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# **The future role of the philanthropy sector fighting HIV/AIDS**

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## ***Introduction***

This paper discusses the possible role of the philanthropic sector in funding the fight against HIV/AIDS over the next 10 to 20 years.

### **Defining the Philanthropic Sector**

The philanthropic sector, in this instance, consists of individual donors, foundations, companies, and those organizations which, through the support of these three groups, provide funding and resources to the work in HIV/AIDS.

It is impossible to quantify the full financial value provided annually by the philanthropic sector to HIV/AIDS-related work. Available statistical reports on foundation and corporate giving reflect only a fraction of the total support provided.

Nevertheless, private support is significant. Though constituting less than 10% of the total amount committed annually to HIV/AIDS work, the private sector's estimated \$10 billion in donations has an important and unique role to play. Monies from the philanthropic sector are more flexible and nimble, since private support is generally less bureaucratic. Moreover, it can be leveraged. And it can be grown. The raw potential of philanthropic giving is as indisputable as its current impact.

Donations to the international sector from U.S. companies, foundations, and individuals was estimated at \$13.2 billion in 2007 – 4.3 percent of total estimated philanthropic giving, according to the Center for Philanthropy and Giving Institute.

Support for HIV activities in low- and middle-income countries from U.S.-based foundations nearly doubled between 2004 and 2006, reaching \$979 million, primarily in research spending.

The total reported by the Foundations Concerned About AIDA (FCAA) increased to \$491 million in 2007, with a number of foundations not filing by the publication date. Of the top 82 reporting foundations, about half showed expanded giving. However, 17 foundations decreased their support for HIV/AIDS-designated projects for a variety of reasons, from shifting priorities to reduced budgets.

European foundations spent \$114 million on HIV/AIDS programs in 2007, led by the Wellcome Trust, Comic Relief, SIDACTION, CIF Foundation (Chris and Jamie Cooper Hohn), the Elton John HIV/AIDS Foundation, and the Terence Higgins Trust.

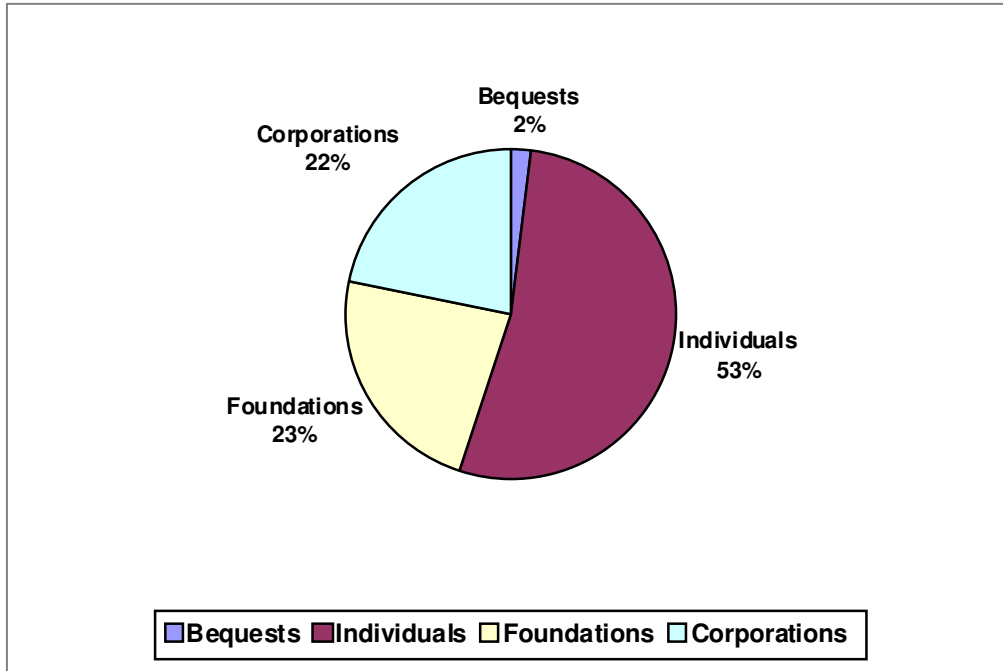
A broad estimate of total funding from the philanthropic sector for HIV/AIDS work would be roughly \$1 billion annually, with \$500 million from U.S.-based foundations and corporations, \$115 million from European-based foundations and companies, and another \$300 to \$400 million from private individuals, charities, churches, and service organizations worldwide. The estimate of individual giving reflects general philanthropic trends, where individual support often mirrors total corporate and foundation giving.

According to the Index of Global Philanthropy, U.S. private philanthropy and assistance for developing countries totaled over \$34.8 billion in 2006. This exceeded U.S. government aid or ‘Official Development Assistance’, which totaled \$23.5 billion in the same year.

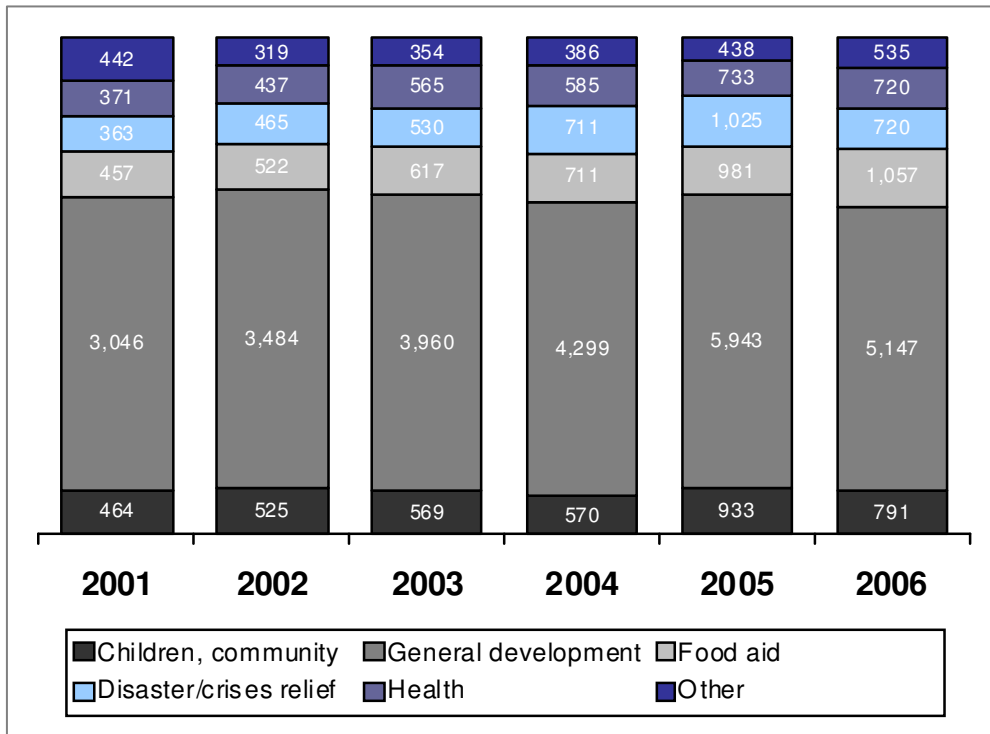
**Private philanthropy going from organizations or donors in the United States to support activities in their countries (\$ In billions)**

Source of Aid	Amount
Foundations	4.0
Corporations	5.5
Private voluntary organizations	12.8
Universities and colleges	3.7
Religious organizations	8.8
<b>Total</b>	<b>\$34.8</b>

