



# PHILANTHROPIC SUPPORT TO ADDRESS HIV/AIDS IN 2017

**FUNDERS CONCERNED ABOUT AIDS**

The mission of Funders Concerned About AIDS (FCAA) is to mobilize the leadership, ideas, and resources of funders to eradicate the global HIV/AIDS pandemic and to address its social and economic dimensions.

FCAA envisions a world without AIDS, facilitated by a philanthropic sector that works collaboratively, transparently, and urgently to ensure focused and robust funding for:

- Evidence-based interventions in the treatment and prevention of HIV infection;
- Advocacy, research, and exploration of new methods to hasten the end of AIDS; and,
- Investments that address the social inequities, health disparities, and human rights abuses that fueled the spread of the epidemic.

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## THANK YOU

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## Acronyms and Abbreviations

**ARV**—Antiretroviral

**EMTCT**—Elimination of mother-to-child transmission

**FCAA**—Funders Concerned About AIDS

**Global Fund**—Global Fund to Fight AIDS, Tuberculosis and Malaria

**LGBTQ**—Lesbian, gay, bisexual, transgender, and queer/questioning

**LMIC**—Low- and middle-income countries

**OI**—Opportunistic infection

**PrEP**—Pre-exposure prophylaxis

**STI**—Sexually transmitted infection

**TB**—Tuberculosis

**UNAIDS**—Joint United Nations Program on HIV/AIDS

**U.S.**—United States

**VCT**—Voluntary counseling and testing

*Note: All figures marked \$ are U.S. dollar amounts.*

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A press release • Full lists of 2017 intended use and target populations by region • Data privacy policy and pharmaceutical contributions policy

# OVERVIEW

This year marks the 16th annual resource tracking publication from Funders Concerned About AIDS on philanthropic support for HIV/AIDS. The report relies on grants lists submitted by nearly 80 funders directly (representing over 92% of the total funding), as well as grants information from funder websites, grants databases, annual reports, 990 forms, The Foundation Center, and grants flagged as HIV/AIDS-related received by Funders for LGBTQ Issues.

HIV/AIDS-related giving among private philanthropic organizations **totaled approximately \$638 million in 2017**, a decrease of \$37 million or 5% from 2016, and **the lowest amount of disbursements since 2014**.



**\$637,579,435**

TOTAL PHILANTHROPIC  
GIVING TO HIV/AIDS IN 2017



**427** FUNDERS

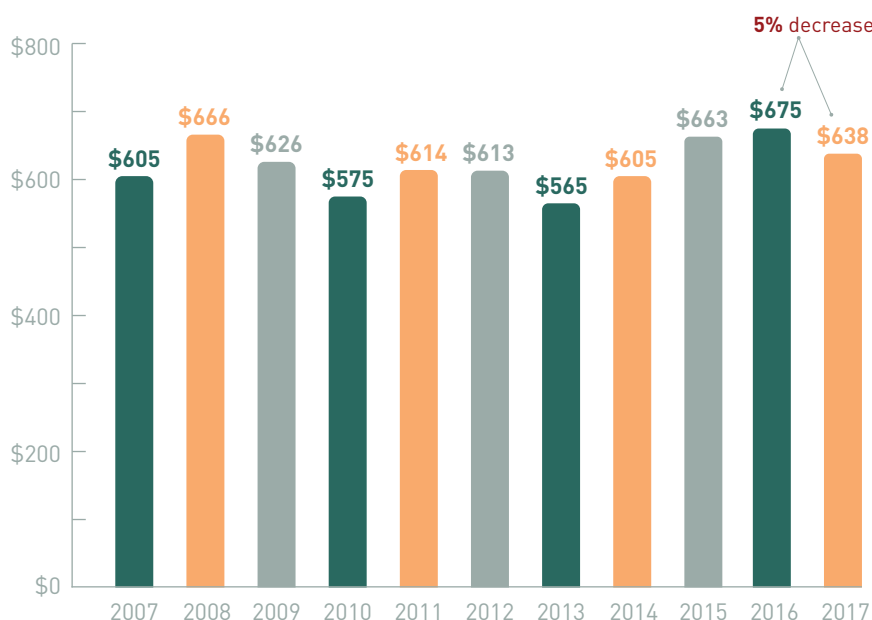


**6,778**

GRANTS TO APPROXIMATELY  
3,400 GRANTEES

The 2017 decline was driven by a trend of decreases from the majority of funders; of the 185 funders for whom we have two years of data (2016 and 2017), 95 of them decreased their funding, while only 57 funders saw increases, and the other 33 remained flat between the two years. A significant portion of those decreases came from the top 20 funders, who alone accounted for 88% of HIV-related philanthropy in 2017. While 13 of the top 20 funders increased their funding between 2016 and 2017—including roughly \$33 million of increases from the top two funders alone (Gates Foundation and Gilead Sciences)—that amount was offset by decreases among the remaining 7 funders.

**[2007–2017] HIV/AIDS Private Philanthropic Disbursements<sup>1</sup>**  
[dollars in millions]

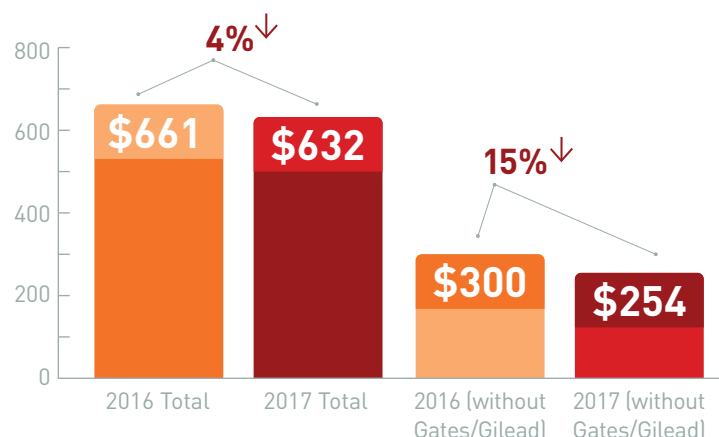


Excluding the funding of the two largest grantmakers, which together represent just over half of all funding in 2017, total giving to HIV/AIDS among all other private funders for which FCAA has 2016 and 2017 data, saw a 15% decrease (\$46 million) from 2016. This comparison is useful from year to year as it allows us to understand the trend of the philanthropic field without the influence of these top two funders.

Corporate funders continue to play an important role in the response. While only 9% of all grantmakers represented a corporation or related giving program, their support represented 36% (\$242 million) of total HIV-related philanthropy for the year. Similarly, only 6% of funders represented organizations that focus specifically on HIV, yet they accounted for roughly a quarter of total funding (\$144 million).

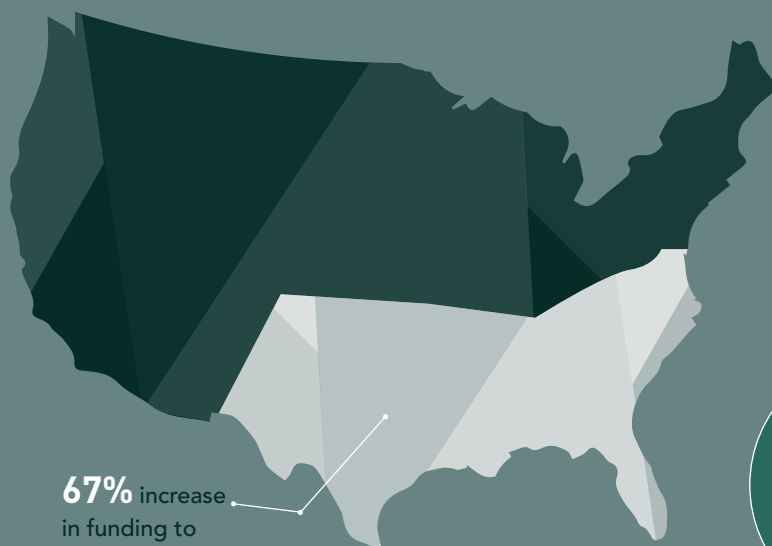
Not surprisingly, due to the significant decrease in overall philanthropic support, funding trends were in decline across most geographic, intended use and population categories.

## Funder Comparison: 2016-2017



\*only compares funders we have data for both 2016 and 2017

## OTHER NOTABLE CHANGES IN 2017:



2017 saw an 8% increase in domestic funding (funding to country where donor is located). A significant portion of this was funding to the US, closely associated with a 40% rise in domestic funding from Gilead Sciences. As such, HIV-related philanthropic disbursements to the U.S. reached a new high of \$186 million in 2017, marking a 7% increase from 2016, and the 4th consecutive year of increases. Within the U.S., this year's report notes flat or decreased funding across the majority of US regions, except with a significant (67%) increase in funding to the U.S. South.



Funding for the intended use categories FCAA tracks decreased across the board except for a close to \$30 million increase for general operating/administration grants. Significantly, after steady increases to HIV-related advocacy and human rights efforts since we first began tracking it in 2014, the category saw a 7% (\$9 million) decrease from 2016 to 2017.

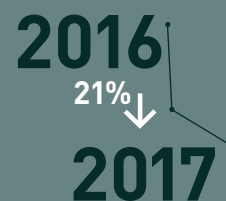


Funding for PrEP was up 14% from 2016.




Grants for Capacity Building and Leadership Development were up 29% from 2016.

Middle Income Countries—home to close to 60% of people living with HIV/AIDS—saw a 21% decrease from 2016 to 2017.



Among the target populations, significant increases were recorded among transgender populations (110%), gay men/men who have sex with men (35%), and economically disadvantaged/homeless (31%). Funding for African Americans and Latinx in the U.S. also saw significant increases, both nearly or more than doubling funding from 2016.



# INTRO- DUCTION

HIV/AIDS philanthropic disbursements in 2017 decreased for the first time in three years to approximately \$638 million, a 5% decrease from 2016.

## OUR CONCERNS HAVE BECOME REALITY.

For the past several years, this report has been cause for optimism, highlighting continued increases in HIV and AIDS funding. But, at the same time, we cautioned concern. Even as the total amount of funding increased, the increases were concentrated among just a few funders, while a growing number of funders decreased resources allocated to fight the epidemic. This created an unsustainable and risky proposition. As this year's data show, our concerns have been made a reality - philanthropic funding for HIV and AIDS is at its lowest level in 3 years.

Recent reports on bilateral and multilateral funding for the epidemic should be seen in a similar context. In July, Kaiser Family Foundation and UNAIDS highlighted the first increase in donor government funding for HIV in low and middle-income countries (LMIC) in several years. However, the United States' contributions, which drove the increase, included funds appropriated but not spent in previous years. Future disbursements will likely fall back to prior levels, which had been flat for several years.

*"This year's increase is more an anomaly than a trend as it doesn't reflect new resources. Going forward, the urgency to identify alternative funding sources grows if the global community wants to reach its HIV targets."* —Jen Kates, Director of Global Health and HIV Policy, Kaiser Family Foundation

Adding to this, a rise in harmful policies, such as the "Global Gag" rule<sup>2</sup> and abstinence-only funding, threaten to harm international HIV and family planning efforts. In July 2018, at the International AIDS Conference, compelling evidence was presented detailing the harmful effects of such policies.<sup>3</sup> Many organizations reported having reduced or eliminated programming. The impact could be particularly severe on young women, who, in some parts of the world such as Sub-Saharan Africa, represent a quarter of new HIV infections.

### Taking Action

The philanthropic support that comprises roughly 2% of global resources for HIV in LMIC is a small but powerful resource. Rather than seeking to fill gaps left by declining public resources, it must aspire to seed movements to counter rising tides of fascism and isolationism that endanger key affected populations and regions that rely on donor support to sustain public health.

FCAA's role remains clear and urgent: we seek to mobilize philanthropic leadership and resources and to ensure they are deployed for greatest impact. We believe this can only be achieved when individuals and communities most affected are at the center of the response, and when the underlying socio-economic drivers of the epidemic are targeted.

## Prioritizing Communities

Communities, whether they be local grassroots organizations or international networks of people living with HIV, are at the forefront of the global HIV and AIDS response. Many of the key innovations, breakthroughs and progress on the ground would not have happened without their involvement. Yet funding for community action remains sporadic, limited, and hampered by structural and contextual challenges.

At the 2017 AIDS Philanthropy Summit, FCAA was asked to assess how funders can more effectively support community responses to the epidemic. Since that time, we have worked to better understand what effective funding for community-based action on AIDS looks like. We did this by:

- **Convening** a new funder working group focused exclusively on the ways in which philanthropic organizations can better support communities, especially those that are hard to reach and too often excluded;
- **Commissioning** a research report to identify key challenges facing community-based organizations as well as the best practices already helping to meet those challenges;
- **Conducting** an analysis of each of the roughly 3,600 grantee organizations included in our resource tracking initiative to determine their entity type (e.g. a civil society organization, a hospital, an academic or research institution, etc.). This is just the first step in ongoing work intended to identify the level of HIV-related philanthropy directed to civil society organizations (CSOs).

By looking back at our 2016 data, FCAA found that, at that time, 44% of HIV-related philanthropy supported CSOs.<sup>4</sup> With this important benchmark in place,

we will be updating our analysis with 2017 data soon.

We are hopeful that these efforts will not only help us to better define the funding ecosystem but will also increase our understanding of the first chain in philanthropic support – the recipient organization. Ultimately, this data is intended to drive increased focus and funding to the frontlines of the epidemic.

## Addressing the HIV & Opioid Syndemic

For the past year, FCAA has worked to shine a spotlight on the intersection of the HIV and opioid epidemics. We will continue to do so going forward. This includes collaborating with Grantmakers in Health to bring together our respective memberships to strategize collaborative ways to address this syndemic.

At this year's FCAA Summit, we carved out a significant portion of the agenda to discuss sustainability; to wrangle with the issues we know must be addressed in order to move closer to the end of HIV. One such issue is harm reduction.

As injected drugs have become more of a fixture within the opioid epidemic, so too has the risk for spreading HIV. While the incidence of HIV among people who inject drugs (PWID) in the U.S. had been in decline, between 2014 and 2016 there were increased rates of HIV among some segments of this population. In fact, a well-documented HIV outbreak in Scott County, Indiana, has been linked explicitly to opioid use. This outbreak led to the first increase of HIV among PWID in two decades.

Yet, funding remains remarkably inadequate both in the U.S. and internationally. Recent reports from Harm Reduction International show that 2016 funding for harm reduction efforts in LMIC have stalled at \$188 million.<sup>5</sup> This is just 13% of what UNAIDS estimates is needed for an effective response. In 2017,

less than 3% of HIV-related philanthropy supported PWID.

The approaches required to address this complex challenge might feel familiar to you. They are, in fact, the very strategies on which the philanthropic response to HIV and AIDS was built. For example, just as we did in the early days, we must reach out to our peers in other funding spaces. We will need to help them understand that this is not just our issue, but theirs as well by showing them how it impacts populations and communities we share. And we must leverage our grant making abilities to shore up organizations fighting to change ill-informed policies; policies that can prevent harm reduction programs from being implemented and appropriately scaled-up. These are all things we have done many times before.

## Ending AIDS

There has been a lot of discussion about ending AIDS, pointing out that we have already identified the tools to achieve this. The strategy of talking about the end of AIDS was meant to inspire urgent action; unfortunately, it may have resulted in reducing the sense of urgency about the epidemic. While we do have the tools to end AIDS, we lack the most essential ingredient: the political will to prioritize the lives of the poorest and most marginalized.

Private HIV and AIDS philanthropy is catalytic. It has helped drive incredible progress against the epidemic despite seemingly insurmountable odds, not unlike those we now face. It is the role of philanthropy to swim upstream, to fight prevailing headwinds that challenge progress and to leverage a unique ability to drive increased, focused funding where it is most needed. We hope this data will inform your funding roadmap and better enable you to do just that.



