
| Multicountry (Ethiopia/Zambia) (1) | AIDS | 336,000 |
| Multicountry (Myanmar/Thailand) (1) | AIDS | 549,382 |
| Multicountry (Worldwide) (1) | AIDS | 220,000 |
| **TOTALS (58 projects)** | | **283,240,234** |

proposals were submitted for the first round. In all, these proposals were seeking more than US$ 5 billion from the Global Fund over five years. All eligible proposals were evaluated by the Global Fund's Technical Review Panel (TRP), a group of 17 experts in prevention, clinical care, health education and international development. Proposals that contained distinct components for the different diseases were split up, and each component was assessed as a separate proposal. Final decisions on grant awards were made by the Board of the Global Fund.

**First Year Funding** Of the US$ 616 million awarded for the 58 projects, US$ 283 million will be spent in the first year. Sixty percent of the first year funds will go to projects addressing HIV/AIDS, and another 9.3% will go to projects fighting HIV/AIDS and one or both of the other diseases. Eighteen percent of expenditures will go to projects combating tuberculosis, and another 12.6% to projects focusing on malaria.




Of the first year funds, 58.5% will be spent in Africa, 25.3% in Asia/Pacific. 11.8% in Latin America and the Caribbean, and 4.4% in Eastern Europe and Central Asia. The table, page 1, provides a breakdown by country of the funding for the first year of the 58 approved projects.

**Other Results** In addition to the 58 proposals that were approved for funding, there were 42 proposals that the TRP considered relevant and appropriately designed, but for which substantial amounts of additional information or significant changes are required before funding can be approved. Revised proposals will need to be re-reviewed by the TRP. The list of countries involved includes Benin, Burkina Faso, Cuba, Eritrea, Georgia, Guatemala, Mozambique, Nepal, Pakistan, Philippines, and Swaziland, none of which were represented in the 58 approved projects.

There were a further 69 proposals that, in the opinion of the TRP, addressed important issues and benefited relevant populations, but could not be recommended in this round because the proposals were not of sufficient quality. These applicants were encouraged to re-submit. The list of countries involved includes Afghanistan, Bangladesh, Belize, Bolivia, Botswana, Bulgaria, Cameroon, Chad, Congo DR, Costa Rica, Dominican Republic, East Timor, Gambia, Malaysia, Namibia, Peru, Poland, and Vanuatu.

**CCM vs. Non-CCM Proposals** Most of the 58 proposals that were approved for funding were from Country Coordinating Mechanisms (CCMs), but six of the proposals were from NGOs. CCMs are bodies that include broad representation from governments, NGOs and civil society, multilateral and bilateral agencies, and the private sector. The CCMs may already have been in existence or they may have been formed specifically for the purposes of submitting a funding proposal to the Global Fund. Although the Fund has a strong preference for applications from CCMs, proposals from NGOs can be funded if the NGOs present a

**CALL FOR FEEDBACK ON CCM EXPERIENCES**

ICASO would like to receive feedback on your experiences with the CCM in your country. We will make sure that the information we receive is compiled and presented to officials at the Global Fund. See Acknowledgement page for ICASO contact information.

rationale explaining why it was not possible or practical to work through a CCM. According to the Fund's Framework Document, circumstances under which proposals can be submitted outside the CCM are: (a) where there is a non-legitimate government; (b) where the country is in conflict or is experiencing a severe natural disaster; and (c) where the country suppresses civil society or has not established partnerships with civil society. It may also be possible to submit a non-CCM proposal where the proposal targets groups that are not legally recognized by the state (e.g., men who have sex with men, sex workers, drug users).

### Suggested Strategy:

- Check the list of approved projects from the first round (see box on page 1). If your country is not on the list, or if it is on the list but its project(s) did not address HIV/AIDS, lobby your CCM and your government to submit an HIV/AIDS proposal in the second round of funding.

## SEVERAL ISSUES REMAIN UNRESOLVED

This article describes some of the issues that arose during the first round of funding.

**Concerns About the Process** Because this was the first round of funding from a new organization, there were bound to be some problems with the process. Many NGOs participating in the process said that the proposal form was too complicated and that the guidelines on how to fill out the forms were insufficient. The proposal form and guidelines are being revised for the next round of funding and should be released in advance of the XIV International AIDS Conference in Barcelona, Spain.

