



U.S.
PHILANTHROPIC
COMMITMENTS FOR
HIV/AIDS

FUNDERS CONCERNED ABOUT AIDS

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EXECUTIVE SUMMARY

- In 2003, 170 U.S. grantmakers made 3,166 HIV/AIDS-related grant commitments, resulting in an estimated total of \$394.5 million in grants related to HIV/AIDS. These 2003 funding commitments represent a dramatic and welcome 31% increase from the estimated \$300.4 million committed in 2002 and represents a significant increase in U.S. philanthropic investment in efforts to control and end the HIV/AIDS pandemic.
- HIV/AIDS funding by U.S.-based grantmakers remains heavily concentrated among a relatively small number of HIV/AIDS funders. The top ten U.S. HIV/AIDS grantmakers accounted for 83% of all HIV/AIDS grantmaking commitments in 2003. The Bill & Melinda Gates Foundation remained the single largest private U.S. HIV/AIDS grantmaker in 2003.
- In 2003, 52 U.S. corporate grantmakers committed funding to HIV/AIDS causes. Thirteen of the 52 corporate foundations and giving programs were among the Top 61 U.S. HIV/AIDS funders listed in this report. The total estimated support of these 13 entities in 2003 was \$69.4 million (746 grants), thus representing 18% of the \$394.5 million estimated HIV/AIDS U.S. philanthropy total for 2003. Beyond direct financial grants, corporate foundations, giving programs and the business side of corporations continued to contribute to HIV/AIDS programs and organizations in a myriad of ways, such as in-kind donations of expertise, staff and materials, cause-related marketing efforts and workplace programs.
- Data analysis by FCAA suggests that of the estimated \$394.5 million committed in 2003, at least \$51.9 million was committed to domestic U.S. HIV/AIDS efforts, representing 13% of HIV/AIDS grants committed. At least \$308.2 million (78%) of HIV/AIDS grants committed by U.S. grantmakers was devoted to global or international HIV/AIDS activities. The remaining \$34.4 million (9%) could not be characterized.
- Seventy-three percent of all domestic U.S. HIV/AIDS grant funding in 2003 by the Top 61 U.S. HIV/AIDS grantmakers was committed to organizations based in the Northeast and West while 69% percent of all international HIV/AIDS grant funding in 2003 by the Top 61 U.S. HIV/AIDS grantmakers was committed to organizations based in the U.S. and Canada.
- Overall, the Top 61 HIV/AIDS grantmakers dedicated \$151.8 million or 41% of their total funding to research, \$125.3 million or 34% to HIV/AIDS awareness and prevention programs, \$48.3 million or 13% to policy and advocacy efforts, \$23.4 million or 6% to HIV-related social services, and \$20.4 or 6% to HIV treatment efforts.
- There was significant variation in the intended purpose of HIV/AIDS grants between domestically focused and globally/internationally focused grantmakers with nearly 73% of domestic U.S. HIV/AIDS grantmaking by the domestic dedicated to HIV/AIDS awareness and prevention, and HIV/AIDS-related social services and 81% of the funding commitments by international grantmakers in 2003 was dedicated to research and HIV/AIDS awareness and prevention.

ABOUT THIS REPORT

In this publication, *U.S. Philanthropic Commitments for HIV/AIDS*, FCAA provides data and analysis on HIV/AIDS-related philanthropic commitments in 2003 by U.S.-based private philanthropic institutions, including private, family, and community foundations, public charities, and corporate grantmaking programs. FCAA's last resource tracking publication, *Report on HIV/AIDS Grantmaking by U.S. Philanthropy (November 2003)* was widely read and used by the field.^{1,2,3}

As a result of growing demand for this type of information from the philanthropic community, government and multi-lateral agencies and non-governmental organizations, FCAA has enhanced its research effort to include in this report:

- An expanded *Top U.S.-Based HIV/AIDS Grantmaker List* which now covers the *Top 61* U.S. HIV/AIDS philanthropic entities;
- Increased reporting on the *corporate* philanthropic response to HIV/AIDS, a major element of HIV/AIDS funding and leadership and a significant focus area of FCAA's work for many years; and
- New information and analysis on *geographic focus* and *intended use* of U.S. HIV/AIDS philanthropy.

This report also includes an updated list of the *Top HIV/AIDS Grantmakers for 2002*,⁴ designed to capture 2002 HIV/AIDS-related philanthropic support that was reported after the printing of the last edition of this report, and thus allowing for more accurate comparisons with the list of the *Top HIV/AIDS Grantmakers for 2003* found in this publication.

FCAA's resource tracking work is intended to build common understanding and contribute to a critical and thoughtful assessment of the total U.S.-based philanthropic investment in HIV/AIDS.⁵ By building upon HIV/AIDS grantmaking information reported by the Foundation Center and also collecting other types of data not found anywhere else, FCAA's goal is to create a user friendly and accessible publication that captures the scope and depth of philanthropic funding and support for HIV/AIDS.

Specifically, FCAA hopes that this report will enable a wide variety of readers to:

- Gain new understanding about the overall distribution of and trends in U.S. HIV/AIDS philanthropic funding as well as the diversity of U.S. philanthropy on HIV/AIDS;
- Advance responsible and effective use of HIV/AIDS philanthropic resources;
- Communicate core messages about HIV/AIDS funding trends, needs and opportunities to the staff and Boards of grantmaking institutions;
- Engage in discussion and debate about HIV/AIDS grantmaking and catalyze a renewed vision and commitment toward a stronger U.S. philanthropic investment in efforts to address and eradicate HIV/AIDS;
- Identify possible new opportunities for collaborations, partnerships, and resource mobilization between private funders and among government, multi-lateral and private funding actors.

METHODOLOGY

Measurement of HIV/AIDS funding of all forms in the U.S. and globally requires reliable data and rigorous analysis. As difficult as quantifying and analyzing private grant support for any particular issue area is, FCAA regards this work as critical. FCAA is an active partner with the UNAIDS Global Consortium on Resource Tracking in efforts to track and better understand resource flows aimed at addressing HIV/AIDS issues and define consistent and transparent HIV/AIDS resource tracking methodologies.⁶

SOURCES OF HIV/AIDS GRANTMAKING DATA

This report covers HIV/AIDS grant *commitments* from all sectors of U.S. philanthropy, including private, family, and community foundations, public charities, corporate grantmaking programs (corporate foundations and direct giving programs), and major U.S. HIV/AIDS grantmaking charities. FCAA analyzed data for this report from 170 grantmaking organizations covering a total of 3166 HIV/AIDS grant commitments for the year 2003 capturing more than 95% of estimated total HIV/AIDS grantmaking activity. Data were collected using a variety of sources: 1) a survey tool developed and administered by FCAA to grantmakers, 2) the Foundation Center's grants database, and 3) grantmaker websites and other philanthropy affinity groups and research organizations. FCAA believes that this multi-faceted approach arrives at a more comprehensive data set of HIV/AIDS grantmaking than can be accomplished using any single data source or any single method of calculation.

FCAA Grantmaker Survey

FCAA distributed a survey instrument that asked respondents to describe their HIV/AIDS-related grant-

making and other forms of philanthropic support in 2003 (See Appendix B). The survey was sent to 80 U.S. grantmakers in July 2004. FCAA staff distributed the survey to a pre-selected list of grantmaking organizations which FCAA determined were most likely to have significant levels of 2003 HIV/AIDS grantmaking and/or most likely to list HIV/AIDS as a priority funding issue. Staff conducted several rounds of follow-up to secure as much data directly from grantmakers. Responses to the survey were received from 51 of the 80 grantmakers surveyed reflecting a 64% response rate. Ten grantmakers specifically declined to answer the survey, and another 19 grantmakers did not respond.

Foundation Center Database and Other Sources

To capture data for which FCAA did not have survey responses, FCAA conducted further research of U.S. HIV/AIDS funders and 2003 HIV/AIDS grant commitments using the Foundation Center's grants database and grantmaker websites. FCAA reviewed HIV/AIDS grantmaking totals and notable dataset outliers. FCAA also noted significant trends and reconciled differences found between 2003 data collected by FCAA and 2003 statistics reported by the Foundation Center as well as other philanthropy affinity groups and research organizations.

ANALYSIS

Definition of HIV/AIDS Philanthropy

FCAA was intentionally broad in its definition and selection of U.S. HIV/AIDS grantmakers by including the HIV/AIDS philanthropic activity of several large U.S.-based public charities, donor-advised funds, corporate grantmaking programs, and operating foundations.

While this report focuses only on U.S.-based grantmakers, it also includes HIV/AIDS grants from the *non-U.S. offices of U.S. based foundations* that operate internationally, such as the Ford Foundation, the M.A.C. Global AIDS Foundation, and the Open Society Institute / Soros Foundations network. Limited data are available on HIV/AIDS philanthropic efforts of non-U.S. based institutions.^{7,8}

To capture related areas of health and human development, within which HIV/AIDS philanthropy may take place, FCAA broadly defined HIV/AIDS and related grants. FCAA for example, asked specifically about *external HIV/AIDS grantmaking* that could include *grants made in other health, social, economic, and political areas as long as some significant aspect of the grant includes a focus on addressing HIV/AIDS.* (See Appendix B)

Survey respondents were asked to distinguish between domestic (within the U.S. and for U.S. programs) and international HIV/AIDS efforts, to the extent possible. For *domestic U.S. grantmaking*, FCAA asked for regional data based on four U.S. subregions, using Northeast, Southeast, Central, and West categories as defined by the U.S. Census Bureau and used by the U.S. Centers for Disease Control and Prevention (CDC) and other federal agencies.⁹ For *internationally-focused HIV/AIDS grantmaking*, FCAA asked for data about where the grantee was located, using global regions as defined by UNAIDS.¹⁰

FCAA also asked about the *intended use* of HIV/AIDS grants committed in 2003 both inside and outside the United States, using the following six categories:

- HIV/AIDS awareness and prevention (including harm reduction)
- HIV/AIDS-related treatment and care
- HIV/AIDS-related social services (e.g. housing, employment, food, legal)
- HIV/AIDS public policy, advocacy and communication, and
- HIV/AIDS research (including medical, prevention, and social science research)
- Other

Calculations of Other HIV/AIDS Funding Efforts

In some cases, the HIV/AIDS philanthropy reported to FCAA includes the *value of programmatic efforts and*

operational grantmaking. For example, the Henry J. Kaiser Family Foundation is primarily an operating foundation not a grantmaking foundation and its reported efforts include 2003 commitments (Board appropriations) to HIV/AIDS policy, communications, and media education and campaigns (including, for example, funding for its HIV/AIDS webcasts and Daily HIV/AIDS report), but not operational (internal) staff or other costs.

Commitments vs. Disbursements

In this publication, FCAA is reporting HIV/AIDS grant *commitments* in the 2003 calendar year, rather than grant disbursements in 2003. Thus, for example, multiyear grants are counted fully in the year when they were initially awarded or committed by the funder. This means that aggregate data on HIV/AIDS grantmaking commitments will be different than data on HIV/AIDS disbursements, even from the same philanthropic institution. Readers are therefore cautioned when comparing the FCAA data in this report, based on a commitment analysis, versus data from other sources on HIV/AIDS philanthropy for the same years, which may be based on a disbursement analysis.

Calculations of Re-granting

The data in this report are adjusted to account for any regranting of funds, to eliminate *double-counting*. This includes a total downward adjustment of \$7.5 million in 2003, or approximately 2% of the total estimated 2003 HIV/AIDS grant commitments. Most of this calculated re-granting happened with HIV/AIDS grants committed in 2003 by large HIV/AIDS foundations, such as the Ford Foundation and the Bill & Melinda Gates Foundation, to the ten major HIV/AIDS grantmaking charities, which then re-committed this funding as HIV/AIDS-related grants in the same year.

LIMITATIONS

FCAA's data might differ from other data on HIV/AIDS philanthropy in several ways:

- Although the use of multiple data sources safeguards the accuracy of the information presented here, such reliance also presents challenges in reconciling the different methodologies (each of which have their respective advantages and limitations) applied to obtain

information about grantmaking and philanthropic support activity.

- Missing data/under-reporting. FCAA recognizes that its data for 2003 HIV/AIDS grantmaking is likely to have missed HIV/AIDS commitments from some institutions for which FCAA had no information or incomplete or unverified data. FCAA also was unable to collect data from some of the philanthropic organizations that did not respond to the survey as well as institutions for which data was unavailable from the Foundation Center or other sources.

In the case of corporations, while federal law makes a corporation's tax returns open to the public, businesses are not otherwise legally 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 sometimes able to place a value on the many forms of other support they can and do offer, such as volunteer efforts by their employees, in-kind donations, cause-related marketing and similar activities.¹¹ Finally, in the case of businesses with subsidiaries, philanthropic support is often neither centralized in its initiation nor in its calculation and reporting.¹²

FCAA also notes that some under-reporting may be due to timing. Although FCAA is confident that it has captured most 2003 HIV/AIDS philanthropy for this report, it will report additional 2003 data as they become available. For example, this report includes a revised list of the largest HIV/AIDS grantmakers in 2002 (See Appendix A), based on a recent review of the Foundation Center database to identify any 2002 HIV/AIDS-related grant commitments that may have been reported after the printing of the *FCAA Report on HIV/AIDS Grantmaking by U.S. Philanthropy* (November 2003). FCAA found 332 grant commitments from the year 2002 worth an estimated \$11.8

million that had subsequently been reported to the Foundation Center between October 2003 and October 2004. *With these new data, and a recalculation of re-granted dollar commitments, the revised FCAA estimate of total philanthropic commitments to HIV/AIDS in 2002 is 3979 grants representing an estimated \$300.4 million.*

Thus, the true total of philanthropic investment for HIV/AIDS by U.S. entities in 2003 is likely higher than what is reported here.