**John Barnes**, Executive Director, Funders Concerned About AIDS (FCAA)



**J. Channing Wickham**, Executive Director, Washington AIDS Partnership, and Chair, FCAA Board of Directors

# TOP GRANT MAKERS IN 2017

HIV/AIDS philanthropic disbursements totaled approximately \$638 million in 2017, a 5% decrease from 2016.

## [2017] Top 20 Philanthropic Funders of HIV/AIDS<sup>6</sup>

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

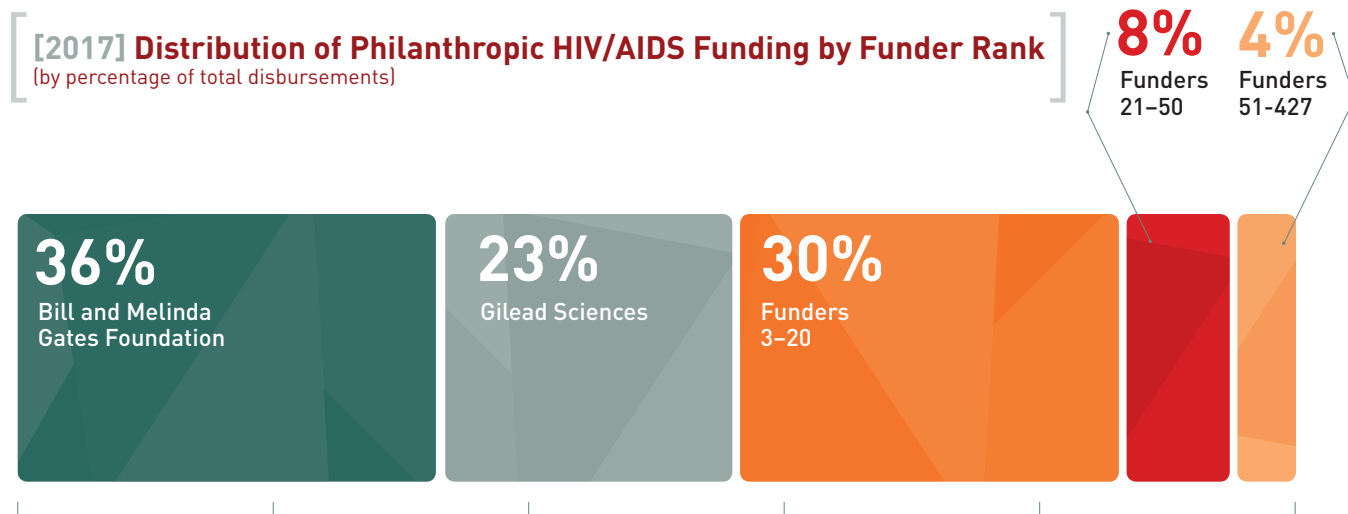
In 2017, the **top 20** HIV/AIDS funders – ranked in order of their disbursement size – awarded **\$598 million** in grants for HIV/AIDS, **accounting for 88% of the year's total**. Eight of the top 20 were HIV-specific funders.

When compared to last year's top 20 list, we are looking at \$10 million less in funding from this group, an expected

drop given the overall decline in funding. While we recorded more increases (12) than decreases (7) from top 20 organizations from 2016 to 2017, the amount of those 7 decreases outweighed the increases by \$1.2 million.

The overall decline in funding would be even more severe if not for a slight increase in funding from the Gates

foundation, and a significant 23% increase (\$29 million) in funding from Gilead Sciences – the second largest funder representing 23% of all disbursements. In addition to this, a few large sexual and reproductive health grants propelled a new funder into the top 20 list, which also worked to offset decreases from other funders.



**[2017] Top 10 Funders by Number of Grants**

FUNDER NAME	NUMBER OF GRANTS
1. Gilead Sciences, Inc.	944
2. M.A.C AIDS Fund and M.A.C Cosmetics	598
3. ViiV Healthcare	564
4. Broadway Cares/Equity Fights AIDS	477
5. Sidaction	399
6. Bill & Melinda Gates Foundation	284
7. Elton John AID Foundation	237
8. Stephen Lewis Foundation	203
9. Johnson & Johnson	180
10. National Lottery Distribution Trust Fund (South Africa)	173

## [2017] Corporate Philanthropic HIV/AIDS Funders

There were **39** corporate foundations and giving programs- including four of the top 20 funders- that supported HIV/AIDS work in 2017. This represented 36% (or **\$242 million**) of total HIV/AIDS philanthropy in 2017. Comparatively among overall corporate and foundation philanthropy, corporate funders represent only 24% (or roughly \$20.77 billion) of total charitable giving in the U.S.<sup>9</sup>

FUNDER NAME	2017 DISBURSEMENTS (\$)
Gilead Sciences, Inc.	155,440,317
ViiV Healthcare	37,562,831
M.A.C AIDS Fund and M.A.C Cosmetics	23,172,042
Johnson & Johnson	13,612,866
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company	3,963,051
Abbvie Foundation and Abbvie	3,055,748
Levi Strauss & Co.	1,280,000
Merck	1,234,204
GlaxoSmithKline	710,709
MTV Staying Alive Foundation	528,023
Wells Fargo Foundation	294,000
Jindal Power Limited	186,378
Rio Tinto	176,000
TJX Foundation, Inc.	110,000
Indo-MIM Private Limited	56,383
SUPERVALU Foundation	50,000
TD Charitable Foundation	39,000
The Polo Ralph Lauren Foundation	25,000
Bajaj Finance Limited	23,493
Fairfield Atlas Limited	12,530
Kirloskar Pneumatic Company Limited	12,530
Calvin Klein Family Foundation	10,000
MetLife Foundation	8,000
Rane (Madras) Limited	4,699
Island Insurance Foundation	4,100
Atlas Insurance Agency Foundation	4,000
Arcadis Consulting India Private Limited	3,132
Cochin Shipyard Limited	3,132
Promac Engineering Industries Limited	3,132
Venus India Asset-Finance Private Limited	3,132
Ben & Jerry's Foundation, Inc.	3,000
Bss Microfinance Private Limited	1,566
United Drilling Tools Limited	1,566
Claremont Savings Bank Foundation	1,500
The CarMax Foundation	1,000
Bon-Ton Stores Foundation	850
Williams Sonoma Foundation	703
Meredith Corporation Foundation	200
Western Asset Management Company Charitable Foundation	200

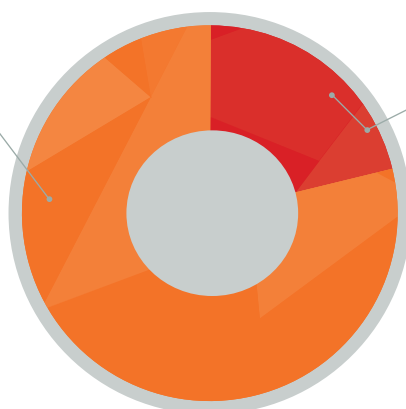
## [2017] Funders That Focus on HIV/AIDS

A small number of funders (twenty-six of the total 427 funders, or 6%) are HIV-specific funding organizations, but their grants represented a substantial amount: almost a quarter or **(\$144 million)** of the total in 2017.

FUNDER NAME	2017 DISBURSEMENTS (\$)
ViiV Healthcare	37,562,831
M.A.C AIDS Fund and M.A.C Cosmetics	23,172,042
Elton John AIDS Foundation	19,709,081
Aidsfonds	12,017,181
Broadway Cares/Equity Fights AIDS	9,392,630
amfAR, The Foundation for AIDS Research	9,287,373
Sidaction	8,140,572
Stephen Lewis Foundation	4,732,138
Sentebale	4,268,975
AIDS United	2,621,500
Elizabeth Taylor AIDS Foundation	2,015,174
Keep A Child Alive	1,825,461
Solidarite Sida	1,367,748
Design Industries Foundation Fighting AIDS (DIFFA)	1,096,500
WESEEHOPE	1,062,128
Verein AIDSLife	1,029,673
Egmont Trust	877,701
AIDS Foundation of Chicago	730,094
Washington AIDS Partnership	726,750
Canadian Foundation for AIDS Research (CANFAR)	550,570
MTV Staying Alive Foundation	528,023
AIDS Funding Collaborative	410,217
Campbell Foundation	385,000
Avert	201,981
Fundo PosithiVo	143,534
Barry & Martin's Trust	64,024

**79%**

Funding from  
all other  
organizations



**21%**

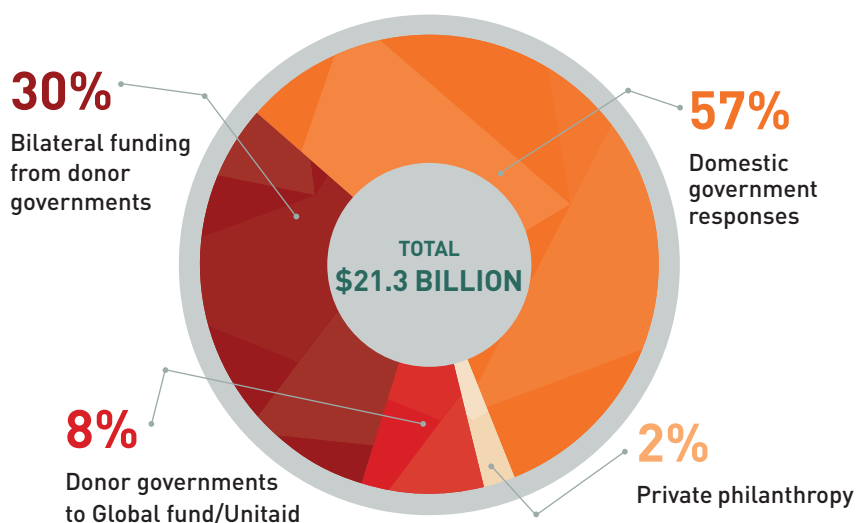
Funding from HIV-  
specific organizations

# FUNDING CONTEXT

It is important to highlight the bigger picture of where HIV/AIDS-related philanthropy stands in the larger development landscape. Below we examine the influence of philanthropic support for HIV/AIDS compared to the response by governments and multilateral institutions, as well as compared to total U.S. philanthropy.

UNAIDS estimates that in 2017 approximately \$21.3 billion was being invested annually in the AIDS response in low- and middle-income countries (LMIC). FCAA estimates that private philanthropy contributed \$416 million of the total funding to LMIC in 2017 (or 2% of global resources available for HIV/AIDS in LMIC). While donor government giving for HIV/AIDS in LMIC increased by US\$1.1 billion (16%) from 2016, this increase belies an overall decrease or flatness in funding by most donor governments. Read more on this in the introduction on page 4. Meanwhile philanthropic funding for HIV/AIDS in LMIC decreased by roughly \$41 million or 19%. (See the funding by country income chart on p19 for more information on philanthropic funding by income level.)

## [2017] Total Resources for HIV/AIDS in LMIC<sup>10</sup>

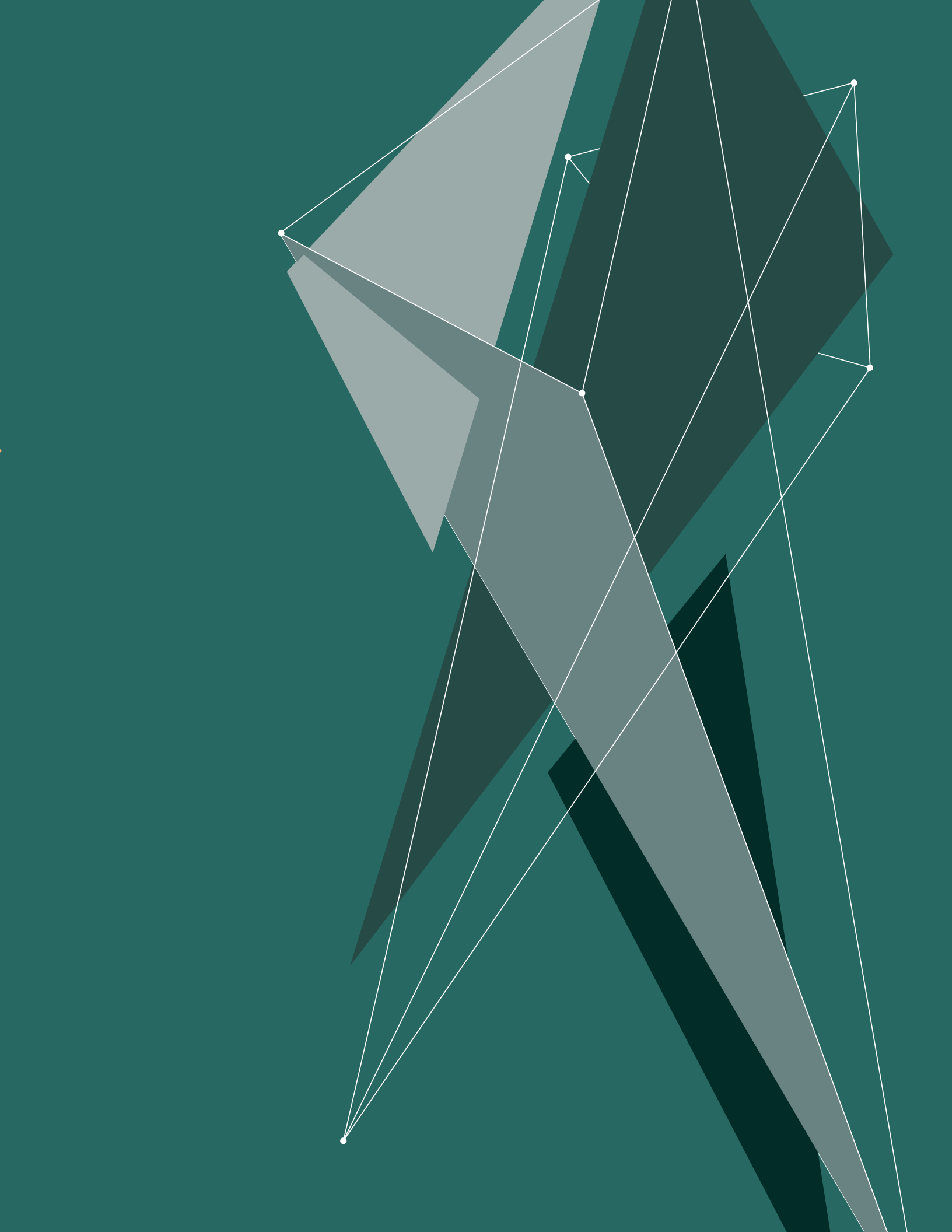


*Note: This chart examines funding for the HIV/AIDS epidemic in low- and middle-income countries (upper-income countries not included) as per available data from UNAIDS and The Henry J. Kaiser Family Foundation for 2017. UNAIDS' analyses and targets also focus on LMIC countries only, as that is where the vast majority of people living with HIV live.<sup>11</sup> Please note, some additional funding tracked by UNAIDS could not be disaggregated leading to a 3% discrepancy in our chart.*

## [2017] Share of Total U.S. Philanthropy for HIV/AIDS



Overall philanthropy from U.S.-based foundations and corporations in 2017 was \$87.7 billion for all areas, up 13% from 2016, while philanthropy for HIV/AIDS work from U.S.-based funders amounted to \$542 million in 2017 (a 2% decrease from 2016).<sup>12,13</sup> **Only 62 cents of every 100 dollars** awarded by U.S. foundations and corporations in 2017 **goes to HIV/AIDS** issues.

