



Philanthropic Support
to Address HIV
and AIDS in **2020**



Appendix 2: Methodology

SOURCES OF HIV-RELATED GRANTMAKING DATA

This resource tracking report covers HIV-related 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 323 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-related. FCAA believes that this multifaceted approach arrives at a more comprehensive dataset of HIV-related funders than could be accomplished using any single data source or any single method of calculation.

Private vs. Public Income

Some of the funders in this report receive income from various governments to address HIV projects and grants. While we acknowledge that such partnerships and projects are extremely valuable in allocating resources effectively, we did not include income received from governments in the total funding amounts because this report attempts to focus exclusively on private 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 January 31, 2022.

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-related grants. The 2020 aggregate total grantmaking for all funders was adjusted downward by \$30,518,323 to account for regranting.

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. 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 2020.²⁴ The Global Fund accepts donations as cash and promissory notes. In the case of promissory notes, 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. Despite the value of these contributions, we removed philanthropic funding to address HIV and AIDS to the Global Fund from this report and previous reports due to these difficulties.

Other Sources of Support

In-kind donations, technical assistance, private individual donations, workplace programs that provide HIV-related services to employees, volunteer efforts by corporate employees, matching donations programs, cause-related marketing, and direct services provided by hospitals, clinics, churches and community health programs all represent other sources of HIV-related funding, goods and services that are difficult to identify and/or quantify. Even so, their contributions are highly valuable.

Analysis

FCAA asked grantmakers for information about calendar-year disbursements related to HIV in 2020. A disbursement is the amount of funding expended on grants/projects in a given year and may also include funding from commitments made in prior years. A grants list template was sent to funders when grants information was not publicly accessible. The template included questions about the grantee, amount of their grant in 2020, 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, acknowledging 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-related 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-related grants from foreign offices of foundations that operate internationally were counted as coming from the country where their main headquarters are located.

INTENDED USE AND TARGET POPULATIONS

FCAA has changed the way it tracks 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 entire amount of a grant for retention in care would be counted toward both treatment (medical care) and social services (nonmedical case management).

Intended Use Categories

- **Research:** Medical, prevention and social science research.
- **Treatment:** All medical care (clinic-, community- and home-based care) and drug treatment (antiretroviral and opportunistic infection treatment), end-of-life/palliative care, laboratory services and provider/patient treatment information.
- **Prevention:** HIV testing, voluntary counseling and testing, harm reduction, male circumcision, pre-exposure prophylaxis (PrEP), sexually transmitted infection prevention and health-related awareness/education/social and behavior change programs.
- **Advocacy:** Activities to reduce stigma and discrimination, as well as to develop a strong HIV constituency and enhance responses to HIV; provision of legal services/other activities to promote access and rights; AIDS-specific institutional development/strengthening; work to reduce gender-based violence; and production of films and other communications to increase general awareness of HIV and AIDS.
- **Social Services:** HIV-related housing, employment, food and transportation assistance; cash transfers/grants to individuals; daycare; income-generation and microfinance programs; psychological/spiritual support and peer support groups; case management services; and access-to-care case management services.

- **Administration:** Monitoring and evaluation, facilities investment, management of AIDS programs, planning, patient tracking, information technology, strengthening logistics and drug supply systems.
- **Human Resources:** Training, recruitment and retention of healthcare workers; direct payments to healthcare workers; and continuing education for healthcare workers.
- **Prevention of Pediatric HIV Infection:** Counseling, testing, and treatment of mothers and their newborns toward elimination of perinatal HIV transmission (i.e., the elimination of HIV transmission during pregnancy, labor, and/or breastfeeding), early infant diagnosis and antiretroviral treatment, safe infant feeding practices and delivery, and other services that prevent and treat pediatric HIV.
- **Other:** Funding that was unspecified and for projects that did not fall under the predetermined categories, such as support for health systems strengthening, fundraising events and activities, conference support, sector transformation and AIDS walks.
- **Orphans and Vulnerable Children:** Holistic provision of education, basic healthcare, family/home/community support, social services and institutional care for children orphaned or made vulnerable by HIV and AIDS, in lieu of parental support.
- **COVID-19/Emergency Response:** Emergency funds to support economic hardships caused by the COVID-19 pandemic, including housing/food support, staff pay to keep organizations operating, technology and capacity needs to transition to virtual services, transportation to access medical services or medication delivery for people in isolation, personal protective equipment, COVID-related research, as well as any grants that were specified by funder as related to or impacted by the COVID-19 pandemic.

GLOBAL GEOGRAPHICAL DEFINITIONS

For international and regionally focused HIV-related grantmaking, FCAA requested data about where the grantee was located and used the following regions, as defined by the United Nations Programme on HIV/AIDS:

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, North Macedonia, Malta, Moldova, Poland, Romania, Russian Federation, Serbia and Montenegro, Slovakia, Slovenia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

Western 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

Eastern 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

U.S. GEOGRAPHICAL DEFINITIONS

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 specific to a state or region

