



A European Foundation Centre
(EFC) Special Interest Group

European Philanthropy and HIV/AIDS

A report by the European HIV/AIDS Funders Group

Produced in collaboration with the Center for Strategic
and International Studies



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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The views and recommendations set out in this report are those of the authors, and are not necessarily those of their respective institutions.

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The mapping exercise was carried out under the aegis of the European Foundation Centre's (EFC's) Orpheus Programme. The principal staff involved in the exercise were Triona Keaveney, Sevdalina Rukanova and Denise Hizette.

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Introduction

This report by the European HIV/AIDS Funders Group (EFG) is an analysis of information on 2005 HIV/AIDS spending by European foundations, trusts and charities. It draws on European Foundation Centre (EFC) mapping activities on HIV/AIDS funding, and aims to extend and improve on prior reports on this subject.^{1,2} The report provides information to the international community on European philanthropic HIV/AIDS spending, with the object of guiding a true multi-party, multi-sectoral response to the HIV/AIDS pandemic. The United Nations (UN) has repeatedly emphasised the need for such a response, and Secretary-General Kofi Annan has personally supported philanthropic HIV/AIDS fundraising.

The EFG is a knowledge-based network dedicated to strengthening European philanthropy in the field of HIV/AIDS. The group aims to mobilise philanthropic leadership and resources to address the global HIV/AIDS pandemic and its social and economic consequences. It also promotes an enabling environment for independent giving in this field. The group aims to:

- Foster networking, information and best practice exchange, as well as better communication and coordination among funders who are active or potentially active in the field of HIV/AIDS.
- Enhance donors' knowledge base and grant-making capacity.
- Facilitate cooperation, as well as the development of new initiatives or joint ventures in the HIV/AIDS field.
- Encourage new donor activity in HIV/AIDS.
- Interact strategically with bilateral and multilateral institutions and supranational bodies.

The Group's members include the following organisations:

- Aga Khan Foundation
- European Foundation Centre
- Association François-Xavier Bagnoud
- King Baudouin Foundation*
- Bernard van Leer Foundation*
- The Nuffield Trust*
- CIOMAL
- Fondation Mérieux
- Deutsche Stiftung Weltbevölkerung*
- The Open Society Institute
- Diana Princess of Wales Memorial Fund

(* indicates Executive Committee Members)

The Center for Strategic and International Studies (CSIS) is a Washington, DC-based bipartisan, non-profit organisation that conducts research and analysis, and develops policy initiatives that

1. *European Philanthropy and HIV/AIDS*, EFG, September 2005.

2. *Survey of Foundation Support for HIV/AIDS*, Summer 2002, EFC. Available to EFC members at www.hivaidsfunders.org

look into the future and anticipate change. CSIS seeks to advance global security and prosperity in an era of economic and political transformation by providing strategic insights and practical policy options to decision-makers. As an institution, CSIS does not set out particular published findings or policy positions, but rather hosts the work of its experts.

Among CSIS programs grouped under a 'Global Challenges' research theme, the Center's experts work on demographics and population, energy security, global health, technology, and the international financial and economic system, addressing the new drivers of risk and opportunity on the world stage. The CSIS HIV/AIDS Task Force leads the Center's activity in the area of global health, dedicated to ongoing examination of the strategic choices that lie ahead for the United States in fighting the global HIV/AIDS pandemic.

While the EFG recognises the value of philanthropic work in both the developed and developing worlds, the analysis which follows focuses on activity in the latter, consistent with the EFG's primary interest, and its support of the EFC's Europe in the World (EitW) initiative.^{3,4}

By disseminating this report, EFG intends to facilitate greater coordination and transparency among funders, lessen duplication of effort, and encourage expanded philanthropic support for HIV/AIDS work. These goals are grounded in the premise that philanthropic funding has a unique and critical role to play in fighting HIV/AIDS in the developing world because it has the following characteristics:

- Flexibility, in terms of responsiveness, speed and relative process simplicity.
- Ability to innovate and take risks. Since public funding predominantly travels known roads, philanthropy can provide exploratory money to map and test these roads so that public funding can flow. Philanthropic funding has a unique exponential leveraging effect.
- Political independence. With rare exceptions, foundations are neutral platforms detached from government policy considerations and partisan politics. Where partnership with actors in developing countries is a prerequisite to success, foundations may in many cases find greater acceptance than donor governments.

The information gathered so far is only the beginning of what will always be a work in progress. This paper is intended to prompt proactive input from organisations thus far overlooked, to induce greater transparency on the part of others for which information is as yet incomplete, and to incite welcome cries for methodological help from still others experiencing difficulty in structuring the substance of what is needed to inform, usefully, all interested parties to the global fight against the determinant health threat of our time.

3. As used throughout this paper, the term "developing world" adheres to common World Bank usage denoting all low- and middle-income countries.