The NGOs said that the timelines were very tight and that the process was therefore too rushed. This negatively affected the quality of some proposals. The Global Fund has indicated that countries will have at least two months to prepare proposals for the next round.

The NGOs also said that the call for proposals should have been more aggressively publicized, and that many organizations did not have the opportunity to participate, particularly in the rural areas of Africa where Internet access is limited.

**HOW TO CONTACT YOUR CCM**

There is a list of Country Coordinating Mechanisms (CCMs) on the website of the Global Fund at <www.globalfundatm.org>. Most of the entries contain the mailing address of the CCM, as well as the name and position of the chairperson.

If the Global Fund website does not provide sufficient information, contact the leading HIV/AIDS NGOs in your country or HIV/AIDS officials in your Ministry of Health.

**How Fast Should the Fund be Moving?** There was some tension at the Fund's April 2002 Board meeting between delegations that wished to move quickly and approve as many proposals as possible, and delegations that wanted to move more slowly. Developing countries spoke of the need for a rapid response to the epidemic and wanted the Global Fund to send a clear message to the world that it would respond as quickly and in as many different locations as possible. Most developed countries and the private sector delegation urged a slower process to ensure that no mistakes are made in disbursing funds and monitoring projects. The latter group wanted fewer projects approved in the first round, but their view did not prevail.

**Authenticity of CCMs** During the first round, concerns were raised about whether all of the proposals were coming from authentic CCMs. Because of the tight timelines, the CCMs had

to be formed in a hurry, so there was little consistency in the types of CCMs that resulted. Some of the CCMs were more effective in including NGOs than others. At the Board meeting, several delegations argued for a more rigorous approach to CCM verification. This issue was not resolved.

### Suggested Strategy:

- If your CCM does not already have meaningful participation of NGOs and people living with HIV/AIDS, develop strategies to lobby your governments and other members of the CCM to rectify this.

**Reducing the Size of Proposals** In the days leading up to the March 10, 2002 deadline for applications, many applicants lowered the amount of funding they were seeking because they learned that insufficient funds would be available for the proposals presented. The problem with this practice is that the resulting proposals do not adequately reflect the needs that are out there. In order to make the case that increased funds are required, it is important to ensure that the Global Fund receives good quality proposals well in excess of the funds available.

**Failure to Include Treatment Component** There appeared to be some reluctance on the part of countries to request funding for antiretroviral treatments in their proposals. It was difficult to obtain information about how many of the proposals included antiretroviral treatment for HIV/AIDS. This issue was raised at the Board meeting by the NGO delegations, the delegation of Communities Living with HIV, TB and Malaria, and the country delegations from Brazil and France. In a briefing given prior to the Board meeting, civil society delegations were told that only seven of the approved proposals specifically indicated the number of people living with HIV/AIDS who would be covered by the provision of antiretroviral treatments. (The seven proposals do not include the proposals requesting funding for antiretrovirals for the prevention of mother-to-child transmission.) The seven proposals would provide treatment for less than 40,000 people.

At the Board meeting, there was a motion to require all countries to include treatment in their proposals, and another motion to issue a specific call for treatment proposals. Neither motion passed. However, the Board did adopt a motion requiring countries to justify their proposals, especially when treatment is excluded.

### Suggested Strategy:

- If your country did not include antiretroviral treatments in its proposal(s) in the first round, ask for an explanation. Lobby your CCM to include antiretroviral treatments in the proposals submitted for the next round of funding. Offer to work with your CCM to ensure that the treatment components of the proposal are both ambitious and innovative.

**Cost-Effectiveness of Treatment** One of the goals of the Global Fund is to maximize the number of lives saved per dollar spent. Concerns were raised about the inherent tension between this goal and the investment required to treat HIV and other diseases in the developing world. While some people may not view treatment programs as cost-effective in this context, these programs nevertheless are a required component of a truly effective response to HIV/AIDS.