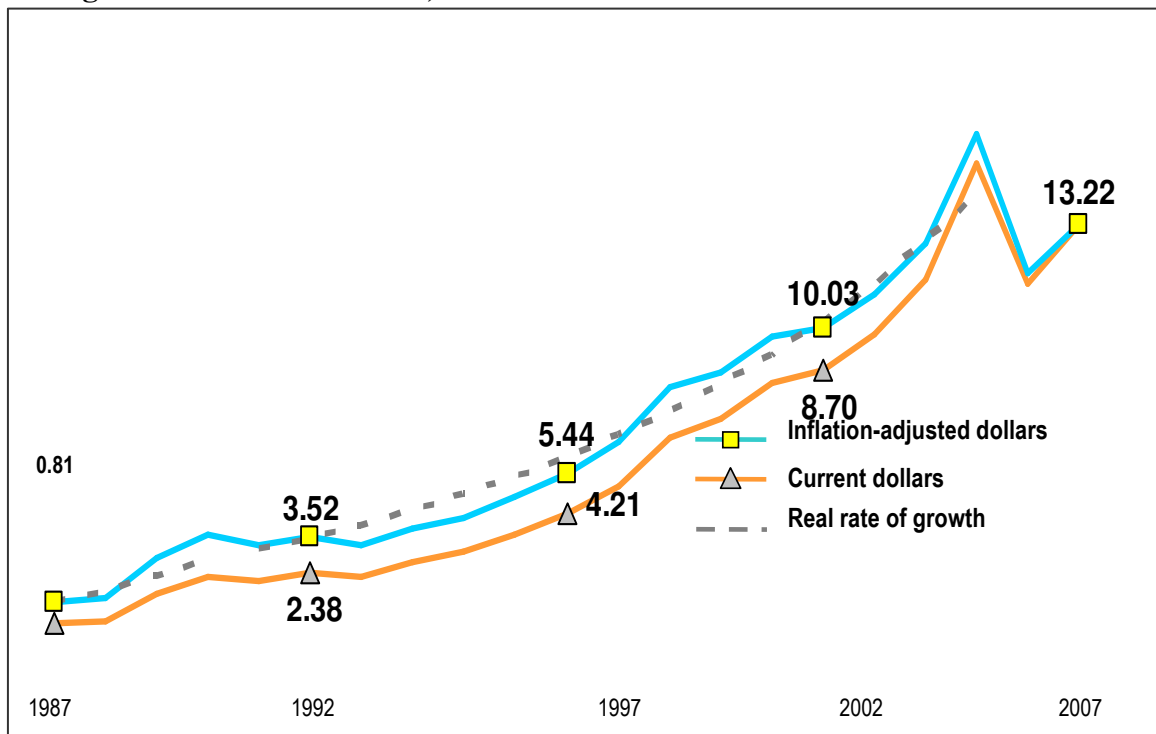
**Sources of Donations, International, 2005 Estimate**



## Trends in contributions to International Causes



## Giving to International Affairs, 1997-2007



## Looking Back to Look Forward

A look back at the state of philanthropic sector funding for HIV/AIDS programs twenty years ago provides some perspective on how much has changed, and how significantly the challenge has grown.

In 1987, virtually all U.S. HIV/AIDS funding was domestically targeted. According to the Foundation Center, among 568 large health and active community foundations, 85 had committed support specifically for HIV/AIDS programs and services over the previous five years, for a total of \$18.6 million.

Just \$18.6 million invested by foundations throughout the U.S. in HIV/AIDS programs in 5 years!

Then in 1988 alone, 157 private foundations contributed \$31 million for HIV/AIDS-specific programs and services.

Twenty years later, in 2007, HIV/AIDS-related disbursements to countries overseas by U.S.-based philanthropies came to \$555 million.

The foundations providing the most funding for HIV/AIDS programs in 1987 were the Robert Wood Johnson Foundation, the Joan B. Kroc Foundation, and the Aaron Diamond Foundation. A total of \$33 million was contributed by these three foundations in 1987, with the RWJ Foundation providing over 80% of that funding.

Today, the three leading non-corporate foundations funding HIV/AIDS are the Bill and Melinda Gates Foundation, The Ford Foundation, and The Henry J. Kaiser Family Foundation. A total of \$340 million was allocated in 2007 among these three donors, with the Gates Foundation providing over 90% of this funding.

It is significant to note that the Gates Foundation did not exist in 1987. Two of the leading U.S. foundations funding AIDS at that time are still major HIV/AIDS funders today. Similarly, the Irene Diamond Fund has remained a domestic funder.

Since the earliest diagnoses of HIV/AIDS, a small segment of the private sector has been actively engaged and supportive. In the U.S., donations from a handful of individuals to private hospitals in major metropolitan cities (particularly in New York and San Francisco) helped fund HIV/AIDS programs.

It took too many years for political figures in the U.S. and around the world to acknowledge the scale and scope of the HIV/AIDS problem. As the scale of the AIDS epidemic grew, many international development and relief organizations were slow to respond. And though much criticized for early moralist positions, the response from many faith-based organizations was then, and continues to be, significant.

Initial AIDS advocacy efforts were led by a few courageous individuals and organizations, most notably the Gay Men's Health Crisis and the NAMES Project AIDS Memorial Quilt.

A small collection of companies responded early on as well – as among them Levi Strauss – and there were several philanthropists (including Irene Diamond, David Geffen and Joan Tisch) who provided considerable influence and the necessary financing to mobilize resources from the philanthropic sector for AIDS work.

Throughout its first two decades, the philanthropic sector met sizeable resistance in the fight against the global AIDS pandemic. Ten years ago, Gallup undertook a national survey of grant makers active or interested in HIV/AIDS. Their findings suggested weakening in the dedication and commitment of core funders: while a sense of urgency in the philanthropic community regarding HIV/AIDS remained, this urgency did not always translate into increased financial support; and that few funders supported the international HIV/AIDS pandemic overall.

In 1998 the Foundation Grants Index reported a 19% decrease in HIV/AIDS funding. An accompanying survey suggested that a combination of modest progress, general “HIV/AIDS fatigue,” and the explosion of the crisis globally had contributed to a significant decline in the philanthropic response to HIV/AIDS.

But in 1999, the Bristol-Myers Squibb Foundation made an initial \$100 million commitment for HIV/AIDS work in Africa – equivalent to what the U.S. government was spending at the time on HIV/AIDS internationally. In the wake of the BMS investment the U.S. doubled its financing, followed soon after by Merck and another \$100m from the Gates Foundation for Botswana.



## **The Philanthropic Sector Today**

Today we have a much clearer picture of the financial resources required to fight HIV/AIDS.

The contribution of the private sector is understood to be crucial – not only in the provision of funds, but at almost every level of planning, implementation, treatment, and care.

Moreover, all aspects of civil society play a role in the fights against AIDS: from nongovernmental organizations, to non-profit providers, hospitals, dental and medical centers, mental health and substance abuse facilities, laboratories and imaging centers, blood banks, pharmacies and providers of medical goods, schools and training facilities, foster homes and shelters, orphanages, research institutions, and religious organizations.

The private sector can provide resources in many of these areas, including prevention, care and treatment, aiding orphans and vulnerable children, research, social services and protection, program management, training and technical assistance, capacity building, and human resource incentives.

Many players within the philanthropic community provide financial support for HIV/AIDS-related programs and services. This includes major international corporations, leading foundations, and individuals and families lending assistance through their support of churches, voluntary relief and development organizations, special funds, and direct project support.