- The definition of HIV/AIDS related philanthropy in the survey was *intentionally inclusive* and broad, acknowledging that such efforts often overlap with many other issue areas of philanthropy. Although this inclusive definition might lead to a higher reporting level, several respondents chose a *restricted definition and reporting* of HIV/AIDS-related grantmaking, excluding grants that were not wholly focused on HIV/AIDS efforts.
- Information on the geographic location of grantees was collected. It is important to note that these data, while emphasizing the geographic pattern of grantmaking, tend to under-represent the ultimate funding flows to global regions.
- FCAA asked U.S. grantmakers about the value of their 2003 *in-kind or programmatic efforts*, such as the estimated value of pharmaceutical product and medical supply donations, major media campaigns and webcasts, workplace education and treatment efforts, and other product donation programs. FCAA did not try to collect information on the operational costs of HIV/AIDS philanthropy efforts, such as staff or consultant expenses, operational contracts, meeting and travel costs, or other fees and services. As in previous years, most respondents were unable or unwilling to quantify and/or share this information. FCAA does recognize the extensive qualitative reporting done elsewhere on in-kind and programmatic HIV/AIDS efforts, particularly for the corporate sector.^{13, 14, 15, 16, 17}

INTRODUCTION

In the United States (U.S.), approximately 1.5 million people have been infected with HIV since June of 1981.¹⁸ It is also estimated that to date, more than 500,000 people have died from the epidemic.¹⁹ Still, one in four Americans living with HIV do not know that they are infected and an estimated 42% to 59% of people living with HIV/AIDS are not in regular care.^{20,21}

The distribution of HIV/AIDS risk and impact in the United States is highly uneven. Minority Americans now represent the majority of both new AIDS cases (71%) and of those estimated to be living with AIDS (64%) with African American and Latinos accounting for a disproportionate share of new AIDS diagnoses.²² Despite declines in HIV infection rates among men who have sex with men (MSM) since the early years of the epidemic, this population continues to be at high risk for infection, accounting for an estimated 57% of AIDS diagnoses among men in 2003.²³ An increasing number of people living with HIV/AIDS are young, female, and poor.²⁴ A substantial number of people are at continued risk for HIV infection and progression to AIDS because of lack of access to health care, poverty, drug addiction, incarceration, homelessness, gender inequality, homophobia and stigma and discrimination.

Around the world, an estimated 39.4 million people are living with HIV.²⁵ In 2004 alone, an estimated 4.9 million people became newly infected with HIV.²⁶ As in the U.S., the distribution of risk and impact of HIV/AIDS is uneven and continues to be driven by factors of vulnerability to infection and illness, such as gender, age, sexuality, drug use and addiction, poverty, incarceration, threat of violence, and/or nationality or ethnicity. The pandemic continues to be concentrated in countries with scarce resources.

Funding for HIV/AIDS

A substantial share of the total funding committed to HIV/AIDS in the United States comes from the U.S. government.

Globally, resources are increasing to address HIV/AIDS. Budgeted funding in 2003 to address HIV/AIDS in resource poor countries was estimated to total \$4.8 billion up from an estimated \$3.9 billion spent in 2002.^{27,28}

While increased global investment from all sectors against HIV/AIDS is welcome news, UNAIDS now estimates that, to successfully address HIV/AIDS in all 135 low and middle-income countries, approximately \$12 billion is needed in 2005 and \$20 billion will be needed by 2007.²⁹

In the United States, HIV/AIDS advocates and experts repeatedly document many unmet resource needs. These include unmet needs for HIV/AIDS prevention, treatment and care, social services, and research in the U.S., and needs for U.S. government support of HIV/AIDS programs outside the U.S. In Federal Fiscal Year (FY) 2005, U.S. government funding for HIV/AIDS totaled \$19.7 billion, including mandatory spending for programs like Medicaid, and discretionary spending for HIV prevention and other programs. In his FY 2006 budget request, President Bush proposes \$21 billion for HIV/AIDS—a 7% increase. Unfortunately, most of this increase is in mandated programs. The President's 2006 FY request actually flat funds or decreases some essential HIV/AIDS programs in the areas of prevention, housing and care.³⁰ Advocates of the National Organizations Responding to AIDS (NORA) continue to call on the U.S. government to spend much more on HIV/AIDS programs than the President's FY request, including millions more for the Centers for Disease

Control and Prevention (CDC), The Housing Opportunities for Persons with AIDS program, the Ryan White Care Act, the AIDS Drug Assistance Program (ADAP), the National Institutes of Health (NIH), and the President's Emergency Plan for AIDS Relief (PEPFAR).³¹

U.S. Philanthropy and HIV/AIDS

In the history of the HIV/AIDS pandemic, private funders, including private, family, and community foundations, corporate grantmakers, and grantmaking charities, have often stepped in early to catalyze support for needed programs and new initiatives and campaigns, including many that government either cannot or consistently will not fund. Grantmakers have helped launch pioneering research for new treatments, vaccines and microbicides, support for scientifically-based and effective sexual and reproductive health education, support for needle exchange and other harm reduction efforts, global advocacy for access to HIV medicines, and empowerment of those communities most vulnerable to HIV infection and AIDS.

Time and again, private funders have also sustained or initiated important endeavors that have been beyond the political or economic will of governments. This has included funding for HIV/AIDS interventions and programs among those who are unjustly stigmatized due to poverty, substance use, incarceration, homelessness, gender, race, age or sexuality. Grantmakers have also played an essential role in funding public policy work and advocacy to hold governments and the private sector accountable.

To address the startling growth of the HIV/AIDS crises noted above, as well as the gap between available resources from all sectors and documented needs, much more funding (and support of all types) is absolutely essential from all sources, including governments, multi-lateral organizations, individuals and *organized philanthropy*. This is as true for programs in the United States as it is for global initiatives—

HIV/AIDS is *not* yet a resolved or managed issue in this country. In many respects, the situation is bleaker today than it has been for many years for those facing HIV/AIDS here.

Funding is not the only essential resource. Additional people are needed, as educated leaders and skilled front-line workers. Improved infrastructure is needed in most communities, to ensure adequate health education, counseling, testing, and supply of treatment and care. Research and innovation are needed, including rapid application of existing scientific discoveries and proven technologies and interventions. A greater will is also needed to stop stigmatizing those with HIV. Along with desperately needed increases in funding, each of these types of resources can and must be increased as well.

The resource that can not be increased is time. HIV is becoming entrenched as an endemic infection in many communities around the world. This is not inevitable. In many places, with sufficient resources, there is still time for national and global efforts to outpace and prevent this epidemic while addressing the devastating costs already incurred. But time is limited.

U.S. philanthropic commitment to HIV/AIDS can be raised to new levels. New grantmakers can be encouraged to engage in HIV/AIDS funding. Current HIV/AIDS grantmakers can be supported in their ongoing collaborations and commitment. The potential returns, in terms of human lives saved and suffering avoided, is worth all expanded philanthropic investment. As noted in a recent issue of *Foundation News and Commentary* devoted to HIV/AIDS, "AIDS is no respecter of persons. It has far-reaching effects in nearly every area foundations fund: human rights, healthcare, medical research, technology, public policy, advocacy, discrimination, welfare, labor, disability, poverty, homelessness, immigration, education, the environment, aging, reproductive rights, lesbian, gay, community, religion, art, family, children, women, and care at the end of life."³²

TOTAL U.S. HIV/AIDS GRANTMAKING IN 2003

In 2003, 170 U.S. grantmakers made 3,166 HIV/AIDS-related grant commitments, resulting in an estimated total of \$394.5 million in support related to HIV/AIDS.³³

These 2003 funding commitments represent a dramatic and welcome 31% increase from the estimated \$300.4 million committed in 2002³⁴ and represents a significant increase in U.S. philanthropic investment in efforts to control and end the HIV/AIDS pandemic (See Chart 1 below). This is the fourth consecutive year in which HIV/AIDS-related grant commitments from U.S. grantmakers have been at an estimated \$300 million or above.

This significant increase from 2002 philanthropy levels is especially noteworthy given the difficult year

2003 represented for U.S. philanthropy generally. Foundation assets dropped in value by 10% in the 2000–2002 period, and, not surprisingly, this resulted in a 2.5% decrease from 2002–2003 in overall grantmaking by foundations after many years of double-digit growth in U.S. grantmaking.³⁵ According to the Giving USA Foundation, some foundations announced reduced grantmaking budgets for 2003. Some reduced staff to cut operating expenses or found other ways to trim costs. Others cut entire program areas. A few did not accept new proposals in 2003 while others planned for changes in their funding priorities, at least partially in response to shifts in their assets.³⁶



FCAA identified the Top 61 U.S. HIV/AIDS philanthropic institutions in 2003 based on the amount/value of their HIV/AIDS support (See Table 1 below).

TOP U.S. HIV/AIDS GRANTMAKERS IN 2003

TABLE 1

TOP U.S. HIV/AIDS GRANTMAKERS IN 2003

	GRANTMAKER	AMOUNT COMMITTED	NUMBER OF HIV/AIDS GRANTS
1	Gates Foundation, Bill & Melinda, WA	206,398,000	29
2	Bristol-Myers Squibb Foundation, NY	18,580,342	80
3	Abbott Laboratories Fund, IL	18,000,000	N/A
4	Rockefeller Foundation, The, NY	15,097,069	35
5	Kaiser Family Foundation, Henry J., CA	14,831,043	20
6	Ford Foundation, The, NY	14,445,450	71
7	Merck Company Foundation, The, NJ	10,000,000	53
8	Elizabeth Glaser Pediatric AIDS Fdn, CA	9,842,391	70
9	Open Society Institute / Soros Foundations Network, NY	8,308,570	129
10	Pfizer Foundation, Inc., The, NY	8,300,000	66
11	Broadway Cares/Equity Fights AIDS, NY	6,138,469	470
12	Starr Foundation, The, NY	5,275,000	5
13	M.A.C. AIDS Fund and M.A.C. Cosmetics, NY	4,413,794	214
14	amfAR, NY	3,838,701	45
15	Robin Hood Foundation, NY	2,747,000	10
16	Glaser Progress Foundation, WA	2,575,000	2
17	Doris Duke Charitable Foundation, NY	2,542,000	10
18	Altria Group, Inc., NY	2,301,450	89
19	National AIDS Fund, DC	2,190,500	478
20	Irene Diamond Fund, NY	2,175,000	4
21	Levi Strauss Foundation, CA	2,120,480	85
22	United Nations Foundation, DC	2,050,000	6
23	Johnson & Johnson Contribution Fund, NJ	2,042,058	28
24	Tides Foundation, CA	1,775,967	94
25	MacArthur Foundation, John D. and Catherine T., IL	1,719,000	14
26	New York Community Trust, The, NY	1,594,500	47
27	Wells Fargo Foundation, The, CA	1,502,525	90
28	Rockefeller Brothers Fund, Inc., NY	1,434,000	22

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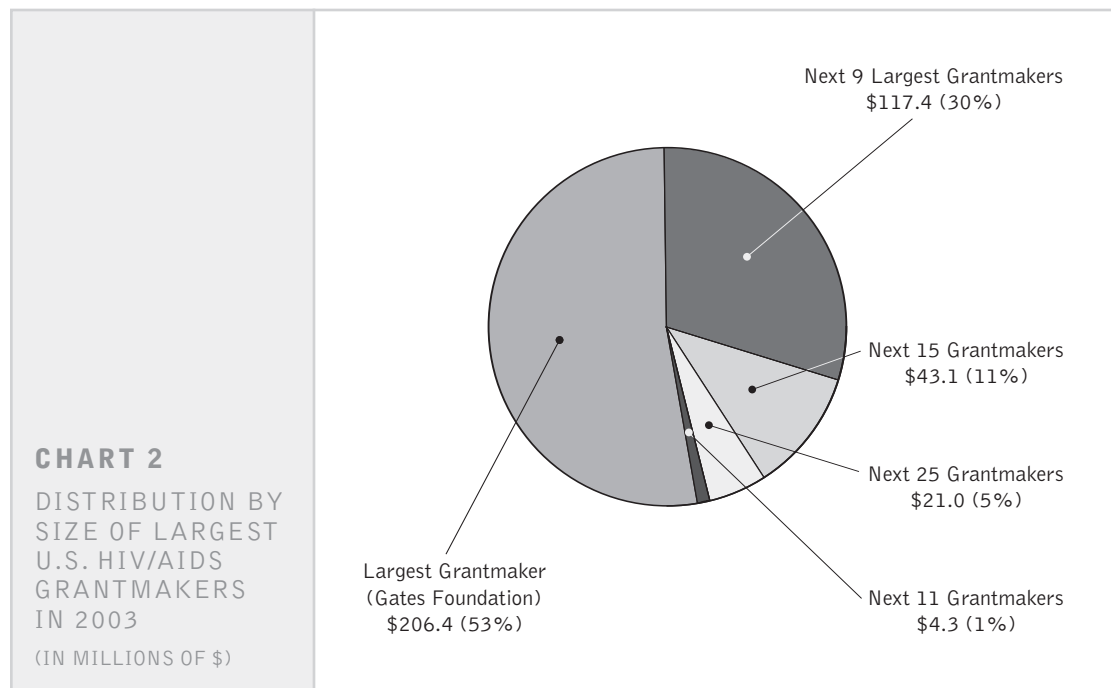
TABLE 1 CONTINUED