4. See www.europeintheworld.info

Method of Analysis

The EFC's Orpheus Programme, with the support of UNAIDS, originally conducted the HIV/AIDS mapping project by assembling activity profiles of 75 organisations known to support HIV/AIDS programmes. Information on 30 of these organisations was re-examined for purposes of the present analysis. Profiles include information not only on HIV/AIDS activity, but also on other major (in some cases primary) undertakings, national origin, organic purposes and restrictions, geographic focus and overall financing. A full list of the organisations examined and further details on the methodology used are given in Annexes 2 and 3 respectively.

Although the type of organisations varied, usually due to differing legal constructs among their respective European host governments, they share the common characteristic that they are sources of at least some philanthropic or charitable funding, the allocation of which is decided on independently. Most are established as foundations under applicable laws, but the term 'foundation' itself has varied national meanings. Some are endowed, community, operating or corporate foundations, while others benefit from the proceeds of lotteries or gambling. Certain organisations, constituted as foundations consistent with a country-specific meaning of the term, act as do charities in other countries, mobilising funds from various sources, including the general public, to support their operational or grant-making programmes. Some organisations are hybrids, combining two or more of these genres. Some surveyed organisations are in fact non-governmental organisations (NGOs) which both execute government grants and separately raise, and grant or spend, private contributions.

Principal Findings and Recommendations

Using data from European foundations, charities and trusts for which financial information was available, the EFC mapping exercise has determined that:

1. Total estimated expenditure by foundations on developing-world HIV/AIDS is €81.1 million (US\$101.2 million) for the most recent complete fiscal year for which data is available 2004 or 2005 as applicable, a near-tripling from 2002/2003 levels. Fifteen foundations exceeded the equivalent of US\$1 million in spending, and accounted for €71.3 million (US\$93.4 million) of this total.
2. Self-financed activities by four charities/NGOs accounted for an additional €86.6 million over the same time period.
3. Many more organisations are focused on HIV/AIDS treatment and care than on prevention.

4. There appears to be significant financial capacity among European foundations for increased developing-world HIV/AIDS grant-making. Foundations profiled for the EFC's 2004 analysis indicated total expenditure for activities other than HIV/AIDS of approximately €3.2 billion in 2003.

5. Financial non-transparency, particularly relating to corporate philanthropy, remains an issue. Several organisations which are engaged in significant developing world HIV/AIDS activity have at different times declined to specify amounts of corresponding expenditure.

Further details on these findings are given below.

Context: Extent of the HIV/AIDS epidemic

The magnitude of the HIV/AIDS pandemic, in terms of multiple categories of impact, places it clearly among the most extreme public health crises in recorded history. As of the end of 2005, approximately 40 million people worldwide were living with HIV. Over 25 million people are estimated to have died from AIDS, including over 3 million in 2005 alone. The epidemic is heavily concentrated in the developing world, as shown in Table 1.

Table 1: Worldwide HIV prevalence and AIDS deaths⁵ (as of the end of 2005)

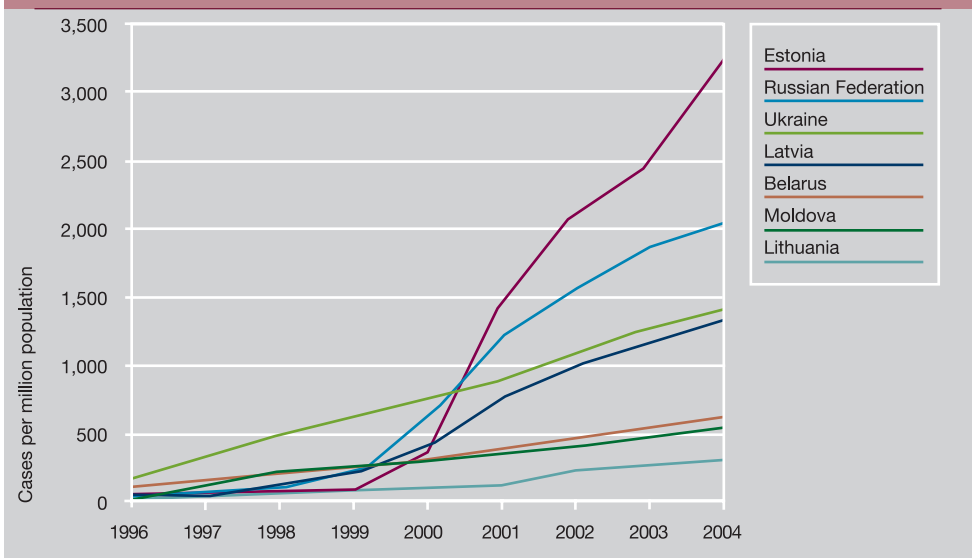
Region	Adults & Children Living with HIV	Adults & Children Newly-infected with HIV	Adult Prevalence Rate (%)	Adult & Child AIDS Deaths
Sub-Saharan Africa	25.8 million (23.8–28.9 million)	3.2 million (2.8–3.9 million)	7.2 (6.6–8.0)	2.4 million (2.1–2.7 million)
North Africa & Middle East	510,000 (230,000–1.4 million)	67,000 (35,000–200,000)	0.2 (0.1–0.7)	58,000 (25,000–145,000)
South & Southeast Asia	7.4 million (4.5–11.0 million)	990,000 (480,000–2.4 million)	0.7 (0.4–1.0)	480,000 (290,000–740,000)
East Asia	870,000 (440,000–1.4 million)	140,000 (42,000–390,000)	0.1 (0.05–0.2)	41,000 (20,000–68,000)
Latin America	1.8 million (1.4–2.4 million)	200,000 (130,000–360,000)	0.6 (0.5–0.8)	66,000 (52,000–86,000)
Caribbean	300,000 (200,000–510,000)	30,000 (17,000–71,000)	1.6 (1.1–2.7)	24,000 (16,000–40,000)
Eastern Europe/ Central Asia	1.6 million (990,000–2.3 million)	270,000 (140,000–610,000)	0.9 (0.6–1.3)	62,000 (39,000–91,000)
Western Europe	720,000 (570,000–890,000)	22,000 (15,000–39,000)	0.3 (0.2–0.4)	12,000 (< 15,000)
North America	1.2 million (650,000–1.8 million)	43,000 (15,000–120,000)	0.7 (0.4–1.1)	18,000 (9,000–30,000)
Oceania	74,000 (45,000–120,000)	8,200 (2,400–25,000)	0.5 (0.2–0.7)	3,600 (1,700–8,200)
Total	40.3 million (36.7–45.3 million)	4.9 million (4.3–6.6 million)	1.1 (1.0–1.3)	3.1 million (2.8–3.6 million)