In the same vein, faith-based organizations are present in local community care programs, regional and national service, and global advocacy and development efforts.

It is not possible to calculate the contributed value of every local program, or the related works of academic medical centers, hospitals, clinics, counseling centers, churches, and orphanages in the fights against AIDS. However, major foundation grants and select corporate grants are measurable and identifiable. The most accurate summation of total private philanthropy would need to include estimated totals, some identifiable grants, as well as many of the anonymous and undisclosed contributions. Unfortunately this calculation is increasingly complicated by the tendency to integrate AIDS work with other services – and thereby no longer specifically designate it as HIV/AIDS funding as such.

## **The Future of Private Sector HIV/AIDS Funding**

If worldwide economic growth can be revived and sustained, there will be greater capacity among local organizations and local businesses to invest in the fight against AIDS.

It is reasonable to expect that a select number of the world's most significant philanthropists, as well as corporations, foundations, religious organizations, together with service organizations, voluntary service groups, local churches and businesses, will continue to provide funding for HIV/AIDS.

One must plan for the loss of some substantial players in the field. Unfortunately, the Bristol-Myers Squibb Foundation will not be in a position to fund its extraordinary Secure the Future program to the same degree as in the past, due to fiscal constraints. The Rockefeller Foundation has decreased its funding by 90% since 2005. The United Nations Foundation will play a decidedly different role than the straight grant-making function it provided in its first six years of operation. The Clinton Foundation's fundraising may be tempered by the appointment of Hillary Clinton as U.S. Secretary of State.

Conversely, one would also expect new leaders and champions to emerge. Who could have predicted 15 years ago that Bill and Melinda Gates would have made such an extraordinary and lasting commitment to global health? And who could have expected that Warren Buffett would have joined their cause at such an extraordinary level?

The players will undoubtedly change. But there is always the potential for another Gates or Buffett, or perhaps even a number of them.

Of the 10 largest foundations in the United States today, 5 did not exist in 1987. Many are a product of the tech age: the Gates Foundation, the Hewlett Foundation, the Packard Foundation, and the Gordon Moore Foundation.

What new companies and foundations will set the pace for the future of AIDS philanthropy? Exciting new organizations with innovative perspectives on giving will undoubtedly emerge. So will pioneering companies – including some that have a vested interest in the existence of strong health care systems and populations in the developing and HIV/AIDS-affected parts of the world.

### ***How does the philanthropic sector need to change to accommodate new opportunities and challenges?***

In order to respond in a meaningful way to address the challenges of HIV/AIDS over the next 20 years, the philanthropic sector must recognize that this disease will not be conquered without substantial involvement and investment on their part.

Philanthropic sector leaders must reconsider this disease and its implications.

They must look at AIDS once again, perhaps differently. What are the most successful treatments? What are the most effective ways of care giving? How can philanthropic support have the most impact? How can private support be leveraged effectively and sustained?

There are legitimate and powerful answers to each of these questions. Many potential funders recognize the need and the urgency, but relatively few know how to most effectively help.

In addition, the philanthropy sector must persist in pressuring public officials, emphasizing local investment, commitment, and prioritization. And donors should continue to insist on collaboration and measurable results.

To engage these companies in the AIDS efforts, the starting point is the same as for any cause: get them involved. Employee programs are important and should not be undervalued, but so much more can be done, and so many more companies can help.

While there are very few major corporate players in the field of global AIDS (they can be counted on two hands), many philanthropic vehicles and charities worldwide have made it easier for average donors to participate in a meaningful way. They should be encouraged to continue. In addition to Internet appeals, celebrity events and other one-off programs, it is everyday institutions such as churches, schools, and voluntary charities that have the ability to provide sustained support and most effectively use our monies.

Emerging foundations can make HIV/AIDS a funding priority and part of their vision for the future. But they will rarely do so without significant encouragement and facilitation. Since donors often approach philanthropy with the same mindset that enabled them to acquire wealth in the first place, emerging philanthropists may be more open to innovative programs and venture philanthropy. These approaches have proven effective in combating HIV/AIDS.

The role of private philanthropists in the fight against AIDS will continue to evolve. There are certain challenges that private philanthropists are uniquely well suited to address, including (for example) the efficient flow of funds to local communities. As more private funders are engaged in HIV/AIDS work, there will be even greater insistence on clear measurement of action and success.

The philanthropic sector is exceptional in that private funders are generally more nimble and flexible than public donors. Since grant amounts are often smaller than public grants, supporting model projects through testing can prove a valuable lever for further investment.

Given the scale of the challenge, partnerships are essential to success. They can also provide confidence to new donors. Pioneering funders in the philanthropy sector, such as the Gates Foundation and Bristol-Myers Squibb, have developed methodologies that will make it easier and more reliable for others to participate. A lot has been learned through such pioneering efforts. These funders can continue to be invaluable facilitators.

As always, the philanthropic sector will generate global champions. Most recently, ChevronTexaco announced a \$30 million commitment in partnership with the Global Fund to Fight AIDS, tuberculosis, and malaria.

If, as many experts suggest, the fight against HIV/AIDS is to be won village by village, then philanthropic sector support for the fight will be generated philanthropist by philanthropist, person by person: one corporate leader asking another, one philanthropist challenging another to become engaged. Great success is achievable step by step.

Alignment is required between the goals and objectives of philanthropists and HIV/AIDS work and its priority investments. There is a greater likelihood of increased participation if

the issue of HIV/AIDS is viewed within the totality of health care and human service delivery. The impact of HIV/AIDS is evident in the need for treatment and care of the orphans and vulnerable children affected by HIV/AIDS, but also in the presence of other diseases, neglect, and civil strife.

There will continue to be more opportunities for the average person to participate in supporting HIV/AIDS work through service groups, public charities, and churches, as well as over the Internet, through creative retail opportunities (such as Product Red), media productions (such as Idol Gives Back), and donor advised and charitable gift funds.

### ***Future role of philanthropic sector***

The philanthropic sector should expand and diversify over the next 20 years. This diversification will be strengthened by the emergence of new economies in Asia, South Asia, Eastern and Central Europe, the Middle East, South and Central America. These emerging economies will give birth to successful new companies and private philanthropists.

Annual listings of the world’s wealthiest people and most successful corporations clearly illustrate this trend. According to Forbes magazine, there are 936 billionaires in the world, of whom more than half live outside of the United States: “Two years ago, half of the world's 20 richest were from the U.S. Now only four are. India wins bragging rights for having four among the top 10, more than any other country.” (Forbes)

The largest companies in the world will change, merge, and new ones will appear. The same goes for the largest foundations. In 2007, slightly more than \$100 million was contributed from the top 11 U.S. corporate foundation funders, among them Abbott, MAC, Bristol Myers Merck, Pfizer, Levi Strauss, ExxonMobil, Johnson & Johnson. Becton Dickinson dedicates half of its philanthropic budget to HIV/AIDS and technical support.

Of the largest foundations in the U.S. 25 years ago, six of the current top 10 did not exist.