	GRANTMAKER	AMOUNT COMMITTED	NUMBER OF HIV/AIDS GRANTS
29	California Endowment, The, CA	1,423,118	20
30	Henry van Ameringen Foundation, NY	1,211,500	38
31	American Jewish World Service, NY	1,032,334	56
32	Public Welfare Foundation, Inc., DC	1,022,000	22
33	Houston Endowment Inc., TX	860,000	9
34	Burroughs Wellcome Fund, NC	814,000	2
35	Gill Foundation, The, CO	800,000	44
36	Atlantic Philanthropies, NY	782,000	1
37	Kellogg Foundation, W. K., MI	770,000	3
38	Firelight Foundation, CA	720,800	78
39	Children Affected By AIDS Foundation, CA	666,090	54
40	Robert Wood Johnson Foundation, The, NJ	652,500	6
41	Prudential Foundation, The, NJ	650,000	14
42	Sloan Foundation, Alfred P., NY	650,000	1
43	Campbell Foundation, The, FL	600,279	23
44	ExxonMobil Foundation, TX	598,859	3
45	Comer Foundation, The, IL	596,603	22
46	Bush Foundation, MN	565,000	3
47	Federated Department Stores Foundation, OH	526,250	17
48	DIFFA, NY	520,368	65
49	Kate B. Reynolds Charitable Trust, NC	520,335	5
50	Hewlett Foundation, William and Flora, The, CA	500,000	1
51	Lloyd Foundation, John M., The, CA	455,000	33
52	Dade Community Foundation, Inc., FL	441,200	23
53	Hartford Foundation for Public Giving, CT	440,000	5
54	Boston Foundation, Inc., MA	436,700	6
55	Duke Endowment, The, NC	432,000	5
56	Evelyn and Walter Haas, Jr. Fund, CA	390,000	7
57	Mott Foundation, Charles Stewart, MI	373,625	3
58	Marin Community Foundation, CA	358,000	6
59	San Francisco Foundation, The, CA	357,000	16
60	Overbrook Foundation, The, NY	347,500	9
61	Coca-Cola Foundation and Coca-Cola Africa Foundation	330,796	7
	Total 2003 HIV/AIDS Grantmaking from Top 61	\$ 393,082,166	2,873
	TOTAL 2003 U.S. HIV/AIDS GRANTMAKING	\$ 394,480,794	3,166

CONCENTRATION OF HIV/AIDS GRANTMAKERS

HIV/AIDS funding by U.S.-based grantmakers remains *heavily concentrated* among a relatively small number of HIV/AIDS funders. Funding commitments from the largest U.S. HIV/AIDS grantmaker, The Bill & Melinda Gates Foundation, for

example accounted for 53% of all HIV/AIDS grantmaking commitments in 2003. The top ten U.S. HIV/AIDS grantmakers accounted for 83% of all HIV/AIDS grantmaking commitments in 2003 (See Chart 2 below).³⁷



THE BILL & MELINDA GATES FOUNDATION

The Bill & Melinda Gates Foundation remained the single largest private U.S. HIV/AIDS grantmaker in 2003. The Foundation continues to make several large HIV/AIDS funding commitments and multi-year grants and has continued its extraordinary investment in global efforts against HIV/AIDS.

The Bill & Melinda Gates Foundation's Global Health program works to ensure that lifesaving advances in health are created and shared with those who need them most. To date, the foundation has committed more than \$3.6 billion in global health grants to organizations worldwide. Its grant-making strategy focuses on three primary approaches:

- Supporting discoveries and inventions essential to solving a number of major global health problems;
- Supporting development and testing of specific tools and technologies; and
- Helping ensure that new health interventions and technologies are adopted in the developing world.

HIV/AIDS is one of five program areas in which these strategies are utilized to support a wide variety of organizations and programs. The foundation focuses its grantmaking on strategies to help significantly slow the global spread of HIV:

- Preventing HIV infection through the discovery and development of HIV vaccines, microbicides, chemopreventive agents, and other prevention tools and strategies;
- Insuring rapid, widespread, and sustained access to current and future HIV prevention technologies and interventions;
- Enabling and optimizing HIV testing, treatment, and monitoring in developing country settings;
- The foundation also supports efforts to avert widespread epidemics in large countries with

low but increasing rates of HIV infection, such as India.

Major grants committed in 2003 include:

- International Partnership for Microbicides to strengthen capacity in microbicide research and development — \$60 million over five years.
- University of Washington Foundation to facilitate a multi-site study in Africa to assess the impact of suppressing genital herpes with acyclovir treatment on the transmission of HIV — \$30 million over four years.
- A series of grants totaling up to \$67.5 million to support its Avahan Initiative in India, including for example:
 - Population Services International to provide convenient access to, and promote substantially greater demand for, effective, international-quality STI prevention and treatment products and services in India — \$25 million over five years.
 - University of Manitoba to scale up effective programs for the prevention of HIV and other sexually transmitted infections in Karnataka, India — \$17 million over five years.
 - Hindustan Latex Family Planning Promotion Trust to reduce the spread and impact of HIV in coastal districts of Andhra Pradesh, and to build capacities for civil society response for addressing the challenges posed by HIV/AIDS in Andhra Pradesh, India.

In addition to these programmatic grants, the foundation also supports a range of policy and advocacy activities designed to increase awareness of and leadership on the global HIV/AIDS pandemic.

CHANGES IN HIV/AIDS GRANTMAKING

Among the Top 61 U.S. HIV/AIDS grantmakers for whom FCAA had data in 2002 and 2003, 31 reported increases in HIV/AIDS grantmaking commitments from 2002 (See Table 2 below).³⁸

TABLE 2				
U.S. HIV/AIDS GRANTMAKERS REPORTING INCREASES IN HIV/AIDS GRANTMAKING *				
	TOTAL AMOUNT COMMITTED IN 2002	TOTAL AMOUNT COMMITTED IN 2003	REPORTED INCREASE 2002-03	% INCREASE
Gates Foundation, Bill & Melinda, WA	89,000,000	206,398,000	117,398,000	132%
Abbott Laboratories Fund, IL	6,950,000	18,000,000	11,050,000	159%
Pfizer Foundation, Inc., The, NY	2,500,000	8,300,000	5,800,000	232%
Rockefeller Foundation, The, NY	12,956,589	15,097,069	2,140,480	17%
Glaser Progress Foundation, WA	450,000	2,575,000	2,125,000	472%
Bristol-Myers Squibb Foundation, NY	16,900,000	18,580,342	1,680,342	10%
Johnson & Johnson Contribution Fund, NJ	462,300	2,042,058	1,579,758	342%
MacArthur Foundation, John D. and Catherine T., IL	375,000	1,719,000	1,344,000	358%
Rockefeller Brothers Fund, Inc., NY	540,000	1,434,000	894,000	166%
New York Community Trust, The, NY	757,500	1,594,500	837,000	110%
Robin Hood Foundation, NY	1,974,000	2,747,000	773,000	39%
Broadway Cares/Equity Fights AIDS, NY	5,421,676	6,138,469	716,793	13%
Sloan Foundation, Alfred P., NY	45,000	650,000	605,000	1344%
Wells Fargo Foundation, The, CA	952,735	1,502,525	549,790	58%
Altria Group, Inc., NY	1,800,000	2,301,450	501,450	28%
American Jewish World Service, NY	545,131	1,032,334	487,203	89%
Open Society Institute/Soros Foundations Network, NY	7,828,715	8,308,570	479,855	6%
Ford Foundation, The, NY	14,000,000	14,445,450	445,450	3%
Federated Department Stores Foundation, OH	183,000	526,250	343,250	188%
Van Ameringen Foundation, H., NY	896,500	1,211,500	315,000	35%
Firelight Foundation, CA	446,301	720,800	274,499	62%
amfAR, NY	3,600,000	3,838,701	238,701	7%
Burroughs Wellcome Fund, NC	603,000	814,000	211,000	35%
Reynolds Charitable Trust, Kate B., NC	339,890	520,335	180,445	53%

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TABLE 2 CONTINUED				
	TOTAL AMOUNT COMMITTED IN 2002	TOTAL AMOUNT COMMITTED IN 2003	REPORTED INCREASE 2002-03	% INCREASE
Houston Endowment Inc., TX	710,000	860,000	150,000	21%
Boston Foundation, Inc., MA	320,000	436,700	116,700	36%
Haas, Jr. Fund, Evelyn and Walter, CA	278,750	390,000	111,250	40%
National AIDS Fund, DC	2,127,500	2,190,500	63,000	3%
Diamond Fund, Irene, NY	2,150,000	2,175,000	25,000	1%
Lloyd Foundation, John M., The, CA	445,400	455,000	9,600	2%
Children Affected By AIDS Foundation, CA	657,200	666,090	8,890	1%
			Total 151,454,456	
* GRANTMAKERS REPORTING NET INCREASES IN COMMITMENTS FROM 2002-2003, LISTED IN ORDER OF FUNDING GAIN				

This is in contrast to 25 of the largest 61 grantmakers (for whom FCAA had data in 2002 and 2003) that reported decreases in HIV/AIDS grantmaking commitments from 2002-2003 (See Table 3 below).

TABLE 3				
U.S. HIV/AIDS GRANTMAKERS REPORTING DECREASES IN HIV/AIDS GRANTMAKING*				
	TOTAL AMOUNT COMMITTED IN 2002	TOTAL AMOUNT COMMITTED IN 2003	REPORTED DECREASE 2002-03	% DECREASE
United Nations Foundation, DC	12,326,389	2,050,000	-10,276,389	-83%
Robert Wood Johnson Foundation, The, NJ	7,825,580	652,500	-7,173,080	-92%
Kellogg Foundation, W. K., MI	5,448,000	770,000	-4,678,000	-86%
Hewlett Foundation, William and Flora, The, CA	4,300,000	500,000	-3,800,000	-88%
Tides Foundation, CA	4,480,400	1,775,967	-2,704,433	-60%
Doris Duke Charitable Foundation, NY	4,936,500	2,542,000	-2,394,500	-49%
Elizabeth Glaser Pediatric AIDS Fdn, CA	11,780,831	9,842,391	-1,938,440	-16%
Merck Company Foundation, The, NJ	11,400,000	10,000,000	-1,400,000	-12%
California Endowment, The, CA	2,804,940	1,423,118	-1,381,822	-49%
Atlantic Philanthropies, NY	2,130,000	782,000	-1,348,000	-63%
Kaiser Family Foundation, Henry J., CA	16,159,350	14,831,043	-1,328,307	-8%
M.A.C. AIDS Fund and M.A.C. Cosmetics, NY	5,607,152	4,413,794	-1,193,358	-21%
Mott Foundation, Charles Stewart, MI	1,300,000	373,625	-926,375	-71%
Levi Strauss Foundation, CA	2,600,000	2,120,480	-479,520	-18%
Public Welfare Foundation, Inc., DC	1,480,000	1,022,000	-458,000	-31%
San Francisco Foundation, The, CA	707,000	357,000	-350,000	-50%
Gill Foundation, The, CO	1,074,900	800,000	-274,900	-26%
Overbrook Foundation, The, NY	560,000	347,500	-212,500	-38%
Starr Foundation, The, NY	5,475,000	5,275,000	-200,000	-4%

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TABLE 3 CONTINUED

	TOTAL AMOUNT COMMITTED IN 2002	TOTAL AMOUNT COMMITTED IN 2003	REPORTED DECREASE 2002-03	% DECREASE
Coca-Cola Foundation, GA, and Coca-Cola Africa Foundation	495,000	330,796	-164,204	-33%
Duke Endowment, The, NC	594,570	432,000	-162,570	-27%
Dade Community Foundation, Inc., FL	553,000	441,200	-111,800	-20%
Marin Community Foundation, CA	447,000	358,000	-89,000	-20%
DIFFA, NY	590,882	520,368	-70,514	-12%
Campbell Foundation, The, FL	635,024	600,279	-34,745	-5%
			Total -43,150,457	
* GRANTMAKERS REPORTING NET DECREASES IN COMMITMENTS FROM 2002-2003, LISTED IN ORDER OF FUNDING DECREASE				

2004 Forecast

In its annual survey, FCAA asked grantmakers about their anticipated grantmaking levels for 2004. Forty-six percent of HIV/AIDS grantmakers (21 of 46) who responded to this question on FCAA's survey indicated that they expected an increase in HIV/AIDS grantmaking in 2004. Importantly, 11 of the 21 HIV/AIDS grantmakers anticipating increased grantmaking were the largest HIV/AIDS grantmakers, already committing more than \$1 million per year in grants related to HIV/AIDS. Eighteen of the 46 grantmakers (39%) responding to FCAA's annual survey stated that they

anticipated commitments to remain approximately at the same level or were unsure while only 7 of the 46 (15%) stated they expected to see a decrease in HIV/AIDS grantmaking in 2004.