5. Best estimates in bold, ranges in parentheses. Source of this and subsequent epidemiological data unless otherwise noted: *AIDS Epidemic Update*, UNAIDS, December 2005.

While sub-Saharan Africa remains the epidemic's principal locus, in both absolute and relative terms, overall prevalence in the region has in fact stabilised, sadly owing to increased mortality. The epidemic's growth rates are actually greatest among so-called second-wave countries and regions: principally China, India, Southeast Asia, and of particular concern, Russia and Eastern Europe. Estonia and Russia host the most explosive HIV/AIDS growth rates in the region. According to World Bank estimates, without further efforts to fight the epidemic, AIDS deaths in Russia alone will reach 250,000 to 650,000 a year by 2020, exceeding the total number of Western European deaths since the onset of the epidemic.⁶

The human and social impact of these trends has been extensively analysed and reported on; the economic and fiscal impact, less so. In 2001, the WHO-convened Commission on Macroeconomics and Health (CMH) forecast that the estimated economic cost to the developing world, in terms of gross national income forgone, will be US\$500 billion in the decade ending 2015, assuming static HIV/AIDS programming.⁷ The World Bank set out Russia-particular projections of at least 10.5 percent lost gross domestic product (GDP), and lost investment of up to 14.5 percent, by 2020.⁸ Underlying these forecasts was the disproportionate (compared to other countries and regions) concentration of new infections among young people not only in Russia, but also in the Baltic States and Ukraine (see Figure 1). In Russia, the predictable result is a dramatic decrease in the productive labour force, in a country with an already decreasing and ageing population owing to unrelated demographic and health factors.

Figure 1: Cumulative reported HIV infections in Eastern Europe per million population 1996–2004



Sources: *AIDS Epidemic Update*, UNAIDS, December 2005, European Centre for the Epidemiological Monitoring of AIDS, *HIV/AIDS Surveillance in Europe End-year Report 2004*, No. 71, and World Bank, *World Development Indicators 2005*.

6. *The Economic Consequences of HIV in Russia*, Christof Rühl, Vadim Pokrovsky, Viatcheslav Vinogradov, World Bank, May/November 2002.
 7. *Investing in Health for Economic Development*, WHO, Report of the Commission on Macroeconomics and Health, Geneva, 2001.
 8. Rühl, Pokrovsky, Vinogradov, op. cit.

Context: Financing HIV/AIDS programmes

The most comprehensive recent analyses on HIV/AIDS financing needs include the work of a 2002 UNAIDS-led collaboration of health economists, and the earlier-mentioned CMH study. The CMH study set out a 2007 target for additional spending of US\$13.6–15.4 billion on HIV/AIDS prevention and care.⁹ The more-widely-used UNAIDS analysis set out the total needs estimates that have been cited in this report. The estimates were subsequently updated to US\$14.9 billion by 2006, and US\$22.1 billion by 2008.¹⁰

It is important to emphasise that these estimates of ‘needs’ were never meant to equate to what it would take to ‘stop’ the epidemic; but were limited to statements of the cost of the maximum progress thought to be ambitiously – but operationally – possible. This premise was the basis of certain specific progress goals set out at the 2001 United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, for example:

1. A 25 percent reduction in the new HIV infection rate in the 15–24 age group by 2010; and,
2. A 20 percent reduction in infants infected with HIV by 2005, and a 50 percent reduction by 2010.

