EUROPEAN PHILANTHROPIC SUPPORT TO ADDRESS HIV/AIDS IN 2010

european HIV/AIDS funders
A European Foundation Centre (EFC) Special Interest Group

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Funders Concerned About AIDS
Mobilizing Philanthropic Leadership, Ideas, and Resources in the Fight Against AIDS

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THE EUROPEAN HIV/AIDS FUNDERS GROUP (EFG)

European Philanthropic Support to Address HIV/AIDS in 2010

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TABLE OF CONTENTS

Acronyms and Abbreviations

ARV	antiretroviral
EFC	European Foundation Centre
EFG	European HIV/AIDS Funders Group
FCAA	Funders Concerned About AIDS
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IDU	injecting drug user
MSM	men who have sex with men
PLWHA	people living with HIV and AIDS
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
WCE	Western and Central Europe

Note: The baseline currency for this report is the euro (€). All $ figures are U.S. dollar amounts.

EXECUTIVE SUMMARY

This latest HIV/AIDS philanthropy resource tracking report of European funders is based largely on responses to surveys, with some supplemental review of annual reports and funders' websites. The European HIV/AIDS Funders Group (EFG) obtained data for a total of 31 funders;[1] combined, they are believed to represent the substantial majority of private philanthropic HIV/AIDS funding from Europe.

Total HIV/AIDS-related philanthropy among the 31 European-based funders reviewed for this report amounted to **€107 million** ($153 million) in 2010. Funding expenditures were slightly lower—by about €7 million ($10 million), which corresponds to a 6% decrease—in 2010 compared with 2009, among the 30 funders for which EFG has two years of comparable expenditure data (2009 and 2010).

For funders for which five years of comparable data were available (beginning with the year 2006, (when expenditures were first reported consistently), the 2010 total expenditures of €71 million ($102 million) were about €10 million higher than the 2006 total expenditures. In general, it appears that European HIV/AIDS philanthropy is remaining relatively stable—neither increasing nor decreasing dramatically—amidst ongoing global financial instability as well as a growing need for HIV/AIDS services. Looking ahead, funder projections for 2011 indicate that funding may increase, with 38% of the funders that answered that question, including five of the top 10 funders, forecasting an increase from 2010 levels.

Key findings for 2010 include:

- HIV/AIDS-related philanthropic funding is increasingly concentrated among a relatively small number of European funders. The top 10 funders (ranked by expenditure) accounted for 86% of all HIV/AIDS-related expenditures in 2010 (up from 83% in 2009). Five of the top 10 funders are organisations that focus specifically on HIV/AIDS.
- Just over half (16 of 31) of the funders profiled, including six of the top 10 in terms of total expenditures, had main offices in the United Kingdom. That country was followed by Switzerland (home to four funders of 31), the Netherlands (home to three), and six other countries.
- About €39 million ($57 million), or 36% of all funding, went to support projects within or benefiting countries in Western and Central Europe. However, funders allocated a larger share—€67 million ($96 million), or 62% of all HIV/AIDS philanthropic expenditures in 2010—to support projects outside that region. (One percent was unable to be specified.)

1 Several funders that traditionally make substantial grants towards HIV/AIDS were not included in the 2010 analysis for several reasons. They include the German Foundation for World Population (DSW), which did not fill out the survey; the Big Lottery Fund, which did not make any grants to HIV/AIDS in 2010 due to the development of a new grants programme but has resumed grantmaking to HIV/AIDS in 2011; and the Bernard van Leer Foundation, which shifted its focus from HIV/AIDS-specific programmes in 2010.

- Organisations based in Eastern and Southern Africa received 37% (or €40 million) of all funding in 2010, followed by 7% to organisations in Western and Central Africa, 5% to organisations based in North America (often for global projects benefiting populations outside of that region), 4% to South Asia and the Pacific, 4% to organisations based in Western and Central Europe for projects benefiting populations outside of that region, 3% to East Asia and Southeast Asia, and 1% to organisations in each of two other regions (Eastern Europe and Central Asia, and Latin America). Two percent was unable to be specified, and the Caribbean and Middle East & North Africa regions each received less than 1%.
- The largest differences in terms of geographical distribution from 2009 to 2010 were in Eastern and Southern Africa, which received €8 million more in 2009; and South Asia and the Pacific, which received €4 million in 2010, down from €11 million in 2009. Most of the other regions received about the same in 2009 and 2010.
- The top five countries where recipients of HIV/AIDS funding from the European philanthropic entities in this report were located were the United Kingdom, South Africa, France, Malawi, and India. The top five countries were the same as in 2009 with the exception of the fifth spot, in which India replaced Uganda (which slipped to number eight).
- Regarding the intended use of HIV/AIDS-related giving, the biggest share of European HIV/AIDS philanthropic expenditures in 2010 went to research, followed by treatment, prevention, and orphans and vulnerable children. Funding for treatment experienced the largest decrease from 2009 to 2010, of about €10 million; most other categories remained about the same in 2009 and 2010.
- People living with HIV/AIDS were identified more frequently than any other population group as chief beneficiaries of European HIV/AIDS philanthropy. Other population groups identified as chief beneficiaries were, in descending order, women, orphans and vulnerable children, and youth—unchanged from 2009. No funders chose injecting drug users (IDU) as a top target population in 2009 or 2010, even though the epidemic in the Eastern Europe and Central Asia region is the fastest growing in the world, and is largely driven by injecting drug use.

2011 FORECAST

Funder responses to the EFG survey suggest that their HIV/AIDS-related philanthropy funding levels may increase in 2011 in comparison to 2010. Thirty-eight percent of funders that forecast their 2011 expenditures (10 of 26 that answered this question) anticipated increases in HIV/AIDS-related funding, including five of the top 10 funders. Thirty-five percent (9 of 26) of funders expect their HIV/AIDS-related expenditures to remain about the same, while 12% are unsure about 2011 funding levels. Four funders said funding was likely to decrease in 2011, including one of the top 10 funders.

ABOUT EFG AND THIS REPORT

The European HIV/AIDS Funders Group (EFG) is a knowledge-based network dedicated to strengthening European philanthropy in the field of HIV/AIDS. The group aims to mobilise European philanthropic leadership and resources to address the global HIV/AIDS pandemic and its health, social and economic consequences. In doing so, it also seeks to promote an enabling environment for strategic and independent giving in this field as well as fields closely connected to HIV/AIDS such as human rights, global health and global development.

EFG was established in June 2002, during the 13th Annual General Assembly of the European Foundation Centre (EFC) in Brussels, as a response to the call for sharing knowledge and supporting better coordination among European philanthropists already involved or interested in becoming involved in HIV/AIDS programming.

The main objectives of EFG are to identify European foundations engaged in HIV/AIDS work; to facilitate the sharing of experiences and perspectives among funders, thereby helping them to learn from each other's successes and failures in this complex funding area; and to discuss opportunities for better information exchange and cooperation.

Based on the principal that coordinated, transparent and joint action will increase impact, coverage and effectiveness, EFG is increasingly engaged in facilitating cooperation and strategic interaction among not only private funders, but also between private funders and their bilateral and multilateral funding colleagues. Through this work, EFG aims to assist in spurring the development of new initiatives or joint ventures in the HIV/AIDS field.

The annual resource tracking report *European Philanthropic Support to Address HIV/AIDS* is a joint effort of EFG, its U.S.-based sister organisation Funders Concerned About AIDS (FCAA) and UNAIDS to provide resource tracking data on global HIV/AIDS resource flows.[2] The report on 2010 funding is EFG's eighth publication that provides data and analysis on HIV/AIDS-related philanthropic giving by European[3] philanthropic institutions, including private, family, and community foundations; public charities and trusts; fundraising organisations; lotteries; and corporate grantmaking programmes.[4]

The information in this report is accurate and current as of September 2011. Resource tracking, however, is always a work in progress. Therefore, EFG welcomes any information or input of relevance to this report and future work.

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2 The data and reporting format for this publication are closely harmonised with that of FCAA's resource tracking report (available at www.fcaaids.org) and follow UNAIDS' categorisation and terminology where possible.

3 Throughout the report, the term "European" is used to describe the funders profiled. The philanthropic entities featured in this year's report are all based in Western and Central European countries. See Appendix 1 for a more extensive definition of philanthropy and the methodology used for this report.

4 Previous EFG resource tracking publications can be found at: www.hivaidsfunders.org/Pages/ResourceTracking.aspx.

2011 AND THE ROAD AHEAD

This year, which marks three decades since the first diagnosed AIDS case, may prove to be a game-changing moment in the history of the AIDS epidemic. Hard-won scientific advances in treatment and prevention offer new hope as additional tools to halt HIV transmission and help to overcome some of the most intractable epidemiological and social challenges associated with HIV/AIDS. Current financial resources, however, are not enough, and have not been enough, at home and abroad, to end HIV/AIDS.

Resources for HIV/AIDS continue to tragically decrease as research reveals new options and the epidemic is stabilising in some areas of the world. During an ongoing period of economic uncertainty, coupled with a growing focus on other health and development challenges, serious questions remain as to how to fully utilise new findings on HIV prevention and treatment (see table on p7), along with existing tools that have already demonstrated success. The emerging consensus is that resources will need to be allocated and used more efficiently, requiring greater demonstration of **evidence-based** and **results-oriented** programming and shifting to more **methodical** and **sustainable long-term approaches**.

Though philanthropic giving represents only a small part of total resources for HIV/AIDS, it has changed the course of the epidemic in large part due to funders' dedicated efforts. Philanthropy possesses an ability to be independent and flexible and can address key focus areas such as advocacy and marginalised populations that are not being covered by other sources of funding. As more philanthropic funders move away from HIV/AIDS than ever before, and resources become more dependent on the few funders at the top, how and where current funding is targeted must increasingly exemplify these principles to ensure impact.

The following sections provide a brief overview of current HIV/AIDS scientific progress, available resources, and potential funding gaps. As the sector evaluates the road ahead, this information is essential to understanding the future of the philanthropic response to HIV/AIDS: where can private funding best innovate, strengthen, and advance the response?

> *While perspectives differ, one simple truth emerges: we cannot break the arc of this epidemic —where five people were newly infected for every three starting treatment in 2010—if we adopt a 'business as usual' approach.*
>
> – ***Michel Sidibé,*** *Executive Director, UNAIDS;* AIDS at 30: Nations at the Crossroads

RECENT SCIENTIFIC ADVANCES

In addition to the existing tools for HIV prevention such as male circumcision, condoms, harm reduction strategies, prevention of vertical transmission, and behaviour-change programmes, the following interventions look promising as part of a combination approach to prevention.

The "treatment as prevention" concept has generated particular interest and excitement[5] as it appears likely to further break down the persistent dichotomy between treatment and prevention that has often pitted advocates and policymakers against each other in the scramble for resources.

According to *Capitalizing on Scientific Progress: Investment in HIV Prevention R&D in 2010*,[6] a report by the HIV Vaccines & Microbicides Resource Tracking Group, the total global investment—including commercial, public and philanthropic support—in research and development reached $1.9 billion for four key prevention options: preventive HIV vaccines, microbicides, oral pre-exposure prophylaxis (PrEP) using ARVs and operations research related to male circumcision.

Tool	Name of trial/product	Date of results	Population involved	Efficacy
Microbicide	CAPRISA 004/TDF gel	July 2010	Women	39%
Oral PrEP	iPrEx/TDF-FTC daily	November 2010	Men who have sex with men, transgender women	44%
Treatment as prevention	HPTN 052/ART for HIV-positive people	May 2011	Sero-discordant heterosexual couples	96%

5 AVAC. We CAN End the AIDS Epidemic (statement). June 2011. Available at: www.avac.org/ht/d/sp/i/34301/pid/3430.1

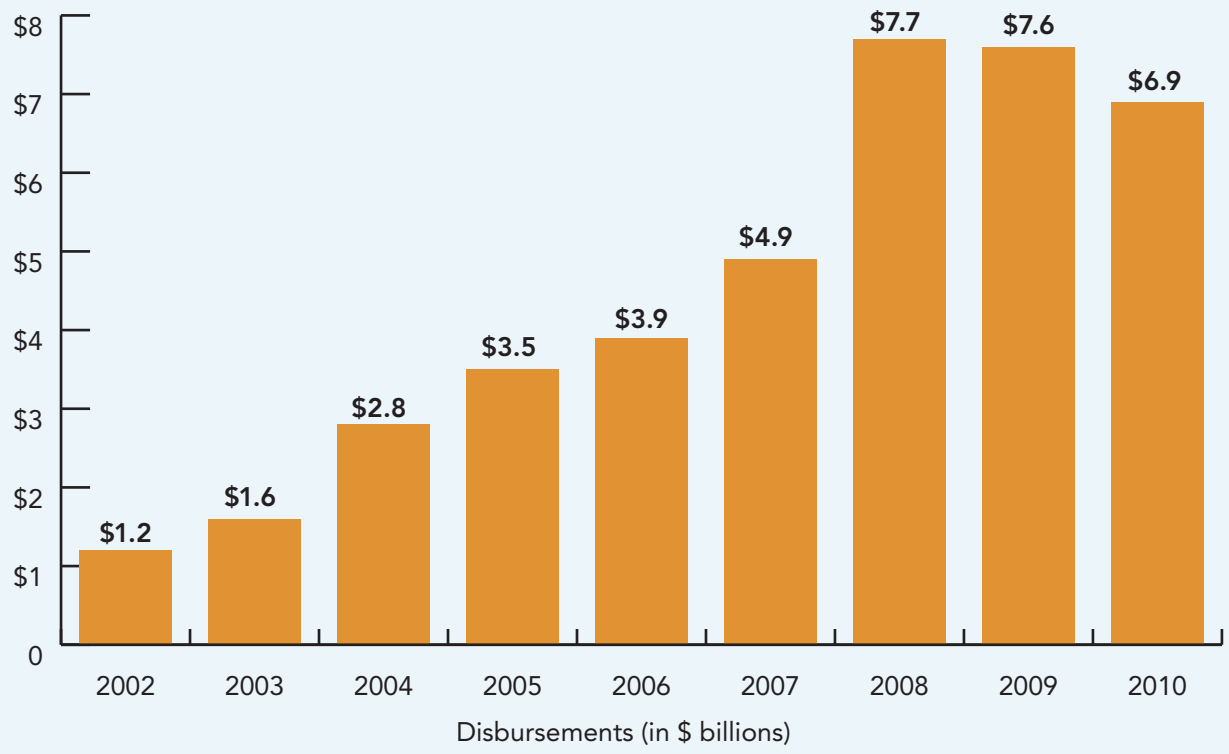
6 Available at: www.hivresourcetracking.org. The Working Group consists of AVAC: Global Advocacy for HIV Prevention, the International AIDS Vaccine Initiative (IAVI), the International Partnership for Microbicides (IPM) and UNAIDS.

Current Resources: Donor Governments & Private Philanthropy

HIV/AIDS-related private philanthropy continues to represent only a small part of the resources available to HIV/AIDS in comparison to funding from government sources.