**Treatment Monitoring** The delegation of the Communities Living with HIV, Tuberculosis and Malaria expressed concerns that currently the Global Fund is not collecting information on the number of people who will receive treatment in a given proposal, or on the specific medications included in the proposal. The delegation moved that applicants provide such information when they file their proposal and then on a yearly basis (for funded proposals). The motion was defeated.

### Need for Technical Assistance in Preparation of Proposals

In the first round, a number of countries presented proposals that addressed important issues and that would have benefited relevant target populations, but their proposals were not of sufficient quality and, therefore, could not be recommended for funding. At the Board meeting, there was general agreement on the need to provide technical assistance to such countries, but not on who should provide it. Some delegations argued that this should not be the responsibility of the Global Fund because (a) it would divert funds away from programming and (b) there are other organizations that can provide such assistance. Other delegations felt that the Fund should provide assistance and guidance specific to the Fund's processes. In the end, the Board asked the Fund's Secretariat to recommend how best to support countries in need of technical assistance.

#### Suggested Strategy:

- It is not clear at this point whether the Global Fund will provide technical assistance in the development of proposals. If your CCM requires such assistance, you should encourage members of the CCM to prepare a document that outlines its needs in this area. Then, if the Global Fund decides not to provide this assistance, you can approach other global organizations, such as the United Nations Development Programme (UNDP), the United Nations Joint Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO); and regional organizations where they exist, such as the Pan American Health Organization (PAHO). If you cannot obtain technical assistance directly from these organizations, you may be able to obtain funding to hire people with the relevant expertise. It may also be possible for more experienced NGOs to provide technical assistance to other NGOs and to CCMs.

### Disclosure of Information on Approved Proposals

At the Board meeting, NGO delegations argued that approved proposals should be made public in the interests of transparency and education. Others argued that this would just lead to people copying proposals. In the end, the Board decided that only minimal information on each proposal would be made public (e.g., title, brief description, objectives, amounts allocated).

#### Suggested Strategy:

- If you would like further information on specific proposals, approach the applicants (usually CCMs) directly. NGOs who participated on the CCMs should be able to provide you with at least a summary of the content of the proposals.

#### THE GLOBAL FUND WEBSITE

www.globalfundatm.org

Consult this website for:

- A list of the Fund's Board members.
- A list of the contributions to the Fund.
- Information on how to contribute.
- The announcement of the results of the first round of funding, including a list of approved projects.
- A list of CCMs.
- A list of the members of the Technical Review Panel used for the first round.
- Other background documents.

The website will also provide the revised application form and guidelines when they are available.

#### BREAK-THE-SILENCE (BTS)

BTS is a dedicated NGO and civil society email discussion forum established specifically to support transparent and open NGO participation in international debates on HIV/AIDS and other health-related themes. The Global Fund is a major focus of BTS.

To join the forum, send an email message to <join-break-the-silence@hdnet.org>. To access past postings on the Global Fund, consult the website of Health Development Networks at <www.hdnet.org> and click on "Break-the-Silence."

## NGOs Provide Feedback on the CCM Process

This article contains reports from NGOs on their experiences with the Country Coordinating Mechanism (CCM) process in the first round of funding. The opinions expressed in this article are those of the authors themselves.

**Argentina** Unfortunately, the involvement of NGOs in the CCM process in Argentina cannot be cited as a "best practice." The lack of leadership and commitment on HIV/AIDS on the part of our government has always been a problem in Argentina (and in most other Latin American countries). A CCM was established only after NGOs and people living with HIV/AIDS, working with the UNAIDS Inter-Country Program Advisor, put pressure on the government. The situation was complicated by the fact that at the very moment that the call for proposals was issued, Argentina was facing a deep political and economic crisis. Ironically, it was this crisis that made Argentina eligible to receive monies from the Global Fund.

The CCM asked the Foro de ONGs de la República de Argentina (the national network of NGOs) to nominate members. However, when it came to representation from persons living with HIV/AIDS, either the Ministry of Health or the Chair of the National AIDS Program (or both) directly appointed an HIV-positive person, thus ignoring the legitimacy of the Red de Personas que Viven con VIH (the Argentina network of persons living with HIV/AIDS) and denying it the right to participate. It appears that the network's advocacy profile is perceived as a threat by other members of the CCM.