A package of 35 specific activity sets required to achieve the UNGASS goals has been constructed and cost-estimated on the basis of country-specific HIV/AIDS prevalence.¹¹

Also, critically, the UNAIDS analysis was built on expectations of both domestic public and private financing as a necessary part of the response, as called for by the UN. Contrary to common interpretation, the needs estimates were not intended to be solely met through international assistance. While domestic financing capacities obviously vary among countries, it was assumed in the aggregate that at least one-third of necessary financing could reasonably be mobilised domestically including, in some cases, spending by individuals and households.

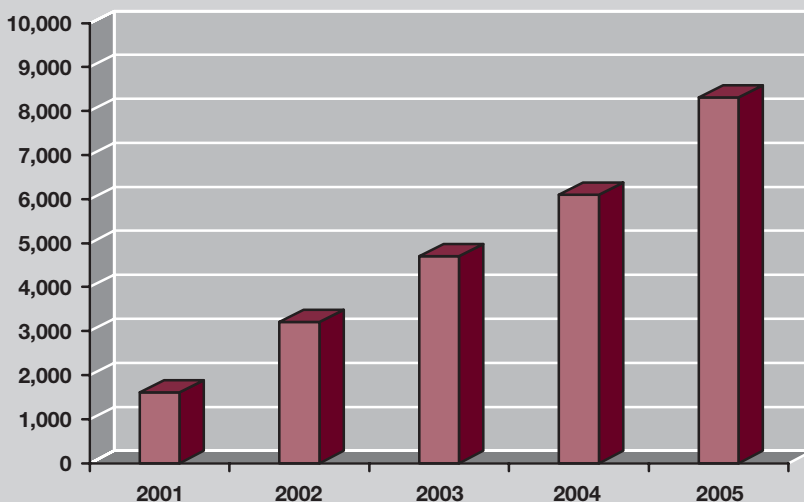
9. WHO, *op. cit.*

10. *Resource Needs for an Expanded Response to AIDS in Low and Middle Income Countries*, UNAIDS, August 2005.

11. *Ibid.*

Against these estimates, it is estimated that HIV/AIDS annual funding for the benefit of low and middle income countries more than quadrupled during the 5-year period ending in 2005, with funding by public institutions accounting for the bulk of the increase. Resources available amounted to US\$8 billion (range of US\$7.5 billion – US\$8.5 billion) in 2005, leaving what appears to be a funding gap between resources available and those needed of US\$4 billion in 2005. Figure 2 illustrates these trends.

Figure 2. Estimated total annual resources available for AIDS 2001–2005 (US\$ in millions).



Data source: UNAIDS.

Among international HIV/AIDS assistance donors, the U.S., the U.K., the United Nations agencies collectively, the World Bank in particular, the Netherlands, Canada, Germany, Sweden and Japan accounted for roughly two-thirds of international assistance spending in 2005. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) disbursed approximately US\$600 million in AIDS-attributable spending in the same year; whilst EuropeAid, the European Community's (EC's) principal development agency, is estimated to have spent in excess of €90 million in 2005 HIV/AIDS funding.¹²

12. Jennifer Kates, Eric Lief, *International Assistance for HIV/AIDS in the Developing World: Taking Stock of the G8, Other Donor Governments and the European Commission*, Kaiser Family Foundation, Menlo Park, CA, July 2006.

Total European philanthropic funding reported

There are indications that European philanthropic HIV/AIDS spending has grown significantly during the past two years. The European foundations examined reported approximately €81.1 million (US\$101.2 million) in programme funding for HIV/AIDS in the developing world for 2004/2005, almost triple 2002/2003 levels. Table 2 itemises (for those organisations for which specific 2004 or 2005 HIV/AIDS financial data are available) the top-ranking foundations in terms of developing world HIV/AIDS spending.

Table 2: Estimated 2005 disbursements (in millions) for HIV/AIDS in the developing world by European foundations.

	€	US\$
Wellcome Trust	19.2	25.7
Fondation Bettencourt Schueller*	9.0	12.1
Open Society Institute	8.1	9.6
Elton John AIDS Foundation (UK)	7.6	9.5
Children's Investment Fund Foundation	6.2	8.3
Fondation Mérieux	6.0	8.0
Fondation François-Xavier Bagnoud	4.2	5.6
Bernard van Leer Foundation	2.4	3.2
Unidea Unicredit Foundation	1.9	2.5
Panos London	1.5	2.0
AIDS Fonds	1.4	1.9
HopeHIV	1.2	1.6
Diana, Princess of Wales Memorial Fund	0.9	1.2
Deutsche Stiftung Weltbevölkerung (DSW)	0.9	1.2
Aga Khan Foundation	0.8	1.0
TOTAL	71.3	93.4

*Refers to only one of the two programmes supported by the foundation in the field of HIV/AIDS.

Only four of these organisations – the Elton John AIDS Foundation (UK), Panos, AIDS Fonds and HopeHIV – are AIDS-singular in their missions and activities. The other organisations carry out HIV/AIDS activities in support of broader missions.