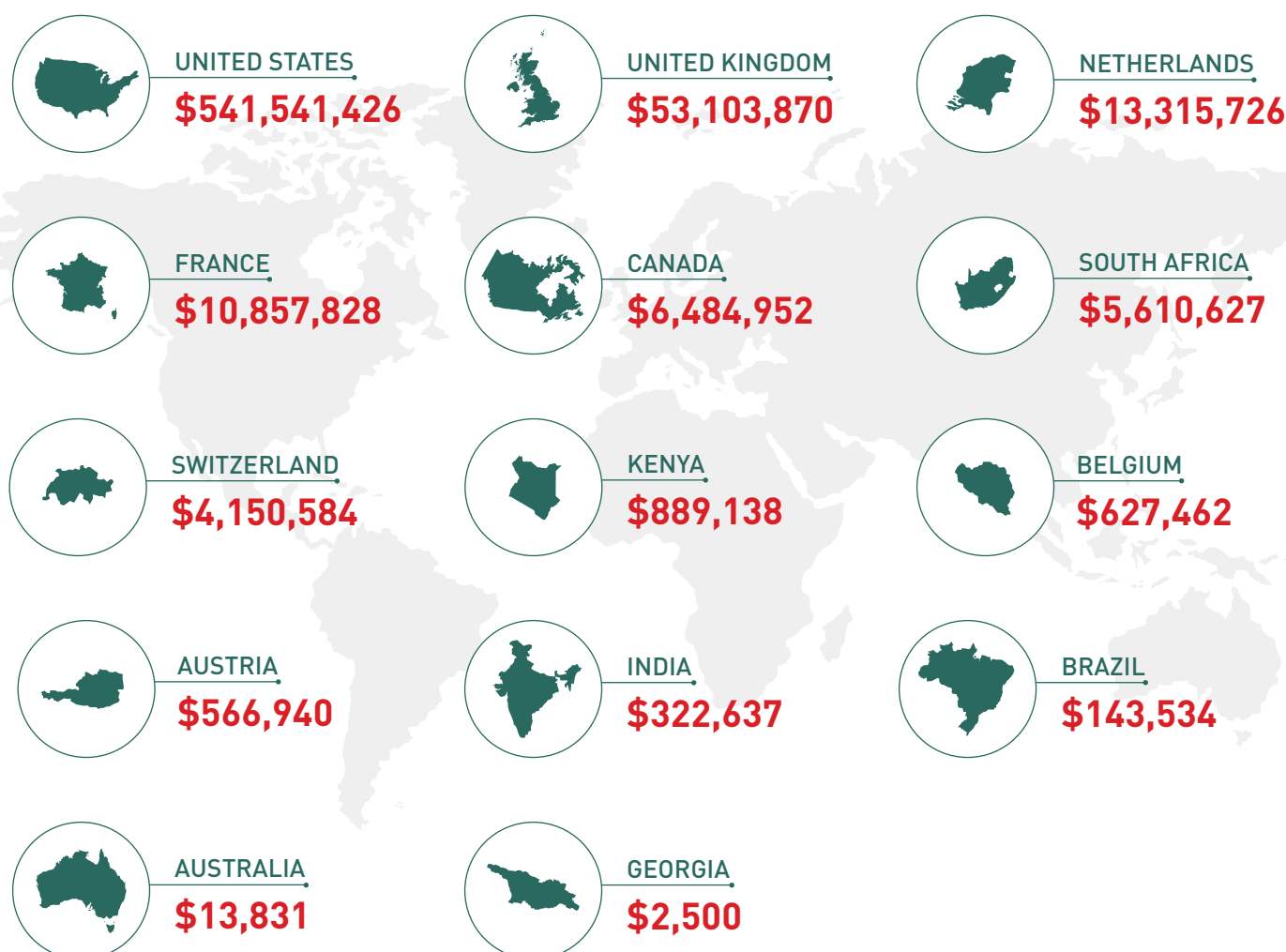


# GEO- GRAPHIC FOCUS

## WHERE FUNDING IS COMING FROM

Most private HIV/AIDS philanthropy is sourced from foundations and corporations that have **U.S.-based headquarters**.

[ **[2017] Philanthropic HIV/AIDS Funding by Donor Location** ]



## WHERE FUNDING IS GOING

FCAA uses three key categories for geographical resource flows<sup>14</sup>:



**Domestic** HIV/AIDS funding includes data on **indigenous** funding that is directed to or benefiting projects within an organization's own country or region.

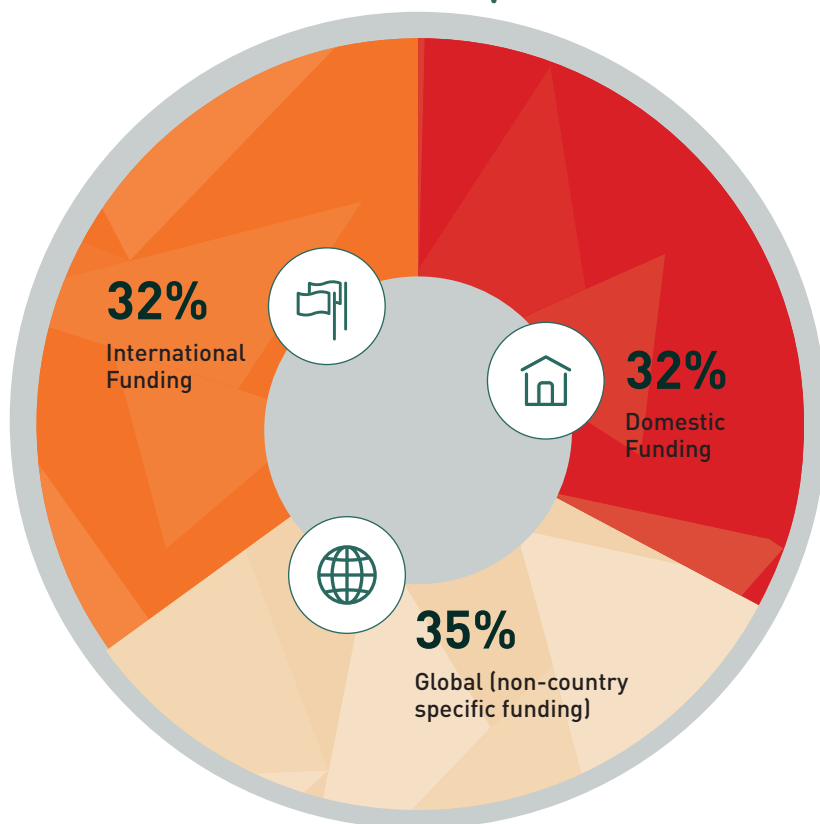


**International** HIV/AIDS funding includes data on funding that is directed to or benefiting projects in specific **countries or regions outside** of an organization's own country or region.



**Global (non country-specific)** HIV/AIDS funding includes data on funding that is of a worldwide reach or target population rather than a specific national or regional impact, such as research or global advocacy efforts.

35% of funding was given to Global (non-country-specific funding) grants (\$220 million), while international and domestic funding both received 32% of the share, at \$205 million and \$204 million, respectively. Historically, most funding has been directed globally, because of large research grants from the Gates Foundation that benefit a global population. This year, however, we saw a 10% decrease in Global funding and a 14% decrease in International funding, partnered with an 8% increase in domestic funding, leaving all 3 breakdowns fairly even. The rise in domestic funding is closely associated with the near \$30 million increase in funding from Gilead, a significant portion of which targeted the US.



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

## [2017] Philanthropic Support to Address HIV/AIDS in 2017<sup>15,16,17</sup>

A total of 427 philanthropic funders in 14 countries made more than 6,700 grants for HIV/AIDS to approximately 3,400 grantees totaling \$638 million in 2017.

### GLOBAL

#### [TOP 3] FUNDERS

Bill & Melinda Gates Foundation  
Gilead Sciences, Inc.  
Phillip T. & Susan M. Ragon Institute Foundation

#### [TOP 3] INTENDED USE

\$177m Research  
\$32m Prevention  
\$19m General operating/Administration

#### [TOP 3] TARGET POPULATIONS

\$188m General population  
\$16m People living with HIV  
\$6m Women & girls

**\$220**  
MILLION

### CANADA

#### [TOP 3] FUNDERS

M•A•C AIDS Fund and M•A•C Cosmetics  
ViiV Healthcare  
Canadian Foundation for AIDS Research (CANFAR)

#### [TOP 3] INTENDED USE

\$1m Social services  
\$1m Prevention  
\$1m Advocacy

#### [TOP 3] TARGET POPULATIONS

\$1m People living with HIV  
\$1m People who inject drugs  
\$1m Economically disadvantaged/homeless

**\$3M**

**\$186**  
MILLION

**\$6M**

### UNITED STATES

#### [TOP 3] FUNDERS

Gilead Sciences, Inc.  
ViiV Healthcare  
M•A•C AIDS Fund and M•A•C Cosmetics

#### [TOP 3] INTENDED USE

\$70m Treatment  
\$44m General operating/Administration  
\$42m Prevention

#### [TOP 3] TARGET POPULATIONS

\$94m People living with HIV  
\$36m African American (U.S.)  
\$33m Economically disadvantaged/homeless

### LATIN AMERICA

#### [TOP 3] FUNDERS

M•A•C AIDS Fund and M•A•C Cosmetics  
Aidsfonds  
Elton John AIDS Foundation

#### [TOP 3] INTENDED USE

\$4m Advocacy  
\$2m Prevention  
\$2m Social services

#### [TOP 3] TARGET POPULATIONS

\$2m Transgender  
\$1m Women & girls  
\$1m People living with HIV

**\$6M**

### CARIBBEAN

#### [TOP 3] FUNDERS

M.A.C AIDS Fund and M.A.C Cosmetics  
Aidsfonds  
Tides Foundation

#### [TOP 3] INTENDED USE

\$3m Treatment  
\$2m Advocacy  
\$2m Social services

#### [TOP 3] TARGET POPULATIONS

\$2m Women & girls  
\$1m Transgender  
\$1m Pregnant women/mothers & babies

## WESTERN & CENTRAL EUROPE

### [TOP 3] FUNDERS

Gilead Sciences, Inc.  
Big Lottery UK  
M•A•C AIDS Fund and M•A•C Cosmetics

### [TOP 3] INTENDED USE

\$10m Social services  
\$8m Prevention  
\$7m Advocacy

### [TOP 3] TARGET POPULATIONS

\$10m People living with HIV  
\$3m Health care workers  
\$3m Migrants/Refugees

\$23  
MILLION

## EASTERN EUROPE & CENTRAL ASIA

### [TOP 3] FUNDERS

Gilead Sciences, Inc.  
Aidsfonds  
Elton John AIDS Foundation

### [TOP 3] INTENDED USE

\$7m Advocacy  
\$4m Treatment  
\$3m Prevention

### [TOP 3] TARGET POPULATIONS

\$4m People living with HIV  
\$2m People who inject drugs  
\$2m Women & girls

\$10  
MILLION

## EAST ASIA & SOUTHEAST ASIA

### [TOP 3] FUNDERS

Aidsfonds  
Bill & Melinda Gates Foundation  
amfAR

### [TOP 3] INTENDED USE

\$4m Advocacy  
\$3m Prevention  
\$3m Treatment

### [TOP 3] TARGET POPULATIONS

\$2m Gay men/men who have sex with men  
\$2m Youth (15-24)  
\$2m Transgender

\$9M

## SOUTH ASIA & THE PACIFIC

### [TOP 3] FUNDERS

Bill & Melinda Gates Foundation  
ViiV Healthcare  
Elton John AIDS Foundation

### [TOP 3] INTENDED USE

\$5m Advocacy  
\$4m Treatment  
\$4m Prevention

### [TOP 3] TARGET POPULATIONS

\$3m Gay men/men who have sex with men  
\$3m Women & girls  
\$3m Transgender

\$12  
MILLION

\$42  
MILLION

\$158  
MILLION

\$3M

## WEST & CENTRAL AFRICA

### [TOP 3] FUNDERS

Bill & Melinda Gates Foundation  
Sidaction  
ViiV Healthcare

### [TOP 3] INTENDED USE

\$16m Research  
\$12m Treatment  
\$11m Prevention

### [TOP 3] TARGET POPULATIONS

\$16m Women & girls  
\$11m People living with HIV  
\$9m General population

## EAST & SOUTHERN AFRICA

### [TOP 3] FUNDERS

Bill & Melinda Gates Foundation  
Conrad N. Hilton Foundation  
Johnson & Johnson

### [TOP 3] INTENDED USE

\$70m Prevention  
\$43m Treatment  
\$34m Social services

### [TOP 3] TARGET POPULATIONS

\$46m Youth (15-24)  
\$35m General population  
\$34m Women & girls

## NORTH AFRICA & MIDDLE EAST

### [TOP 3] FUNDERS

Bill & Melinda Gates Foundation  
Gilead Sciences, Inc.  
Johnson & Johnson

### [TOP 3] INTENDED USE

\$2m Prevention  
\$1m Advocacy  
\$1m Treatment

### [TOP 3] TARGET POPULATIONS

\$2m People living with HIV  
<\$1m LGBTQ—General  
<\$1m Pregnant women/mothers & babies

## FUNDING FOR THE U.S. EPIDEMIC

For the fourth year in a row, private HIV/AIDS philanthropic funding to the U.S. reached a new high, totaling \$186 million in 2017, a 7% (\$12 million) increase from 2016. This is mostly attributable to a 40% increase in domestic funding from Gilead Sciences.

### [ 2017 ] Top 10 Philanthropic Funders of U.S. HIV/AIDS Epidemic

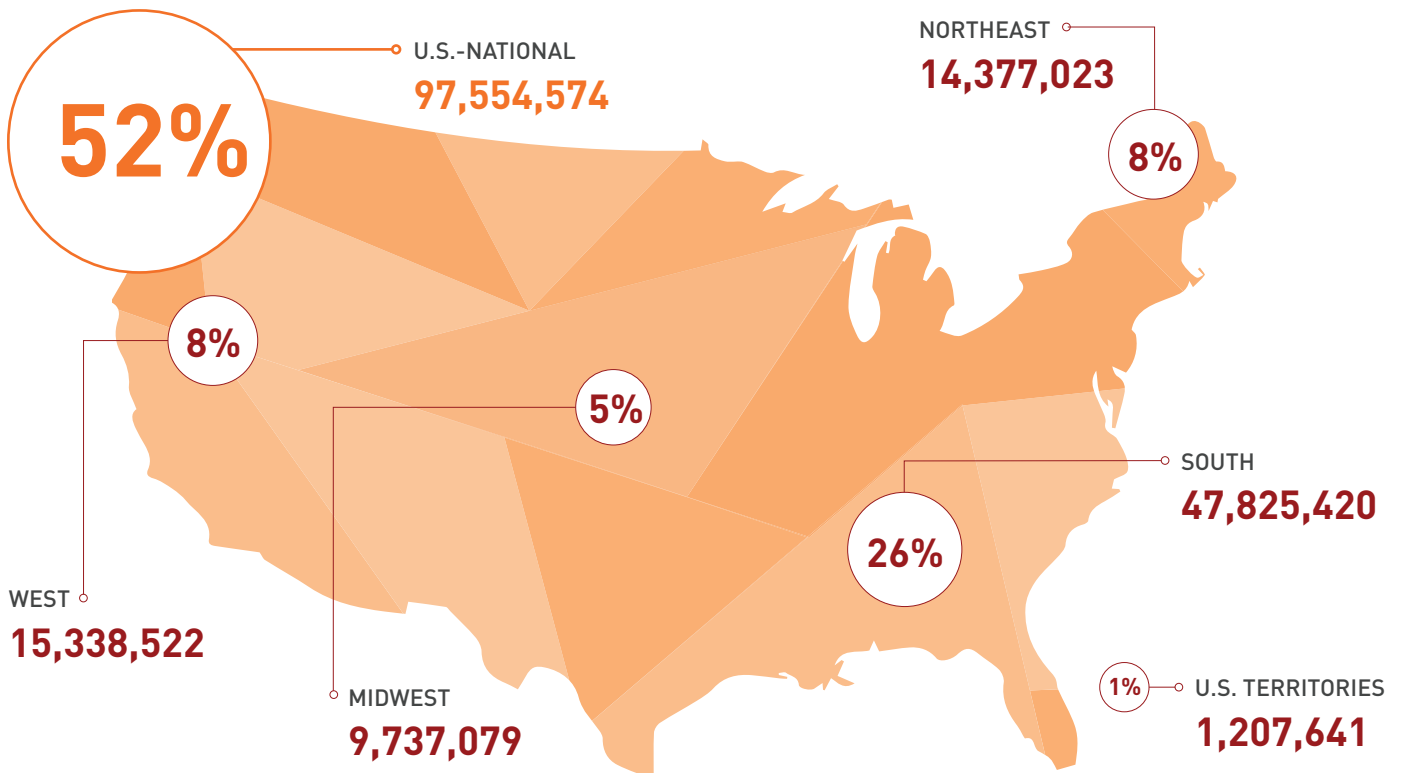
FUNDER NAME	2017 DISBURSEMENTS (\$)
1. Gilead Sciences, Inc.	125,317,560
2. ViiV Healthcare	19,456,763
3. M.A.C AIDS Fund and M.A.C Cosmetics	8,900,068
4. Broadway Cares/Equity Fights AIDS	8,614,275
5. Elton John AIDS Foundation	7,485,106
6. Johnson & Johnson	3,913,967
7. Ford Foundation	2,950,000
8. AIDS United	2,621,500
9. H. van Ameringen Foundation	1,847,000
10. California Wellness Foundation	1,099,000