The Argentina CCM is made up mainly of representatives from the government ministries, international agencies, scientific societies and the private sector. The involvement of HIV/AIDS NGOs was minimal, and the involvement of persons living with HIV/AIDS ended up being quite tokenistic. Only limited information was circulated among NGOs and organizations representing persons living with HIV/AIDS.

The Argentina proposal was developed by a group of consultants hired by UNAIDS. It did not reflect the reality of NGOs and persons living with HIV/AIDS in Argentina. As well, no reference was made to issues concerning tuberculosis and malaria. The Argentina proposal was one of those funded in the first round. Given the shortcomings of the proposal, the lack of transparency in the process, and the lack of participation by our community, it will be difficult to monitor the way the project is implemented and to ensure that the resources are used properly and effectively. We are not optimistic, especially given Argentina's past experience with external funding (such as World Bank loans). A better scenario would be that of a national government, recovered and legitimized, that ensures that these resources actually go to where they can make a difference regarding these three diseases. However, that is not the current reality in Argentina.

– Javier L. Hourcade Bellocq, Red de Personas que Viven con VIH

**Chile** NGOs participated actively in the preparation of Chile's proposal to the Global Fund. At first, NGOs were only asked to review the government's proposal. However, we took the position that a joint national proposal should be developed and, after some discussion, the government agreed and invited NGOs to participate on the CCM.

The CCM was composed of the following partners: the National Commission on AIDS (two members); the Pan American Health Organization, representing Grupo Tematico ONUSIDA (GTO), the UNAIDS Thematic Group (one member); VIVO POSITIVO, a national organization of persons living with HIV/AIDS (two members); the Asamblea de ONGs con trabajo en VIH/SIDA, representing NGOs working on HIV/AIDS (two members); and an epidemiologist from the Universidad de Chile. The CCM met for

five exhausting days, during which each partner on the CCM had to develop a proposal and then come together to merge the various proposals into one.

**What Worked Well?** The process of preparing a country coordinated proposal was made much easier by the fact that NGOs, government and international organizations have been working together on various HIV/AIDS initiatives in recent years. Examples of this collaboration include:

- The GTO was formed in 1997. Since 1998, it has benefited from the full participation of civil society, people living with HIV/AIDS, government and UN representatives. It has not been easy, but we have nevertheless been able to build a relationship based on trust.

- VIVO POSITIVO coordinated a national committee of NGOs that worked together with the National Commission on AIDS and Parliamentarians to develop non-discriminatory legislation on HIV/AIDS prevention. Working together towards a common objective was a rewarding experience.

It is possible for NGOs and organizations representing persons living with HIV/AIDS to work with governments and other organizations on specific projects while still maintaining their independence. The lawsuits that VIVO POSITIVO has launched against the government for failing to provide treatment for people living with HIV/AIDS is proof of that.

In the past, the lack of access to information by the NGO community has often been a barrier to effective NGO participation. In this case, NGOs in Chile were able to use available information on the composition of CCMs and the role of civil society in their negotiations with the government. This information included statements issued by the Global Fund itself, as well as reports from NGO representatives in the various Global Fund committees and working groups. NGOs must continue to ensure that information is widely distributed and that, where required, new instruments of information are developed and disseminated. – Rodrigo Pascal, VIVO POSITIVO

**India** The experience of most NGOs with the CCM process in India was quite bitter. A few NGOs were included in the CCM, but the selection was hasty, arbitrary and not representative of the majority of NGOs. India has tens of thousands of NGOs, many of whom are doing really good work, but most of them are neglected by the government. As well, many senior officials in public health and at the state level who work on HIV/AIDS, tuberculosis and malaria were not consulted during the preparation of the country coordinated proposal. – Dr. A.K. Nag, NGOs Forum Against AIDS

**Malaysia** NGOs played a very significant role in the Malaysian CCM. To understand how this was possible, it is necessary to look at some of the recent history of how the response to HIV/AIDS has been co-ordinated in Malaysia.

Malaysia's National Coordinating Committee on HIV/AIDS (NCCA) was formed in 1992. The NCCA comprised eight government ministries and was chaired by the Secretary-General of the Ministry of Health (MoH). In 1995, NGOs were invited to join the NCCA, although their participation was limited to one seat. This seat was filled by the Malaysian AIDS Council (MAC), an umbrella body of the then 28 NGOs working in HIV/AIDS in Malaysia.