GFATM, though technically a foundation under Swiss law, has not been factored into this analysis of European-based philanthropy owing to the realities of its financing (unendowed; 99 percent DAC-government-funded¹³ on a cash-flow basis) and governance (significant government representation on its board and direction of its activities).

13. Development Assistance Committee of the OECD.

While it is clear that there has been an increase in the number of European philanthropic actors in developing world HIV/AIDS programming in recent years, a preliminary review of organisations' missions and charters supports the thesis that barriers to international activity are both organic and significant. There is also anecdotal evidence that suggests constraining effects of national legal and tax codes on the part of some EU governments. This is a broader concern which is under examination by two EFC task forces.¹⁴

This report did not attempt to assess whether macroeconomic factors, e.g. national economic growth, is affecting philanthropic HIV/AIDS spending, but it does not appear to be a major factor. Most endowed foundations or fundraising charities experienced serious income constraints as a consequence of the post-2000 European economic slow-down. During this time, however, a number of European NGOs substantially increased private HIV/AIDS spending. Indicatively, four European-based NGOs independently reported privately-financed, self-directed charitable 2004/2005 HIV/AIDS activity in the developing world totalling €86.6 million, as shown in Table 3:¹⁵

Table 3: Estimated disbursements on developing world HIV/AIDS by selected European NGOs: 2005 (in millions)

	€	\$
Médecins sans Frontières	45.8	56.9
International HIV/AIDS Alliance	31.6	42.3
Stichting Novib/Oxfam	5.9	7.9
Marie Stopes International	3.3	4.4
TOTAL	86.6	111.5

It is anticipated that charitable/NGO spending will continue to rise. For 2006, MSF alone projects HIV/AIDS spending of €57.2 million, representing a doubling of expenditure from 2003 levels.

Current European-based philanthropic privately-financed HIV/AIDS activity in the developing world is substantively diverse. Brief summaries of activities, on the part of the top-spending organisations identified above, are provided in Annex 1 to illustrate the range of opportunities for further European philanthropic intervention.

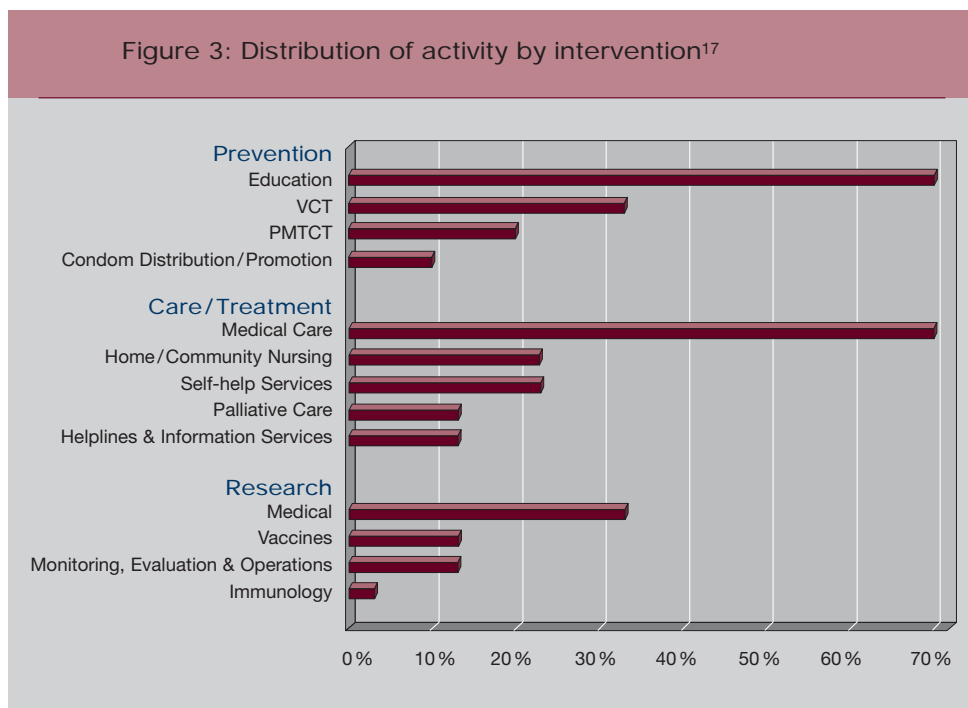
14. Legal and Tax Task Forces of the EFC's European Union (EU) Committee.

15. Independent inquiry, Winter-Spring 2006. Expenditures supported by non-governmental sources.

Surveyed financing: sector, geography and intervention¹⁶

Of the total number of organisations surveyed, 70 percent are funding HIV/AIDS care and/or treatment interventions in some way. Different, in some cases overlapping, sets of the same organisations engaged in various prevention subactivities, and a further overlapping 3–33 percent were found to be supporting a variety of research initiatives. Figure 3 summarises these findings.