These estimates of 2004 HIV/AIDS philanthropy mirror data published by the Foundation Center for all philanthropy. A recent survey by the Foundation Center reported that 45% of respondents indicated that their giving would increase in 2004, while 36% expected no change in their level of giving and only 18% of foundations expected to decrease their giving.³⁹

U.S. CORPORATE HIV/AIDS GRANTMAKERS

In 2003, 52 U.S. corporate grantmakers committed funding to HIV/AIDS causes. Thirteen of the 52 corporate foundations and giving programs were among the Top 61 U.S. HIV/AIDS funders (See Table 4 below). The total estimated support of these 13 entities in 2003 was \$69.4 million (746 grants), thus represent-

ing 18% of the \$394.5 million estimated HIV/AIDS U.S. philanthropy total for 2003. This estimated share of corporate support for HIV/AIDS is significantly higher than the estimated 5.6% corporate share of total estimated philanthropic giving in 2003 reported by the Giving USA Foundation.⁴⁰

TABLE 4

TOP U.S. CORPORATE HIV/AIDS GRANTMAKERS IN 2003*

	TOTAL AMOUNT COMMITTED IN 2003	TOTAL NUMBER OF GRANTS
Bristol-Myers Squibb Foundation, NY	18,580,342	80
Abbott Laboratories Fund, IL	18,000,000	N/A
Merck Company Foundation, The, NJ	10,000,000	53
Pfizer Foundation, Inc., The, NY	8,300,000	66
M.A.C. AIDS Fund and M.A.C. Cosmetics, NY	4,413,794	214
Altria Group, Inc., NY	2,301,450	89
Levi Strauss Foundation, CA	2,120,480	85
Johnson & Johnson Contribution Fund, NJ	2,042,058	28
Wells Fargo Foundation, The, CA	1,502,525	90
Prudential Foundation, The, NJ	650,000	14
ExxonMobil Foundation, TX	598,859	3
Federated Department Stores Foundation, OH	526,250	17
Coca-Cola Foundation, GA, and Coca-Cola Africa Foundation	330,796	7
Totals	69,366,554	746

* LISTED IN ORDER OF TOTAL 2003 GRANTMAKING

Among the Top 13 U.S. Corporate HIV/AIDS grantmakers for whom FCAA has data for both 2002 and 2003 (n=12), 7 reported *increases* in HIV/AIDS commitments from 2002 to 2003 (See Table 5 below).⁴¹

TABLE 5				
INCREASES AMONG THE TOP U.S. CORPORATE HIV/AIDS GRANTMAKERS IN 2003*				
	TOTAL AMOUNT COMMITTED IN 2002	TOTAL AMOUNT COMMITTED IN 2003	REPORTED INCREASE 2002-03	% INCREASE
Abbott Laboratories Fund, IL	6,950,000	18,000,000	11,050,000	159%
Pfizer Foundation, Inc., The, NY	2,500,000	8,300,000	5,800,000	232%
Bristol-Myers Squibb Foundation, NY	16,900,000	18,580,342	1,680,342	10%
Johnson & Johnson Contribution Fund, NJ	462,300	2,042,058	1,579,758	342%
Wells Fargo Foundation, The, CA	952,735	1,502,525	549,790	58%
Altria Group, Inc., NY	1,800,000	2,301,450	501,450	28%
Federated Department Stores Foundation, OH	183,000	526,250	343,250	188%
			Totals 21,504,590	
* LISTED IN ORDER OF FUNDING GAIN				

This is in contrast to 4 of the Top 13 corporate grantmakers that reported decreases in HIV/AIDS grantmaking commitments from 2002–2003 (See Table 6 below).

TABLE 6				
DECREASES AMONG THE TOP U.S. CORPORATE HIV/AIDS GRANTMAKERS IN 2003*				
	TOTAL AMOUNT COMMITTED IN 2002	TOTAL AMOUNT COMMITTED IN 2003	REPORTED DECREASE 2002-03	% DECREASE
Merck Company Foundation, The, NJ	11,400,000	10,000,000	-1,400,000	-12%
M.A.C. AIDS Fund and M.A.C. Cosmetics, NY	5,607,152	4,413,794	-1,193,358	-21%
Levi Strauss Foundation, CA	2,600,000	2,120,480	-479,520	-18%
Coca-Cola Foundation, GA, and Coca-Cola Africa Foundation	495,000	330,796	-164,204	-33%
			Totals -1,837,082	
* LISTED IN ORDER OF FUNDING DECREASE				

Among these 13 Top corporate grantmakers, total U.S. corporate HIV/AIDS grantmaking rose by approximately 36% in 2003, representing an estimated \$18.3 million in *new* HIV/AIDS-related funding commitments.⁴² This percent increase in HIV/AIDS corporate giving from 2002 to 2003 is only slightly lower than the 39%⁴³ increase seen among *private* HIV/AIDS grantmakers in the Top 61 list for whom FCAA had 2002 and 2003 data (n = 45).⁴⁴

This increase in U.S. corporate grantmaking for HIV/AIDS is remarkable given overall trends in corporate giving by U.S. business from 2002 to 2003. According to a 2004 Foundation Center survey of 95 medium and large sized corporate foundations, corporate foundation grantmaking *decreased* an estimated \$68.3 million, or 2% from 2002 to 2003.⁴⁵ This was the first decline in corporate giving since the Foundation Center began tracking this area of philanthropy in 1987. This reduction is partially because the level of giving in 2002 was exceptionally high, reflecting payment of pledges made in the wake of the attacks of September 11, 2001. Similarly, the Chronicle of Philanthropy reported that cash donations by major corporations actually dropped by a median of 11% from 2002 to 2003.⁴⁶

It is important to note however, that information regarding trends in U.S. corporate philanthropy can vary widely. According to Giving USA, studies of corporate giving released in 2003 or early 2004 vary in estimates for corporate giving because of different methods used and different groups studied.⁴⁷ For example, the Conference Board recorded a 24% increase in overall corporate giving, for all issues and causes, from 2002 to 2003.⁴⁸

Beyond direct financial support, The World Economic Forum and others have noted that corporate foundations, giving programs and the business side of corporations continued to contribute to HIV/AIDS programs and organizations in a myriad of ways, such as in-kind donations of expertise, staff and materials, cause-related marketing efforts and workplace programs.⁴⁹

Workplace HIV/AIDS Programs

The business sector continued to mobilize significant resources against HIV/AIDS through the development and implementation of workplace HIV/AIDS programs. The Centers for Disease Control and

Prevention's Business and Labor Responds to HIV/AIDS program offers many examples of corporations engaged in work place efforts here in the United States, including some assisting with this important CDC public/private partnership to advocate with peer corporations on sound work place HIV/AIDS efforts.⁵⁰

In 2003, a large number of companies, particularly those with large workforces in heavily affected regions of the world, also committed ongoing and new resources to workplace HIV/AIDS programs. This included designing and implementing comprehensive HIV/AIDS non-discriminatory policies, HIV/AIDS awareness and prevention initiatives (including distribution of condoms), and—very importantly—access to HIV/AIDS care, support and treatment, which would not otherwise be available to those employees and/or their families in the countries in question. Documented examples of success are coming from all industries, including automotive, entertainment and media, food and beverage, legal firms, and transportation companies.^{51,52}

Innovative Partnerships in the Fight Against Global HIV/AIDS

Not surprisingly, given the enormity of the HIV/AIDS problem, many of the most innovative business initiatives have involved multisectoral partnerships— i.e. collaborations between government and the non-profit and private sectors.

One important example of such efforts is the World Economic Forum's Global Health Initiative (GHI), which is designed to foster greater business engagement in the global battle against HIV/AIDS, tuberculosis and malaria.⁵³ The GHI is led by a steering committee that includes industry leaders like the Coca Cola Company, Pfizer Inc., and ExxonMobil Corporation—forms an innovative partnership with the Forum's 1000 member companies, and other key collaborators, such as the World Health Organization (WHO), Roll Back Malaria, Stop TB and UNAIDS, focusing on four major efforts:

- Understanding the business case to engage against HIV/AIDS, TB and malaria⁵⁴
- Developing good practices targeting work forces and communities
- Identifying resource gaps and partnership/philanthropic opportunities
- Expanding corporate advocacy

At World Economic Forum regional summits and meetings around the world, the GHI engages leaders from business, government, academia, international organizations and civil society in discussions about crucial health issues related to infectious diseases, vaccines and, most importantly, the specific role of business in tackling such health problems.

2004 Forecast

In a survey by the Chronicle of Philanthropy, a significant minority of the major corporations surveyed (36%) expected to increase their giving by 3% or

more while a majority of the major corporations surveyed (56%) expected their philanthropic funding would remain flat for 2004.⁵⁵

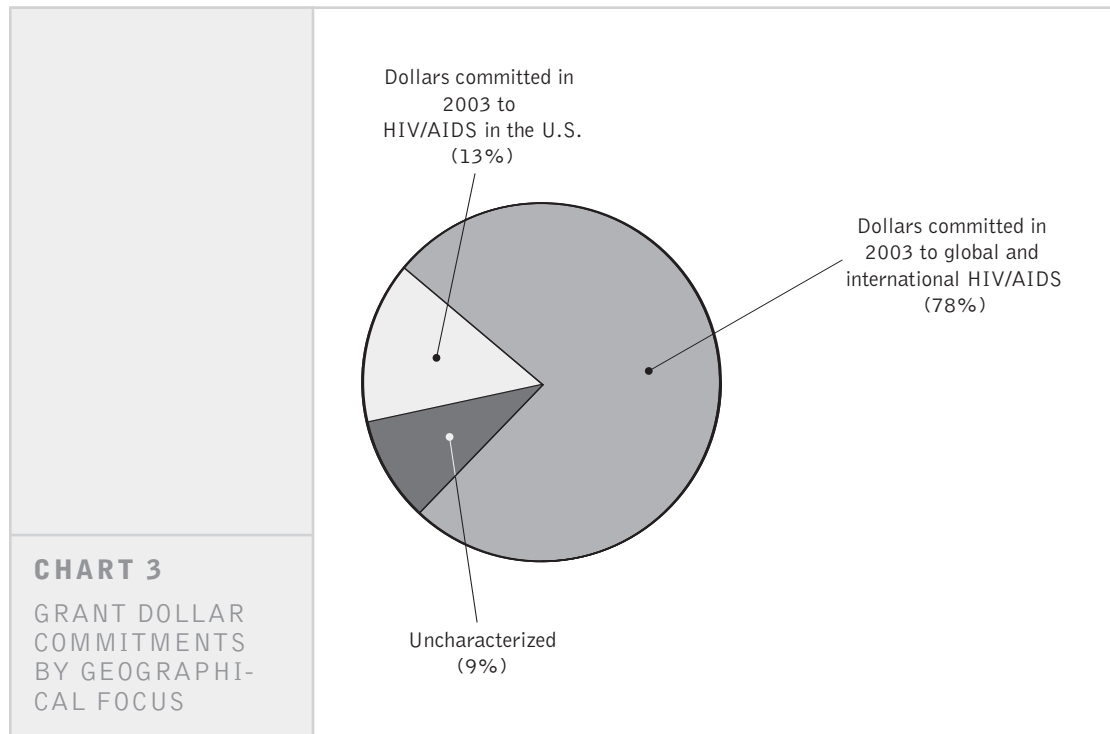
However, FCAA's findings about anticipated 2004 grantmaking levels by U.S. HIV/AIDS corporate foundations offer a more optimistic picture. In its annual survey, FCAA found that 50% (6 of 12) of U.S. HIV/AIDS corporate grantmakers indicated that they expected an increase in HIV/AIDS grantmaking while 42% (5 of 12) of corporate grantmakers stated that they anticipated commitments to remain approximately at the same level or were unsure. Only 1 of the 12 (8%) corporate respondents stated they expected to see a decrease in HIV/AIDS grantmaking in 2004.

GEOGRAPHIC DISTRIBUTION HIV/AIDS GRANTS

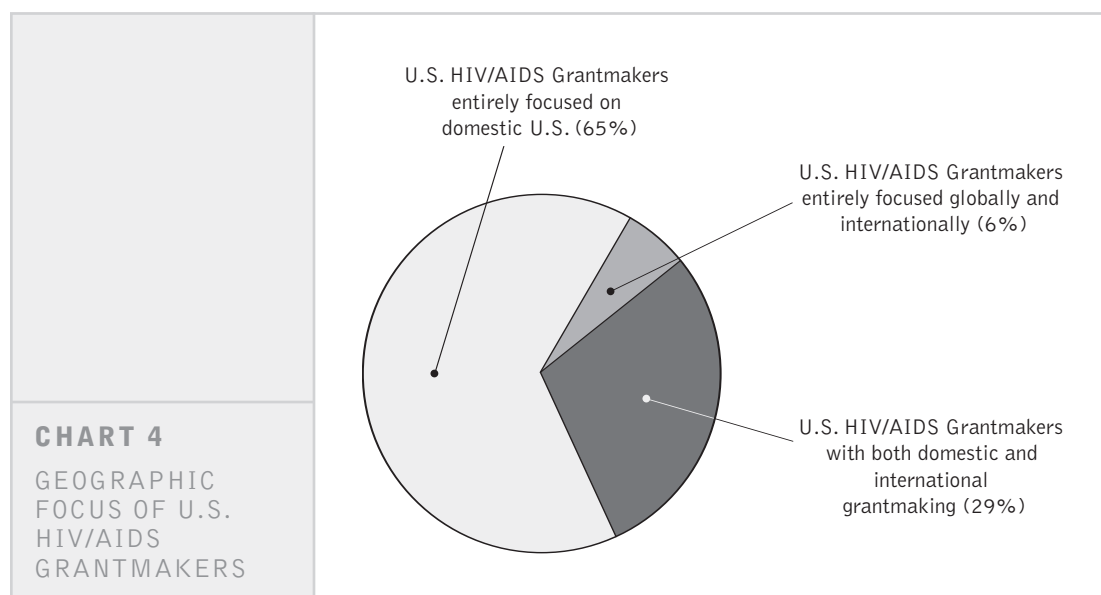
From among the Top 61 U.S. HIV/AIDS grantmakers, 45 (74%) provided survey data on *geographic distribution* of their efforts. FCAA gathered similar data for the remaining 14 grantmakers from the Foundation Center and other sources but could not obtain data from 2 of the Top 61 HIV/AIDS grantmakers on this issue.

Data analysis by FCAA suggests that of the esti-

ated \$394.5 million committed in 2003, at least \$51.9 million was committed to domestic U.S. HIV/AIDS efforts, representing 13% of all HIV/AIDS grants committed. At least \$308.2 million (78%) of HIV/AIDS grants committed by U.S. grantmakers was devoted to global or international HIV/AIDS activities. The remaining \$34.4 million (9%) could not be characterized (See Chart 3 below).