### **Largest US Foundations (1980 – 1993 – 2005)**

<b>Foundation Name</b>	<b>1980 Assets (000,000)</b>	<b>1980 Assets Top 10</b>	<b>1993 Assets (000,000)</b>	<b>1993 Assets Top 10</b>	<b>2005 Assets (000,000)</b>	<b>2005 Assets Top 10</b>
Gates Foundation					\$29,100	1
Ford Foundation	\$2,782	1	\$6,938	1	\$11,615	2
Robert Wood Johnson	\$1,027	3	\$3,456	4	\$9,105	3
Lilly Endowment	\$863	6	\$2,800	6	\$8,355	4
Kellogg Foundation	\$769	7	\$5,046	2	\$7,298	5
Hewlett Foundation			\$865	21	\$7,120	6
Packard Foundation			\$1,274	12	\$5,788	7

<b>Foundation Name</b>	<b>1980 Assets (000,000)</b>	<b>1980 Assets Top 10</b>	<b>1993 Assets (000,000)</b>	<b>1993 Assets Top 10</b>	<b>2005 Assets (000,000)</b>	<b>2005 Assets Top 10</b>
Mellon Foundation	\$880	5	\$2,300	8	\$5,500	8
MacArthur Foundation			\$3,100	5	\$5,360	9
Moore Foundation					\$5,200	10
Pew Memorial Trust	\$1,161	2	\$3,512	3		
Rockefeller Foundation	\$1,000	4	\$2,300	7		
Kresge Foundation	\$655	8				
Mott Foundation	\$428	9	\$1,250	13		
Duke Endowment	\$380	10	\$1,441	11		
Annenberg Foundation			\$1,654	9		
Woodruff Foundation			\$1,594	10		

Estimated U.S. foundation giving for international purposes reached a record \$5.4 billion in 2007, and 2008 giving is likely to top that record, according to the Council on Foundations: International giving grew faster than overall giving between 2002 and 2007—after inflation, international support rose by more than 50 percent, compared to a 22.3 percent rise in total giving.

The Gates Foundation accounted for more than half of the increase in funding between 2002 and 2006.

Excluding the Gates Foundation, international giving still grew faster than overall giving, benefiting from increased funding by new and newly large foundations; higher levels of giving by well-established international funders with growing endowments; and the foundation response to natural and humanitarian disasters around the world.

Region-specific grants to U.S.-based recipients mainly targeted programs focused on Sub-Saharan Africa, while overseas funding primarily benefited global programs and Sub-Saharan Africa.

Giving related to health issues captured the largest share of international grant dollars, while funding for international development showed the most growth from 2002 to 2006.

Excluding Gates, the greatest share of international grant dollars went for international development, followed by the environment and health.

In addition to these three traditional sectors of private support, trends indicate the emergence of other important sources of philanthropic giving: religious institutions, the Web and virtual communities, and philanthrocapitalism.

Until recently, the Internet had not been a large source of philanthropic support for charities. Currently, online giving represents less than 1% of giving to major U.S. colleges and universities. Even large institutions like Stanford and Columbia University raised only \$6

million and \$3 million respectively over the Internet, on total reported voluntary giving of \$900 million and \$400 million in 2007.

The Internet has proven a very significant source of support for emergency and disaster relief, as well as for some U.S. political campaigns. Web-driven response to the devastation caused by the South Asian Tsunami in 2004 and Hurricane Katrina in 2005 provided billions in aid to the affected areas.

Electronic gifts to the 187 organizations that provided figures for 2005 and 2006 grew by 37 percent, from \$880.7 million to \$1.2 billion, and 85 of those groups saw online gifts grow by more than 50 percent.

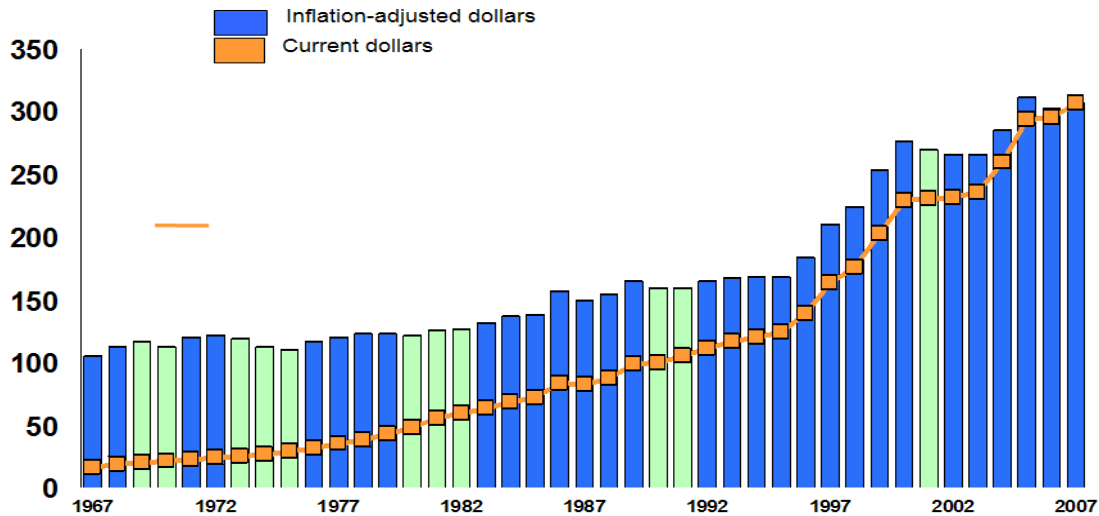
Religious organizations have been strong and consistent actors in the fight against AIDS and its effects worldwide. Christian Aid, Concern Worldwide, and Trocaire in the UK and Ireland, Lutheran World Relief, the American Jewish World Service, World Vision, and many others provide life-saving and caring support.

Increasingly, response to global health issues is seen as a form of faith witness for religious values and beliefs. Recently, the United Methodist Churches and a collaboration of Lutheran denominations signed on to significant fundraising campaigns to support global malaria initiatives. Such efforts are certainly not new to either congregation. Both have longstanding programs and outreach efforts in Africa and elsewhere.

Overall philanthropic activity and support should continue to grow. The recent economic downturn and forecasting of a prolonged global recession will slow philanthropic growth but should not reduce it significantly in the short term, nor cripple it in the longer term.

Over the past 40 years in the U.S., despite five economic recessions and slow growth through some prolonged periods, philanthropy has always grown. In the United States, philanthropy represents roughly two percent of GDP. Spikes in growth are in line with stock market surges, and declines have been met with slower philanthropic growth – but few outright declines.

## Total Giving 1967 – 2007 (\$ In billions)



**Recessions in light green: 1969–70; 1973–75; 1980; 1981–82; 1990–91; 2001**

In recent years, the United States has seen increasing evidence of significant philanthropic awareness and growth, especially among the wealthiest Americans. In 2007, 16 Americans gave more than \$100 million in philanthropy in one single year.

In 1999, there were an estimated 7.2 million millionaires, more than double the number five years earlier. In 2000, American households held more than \$50 trillion in assets, up from just over \$30 trillion in 1990 and \$20 trillion in 1980, according to Hudson Institute estimates.

Historically, charitable giving rises about one-third as fast as the stock market. Thus, in 2006, charitable donations accounted for 2.1% of GDP in the U.S.

It is estimated total charitable contributions will be between \$21.2 and \$55.4 trillion for the years 1998 to 2052. In addition, somewhere between \$6.6 trillion and \$27.4 trillion in charitable bequests will be made over that same time span. By the year 2055, some \$41 trillion will change hands as Americans pass on their accumulated assets to the next generation, according to Boston College's Center on Wealth and Philanthropy.

According to Forbes Magazine (2008), there are 8 billionaires in the United States under the age of 40, including 24-year-old Mark Zuckerberg of Facebook. While some of these billionaires have experienced recent economic challenges, their wealth remains roughly intact.