While most US regions saw a slight decrease in funding from 2016-2017, the US South saw a 67% increase (\$19 million) over the past year. The US Territories

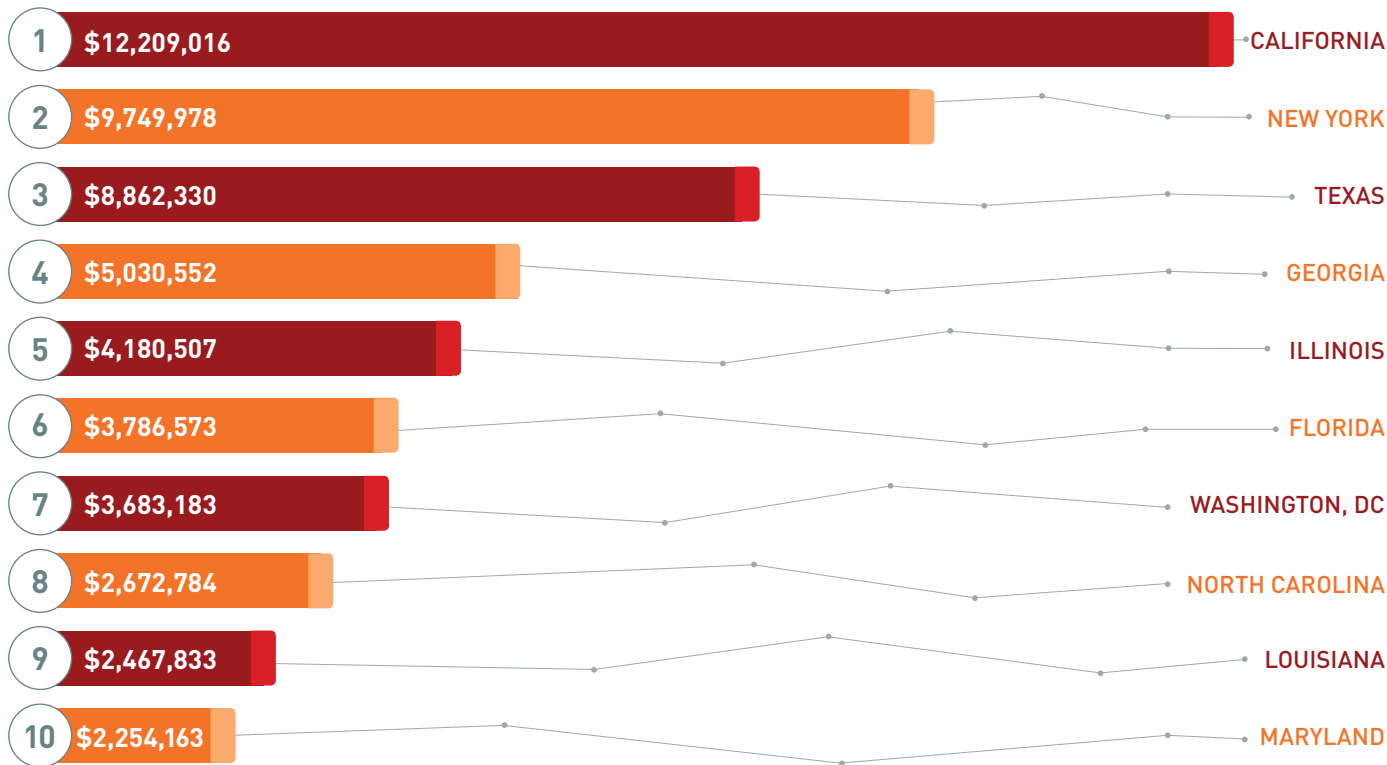
also saw an increase in funding, likely due to the disaster relief initiatives – such as AIDS United's HIV Disaster Relief effort – from the philanthropic community

in response to the hurricane damage that ravaged Puerto Rico and the Virgin Islands.<sup>18</sup>

### [ 2017 ] Philanthropic HIV/AIDS Funding by U.S. Region



## [ 2017 ] Philanthropic HIV/AIDS Funding by Top 10 Recipient U.S. States



### FOCUS ON THE U.S. SOUTH

While most regional funding decreased from 2016 to 2017, HIV/AIDS funding to the U.S. South increased by \$19 million, a whopping 67%. Notably, seven of the top 10 recipient states are located within the U.S. South. For the past several years, FCAA has been committed to shining a spotlight on the level of funding available to address the HIV epidemic in the U.S. South, which accounted for more than half of the new HIV infections in the U.S. in 2016. We are proud to report on a steady increase in funding to the region since 2014, led by the engagement and leadership of several philanthropic funders (see top 5 list below), that have committed to finding new ways to collaborate and leverage their funding to reach the most impacted populations in the South. Recent new funding – such as the 10-year \$100 million

COMPASS Initiative from Gilead Sciences – have directed impressive new investments into the region and played a pivotal role in the 67% increase to the region in 2017. FCAA is also proud to share that the Southern HIV Impact Fund officially launched in December of 2016 and has since made an investment of \$2.65 million in support of 37 grantee organizations in nine deeply impacted states: Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Texas. The Fund is currently managed by AIDS United and supported by (four of the top 5 funders in the region)

Gilead Sciences, Ford Foundation, Elton John AIDS Foundation, ViiV Healthcare and Johnson and Johnson, along with support from an anonymous donor.

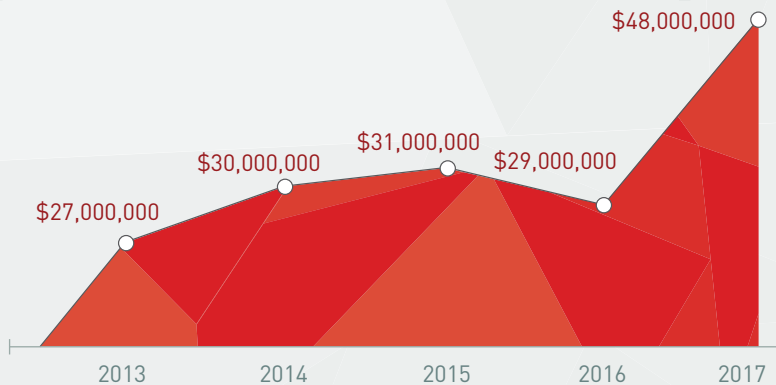
#### Lean more about these initiatives:

- Gilead COMPASS (COMmitment to Partnership in Addressing HIV/AIDS in Southern States) Initiative  
<https://www.gilead.com/responsibility/compass>
- Southern HIV Impact Fund  
[www.southernfund.org](http://www.southernfund.org)

#### TOP 5 PHILANTHROPIC FUNDERS OF U.S. SOUTH

1. Gilead Sciences, Inc.
2. Elton John AIDS Foundation
3. ViiV Healthcare
4. AIDS United
5. M.A.C AIDS Fund and M.A.C Cosmetics

### [ HIV Philanthropy to the U.S. South 2014-2017 ]



# INTERNATIONAL/GLOBAL FUNDING

## [ 2017 Top 10 Philanthropic Funders of International/Global HIV/AIDS Grants ]

FUNDER NAME	2017 DISBURSEMENTS (\$)
1. Bill & Melinda Gates Foundation	241,445,120
2. Gilead Sciences, Inc.	30,122,757
3. ViiV Healthcare	17,975,835
4. Elton John AIDS Foundation	11,687,496
5. M.A.C AIDS Fund and M.A.C Cosmetics	11,128,801
6. Aidsfonds	11,019,204
7. Conrad N. Hilton Foundation	10,889,000
8. Phillip T. & Susan M. Ragon Institute Foundation	10,000,000
9. Johnson & Johnson	9,698,899
10. amfAR, The Foundation for AIDS Research	9,153,454

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

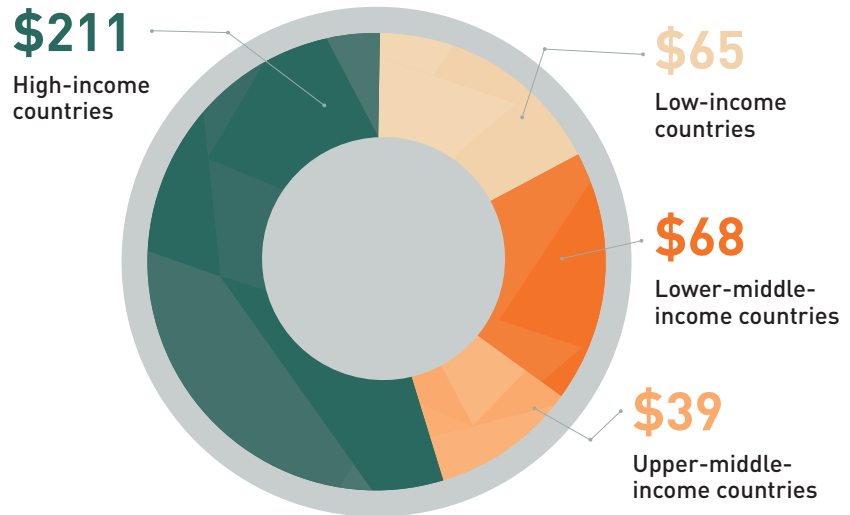
COUNTRY	2017 DISBURSEMENTS (\$)	COUNTRY	2017 DISBURSEMENTS (\$)
1. US	185,711,465	11. Lesotho	5,481,114
2. Kenya	28,235,870	12. Mozambique	5,362,759
3. South Africa	24,884,548	13. France	5,217,339
4. Zimbabwe	21,671,146	14. Nigeria	2,814,132
5. Zambia	17,546,991	15. Canada	2,758,732
6. Malawi	17,382,762	16. Ethiopia	2,460,617
7. Tanzania	10,850,285	17. Swaziland	2,415,093
8. Uganda	9,068,076	18. Italy	2,256,143
9. India	8,407,255	19. China	2,048,594
10. United Kingdom	6,664,504	20. Mexico	2,012,916

## FUNDING BY COUNTRY INCOME LEVEL

More than half of all country-level funding in 2017 for HIV/AIDS from philanthropic funders went to **high-income countries** (\$211 million), a 3% increase from last year. While low and middle-income countries saw decreases all around, with total funding dropping 19% from 2016.

**Middle-income countries** received only \$107 million in 2017 – a 21% decrease from 2016, with upper-middle-income countries receiving \$39 million (a 27% decrease from last year) and lower-middle-income countries receiving \$68 million (a 17% decrease from 2016). Low-income countries received \$65 million in 2017, a 16% decrease from 2016.

[ **[2017] Philanthropic HIV/AIDS Funding by Country Income Level<sup>19, 20</sup>** ]

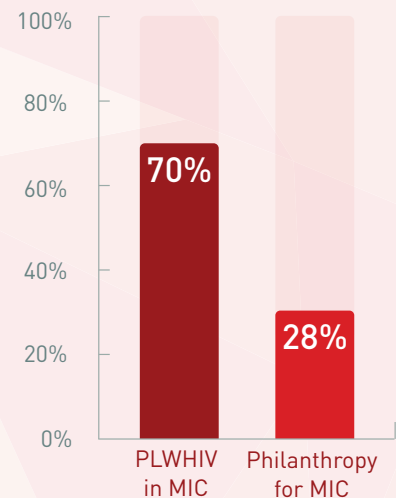


## FOCUS ON MIDDLE INCOME COUNTRIES

In 2017, only 28% of country-specific HIV-related philanthropy was disbursed to Middle-income countries, a 21% decrease from 2016. According to the Stop AIDS Alliance, middle income countries (MIC) are now home to more than 75% of the world's poor and 58% of all people living with HIV. By 2020, it is expected that 70 percent of people living with HIV will be in MIC. At the same time, international donors are withdrawing their resources from MIC, assuming domestic resources will fill the gap. However, to date these transitions have not been particularly successful, especially when it comes to prevention,

care and human rights programs for key populations that are under or unfunded by their governments.

Recommended Resource: *Three Case Studies of Global Fund Withdrawal in South Eastern Europe*, from Open Society Foundations available online at: <https://www.opensocietyfoundations.org/sites/default/files/lost-in-translation-20171208.pdf>.



# INTENDED USE

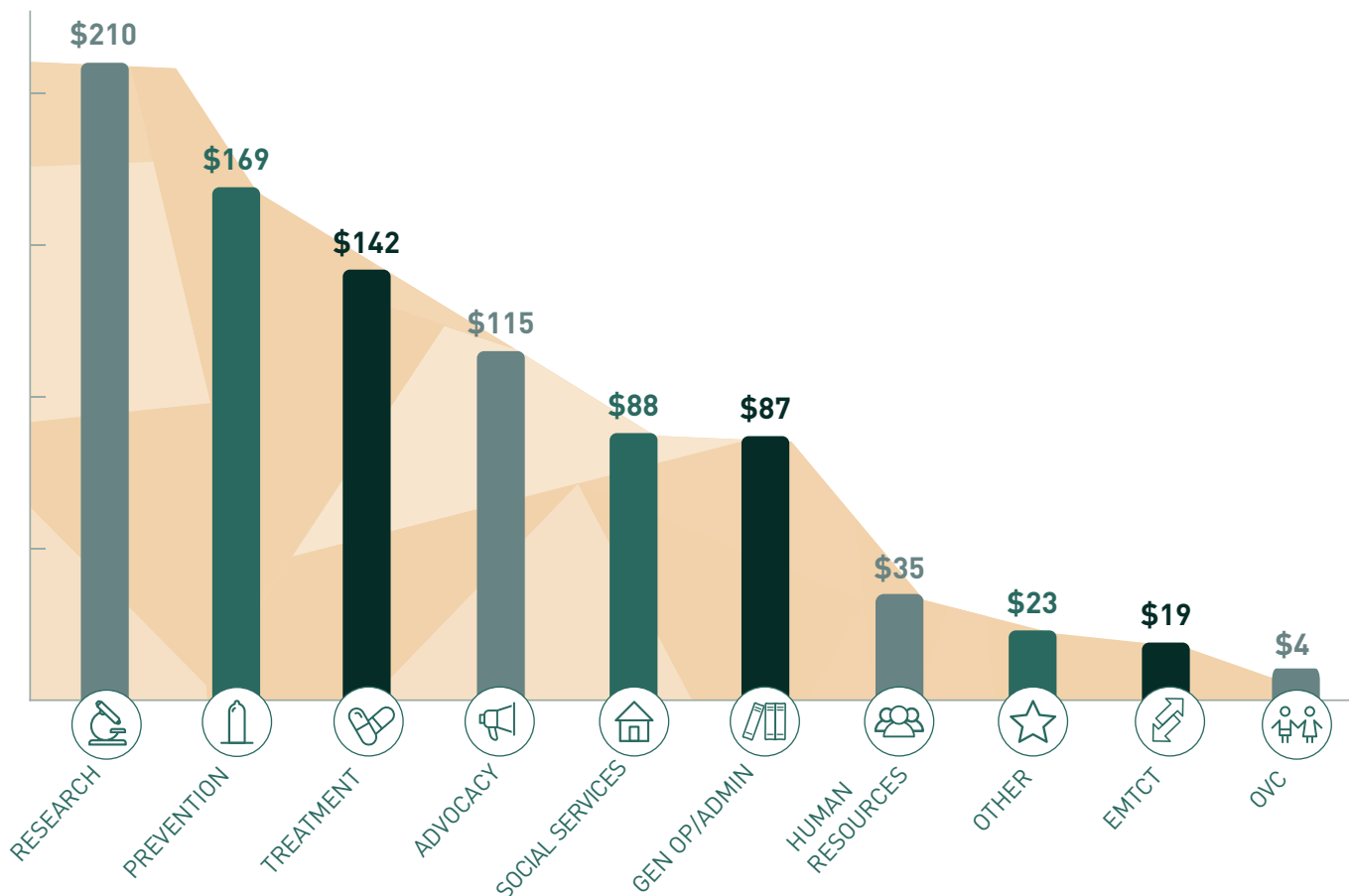
FCAA uses 10 different categories to classify the intended use of HIV/AIDS grants.