Figure 3: Distribution of activity by intervention¹⁷

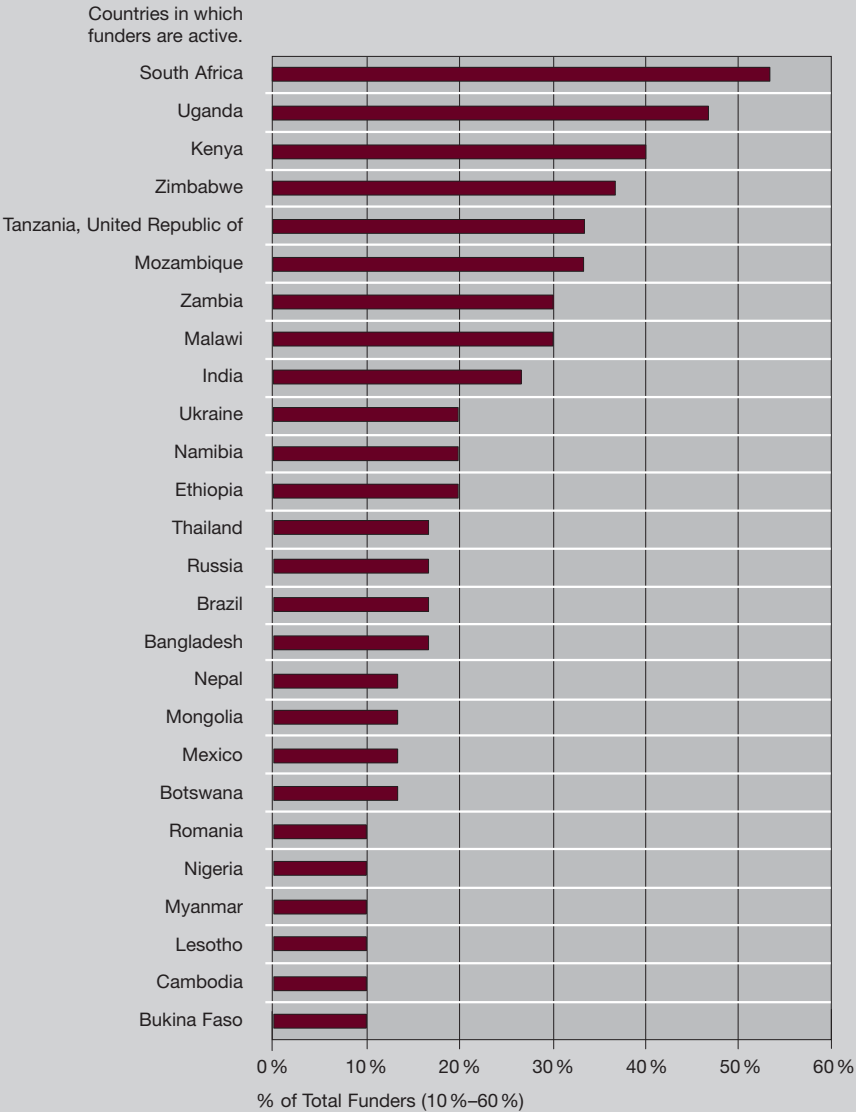


16. Source: EFC, *op. cit.* (see note 1).

17. Figure 3 illustrates the percentage of organisations surveyed that reported doing each type of activity. The denominator is the total number of groups surveyed. The numerator reflects the number of groups reporting that particular type of activity. All activity types of all organisations are counted, and many organisations fund more than one activity, so the percentages sum to more than 100%.

The geographic scope of funding ranges from the local community-scale to regional and national initiatives in developing countries. Figure 4 shows countries in which funders have stated interests. The majority of European funders work in Africa, with a smaller number active in Asia, Latin America, Central and Eastern Europe, and the former Soviet Union.

Figure 4. Geographic distribution of activity (percentage of EFC-profiled, EFG-examined organisations: 2004/2005)



Although many organisations are involved in several of the interventions identified previously, detailed analysis shows that they are generally investing small amounts in several interventions in relatively few countries, with South Africa and Uganda being the most prominent. In contrast HIV/AIDS financing in Eastern Europe and Asia tends to entail fewer but relatively larger grants across fewer interventions.

In the developing world, geographic distribution of activity followed patterns similar to those previously found in public international assistance programming. The UNAIDS needs analysis referred to earlier built its aggregate estimates on assumptions that sub-Saharan Africa-based activity was capable of usefully absorbing approximately 55 percent of required financing, with a corresponding seven percent attributable to Eastern Europe.¹⁸ The most recent geographic breakdown of ODA commitments in 2004 shows that, as estimated by OECD, 63.3 percent of HIV/AIDS assistance went to Africa.¹⁹

There are isolated indications of geographic programming decisions influenced by historical factors. A number of UK-based organisations, for example, support *a priori* activities in Commonwealth countries.