Name	Net Worth	Age	Residence	Source of Wealth
Sergey Brin	15.9	35	Palo Alto, CA	Google
Larry Page	15.8	35	San Francisco, CA	Google
Daniel Ziff	3.7	36	New York, NY	Inheritance, hedge funds
Kenneth Griffin	3.7	39	Chicago, IL	Hedge funds
John Arnold	2.5	34	Houston, TX	Hedge funds
Jerry Yang	1.7	39	Los Altos Hills, CA	Yahoo
Mark Zuckerberg	1.5	24	Palo Alto, CA	Facebook
Lorenzo Fertitta	1.3	39	Las Vegas, NV	Casinos, Ultimate Fighting Championship

Forbes also reports 40 billionaires younger than 40 throughout the world.

Name	Citizenship	Age	Wealth	
Albert von Thurn und Taxis	Germany	24	2.3	Germany
Hind Hariri	Lebanon	24	1.1	Lebanon
Yang Huiyan	China	26	7.4	China
Fahd Hariri	Lebanon	27	2.3	France
Aymin Hariri	Saudi Arabia	29	2.3	Saudi Arabia
Begumhan Dogan Faralyali	Turkey	31	1.0	Turkey
Xiaofeng Peng	China	33	2.5	China
Kostyantyn Zhevago	Ukraine	34	3.4	Ukraine
Xian Yang	China	34	1.6	China
Sameer Gehlaut	India	34	1.2	India
Dmitry Zelenov	Russia	35	1.4	Russia
Sergei Polonsky	Russia	35	1.2	Russia
Viktor Kharitonin	Russia	35	1.1	Russia
Serra Sabanci	Turkey	35	1.1	Turkey
Sergei Popov	Russia	36	6.4	Russia
Andrey Melnichenko	Russia	36	6.2	Russia
Andrei Molchanov	Russia	36	4.0	Russia
Danil Khachaturov	Russia	36	2.0	Russia
Anurag Dikshit	India	36	1.6	Gibraltar
Ma Huateng	China	36	1.4	China
Hanzade Dogan Boyner	Turkey	36	1.0	Turkey
Saad Hariri	Saudi Arabia	37	3.3	Saudi Arabia
Igor Altushkin	Russia	37	1.9	Russia
Vikas Oberoi	India	37	1.7	India
Vuslat Dogan Sabanci	Turkey	37	1.0	Turkey
William Ding	China	37	1.0	China
Yuri Zhukov	Russia	38	6.1	Russia
Kirill Pisarev	Russia	38	6.1	Russia



Name	Citizenship	Age	Wealth	
Wong Kwong Yu	China	38	3.5	China
Chu Lam Yiu	Hong Kong	38	1.9	Hong Kong
Girish Tanti	India	38	1.3	India
Zhang Cheng Fei	China	38	1.3	China
Dmitry Ananyev	Russia	39	2.3	Russia
Alexander Shnaider	Canada	39	2.2	Canada
Jay Y Lee	South Korea	39	1.7	South Korea
Nikolai Sarkisov	Russia	39	1.5	Russia
Robin Li	China	39	1.4	China
Maxim Blazhko	Russia	39	1.4	Russia
Ruben Vardanian	Russia	39	1.3	Russia
Chung Yong-Jin	South Korea	39	1.0	South Korea

Under the right conditions, entry by new funders and players into the work on HIV/AIDS is very likely. Philanthropy is a growing sector and global awareness of philanthropy is worldwide phenomenon. Private wealth is expanding to more parts of the world, at lightning pace, and finding its way closer and closer to the epicenter of HIV/AIDS.

According to the Hudson Institute, worldwide philanthropic growth is evident, yet more difficult to measure than public funding.

The historic commitments of Ted Turner, Bill and Melinda Gates, Warren Buffett, and others, combined with the efforts of Bill Clinton, Bono and other world figures and celebrities have awakened philanthropic interest in the challenging global public health issues. A recent review by Community Counselling Service Co., LLC (CCS Fundraising) of the world's billionaires identifies a growing number of international philanthropists, and a greater interest in public health and inequity issues. While international issues continue to trail behind local health care, religion, education, and the arts causes, there is a growing awareness among emerging philanthropists of global health issues.

Of great significance is the impressive philanthropy of new international donors. Mexico's Carlos Slim Helú, India's Anil Agarwal, Hong Kong's Li Ka-shing, and Ukraine's Victor Pinchuk have all championed various local and global causes.

Emerging economies will produce new philanthropists with a wide range of interests, from the arts, culture, and education to conservation, climate change and major public health issues such as HIV/AIDS.

Meanwhile, there will continue to be an interconnectedness among these emerging philanthropists, who learn from each other in business and social dealings. There is acknowledgement among the world's business and finance leaders that philanthropy is both encouraged and expected as a means of both corporate distinction and social recognition. Global business connections readily expose new wealth earners to the respected practices of influential philanthropists.

Recent studies of the interests of this new generation of major philanthropists indicate a shift

from traditional fundraising priorities to new causes, most notably conservation and the environment, human rights, microfinance, poverty alleviation, and public health issues. While this presents a great opportunity for HIV/AIDS funding, the field is getting more crowded and competition for the new philanthropic dollars will be fierce.

Emerging philanthropists have demonstrated how greater awareness of global issues can impact business development. Philanthropic involvement in the public health issues of strategically important countries can benefit a donor in direct and indirect ways.

One reason cited by many large corporate donors to public health causes is the stature it brings the donor in that particular community. They frequently report positive consequences stemming from their involvement, including favorable attention and treatment from public officials, all of which provide significant business benefits.

More and more nations are altering their tax structures to encourage private philanthropy. The United States, the United Kingdom, Ireland and France have all made considerable adjustments in the past to encourage philanthropic and charitable giving. Other countries are investigating ways to provide tax incentives for philanthropic support. Such policies have proven effective in stimulating greater giving.

The advent of the Internet and recent advances in online philanthropy suggest significant opportunities for the future. While the most highly publicized, web-based fundraising successes have focused on the Tsunami and Katrina relief efforts (and the two most recent U.S. political campaigns), there are indicators that the Internet will prove a more significant vehicle for philanthropic support in the future.

According to the Chronicle of Philanthropy, five charities involved in Gulf Coast relief and rebuilding efforts raised over \$560 million online in 2006: American Red Cross, Habitat for Humanity, Mercy Corps, America's Second Harvest, and the U.S. Fund for UNICEF.

Online donations make up a very small portion of most organizations' overall fundraising — less than one percent of overall giving in 2007 for 111 groups in the Chronicle survey. However, for some charities, they are becoming increasingly important. Internet gifts accounted for more than five percent of overall fundraising at 15 leading charities in 2007. Of those, five groups raised more than 10 percent of their donations online — Heifer International (28%), Leukemia & Lymphoma Society (27%), Fidelity Charitable Gift Fund (21%), National Multiple Sclerosis Society (15%), and the Make-a-Wish Foundation (10%).

### **Internet Giving: How Much Charities Have Raised In The Past Five Years**

**Source: Chronicle of Philanthropy**

<b>Organization</b>	<b>2003 (\$In millions)</b>	<b>2007 (\$ In million)</b>	<b>Percentage Change 2003-2007 from</b>
Leukemia and Lymphoma Society	\$1.3	\$66.1	4,967%
Salvation Army	1.3	11.3	744
Medicines Sans Frontieres USA	1.7	12.5	635
Campus Crusade For Christ	4.5	33	633
U.S. Fund For UNICEF	1.3	9.7	624

American Red Cross	1.9	12.6	568
Habitat For Humanity International	1.7	9.5	462
American Heart Association	5.8	27.5	373
National Multiple Sclerosis Society	10	36.1	261
Heifer International	8.2	29.5	259

Highly effective web-based giving vehicles and integrated programs can provide a foundation for significant increase in online support in the coming years. There is evidence to believe that online giving will improve exponentially in the foreseeable future.