Sixty-five percent of the Top 61 U.S. HIV/AIDS grantmakers remain primarily focused on domestic U.S. HIV/AIDS grantmaking (See Chart 4 below). However, this is a somewhat misleading statistic given the significant disparity in total amounts committed to domestic vs. global HIV/AIDS.



Grantmakers with a Domestic U.S. Focus

Twenty-six of the Top 61 U.S. grantmakers committed 90% or more of their funding to domestic HIV/AIDS issues (See Table 7 below).

TABLE 7

TOP U.S. HIV/AIDS GRANTMAKERS WITH A PRIMARILY DOMESTIC FOCUS IN 2003*

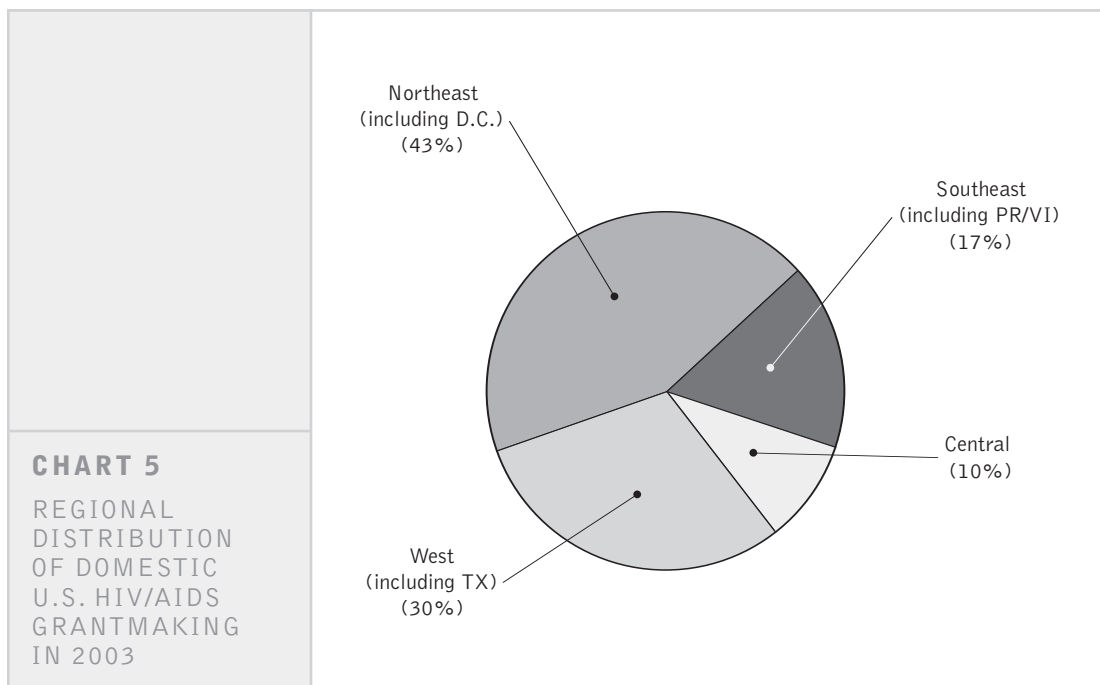
	TOTAL GRANT COMMITMENT IN 2003	% U.S. DOMESTIC FOCUS
Broadway Cares/Equity Fights AIDS, NY	6,138,469	98%
Robin Hood Foundation, NY	2,747,000	100%
Altria Group, Inc., NY	2,301,450	98%
National AIDS Fund, DC	2,190,500	100%
Diamond Fund, Irene, NY	2,175,000	93%
New York Community Trust, The, NY	1,594,500	98%
Wells Fargo Foundation, The, CA	1,502,525	100%
California Endowment, The, CA	1,423,118	100%
van Ameringen Foundation, H., NY	1,211,500	100%
Houston Endowment Inc., TX	860,000	100%

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TABLE 7 CONTINUED

	TOTAL GRANT COMMITMENT IN 2003	% U.S. DOMESTIC FOCUS
Burroughs Wellcome Fund, NC	814,000	100%
Gill Foundation, The, CO	800,000	100%
Robert Wood Johnson Foundation, The, NJ	652,500	100%
Prudential Foundation, The, NJ	650,000	100%
Sloan Foundation, Alfred P., NY	650,000	100%
Comer Foundation, The, IL	596,603	100%
Bush Foundation, MN	565,000	100%
DIFFA, NY	520,368	100%
Reynolds Charitable Trust, Kate B., NC	520,335	100%
Dade Community Foundation, Inc., FL	441,200	100%
Hartford Foundation for Public Giving, CT	440,000	100%
Duke Endowment, The, NC	432,000	100%
Haas, Jr. Fund, Evelyn and Walter, CA	390,000	100%
Marin Community Foundation, CA	358,000	100%
San Francisco Foundation, The, CA	357,000	93%
Children Affected By AIDS Foundation, CA	666,090	90%
Totals 30,997,158		
* GRANTMAKERS COMMITTING 90% OR MORE OF THEIR FUNDING TO DOMESTIC U.S. HIV/AIDS EFFORTS		

Seventy-three percent of all domestic U.S. HIV/AIDS grant funding in 2003 by the Top 61 U.S. HIV/AIDS grantmakers was committed to organizations based in the Northeast and West (See Chart 5 below).⁵⁶



Of the funders listed in Table 7 (above), some, such as Broadway Cares/Equity Fights AIDS commit grants in every U.S. region. Others, focus their grant commitments in one U.S. city, state or region as Table 8 below illustrates.

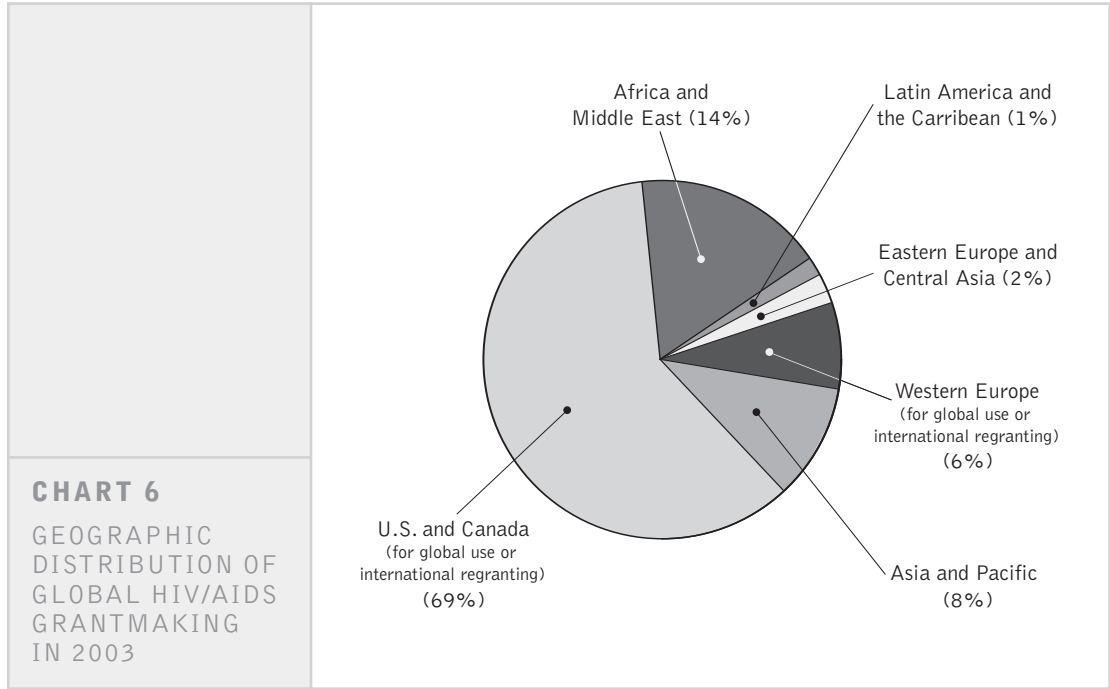
TABLE 8		
TABLE 8. TOP U.S. REGIONAL HIV/AIDS GRANTMAKERS*		
	TOTAL GRANT COMMITMENT	NUMBER OF GRANTS
NORTHEAST		
Robin Hood Foundation, NY	2,747,000	10
New York Community Trust, The, NY	1,594,500	47
Henry van Ameringen Foundation, NY	1,211,500	38
Prudential Foundation, The, NJ	650,000	14
Hartford Foundation for Public Giving, CT	440,000	5
Boston Foundation, Inc., MA	436,700	6
	Totals 7,079,700	
SOUTHEAST		
Burroughs Wellcome Fund, NC	814,000	2
Kate B. Reynolds Charitable Trust, NC	520,335	5
Dade Community Foundation, Inc., FL	441,200	23
Duke Endowment, The, NC	432,000	5
	Totals 2,207,535	
CENTRAL⁵⁷		
Missouri Foundation for Health, MO	287,472	2
Cleveland Foundation, The, OH	170,000	2
Health Foundation of Greater Indianapolis	86,500	2
Chicago Community Trust and Affiliates, The, IL	70,000	2
	Totals 613,972	
WEST		
California Endowment, The, CA	1,423,118	20
Houston Endowment Inc., TX	860,000	9
Marin Community Foundation, CA	358,000	6
San Francisco Foundation, The, CA	357,000	16
	Totals 2,998,118	
*(GRANTMAKERS COMMITTING 90% OR MORE OF THEIR GRANTMAKING IN ONE U.S. REGION)		

Grantmakers with a Global or International HIV/AIDS Focus

FCAA identified 16 grantmakers out of the Top 61 that committed 90% or more of their funding to global or international HIV/AIDS issues in 2003 (See Table 9 below).

TABLE 9		
TOP U.S. HIV/AIDS GRANTMAKERS WITH A PRIMARILY INTERNATIONAL FOCUS IN 2003*		
	TOTAL GRANT COMMITMENT IN 2003	% U.S. INTERNATIONAL FOCUS
Gates Foundation, Bill & Melinda, WA	206,398,000	100%
Rockefeller Foundation, The, NY	15,097,069	100%
Starr Foundation, The, NY	5,275,000	100%
Glaser Progress Foundation, WA	2,575,000	100%
United Nations Foundation, DC	2,050,000	100%
MacArthur Foundation, John D. and Catherine T., IL	1,719,000	100%
Rockefeller Brothers Fund, Inc., NY	1,434,000	100%
American Jewish World Service, NY	1,032,334	100%
Atlantic Philanthropies, NY	782,000	100%
Firelight Foundation, CA	720,800	100%
ExxonMobil Foundation, TX	598,859	100%
Hewlett Foundation, William and Flora, The, CA	500,000	100%
Open Society Institute / Soros Foundations Network, NY	8,308,570	100%
Coca-Cola Foundation, GA, and Coca-Cola Africa Foundation	330,796	97%
Merck Company Foundation, The, NJ	10,000,000	92%
Boston Foundation, Inc., MA	436,700	92%
	Totals 257,258,128	
*(GRANTMAKERS COMMITTING 90% OR MORE OF THEIR FUNDING TO INTERNATIONAL HIV/AIDS EFFORTS)		

Sixty-nine percent of all international HIV/AIDS grant funding in 2003 by the Top 61 U.S. HIV/AIDS grant-makers was committed to organizations based in the U.S. and Canada (See Chart 6 below).⁵⁸



In the case of HIV/AIDS, the substantial internationally focused HIV/AIDS grantmaking is generated by a small number of grantmakers, led by the Bill & Melinda Gates Foundation (See Table 9 above). Yet, as Table 10 (below) shows, other foundations choose to focus on both the U.S. and international HIV/AIDS pandemic and continue to play an important role in the U.S. as well as in the international arena.