The NCCA proved to be highly ineffective. It met irregularly. Although the representatives from the other Ministries were meant to be at Director-General level, often they were of lower rank. There was a tendency to pass on problems to the MoH. This reflected the general perspective that HIV/AIDS was only a health problem and, therefore, the sole responsibility of the MoH. It was largely left to MAC to raise non-medical issues such as discrimination. Having only one seat on the NCCA, however, put

NGOs at a distinct disadvantage, not least because it was apparent that the level of knowledge displayed by MAC was far in advance of the other NGOs.

Things changed for two reasons. Firstly, the process leading up to the Heads of Government Summit of the Association of South East Asian Nations in November 2001, which was discussing HIV/AIDS for the first time, required an in-country consultation bringing together many NGOs, government departments and the private sector. MAC played a leading role in organizing the consultation. Secondly, before and during the United Nations General Assembly Special Session on HIV/AIDS in June 2001, MAC worked closely with the MoH and Malaysia's Permanent Representative in New York. As a result of these two events, the MoH grew to appreciate and depend on MAC to assist in many issues related to HIV/AIDS in Malaysia.

The MoH invited a MAC representative to attend the Global Fund consultations in Beijing in February 2002. After the Beijing meeting, Malaysia decided that it would apply to the Global Fund for funding specifically for NGO programs. Because the Global Fund strongly encourages countries to set up a CCM, the MoH decided that the fastest way to do this was to convert the NCCA into the CCM and to increase the membership of the CCM to include more diverse groups. Thus it was decided that the membership of the CCM would be 18, of which one-third would be government, one-third NGOs, and one-third from other sectors such as business, academia, and religious bodies. It was also decided that the NGO representation would not be limited to MAC members and would include people living with HIV/AIDS. The proposal submitted to the Global Fund by Malaysia was prepared by MAC (in consultation with its affiliates) and was reviewed and endorsed by the CCM.

The Global Fund CCM process has thus fast-tracked the process of involving NGOs in a more equitable way in the national HIV/AIDS policymaking body. Although the CCM has only met once, to approve the proposals to be submitted to the Global Fund, NGOs nevertheless have high hopes that this development will bode well for the future and will lead to a day when NGOs can serve on an equal footing with government on all matters related to HIV/AIDS in Malaysia.

– Marina Mahathir, Malaysian AIDS Council

**Mozambique** NGOs in Mozambique were generally pleased with their level of participation in the CCM. At the outset of the process, NGOs participated in a broad consultation meeting organized by the Ministry of Health (MoH) and the National AIDS Council (NAC). At the meeting, the composition of the CCM was openly discussed and was decided in consensual manner. There are three seats for NGOs on the Mozambican CCM (out of 13): one for the national NGOs, one for the international NGOs, and one for the organizations of persons living with HIV/AIDS. At the meeting, in order to meet the deadline for the submission of the country coordinated proposal, it was decided to create different workgroups to elaborate the various components of the proposal separately.

Due to the time pressures, the operations of the workgroups were a bit chaotic. There was no time for formal invitations or for the preparation of a clear agenda. For the most part, discussions picked up from where participants had left them the meeting before. Often, at the end of a workgroup session, a decision would be made to continue the next day.

MoH and NAC officials organized another large meeting five days before the proposal deadline. At this meeting, the results of the different workgroups were presented and discussed. Comments from the meeting were used to adapt the final proposal.

**What Worked Well?** Two factors contributed to the level of NGO participation in the process. The first, and probably most important, was that even before the creation of the Global Fund, both the MoH and the NAC had already adopted open and transparent working methods, involving NGOs as much as possible. We already had workgroups and meetings on prevention, epidemiological surveillance, voluntary counselling and testing, home based care, mother-to-child transmission, and antiretroviral therapy. We already had an AIDS Forum. We continued to build on previous experiences and consensus. If we had not had this history, I do not think it would have been possible to suddenly develop a transparent, collaborative approach just for the sake of the Global Fund. Another important factor was the creation of an ad hoc association of mostly international NGOs; this was basically an e-mail list that helped to keep all the members informed about the process and to alert them about upcoming meetings.