Summary analysis and recommendations

This matrix of interventions and geography appears to reflect funding patterns inherent in the other-than-HIV/AIDS primary missions of most organisations examined. This inference is reinforced by the predominance of independently executed small grants as funding mechanisms of choice among the examined organisations. These commonalities in turn evoke issues as to whether European philanthropic funding in general is being deployed to maximum HIV/AIDS effectiveness and based on this evidence the EFG has a number of specific recommendations for European funders to improve HIV/AIDS funding, namely:

1. Intensify strategic coordination of activities with one another and with national and international HIV/AIDS authorities.
2. Seek optimal impact through their grant making, either through greater pooling of resources (which will also serve to lower administrative costs), or through well-designed small projects with considerable leverage.
3. Seek to better balance the proposal-driven search for innovative approaches on the one hand, with a more proactive, planning and epidemiology-driven approach on the other.
4. Expand involvement in Eastern Europe, given the immediacy of the European HIV/AIDS crisis, and the dimensions of European philanthropy's comparative advantage in the Eastern European region as compared to others.
5. Increase funding towards prevention of infection, given economies of scale and the positive human and economic impact that successful prevention efforts could have.

18. UNAIDS, op. cit.

19. OECD/UNAIDS, June 2006.

6. Use two of their greatest comparative strengths – flexibility and long-term funding – more consciously, taking a long-term view but working continuously on a series of 'dynamic next steps'.

US philanthropy by comparison

For comparison, in its most recent periodic analysis, the New York-based organisation Funders Concerned About AIDS (FCAA) estimated commitments by US philanthropies totalling US\$341.2 million for HIV/AIDS work in 2004 (the latest year for which data was available).²⁰ 35 percent of this total figure (US\$119.1 million) was identified with the Bill and Melinda Gates Foundation, and a further US\$127.5 million was identified with nine other US organisations, as shown in Table 4.

Table 4: Commitments by top US philanthropies to HIV/AIDS in 2004

	US\$ (millions)
Bill & Melinda Gates Foundation	119.1
Bristol-Myers Squibb Foundation, NY	29.1
Abbott Laboratories Fund, IL	22.6
Kaiser Family Foundation	15.1
Ford Foundation	12.7
Merck Company Foundation	11.8
Elizabeth Glaser Pediatric AIDS Foundation	9.8
Pfizer Foundation	9.2
Irene Diamond Fund	8.9
Rockefeller Foundation	8.3
Subtotal (excluding Bill and Melinda Gates Foundation)	127.5
Others	94.6
TOTAL	341.2

Source: Funders Concerned About AIDS, 2006.

Key US Facts

In contrast to their European counterparts, a number of US HIV/AIDS funders specialise in AIDS. This may be a primary driver behind higher US philanthropic spending on HIV/AIDS. Whereas developing world HIV/AIDS is a derivative issue for many active European foundations (consistent with their charters), it is a primary mission element for their US counterparts. In terms of geographic distribution, FCAA found a global focus in 78 percent of the commitments executed by the reviewed organisations.

20. *Report on HIV/AIDS grant making by US Philanthropy*, Funders Concerned About AIDS, New York, August 2006.

Concentration of activity was similarly marked among US and European organisations. Whereas the EFC survey identified just over 80 percent of funding as attributable to ten examined organisations, the corresponding FCAA attribution was 72 percent. U.S. philanthropic funding dedicated to HIV/AIDS grew more than five-fold during the period 1996–2004. No clear pattern has been demonstrated between the effects of the post-2000 economic slowdown and US philanthropic HIV/AIDS spending. A number of active foundations experienced serious contractions in asset value and, accordingly, their HIV/AIDS spending declined. For example, two of FCAA's top ten foundations for 2001 reduced HIV/AIDS spending the following year from US\$35.7 million to US\$2.9 million, and from US\$14.8 million to \$4.3 million, respectively. Simultaneously, however, activity by other organisations was documented to have increased, and new actors emerged. Neither the above information for 2004 nor independent inquiries suggest a downward trend.

Small-grant fragmentation appeared to represent less of a modus operandi among top US funders, possibly owing to the comparatively larger amounts of money programmed. Perhaps for this reason, strategic coordination and prioritisation also appeared to be more characteristic of US HIV/AIDS activity among top-spending organisations. One implication is that it may be easier for some US organisations to get seats at strategic planning tables given the magnitude of their HIV/AIDS spending.

Beyond Philanthropy

This report and the EFC's ongoing mapping project are modest branches of a body of financial and economic research needed if European philanthropy and other international community funders are to act effectively against HIV/AIDS in the developing world. As has been indicated UNAIDS and FCAA also collect and report data on HIV/AIDS spending; however, additional research and mapping is needed to develop a full picture of current HIV/AIDS financing and its impact, particularly in the areas of:

- Mapping multinational corporate spending. Business resources have been stipulated to be part of the solution to meeting HIV/AIDS needs in the developing world, and anecdotal evidence suggests serious corporate activity. Yet little systematic work appears to have been done to determine what corporations do and spend in the developing world for their employees, and in some cases employees' families and communities.
- Mapping religious-affiliated spending. It is widely assumed that religiously-affiliated institutions provide the preponderance of medical and orphan care in a number of countries, but no meaningful global analysis has been done.
- Economic impact analysis. A few country-specific models have been constructed to project the impact of HIV/AIDS on gross national income and data subsets such as labour costs, productivity, purchasing power and inflation.