About half of all resources available for the HIV/AIDS response in low- and middle-income countries is provided by those countries for their own epidemics; the other half is provided in the form of international assistance from donor governments and non-governmental philanthropic sources. The UNAIDS and Henry J. Kaiser Family Foundation report on funding from donor governments found that disbursements for international AIDS assistance by donor governments totaled $6.9 billion in 2010, a decrease from 2009 by 10%, after years of steady growth from 2002-2008.[7,8] According to the report, the decrease was due to a combination of three main factors: actual reductions in development assistance, currency exchange fluctuations, and a slowdown in the pace of U.S. disbursements, which was not a budget cut.

Chart A: International Assistance to HIV/AIDS in Low- and Middle-income Countries from Donor Governments

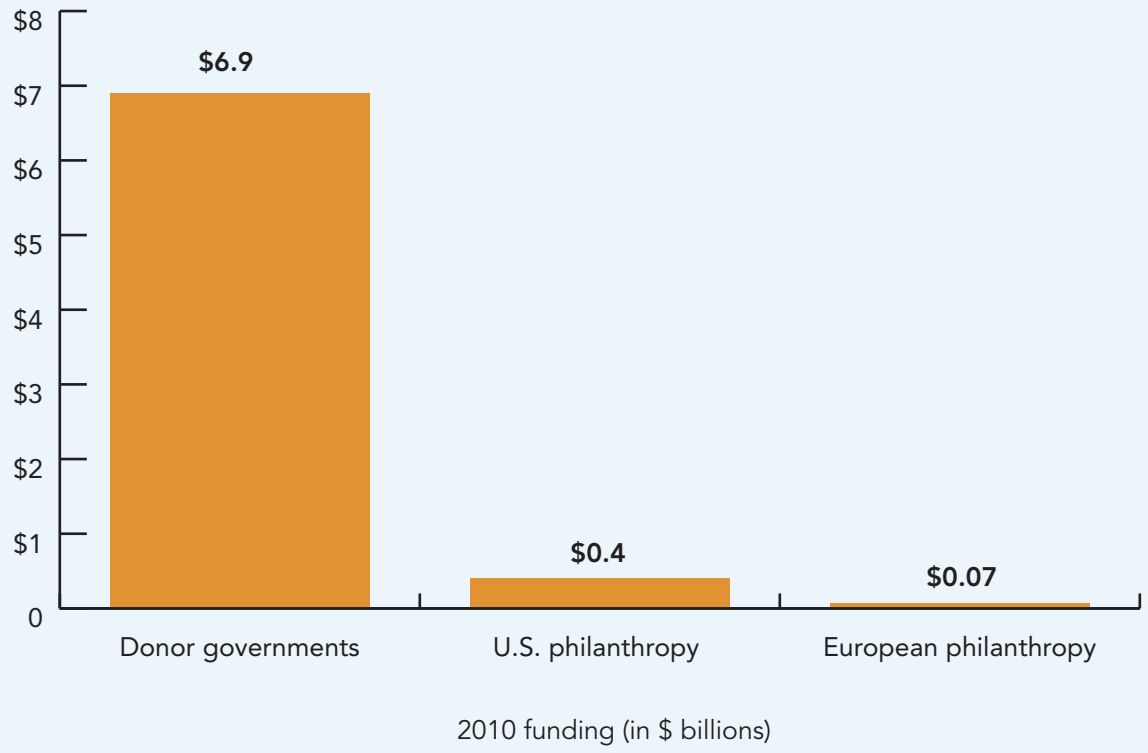


Source: UNAIDS and the Henry J. Kaiser Family Foundation. *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2010.* August 2011.

7 UNAIDS and the Henry J. Kaiser Family Foundation. *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2010.* August 2011. Available at: www.kff.org/hivaids/upload/7347-07.pdf.

8 Funding from donor governments for international AIDS assistance was essentially flat from 2008-2009.

Chart B: International Assistance to HIV/AIDS in Low- and Middle-income Countries
(Donor governments, U.S. & European philanthropy comparison)



It is worth noting that although they provide the most resources by far as a group, many governments only support specific areas or priorities. For example, the U.S. government focuses primarily on treatment, prevention and medical care. **Advocacy**—which can encompass a range of activities to change public opinion, community and institutional norms, government policy and outcomes[9]— is not a main focus area of the U.S. government's funding, even though it is well known as a tool that can maximise impact.

Also, some governments choose not to provide resources targeting or supporting certain **marginalised populations**, even if such populations are disproportionately affected by HIV. Such decisions often stem from lack of awareness about such populations; associated social, cultural, economic and political stigma; and restrictive legal regimes. Governments in many countries are unwilling or unable to fund programming specifically for men who have sex with men (MSM), even though HIV prevalence is nearly always higher in this community than among the general population. One of the main challenges to efforts to change that situation is that 76 countries currently criminalise same-sex relations[10], which obstructs the ability of these individuals to access needed HIV treatment and prevention interventions.

9 As defined by Dose of Change, available at http://issuu.com/doseofchange/docs/advocacy_glossary

10 The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA). *State-sponsored Homophobia: A world survey of laws criminalizing same-sex sexual acts between consenting adults.* May 2011. Available at: old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2011.pdf

KNOW YOUR EPIDEMIC – FINDING THE GAPS

Selected data on the global AIDS epidemic are provided throughout this report to contextualise the philanthropic response. Epidemics vary widely according to country context, which is why it is critical for policymakers to "know" their epidemic in order to achieve maximum impact. Experience to date indicates, however, that responses do not often match with knowledge, especially in regards to marginalised populations. For example:

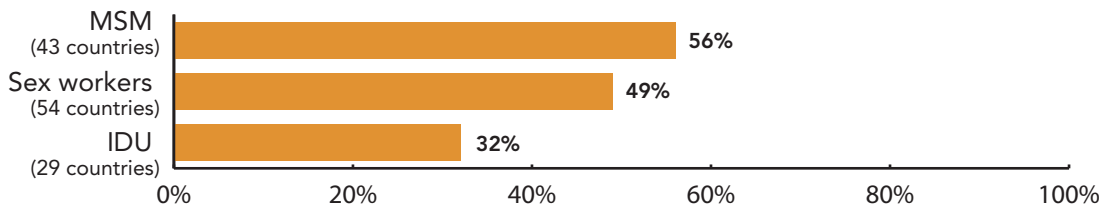
In nearly every country in the world, prevalence is much higher among sex workers and men who have sex with men than among the general population—yet with few exceptions, members of those populations are less likely to have access to prevention and treatment services.

- In Eastern Europe and Central Asia, a region of concentrated new infections in populations such as injecting drug users, sex workers, and men who have sex with men, only 11% of HIV prevention investments are focused toward these higher-risk populations.
- The proportion of HIV prevention funding for programmes for sex workers, men who have sex with men, and injecting drug users was only 1.7% in Burkina Faso, 0.4% in Côte d'Ivoire and 0.24% in Ghana in 2008, yet the estimated percentage of new infections in 2010 in those population groups was 30%, 28% and 43%, respectively.
- In both Kenya and Mozambique, an estimated one quarter to one third of new HIV infections occur among injecting drug users, men who have sex with men and sex workers. Yet total spending directed to HIV prevention among these key populations in 2008 was 0.35% in Kenya and 0.25% in Mozambique, and almost all from international sources.

Source: *UNAIDS Report on the Global Epidemic, 2010*. Available at: www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf.

In Western and Central European countries, migrant populations and men who have sex with men are disproportionately affected by HIV/AIDS. In 2009, 37% of new HIV infections in Western Europe were among men who have sex with men, making sex between men the leading mode of transmission (if persons who contracted HIV abroad in countries with generalised epidemics are excluded).[11] In the United Kingdom, for example, sex between men represented 41% of new HIV diagnoses by transmission category in 2010, and Africans in the United Kingdom accounted for 31% of new diagnoses among ethnic groups in 2010.[12] In France, men who have sex with men account for over half of new HIV infections in men, yet they represent less than 2% of the country's population.[13]

Chart C: Median Coverage of HIV Prevention Programmes for Selected Population Groups, 2010



Source: *UNAIDS Report on the Global Epidemic, 2010*. Available at: www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf.

11 WHO/Europe. *HIV/AIDS Surveillance in Europe*. 2009. Available at: www.euro.who.int/data/assets/pdf_file/0009/127656/e94500.pdf

12 Health Protection Agency. *United Kingdom new HIV diagnoses to end of June 2011*. Available at: www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1237970242135

13 Semaille C et al. "Recently acquired HIV infection in men who have sex with men (MSM) in France, 2003–2008." *Eurosurveillance*. 2009.

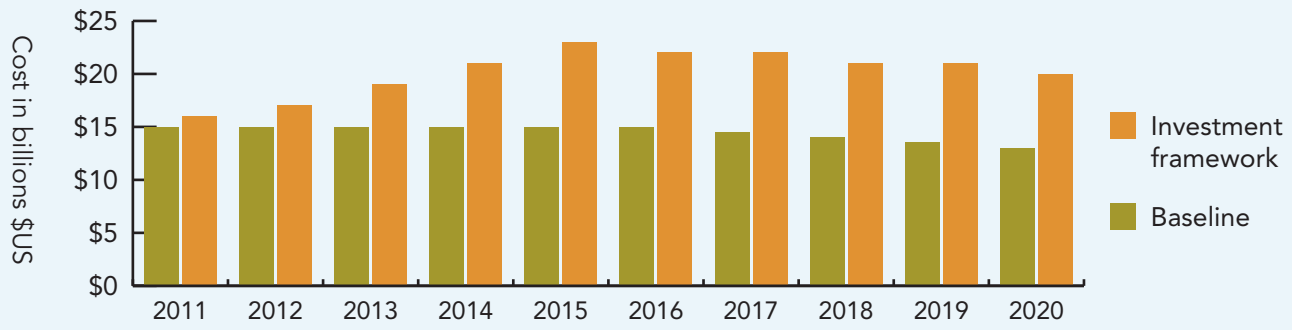
Global Resource Gap

At the UN General Assembly High Level Meeting on AIDS in June 2011, commitments were made to achieve new targets by 2015, such as eliminating vertical transmission, halving sexual transmission of HIV, and getting 15 million people on treatment. Commitments were also made to reach the UNAIDS estimate of what is needed to achieve universal access to HIV prevention, treatment, care and support by 2015 in low- and middle-income countries– at least **$22 billion annually**—and to close the $7 billion annual gap between the estimated total resources allocated to HIV/AIDS and what is needed.[14] While philanthropy cannot be expected to fill the resource gap alone, philanthropic organisations and corporations can use their visibility to influence policymakers, other funders, media, and the public. Philanthropic organisations can also build coalitions that share resources and increase leveraging power. Coordinated actions across the field could serve as a catalyst that inspires new and existing donors to rally for increased funding and better use of funds, and could make a huge impact.

Such a rally is imperative, as the resource gap appears likely to grow wider because, in the current economic climate, many donors– philanthropic, government, and others– are allocating fewer resources for HIV/AIDS. A notable example of the global resource challenge is that the **Global Fund**—the second most important source of international HIV/AIDS assistance after bilateral funding—is currently underfunded. During its most recent replenishment drive, donor governments from 40 countries pledged a total of $11.7 billion for the years 2011-2013. That amount was about $1.3 billion less than what the Global Fund itself considered minimal to meet its current commitments and continue to make grants to countries in need moving forward.[15]

Few stakeholders or observers dispute the argument that HIV/AIDS can only be fully addressed with more resources. A growing number are making the case, however, that spending more money now is the cost-effective approach over the long run. Most notably, an **investment framework**[16] developed under UNAIDS auspices proposes a comprehensive, longer-term approach to the global HIV/AIDS epidemic based on three programme areas: basic programming (mostly treatment but also prevention tools such as prevention of vertical transmission, male circumcision, condom promotion, and programmes for key populations such as injecting drug users, sex workers, and men who have sex with men); "critical enablers" to help maximise impact of resources and programming (such as community mobilisation); and synergies with development sectors (such as health systems improvement and HIV education in schools and workplaces).

Chart D: Cost in Low- and Middle-income Countries



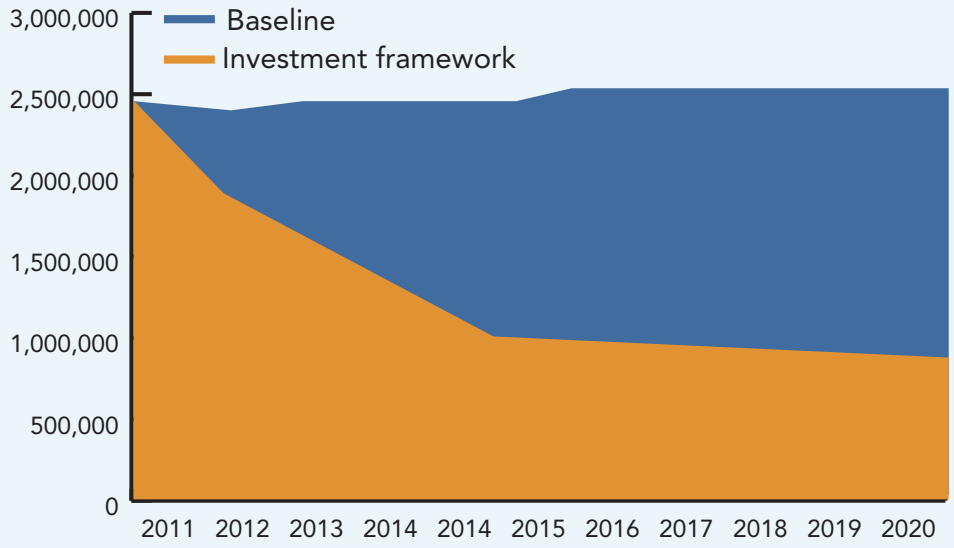
Source: Schwartländer et al. "Towards an improved investment approach for an effective response to HIV/AIDS." *The Lancet.* 3 June 2011, 2031–41.

14 UN General Assembly. *Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS.* A/RES/65/277. June 2011. Available at: www.un.org/ga/search/view_doc.asp?symbol=A/65/L.77

15 Global Fund to Fight AIDS, Tuberculosis and Malaria. *Making a difference: Global Fund Results Report 2011.* Available at: www.theglobalfund.org/documents/publications/progress_reports/Publication_2011Results_Report_en/.

16 Schwartländer et al. "Towards an improved investment approach for an effective response to HIV/AIDS." *The Lancet.* 3 June 2011, 2031–41.

Chart E: Number of New HIV Infections per Year



Source: Schwartländer et al. "Towards an improved investment approach for an effective response to HIV/AIDS." *The Lancet*. 3 June 2011, 2031–41.

According to the framework, resources required under this comprehensive approach would peak at $22 billion in 2015 and then decline from 2015–2020 because of gains in efficiency, decreases in new infections, and reduced need for services for people living with HIV/AIDS over time. The authors also conclude that adopting and sustaining the model to the fullest extent possible would mean an additional 7.4 million lives would be saved, 29.4 million life-years would be gained, and 12.2 million new infections would be averted from 2011 to 2020.

What Can HIV/AIDS Philanthropy Do?