**What Could (and Should) Be Improved?** There were problems around representation. These were due in large part to the time pressures, which was the main factor working against NGO participation. The only NGOs that were able to have real input were those who had sufficient staff to attend the workgroup sessions regularly, and who had an office in the capital, Maputo. As a result, most national NGOs and most community-based organizations were excluded from the process. – Gorik OOMS, representative of international NGOs on the Mozambican CCM

**Sri Lanka** For NGOs in Sri Lanka, the CCM experience was generally positive, though there were some problems. The process started in January 2002 when the Ministry of Health (MoH) organized a consultation meeting with selected NGO representatives to identify the priority areas related to tuberculosis, malaria and HIV/AIDS that could be addressed in a proposal to the Global Fund. A report from this meeting was presented at the Global Fund consultation in Beijing in February 2002. MoH officials then invited selected NGO representatives to participate in the drafting of the country coordinated proposal.

More than two-thirds of the Sri Lanka CCM was made up of NGO representatives. NGOs worked in close collaboration with the MoH and took responsibility for drafting selected components of the proposal. The World Health Organization provided valuable technical assistance.

**What worked well:**

- Team Approach. Government and NGOs worked well together as a team. MoH officials maintained an openness and promoted a healthy dialogue. NGOs took responsibility for drafting part of the proposal. NGOs felt that their participation in the process would strengthen the proposal.
- NGOs Sharing Their Experience. The technical, administrative and financial management experience of the NGO representatives helped the MoH officials to prepare the final document.
- Recognition of the NGO Contribution. The contribution of NGOs was welcomed and appreciated by the MoH.
- Ongoing Communication. MoH officials were in frequent contact with the NGO representatives. This facilitated prompt and positive input from the NGOs.

**What did not work as well:**

- Lack of Transparency. The selection criteria for NGO membership on the CCM was neither published nor shared with the NGO community.
- Insufficient Representation. There are three issues here. Firstly, the MoH did not involve NGO representatives with experience in specific issues, such as children's rights, human rights and gender. These NGOs represent some of the most vulnerable groups; the absence of their input seriously weakened the proposal. Secondly, most of the NGO representatives on the CCM were based in the capital, Colombo, and had limited exposure to realities at the regional and grassroots levels. The national consultations undertaken by the MoH should have ensured input from these levels. Thirdly, there was insufficient representation of persons infected and affected by HIV/AIDS (including youth, migrant

workers and sex workers). Although most of the NGOs who were involved in the CCM work with these populations, most of them do not have people from these populations in their organizations.

- Lack of Communication with the Broader NGO Community. Most people in the community are not aware of Global Fund, the country coordinated proposal, or the composition of the CCM.

– Mallika Ganasinghe, Organization for the Protection of Social Environment

## CONTRIBUTIONS TO GLOBAL FUND FALL WELL SHORT OF GOAL

When member states of the United Nations unanimously adopted the Declaration of Commitment on HIV/AIDS in June 2002, they called for the establishment of a "global AIDS and health fund" that would raise spending on HIV/AIDS in low and middle income countries to between $7-10 billion a year.[1] This sum was more than five times what was then being spent on the epidemic. When the Global Fund was established later that same year, it encompassed not only HIV/AIDS, but also tuberculosis and malaria. In order to meet the challenges of all three diseases, many people believe that the Fund has to raise $7-10 billion a year in new money.

As of the middle of May 2002[2], pledges have totalled only $1.922 billion, of which $1.821 billion has come from governments and just $101 million has come from the private sector (see box). Many of these pledges are multi-year. The total amount pledged for 2002 has been estimated at $725 million.[3] This is a far cry from $7-10 billion. Even more discouraging, contributions to the Fund have decreased significantly in recent months.

