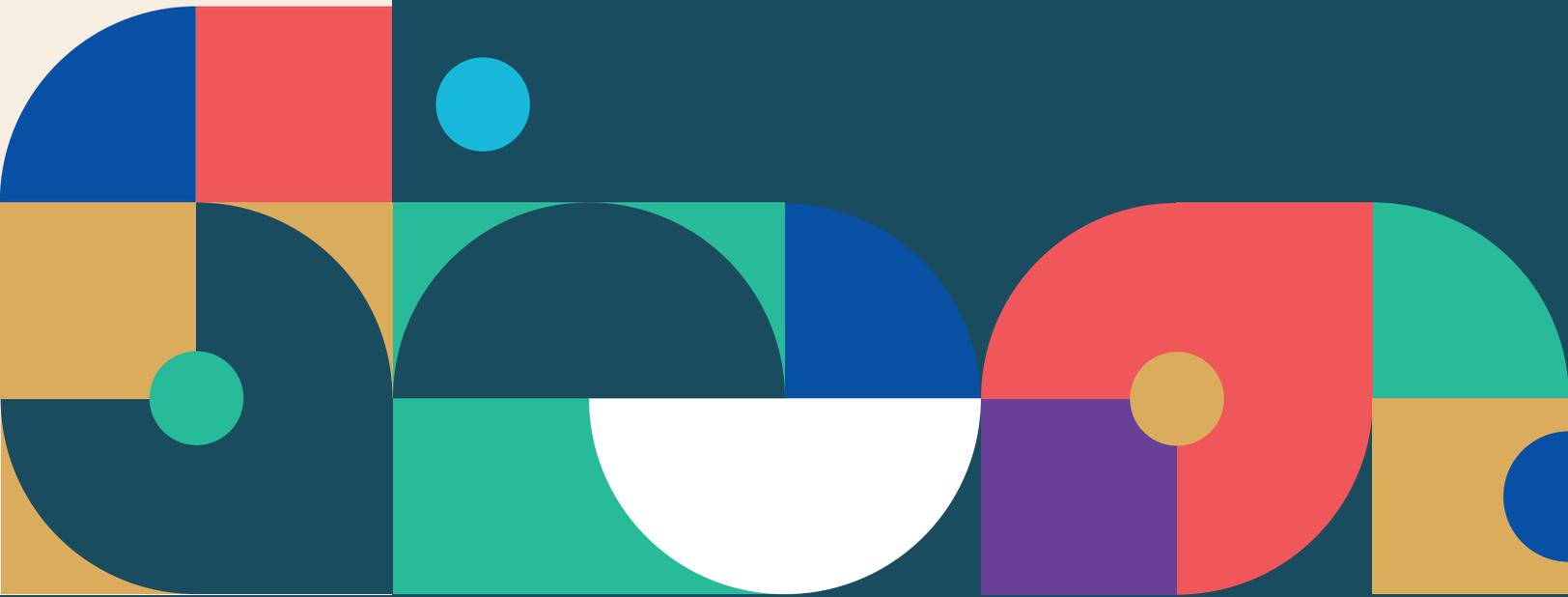




PHILANTHROPIC SUPPORT TO ADDRESS HIV/AIDS IN 2019



Appendix 2: Methodology

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 is included for 264 grantmaking entities, which Funders Concerned About AIDS (FCAA) gathered from a variety of sources: 1) grants lists sent from funders and direct communications with funders; 2) funder websites, grants databases, annual reports and Internal Revenue Service Form 990 returns; 3) the grant database maintained by Candid; and 4) grants received by the Funders for LGBTQ Issues that were flagged as HIV/AIDS-related. FCAA believes that this multifaceted approach arrives at a more comprehensive dataset of HIV/AIDS funders than could be accomplished using any single data source or any single method of calculation.

ANALYSIS

FCAA asked for information about calendar year disbursements related to HIV/AIDS in 2019. 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 was not publicly accessible. The template asked for the grantee, amount of their grant in 2019, geographical area of benefit and a grant description. FCAA staff determined the intended use and target populations of each grant from the grant description. FCAA was intentionally inclusive

and broad, in acknowledgment of the fact that such efforts often overlap with many other issue areas of philanthropy. Therefore, for some respondents, we included or excluded grants and projects that were not wholly focused on HIV/AIDS efforts. In some cases, we included only a percentage of the total grant to account for programs that had a partial impact on the HIV community. HIV/AIDS grants from foreign offices of foundations that operate internationally were counted as coming from the country where their main headquarters are 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 from xe.com as of February 17, 2021.

Calculations of Regranting

To avoid counting the same funds twice, the FCAA data is adjusted to account for regranting. Regranting refers to funds given by one FCAA-tracked grantmaker to another for the purposes of making HIV/AIDS-related grants. The 2019 aggregate total grantmaking for all funders

was adjusted downward by \$29,123,113 to account for regranting. In the past, FCAA relied on funders to report regranted 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 the Joint United Nations Programme on HIV/AIDS (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 and 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 and Central Asia: Armenia, Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Macedonia, Malta, Moldova, Poland, Romania, Russian Federation, Serbia and Montenegro, Slovakia, Slovenia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

West and Central Africa: Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo (Brazzaville), Democratic Republic of the 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 and Southern Africa: Angola, Botswana, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Reunion, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Swaziland, Uganda, Tanzania, Zambia, Zimbabwe

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

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

East Asia and 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. subregions, as defined by the U.S. Census Bureau and used by the U.S. Centers for Disease Control and Prevention and other federal agencies. These subregions were 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 that we track both target populations and intended use. In the past, we attributed grants to only one population and intended use category. However, with our new capacity to code grants directly, we are able to identify every population or strategy included within a grant focus. In those incidences, we counted the total amount of the grant in each intended use category. For example, the whole amount of a grant for retention in care would be counted toward both treatment (medical care) and social services (nonmedical 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, not only in financial contributions but also in governance, support for advocacy and pro bono services and partnerships. The Global Fund reported contributions of approximately \$243 million from philanthropic and corporate funders, as well as Product (RED) and International not-for-profit organizations in 2019.²⁰

We removed funding for HIV/AIDS through

the Global Fund from total disbursements in the report for this year and previous years because it was difficult for funders to accurately determine actual disbursements to the Global Fund each year. Funders tracked in this report, including The Bill & Melinda Gates Foundation, the Children's Investment Fund Foundation, and Comic Relief are some foundations that made contributions to The Global Fund in 2019. The Global Fund accepts donations as cash and promissory notes. 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.

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 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 are increasingly integrated throughout its foundation-wide programs.

Corporate Programs

Several corporations that operate HIV/AIDS programs are not willing or able to report on the financial aspects those programs. In some cases, corporations do not centrally or specifically track HIV/AIDS expenditures; therefore, reporting is not feasible. Also, many corporations with branch facilities in areas highly affected by HIV (such as 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 possible. In addition, it is not always possible to value monetarily or track as such 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. They are nonetheless valuable resources offered by corporations, especially those that can leverage other investments or strengthen the capacity of communities to operate their own programs and services.

Other Sources of Support

In-kind donations, technical assistance, private individual donations 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.