In the changing landscape of HIV/AIDS and the global economy, the longstanding "business as usual" approach seems increasingly unworkable and ineffective. Amidst the overall decline in resources for HIV/AIDS in 2010, philanthropic HIV/AIDS funders must consider the larger context of resources needed and available for HIV/AIDS, as well as the evidence of what works, and develop new strategies to best take advantage of the exciting opportunities in prevention, treatment scale-up, advocacy and support for marginalised populations.

To maximise its effectiveness, the philanthropic sector needs to reprioritise and support strategically smarter, better coordinated, and more efficient interventions that target the needs of communities most impacted by the epidemic. Such steps are particularly important as new policies and paradigms are developed to respond to promising new findings, and existing tools and efforts are examined.

Resources expended towards HIV/AIDS have increased over the past 30 years in large part due to political will and funders' dedicated efforts to raise the level of response, from nearly nothing 30 years ago to approximately $15 billion in 2010. The philanthropic sector must continue to provide a catalytic and strategic piece of the global response to HIV/AIDS.

EXAMPLES OF INNOVATIVE FUNDING:
TASK-SHIFTING TO HIV-POSITIVE COMMUNITY WORKERS

One to One Children's Fund: Expert Patient Programme

In many African countries, the following common barriers can make accessing ARV treatment difficult for children and families living with HIV: shortages and poor training of health care workers; clinics that are few in number, widely dispersed or otherwise difficult for rural and other populations to get to; and HIV-related discrimination encountered in health care settings.

The Expert Patient (EP) Programme offers a solution by training and funding adult HIV/AIDS patients to use their own experience and knowledge to help other patients. EP initiatives support clinic tasks where feasible, thereby allowing doctors and nurses to focus on treating patients and more complex treatment work. The Programme also serve as an important link between healthcare settings and HIV-positive children and adolescents in their communities, providing a way for youth to access health services with the support of HIV-positive community members, free of stigma and discrimination. In addition, training and financial stipends bolster the job experience and household income of HIV-positive people engaged in the EP initiative.

An Expert Patient helps with clinical tasks at ALERT hospital in Ethiopia

Launched in 2007, One to One Children's Fund has committed to providing £110,000 (US$171,000) to fund 48 clinics in 14 sub-Saharan African countries and to train 200 Expert Patients. Each EP cares for about 150 children and adolescents, which means that more than 30,000 children, adolescents and their communities are benefitting from the programme. The most recent evaluation (November 2010) highlights the success of the EP programme in streamlining services, breaking down barriers, empowering local people with real knowledge and expertise, offering better quality care to children in clinics and in the community, and allowing health care professionals to see more patients. The programme, which relies on EPs' developing their skills and becoming role models in their community, is also highly cost-effective.

Christine Adhiambo Ochieng, 23, describes her job as an Expert Patient in Kenya and the doors it has opened for her: "I give HIV education, adherence counselling and HIV health talks. I encourage families to work together and to bring their children in for HIV testing and care. [Working as an Expert Patient] has empowered me to take steps ahead. I have completed guidance and counselling [training] ... to polish my counselling career. I am also planning to do child counselling so that I can attend to both infected and affected children physically and psychologically."

An HIV patient at a clinic in Kenya is similarly positive, recounting, "The Expert Patients made me realise that patients can also play a role in their own management. Expert Patients are the people who have given me the will to live."

The Expert Patient Supervisor in a clinic in Malawi reports: "Expert Patients serve as positive role models. Children and adolescents can discuss with Expert Patients their experiences as people living with HIV/AIDS in a relatable manner and see firsthand the advantages of good adherence and positive living, personified by EPs."

PHILANTHROPIC HIV/AIDS EXPENDITURES IN 2010

EFG was able to obtain expenditure data for 31 European funders that made HIV/AIDS-related philanthropic expenditures in 2010. Combined, these funders supported some 3,895 HIV/AIDS-related grants or projects, disbursing a total of about €107 million ($153 million).[17,18]

EFG asked funders about their total funding commitments in 2010, in addition to their actual expenditures. Commitments data can be useful for helping to gauge current and future outlays. (Expenditures—also known as "disbursements" in some cases—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. Commitments are funding committed for grants/projects in a given year, whether or not the funds were paid out in that year. For some funders, commitments and expenditures are the same in a given year; for others, commitments indicate funding above or below actual expenditures in a year.)

Table 1: European Philanthropic HIV/AIDS Funders in 2010 *(ranked by amount of expenditures)*

Name	Expenditures		Commitments	
	€	$	€	$
Wellcome Trust	33,385,564	47,911,624	10,034,165	14,400,000
Sidaction	11,413,175	16,379,047	764,924	1,097,742
Children's Investment Fund Foundation, UK	11,379,022	16,330,000	1,334,041	1,914,482
Elton John AIDS Foundation, UK	8,882,860	12,747,793	1,219,112	1,749,548
ViiV Healthcare[19]	6,443,185	9,246,615	4,576,240	6,567,349
Comic Relief	6,082,214	6,895,954	75,000	107,633
STOP AIDS NOW!	4,816,000	6,911,442	5,000,000	7,175,500
Aids Fonds	4,668,000	6,699,047	3,827,000	5,492,128
FXB International (Fondation François-Xavier Bagnoud)	3,210,192	4,606,937	627,723	900,845
The Monument Trust	2,656,996	3,813,055	486,169	697,701
The Diana, Princess of Wales Memorial Fund	2,458,866	3,528,719	12,438,123	17,849,950
Deutsche AIDS-Stiftung	1,688,291	2,422,866	3,120,300	4,477,943
Fondation de France	1,619,159	2,323,655	18,594,156	26,684,473
Fundación La Caixa	1,334,041	1,914,482	12,860,434	18,456,009
Oak Foundation	1,099,827	1,578,358	298,000	427,660
Fondazione Cariplo[20]	1,000,000	1,435,100	122,308	175,525
GlaxoSmithKline[21]	875,335	1,256,193	15,335,917	17,387,709
HOPEHIV	765,275	1,098,247	604,689	867,789
St Stephen's AIDS Trust[22]	733,033	1,051,975	206,847	296,845
Fondation Mérieux	604,689	867,789	209,045	300,000
King Baudouin Foundation	572,219	821,191	183,419	263,224
Egmont Trust	538,110	772,242	1,408,997	2,022,052
Cecily's Fund	468,837	672,828	338,452	485,713
Sigrid Rausing Trust[23]	340,137	488,131	1,688,291	2,422,866
Mama Cash	298,000	427,660	Not available	-
One to One Children's Fund	272,415	390,942	Not available	-
Aga Khan Foundation[24]	186,309	267,371	Not available	-
AVERT	183,419	263,224	765,275	1,098,247
Barry & Martin's Trust	129,208	185,426	Not available	-
Aids & Child	117,940	169,256	Not available	-
Calouste Gulbenkian Foundation	24,000	34,442	Not available	-
Total for 2010	**€106,901,059**	**$153,413,709**	**€96,118,628**	**$133,318,933**

To avoid double-counting of funds, the 2010 expenditures total reflects a reduction of€€1,345,260 ($1,930,582) to correct for re-granting of funds from one EFG-tracked funder to another.

Note on missing data: A significant majority of European private philanthropic funding on HIV/AIDS in 2010 has been captured in the available data. However, EFG was unable to obtain funding data from some funders, and they are therefore not included in this report. Among them are the following:

- German Foundation for World Population (DSW) made €4,645,466 in grants to HIV/AIDS in 2009
- Anglo American made $967,229 (€673,982) in grants to HIV/AIDS in 2009
- Esperanza Medicines Foundation made 555,669 CHF (€485,450) in grants to HIV/AIDS in 2009

The UK grantmaker Crusaid, which was included in previous years' reports, merged in 2010 with the Terrence Higgins Trust. The Terrence Higgins Trust is mostly funded by government sources and provides direct care and support services for people living with HIV/AIDS, as well as sponsoring prevention and sexual health programmes.

Several other funders that made grants towards HIV/AIDS programmes in 2009 are not included this year because they did not make grants to HIV/AIDS in 2010. They include the following:

- Big Lottery Fund made £14,084,694 (€15,969,085) in grants to HIV/AIDS in 2009. That amount was the second largest funding amount of all funders in 2009. The lack of HIV/AIDS funding in 2010 from the Big Lottery Fund was due to the development of a new grants programme in 2010 and is not indicative of a decision to halt or substantially limit such funding. Grants toward HIV/AIDS have resumed in 2011.
- Bernard van Leer Foundation made €1,866,675 in grants to HIV/AIDS in 2009. The Foundation has shifted away from specifically funding HIV/AIDS towards other areas, and requested to be removed from the report.
- Fondazione Monte dei Paschi di Siena made €260,000 in grants to HIV/AIDS in 2009.
- The True Colours Trust, which gave £193,400 (€219,275) in HIV/AIDS funding in 2009, and The Staples Trust, which gave £5,075 (€5,754) in 2009, are parts of the Sainsbury Family Charitable Trusts along with The Monument Trust, which is included in this year's report. The Monument Trust is the one entity of the group of trusts that declares health and community care, including HIV/AIDS, as a focus area.

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17 Funders reported expenditures in various currencies, including euros, U.S. dollars, British pounds, and Swiss francs. This necessitated the use of exchange rates; the rates used consistently throughout this report were as of 25 August 2011: 1 euro = 1.4351 U.S. dollars, 1 euro = 0.8820 pounds, and 1 euro = 1.1446 Swiss francs.

18 Because this report focuses on capturing relatively specific data on resources provided by the private philanthropy sector only, funders completing the survey were asked to exclude income received from any government sources and subsequently re-granted. (Government resource flows are tracked elsewhere; see, for example, www.kff.org/hivaids/7347.cfm for the latest UNAIDS and Henry J. Kaiser Family Foundation resource tracking of donor governments to HIV/AIDS.)

19 ViiV Healthcare is a specialist HIV company established in November 2009 by GlaxoSmithKline and Pfizer to deliver advances in treatment and care for people living with HIV. The company has headquarters in both the United States and the United Kingdom and the grantmaking is global in nature. As such, ViiV Healthcare appears in both the European and U.S. HIV/AIDS resource tracking reports. (To view the Funders Concerned About AIDS report U.S. Philanthropic Support to Address HIV/AIDS in 2010, see www.fcaaids.org.)

20 Fondazione Cariplo committed a three-year grant in 2009 of €3 million to an HIV/AIDS project in Malawi (Project Malawi), implemented in partnership with the corporation Intesa Sanpaolo. One third of that grant is counted here for 2010.

21 Figures for GlaxoSmithKline (GSK) do not include funding from ViiV Healthcare, which is reported separately. In addition, data were not available either in English or otherwise on the GSK website for patient group funding grants for the following countries: Austria, Belgium, Bulgaria, the Czech Republic, Denmark, Finland, France, Germany, Hungary, Italy, Latvia, Lithuania, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden, and Switzerland. It is estimated that this missing data would not exceed €500,000, however, as patient groups are a relatively small grants programme for GSK.

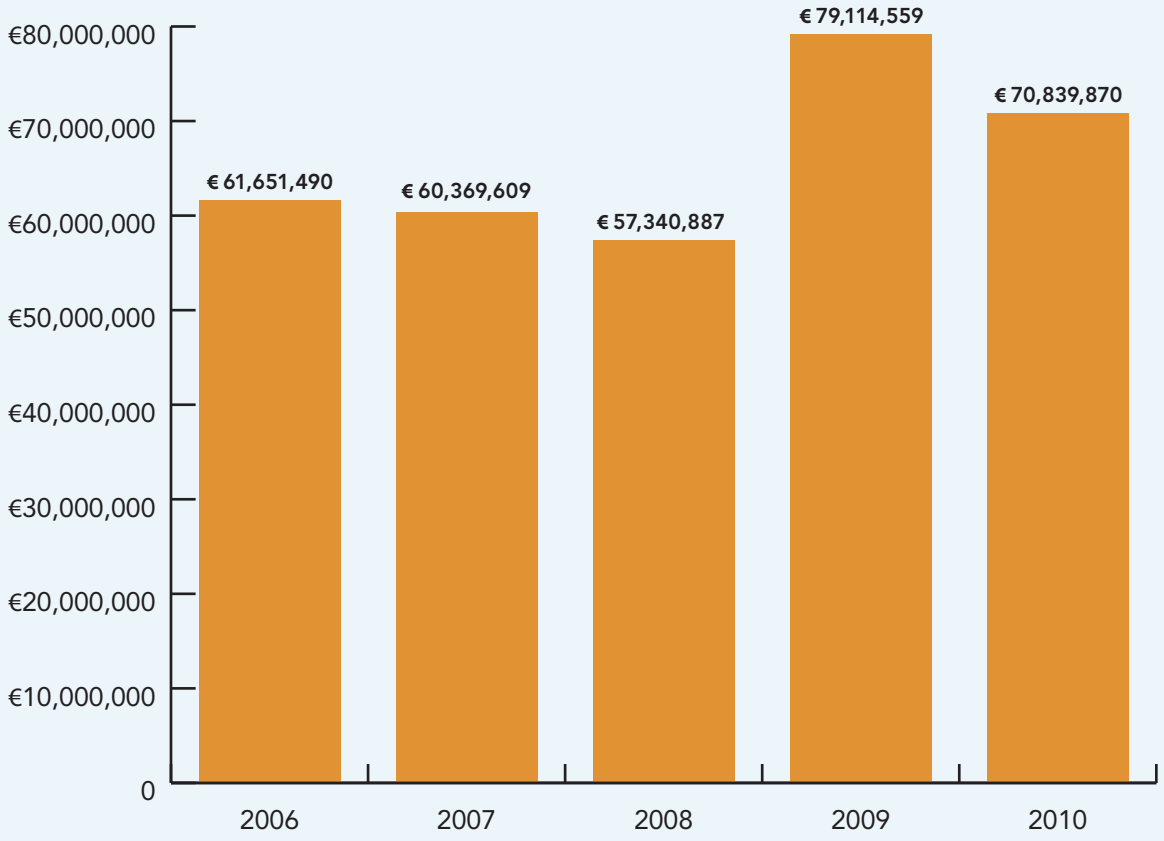
22 The funding information for St Stephen's AIDS Trust pertains to its 2010 fiscal year, which runs from April 2009 through March 2010. Though EFG asks funders for funding information from the previous calendar year (in this case, January through December 2010), the St Stephen's AIDS Trust's 2010 fiscal year financial data was the only available data at the time of publication of this report.

23 The Sigrid Rausing Trust committed a three-year HIV/AIDS-related grant in 2008 of €375,000, a three-year grant in 2010 of €300,000, and a three-year grant in 2010 of €225,000. One third of each grant is counted here for 2010.

24 The Aga Khan Foundation receives some income from governments, which is re-granted. The 2010 total that appears here represents only privately sourced grantmaking funds (government funding has been removed). Were the government funds included, Aga Khan Foundation's HIV/AIDS total giving figure for 2010 would be higher.