Clearly, both wealthier nations and the private sector need to give much more. It is time to set specific targets. France, Ooms and Rivers have called for an annual goal of $10 billion, of which $1 billion would come from the private sector and $9 billion would come from the 48 countries that have a high human development index (HDI)[4].[2] Twenty-eight of these countries have made no

**Total Pledges to the Global Fund as of mid-May 2002 (in $US)**

| | |
|---|---|
| U.S. | 450,000,000 |
| Japan | 200,000,000 |
| Italy | 200,000,000 |
| U.K. | 200,000,000 |
| France | 133,600,000 |
| Germany | 132,500,000 |
| Netherlands | 120,250,000 |
| European Comm. | 106,900,000 |
| Canada | 100,000,000 |
| Spain | 50,000,000 |
| Sweden | 55,000,000 |
| Russia | 20,000,000 |
| Belgium | 16,000,000 |
| Nigeria | 10,000,000 |
| Switzerland | 10,000,000 |
| Ireland | 8,900,000 |
| Luxembourg | 2,700,000 |
| Uganda | 2,000,000 |
| Kuwait | 1,000,000 |
| Austria | 1,000,000 |
| Zimbabwe | 1,000,000 |
| Andorra | 100,000 |
| Niger | 50,000 |
| Liberia | 25,000 |
| Kenya | 8,273 |
| Private Sector | 101,152,945* |
| Total | 1,922,471,408 |

** Bill and Melinda Gates Foundation 100,000,000; Winterthur Insurance (Credit Suisse) 1,000,000; International Olympic Committee 100,000; others 52,945.*

[1] All funds in this article are in US dollars.

[2] The latest figures are posted on the website of the Global Fund a www.globalfundatm.org

[3] *T. France, G. Ooms, B. Rivers, The Global Fund: Which Countries Owe How Much?* April 2002. Available on the website of Health Development Networks at <www.hdnet.org>. The Fund does not provide a breakdown by year, but some countries have released the information. The United States, for example, has pledged $450 million, of which $250 million is for 2002.

[4] T. France et al. See note 3.

contributions at all to the Global Fund. The authors have designed an "Equitable Distribution Framework" which calls for the 48 countries to divide up the $9 billion based on their gross domestic product (GDP). The proposed contributions would amount to 0.035%[5] of each country's GDP.

Under the Equitable Distribution Framework, the annual contribution of the United States would increase from $250 million (the estimated portion of its current contribution attributable to 2002) to $3,479 million. Japan would go from $68 million to $1,646 million, France from $51 million to $453 million, and Sweden from $20 million to $80 million. These are just a few examples. For a complete description of the Equitable Distribution Framework, see The Global Fund: Which Countries Owe How Much? on the website of Health Development Networks at <www.hdnet.org>.

**RESOURCES**

Consult the website of Health Development Networks at <www.hdnet.org> for a copy of The Global Fund: Which Countries Owe How Much? an article by Tim France, Gorik Ooms and Bernard Rivers on the need for greater contributions to the Global Fund.

Consult the website of the International Council of AIDS Service Organizations at <www.icaso.org> for:

- a copy of GFATM Update and Next Steps, a document produced in February 2002 which describes the Global Funds framework and structure, outlines the funding process, and explains how NGOs can participate; and
- reports from several NGO consultation meetings held in late 2001.

## Suggested Strategy:

- If you or your organization is encouraging contributions to the Fund from your country, use the Equitable Distribution Framework to highlight your country's appropriate contribution, its total pledges already made, its apparent pledge for 2002, and the resulting shortfall. You can then use these figures as a basis for lobbying and other activities to increase the support for the Fund by your government and by corporations and foundations within your country. Feel free to forward the framework to others, or to post it on your web site.[6]

The 48 countries that have a high HDI are:

| | | | | |
|---|---|---|---|---|
| Argentina | Costa Rica | Hong Kong | Malta | Spain |
| Australia | Croatia | Hungary | Netherlands | South Korea |
| Austria | Cyprus | Iceland | New Zealand | Sweden |
| Bahamas | Czech Republic Denmark | Ireland | Norway | Switzerland |
| Bahrain | Estonia | Israel | Poland | United Arab Emirates |
| Barbados | Finland | Italy | Portugal | United Kingdom |
| Belgium | France | Japan | Qatar | United States |
| Brunei | Germany | Kuwait | Singapore | Uruguay |
| Canada | Greece | Lithuania | Slovakia | |
| Chile | | Luxembourg | Slovenia | |

[5] T. France et al. See note 3.
[6] T. France et al. See note 3.