The overall amounts add up to \$888 million, as opposed to the \$638 million funders reported giving for HIV/AIDS work in 2017, because many individual grants target multiple categories. In that case, the total amount of the grant was

counted in each intended use category. For example, a retention-in-care grant's whole amount would be counted towards both treatment (medical care) and social services (non-medical case management). **Research** is traditionally the highest

category each year and totaled **\$210 million** in 2017, a 15% decrease from 2016. This category is influenced by grantmaking from the Gates Foundation for global HIV/AIDS research.

**[2017] Intended Use of 2017 Philanthropic Funding for HIV/AIDS**  
(dollars in millions)



## INTENDED USE CATEGORIES



**RESEARCH\*:** medical, prevention, and social science research



**TREATMENT:** all medical care and drug treatment (clinic, community, and home-based care; ARV and OI treatment), end-of-life/palliative care, lab services, and provider/patient treatment information



**PREVENTION:** HIV testing, VCT, harm reduction, male circumcision, PrEP, STI prevention, health-related awareness/education/social & behavior change programs



**ADVOCACY:** Activities to reduce stigma & discrimination and to develop a strong HIV constituency/enhance responses to HIV, provision of legal services/other activities to promote access & rights, AIDS-specific institutional development/strengthening, reducing gender-based violence, films and other communications to increase general awareness of HIV/AIDS



**SOCIAL SERVICES:** HIV/AIDS-related housing, employment, food, and transportation assistance; cash transfers/grants to individuals; day care; income generation and microfinance programs; psychological/spiritual support and peer support groups; case management services; access-to-care case management services



**GENERAL OPERATING/ADMINISTRATION:** General/core support, monitoring & evaluation, facilities investment, management of AIDS programs, planning, patient tracking, information technology, strengthening logistics & drug supply systems



**HUMAN RESOURCES:** Training, recruitment, and retention of health care workers; direct payments to health care workers; continuing education for health care workers



**ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION (EMTCT):** Counseling & testing related to EMTCT, ARV treatment within the context of EMTCT, safe infant feeding practices, and delivery and other services that are part of EMTCT programs



**OTHER:** funding that was unspecified and for projects that did not fall under the pre-determined categories, such as health systems strengthening, fundraising events and activities, conference support, sector transformation, support for AIDS walks



**ORPHANS AND VULNERABLE CHILDREN (OVC):** holistic provision of education, basic health care, family/home/community support, social services, and institutional care for children orphaned or made vulnerable by HIV/AIDS, in lieu of parental support

\*Recommended resource: Learn more about funding for HIV prevention research and development. The new report from the Resource Tracking for HIV Prevention Research & Development Working Group led by AVAC shows overall funding for HIV prevention research & development has remained essentially flat for over a decade. <http://www.hivresourcetracking.org/>

## FOCUS ON PrEP

For the second year now FCAA has made a specific effort to track funding related to pre-exposure prophylaxis (PrEP), finding \$30 million in HIV-related philanthropic support for PrEP in 2017. This represents a 14% increase from 2016, the benchmark year for tracking PrEP funding. When taken consistently, PrEP has been shown to reduce

the risk of HIV infection in people who are at high risk by up to 92%. In 2017 the San Francisco AIDS Department of Public Health announced a 51% decline in new HIV infections in the city since 2012, due in large part to the scale-up and provision of PrEP related services.<sup>21</sup>

### TOP 5 PHILANTHROPIC FUNDERS OF PrEP

1. Bill & Melinda Gates Foundation
2. Gilead Sciences, Inc.
3. M.A.C AIDS Fund and M.A.C Cosmetics
4. Elton John AIDS Foundation
5. AIDS United

## FOCUS ON ADVOCACY & HUMAN RIGHTS

FCAA firmly believes that universal access to healthcare – including HIV treatment, prevention and care – is not only a fundamental human right, but also provides a remarkable return on investment. Resources allocated to HIV/AIDS are some of the most efficient and effective dollars that can be spent, paying enormous dividends in terms of public health, trade, economic security and leveraging capacity.

In 2014, FCAA published a benchmark level of HIV-related philanthropy that supports human rights and advocacy. After two years of an upward trend, this year's report finds a **7% (\$9 million) decrease** in funding to advocacy and human rights between 2016 and 2017.

With the uncertainty of our current political climate, FCAA also developed an Advocacy Network in 2017 to respond to the needs of funders trying to remain informed and prepared to act. We will also continue to monitor and work to mobilize philanthropic funding for this critical issue.

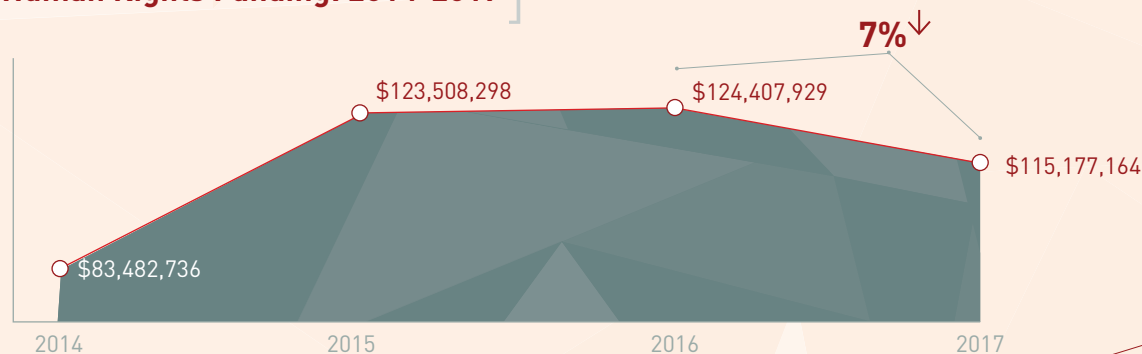
### TOP 5 PHILANTHROPIC FUNDERS OF ADVOCACY & HUMAN RIGHTS

1. Gilead Sciences, Inc.
2. Bill & Melinda Gates Foundation
3. Elton John AIDS Foundation
4. ViiV Healthcare
5. M.A.C AIDS Fund and M.A.C Cosmetics

### Recommended resource:

To learn more about the field of human rights philanthropy, we recommend visiting our partners The Human Rights Funders Network at [www.hrfn.org](http://www.hrfn.org) and their research initiative: **Advancing Human Rights: The State of Global Foundation Grantmaking** at <http://humanrightsfunding.org/>.

### Human Rights Funding: 2014-2017



## FOCUS ON CAPACITY BUILDING & LEADERSHIP DEVELOPMENT

Last year FCAA began an initiative to specifically monitor and analyze HIV philanthropy that supported capacity building and leadership development. In 2017 HIV-related philanthropy for these strategies totaled \$39 million, a 29% increase from the benchmark year of 2016.

As we continue to focus on the critical importance of supporting advocacy, we also must help protect sustainability of the advocacy response by ensuring support for the capacity of our grassroots and community-based organizations to carry out that work.

### TOP FUNDERS OF CAPACITY BUILDING & LEADERSHIP DEVELOPMENT

1. Conrad N. Hilton Foundation
2. Aidsfonds
3. Gilead Sciences, Inc.
4. Elton John AIDS Foundation
5. Ford Foundation

## FOCUS ON GENERAL OPERATING SUPPORT

Another strategy to help organizations build their internal capacity is through General Operating Support. General operating funding is vital for an organizations ability to survive during challenging times, support their staff, and prioritize the needs of the communities they serve. In 2016, \$87 million

in HIV-related philanthropy was granted in the form of general operating support. This represents a 50% increase from 2016.

### Recommended resource:

In FCAA's new report, *Last Mile Funding: improving practice in philanthropic funding*

*of community action on AIDS*, supporting core costs – or general operating support – is just one of the strategies highlighted to help funders more effectively support community-based organizations. Learn more at <https://www.fcaaid.org/what-we-do/research/community-based-organizations/>.

# TARGET POPULATIONS

Since close to a third of all philanthropic funding in 2017 went toward research, **general populations** that were targeted by research projects received the most funding of all target populations (\$248 million).

The overall amounts presented add up to \$991 million, as opposed to the \$638 million funders reported giving for HIV/AIDS work in 2017, because many individual grants target multiple populations, and such funding could not be disaggregated to the different populations. In that case, the total amount of the grant was counted for each population.

The 'Other' category included funding that was unspecified and for projects that did not fall under the pre-determined categories, such as community-based organizations and their staff, survivors of violence, faith communities, sero-discordant couples, truck drivers, Asian Americans/Pacific Islanders, and more.

## [2017] Target Populations of Philanthropic Funding for HIV/AIDS<sup>22</sup>

TARGET POPULATION	2017 DISBURSEMENTS (\$)
General population (including medical research for a general population)*	247,883,142
People living with HIV (general)	150,705,800
Women & girls	77,886,525
Youth (15-24)	71,661,854
Economically disadvantaged/homeless	42,712,596
Gay men/men who have sex with men	42,652,836
Health care workers	37,977,470
Children (0-14)	37,600,167
African American (U.S.)	36,654,524
Transgender	34,244,021
Latinx (U.S.)	26,918,536
Men & boys	22,149,584
Other	21,559,502
Pregnant women/mothers & babies	20,008,443
LGBTQ - General	19,165,050
People who inject drugs	17,085,107
Sex workers	13,908,008
Orphans & vulnerable children	12,805,730
Families	12,501,926
Rural populations	9,349,690
Migrants/Refugees	7,323,856
Incarcerated/formerly incarcerated	5,419,442
Grandmothers & other caregivers	5,223,346
People co-infected with HIV/Hep C	5,125,098
Older adults (over 50)	3,100,864
People with disabilities	2,617,332
Ethnic minority (outside U.S.)	2,170,127
Key affected populations not broken down	1,691,520
People co-infected with HIV/TB	1,677,288
Indigenous	1,220,778
Sensitive Info Withheld	3,000

\*\$169m for general populations targeted by research grants

\$64m for general populations targeted by prevention grants

\$18m for general populations targeted by advocacy grants

## FOCUS ON LGBTQ POPULATIONS:

Total Funding for LGBTQ populations, which includes men who have sex with men and transgender people, saw a \$16 million increase from 2016, but still only represented 11% of total funding in 2017. Despite a dip in 2016, we've seen a trend of increases in funding for LGBT communities since we started tracking in 2014. While philanthropy is on the rise, it's still outpaced by the disproportionate impact of the epidemic on this population.

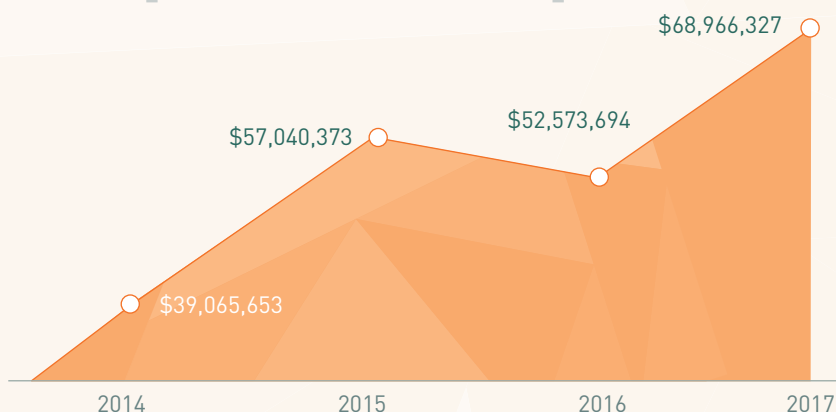
- Learn more about global resources for LGBTQ communities from our partners at Global Philanthropy Project and Funders for LGBTQ Issues in their 2015-2016 Global Resources Report: <https://globalphilanthropyproject.org/2018/04/17/grr15-16/>

- Learn more about the global impact of HIV on key populations at: <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations>

### Recommended resources:

- Learn more about foundation giving for LGBTQ communities from our partners at Funders for LGBTQ Issues at: <https://www.lgbtfunders.org/>

### LGBTQ Funding 2014-2017



Globally, men who have sex with men (MSM) are at 24 times higher risk of contracting HIV than the general population. In the U.S., young Black MSM are at particular risk –accounting for 54% of new diagnoses in 2016. This population received roughly 7% of HIV philanthropy in 2017, a 35% increase from 2016.

Transgender people are 49 times more at risk of living with HIV compared to the general population. HIV-related stigma, transphobia, and fear of violence – among a confluence of other issues - create barriers to the access of HIV testing and treatment services by transgender people. This population received roughly 5% of HIV philanthropy in 2017, a 110% increase from 2016.

Funding for harm reduction in LMIC – that benefit PWID – fell flat in 2016, representing only 11% of the global need. In the U.S., the rapid rise of the opioid epidemic has led to increases in new HIV infections among PWID. This population received roughly 3% of HIV philanthropy in 2017, an 11% decrease from 2016.

Sex workers are 13 times more at risk of HIV compared with the general population, due to an increased likelihood of being economically vulnerable, unable to negotiate consistent condom use, and experiencing violence, criminalization and marginalization. This population received roughly 2% of HIV philanthropy in 2017, a 24% decrease from 2016.