TABLE 10

DISTRIBUTION OF FUNDING BY THE TOP 61 U.S. HIV/AIDS GRANTMAKERS
IN 2003 (LISTED IN ALPHABETICAL ORDER)

	DOMESTIC*	INTERNATIONAL**	BOTH***
Abbott Laboratories Fund, IL	N/A	N/A	N/A
Altria Group, Inc., NY	●		
American Jewish World Service, NY		●	
amfAR, NY			●
Atlantic Philanthropies, NY		●	
Boston Foundation, Inc., MA		●	
Bristol-Myers Squibb Foundation, NY			●
Broadway Cares/Equity Fights AIDS, NY	●		
Burroughs Wellcome Fund, NC	●		
Bush Foundation, MN	●		
California Endowment, The, CA	●		
Campbell Foundation, The, FL			●
Children Affected By AIDS Foundation, CA	●		
Coca-Cola Foundation, GA, and Coca-Cola Africa Foundation		●	
Comer Foundation, The, IL	●		
Dade Community Foundation, Inc., FL	●		
Diamond Fund, Irene, NY	●		
DIFFA, NY	●		
Duke Charitable Foundation, Doris, NY			●
Duke Endowment, The, NC	●		
Elizabeth Glaser Pediatric AIDS Fdn, CA			●
ExxonMobil Foundation, TX		●	
Federated Department Stores Foundation, OH			●
Firelight Foundation, CA		●	
Ford Foundation, The, NY			●
Gates Foundation, Bill & Melinda, WA		●	
Gill Foundation, The, CO	●		
Glaser Progress Foundation, WA		●	
Haas, Jr. Fund, Evelyn and Walter, CA	●		
Hartford Foundation for Public Giving, CT	●		
Hewlett Foundation, William and Flora, The, CA		●	
Houston Endowment Inc., TX	●		
Johnson & Johnson Contribution Fund, NJ			●
Kaiser Family Foundation, Henry J., CA			●
Kellogg Foundation, W. K., MI			●

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TABLE 10 CONTINUED

	DOMESTIC*	INTERNATIONAL**	BOTH***
Levi Strauss Foundation, CA			●
Lloyd Foundation, John M., The, CA			●
M.A.C. AIDS Fund and M.A.C. Cosmetics, NY			●
MacArthur Foundation, John D. and Catherine T., IL		●	
Marin Community Foundation, CA	●		
Merck Company Foundation, The, NJ		●	
Mott Foundation, Charles Stewart, MI			●
National AIDS Fund, DC	●		
New York Community Trust, The, NY	●		
Open Society Institute / Soros Foundations Network, NY		●	
Overbrook Foundation, The, NY			●
Pfizer Foundation, Inc., The, NY			●
Prudential Foundation, The, NJ	●		
Public Welfare Foundation, Inc., DC			●
Reynolds Charitable Trust, Kate B., NC	●		
Robert Wood Johnson Foundation, The, NJ	●		
Robin Hood Foundation, NY	●		
Rockefeller Brothers Fund, Inc., NY		●	
Rockefeller Foundation, The, NY		●	
San Francisco Foundation, The, CA	●		
Sloan Foundation, Alfred P., NY	●		
Starr Foundation, The, NY		●	
Tides Foundation, CA			●
United Nations Foundation, DC		●	
van Ameringen Foundation, H., NY	●		
Wells Fargo Foundation, The, CA	●		
* GRANTMAKERS COMMITTING 90% OR MORE OF THEIR FUNDING TO U.S. HIV/AIDS EFFORTS)			
** GRANTMAKERS COMMITTING 90% OR MORE OF THEIR FUNDING TO INTERNATIONAL HIV/AIDS EFFORTS			
*** GRANTMAKERS COMMITTING FUNDING TO U.S. AND INTERNATIONAL HIV/AIDS EFFORTS			

U.S. grantmakers have radically increased their globally-focused HIV/AIDS grantmaking during the past five years. Not only has the global HIV/AIDS pandemic received steadily increasing attention from the U.S. philanthropic sector, but during the past five years, among nearly 62,000 U.S. grantmaking foundations, overall funding for cross-border and global programs has consistently grown faster than many other types of foundation giving.⁵⁹ For example, the Foundation Center reported that annual foundation funding for international programs reached \$3 billion for the fourth year in a row in 2003.⁶⁰

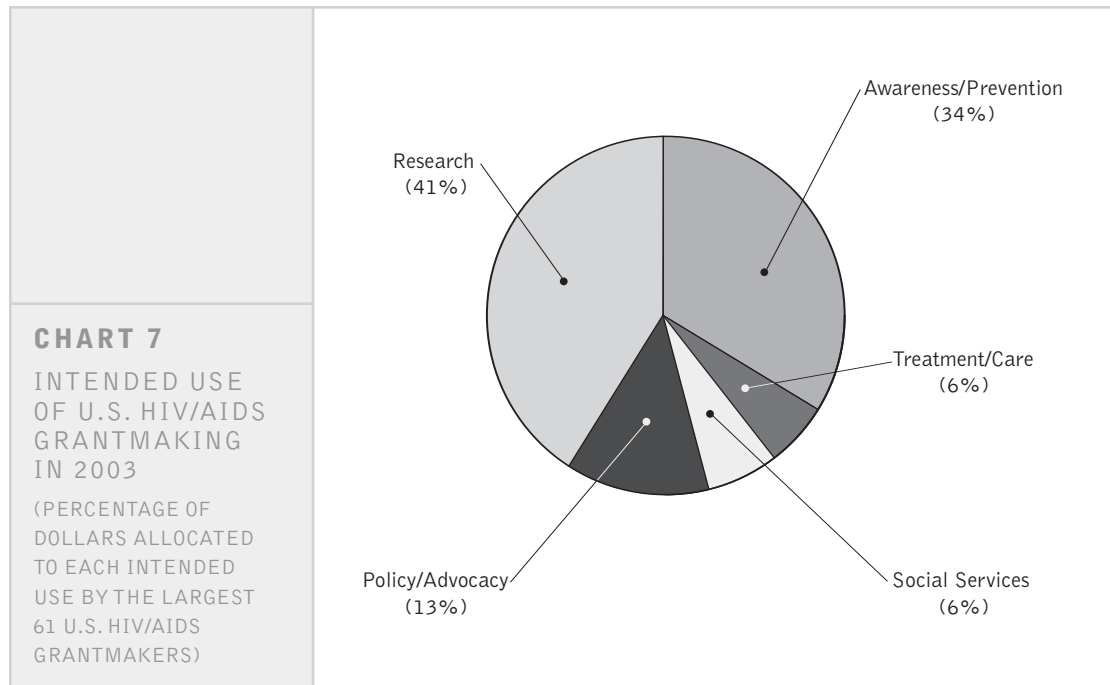
According to the Foundation Center, factors that have played a role in this consistently high level of giving in recent years include the presence of new interna-

tional funders such as the Bill & Melinda Gates Foundation, numerous smaller independent and corporate foundations, an increasing number of community foundations as well as increased giving by many established funders.⁶¹ However, a recent survey of international grantmakers by the Foundation Center found that although most survey respondents expect their giving to remain steady or increase in 2004, nearly eight out of ten believe that international giving is now more difficult due to a more demanding and uncertain regulatory environment.⁶² According to the Foundation Center, grantmakers reported increased concerns about new regulations instituted in the wake of 9/11 and an uneven economic recovery that could hamper international giving in the years ahead.⁶³

INTENDED USE OF HIV/AIDS GRANTS

From among the Top 61 U.S. HIV/AIDS grantmakers, 45 (74%) provided survey data on *intended use* of their HIV/AIDS grants. FCAA gathered data for the remaining 14 grantmakers from the Foundation Center and other sources but could not obtain data from 2 of the Top 61 HIV/AIDS grantmakers.

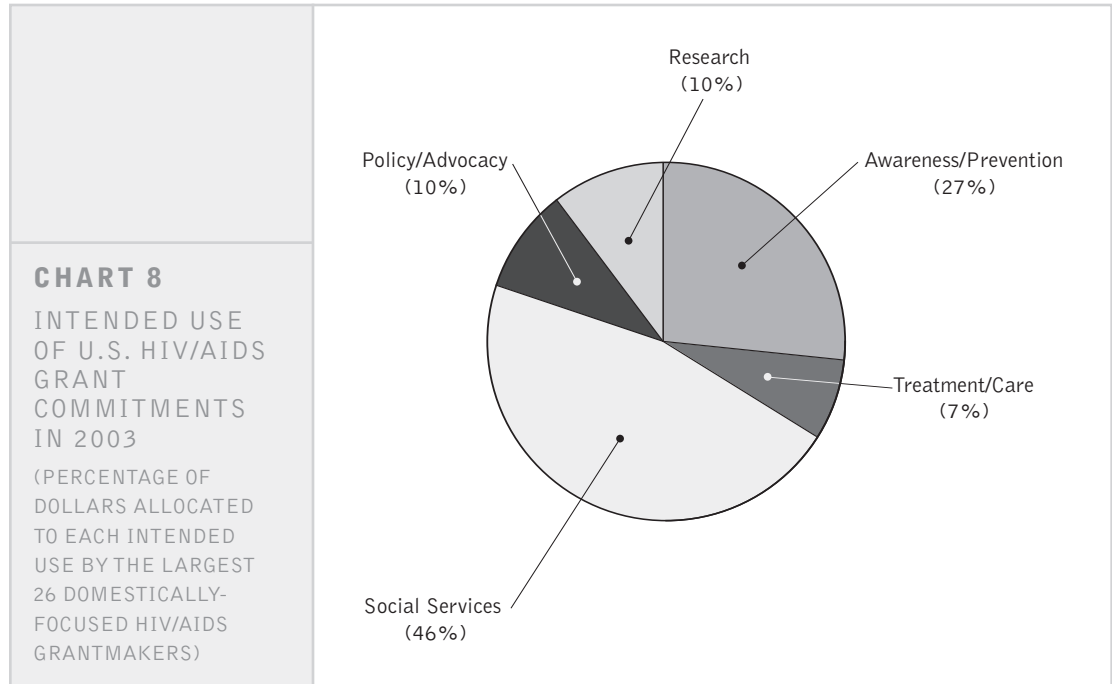
Overall, the Top 61 HIV/AIDS grantmakers dedicated \$151.8 million or 41% of their total funding to research, \$125.3 million or 34% to HIV/AIDS awareness and prevention programs, \$48.3 million or 13% to policy and advocacy efforts, \$23.4 million or 6% to HIV-related social services, and \$20.4 million or 6% to HIV treatment efforts (See Chart 7 below).



When analyzed separately, there was significant variation in the intended purpose of HIV/AIDS grants between domestically focused and globally/internationally focused grantmakers.

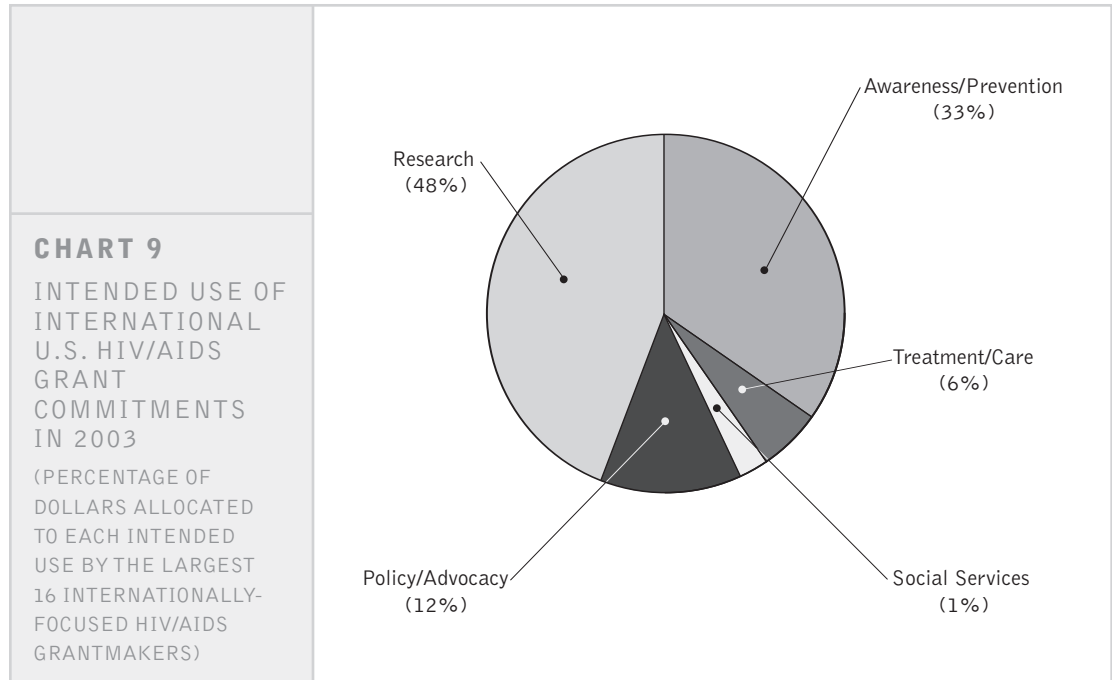
Grantmakers with a Domestic U.S. Focus

In total, nearly 73% of domestic U.S. HIV/AIDS grantmaking by the 26 domestic funders in Table 7 (above) was dedicated to HIV/AIDS awareness and prevention, and HIV/AIDS-related social services.



Grantmakers with a Global HIV/AIDS Focus

The focus of 81% of the funding commitments by the 16 international grantmakers (listed in Table 9 above) in 2003 was research and HIV/AIDS awareness and prevention.