For the 17 of 33[25] funders for which EFG has four years of comparable expenditure data (2006-2010), total funding expenditures in 2010 were higher than 2006—by about €9 million ($13 million), or 15%.[26]

Chart 1: European Philanthropic HIV/AIDS Expenditures 2006-2010
(includes only funders for which five years of data are available)



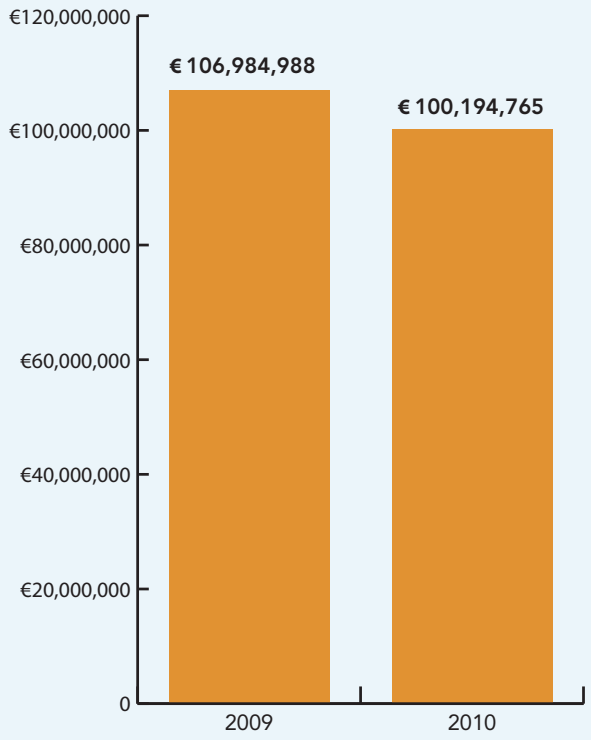
25 Chart 1 includes data from two funders that did not make HIV/AIDS grants in 2010 (to show trending): the Big Lottery Fund and Fondazione Monte dei Paschi di Siena.

26 Totals for 2009, 2008 and 2007 were recalculated for the set of funders for which five years of data were available, using the same exchange rates for the 2009, 2008 and 2007 totals as were used throughout this report. All totals data for 2006 were available in euros only, and original amounts in other currencies were unable to be recalculated at current exchange rates.

For the 30 of 33[27] funders for which EFG has two years of comparable expenditure data (2009 and 2010), total 2010 funding expenditures were lower when compared with the same set of funders' HIV/AIDS-related expenditures EFG was able to gather for 2009. The difference was about €7 million ($10 million)—or about 6% of those funders' total HIV/AIDS-related expenditures.[28]

This decrease is in contrast to the increase from 2008 to 2009 of €94 million to €118 million among the 27 funders for which EFG had both 2008 and 2009 expenditure data.

Chart 2: European Philanthropic HIV/AIDS Expenditures 2009-2010
(includes only funders for which two years of data are available)



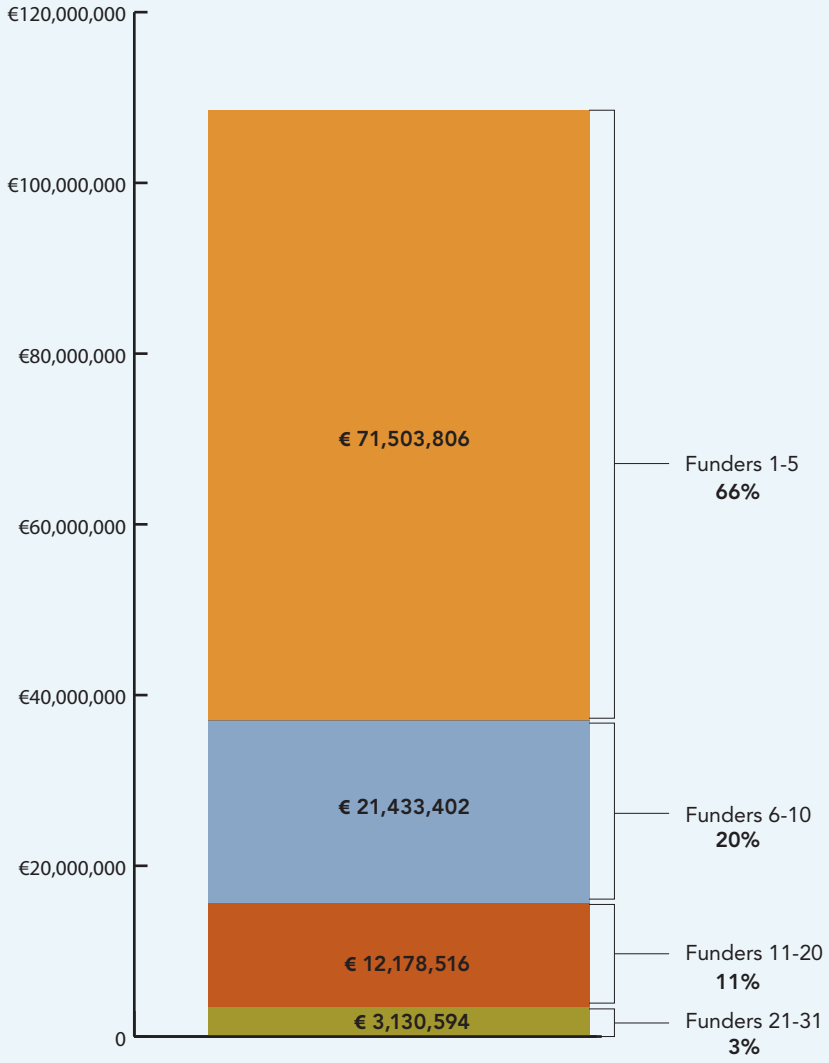
27 Chart 2 includes two funders that did not make HIV/AIDS grants in 2010 (to show trending): Big Lottery Fund and Fondazione Monte dei Paschi di Siena.

28 Totals for 2009 were recalculated for the set of funders for which both 2009 and 2010 data were available, using the same exchange rates for the 2009 totals as were used for the 2010 data throughout this report (exchange rate as of 25 August 2011: 1 euro = 1.4351 U.S. dollars, 1 euro = 0.8820 pounds, and 1 euro = 1.1446 Swiss francs).

CONCENTRATION OF PHILANTHROPIC HIV/AIDS FUNDERS

HIV/AIDS funding by European-based funders identified by EFG is concentrated among a relatively small number of entities. As noted in Chart 3, funding expenditures from the top 10 European HIV/AIDS funders accounted for 86% of all identified HIV/AIDS expenditures in 2010.

Chart 3: Distribution of Expenditures by European Philanthropic HIV/AIDS Funders in 2010[29]
(by percentage of total expenditures)



29 The amounts in Chart 3 add up to €108,246,318, not the 2010 expenditures total of €106,901,059, because re-granting funds are included.

EXAMPLES OF INNOVATIVE FUNDING: DEVELOPING EVIDENCE-BASED STRATEGIES TO IMPROVE ACCESS TO CARE

Fondation de France: ARCAD-SIDA project to support HIV disclosure in Mali

ARCAD-SIDA provides support to more than 5,200 HIV-positive people—65 percent of them women—through the Centre for Attentive Listening, Support, and Counselling (CESAC) in Bamako, Mali. In 2009, CESAC initiated a peer support group named "The room of secrets" where women were free to discuss sensitive issues around HIV. This step was taken in response to comments by women in individual counselling sessions that they were worried about not being able to share their HIV status with others.

The ARCAD-SIDA project empowers women in Mali to disclose their HIV status. (©Harandane Dicko)

Sixty-two percent of CESAC female clients participating in the programme are married, with 24 percent in a polygamous marriage. Because they lack economic power, they depend on their spouse and fear abandonment if they disclose they are HIV-positive. Yet if women do not disclose their HIV status, they may find it difficult if not impossible to seek out prevention and treatment services. In addition, men's involvement in managing their own health issues, as well as their families', can be limited if neither they nor their partners disclose their HIV status.

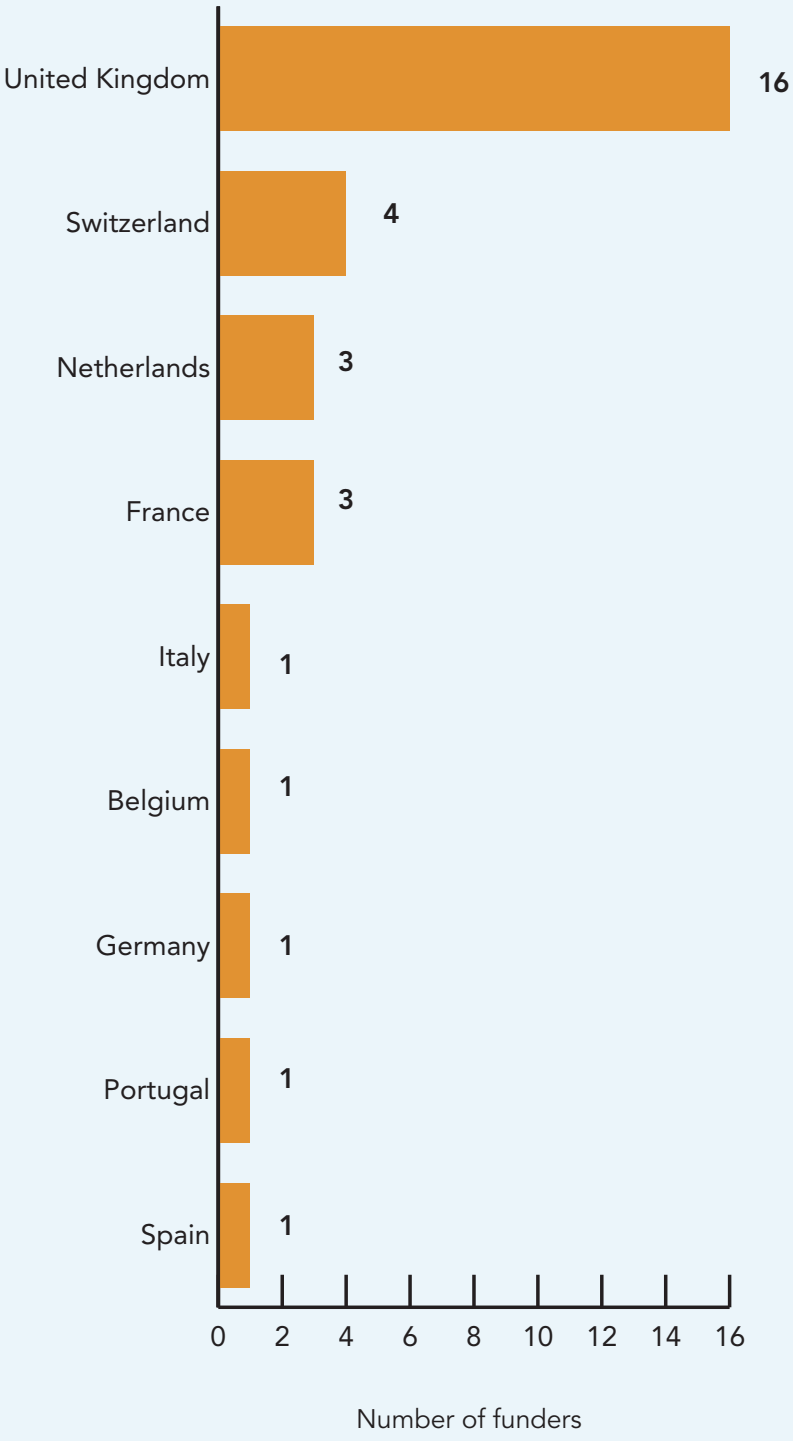
Consequently, ARCAD-SIDA decided to implement a programme in Mali (starting first in Bamako, the capital) providing women with support to disclose their HIV status. This programme, initially created by Quebec University in Montréal, Canada, aims to provide tools to people living with HIV facing the challenge of disclosing HIV status in various contexts of social life. ARCAD-SIDA recruited two groups of women living with HIV and organised 10 workshops per group that worked to adapt the Canadian programme to the Malian context. Outreach work with 12 different women's groups during workshops confirmed the following:

- There is a high social dependence of Malian women on their spouse for any decision-making on sexuality, family planning and access to medical care issues.
- Prevention of vertical transmission will get better results if women are more empowered and able to take it upon themselves to make their own decision about medical protocol, infant feeding choices, etc.

Implementation of a two-year pilot-phase programme is currently in progress. Results of this pilot project will provide evidence to improve current strategies and actions on HIV testing and access to care, notably for prevention of vertical transmission.

Over half of the funders profiled (16 of 31), including six of the top 10 funders, had main offices in the United Kingdom. Four had main offices in Switzerland, three had main offices in the Netherlands, and three were based in France.

Chart 4: Distribution of European Philanthropic HIV/AIDS Funders by Home Country



CHANGES IN PHILANTHROPIC HIV/AIDS FUNDING

Among the 16 funders for which EFG had five years of expenditures data (2006 through 2010), a total of 10 reported a higher level of HIV/AIDS grantmaking expenditures in 2010 than in 2006.

Table 2: European Philanthropic HIV/AIDS Funders Reporting Higher Amounts of HIV/AIDS Expenditures in 2010 than 2006 ***(ranked by the size of monetary increase between reported amounts for those years)***

Name	2006 (€)	2007 (€)	2008 (€)	2009 (€)	2010 (€)	Change between 2006 and 2010	% Change
Wellcome Trust	26,108,295	24,149,727	21,995,526	31,025,137	33,385,564	7,277,269	28%
Elton John AIDS Foundation, UK	5,055,190	5,172,144	7,350,443	5,182,279	8,882,860	3,827,670	76%
Sidaction	7,753,319	8,632,554	10,169,355	10,691,035	11,413,175	3,659,856	47%
The Diana, Princess of Wales Memorial Fund	854,291	328,033	1,382,090	2,207,836	2,458,866	1,604,575	188%
Aids Fonds	3,557,791	4,314,000	5,081,000	5,722,000	4,668,000	1,110,209	31%
King Baudouin Foundation	300,000	361,695	318,317	307,199	572,219	272,219	91%
Deutsche AIDS-Stiftung	1,581,530	1,410,342	1,736,858	987,992	1,688,291	106,761	7%
Cecily's Fund	419,887	242,456	381,656	406,995	468,837	48,950	12%
AVERT	147,907	112,778	184,360	195,959	183,419	35,512	24%
Barry & Martin's Trust	114,107	105,654	128,859	138,538	129,208	15,101	13%

Six funders reported expending less on HIV/AIDS in 2010 than 2006. It should be noted that some changes in funding are not indicative of larger trends of decreases in funding for some funders. Many funders make multi-year commitments, and expenditures of those commitments can vary greatly between years.

Table 3: European Philanthropic HIV/AIDS Funders Reporting Lower Amounts of HIV/AIDS Expenditures in 2010 than 2006 *(ranked by size of monetary decrease between reported amounts for those years)*

Name	2006 (€)	2007 (€)	2008 (€)	2009 (€)	2010 (€)	Change between 2006 and 2010	% Change
Big Lottery Fund	4,794,268	124,320	5,231,191	15,969,085	0	-4,794,268	-100%
Comic Relief UK	9,278,685	14,009,284	1,701,957	5,138,232	6,082,214	-3,196,471	-34%
Fondazione Monte dei Paschi di Siena	300,000	61,504	50,000	260,000	0	-300,000	-100%
HOPEHIV	1,054,750	778,035	1,056,352	694,293	765,275	-289,475	-27%
Aids & Child	241,470	487,083	360,122	74,259	117,940	-123,530	-51%
Calouste Gulbenkian Foundation	90,000	80,000	212,800	113,720	24,000	-66,000	-73%

Among the 14 funders for which EFG had less than five years of expenditures data but did have data available for the two years of 2009 and 2010, six reported a higher level of HIV/AIDS grantmaking expenditures in 2010 than in 2009.