### TOP 5 PHILANTHROPIC FUNDERS OF KEY POPULATIONS

1. Gilead Sciences, Inc.
2. Elton John AIDS Foundation
3. M.A.C AIDS Fund and M.A.C Cosmetics
4. Aidsfonds
5. ViiV Healthcare

*(Includes grants marked for 'Gay men/men who have sex with men', 'People who inject drugs', 'Transgender people', 'Sex workers', and 'General LGBTQ', and 'Key affected populations not broken down')*

# APPENDIX 1

## [ 2017 ] Philanthropic HIV/AIDS Funders

FUNDER NAME	2017 DISBURSEMENTS (\$)	LOCATION	# OF GRANTS
1. Bill & Melinda Gates Foundation	241,447,620	U.S.	284
2. Gilead Sciences, Inc.	155,440,317	U.S.	944
3. ViiV Healthcare	37,562,831	U.S. & U.K.	564
4. M.A.C AIDS Fund and M.A.C Cosmetics	23,172,042	U.S., U.K. & Canada	598
5. Elton John AIDS Foundation	19,709,081	U.S. & U.K.	237
6. Johnson & Johnson	13,612,866	U.S.	180
7. Aidsfonds	12,017,181	Netherlands	119
8. Conrad N. Hilton Foundation	10,889,000	U.S.	19
9. Phillip T. & Susan M. Ragon Institute Foundation	10,000,000	U.S.	1
10. Broadway Cares/Equity Fights AIDS	9,392,630	U.S.	477
11. amfAR, The Foundation for AIDS Research	9,287,373	U.S.	139
12. Sidaction	8,140,572	France	399
13. Ford Foundation	8,007,100	U.S.	30
14. Open Society Foundations	7,754,549	U.S.	N/A
15. Children's Investment Fund Foundation	6,664,394	U.K.	8
16. Wellcome Trust	5,460,721	U.K.	32
17. Big Lottery Fund UK	5,394,015	U.K.	29
18. Susan Thompson Buffett Foundation	5,070,000	U.S.	6
19. Stephen Lewis Foundation	4,732,138	Canada	203
20. National Lottery Distribution Trust Fund (South Africa)	4,721,583	South Africa	173
21. Sentebale	4,268,975	U.K.	4
22. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company	3,963,051	U.S.	140
23. National Postcode Loterij (Dutch National Postcode Lottery)	3,819,285	Netherlands	3
24. FXB International- Association Francois-Xavier Bagnoud	3,739,704	Switzerland	9
25. Abbvie Foundation and Abbvie	3,055,748	U.S.	21
26. AIDS United	2,621,500	U.S.	52
27. American Jewish World Service	2,560,869	U.S.	116
28. Tides Foundation	2,524,812	U.S.	30
29. Comic Relief UK	2,057,223	U.K.	22
30. Elizabeth Taylor AIDS Foundation	2,015,174	U.S.	84
31. H. van Ameringen Foundation	1,847,000	U.S.	31
32. Keep A Child Alive	1,825,461	U.S.	10
33. Firelight Foundation	1,590,644	U.S.	52
34. James B. Pendleton Charitable Trust	1,500,000	U.S.	6
35. Solidarité Sida	1,367,748	France	81
36. Levi Strauss & Co	1,280,000	U.S.	21

FUNDER NAME	2017 DISBURSEMENTS (\$)	LOCATION	# OF GRANTS
37. Merck	1,234,204	U.S.	50
38. California Wellness Foundation	1,099,000	U.S.	2
39. Design Industries Foundation Fighting AIDS (DIFFA)	1,096,500	U.S.	67
40. Fondation de France	1,073,865	France	49
41. Weesehope	1,062,128	U.K.	28
42. VriendenLoterij (Dutch Friends Lottery)	1,037,922	Netherlands	1
43. Verein AIDS Life	1,029,673	Austria	17
44. Alphawood Foundation	960,000	U.S.	7
45. Mennonite Central Committee (MCC)	896,587	U.S.	36
46. UHAI: East African Sexual Health and Rights Initiative	889,138	Kenya	27
47. Egmont Trust	877,701	U.K.	40
48. Red Umbrella Fund	875,723	Netherlands	23
49. Sexual Reproductive Health and Rights Africa Trust (SAT), trading as the SRHR Africa Trust (SAT)	792,585	South Africa	39
50. AIDS Foundation of Chicago	730,094	U.S.	20
51. Washington AIDS Partnership	726,750	U.S.	17
52. GlaxoSmithKline	710,709	U.K.	61
53. Health Foundation of Greater Indianapolis	693,922	U.S.	30
54. King Baudouin Foundation	687,587	Belgium	10
55. Jewish Communal Fund	676,826	U.S.	6
56. Comer Family Foundation	671,000	U.S.	61
57. Cone Health Foundation	621,114	U.S.	7
58. Robert Wood Johnson Foundation	589,225	U.S.	8
59. Canadian Foundation for AIDS Research (CANFAR)	550,570	Canada	12
60. MTV Staying Alive Foundation	528,023	U.S. & U.K.	40
61. Jewelers for Children	500,000	U.S.	1
62. Rockefeller Foundation	500,000	U.S.	1
63. Global Fund for Women	483,341	U.S.	22
64. Robin Hood Foundation	430,000	U.S.	3
65. United Way of Greater St. Louis, Inc.	428,658	U.S.	2
66. California Community Foundation	428,452	U.S.	25
67. Mama Cash	422,244	Netherlands	8
68. Oak Foundation	410,880	Switzerland	7
69. AIDS Funding Collaborative	410,217	U.S.	20
70. The Campbell Foundation	385,000	U.S.	18
71. One to One Children's Fund	355,185	U.K.	3
72. Community Foundation for Greater Atlanta	355,000	U.S.	7
73. Missouri Foundation for Health	352,286	U.S.	2
74. Weingart Foundation	350,000	U.S.	2
75. Morris and Gwendolyn Cafritz Foundation	327,000	U.S.	4
76. Doris Duke Charitable Foundation	317,900	U.S.	2
77. Episcopal Health Foundation	300,000	U.S.	2
78. Wells Fargo Foundation	294,000	U.S.	43
79. Fondation Merieux	275,642	France	4
80. Black Tie Dinner	237,792	U.S.	7
81. Kaiser Permanente	234,200	U.S.	20

FUNDER NAME	2017 DISBURSEMENTS (\$)	LOCATION	# OF GRANTS
82. Healthcare Foundation of New Jersey	233,688	U.S.	4
83. Cleveland Foundation	230,500	U.S.	6
84. Summit Foundation	222,974	U.S.	11
85. United Way Services	214,712	U.S.	8
86. Otto Bremer Trust	205,000	U.S.	5
87. Annenberg Foundation	204,605	U.S.	4
88. South Africa Development Fund	204,510	U.S.	3
89. Avert	201,981	U.K.	4
90. Jefferson Regional Foundation	200,000	U.S.	1
91. Jindal Power Limited	186,378	India	1
92. Sigrid Rausing Trust	182,435	U.K.	3
93. Astraea Lesbian Foundation for Justice	182,246	U.S.	30
94. Groundswell Fund	180,000	U.S.	4
95. Rio Tinto	176,000	U.K.	1
96. Keith Haring Foundation	153,000	U.S.	7
97. Fidelity Charitable Gift Fund	152,500	U.S.	2
98. United Way of Greater Greensboro	146,892	U.S.	1
99. Seattle Foundation	146,100	U.S.	15
100. Fundo PositHiVo	143,534	Brazil	20
101. Borealis Philanthropy - Transforming Movements Fund	129,000	U.S.	4
102. Living Water Foundation	125,221	U.S.	1
103. New York Community Trust	121,000	U.S.	1
104. Lloyd A Fry Foundation	120,000	U.S.	2
105. Rockefeller Brothers Fund, Inc.	120,000	U.S.	2
106. Meyer Memorial Trust	113,016	U.S.	1
107. David and Lucile Packard Foundation	112,500	U.S.	2
108. Hagedorn Fund	110,000	U.S.	3
109. TJX Foundation, Inc.	110,000	U.S.	20
110. David Bohnett Foundation	109,350	U.S.	8
111. Chicago Foundation for Women	107,000	U.S.	9
112. Brian A. McCarthy Foundation, Inc.	105,000	U.S.	2
113. United Way of Central New York	103,000	U.S.	1
114. Brown Foundation, Inc.	100,000	U.S.	1
115. James H. Cummings Foundation, Inc.	100,000	U.S.	1
116. Joseph B. Whitehead Foundation	100,000	U.S.	1
117. George Gund Foundation	98,000	U.S.	1
118. Iqraa Trust South Africa	96,458	South Africa	12
119. Community Foundation of Greater Birmingham	90,800	U.S.	7
120. Community Foundation of Broward	85,069	U.S.	3
121. De Miranda Foundation, Inc.	84,960	U.S.	1
122. Third Wave Fund	81,500	U.S.	7
123. Greater Houston Community Foundation	80,250	U.S.	5
124. Pride Foundation	80,053	U.S.	19
125. Maine Health Access Foundation	80,047	U.S.	2
126. May and Samuel Rudin Family Foundation	77,000	U.S.	3

FUNDER NAME	2017 DISBURSEMENTS (\$)	LOCATION	# OF GRANTS
127. Gill Foundation	75,000	U.S.	1
128. Knight Family Foundation	75,000	U.S.	1
129. Louis L. Borick Foundation	75,000	U.S.	1
130. Hyde and Watson Foundation	71,800	U.S.	7
131. San Diego Human Dignity Foundation	70,000	U.S.	11
132. Trident United Way	68,317	U.S.	1
133. United Way of the Big Bend Inc	65,829	U.S.	1
134. Charles A. Frueauff Foundation, Inc.	65,000	U.S.	2
135. Barry & Martin's Trust	64,024	U.K.	9
136. Stonewall Community Foundation	61,538	U.S.	38
137. Oregon Community Foundation	60,500	U.S.	11
138. Six Pillar Foundation	60,000	U.S.	1
139. Ted Snowdon Foundation	60,000	U.S.	2
140. Borealis Philanthropy - Fund for Trans Generations	59,500	U.S.	5
141. Beatrice Snyder Foundation	57,000	U.S.	1
142. United Way of the Valley & Greater Utica Area	56,825	U.S.	1
143. Gamma Mu Foundation	56,400	U.S.	8
144. Indo-MIM Private Limited	56,383	India	1
145. Philadelphia Foundation	56,216	U.S.	5
146. Hugh J. Andersen Foundation	54,000	U.S.	4
147. Fund For Global Human Rights	51,620	U.S. & U.K.	3
148. Primate's World Relief and Development Fund	51,152	Canada	3
149. Skolnick Family Charitable Trust	51,000	U.S.	2
150. Allegany Franciscan Ministries Inc.	50,000	U.S.	1
151. Community Foundation for Monterey County	50,000	U.S.	1
152. Peter and Carmen Lucia Buck Foundation, Inc.	50,000	U.S.	1
153. Polk Bros. Foundation	50,000	U.S.	1
154. Prince Charitable Trusts	50,000	U.S.	1
155. Staten Island Foundation	50,000	U.S.	1
156. Supervalu Foundation	50,000	U.S.	1
157. United Way of Anchorage	47,738	U.S.	1
158. Horizons Foundation	45,048	U.S.	23
159. Wallis Foundation	45,000	U.S.	4
160. Hartford Foundation for Public Giving	41,403	U.S.	2
161. Equal Justice Works	41,000	U.S.	1
162. M. J. Murdock Charitable Trust	41,000	U.S.	1
163. Grayson Foundation Inc.	40,000	U.S.	1
164. Richard Grand Foundation	40,000	U.S.	3
165. Omomuki Foundation	39,627	U.S.	5
166. TD Charitable Foundation	39,000	U.S.	5
167. Palette Fund	38,000	U.S.	2
168. Boston Foundation	37,746	U.S.	11
169. Donato J Tramuto Foundation	37,500	U.S.	1
170. World Bank Community Connections Fund	36,847	U.S.	2
171. Carsten E. Jantzen Charitable Trust	36,000	U.S.	1
172. Ahmanson Foundation	35,000	U.S.	1

FUNDER NAME	2017 DISBURSEMENTS (\$)	LOCATION	# OF GRANTS
173. Community Foundation of Greater Fort Wayne	35,000	U.S.	1
174. G Foundation Corporation	35,000	U.S.	1
175. Cream City Foundation	34,500	U.S.	5
176. David & Elaine Potter Foundation	33,757	U.K.	1
177. Irwin A. and Robert D. Goodman Foundation, Inc.	33,333	U.S.	1
178. Consumer Health Foundation	33,000	U.S.	2
179. California Endowment	30,500	U.S.	7
180. Healthcare Foundation of Northern Lake County	30,000	U.S.	1
181. Ruthallen Ziegler Foundation	30,000	U.S.	2
182. Van Loben Sels/RembeRock Foundation	30,000	U.S.	1
183. King Cole, Inc.	29,500	U.S.	1
184. Liberty Hill Foundation	29,000	U.S.	3
185. Our Fund	28,500	U.S.	5
186. Trans Justice Funding Project	27,500	U.S.	4
187. Minneapolis Foundation	27,025	U.S.	20
188. Foundation for Healthy St. Petersburg	27,000	U.S.	1
189. Program to Aid Citizen Enterprise Inc.	26,000	U.S.	2
190. Abell-Hanger Foundation	25,000	U.S.	1
191. Dennis M Jones Family Foundation	25,000	U.S.	1
192. Fund for New Jersey	25,000	U.S.	1
193. Polo Ralph Lauren Foundation	25,000	U.S.	1
194. Weitz Family Foundation	25,000	U.S.	1
195. Legal Services Of Central New York Inc	24,888	U.S.	1
196. Bajaj Finance Limited	23,493	India	2
197. Jill & Jayne Franklin Charitable Trust	22,232	U.S.	1
198. Carrie Estelle Doheny Foundation	20,000	U.S.	1
199. Grainger Foundation Inc.	20,000	U.S.	3
200. Illinois Equal Justice Foundation	20,000	U.S.	1
201. Sherwood Foundation	20,000	U.S.	2
202. Valentine Perry Snyder Fund	20,000	U.S.	1
203. YouthBridge Community Foundation	20,000	U.S.	1
204. Brother Help Thyself	19,080	U.S.	5
205. King Baudouin Foundation US	19,048	U.S.	1
206. Human Rights Campaign Foundation	18,000	U.S.	2
207. Heinz Endowments	17,400	U.S.	1
208. Elizabeth Firth Wade Endowment Fund	16,000	U.S.	2
209. Jewish Fund	16,000	U.S.	1
210. Community Foundation Serving Boulder County	15,750	U.S.	5
211. Epstein Family Foundation	15,240	U.S.	1
212. Borealis Philanthropy	15,000	U.S.	1
213. Bread & Roses Community Fund	15,000	U.S.	1
214. F. M. Kirby Foundation, Inc.	15,000	U.S.	1
215. Frank W. & Carl S. Adams Memorial Fund	15,000	U.S.	1
216. Goodwin Family Memorial Trust	15,000	U.S.	1
217. North Star Fund	15,000	U.S.	2
218. San Diego Foundation	15,000	U.S.	2

FUNDER NAME	2017 DISBURSEMENTS (\$)	LOCATION	# OF GRANTS
219. Sisters of St Joseph of Orange Healthcare Foundation	15,000	U.S.	1
220. Temple Hoyne Buell Foundation	15,000	U.S.	1
221. Valley of the Sun United Way	15,000	U.S.	1
222. Binn Family Foundation Inc.	14,000	U.S.	1
223. Fred B. Sieber Foundation	13,650	U.S.	1
224. Mirapaul Foundation	13,000	U.S.	1
225. Intuit Foundation	12,783	U.S.	3
226. Fairfield Atlas Limited	12,530	India	1
227. Kirloskar Pneumatic Company Limited	12,530	India	1
228. Danford Foundation	12,500	U.S.	3
229. Howard and Jennifer Michaels	12,500	U.S.	1
230. Ian & Mimi Rolland Foundation	12,500	U.S.	1
231. Halliday Foundation	12,000	U.S.	1
232. United Way of Southeast Louisiana	11,988	U.S.	1
233. United Way of Massachusetts Bay & Merrimack Valley	11,683	U.S.	1
234. Charities Aid Foundation America	11,652	U.S.	4
235. Dorothy and Marshall M. Reisman Foundation	11,631	U.S.	1
236. Hargrove Pierce Foundation	11,010	U.S.	1
237. Community Foundation for Southern Arizona	11,000	U.S.	3
238. Community Foundation for Northeast Florida	10,500	U.S.	2
239. Calamus Foundation	10,000	U.S.	1
240. Calvin Klein Family Foundation	10,000	U.S.	1
241. Community Foundation for the National Capital Region	10,000	U.S.	1
242. Connecticut Community Foundation	10,000	U.S.	1
243. Corina Higginson Trust	10,000	U.S.	1
244. Dillon Foundation	10,000	U.S.	1
245. Harold and Grace Upjohn Foundation	10,000	U.S.	1
246. Himan Brown Charitable Trust	10,000	U.S.	1
247. Indianapolis Foundation Inc	10,000	U.S.	1
248. Jewish Federation of Palm Springs	10,000	U.S.	1
249. William A. Kerr Foundation	10,000	U.S.	1
250. Permian Basin Area Foundation	10,000	U.S.	1
251. Purple Plume Foundation	10,000	U.S.	2
252. Tlc Starfish Foundation Ltd. (formerly Timberlake Foundation)	10,000	U.S.	1
253. United Way of York County	10,000	U.S.	1
254. Waldman Foundation, Inc.	10,000	U.S.	1
255. Wild Geese Foundation	10,000	U.S.	1
256. United Way of Champaign County	9,988	U.S.	1
257. United Way of Tucson and Southern Arizona	9,988	U.S.	1
258. United Way of the National Capital Areas	8,616	U.S.	1
259. United Way of the National Capital Areas	8,535	U.S.	1
260. Greater Barrington Foundation, Inc.	8,500	U.S.	2
261. Coastal Community Foundation	8,275	U.S.	3
262. Catholic Human Services Foundation	8,000	U.S.	1
263. MetLife Foundation	8,000	U.S.	2