**PARTICIPATION OF FAITH-BASED ORGANIZATIONS** Christian Connections for International Health (CCIH) and the Ecumenical Pharmaceutical Network have completed a survey on the participation of faith-based organizations (FBOs) in the Global Fund process in general, and in the Country Coordinating Mechanisms (CCMs) in particular. The survey revealed:

- that there is a general lack of knowledge among FBOs about the CCMs and about the Global Fund; and
- that FBOs who are aware of the Global Fund are anxious to participate in CCMs but are generally not satisfied with the degree to which they were able to do so.

In fact, in only six of the 54 countries that responded to the survey were initiatives from FBOs included in the country coordinated proposals submitted by CCMs. CCIH found that the most important factors contributing to the successful participation by FBOs in these six countries were: (a) the existence of an umbrella organization of FBOs and community-based organizations; and (b) long established working relationships among FBOs, other NGOs, HIV/AIDS networks and government ministries.

A report on the results of the survey, entitled Global Fund Responsiveness to Faith-Based Organizations, is available on the website of CCIH at <www.chih.org>. CCIH plans to continue monitoring the effectiveness of the Global Fund in reaching FBOs. Interested individuals and organizations can provide information by completing the survey on the CCIH website.

**RECENT DEVELOPMENTS** This article reports on recent developments not already included in the other articles in this Update.

**Appointment of Executive Director** The Board of the Global Fund has appointed Richard Feachem to the position of Executive Director. Dr. Feachem succeeds Anders Nordstrom, who served as Interim Executive Director since the inception of the Fund.

Since 1999, Dr. Feachem has served as the founding Director of the Institute for Global Health, a joint initiative of the University of California, San Francisco and the University of California, Berkeley. From 1995-1999, Professor Feachem held the positions of Director and Senior Advisor for Health, Nutrition and Population at the World Bank. He was responsible for the leadership of the Bank's activities in the health, nutrition and population sectors, including an active portfolio of 150 projects in 80 countries with financial commitments of over US$ 10 billion.

**MONITORING AND EVALUATION**

The Global Fund is developing a strategy for monitoring and evaluating funded projects. A working group has been struck to prepare the strategy. The working group prepared a progress report for the Board meeting in April 2002. It expects to present a draft strategy to the Board at its meeting scheduled for September 2002.

**Appointment of Financial Trustee** The Board of the Global Fund has appointed the World Bank as financial trustee for receiving and disbursing funds.

**THE SECOND ROUND OF FUNDING** The Global Fund is expected to launch the second round of funding shortly after the XIV International AIDS Conference which is being held in Barcelona, Spain, 7-12 July 2002. A new application form is being developed for this round. New guidelines are also being developed. The Fund has indicated that for the second round applicants will have at least two months to prepare their proposals. The Fund's secretariat is exploring the possibility of allowing submissions to be made online, via the Fund's website.

As was the case in the first round, the proposals will be screened by Global Fund staff and reviewed by the Technical Review Panel. The panel will make recommendations to the Global Fund Board. The Board makes the final decisions. The next meetings of the Board has been scheduled for 26-27 September 2002; another meeting is planned for November 2002.

### Suggested Strategies:

- Start planning now for the second round.
- If there is no CCM already established in your country, work with other NGOs and UNAIDS representatives to lobby your government to set one up.
- If there is a CCM in your country, but it does not have adequate representation from NGOs, lobby the CCM and your government to improve the NGO representation.
- Try to ensure that NGOs are involved from the outset in the development of proposals. When the call for proposals is announced, disseminate the call widely to NGOs in your country and region.
- Identify weaknesses and obstacles that may impair access to funding from the Global Fund (e.g., inadequate proposal writing skills, limited communications capacity among rural and small NGOs), and develop strategies to address these weaknesses and obstacles.
- If you have skills in proposal development, offer to provide training to other members of your CCM.

Please see the other suggested strategies shown in other articles in this Update.

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**ICASO**

ICASO, the International Council of AIDS Service Organizations, works to strengthen the community-based response to HIV/AIDS, by connecting and representing NGOs throughout the world. Founded in 1991, ICASO operates from regional secretariats based on all five continents, guided by a central secretariat in Canada.

**www.icaso.org**