The growing interest in social entrepreneurship and the influence of proponents such as Professor Mohammed Yunus, Sir Richard Branson, Larry Page, Sergey Brin, Steve Case, and Marc Benioff will stimulate creative approaches and new entrants into the field of philanthropy and philanthropiccapitalism.

The economic crisis may have dealt a temporary blow to the charitable potential of Fidelity Charitable Gift Fund, the largest administrator of donor-advised funds in the nation. Despite the economic downturn, Fidelity donors recommended more than \$1 billion in grants to nonprofit organizations in 2008, a particularly noteworthy milestone given today's economic environment.

Since its inception, the Fidelity Charitable Gift Fund has made more than \$8.8 billion in donor-recommended grants to nonprofit organizations. The donor-advised funds have continued to grow despite this year's economic turmoil. The number of grants awarded by the Fidelity Charitable Gift Fund through the end of the third quarter 2008 increased 12 percent year over year, totaling some \$744 million, even though contributions to the fund were down 35 percent over the same period.

Corporate governance practices have influenced and changed the ways that companies make decisions about philanthropy and engagement. The prevalence of corporate social responsibility programs, combined with new corporate governance standards, have further democratized corporate giving programs — making them increasingly responsive to employee and customer interests, and less influenced by senior corporate officers. As a result, the decision-making process is often longer and more inclusive.

The practice of good corporate citizenship is expected among many companies and throughout more communities worldwide. Even publicly-controlled or assisted companies are expected to provide philanthropic support. Philanthropic giving can provide a “license to operate” in some jurisdictions, offering corporate leaders an opportunity to demonstrate to government officials their interest in the welfare of the communities they are serving.

Internet-based virtual communities and social networks create significant long-term potential for philanthropic activity. Many causes have become actively involved in social networks to stimulate interest in their work and increase awareness within these fast-growing social communities.

## *New opportunities and challenges for the philanthropic sector*

What is the future role of the philanthropic sector, given the scale of the HIV/AIDS pandemic and availability of private sector funds?

The demand for funds for deserving charities, coupled with the reduction of public funding, has tightened the field and created intense competition for philanthropic funds. Most of these demands are not HIV/AIDS-related.

In the foreseeable future, what will change? A positive view might suggest that the role of the philanthropic sector in the HIV/AIDS field will become clearer. Ways to help will be more evident and straightforward. Accountability, transparency, and efficiency will improve. More models of success will be replicable. Measurements of both the scale of the disease and indicators of success will improve. These are both achievable and significant possibilities and would have profound implications.

A negative view would suggest a return to “general HIV/AIDS fatigue” as articulated back in 1999. Even more onerous would be substantial setbacks in treatment due to more virulent strains of HIV/AIDS, or large-scale wars, armed conflicts, or economic catastrophe. Competing philanthropic priorities will certainly arise, with everything from malaria, tuberculosis, diabetes, cancer and other crippling diseases, to issues of climate change and global warming, access to clean water, species survival, and many other concerns.

Philanthropic activity tends to be cyclical. New faces and priorities appear among leading charitable foundations. New strategic plans are developed. Programmatic initiatives are commonly revisited. The challenge is to work continuously to identify and recruit new actors into the field.

Finally, the importance of political will cannot be understated. The last several years have seen strong G-8 leadership together with strong leadership within affected countries, the emergence of strong players in the private sector, and the innovative vehicle of the Global Fund to Fight AIDS, Tuberculosis, and Malaria. It is imperative that this political will is strengthened and broadened.

### **Opportunities**

There is worldwide recognition that government alone cannot continue to provide all public services – and a willingness, albeit somewhat grudging, in the philanthropic sector to partner with public funders to support essential educational, health, and cultural programs.

It is also generally acknowledged that the participation of the private sector in global public health is not just desired, but necessary. This includes not only private development organizations, but businesses and individuals capable of bringing management acumen, organizational skills, and technical assistance to nascent health systems.

The aforementioned new generation of donors — philanthropists with global companies and global views — is well equipped to assist on the local, regional and global level. It is precisely this kind of technical assistance that is especially important in the field of HIV/AIDS.

HIV/AIDS support presents layers of challenges to potential funders. Despite considerable public information, the disease and its treatments are still not well understood. The regions of the world most affected by the disease are often not well known. Governments are suspect. Health delivery systems are non-existent. The role of each player is unclear. The typical motivators that engender a philanthropic response and involvement are absent: a clear, compelling case; a clear plan of success; a clear role for the donor to play; access to victim and patients; and a sustained plan for the future. Measurable elements for success are absent.

Emerging philanthropies in the Middle East are showing more global interest and beginning to cooperate with European funders and leading U.S. foundations. Many Gulf States are intent on not squandering the spoils of the current economic boom and have developed more strategic approaches to philanthropy and global giving. While serious health issues such as heart disease and diabetes have been identified in their own communities, a dialogue among funders has begun on the needs of the developing world. Recent commitments have been made by Gulf States on malaria and other global health issues.

The Clinton Global Initiative and the World Economic Forum in Davos have been excellent forums for raising awareness and commitments to help battle HIV/AIDS and other issues. Continued focus on global health at these events is imperative, despite other pressing issues ranging from the economic crisis to climatic threats to the planet.

Innovative initiatives such as the Global Alliance for Vaccines and Immunization (GAVI) and BioVentures for Global Health (BVGH) are examples of creative financial instruments and technical partnerships among businesses and public organizations battling HIV/AIDS.

Pioneering partnerships between faith-based organizations, public authorities, and non-profit organizations are more common: institutions such as the Bugando Medical Centre, Tanzania, have been opened as a joint venture between the Catholic Church in Tanzania and the Ministry of Health and Social Welfare, with support from Touch Foundation, Weill Cornell Medical College, Citigroup, Merck, and Abbott Labs.

## **Challenges**

There is no doubt that the current economic downturn places greater pressure on public and private sector funders.

The number of registered 501©3 charitable organizations in the United States reached 1,130,000 (excluding churches) in 2007 from 733,790 in 1998, according to the Internal Revenue Service.

More charities mean a smaller piece of the philanthropic pie. New charities are growing at a rate of six percent per year, whereas overall U.S. philanthropy has grown at a rate of 2.7% over the past 40 years. Competition for the philanthropic funds is undoubtedly intensifying.

Even in Europe, institutions considered the complete responsibility of government (such as universities and leading arts organizations) are becoming more reliant on the philanthropic sector for survival.

Higher education in Europe is woefully underfunded: more universities are charging fees to incoming students, and have begun seeking philanthropic support. Many governments have cut back on arts funding, which affects both local arts groups and worldwide touring companies.

Future funding availability for HIV/AIDS programs will be increasingly linked to government performance. Corporate, foundation, and individual donors will fund those countries and regions that provide the greatest certainty for progress and impact.

Barriers to private sector funding will be affected greatly by accountability. Questionable government practices, inefficient government programs, high transaction costs, fraud, and corruption will discourage new entrants to the field.

Corporate donors will measure the expressed priorities of government officials. If and when governments make HIV/AIDS a priority, companies will begin to realize the importance of supporting HIV/AIDS work to their public relations efforts.