Table 4: European Philanthropic HIV/AIDS Funders Reporting Higher Amounts of HIV/AIDS Expenditures in 2010 than 2009 *(ranked by size of monetary increase between reported amounts for those years)*

Name	2009 (€)	2010 (€)	Change between 2009 and 2010	% Change
Children's Investment Fund Foundation, UK	9,330,732	11,379,022	2,048,290	22%
The Monument Trust	1,123,974	2,656,996	1,533,022	136%
Fondation Mérieux	399,262	604,689	205,427	51%
Sigrid Rausing Trust	141,724	340,137	198,413	140%
Mama Cash	207,999	298,000	90,001	43%
Egmont Trust	468,166	538,110	69,945	15%

Among the 14 funders for which EFG had less than five years of expenditures data but did have data available for the two years of 2009 and 2010, seven funders reported lower HIV/AIDS expenditures in 2010 than in 2009. It should be noted that some changes in funding are not indicative of larger trends of decreases in funding for some funders. Many funders make multi-year commitments, and expenditures of those commitments can vary greatly between years.

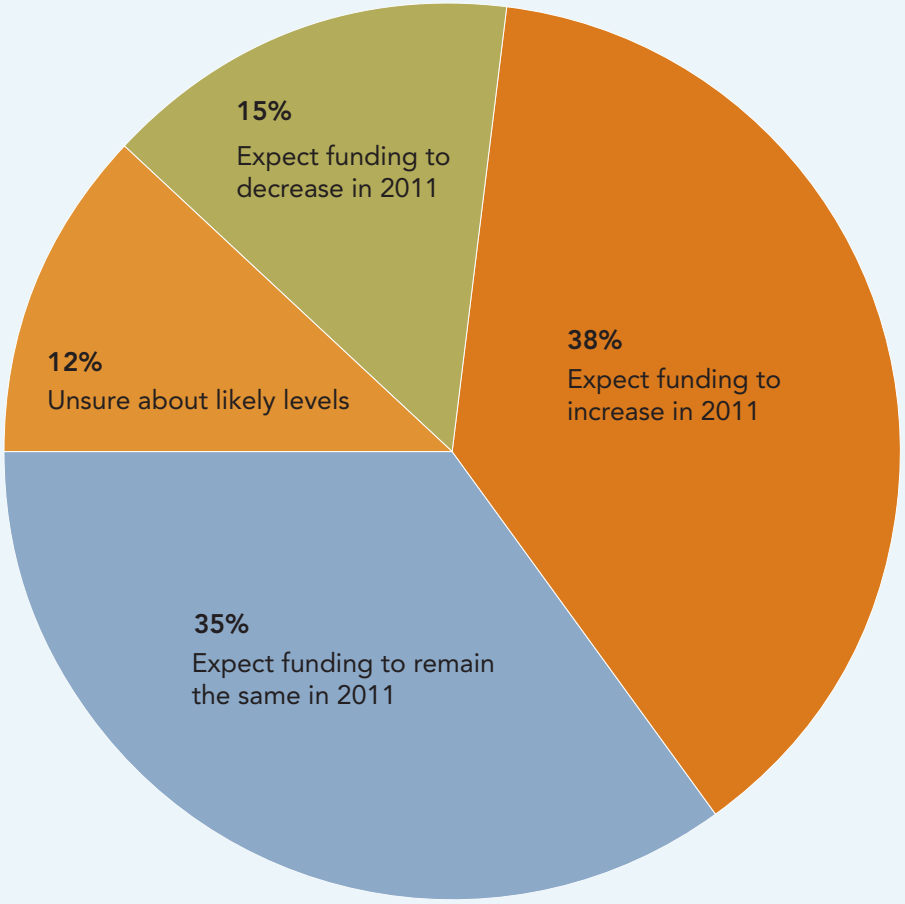
Table 5: European Philanthropic HIV/AIDS Funders Reporting Lower Amounts of HIV/AIDS Expenditures in 2010 than 2009 *(ranked by size of monetary decrease between reported amounts for those years)*

Name	2009 (€)	2010 (€)	Change between 2009 and 2010	% Change
STOP AIDS NOW!	6,010,000	4,816,000	-1,194,000	-20%
FXB International (Fondation François-Xavier Bagnoud)	3,920,823	3,210,192	-710,631	-18%
Fondation de France	2,155,540	1,619,159	-536,381	-25%
Oak Foundation	1,228,636	1,099,827	-128,809	-10%
Fundación La Caixa	1,372,833	1,334,041	-38,792	-3%
One to One Children's Fund	299,321	272,415	-26,906	-9%
Aga Khan Foundation	211,421	186,309	-25,112	-12%

2011 FORECAST

In the EFG survey on 2010 HIV/AIDS funding, EFG asked funders about their anticipated expenditure levels for 2011. Of the HIV/AIDS funders that responded to that survey question (26 of 31), 38% indicated that they expected an increase in HIV/AIDS grantmaking in 2011 in comparison with 2010, including five of the top 10 funders. Nine of the 26 funders (35%) forecast expenditures to remain about at the same level, while four of the 26 funders (15%) said they expected to see a decrease in HIV/AIDS expenditures in 2011, including one of the top 10 funders. Three funders were unsure of likely levels in 2011.

Chart 5: Forecast of 2011 European Philanthropic HIV/AIDS Expenditures *(by percentage of funders)*



EXAMPLES OF INNOVATIVE FUNDING:
EVIDENCE-GATHERING, ANALYSIS AND ADVOCACY

Aids Fonds: The People Living with HIV Stigma Index

THE PEOPLE LIVING WITH HIV STIGMA INDEX

The People Living with HIV Stigma Index provides a tool that measures and detects changing trends in relation to stigma and discrimination as experienced by people living with HIV. The project website (www.stigmaindex.org) and that of the Global Network of People living with HIV (www.gnpplus.net) features the results of this research. The index is designed to increase understanding of how stigma and discrimination—a key barrier to accessing HIV prevention, treatment and care—are experienced by people living with HIV, and inform programmatic and policy interventions at the local, regional and global level.

The methodology and research design in each country builds on a core commitment to ethical processes (such as informed consent and confidentiality), as well as rigor and sensitivity for each individual interview. In each of the country projects, the research team includes partners from local academic institutions and other experts who can advise on the research design and sampling strategy that is appropriate to the specific context.

The process is just as important as the product in this initiative. The interviews present opportunities to learn and engage in awareness-raising dialogue about stigma and discrimination, the rights of HIV-positive people, and empowerment of HIV-positive people to combat stigma and discrimination. It is also an opportunity for networks of people living with HIV to build their capacity by driving this action-based research agenda.

Although the project's focus and main design is similar globally, the research project is implemented differently in each country. Specific processes are unique, drawing on the strengths and diversity of individual partners. Also, the number of people interviewed may be different, as well as the outreach and composition of responses from different groups (such as men who have sex with men, sex workers, injecting drug users and other vulnerable groups). Nevertheless, all the research will be consistent with the ethos of the project.

Through implementation of the People Living with HIV Stigma Index, individual research teams will have the capacity to produce key results and findings and make recommendations that are evidence-driven; thereby enabling networks of people living with HIV to better engage in policy work. The data has already been used in some countries to inform national responses, programmatic interventions and policy change.

The founding organisations of this initiative (first conceptualised in 2004) include the Global Network of People living with HIV (GNP+); the International Community of Women living with HIV/AIDS (ICW); International Planned Parenthood Federation (IPPF) and UNAIDS. Aids Fonds supported the implementation of the index in different countries in Africa and Europe.

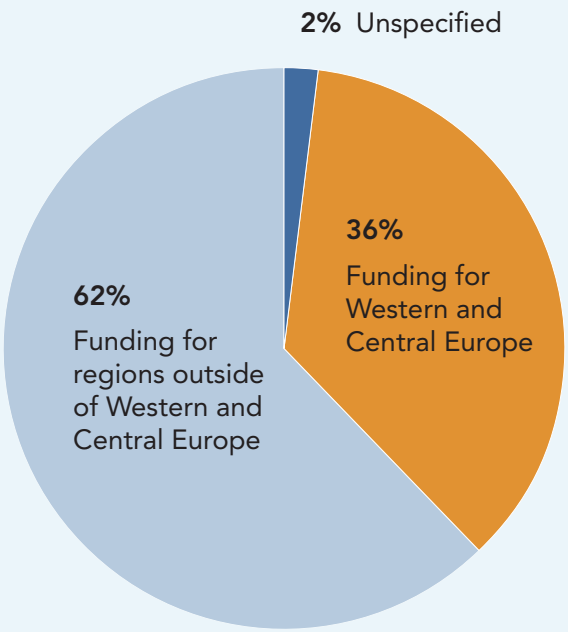
The People Living with HIV Stigma Index website: www.stigmaindex.org

GEOGRAPHIC DISTRIBUTION OF FUNDING

Eighty-one percent (all but six) of funders provided data on the geographic distribution of their 2010 funding expenditures. EFG gathered geographic distribution data for the six other funders from annual reports, trustee's reports, and funders' websites.

Analysis by EFG suggests that of the estimated €107 million ($153 million) expended in 2010, about €39 million ($57 million) was expended on HIV/AIDS efforts benefiting countries in Western and Central Europe,[30] representing 36% of all European HIV/AIDS expenditures. About €67 million ($96 million)—or 62%—was devoted to global HIV/AIDS efforts outside of countries in Western and Central Europe. (That amount includes funds provided to Western and Central Europe-based organisations for work outside of their region as well as funds given to U.S.-based organisations, usually for work outside of the United States and Western and Central Europe). The geographic distribution of the remaining €2 million ($3 million), representing 2% of expenditures, could not be identified.

Chart 6: 2010 European Philanthropic HIV/AIDS Expenditures by Geographic Focus
(by percentage of total expenditures)



30 As used in this report, the term "Western and Central Europe" refers to the UNAIDS geographical category (which is used for data harmonisation purposes). It includes the following countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, the United Kingdom, and Vatican City.

EXAMPLES OF INNOVATIVE FUNDING:
SUPPORTING MARGINALISED POPULATIONS

King Baudouin Foundation: Support fund for small-scale HIV/AIDS projects among sexual minorities in Burundi

King Baudouin Foundation

Working together for a better society

In 2010, the King Baudouin Foundation conducted an analysis of HIV prevention and care activities for sexual minorities, particularly men who have sex with men, in Burundi. It found that few such initiatives had been developed. The reason was not only that funding had not been available, but also because sexual minorities vulnerable to HIV (such as men who have sex with men) are marginalised in society.

As part of an effort to address this gap, the King Baudouin Foundation formed a partnership with Reseau de Reinforcement Mutuel des Acteurs de la Première Ligne (REMUA), a network of organisations in Burundi that conducts prevention activities targeting sexual minorities and particularly men who have sex with men. REMUA undertook efforts to coordinate a network of organisations working with or aiming to work with men who have sex with men, and to identify and develop a list of priority actions on behalf of this population. In parallel to initiatives occurring at REMUA, the King Baudouin Foundation created a new fund to provide financial support for projects focusing on HIV among men who have sex with men and other sexual minorities.

Such projects can have objectives such as raising public awareness, prevention or care for those infected and their families, and training of professionals within aid organisations and health structures. Projects are required to favour a participatory approach and involve several partners working in the field.

This new fund has received an initial endowment of €80,000 (US$125,000) to support projects in 2011 and 2012. Additional funds will also be sought. The management of the fund has been entrusted to ACORD Burundi, which will be responsible for the implementation of financing of the projects.

EFG identified seven funders that expended €1 million or more to HIV/AIDS issues within Western and Central European countries in 2010.

Table 6: European Philanthropic HIV/AIDS Funders Allocating €1 million or More to Western and Central European (WCE) Countries in 2010

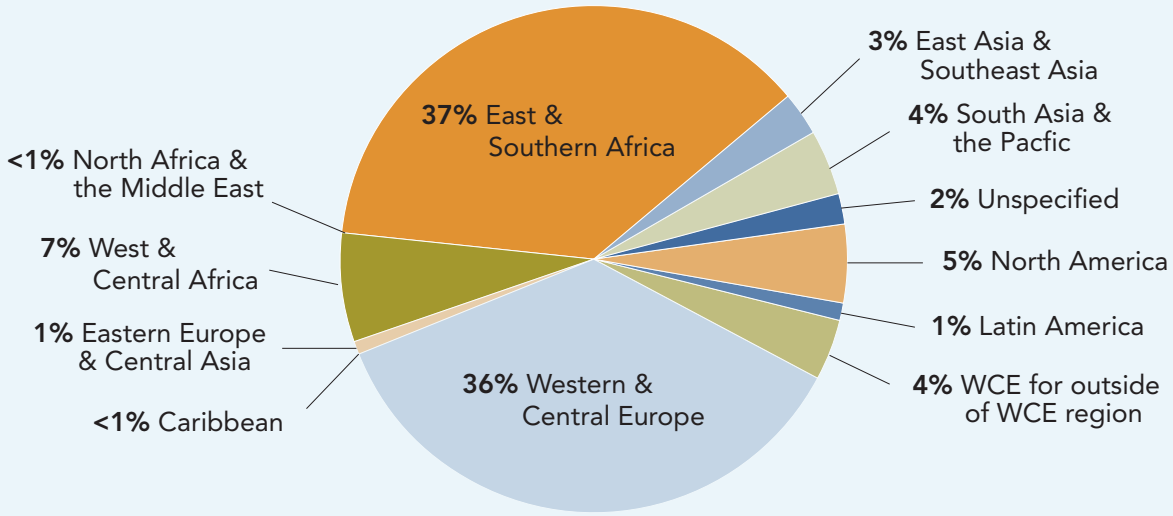
Name	Funding to WCE countries		Percent of total giving
	€	$	
Wellcome Trust	24,766,822	35,542,866	74%
Sidaction	7,419,141	10,647,209	65%
Aids Fonds	2,996,000	4,299,560	64%
Elton John AIDS Foundation, UK	1,528,436	2,193,459	17%
Fundación La Caixa	1,334,031	1,914,468	100%
Deutsche AIDS-Stiftung	1,263,695	1,813,529	75%
The Monument Trust	1,096,035	1,572,920	41%

EFG identified 13 funders out of 31 that expended €1 million or more to support HIV/AIDS issues outside of Western and Central European countries in 2010.