FUNDER NAME	2017 DISBURSEMENTS (\$)	LOCATION	# OF GRANTS
264. Snow Foundation, Ltd.	7,814	Australia	1
265. Raymond James Charitable Endowment Fund C/O Raymond James Trust NA Trustee	7,750	U.S	3
266. Mandel, Amy and Rodis, Katina Fund	7,500	U.S	1
267. Virginia Gildersleeve International Fund	7,500	U.S	1
268. Samsara Foundation	7,000	U.S	1
269. Pil Mumbai Private Limited	6,265	India	1
270. Darrell R. Windle Charitable	6,200	U.S.	1
271. Corra Foundation	6,076	U.K.	1
272. Akron Community Foundation	6,000	U.S.	2
273. Cooper-Siegel Family Foundation	6,000	U.S.	2
274. LoPrete Family Foundation	6,000	U.S.	1
275. Community Foundation for Southeast Michigan	5,908	U.S.	2
276. Steven A and Marianne M Mills	5,500	U.S.	1
277. Community Shares of Colorado, Inc.	5,433	U.S.	1
278. Beaver Family Foundation, Inc.	5,000	U.S.	1
279. Casey Albert T. O'Neil Foundation	5,000	U.S.	1
280. Elias & Hanna Regensburger Foundation	5,000	U.S.	1
281. Fanny & Svante Knistrom Foundation	5,000	U.S.	1
282. Ferguson Foundation	5,000	U.S.	1
283. Forest Foundation	5,000	U.S.	1
284. Frances Hollis Brain Foundation, Inc.	5,000	U.S.	1
285. Jeffrey A Altman Foundation	5,000	U.S.	1
286. Joe C. Davis Foundation	5,000	U.S.	1
287. Katrine Menzing Deakins Charitable Trust	5,000	U.S.	1
288. Kellett Foundation, John Steven	5,000	U.S.	1
289. Lon V. Smith Foundation	5,000	U.S.	1
290. Manota E. Simon Foundation	5,000	U.S.	1
291. Marriner S Eccles Foundation	5,000	U.S.	1
292. Mary Norris Preyer Fund	5,000	U.S.	1
293. Orix Foundation	5,000	U.S.	1
294. Patron Saints Foundation	5,000	U.S.	1
295. Robert W. & Amy T. Barker Family Foundation	5,000	U.S.	1
296. Rose E. Tucker Charitable Trust	5,000	U.S.	1
297. Silva Watson Moonwalk Fund	5,000	U.S.	1
298. Siragusa Family Foundation	5,000	U.S.	1
299. Storr Family Foundation	5,000	U.S.	1
300. William G. Gilmore Foundation	5,000	U.S.	1
301. Janalakshmi Financial Services Limited	4,699	India	1
302. Rane (Madras) Limited	4,699	India	1
303. Sylvanus Charitable Trust	4,699	U.S.	1
304. Urgent Action Fund for Women's Human Rights	4,472	U.S.	1
305. Central Indiana Community Foundation	4,200	U.S.	1
306. Island Insurance Foundation	4,100	U.S.	1
307. Atlas Insurance Agency Foundation	4,000	U.S.	1
308. Walter E. Lipe Trust	4,000	U.S.	1

FUNDER NAME	2017 DISBURSEMENTS (\$)	LOCATION	# OF GRANTS
309. Working Woman's Home Association, Inc.	4,000	U.S.	1
310. Equity Trustees Charitable Foundation	3,907	Australia	1
311. Richard F Walshalfred W Ditolla	3,750	U.S.	1
312. Miller-Mellor Association	3,200	U.S.	1
313. Arcadis Consulting India Private Limited	3,132	India	1
314. Cochin Shipyard Limited	3,132	India	1
315. Promac Engineering Industries Limited	3,132	India	1
316. Venus India Asset-Finance Private Limited	3,132	India	1
317. Autzen Foundation	3,000	U.S.	1
318. Ben & Jerry's Foundation, Inc.	3,000	U.S.	2
319. Carpenter Foundation	3,000	U.S.	1
320. Fieldshannaganwalters Fndn	3,000	U.S.	1
321. Henry W. & Leslie M. Eskuche Charitable Foundation	3,000	U.S.	1
322. John L Mchugh Foundation Inc	3,000	U.S.	1
323. Samuel & Hannah Holzman Trust	3,000	U.S.	1
324. Thendara Foundation	3,000	U.S.	1
325. Tom and Cashie Egan	3,000	U.S.	1
326. Washington Forrest Foundation	3,000	U.S.	1
327. J Paul Getty Trust	2,913	U.S.	1
328. Agnes M. Lindsay Trust	2,500	U.S.	1
329. Hillman Family Foundations	2,500	U.S.	1
330. Meyer Levy Charitable Foundation	2,500	U.S.	1
331. Milton and Hattie Kutz Foundation	2,500	U.S.	1
332. Women's Fund in Georgia	2,500	Georgia	1
333. Community Foundation of Western Massachusetts	2,200	U.S.	2
334. Ian Potter Foundation	2,110	Australia	2
335. Castaways Foundation	2,000	U.S.	1
336. Clark R. Green Charitable Foundation	2,000	U.S.	1
337. Dorothy Cate and Thomas F Frist	2,000	U.S.	2
338. Dyson Foundation	2,000	U.S.	1
339. Eagle River Foundation	2,000	U.S.	1
340. Edelman Foundation	2,000	U.S.	1
341. Eugene McDermott Foundation	2,000	U.S.	1
342. Fileno DiGregorio Foundation	2,000	U.S.	1
343. Helen J. Urban and Thomas Nelson Urban Charitable Foundation IV	2,000	U.S.	1
344. Ira M. Resnick Foundation, Inc.	2,000	U.S.	2
345. John M. Shapiro Charitable Trust	2,000	U.S.	1
346. Lake Charles American Press Foundation	2,000	U.S.	1
347. Louise H. Moffett Family Foundation	2,000	U.S.	1
348. Marcy & Leona Chanin Foundation, Inc.	2,000	U.S.	1
349. Pegler Family Foundation	2,000	U.S.	1
350. Roy A. Hunt Foundation	2,000	U.S.	1
351. Telluride Foundation	2,000	U.S.	1
352. Valiant Foundation, Inc.	2,000	U.S.	1
353. Victoria Velie Henry Family Foundation	2,000	U.S.	1

FUNDER NAME	2017 DISBURSEMENTS (\$)	LOCATION	# OF GRANTS
354. Austin Community Foundation	1,900	U.S.	3
355. E. E. Delaney Foundation, Inc.	1,870	U.S.	1
356. Community Foundation of North Texas	1,700	U.S.	5
357. Community Foundation of Greater Memphis	1,600	U.S.	3
358. Ida W. Browning Audio-Visual Trust	1,600	U.S.	1
359. Bss Microfinance Private Limited	1,566	India	1
360. United Drilling Tools Limited	1,566	India	1
361. Charitable Foundation of the Burns Family, Inc.	1,500	U.S.	1
362. Claremont Savings Bank Foundation	1,500	U.S.	1
363. J.M. Smith Foundation	1,500	U.S.	1
364. Pantano Family Foundation Inc.	1,500	U.S.	1
365. Syd and Jan M. Silverman Foundation, Inc.	1,500	U.S.	1
366. Woodward Charitable Trust	1,350	U.K.	1
367. Community Foundation Western No Carolina	1,250	U.S.	2
368. D.A.O Foundation	1,235	U.S.	2
369. Carl Marks Foundation Inc	1,150	U.S.	2
370. Jerome L. Stern Family Foundation, Inc.	1,140	U.S.	1
371. CarMax Foundation	1,000	U.S.	2
372. Dewine Family Foundation, Inc.	1,000	U.S.	1
373. Furthur Foundation	1,000	U.S.	1
374. Jane and Richard Eskind and Family Foundation	1,000	U.S.	1
375. Jewish Community Foundation of Greater Hartford	1,000	U.S.	1
376. Johnson Family Foundation	1,000	U.S.	1
377. Joseph C Grossman Foundation	1,000	U.S.	1
378. Joseph Henry Edmondson Foundation	1,000	U.S.	1
379. Martin D. & Jean Shafiroff Foundation	1,000	U.S.	1
380. Michael Chernow Trust	1,000	U.S.	1
381. Michael Dunitz Crisis Foundation	1,000	U.S.	1
382. Mike & Linda Fiterman Family Foundation	1,000	U.S.	2
383. Morse Family Foundation, Inc.	1,000	U.S.	1
384. Nathan Cummings Foundation	1,000	U.S.	1
385. Phyllis M Coors Foundation	1,000	U.S.	1
386. Robert G. & Ellen S. Gutenstein Foundation, Inc.	1,000	U.S.	1
387. Robert M. and Joyce A. Johnson Foundation	1,000	U.S.	1
388. Ruth and Seymour Klein Foundation, Inc.	1,000	U.S.	1
389. Thomas & Elizabeth Brodhead Foundation	1,000	U.S.	1
390. Treloff Family Foundation	1,000	U.S.	1
391. Wagner Foundation	1,000	U.S.	1
392. Wellfleet Foundation, Inc.	1,000	U.S.	1
393. Wicklander Foundation	1,000	U.S.	1
394. Zufall Family Foundation	1,000	U.S.	1
395. Bon-Ton Stores Foundation	850	U.S.	2
396. Zissu Family Foundation	800	U.S.	1
397. Legg Mason Charitable Foundation, Inc.	776	U.S.	3
398. Cobble Creek Foundation	750	U.S.	1
399. Collins Foundation	750	U.S.	1

FUNDER NAME	2017 DISBURSEMENTS (\$)	LOCATION	# OF GRANTS
400. Williams Sonoma Foundation	703	U.S.	1
401. Alfredo and Ada Capitanini Foundation	500	U.S.	1
402. Bassuk Family Foundation Inc	500	U.S.	1
403. F Cubed Foundation	500	U.S.	1
404. Francesca Ronnie Primus Foundation, Inc.	500	U.S.	1
405. Helen and Sidney Witty Foundation Inc.	500	U.S.	1
406. Henry G. and Dorothy M. Kleemeier Fund	500	U.S.	1
407. Patricia R. Behring Foundation	500	U.S.	1
408. RBG, Inc.	500	U.S.	1
409. Washoe Pines Foundation	500	U.S.	1
410. Anne & Gerald Freedman Charitable Foundation Inc	400	U.S.	1
411. Zarrow Families Foundation	400	U.S.	1
412. Joanne Aldrich Graham & Kenneth R Graham	300	U.S.	1
413. Keiter Family Foundation	300	U.S.	1
414. Grand Rapids Community Foundation	250	U.S.	1
415. Peter C. Dozzi Family Foundation	250	U.S.	1
416. Richard & Harriet Orkand Charitable & Educational Foundation	250	U.S.	1
417. Harold S. & Marian B. Coleman Charitable Foundation Inc.	200	U.S.	1
418. Loeb Family Foundation Inc.	200	U.S.	1
419. Meredith Corporation Foundation	200	U.S.	1
420. Rehm Family Foundation	200	U.S.	1
421. Western Asset Management Company Charitable Foundation	200	U.S.	1
422. Annette & Irwin Eskind Family Foundation	100	U.S.	1
423. Ben E. Keith Foundation Trust	100	U.S.	1
424. Elno Family Foundation, Inc.	100	U.S.	1
425. Melvin S. Cutler Charitable Foundation	100	U.S.	1
426. Rubblestone Foundation	100	U.S.	1
427. Sydney T. Levenson MD Foundation	100	U.S.	1

#### NOTE ON MISSING DATA

The majority of private philanthropic funding for HIV/AIDS in 2017 has been captured in the available data. FCAA was unable to obtain data from some funders, and their disbursements are therefore not included in the report, including the following:

- Aga Khan Foundation (Switzerland)
- Anglo American (UK)
- Chevron Corporation (US)
- Deutsche AIDS-Stiftung (Germany)
- Foundation La Caixa (Spain)
- Swedish Postcode Foundation
- Wal-Mart Foundation (US)
- Until There's a Cure (US)
- The San Francisco Foundation (US)
- The Rush Foundation (UK)
- Presbyterian World Service and Development (Canada)

- Orasure (US)
- Magic Johnson Foundation (US)
- George Gund Foundation (US)
- Charlize Theron Africa Outreach Project (US)
- ELMA Philanthropies (US)
- HIV Young Leaders Fund (The Netherlands)
- New York Women's Foundation (US)
- Segal Family Foundation (US)
- Walgreens Foundation (US)

#### SEVERAL OTHER HIV/AIDS FUNDERS HAVE NOT BEEN INCLUDED

- Deutsche Stiftung Weltbevölkerung (DSW- The German Foundation for World Development), because HIV/AIDS funding is integrated with broader sexual and reproductive health funding and the HIV/AIDS part is unable to be disaggregated.
- Elizabeth Glaser Pediatric AIDS Foundation, which is increasingly funded by the U.S. government.

- The Henry J. Kaiser Family Foundation, an operating foundation that develops and runs its own policy research and communications programs, which are difficult to value financially.
- The San Francisco AIDS Foundation, which receives most of its funding from other funders tracked in this report and operates internal programs.
- Other organizations, such as International Treatment Preparedness Coalition (ITPC) [US], that run their own programs and do not give grants to external grantees.
- Monument Trust, which closed after its 2016 grantmaking, thus no further funding will be reported.

Additionally, see the Methodology for a discussion of contributions from other sources of HIV/AIDS funding such as operating foundations, NGOs, and individuals.

# APPENDIX 2

## METHODOLOGY

For the full methodology, including definitions of target populations, intended use categories, geographic regions, and human rights grants please visit:  
[www.fcaids.org/what-we-do/resource-tracking](http://www.fcaids.org/what-we-do/resource-tracking).

### Sources of HIV/AIDS Grantmaking Data

This resource tracking report covers HIV/AIDS grant disbursements from all sectors of philanthropy, including private, family, and community foundations; public charities; corporate grantmaking programs (corporate foundations and direct giving programs); philanthropies supported by lotteries; and fundraising charities.

Data was included for 427 grantmaking entities, using a variety of sources:

1. grants lists sent from funders and direct communications with funders
2. funder websites, grants databases, annual reports, and 990 forms,
3. grant database maintained by the Foundation Center, and
4. grants flagged as HIV/AIDS-related received by Funders for LGBTQ Issues.

FCAA believes that this multi-faceted approach arrives at a more comprehensive data set of HIV/AIDS funders than could be accomplished using any single data source or any single method of calculation.