Companies will assess the effectiveness of their grant making in the same way that multilateral agencies do:

- Verifiable statistics on the status of the epidemic
- Effective programs addressing the social causes of HIV risk and vulnerability
- Prevention of new infections
- Treatment progress and current challenges
- Domestic commitment of HIV spending indicating a concrete national commitment to respond

### ***Concerns within the philanthropic sector towards HIV/AIDS funding***

The main concerns of key stakeholders in the philanthropic sector have been fairly consistent over the last decade.

These concerns begin with the continuing reality that too few leading philanthropic organizations fund HIV/AIDS work. Philanthropic activity feeds on momentum and collective action. Leading HIV/AIDS funders are still pioneers and, in some ways, are dogged by perceptions that they are working in a lonely space.

Another concern is the continued amount of work that needs to be done by the funder to ensure the effective use of the support granted. The Global Fund to Fight AIDS, Tuberculosis, and Malaria has helped to develop mechanisms to help reassure funders of proper and effective resource flows.

Finding worthwhile partners is both a concern and an opportunity in the field of HIV/AIDS

work and funding. There are a number of excellent partnerships among private sector actors and within the public-private framework.

Another major concern is justifying use of relatively limited resources given the scale of the problem. Many funders shy away from allocating a significant portion of their philanthropic budget because of the scope of the challenge, and the implicit understanding that funding should be sustained for a prolonged period of time.

Measuring success in an authentic manner is a further barrier to significant HIV/AIDS commitment.

Additionally, when considering the philanthropic objectives of most donors, especially companies, an element of self-interest is lacking, given the location and commercial potential of many of the neediest AIDS-affected communities.

The questions and concerns that may arise among new donors within the philanthropic sector will be similar to those posed ten years ago, and those asked today, including:

- After more than 25 years of work, what has been achieved?
- Is the global HIV/AIDS pandemic a losing cause?
- Have we changed behavior? Can we change behavior?
- What is the possibility of a large-scale recurrence or rollback of progress?
- What are the factors that could trigger regression?
- Has the window of opportunity closed? Has the world's interest moved on to other things?
- Will the economic crisis lessen local government commitment and resolve?
- What does the economic crisis mean vis-à-vis HIV/AIDS?
- How effective have we been in preventing mother-to-child transmission?

Donors will pose the following fundamental questions:

- What is needed now?
- Has the paradigm of need for treatment, care, and prevention changed?
- Where are private funds most needed?
- Where are they most measurable and effective?
- How effective are current programs?
- What are the measurements of success?
- What are the newest strategies?
- How can my funds be leveraged?
- What are current goals and measurable targets?
- What assurances do private donors have of public sector cooperation?
- How do we know these statistics are accurate?
- What is the greatest priority: treatment, research, education, and advocacy?
- Who is a reliable agent? Which governments, which NGOs?
- What are specific examples of success?
- Where are the assurances of accountability?
- What interventions work? Where do they work?

- How much money is needed and what can a relatively small contribution achieve?
- How does this benefit my workforce, my employees, my customers, and my product?
- Does this align with our mission?
- What role should we play in this issue?
- What is the minimum investment of time and finances required to achieve a sustainable impact?

## **Types of funders and their thinking patterns**

- There are many numbers of important questions that potential funders must ask themselves:
- How much money do we have and what are our funding priorities?
- What are the pressing issues of the day? Education, the arts, social and human service? Domestic, international?
- Do we want to take on large, difficult, seemingly intractable issues or ones with more immediate possibilities of success?
- What is our horizon of giving and impact?
- Do we need to physically see the impact of our work? Visit the sites? Know the people? Know the caregivers?
- What are our funding capabilities: cash, products and services, in kind, technical expertise?
- What do we fund? Buildings? Research? Programs? Drugs? Advocacy?
- Where does HIV/AIDS fit into all of this?

## **Corporate Questions**

- Undoubtedly, companies pose a number of targeted questions and concerns:
- 
- What is our overriding strategy of corporate philanthropy? What are our areas of concentration?
- What parts of the world do we care about?
- How is HIV/AIDS affecting us? Our operations? Our people? Our customers?
- What are our operating relationships with local governments and regional leadership?
- What are our relationships with local health officials and government officials?
- Can philanthropy and HIV/AIDS give us an operating advantage in the region? Put us in a favorable light with local public officials? Give us credibility? Buy us time? Ingratiate our executives to the community?
- What about global or regional governmental organizations? Do we need their goodwill? Will doing something in a particularly country help us elsewhere with PAHO, WHO, or others?
- Is HIV/AIDS something these officials care about? Is it a governmental priority?
- Are we more interested in program impact or government acknowledgement and appreciation?



## **Individual Donor Questions**

Private donors giving to international HIV are a special breed. There is no outside mandate or imperative. Such commitment comes from within — a personal recognition — personal commitment or passion, often someone who has seen HIV/AIDS and its impact first hand.

The questions are different than companies or foundations.

- Do we know the people involved?
- Can we meet them?
- Do we know the service providers?
- How can our giving be leveraged?
- What is the right role to play?
- How is this a better investment than another, less risky charity?

## ***Keeping HIV/AIDS on funders radar screen***

The harsh reality is HIV/AIDS is not on the radar screen of the vast majority of funders, which makes the importance of continued motivation even greater. There are some outstanding organizations that have been longstanding funders of HIV/AIDS work. And there are new, exciting entrants into the field.

The basic strategy that will be required to keep HIV/AIDS on the radar screen of different foundations will be the dissemination of accurate information about the scale of the disease and reports of replicable success.

Both highlighting the direct challenges of HIV/AIDS, as well as the larger need for effective new public health systems in affected communities (access, caring for children, caring for families, issues of vulnerable children, learning and education, tuberculosis, and so on) will provide the best ammunition for prospective HIV/AIDS supporters.

It will also be important to continue to explore ways of articulating a healthy division of labor in the fight against HIV/AIDS. What is the role and purpose of multilateral funding, local government commitments, developing public health systems, technical assistance grants, capacity building grants that can help Country Coordinating Mechanisms (CCM) to develop viable proposals, distinct model projects that can be adopted by individual donors?

Active prospecting of new potential funders is an essential strategy. There are 60,000 foundations in the U.S. The top 20 have assets of over \$100 billion. Only about 80 give to HIV/AIDS work internationally. Only about 11 corporate foundations give significantly overseas.

It is especially important to strengthen and promote NGOs that are doing extraordinary development and health work in HIV/AIDS-affected communities, including Save the Children, Oxfam, Medicines sans Frontiers, CARE International, Mercy Corps, UNICEF, the

Baylor Pediatric AIDS Corps, Partners in Health, and many others.

Any activities designed to highlight the accomplishments of philanthropic donors can help in immeasurable ways to build momentum, interest and new donors for essential HIV/AIDS work. Sponsored site visits as well as conferences and forum(s) designed to get emerging foundations engaged are needed.

Surveys of global aid donors clearly suggest fatigue with respect to statistics describing the scourge of HIV/AIDS; rather, there is a desire for success stories.

Ultimately, we know that effective community initiatives are essential for the fight against HIV/AIDS. The battle will be won one village at a time. Many initiatives are self-financed by local organizations, including those providing for orphans and vulnerable children. Those community organizations most likely to appeal to donors do not have the capability to navigate the international funding process. All available efforts should be made to strengthen the ability of local organizations to access available funding.

### ***Relationships among players in the philanthropic sector***

The relationship between philanthropic players should evolve into a more collaborative framework for a number of reasons. The lessons learned by pioneering groups are instructive and provide direct assurances to potential new funders.