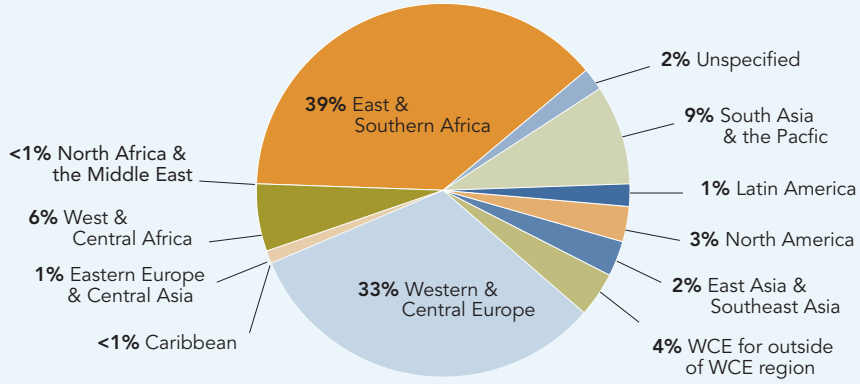
Table 7: European Philanthropic HIV/AIDS Funders Allocating €1 million or More to Countries outside of Western and Central Europe (WCE) in 2010

Name	Funding to countries outside of WCE		Percent of total giving
	€	$	
Wellcome Trust	8,618,743	12,368,758	26%
Elton John AIDS Foundation, UK	7,354,424	10,554,334	83%
Comic Relief	6,082,214	8,728,586	100%
ViiV Healthcare	5,700,650	8,181,003	88%
STOP AIDS NOW!	4,816,000	6,911,442	100%
Sidaction	3,994,035	5,731,840	35%
FXB International (Fondation Francois-Xavier Bagnoud)	3,210,192	4,606,947	100%
The Diana, Princess of Wales Memorial Fund	2,458,866	3,528,719	100%
Aids Fonds	1,672,000	2,399,487	36%
The Monument Trust	1,581,030	2,268,936	60%
Fondation de France	1,399,069	2,007,804	86%
Oak Foundation	1,099,827	1,578,362	100%
Fondazione Cariplo	1,000,000	1,435,100	100%

Chart 7: Global Geographical Distribution of European Philanthropic HIV/AIDS Funding in 2010
(by percentage of total expenditures)



Global Geographical Distribution of European Philanthropic HIV/AIDS Funding in 2009
(by percentage of total expenditures)



In 2010, two regions[31] received the majority of European philanthropic HIV/AIDS funding—Eastern and Southern Africa (37% of total expenditures, or €40 million) and Western and Central Europe (36% of total expenditures, or €39 million). The largest changes from 2009 to 2010 were in Eastern and Southern Africa, which received €8 million more in 2009; and South Asia and the Pacific, which received €4 million in 2010, down from €11 million in 2009.

Western and Central Africa received 7% of total funding, or €8 million in 2010, while North America (most to the United States or Canada for international work outside of those countries) received 5%, or €4 million.

The category "WCE for international" describes grants made to organisations with their main offices in Western and Central European countries, for work that benefits countries outside of that region (such as Africa or Asia). If they were able, funders provided the end recipient countries of those grants (and those countries were considered the recipients for the purposes of this chart). However, not all funders know where a grant to a Western or Central European organisation working globally will end up being expended—hence the need for this category, which represented 4% of funding, or €4 million, in 2010.

East Asia and Southeast Asia received 3% of total funding (€3 million in 2010, up from €2 million in 2010), while the Latin America region and the Eastern Europe and Central Asia region received 1% each, or €1 million in 2010. Less than 1% of expenditures were directed to the North Africa and the Middle East region and the Caribbean region.

As noted in the table below, the geographic distribution of grantmaking recipients does not reflect need, as measured by extent of HIV/AIDS burden. Nearly two-thirds of all people living with HIV currently live in sub-Saharan Africa, and that region was home to about the same share (two-thirds) of new HIV infections in 2009. However, the sub-Saharan Africa region was recipient of less than half of total European HIV/AIDS philanthropic funding.

UNDERSTANDING THE EPIDEMIC – FINDING THE GAPS

Region	People living with HIV (end of 2009)	New infections (2009)
Sub-Saharan Africa	22,500,000	1,800,000
East Asia, Southeast Asia, South Asia & the Pacific	4,927,000	356,500
North America	1,600,000	70,000
Eastern Europe & Central Asia	1,400,000	130,000
Latin America	1,400,000	92,000
Western & Central Europe	820,000	31,000
North Africa & the Middle East	480,000	75,000
Caribbean	240,000	17,000

Source: *UNAIDS. Report on the Global Epidemic, 2010.* Available at: www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf.

31 See Appendix 1 for the list of countries in each region.

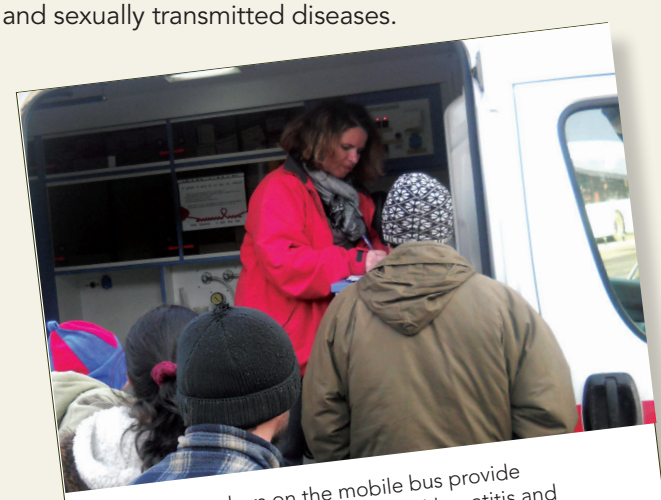
EXAMPLES OF INNOVATIVE FUNDING: SUPPORTING MARGINALISED POPULATIONS

Sidaction: Romanian Association Against AIDS (ARAS)

Sidaction currently supports the Romanian Association Against AIDS (ARAS) in Bucharest, which works with marginalised populations that are vulnerable to HIV such as drug users, sex workers, street children and Roma (members of a distinct ethnic group).

ARAS' activities are mainly related to prevention of HIV through condom promotion and needle exchange programmes. The organisation also provides social assistance through self-help support groups, support for HIV-positive youth, distribution of hygiene products and help with administrative formalities.

Three years ago, with the support of Sidaction, the association opened Romania's first methadone clinic. Known as ARENA, it offers a comprehensive range of opioid substitution treatment services, including medical, psychological and social assistance, to more than 500 regular users. ARAS also created a Helpline available to the general public with information and advice on HIV and sexually transmitted diseases.



Outreach workers on the mobile bus provide free voluntary rapid testing for HIV, hepatitis and syphilis; sterile needles and condoms to drug users; and referrals to methadone centers if needed. [©ARAS]

EXAMPLES OF INNOVATIVE FUNDING: SCREENING VULNERABLE POPULATIONS

Sidaction: Le Kiosque Infos Sida et Toxicomanie (AIDS and Addiction Info-Kiosk)

In France, a paradigm shift in screening has been ordered by the government body Hauté Autorité de Santé (French National Authority for Health). The recommendation is based on two underlying principles: i) all people who are potentially sexually active and who have access to public health services should be systematically offered HIV screening, and ii) increased efforts should be made to screen members of populations at heightened risk.

In this context, the organisation Le Kiosque Infos Sida et Toxicomanie (AIDS and Addiction Info-Kiosk) in Paris, supported by Sidaction, set up a community testing centre called a "checkpoint" in 2010 that uses rapid tests for HIV screening. The kiosk targets men who have sex with men in the central Marais district in Paris, traditionally an area with a strong gay community. It advertises its services in gay media and gay bars, saunas, and sex clubs.

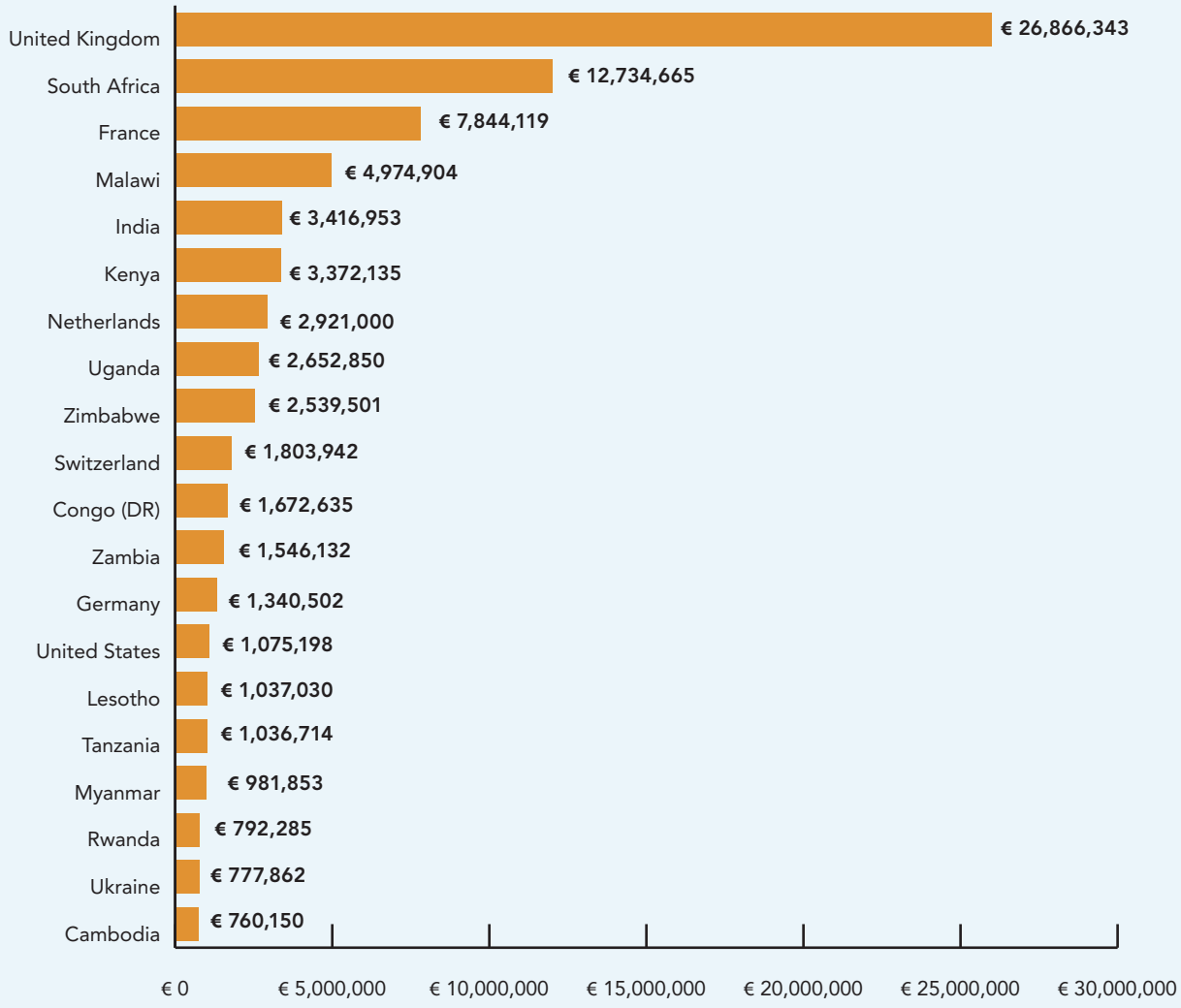
A community medical centre in Paris, also supported by Sidaction, performed over 2,000 HIV tests during its first year of operation, of whom more than 3 percent found to be HIV-positive. The project is well-integrated into the health care system as the medical team maintains close relations with the adjacent health facilities.

Kiosque in the central Marais district of Paris offers information and testing for gay men in the community. [©Anne Guérin/ Kiosque Infos Sida et Toxicomanie]

Chart 8 shows the top 20 countries in which European philanthropies supported HIV/AIDS projects in 2010 as well as the total amounts provided per country. The majority of the 20 countries are either in Western and Central Europe or Eastern and Southern Africa. However, organisations providing services or conducting other HIV/AIDS-related activities in the United Kingdom received the most funding by far, more than double that of recipients in the next highest country (South Africa).

It should be noted that funds for scientific research are included in the totals associated with Charts 7 and 8, and that conclusions and outcomes from such research may eventually benefit wider populations. For example, funding to the United States was mostly for scientific research or for organisations working outside of the country, not specifically for affected populations inside the United States.

Chart 8: Top 20 Countries by Expenditure of European Philanthropic HIV/AIDS Funding in 2010



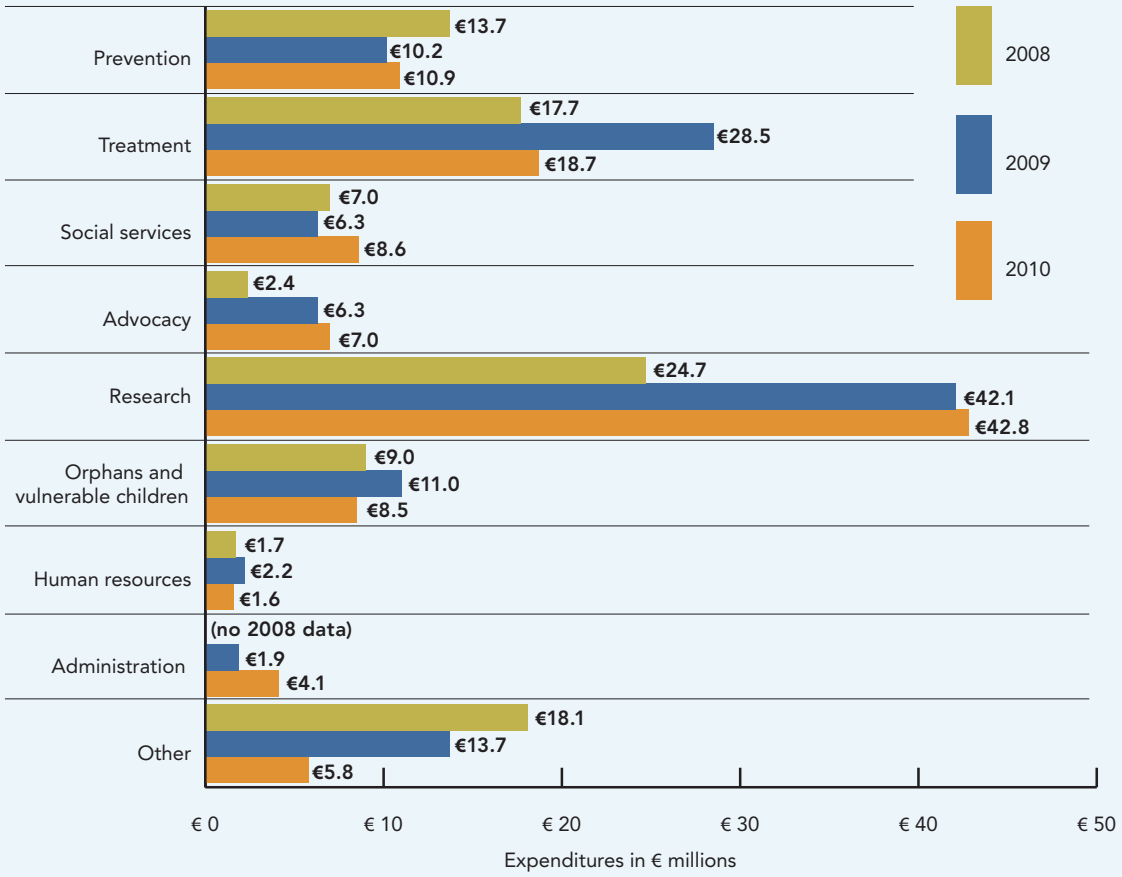
INTENDED USE OF PHILANTHROPIC HIV/AIDS FUNDING

Twenty-five funders of 31 provided survey data on the intended use of their HIV/AIDS grants and projects in 2010. EFG was able to gather intended use data in 2010 for five additional funders from annual reports and funders' websites, but could not obtain intended use data for one funder. Chart 9 shows data for three consecutive years (2008 through 2010) to highlight recent trends and priorities.