### Analysis

FCAA asks for information about calendar year disbursements related to HIV/AIDS in 2017. Disbursements are the amount of funding expended on grants/projects in a given year and may include funding from commitments made in prior years as well as in the current year. A grants list template was sent to funders if the grants information is not publicly accessible. The template asks for the grantee, amount in 2017, geographical area of benefit, and a grant description. FCAA staff determines the intended use and target populations of

each grant from the grant description. FCAA was intentionally inclusive and broad, in acknowledgement of the fact that such efforts often overlap with many other issue areas of philanthropy. Therefore, some respondents have included or excluded grants and projects that were not wholly focused on HIV/AIDS efforts. HIV/AIDS grants from foreign offices of foundations that operate internationally are counted as coming from the country where their main headquarters is located.

### PRIVATE VS. PUBLIC INCOME

Some of the funders in this report receive income from various governments to support HIV/AIDS projects and grants. While such partnerships and projects are extremely valuable in allocating resources effectively, income received from governments has been excluded from total funding amounts noted in this publication because this report attempts to focus exclusively on private-sector philanthropy.

### CURRENCIES

The baseline currency for this report is the U.S. dollar. However, funders reported expenditures in various currencies. This necessitated the use of exchange rates; the rates used consistently throughout this report were as of 1 October 2018 from xe.com.

### CALCULATIONS OF RE-GRANTING

To avoid counting the same funds twice, the FCAA data are adjusted to account for re-granting. Re-granting refers to funds given by one FCAA-tracked grantmaker to another for the purposes of making HIV/AIDS-related grants. The 2017 aggregate total grantmaking for all funders was adjusted downward by \$39,441,355 to account for re-granting. In the past, FCAA relied on funders to report re-granted funds, which resulted in less accuracy than the new methodology of funders sharing full grants lists.

### GEOGRAPHICAL DEFINITIONS

For international and regional focused HIV/AIDS grantmaking, FCAA requested data about where the grantee was located, and used the following regions as defined by UNAIDS:

**Caribbean:** Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Cuba, Dominica, Dominican Republic, Grenada, Guadeloupe, Guyana, Haiti, Jamaica, Martinique, Montserrat, Netherland Antilles, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands

**Latin America:** Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, French Guiana, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela

**Western & Central Europe:** Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, Vatican City

**Eastern Europe & Central Asia:** Armenia, Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Macedonia, Malta, Moldova, Poland, Romania, Russian Federation, Serbia and Montenegro, Slovakia, Slovenia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

**West & Central Africa:** Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo (Brazzaville), Democratic Republic of Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea (Conakry), Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome, Senegal, Sierra Leone, Togo

**East & Southern Africa:** Angola, Botswana, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Reunion, Rwanda, Seychelles, Somalia, South Africa, Swaziland, Uganda, Tanzania, Zambia, Zimbabwe

**North Africa & the Middle East:** Afghanistan, Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestinian Territories, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen

**South Asia & the Pacific:** Australia, Bangladesh, Bhutan, Fiji, India, Maldives, Nepal, New Zealand, Pakistan, Papua New Guinea, Samoa, Sri Lanka, Timor-Leste

**East Asia & Southeast Asia:** Brunei Darussalam, Cambodia, China, Indonesia, Japan, Laos, Democratic People's Republic of Korea (North), Korea, Malaysia, Mongolia, Myanmar, Philippines, Singapore, Taiwan, Thailand, Vietnam

For domestic U.S. grantmaking, FCAA requested regional data based on five U.S. sub-regions, using Northeast, South, Midwest, West, and U.S. territories categories as defined by the U.S. Census Bureau and used by the U.S. Centers for Disease Control and Prevention (CDC) and other federal agencies as follows:

**Northeast:** Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

**South:** Alabama, Arkansas, District of Columbia, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia

**Midwest:** Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin

**West:** Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

**U.S. Territories:** Puerto Rico, U.S. Virgin Islands

**U.S. National:** Not to a specific state or region

### INTENDED USE AND TARGET POPULATIONS

FCAA has changed the way we track both target populations and intended use. In the past, grants have been attributed to only one population and intended use category. However, with our new capacity to code grants directly, we were able to identify every population or strategy included within a grant focus. In those incidences, the total amount

of the grant was counted in each intended use category. For example, a retention-in-care grant's whole amount would be counted towards both treatment (medical care) and social services (non-medical case management).

### FUNDING TO THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Private philanthropic funders have long played an important role for The Global Fund to Fight AIDS, Tuberculosis and Malaria, both in financial contributions, but also in governance, support for advocacy and pro-bono services and partnerships. The Global Fund reported contributions of approximately **\$187 million** from philanthropic and corporate funders in 2017.

Funding for HIV/AIDS through the Global Fund was removed from total disbursements in the report for this year and previous years because it is difficult for funders to accurately determine actual disbursements to the Global Fund each year. The Global Fund accepts donations as cash and promissory notes, and in the case of the promissory notes, the funding is not necessarily withdrawn for use by the Global Fund the year the grant is disbursed by a funder; instead, it is subject to the Global Fund's decision-making on timing of usage.

## [2017] Global Fund-reported Contributions from Philanthropic and Corporate Donors (for all three diseases)

FUNDER NAME	AMOUNT (\$)
Bill & Melinda Gates Foundation	102,700,000
(PRODUCT) RED™ and Partners [American Express, Apple, Bugaboo International, Converse, Dell + Windows, GAP, Giorgio Armani, Hallmark, Motorola Foundation, Motorola Inc. & Partners, Starbucks Coffee, Media Partners and (RED) Supporters, Carlos Slim Foundation, Motsepe]	61,221,000
Munich RE	251,000
Comic Relief	5,415,000
Tahir Foundation	6,408,140
United Methodist Church	1,270,000
Ecobank	250,000
Standard Bank	667,000
Takeda Pharmaceutical	811,784
Other Donors (includes contributions received from the American Express Membership Rewards® program, Transnational Giving Europe [TGE], GOAL [Gift Of A Life, Global Fund staff fundraising initiative] and Merrimac Middle East)	6,682,000
Goodbye Malaria	1,197,000
<b>TOTAL</b>	<b>\$186,872,924</b>

Source: Global Fund to Fight AIDS, Tuberculosis and Malaria. "2017 Annual Financial Report," Available at: [https://www.theglobalfund.org/media/7382/corporate\\_2017annualfinancial\\_report\\_en.pdf](https://www.theglobalfund.org/media/7382/corporate_2017annualfinancial_report_en.pdf)

Note: Currencies have been converted to USD according to exchange rate on 1 October 2018, in line with rest of report.

## DEFINING A HUMAN RIGHTS GRANT

For purposes of this report, FCAA defines a human rights grant including funding strategies such as, but not limited to the key human rights programs as enshrined in paragraph 80 of the 2011 Political Declaration and promoted by UNAIDS as part of every national response to HIV ([http://www.unaids.org/sites/default/files/media\\_asset/Key\\_Human\\_Rights\\_Programmes\\_en\\_May2012\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/Key_Human_Rights_Programmes_en_May2012_0.pdf)):

- Stigma and discrimination reduction\*
- HIV-related legal services
- Monitoring and reforming laws, regulations and policies relating to HIV
- Rights/legal literacy, e.g. helping people to know laws, rights, and legal recourse
- Sensitization of law-makers and law enforcement agents
- Training health care providers on human rights and medical ethics
- Reducing gender inequality, discrimination and violence against women in the context of HIV
- Reducing discrimination against key populations in the context of HIV (e.g. people living with HIV, men who have sex with men, transgender people, sex workers, people who use drugs, migrants, prisoners).

\* These are programs that work to address drivers or manifestations of stigma and discrimination, and include:

- Measurement of S&D through Stigma Index, in healthcare settings and in general population;
- Community-led and peer-to-peer interaction;
- Use of media, including “edutainment”;
- Engagement with religious and community leaders, and celebrities;
- Inclusion of non-discrimination as part of institutional and workplace policies in employment/education

## PRIVATE OPERATING FOUNDATIONS

Private operating foundations are those that use the bulk of their resources to run their own charitable programs and make few, if any, grants to outside organizations. In some cases, the HIV/AIDS philanthropy reported to FCAA includes the value of programmatic efforts and operational grantmaking, but not operational (internal) staff or other costs. The Henry J. Kaiser Family Foundation (KFF) is one example of a U.S.-based private operating foundation that is not able to identify and report HIV/AIDS-specific funding because its HIV-related activities that are increasingly integrated throughout its programs across the entire foundation.

## CORPORATE PROGRAMS

Several corporations that operate HIV/AIDS programs are not willing or able to report those programs financially. In some cases, corporations do not centrally or specifically

track HIV/AIDS expenditures and therefore reporting is not feasible. Also, many corporations with branch facilities in areas highly affected by HIV (such as in sub-Saharan Africa) support workplace programs that provide HIV/AIDS services to employees, sometimes extending those services to employees’ families or all community members. Those HIV/AIDS-specific services are usually offered with other health services at a corporate facility’s on-site clinic. As such, quantifying the monetary value of specific HIV/AIDS services for a corporation with facilities in several countries is very difficult and is usually not available. In addition, other forms of support—such as volunteer efforts by corporate employees, matching donations programs, in-kind donations, cause-related marketing, and donations of technical assistance—are not always able to be valued monetarily or tracked as such. They are nonetheless valuable resources offered by corporations, especially those that can leverage other investments or build the capacity of communities to operate their own programs and services.

## OTHER SOURCES OF SUPPORT

In-kind donations, technical assistance, private individual donors, and direct services provided by hospitals, clinics, churches, and community health programs all represent other sources of HIV/AIDS funding, goods, and services that are difficult to identify and/or quantify. Even so, their contributions are highly valuable.

# END NOTES



1. The chart shows aggregate funding disbursements per year for all funders. Data for funders based outside of the U.S. and E.U. is not available for 2007-2011 as FCAA only began tracking them as of 2013 with data from 2012. Additionally, totals for 2007-2014 were recalculated using the same exchange rates as were used throughout this report. Adjustments have been made to previous year totals based on updated information received post-publication.
2. The “Global Gag” rule, previously known as the Mexico City Policy and more currently as the Protecting Life in Global Health Assistance policy, restricts international organizations receiving US funding from performing or promoting abortion services. For more details: <https://www.kff.org/global-health-policy/fact-sheet/mexico-city-policy-explainer/>.
3. AIDS2018 press release. New evidence shows far-reaching impact of expanded US “global gag rule”. July 27, 2018. Amsterdam, the Netherlands. <http://www.aids2018.org/Media-Centre/The-latest/Press-releases/ArticleID/194/New-evidence-shows-far-reaching-impact-of-expanded-US-%E2%80%9Cglobal-gag-rule%E2%80%9D>.
4. For this analysis, CSOs are defined as an umbrella category that represents all nongovernmental not-for-profit organizations that are not also represented as universities, hospitals, foundations, or professional associations.
5. *The lost decade: Neglect for harm reduction funding and the health crisis among people who use drugs*. July 2018. Catherine Cook & Charlotte Davies. <https://www.hri.global/harm-reduction-funding>.
6. Re-granting between funders tracked by FCAA was not removed for this table.
7. Open Society Foundation submitted their HIV grants this year with the following addendum: In 2017, OSF’s Public Health Program, together with our Board, engaged in a discussion about the nature and future of its HIV funding. We acknowledged that our HIV work had always focused on advocacy and systemic human rights barriers in the context of HIV. However in recent years, we had moved away from using an HIV frame to characterize and categorize this work. Our Board encouraged PHP to not only continue and strengthen our funding for harm reduction, sex worker, trans and women’s rights, and access to medicines, but to be more explicit in the public sphere about how these efforts contribute to the HIV response. We considered this particularly important given declining funding for HIV globally and potential resulting threats to programs to address the human rights barriers to access to services and treatment. As a result, in presenting data to FCAA for our 2017 spending, we included a more expansive list of grants that more accurately reflect OSF’s contribution to the HIV response while being consistent with FCAA’s taxonomy on HIV advocacy and human rights programming. The awards included in this estimate only reflect grants that relate to HIV/AIDS and were awarded by the Open Society Foundations network’s Public Health Program in 2017. These numbers do not include HIV/AIDS funding from other programs or foundations within the Open Society Foundations network, though Open Society Foundations has provided HIV/AIDS-related funding through other programs and foundations.
8. This total represents the HIV-specific portions of larger family planning grants, as provided by the grantee
9. *Giving USA: The Annual Report on Philanthropy for the Year 2017*. 2018. Available at: <https://givingusa.org/tag/giving-usa-2018/>.
10. The Henry J. Kaiser Family Foundation/UNAIDS. *Donor Government Funding for HIV in Low- and Middle-Income Countries in 2017*. July 2018. Available at: <https://www.kff.org/global-health-policy/report/donor-government-funding-for-hiv-in-low-and-middle-income-countries-in-2017/>, and UNAIDS. Global HIV & AIDS Statistics 2018 Fact Sheet. 2018. <http://www.unaids.org/en/resources/fact-sheet>.
11. The World Bank country level classifications were referenced for this, on January 2018. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>.
12. The majority of U.S.-based philanthropic funding for all issue areas (not just HIV/AIDS) is from individual donors (\$286.65 billion in 2017). As this FCAA report only reports funding from organizations such as foundations and corporations and not individuals, only that funding was used for the comparison of overall philanthropy to HIV/AIDS philanthropy.
13. *Giving USA: The Annual Report on Philanthropy for the Year 2017*. 2018. Available at: <https://givingusa.org/tag/giving-usa-2018/>.
14. Grants are coded as to where they benefit geographically, which is not always where the grantee is located. For example, a grantee such as the World Health Organization is headquartered in Switzerland, however, this grant would be coded geographically as per where the project was benefiting, whether the work was ‘Global’ in nature, or to a specific country or region outside of Switzerland.

# END NOTES CONTINUED



15. For a list of countries included in each region category, please see the methodology at <http://www.fcaids.org/what-we-do/resource-tracking/>.
16. For a full list of amounts to all intended use and target population categories by geographic region, please see <http://www.fcaids.org/what-we-do/resource-tracking/>.
17. Some intended use and target population amounts add up to more than the regional total because one grant may target several categories and populations. In that case, the whole amount of the grant is applied to each.
18. To learn more about AIDS United's HIV disaster relief work, please visit: <https://www.aidsunited.org/funding-opportunities/hiv-disaster-relief-effort.aspx>.
19. Only country-level data is included in this chart. Some regional funding could not be disaggregated by country as many regions are a mix of low-, middle- and high-income countries. Country income classification as per World Bank, accessed January 2018, available at: [https://datahelpdesk.worldbank.org/knowledgebase/articles/906519#Low\\_income](https://datahelpdesk.worldbank.org/knowledgebase/articles/906519#Low_income).
20. Funding for most Research is designated for a Global audience and thus is not included in this chart.
21. Land, Emily. *51% reduction in San Francisco HIV infections since 2012*. Beta Blog. September 15, 2017. <https://betablog.org/2016-hiv-epidemiology-report-sf/>.
22. The population category 'General population' was used for grants such as research and prevention/awareness grants that target all populations. The population category 'People living with HIV/AIDS' was used for grants targeted toward people living with HIV/AIDS where a specific subpopulation was not applicable. The population 'General LGBTQ' was used for grants where only a general LGBTQ population was targeted. For grants that targeted specific groups within this category (gay men, transgender people) please see those specific categories. 'Orphans & vulnerable children' are included as a population group separately from 'Children (0-14)' as certain grants target orphans & vulnerable children specifically, while others target children in general. The category of "key populations not broken down" refers to those most likely to be exposed to HIV or transmit it- with their engagement being critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs, sex workers and their clients, and people in prisons are at higher risk of HIV exposure than other people.





## FUNDERS CONCERNED ABOUT AIDS

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