The role that the Bill and Melinda Gates Foundation, the Open Society Institution, the United Nations Foundation and others are playing in advocacy, coalition building, partnership development, and paving the way for engagement is important and will reap dividends.

The highly vocal position that Ted Turner, Bill and Melinda Gates, and Warren Buffett have taken on the issues of global health and inequity has had a direct affect in raising awareness among the world's leading philanthropists.

Bold campaigns benefiting global health have helped to strengthen and revitalize some of the leading service organizations. When Rotary International announced its intention in the early 1980s to provide the funding for the oral vaccines to eradicate polio, its membership was in decline. The success of the Rotary Foundation's PolioPlus campaign has given renewed purpose to the organization and resulted in worldwide recognition.

The Lions Clubs International have also responded heroically to the global health crisis of curable and preventable blindness, launching SightFirst, which has succeeded in raising over \$300 million.

On the local level, public health officials have convened private sector representatives and encouraged their participation in the development of implementation strategies for HIV/AIDS. The private sector is a recognized stakeholder in the County Coordinating Mechanisms (CCM) adopted by the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

The Global Business Coalition on HIV/AIDS, Tuberculosis, and Malaria, as well as Friends

of the Global Fund advocacy groups in the United States, Europe, Japan, Africa and Australia have been instrumental in raising awareness and bringing significant donors and advocates to champion the HIV/AIDS cause.

The role of local businesses and service organizations is essential to effective response and care for victims of HIV/AIDS. While it is difficult to fully measure the contribution to the HIV/AIDS cause by voluntary hospitals, local banks, and companies, such contributions are indisputably critical to success. Demonstration of local capacity and involvement can drive donor confidence in significant ways.

Business coalitions can be increasingly helpful in attracting philanthropic investment. Local business coalitions, as documented by a recent World Economic Forum report, have been instrumental in attracting large international companies to work with local organizations.

Business coalitions have emerged as an important channel to support the private sector response to HIV/AIDS. They are now a part of the national HIV/AIDS coordinating framework. Currently there are 47 national business coalitions, with ten more scheduled for launch in 2009-2010. Forty percent of these business coalitions were launched in the past two years and sixty percent in the last five years, according to the World Economic Forum Global Health Initiative.

The traditional donor-to-recipient model is being “supplemented, if not supplanted, by public-private partnerships. The role played by business, governments, foundations, charities, religious organizations... has changed,” according to the Hudson Institute Index of Global Philanthropy 2008. What is emerging is a sense of true partnerships, not just a transaction among donors and recipients.

As leading public health official Bill Foege has often stated: “Nothing can be done alone.” This points to the importance of coalitions and organizations working together. The issues are too complex, the challenges too large. Government, the private sector, NGOs, community and faith-based organizations, all must work together in partnerships to effectively address the complex issues of global health and inequity.

### ***Policy changes and recommendations to foster private sector participation***

The following recommendations are offered to those leading public and private sector officials empowered with the responsibility of ensuring continued flow of resources and continuing public awareness of the HIV/AIDS global needs:

#### **1. DOCUMENTED NEED**

Continued work is required to further document the need, the severity, the scale, and the consequences of the AIDS pandemic.

Greater effort is required to articulate better and fully disseminate the many instances of success in the fight against AIDS. Donors require more examples of the programs that work. The public needs to see hopeful signs in the fight against this disease.

## 2. STAKEHOLDER ROLES

Continued efforts should be made to more clearly define the role of each stakeholder in the fight against AIDS.

- Multilateral donors
- Local governments
- Health systems
- Care givers
- Philanthropic sector donors

Prospective donors need straightforward examples of opportunities to fund programs of prevention, education, treatment, and care.

## 3. ACCOUNTABILITY AND PROTECTIONS

Continued efforts to improve the mechanisms that allow for resource flows to community-based organizations are fundamental to generating extended donor investment. Governments and ministries must be held accountable for spending and results.

Greater clarity is required on the need and the demand for treatment. Information on the number of children and adults reached and the quality of service and intervention is invaluable for good donor stewardship.

As increasing resources are mobilized, more questions of effective outreach to affected household and vulnerable children will be raised.

## 4. WAYS TO ENGAGE

Provide better examples and clarity on how the private sector can engage in the global fight against AIDS.

Catalog and widely disseminate ways in which the philanthropic sector can offer direct support or fund technical assistance, model programs, capacity building for communities, medical training, care for the affected, and partner with other donors.

## 5. SUCCESS STORIES

Widely promote examples of investments that work. These examples should be both large and small, on a scale in which many can participate.

Publicize what others have done, from the pioneering investments of companies like

MAC, Bristol-Myers Squibb, and Merck to the work of private individuals like Mark and Lisa Schwartz.

Assist philanthropic foundations in their efforts to publicize the results of their groundbreaking investments and work.

## 6. ON THE RADAR

Continuous efforts will be required to place HIV HIV/AIDS on the radar screen of potential donors. More participation and greater funding is required at various levels to ensure that resources reach the communities affected by AIDS.

Such efforts should include greater public awareness efforts by existing donors and multilateral funding vehicles.

## 7. TAX INCENTIVES

All donor countries should consider stronger tax incentives for donations to AIDS charities and organizations. Tax incentives work, and recent efforts by numerous states have led to direct increases in support from the philanthropic sector.

## 8. GOVERNMENT PRIORITY AND COMMITMENT

It is imperative that recipient governments publicly indicate that HIV/AIDS is a priority. Government health officials should be regularly reminded that private sector funds will follow if they are seen to be supportive and make HIV/AIDS a priority.

## 9. PARTNERSHIPS AND CO-INVESTMENT

The Global Fund to Fight AIDS, Tuberculosis, and Malaria and other funders should encourage co-investment and identify additional ways in which the private sector can help.

Resources should be made available to support in-country advocacy groups like the Global Fund's Friends Groups. Private funders should be encouraged to support the technical assistance and capacity building that draws public sector support to the neediest communities.

## 10. AIDS AND EMERGING HEALTH SYSTEMS

The philanthropic sector's role in the establishment of permanent health care systems in developing communities should be recognized as an integral part of the fight against AIDS. Prospective donor should understand that all interventions are important: research, treatment, counseling, and long-term care, including orphanages and services for affected families.

Any opportunities to offer matching, challenge or leveraging opportunities to donors supporting the development of permanent health systems should be encouraged.

## 11. BUSINESS COALITIONS

Business coalitions have emerged as an important channel to support the private sector response to HIV/AIDS. Business coalitions should continue to be established as part of the national HIV/AIDS coordinating framework.

Both public and private sector support for business coalitions should be encouraged to ensure their long-term sustainability.

## 12. DONOR RECOGNITION

There are extensive and underused opportunities for recognizing donors for their support of the fight against AIDS. Such recognition events and activities are essential for attracting new donor support and ensuring proper stewardship of existing donors. There are unlimited rewards and recognition opportunities on the local, regional, and international stage.

## 13. TECHNICAL ASSISTANCE AND LEVERAGED INVESTMENTS

Whenever possible, explore opportunities and recognize contributions of technical expertise. Such contributions can allow for a company or individual to provide the resources and expertise to unlock the full potential of effective programming.

The offering of leveraged investments, whereby philanthropic sector contributions are matched or enhanced significantly by public sector investments, provide attractive opportunities for private donors, as do capacity building investments which equip communities with the wherewithal to attract grants and much needed funding.

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