The "other" category includes funds from organisations that did not disaggregate data based on intended use, funding that was unspecified, funding that fell under multiple categories, or funding for projects that did not fall under pre-determined categories. Funders reported "other" uses such as: a global approach to care of orphans and vulnerable children, HIV prevention, related social services, and advocacy; health systems strengthening; a health insurance fund in Africa; and scholarships for conference attendees.

In comparison with 2009, funding for research and prevention stayed nearly the same in 2010, while funding for treatment experienced the largest decrease in 2010 (about €10 million). Funding for social services, advocacy, and programme administration increased slightly from 2009 to 2010, while funding for orphans and vulnerable children and human resources decreased slightly from 2009 to 2010.

Chart 9: Intended Use of European Philanthropic HIV/AIDS Funding in 2008, 2009 and 2010



For more in-depth information about 2010 research investments, see ***Capitalizing on Scientific Progress: Investment in HIV Prevention R&D in 2010*** by the HIV Vaccines & Microbicides Resource Tracking Group of AVAC: Global Advocacy for HIV Prevention, the International AIDS Vaccine Initiative (IAVI), the International Partnership for Microbicides (IPM) and UNAIDS. It is available online at www.hivresourcetracking.org.

EXAMPLES OF INNOVATIVE FUNDING:
ACCESSING HARD-TO-REACH POPULATIONS

Elton John AIDS Foundation, UK: Riders for Health, Lesotho

Motorbikes are a cost-effective and rugged vehicle for difficult terrain. (Photo from Riders for Health)

Community healthcare workers can use the motorbikes to reach rural populations that cannot otherwise access healthcare easily. (Photo from Riders for Health)

The mountainous highlands of Lesotho can be unsurpassable by most larger vehicles. (Photo from Riders for Health)

A key barrier for millions of people in rural areas of the world is transportation to access healthcare services. In many African countries, people living in rural areas must walk very long distances, or else pay for some form of transport, to reach health clinics. The long walks when one is sick or pregnant, or expensive taxis when one's income is compromised by HIV and poverty, can make access physically and financially crippling. It is particularly hard on those living with HIV who need frequent healthcare services such as regular ARV drugs, check-ups, treatment for opportunistic infections and tuberculosis, and prevention of vertical transmission services.

In addition, the compounded problems of rough terrain and dirt roads, healthcare worker shortages, lack of strong healthcare infrastructure (such as an ambulance service), and lack of proper vehicle maintenance and repair expertise can mean healthcare workers also face very long walks, bicycle rides, drives, or otherwise problematic and time-consuming attempts to reach people. As a result, people in rural areas cannot be easily reached and can die simply due to lack of transport.

Riders for Health, an organisation now working in several sub-Saharan African countries, recognised this problem and proposed a simple solution: the motorbike. Motorbikes are more affordable than larger vehicles to buy and maintain, are more rugged and are designed to ride on rough terrain. In addition, Riders for Health provide the training and maintenance infrastructure to ensure that the transport fleet continues to work predictably, reliably and cost-effectively throughout their working lives.

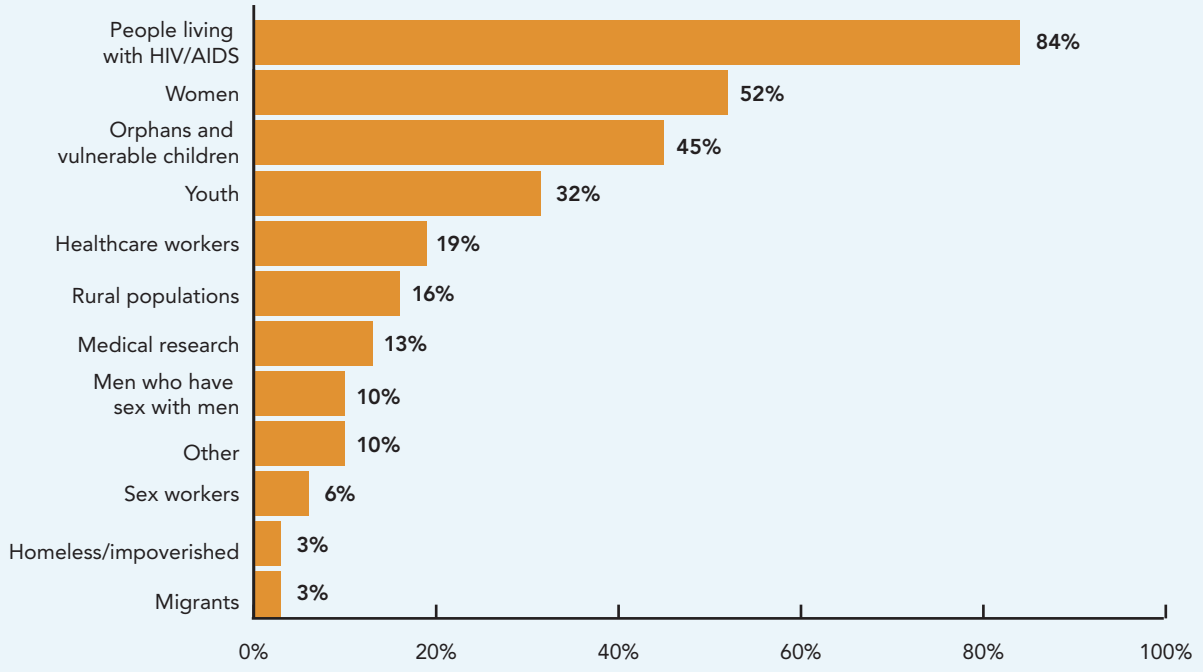
To date, Elton John AIDS Foundation (EJAF) has purchased 120 motorbikes to be used by doctors, nurses and community health workers in the highlands of Lesotho, an extremely mountainous part of the country not accessible by any other type of vehicle. The motorbikes have brought healthcare to local communities in a much more cost-effective and more reliable way than building additional clinics. Home-based care for TB patients, which requires a consistent drug regimen and regular check-ins, has also become feasible with the use of reliable transport - stopping the spread of drug-resistant TB to HIV/AIDS patients and the wider community. Antiretroviral treatments can also be regularly and reliably delivered and health education, condoms and other preventive measures can be easily accessed by communities.

The Riders for Health programme is an ongoing success and EJAF have been proud to support it. All costs associated with the programme are now borne by the Ministry of Health of the Kingdom of Lesotho with additional funding for specific elements from the Global Fund. For more information on Riders for Health please visit their website at: www.riders.org

TARGET POPULATIONS FOR FUNDING

EFG was able to obtain information from all funders profiled on the three population groups that receive the greatest benefit from their funding. (Some funders reported more than three populations as their main focus, but they were asked to list only the top three target populations of their funding.) Chart 10 shows the percentage of the 31 total funders that chose each category. The categories are not mutually exclusive.

Chart 10: Target Populations for European Philanthropic HIV/AIDS Funding in 2010
(by percentage of funders that chose each category)



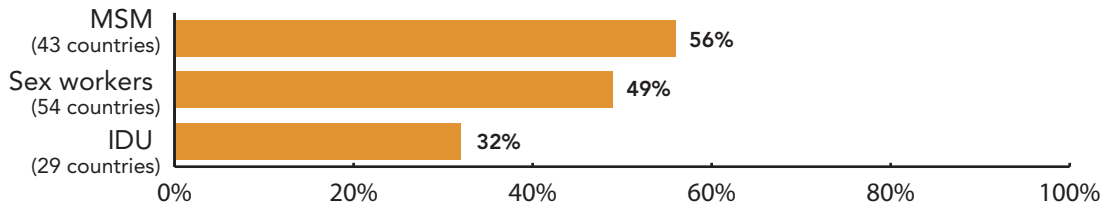
The "medical research" category was added to the list of target populations on the 2010 survey for the first time with the request the respondents who select it provide further detail on what, if any, populations the research targets. Funders that supported medical research for HIV/AIDS reported the following target populations: women, children and babies; and people living with HIV.

The "other" category includes populations that did not fit elsewhere. For example, funders reported people in need of palliative care and Ministries of Health as "other".

It should be noted that no funders chose injecting drug users as a top target population in 2010, even though HIV prevalence is increasing faster in Eastern Europe and Central Asia than any other region and the epidemics in most of those countries remain largely concentrated among injecting drug users.

Similarly, reported target populations do not correspond to HIV prevalence and risk among other marginalised populations. In nearly every country in the world, for example, prevalence is much higher among sex workers and men who have sex with men than among the general population—yet with few exceptions, members of those populations are less likely to have access to prevention and treatment services.

Chart C: Median Coverage of HIV Prevention Programmes for Selected Population Groups, 2010



Source: *UNAIDS Report on the Global Epidemic, 2010.* Available at: www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf.

APPENDIX 1: METHODOLOGY

Definition of philanthropy
This report covers HIV/AIDS funding from a variety of sectors of European philanthropy, including endowed, private, family, and operating foundations; public charities; corporate philanthropic programmes (corporate foundations, citizenship and direct giving programmes); philanthropies supported by lotteries; and fundraising NGO charities. Although specific organisation types vary, all funders covered in this report expend a substantial amount of independent philanthropic or charitable funding on HIV/AIDS projects and grants.

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. (It is worth noting that government funds for HIV/AIDS projects and grants are tracked and reported by UNAIDS.[32])

European funders
Throughout the report, the term "European" is used to describe the funders profiled. The philanthropic entities that are featured in this year's report are all based in Western and Central European countries. While there are likely to exist some HIV/AIDS philanthropies based in Eastern Europe (most notably, in Russia and Ukraine), EFG has not been able to obtain data this year on private philanthropic funding from funders in that part of Europe.

The Working Group on Global Philanthropic Resource Tracking (consisting of EFG, FCAA, and UNAIDS) investigated the Eastern Europe region as part of the global HIV/AIDS resource tracking project in 2009 to further identify funders outside of Western and Central Europe and the United States. A key finding was that accurate and clear comparisons usually cannot be made because of differences in definition and practice. For example, many private philanthropic entities outside of Western and Central European countries and the United States operate on income from a mix of private and public funding sources, often acting as intermediaries on the ground in a region for other larger funders to work with.

SOURCES OF PHILANTHROPIC HIV/AIDS FUNDING DATA

For this report, EFG included data for 31 HIV/AIDS-funding philanthropic organisations based in nine countries in Western and Central Europe. Data were collected using four sources: 1) a survey tool developed and administered by EFG to funders, 2) email and telephone correspondence with funders, 3) 2010 annual and trustee's reports found on funders' websites or sent to EFG by the funders, and 4) grants lists and other information provided on funders' websites.

EFG funder survey
EFG distributed a survey instrument that asked respondents to describe their HIV/AIDS-related expenditures in 2010 (see Appendix 2). As with the 2009 survey, the design of the survey of 2010 funding was similar to that used by Funders Concerned About AIDS (FCAA), which tracks HIV/AIDS philanthropic entities based in the United States. Both surveys use the geographical, intended use, and population categories determined and employed by UNAIDS in its resource flows work. Levels of commitments as well as eventual actual expenditures are sought in order to provide direct comparison with figures collected by FCAA and UNAIDS.

A survey package with a cover letter containing some background on the project was sent to some 100 European funders by email starting in March 2011. That survey package was distributed to a pre-selected list of philanthropic organisations which EFG determined were most likely to have significant levels of 2010 HIV/AIDS funding and/or were most likely to list HIV/AIDS as a priority funding issue. (Many of those contacted had been surveyed and/or participated in previous years' resource tracking.) Several rounds of follow-up were conducted to secure as much data as possible directly from funders.

Responses were received from 26 funders, either through

32 See www.kff.org/hivaids/7347.cfm for the latest UNAIDS and Henry J. Kaiser Family Foundation resource tracking of donor governments to HIV/AIDS.

fully completed surveys (25) or other communications with EFG. Over 92% of estimated total philanthropic HIV/AIDS funding activity is captured by surveys returned to EFG or from direct communications from funders to EFG (€99 million of €107 million total funding).

To capture data for which EFG did not have survey responses, 2010 annual reports were reviewed for Barry & Martin's Trust and Fondazione Cariplo. An annual report for the 2010 fiscal year was reviewed for St Stephen's AIDS Trust, though the fiscal years did not correlate with the 2010 calendar year. A grants list available online was reviewed for The Sigrid Rausing Trust, GlaxoSmithKline, and ViiV Healthcare. Attempts were made to ensure that funders approved of the data obtained and published.

ANALYSIS

Survey respondents were asked for both 2010 expenditures and commitments figures; this was done because some funders make multi-year commitments that are expended in parts over several years. Survey respondents were asked to provide the number of grants or projects supported in 2010 and whether they predicted their entities' funding would increase, decrease, or stay the same in 2011.

Funders were asked to specify the amount of resources expended by country as well as what country-specific resources were allocated for. The data collected were subsequently analyzed according to the 10 global regions as defined by UNAIDS. Funders were asked to distinguish, to the fullest extent possible, between 1) funds going to Western and Central European countries for programmes benefiting those countries, and 2) funds going to Western and Central European countries for programmes benefiting HIV/AIDS efforts outside of those countries.

Definitions for each region are as follows:

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

Latin America
Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, 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, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland, 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), Congo (DR), 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, Rwanda, Seychelles, Somalia, South Africa, Swaziland, Uganda, United Republic of 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 South East Asia
Brunei Darussalam, Cambodia, China, Indonesia, Japan, Lao People's Democratic Republic, Korea

(DPR), Korea (Republic), Malaysia, Mongolia, Myanmar, Philippines, Singapore, Thailand, Vietnam

EFG also asked about the intended use of HIV/AIDS expenditures using the following nine categories:

- HIV/AIDS awareness and prevention (including harm reduction);
- HIV/AIDS-related treatment and medical care (including provider and patient treatment information);
- HIV/AIDS-related social services (e.g., housing, employment, food, legal);
- HIV/AIDS public policy, advocacy and communications;
- HIV/AIDS research (including medical, prevention, and social science research);
- orphans and vulnerable children;
- human resources (e.g. training, recruitment and retention of health care workers);
- programme management and administration (e.g., core support); and
- other

EFG also asked funders to identify the three population groups that benefit the most from their funding. The tally of responses captures the number of funders focusing on particular groups, not the relative share of actual funding dedicated to addressing these groups.

CALCULATIONS OF RE-GRANTING

To avoid counting the same funds twice, data in this report are adjusted to account for known re-granting. Re-granting refers to funds given by one EFG-tracked funder to another for the purposes of making HIV/AIDS-related grants. The 2010 aggregate total for all funders was adjusted downward by €1,345,260 ($1,930,582) to account for known re-granting. That adjustment represents about 1% of the total estimated 2010 HIV/AIDS philanthropic expenditures. The re-granting figures are estimates based on direct communications with funders following review of EFG survey and annual report data. The true re-granting total is likely slightly higher than the total used for calculating the 2010 total.