ENDNOTES

- ¹ Council on Foundations. *Foundation News and Commentary*. March/April 2004.
- ² UNAIDS. *Report on the Global AIDS Epidemic*. June 2004.
- ³ Eiseman E, Fossum D. *The Challenges of Creating a Global Health Resource Tracking System*. Santa Monica, CA: The RAND Corporation, MG-317-BMG, 2005.
- ⁴ See Appendix A for the revised Largest U.S. HIV/AIDS Grantmakers in 2002. Also, see the FCAA *Report on AIDS Grantmaking by U.S. Philanthropy, November 2003*: www.fcaaid.org
- ⁵ Those seeking further information and ideas on effective and responsible grantseeking, see Foundation Center. *AIDS Grantmaking in Changing Times: An Overview, National Guide to Funding in AIDS*. 2003. p xxiii.
- ⁶ See Appendix D for list of UNAIDS Global Consortium on Resource Tracking Member Organizations.
- ⁷ UNAIDS. *Report on the Global AIDS Epidemic*. June 2004.
- ⁸ European Foundation Centre. *European Independent HIV/AIDS Funding: A Mapping Project by the European Foundation Centre Orpheus Programme*. August 2004: www.efc.be
- ⁹ U.S. Census Bureau. *Census Regions and Divisions of the United States*: www.census.gov
- ¹⁰ www.unaids.org
- ¹¹ See also Committee to Encourage Corporate Philanthropy. *The Corporate Giving Standard: A Measurement Model for Corporate Philanthropy* which aims to establish methods of accounting for corporate contributions: www.corphilanthropy.org
- ¹² According to the National Committee for Responsive Philanthropy, an estimated 50% of corporate philanthropy is undisclosed to the American public. National Committee for Responsive Philanthropy. *The NCRP Quarterly*, Summer 2003. p 7.
- ¹³ Committee to Encourage Corporate Philanthropy: www.corphilanthropy.org
- ¹⁴ Chronicle of Philanthropy. *Charitable Giving at 93 Major Corporations*. August 5, 2004. pp 10–14.
- ¹⁵ Conference Board. 2004 Corporate Contributions Report. October 15, 2004: www.conference-board.org/utilities/pressDetail.cfm?press_ID=2494
- ¹⁶ Centers for Disease Control and Prevention (CDC). *Business Responds to AIDS / Labor Responds to AIDS (BRTA/LRTA)* : www.hivatwork.org
- ¹⁷ Global Business Coalition on HIV/AIDS: www.businessfightsaids.org
- ¹⁸ Kaiser Family Foundation. Fact Sheet: The HIV/AIDS Epidemic in the United States. December 2004: www.kff.org/hivaids.htm
- ¹⁹ Kaiser Family Foundation. Fact Sheet: The HIV/AIDS Epidemic in the United States. December 2004: www.kff.org/hivaids.htm
- ²⁰ Fleming P, et al. *Estimated Number of Perinatal HIV Infections, United States, 2000*, XIV International Conference on AIDS, Barcelona, Spain. Abstract Tu-PeC4773, July 2002.
- ²¹ Kaiser Family Foundation. *Fact Sheet: The HIV/AIDS Epidemic in the United States*. December 2004: www.kff.org/hivaids.htm
- ²² Kaiser Family Foundation. *Fact Sheet: The HIV/AIDS Epidemic in the United States*. December 2004: www.kff.org/hivaids.htm
- ²³ Kaiser Family Foundation. *Fact Sheet: The HIV/AIDS Epidemic in the United States*. December 2004: www.kff.org/hivaids.htm
- ²⁴ Kaiser Family Foundation. *Fact Sheet: The HIV/AIDS Epidemic in the United States*. December 2004: www.kff.org/hivaids.htm
- ²⁵ UNAIDS. *AIDS Epidemic Update*. December 2004.
- ²⁶ UNAIDS. *AIDS Epidemic Update*. December 2004.
- ²⁷ Kaiser Family Foundation. *HIV/AIDS Policy Fact Sheet: Global Funding for HIV/AIDS in Resource Poor Settings*. January 2004.
- ²⁸ UNAIDS. *Report on the State of HIV/AIDS Financing*. June 25, 2003.
- ²⁹ UNAIDS. *AIDS Epidemic Update*. December 2004.
- ³⁰ Kaiser Family Foundation. U.S. Federal Funding for HIV/AIDS: The FY 2006 Budget Request. February 2005: www.kff.org/hivaids.htm
- ³¹ NORA. *FY 2005 HIV/AIDS Appropriations Recommendations*. April 2004: www.aidsaction.org/legislation/nora.htm
- ³² Clyde AR. *The Face of HIV/AIDS, Foundation News and Commentary*. March/April 2004. p 1.

- ³³ This represents the adjusted total after \$7.5 million (FCAA estimated amount of re-granting in 2003) was subtracted from the raw total for 2003 of \$402 million.
- ³⁴ See Appendix A for the revised Largest U.S. HIV/AIDS Grantmakers in 2002. Also, see the FCAA *Report on AIDS Grantmaking by U.S. Philanthropy, November 2003*: www.fcaaid.org
- ³⁵ Giving USA Foundation. *Giving by Foundations, Giving USA 2004*.
- ³⁶ Giving USA Foundation. *Giving by Foundations, Giving USA 2004*.
- ³⁷ This is similar distribution to other areas of grantmaking: for example, The Funders Network on Population, Reproductive Health and Rights noted that the largest eight grantmakers in that issue area represented 80% of the grantmaking in the field. The Funders Network on Population, Reproductive Health and Rights. *Highlights from the Grants Database: Funding Analysis 2002*. February 2004.
- ³⁸ FCAA did not have 2002 data from 4 foundations on the Top 61 List (Bush Foundation, MN; Comer Foundation, The, IL; ExxonMobil Foundation, TX; Hartford Foundation for Public Giving, CT). One foundation (Prudential Foundation, The, NJ) reported no change in commitments from 2002–2003.
- ³⁹ Foundation Center. *Foundation Yearbook*. 2004.
- ⁴⁰ Giving USA Foundation. *Giving by Corporations, Giving USA 2004*.
- ⁴¹ FCAA did not have 2002 data from the ExxonMobil Foundation, TX. One foundation (Prudential Foundation, The, NJ) reported no change in commitments from 2002–2003.
- ⁴² 2002 data from the ExxonMobil Foundation, TX was unavailable. Thus, its grantmaking commitment for 2003 was excluded from the net increase calculation.
- ⁴³ FCAA believes this represents an estimated \$90 million in new HIV/AIDS-related funding commitments from private foundations in 2003.
- ⁴⁴ 2002 data from 3 private foundations (Bush Foundation, MN; Comer Foundation, The, IL; Hartford Foundation for Public Giving, CT) were unavailable. Thus, grantmaking commitments for 2003 from these foundations were excluded from the net increase calculation.
- ⁴⁵ Foundation Center. *Foundation Growth and Giving Estimates*. 2003 Preview. April 2004.
- ⁴⁶ Chronicle of Philanthropy. *Big Business Doing More for Charity*. August 5, 2004.
- ⁴⁷ Giving USA Foundation. *Giving by Corporations, Giving USA 2004*.
- ⁴⁸ Conference Board. *2004 Corporate Contributions Report*. October 15, 2004: www.conference-board.org/utilities/pressDetail.cfm?press_ID=2494
- ⁴⁹ World Economic Forum. *Business and HIV/AIDS: Commitment and Action? A Global Review of the Business Response to HIV/AIDS 2004–2005*. January 2005.
- ⁵⁰ Centers for Disease Control and Prevention (CDC). *Business Responds to AIDS / Labor Responds to AIDS (BRTA/LRTA)* : www.hivatwork.org
- ⁵¹ Global Business Coalition on HIV/AIDS: www.businessfightsaids.org
- ⁵² Centers for Disease Control and Prevention (CDC). *Business Responds to AIDS / Labor Responds to AIDS (BRTA/LRTA)* : www.hivatwork.org
- ⁵³ The World Economic Forum's Global Health Initiative. www.weforum.org/homepublic.nsf/Content/Global+Health+Initiative
- ⁵⁴ Two billion people are known to carry tuberculosis (TB), and 3 million died of the disease during the past year. HIV and TB share the characteristic of being most common in 15–49 year olds- people in their productive and reproductive primes. Malaria kills more than a million people a year, predominantly women and children. Beyond the social tolls each disease imposes on developing countries, they individually and jointly pose significant threats to many nations' economic growth. World Economic Forum. *Business and HIV/AIDS: Commitment and Action? A Global Review of the Business Response to HIV/AIDS 2004–2005*. January 2005.
- ⁵⁵ Chronicle of Philanthropy. *Big Business Doing More for Charity*. August 5, 2004.
- ⁵⁶ See Appendix B for 2003 FCAA Grantmaker Survey, defining U.S. regions.
- ⁵⁷ FCAA identified no U.S. HIV/AIDS grantmaker in the Top 61 dedicated to the central region of the U.S.
- ⁵⁸ Global regions as defined by UNAIDS: www.unaids.org
- ⁵⁹ Foundation Center. *International Grantmaking III: An Update on U.S. Foundation Trends*, 3rd Edition. October 2004.
- ⁶⁰ Foundation Center. *International Grantmaking III: An Update on U.S. Foundation Trends*, 3rd Edition. October 2004.
- ⁶¹ Foundation Center. *International Grantmaking III: An Update on U.S. Foundation Trends*, 3rd Edition. October 2004.
- ⁶² Foundation Center. *International Grantmaking III: An Update on U.S. Foundation Trends*, 3rd Edition. October 2004.
- ⁶³ Foundation Center. *International Grantmaking III: An Update on U.S. Foundation Trends*, 3rd Edition. October 2004.

APPENDIX A:

**TOP U.S. HIV/AIDS GRANTMAKERS IN 2002
(UPDATED OCTOBER 2004)**

In October 2004, FCAA reviewed the Foundation Center database to identify any 2002 HIV/AIDS-related grant commitments that may have been reported after the printing of the *FCAA Report on HIV/AIDS Grantmaking by U.S. Philanthropy* (November 2003). Three hundred and thirty-two addi-

tional commitments were identified from the year 2002 worth \$11,817,250 that had been reported to the Foundation Center between October 2003 and October 2004. These new data bring total HIV/AIDS grant commitments in 2002 to 3979, representing an estimated \$300,449,579.

TABLE A		
TOP 55 U.S. HIV/AIDS GRANTMAKERS IN 2002		
GRANTMAKER	AMOUNT COMMITTED IN 2002	NUMBER OF HIV/AIDS GRANTS
1 Gates Foundation, Bill & Melinda, WA	89,000,000	24
2 Bristol-Myers Squibb Foundation	16,900,000	47
3 Kaiser Family Foundation, Henry J.	16,159,350	29
4 Ford Foundation, The, NY	14,000,000	78
5 Rockefeller Foundation, The, NY	12,956,589	37
6 United Nations Foundation	12,326,389	13
7 Elizabeth Glaser Pediatric AIDS Fdn	11,780,831	170
8 Merck & Co., Inc.	11,400,000	1
9 Johnson Foundation, Helen K. and Arthur E., CO	7,940,580	69
10 Open Society Institute / Soros Fdns	7,828,715	400
11 Abbott Laboratories Fund, IL	6,950,000	1
12 M.A.C. AIDS Fund	5,607,152	160
13 Starr Foundation, The, NY	5,475,000	0
14 Kellogg Foundation, W. K., MI	5,448,000	5
15 Broadway Cares/Equity Fights AIDS	5,421,676	412
16 Doris Duke Charitable Foundation, NY	4,936,500	7
17 Tides Foundation	4,480,400	125

CONTINUED ON NEXT PAGE

TABLE A CONTINUED

	GRANTMAKER	AMOUNT COMMITTED IN 2002	NUMBER OF HIV/AIDS GRANTS
18	Hewlett Foundation, William and Flora	4,300,000	6
19	AmfAR	3,600,000	145
20	Pfizer Foundation, Inc., The, NY	2,804,940	21
21	Levi Strauss & Co./Levi Strauss Fdn	2,600,000	69
22	California Endowment, The, CA	2,471,154	24
23	The Irene Diamond Fund, NY	2,150,000	5
24	Elton John AIDS Foundation	2,139,308	429
25	Atlantic Philanthropies	2,130,000	2
26	National AIDS Fund	2,127,500	477
27	Association François-Xavier Bagnoud	2,014,300	12
28	Robin Hood Foundation	1,974,000	9
29	Altria Group, Inc.	1,800,000	90
30	Public Welfare Foundation, Inc., DC	1,480,000	31
31	Mott Foundation, Charles Stewart, MI	1,300,000	6
32	Pew Charitable Trusts, The, PA	1,189,000	12
33	Gill Foundation	1,074,900	76
34	Carnegie Corporation of New York, NY	1,005,000	2
35	California Wellness Foundation, The, CA	967,000	15
36	Henry van Ameringen Foundation, Inc., NY	896,500	37
37	New York Community Trust, The, NY	782,500	13
38	Meadows Foundation, Inc., The, TX	767,900	5
39	Houston Endowment Inc., TX	710,000	6
40	San Francisco Foundation, The, CA	707,000	24
41	Avon Foundation, NY	700,000	3
42	Burroughs Wellcome Fund, NC	603,000	3
43	Duke Endowment, The, NC	594,570	6
44	DIFFA	590,882	41
45	Kimmel Foundation, Sidney, The, PA	575,732	2
46	Overbrook Foundation	560,000	9
47	Allen Charitable Foundation, Paul G., The, WA	560,000	4
48	Dade Community Foundation, Inc., FL	553,000	25
49	American Jewish World Service	545,131	26
50	Rockefeller Brothers Fund, Inc., NY	540,000	8
51	Cafritz Foundation, Morris and Gwendolyn, The, DC	525,000	7
52	Coca-Cola Foundation, Inc., The, GA	495,000	5
53	Marin Community Foundation, CA	447,000	4
54	Firelight Foundation	446,301	47
55	Lloyd Foundation, John M., The, CA	445,400	33
	Total 2002 HIV/AIDS Grantmaking from the Top 55	287,783,200	3317
	TOTAL 2002 U.S. HIV/AIDS GRANTMAKING	\$300,449,579	3,979

APPENDIX B:

2003 FCAA HIV/AIDS RESOURCE TRACKING SURVEY

FCAA HIV/AIDS RESOURCE TRACKING SURVEY

NAME OF ORGANIZATION: _____

PERSON COMPLETING SURVEY: _____

E-MAIL ADDRESS: _____

TELEPHONE: _____

Please count all grants that were **committed** in the 2003 calendar year in answering the questions below, so that a multiyear grant would be fully counted in the year that it was awarded.

HIV/AIDS-related grantmaking can include grants made in other health, social, economic, and political areas as long as a **significant** aspect of the grant includes a focus on addressing HIV/AIDS. Also, where possible, please restrict your answers to **external** HIV/AIDS grantmaking rather than internal expenditure on staffing and other expenses.

If you have any questions about this survey, please feel free to contact Vic Tolentino at **victor@fcaids.org** or 1-212-573-5533.

Please complete this survey by Wednesday, July 21st. Please e-mail or fax your completed survey to Vic Tolentino at **victor@fcaids.org** or via fax (212) 687-2402.

1. What was the **total dollar amount** of your HIV/AIDS grantmaking committed in 2003? \$ _____

1A. From 2003 to 2004, please predict whether the total amount of your HIV/AIDS grantmaking will:

(Please mark only one of the responses below)

- increase
- decrease
- remain the same
- discontinue
- unsure

2. What was the **total number** of your HIV/AIDS-related grants committed in 2003? _____

3. In 2003, where were your HIV/AIDS grant dollars committed?

(Please indicate total dollar amounts, approximated as best you can, for the locations of the organizations directly receiving your grants. The amounts in 3a, 3b, and 3c should add up to the total reported for question 1.)