CURRENCIES

The baseline currency for this report is the euro. However, funders reported expenditures in various currencies, including euros, U.S. dollars, British pounds, and Swiss francs. This necessitated the use of exchange rates; the rates used consistently throughout this report were as of 25 August 2011: 1 euro = 1.4351 U.S. dollars, 1 euro = 0.8820 pounds, and 1 euro = 1.1446 Swiss francs.

LIMITATIONS: MISSING DATA AND UNDER-REPORTING

EFG recognises that its data for 2010 HIV/AIDS philanthropic funding are likely to have missed HIV/AIDS expenditures from some institutions for which EFG had no information or incomplete or unverified data. EFG was also unable to collect data from some of the philanthropic organisations that did not respond to the survey, in addition to institutions for which annual reports were unavailable.

In the case of corporations, businesses are not required to disclose details about corporate philanthropic giving, thus making measurement of corporate philanthropic efforts even more challenging than estimations of private foundation/public charity giving. Adding to the special nature of such calculations, corporations are neither required nor always able to place a value on the many forms of other support they can and do offer, such as workplace programmes, volunteer efforts by their employees, in-kind donations, cause-related marketing, and similar activities. Finally, philanthropic support is often not collected centrally within corporations and may be higher than reported in this publication.

The definition of HIV/AIDS-related philanthropy in the survey 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 excluded grants and projects that were not wholly focused on HIV/AIDS efforts.

Other Types of HIV/AIDS Support

The data in this report represent financial contributions only from HIV/AIDS funders, in the form of external grants and programmes. Such financial contributions can be used to conduct a trend analysis because they are quantifiable as monetary amounts and are measurable in a clear and distinct way. However, many funders contribute in other important ways that are not as easily quantifiable or measurable. Some examples are noted below.

PRIVATE OPERATING FOUNDATIONS

Private operating foundations are those that use the bulk of their resources to run their own charitable programmes and make few, if any, grants to outside organisations. In some cases, the HIV/AIDS philanthropy reported to EFG includes the value of programmatic efforts and operational grantmaking, but not operational (internal) staff or other costs.

FUNDERS WITH A BROADER FOCUS

In some cases, funders choose to support projects across broad focus areas, such as health systems strengthening or sexual and reproductive health, where funding for HIV/AIDS would only be a part of a grant or project. EFG asks funders to report a project or grant if a significant aspect is focused on HIV/AIDS; however, some funders may not be able to separately quantify specific HIV/AIDS funding. Of course, all HIV/AIDS interventions are important and should be encouraged, including the more broad approaches, even though they are difficult to track.

CORPORATE PROGRAMMES

Several corporations that operate HIV/AIDS programmes are not willing or able to report those programmes 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 programmes 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 programmes, 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 programmes and services.

The following is a list of corporations with their main offices in Europe that were not covered by this report but are known to support HIV/AIDS workplace programmes or other HIV/AIDS activities. Many of these corporations provide information about their HIV/AIDS programmes on their websites.

Accor
www.accor.com

Air France KLM
http://corporate.airfrance.com

AREVA Group
www.areva.com

Axios
www.axios-group.com

Bavarian Nordic
www.bavarian-nordic.com

Bayer AG
www.bayer.com/en/Social-Initiatives.aspx

bioMérieux
www.biomerieux.com

Bionor Immuno
www.bionorimmuno.com

BMW Group
www.bmwgroup.com

Boehringer Ingelheim
www.boehringer-ingelheim.com

Bosch
www.bosch.com

BP
www.bp.com

British American Tobacco
www.bat.com

Consolidated Contractors Company
www.ccc.gr

Crucell
www.crucell.com

Daimler AG
www.daimler.com

Diageo
www.diageo.com

Eni
www.eni.it

Esteve
www.esteve.es

F. Hoffman-La Roche Ltd
www.roche.com

FIT Biotech
www.fitbiotech.com

GDF Suez
www.suez.com

Generation Investment Management LLP
www.generationim.com

Heineken N.V.
www.heinekeninternational.com

HSBC
www.hsbc.com

Imperial Tobacco Group
www.imperial-tobacco.com

L'Oréal
www.loreal.com

Lafarge
www.lafarge.com

Publicis Groupe
www.publicis.com

Novartis Foundation for Sustainable Development
www.novartisfoundation.org

Rio Tinto
www.riotinto.com

SABMiller
www.sabmiller.com

Sanofi Aventis
www.sanofi-aventis.com

Shell
www.shell.com

Siemens AG
www.siemens.com

Solvay
www.solvay.com

Standard Chartered Bank
www.standardchartered.com

StatoilHydro
www.statoilhydro.com

Total
www.total.com/en/home_page

TV5Monde
www.tv5.org

Unilever Global
www.unilever.com

Veolia Environnement
www.veolia.com

Vestergaard Frandsen Inc.
www.vestergaard-frandsen.com

Virgin Group
www.virginunite.com

Xstrata plc
www.xstrata.com

OTHER SOURCES OF SUPPORT

Research institutions, hospitals, clinics, counselling centres, churches, homeless shelters, orphanages, community health programmes, private individual donors, and anonymous donors 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.

european HIV/AIDS funders
A European Foundation Centre (EFC) Special Interest Group

PLEASE COMPLETE THIS SURVEY BY **APRIL 18, 2011**

Return your completed survey: ✉ rt@hivaidsfunders.org

Questions: ✉ rt@hivaidsfunders.org

HIV/AIDS Philanthropy Survey on 2010 Funding

Name of Organisation: _____ **Name of Contact:** _____

E-mail Address: _____ **Telephone:** _____

Postal address where you would like the final report to be sent: _____

_____

In answering the following questions, please note:

Disbursements: Most of the survey is based on data for grant and project disbursements. Please count the total value of all grants/projects that were **paid out in calendar year 2010**. 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.

Commitments: Commitments are funding pledged for grants/projects in a given year, **whether or not the funds were disbursed in that year.**

Defining an HIV/AIDS grant or project: In addition to reporting on grants/projects that are focused explicitly on HIV/AIDS, please include grants/projects made in other health, social, economic, and political areas when a **significant** aspect of the grant or project included a focus on HIV/AIDS.

Activities to include: Please restrict your answers to **external** HIV/AIDS grantmaking/projects (i.e. Do not include internal disbursements on staff and/or other programming).

Do not include grants/projects disbursed or committed from **funding received from any government**.

Do not include the value of donated services, products, or other **in-kind donations** (please report in question 8a).

Foundations that operate their own programmes should report **direct HIV/AIDS programme disbursements only** and should not include staff costs.

QUESTIONS FOR CALENDAR YEAR 2010

1. Please note what **currency** is used for monetary amounts reported in the survey: _____

2a. What was the **total amount** of your HIV/AIDS grant/project **disbursements** (funding paid out) in 2010?

_____

2b. What was the **total amount** of your HIV/AIDS grant/project **commitments** (funding pledged) in 2010?

_____

2c. How many HIV/AIDS grants/projects were supported by your organisation in 2010?

_____

3a. Compared to **2010**, please predict whether the total amount of your HIV/AIDS disbursements in **2011** will: (select only one)

☐ increase ☐ remain the same ☐ unsure

☐ decrease ☐ discontinue

3b. If your HIV/AIDS funding will likely decrease or discontinue in 2011, is that a result of disbursing more funding towards other related areas (such as health systems strengthening, or maternal and child health)?

☐ Yes ☐ No

Additional Notes:

All subsequent questions refer to grant/project disbursements only.

GEOGRAPHIC DISTRIBUTION

4a. **In 2010, where were your HIV/AIDS grant/project funds disbursed?**

Please approximate total amounts as best you can for your grant recipients/ projects by country. ***The country would be where the recipient's main office is situated.*** *Grants to intermediary recipients (who then give the funds to end recipients) should be reported by the country where their main office is located. Funding provided directly to the Global Fund, WHO, UNAIDS, and other multilateral organisations should be entered into the appropriate area below and not the countries where they are located.*

Note: *The amounts reported here should add up to your* ***total amount*** *of disbursements reported for question 2a.*

Countries of grant recipients	Amount by country
_____	
_____	
_____	
_____	
_____	
_____	
The Global Fund	
WHO, UNAIDS, other multilaterals	

Additional Notes:

4b. Please provide the total amount disbursed to grantees/projects with main offices located **in Western and Central Europe*** or the United States for HIV/AIDS work that **benefits projects outside of these regions** (such as Sub-Saharan Africa, Asia, Eastern Europe or Latin America):

*The UNAIDS definition of **Western and Central Europe** (which we use for data harmonisation purposes) consists of the following countries:

Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Kingdom of Great Britain and Northern Ireland, and Vatican City

4c. If possible, please provide the **end recipient countries** and amount of funding from question 4b:

INTENDED USE & TARGET POPULATIONS

5. **In 2010, what was the intended use of your grants/projects?**

Please approximate total amounts as best you can for the intended use of your grants/projects.

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

_____ HIV/AIDS treatment and medical care (including provider and patient treatment information and home-based care)

_____ HIV/AIDS-related social services (e.g. housing, employment, food, legal)

_____ HIV/AIDS public policy, advocacy, and communications (e.g. human rights programmes)

_____ HIV/AIDS research (including medical, prevention, and social science research)

_____ Orphans and vulnerable children

_____ HIV/AIDS human resources (e.g. training, recruitment, and retention of health care workers)

_____ Programme management and administration (e.g. core support, M&E, facilities investment)

_____ Other (e.g. health systems strengthening, or related MDG areas such as maternal and child health) Please specify: _____

Note: *The amounts reported here should add up to your total amount of disbursements reported for question 2a*

6. **Target populations:** Check the **three** population groups that received the greatest benefit from your HIV/AIDS funding in 2010. The categories below are not mutually exclusive. Please mark the three that best reflect the main target populations reached through your funding in 2010.

Please only pick three

- ☐ People living with HIV/AIDS
- ☐ Women
- ☐ Youth
- ☐ Orphaned/vulnerable children
- ☐ Migrants
- ☐ Refugees
- ☐ Injecting drug users
- ☐ Sex workers
- ☐ Health care workers
- ☐ Men who have sex with men
- ☐ Homeless/impoverished persons
- ☐ Rural populations
- ☐ Incarcerated people
- ☐ Medical research projects that support the following population(s): _____
- ☐ Other: (_____)

7a. **Re-granting:** If you received $50,000 or more from any other philanthropic organisation in 2010, please list grantor and the value of grant received from each foundation that were subsequently re-granted through your organisation for HIV/AIDS programmes. Note that your organisation's total grantmaking, including funds you re-granted, will be reflected in the EFG report.*

Grant received from	Total re-granted to other organisations

*The purpose of this question is to avoid double-counting of funds between funders we track: we will subtract the amount of funds reported as re-granted from the "all funders" total for 2010 to avoid counting money two funders are reporting twice. For example, in 2009, the total HIV/AIDS philanthropic expenditure was €120 million, which reflected a reduction of €2.5 million that was reported as re-granted from one EFG-tracked funder to another.

7b. In 2010, did you receive any **income from any governments?***

☐ Yes ☐ No

*EFG's HIV/AIDS resource tracking report focuses on capturing resources provided by the private philanthropy sector only, and income received from any government is not included. (Government resource flows are tracked elsewhere; see, for example, www.kff.org/hivaids/7347.cfm for the latest UNAIDS and Kaiser Family Foundation resource tracking of donor governments to HIV/AIDS.) If you have received government income in 2010 but also have a significant amount of non-government income, please check 'Yes' in question 7b and we will follow up with you and discuss how to fill out the survey.

8a. **In-kind donations:** Please list examples of any HIV/AIDS-related in-kind donations you made in 2010.

8b. Did you provide any **technical assistance*** in 2010? Please provide the financial value or please describe.

*Technical assistance is the transfer of expert knowledge, such as professional advice and training, from a grantmaker to a grantee.

HELPING US HELP YOU

9. **Sharing best practices:** Funders have given us feedback that they particularly like learning about grants/projects their fellow funders are supporting. Please offer an example of an exemplary grant/project to be shared in the report, such as a:

- highly efficient programme
- highly effective programme
- long-term/sustainable programme
- lesson learned
- evidence-based intervention

ADDITIONAL NOTES

Thank you for participating in the 2011 EFG resource tracking survey. *European Philanthropic Support to Address HIV/AIDS* is the most accurate and thorough guide to HIV/AIDS-related private giving in Europe, and is sought after by foundations, policy makers and media alike. This critical data – developed with the participation and commitment of funders like you – serves as the preeminent tool to mobilise the philanthropic sector's response to HIV and AIDS. A summary of your response, and that of your colleagues, will be published in the next edition of this report in November 2011. In the interim, for more information on resource tracking, please visit: **www.hivaidsfunders.org**

APPENDIX 3: WEBSITES OF FUNDERS APPEARING IN THIS REPORT

Aga Khan Foundation
Switzerland
www.akdn.org/akf.asp

Aids & Child
Switzerland
www.aidsandchild.ch

Aids Fonds
Netherlands
www.aidsfonds.nl

AVERT
United Kingdom
www.avert.org

Barry & Martin's Trust
United Kingdom
www.barryandmartin.org

Calouste Gulbenkian Foundation
Portugal
www.gulbenkian.pt

Cecily's Fund
United Kingdom
www.cecilysfund.org

Children's Investment Fund Foundation, UK
United Kingdom
www.ciff.org

Comic Relief UK
United Kingdom
www.comicrelief.com

Deutsche AIDS-Stiftung
Germany
www.aids-stiftung.de

The Diana, Princess of Wales Memorial Fund
United Kingdom
www.theworkcontinues.org

Egmont Trust
United Kingdom
www.egmonttrust.org

Elton John AIDS Foundation UK
United Kingdom
www.ejaf.com

Fondation de France
France
www.fondationdefrance.org

Fondation Mérieux
France
www.fondation-merieux.org

Fondazione Cariplo
Italy
www.fondazionecariplo.it

Fundación La Caixa
Spain
obrasocial.lacaixa.es

FXB International (Association Francois-Xavier Bagnoud)
Switzerland
www.fxb.org

GlaxoSmithKline
United Kingdom
www.gsk.com

HOPEHIV
United Kingdom
www.hopehiv.org

King Baudouin Foundation
Belgium
www.kbs-frb.be

Mama Cash
Netherlands
www.mamacash.org

The Monument Trust
United Kingdom
www.sfct.org.uk/monument.html

Oak Foundation
Switzerland
www.oakfnd.org

One to One Children's Fund
United Kingdom
www.one2onekids.org

Sidaction
France
www.sidaction.org

Sigrid Rausing Trust
United Kingdom
www.sigrid-rausing-trust.org

STOP AIDS NOW!
Netherlands
www.stopaidsnow.org

St Stephen's AIDS Trust
United Kingdom
www.ssat.org.uk

ViiV Healthcare
United Kingdom and United States
www.viivhealthcare.com

Wellcome Trust
United Kingdom
www.wellcome.ac.uk

The views and recommendations in this report are those of the authors, not necessarily those of their respective institutions or any funders or other institutions.

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