3A. Total dollars committed to U.S.-based grantees for domestic HIV/AIDS work: \$ _____

Please provide total dollar commitments by region¹:

(The amounts here should add up to the total reported for question 3a.)

Northeast	\$ _____
Southeast	\$ _____
Central	\$ _____
West	\$ _____

3B. Total dollars committed to U.S.-based grantees for international HIV/AIDS work: \$ _____

3C. Total dollars committed to grantees based outside the United States: \$ _____

Please provide total dollar commitments to grantees by region.²

(The amounts here should add up to the total reported for question 3c.)

Canada	\$ _____
Caribbean	\$ _____
Central and South America	\$ _____
European Union	\$ _____
Eastern Europe (non-EU) and Central Asia	\$ _____
Africa and the Middle East	\$ _____
Asia and Pacific	\$ _____

4. In 2003, what was the intended use of your grants?

(Please indicate total dollar amounts, approximated as best you can, for the intended use of your grants. These amounts should add up to the total reported for question 1.)

HIV/AIDS awareness and prevention (including harm reduction)	\$ _____
HIV/AIDS-related treatment and clinical care	\$ _____
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)	\$ _____
Other (please specify: _____)	\$ _____

5. Regarding your grantmaking in 2003, can you provide a web-link to any document that describes a particularly notable HIV/AIDS grant or grantee, or an important strategic direction or trend in your institution's HIV/AIDS grantmaking?

(FCAA is collecting this information for possible mention in its publications and web site. Please list the appropriate web link address below. If you would like to note something that is not accessible via the web, please provide us with a brief summary description.)

Web address for description of notable grantmaking: http://_____

For corporate foundations or corporate giving programs:

6. What is the **total dollar value** of your in-kind donations, if any, committed in 2003? \$ _____

(Please include reasonable market values for all donations of staffing, products, and other in-kind resources)

7. Regarding your in-kind donations in 2003, can you provide a web-link to any document that describes a particularly notable HIV/AIDS-related donation, or an important strategic direction or trend in your institution's HIV/AIDS in-kind donations?

(FCAA is collecting this information for possible mention in its publications and web site. Please list the appropriate web link address below. If you would like to note something that is not accessible via the web, please provide us with a brief summary description.)

Web address for description of notable in-kind donations: http://_____

¹ The states included in the four regions are as follows: Northeast encompasses CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT; Southeast encompasses AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV, PR, VI; Central encompasses IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI; West encompasses AK, AZ, CA, CO, HI, ID, MT, NV, NM, OK, OR, TX, UT, WA, WY

² These regions reflect UNAIDS-defined regions; see www.unaids.org for countries.

APPENDIX C:

WEBSITES OF THE TOP 61 U.S. HIV/AIDS GRANTMAKERS IN 2003

ABBOTT LABORATORIES FUND, IL www.abbott.com	EXXONMOBIL FOUNDATION, TX www.exxon.mobil.com/community	MERCK COMPANY FOUNDATION, THE, NJ www.merck.com/philanthropy
ALTRIA GROUP, INC., NY www.altria.com	FEDERATED DEPARTMENT STORES FOUNDATION, OH www.federated-fds.com/community	MOTT FOUNDATION, CHARLES STEWART, MI www.mott.org
AMERICAN JEWISH WORLD SERVICE, NY www.ajws.org	FIRELIGHT FOUNDATION, CA www.firelightfoundation.org	NATIONAL AIDS FUND, DC www.aidsfund.org
AMFAR, NY www.amfar.org	FORD FOUNDATION, THE, NY www.fordfound.org	NEW YORK COMMUNITY TRUST, THE, NY www.nyct-cfi.org
ATLANTIC PHILANTHROPIES, NY www.atlanticphilanthropies.org	GATES FOUNDATION, BILL & MELINDA, WA www.gatesfoundation.org	OPEN SOCIETY INSTITUTE / SOROS FOUNDATIONS NETWORK www.soros.org
BOSTON FOUNDATION, INC., MA www.tbf.org	GILL FOUNDATION, THE, CO www.gillfoundation.org	OVERBROOK FOUNDATION, THE, NY www.overbrook.org
BRISTOL-MYERS SQUIBB FOUNDATION, NY www.bms.com	GLASER PROGRESS FOUNDATION, WA www.glaserprogress.org	PFIZER FOUNDATION, INC., THE, NY www.pfizerphilanthropy.com
BROADWAY CARES/EQUITY FIGHTS AIDS, NY www.bcefa.org	HARTFORD FOUNDATION FOR PUBLIC GIVING, CT www.hfpg.org	PRUDENTIAL FOUNDATION, THE, NJ www.prudential.com
BURROUGHS WELLCOME FUND, NC www.bwfund.org	HENRY VAN AMERINGEN FOUNDATION, NY www.vanamfoundation.org	PUBLIC WELFARE FOUNDATION, INC., DC www.publicwelfare.org
BUSH FOUNDATION, MN www.bushfoundation.org	HEWLETT FOUNDATION, WILLIAM AND FLORA, THE, CA www.hewlett.org	REYNOLDS CHARITABLE TRUST, KATE B., NC www.kbr.org
CALIFORNIA ENDOWMENT, THE, CA www.calendow.org	HOUSTON ENDOWMENT INC., TX www.houstonendowment.org	ROBERT WOOD JOHNSON FOUNDATION, THE, NJ www.rwjf.org
CAMPBELL FOUNDATION, THE, FL www.members.aol.com/campfound	IRENE DIAMOND FUND, NY No website	ROBIN HOOD FOUNDATION, NY www.robinhood.org
CHILDREN AFFECTED BY AIDS FOUNDATION, CA www.caaf4kids.org	JOHNSON & JOHNSON CONTRIBUTION FUND, NJ www.jnj.com	ROCKEFELLER BROTHERS FUND, INC., NY www.rbf.org
COCA-COLA FOUNDATION/ COCA-COLA AFRICA FOUNDATION www2.coca-cola.com	KAISER FAMILY FOUNDATION, HENRY J., CA www.kff.org	ROCKEFELLER FOUNDATION, THE, NY www.rockfound.org
COMER FOUNDATION, THE, IL www.comer-foundation.org	KELLOGG FOUNDATION, W. K., MI www.wkkf.org	SAN FRANCISCO FOUNDATION, THE, CA www.sff.org
DADE COMMUNITY FOUNDATION, INC., FL www.dadecommunityfoundation.org	LEVI STRAUSS FOUNDATION, CA www.levistrauss.com	SLOAN FOUNDATION, ALFRED P., NY www.sloan.org
DIFFA, NY www.diffa.org	LLOYD FOUNDATION, JOHN M., THE, CA www.johnmlloyd.org	STARR FOUNDATION, THE, NY http://fdncenter.org/grantmaker/starr
DORIS DUKE CHARITABLE FOUNDATION, NY www.ddcf.org	M.A.C. AIDS FUND AND M.A.C. COSMETICS, NY www.macaidsfund.org	TIDES FOUNDATION, CA www.tides.org
DUKE ENDOWMENT, THE, NC www.dukeendowment.org	MACARTHUR FOUNDATION, JOHN D. / CATHERINE T., IL www.macfound.org	UNITED NATIONS FOUNDATION, DC www.unfoundation.org
ELIZABETH GLASER PEDIATRIC AIDS FDN, CA www.pedaids.org	MARIN COMMUNITY FOUNDATION, CA www.marincf.org	WELLS FARGO FOUNDATION, THE, CA www.wellsfargo.com
EVELYN AND WALTER HAAS JR. FUND, CA www.haasjr.org		

APPENDIX D:

UNAIDS GLOBAL CONSORTIUM ON RESOURCE TRACKING

Member Organizations

ABT ASSOCIATES INC. / PHRPLUS
www.abtassoc.com

ALLIANCE FOR MICROBICIDE
DEVELOPMENT
www.microbicide.org

FUNDACION MEXICANA PARA LA SALUD
(FUNSALUD)
www.funsalud.org.mx

FUNDERS CONCERNED ABOUT AIDS
www.fcaaids.org

FUTURES GROUP
www.tfgi.com

THE GLOBAL FUND TO FIGHT AIDS,
TUBERCULOSIS AND MALARIA
(GFATM)
www.theglobalfund.org

HENRY J KAISER FAMILY FOUNDATION
www.kff.org

THE INSTITUTE FOR DEMOCRACY IN
SOUTH AFRICA (IDASA)
www.idasa.org.za

INSTITUTO NACIONAL DE SALUD PUBLICA
(INSP)
www.insp.mx

INTERNATIONAL AIDS VACCINE
INITIATIVE
www.iavi.org

ORGANIZATION FOR ECONOMIC
COOPERATION AND DEVELOPMENT
(OECD)
www.oecd.org

RESOURCE FLOWS FOR POPULATION
ACTIVITIES AND AIDS
www.resourceflows.org

THE REGIONAL AIDS INITIATIVE FOR
LATIN AMERICA AND THE CARIBBEAN
(SIDALAC)
www.ippfwhr.org

UNAIDS SECRETARIAT
www.unaids.org

UNITED NATIONS POPULATION FUND (UNFPA)
www.unfpa.org

WORLD HEALTH ORGANIZATION (WHO)
www.who.int

APPENDIX E:

RESOURCE PUBLICATIONS AND WEBSITES

HIV/AIDS news and information

AEGIS - DAILY REPORT
www.aegis.com

CDC - HIV/STD/TB DAILY REPORT
www.cdcnpin.org

GLOBAL HEALTH COUNCIL - WEEKLY UPDATE
www.globalhealth.org

KAISER - DAILY HIV/AIDS REPORT
www.kaisernetwork.org/dailyreports/hiv

Philanthropy Support

COUNCIL ON FOUNDATIONS
www.cof.org

EUROPEAN FOUNDATION CENTRE
www.efc.be

EUROPEAN HIV/AIDS FUNDERS GROUP
www.efc.be/projects/aids

FOUNDATION CENTER
www.fdncenter.org

GRANTCRAFT
www.grantcraft.org

INDEPENDENT SECTOR
www.independentsector.org

U.S. INTERNATIONAL GRANTMAKERS
www.usig.org

WINGS-WORLDWIDE INITIATIVES FOR
GRANTMAKER SUPPORT
www.wingsweb.org

Resources for Corporate Philanthropy

COMMITTEE TO ENCOURAGE CORPORATE
PHILANTHROPY
www.corphilanthropy.org

GLOBAL BUSINESS COALITION ON HIV/AIDS
www.businessfightsaids.org

GLOBAL REPORTING INITIATIVE
www.globalreporting.org

U.S. CDC BUSINESS RESPONDS TO AIDS /
LABOR RESPONDS TO AIDS
www.brta-lrta.org

Overviews of U.S. and Global HIV/AIDS Funding and Other Resource Flows

CSIS TASK FORCE ON HIV/AIDS
www.csis.org/hivaids

GLOBAL FUND TO FIGHT AIDS,
TUBERCULOSIS AND MALARIA
www.theglobalfund.org

KAISER FAMILY FOUNDATION
www.kff.org/HIVAIDS

NATIONAL ORGANIZATIONS
RESPONDING TO AIDS
www.aidsaction.org/legislation/nora.htm

UNAIDS
www.unaids.org

USAID
www.usaid.gov/our_work/global_health

WORLD BANK
www1.worldbank.org/hiv_aids

WORLD ECONOMIC FORUM
www.weforum.org

WORLD HEALTH ORGANIZATION
www.who.int/hiv/en

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ABOUT FCAA

FUNDERS CONCERNED ABOUT AIDS (FCAA)

FCAA was founded in 1987. It is a not-for-profit grantmaker affinity group working to mobilize philanthropic leadership and resources in the fight against HIV/AIDS and its social and economic consequences in the United States and globally.

As an officially recognized Affinity Group of the Council on Foundations, FCAA works with more than 1800 grantmakers, representing private, community and family foundations, corporate funders, and other charitable organizations. FCAA's work is based on the proposition that only a robust multi-sector response, which includes significant U.S.-based philanthropic support and leadership, can effectively address the many challenges posed by HIV/AIDS.

To assist the entire U.S. philanthropic sector in its efforts to fully understand, anticipate, and effectively respond to long-standing and emerging HIV/AIDS funding needs and opportunities in the United States and globally, FCAA offers a wide array of programming and unique services and products. FCAA:

- Maintains and regularly updates a comprehensive web-based information system for the grantmaking

community as well as others working with or interested in the philanthropic response to HIV/AIDS

- Conducts research and publishes materials on the full range of the HIV/AIDS grantmaking trends, challenges and opportunities
- Designs and offers educational briefings, presentations, and other meetings and networking opportunities for private funders to assist them in their efforts to address the HIV/AIDS pandemic
- Provides direct technical assistance to funders (and policy makers and media) to offer information, advice, referrals, and other practical assistance
- Regularly communicates and collaborates with other philanthropic Affinity groups, government and multi-lateral agencies and Non-governmental Organizations (NGOs) to advance FCAA's mission and goals
- Engages in media outreach and education, to promote accurate, informative, and insightful coverage of the philanthropic role in HIV/AIDS work.

www.fcaaid.org



FUNDERS
CONCERNED
ABOUT
AIDS

FUNDERS CONCERNED ABOUT AIDS
is a non-profit 501(c)(3) organization.
FCAA is not a grantmaking organization,
nor do we provide specific assistance to
organizations in identifying or seeking
potential grants.

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