However, the work has been sporadic and no serious published attempt has been made to generalise it. The link between human health and economic health is extensive, and general principles are well established, so extending these principles to HIV/AIDS should be a matter of interest and resources.

- **Trade impact analysis.** The EFG is unaware of any work done on the derivative effects of AIDS-related economic contraction on imports and exports or of secondary economic effects on trading partners who themselves do not have serious AIDS problems. Yet it should be possible to model these patterns once the AIDS economic impact on higher-prevalence trading partners is defined.
- **Fiscal impact analysis.** No generalised work interpolating AIDS economic impact findings into projections of impact on public revenues appears to have been published to support the theory that money spent on AIDS prevention now mitigates against larger revenue decreases in the future: a “pay-now-or-pay-more-later” construction which would potentially have a determinative impact on the actions of government financial decision-makers.
- **Valuation and mapping of in-kind contributions.** The HIV/AIDS resource impacts of concessional trade flows, technology and intellectual property transfers, and outright gratis provision of goods and services likely collectively dwarfs that of public spending in many countries. Financial principles on which valuation could be based are well-known. There is no indication of published work on this subject.
- **Capacity requirements and capacity spending analysis.** The UNAIDS analysis referred to earlier anticipated increases in programming capacity, but there is limited recent work to define and cost out what ‘capacity’ comprises, how much already exists, and whether new capacity is being developed as needed.
- **Relative burden-sharing analysis.** This would amount to a comparison in purchasing-power terms of amounts spent per affected individual in the developed and the developing worlds. Significant data acquisition and validation work would be needed to build a usable comparative model.

The Group recognises that certain foundations may continue to be constrained to supporting home-country based activities. It highlights these areas of enquiry as only one of many sets of opportunities for wider philanthropic involvement in the global campaign against HIV/AIDS, and in support of an argument that many more of us can play a role in that effort than commonly thought.

Annex 1. Top European Foundations: HIV/AIDS Activity Summaries²¹

The Wellcome Trust

The trust supports research selected on the wider basis of scientific merit, its importance in applications for the welfare of humankind, and the understanding it may bring to the study of the natural world. This support is carried out in the following areas:

- Biomedical science and research.
- Medical humanities, history of medicine and biomedical ethics.
- Public engagement with science.
- Technology transfer.

This support is intended to be complementary to that provided by governance sources.

Trust funded initiatives and collaborative grants include:

- **HIV and Sex Education in Zimbabwe**, which seeks to test the effectiveness of targeting HIV/AIDS prevention strategies at sex workers and the effectiveness of sex education programmes in reducing the incidence of HIV/AIDS infections among young people. The programme is a collaborative initiative among researchers from the University of Zimbabwe, University College London, and the London School of Hygiene and Tropical Medicine.
- The Trust also supports a **Short Pulse Anti-retroviral Therapy at Sero-conversion (SPARTAC) Clinical Trials Programme** to test the theory that a strong, early attack on HIV will have major long-term benefits for those infected with the virus.
- The **Health Consequences of Population Change Programme (HCCPCP)** focuses on the changing health outcomes resulting from demographic, socio-economic and lifestyle changes taking place in less developed countries. These include: migration; health issues of youth and ageing populations, including HIV/AIDS; fertility; urbanisation and the environment; risk behaviour shifts; and the adoption of 'developed country' lifestyles.
- The **Infectious Diseases Initiative**, carried out by the London School of Hygiene and Tropical Medicine, which explores the effects of HIV/AIDS on the spread of measles in children, and an **HIV Heterogeneity and Vaccine Development** collaboration among researchers in London and Moscow which aims to collect and analyse data on HIV/AIDS subtypes and on the lifestyle, behaviour and health of infected individuals.
- Work via the **Africa Centre for Population Studies and Reproductive Health** in South Africa concentrates on MTCT prevention.

21. Source: EFC, *op. cit.* (see note 1).

Fondation Bettencourt Schueller

The foundation supports the following initiatives in the field of HIV/AIDS:

- **Solidarité Thérapeutique et Initiatives Contre le Sida (SOLTHIS)**. This medical association is committed to treating people suffering from HIV/AIDS through the provision of anti-retroviral medication. The association monitors patients within the context of overall and sustainable care combining prevention and treatment.
- **ORVACS (Objectif Recherche VACCin Sida)**. This not-for-profit organisation aims to accelerate research on therapeutic vaccines and immune-based therapeutic strategies against HIV. ORVACS was created in 2001 and consists of an international network of leading researchers with experience in immunology, vaccinology, anti-viral drug development and clinical trials in HIV infection. ORVACS brings to the field of therapeutic vaccines the research complementarity that is required to develop clinical trials for the most promising vaccine approaches seen in the preclinical arena.

Open Society Institute

OSI and the Soros foundations network implement a number of initiatives worldwide to respond to increasing rates of HIV and AIDS. Programmes throughout the network focus on promoting the participation of socially excluded groups in HIV policy-making and programme implementation, and fostering greater government accountability and transparency through civil society advocacy and monitoring efforts.

These include:

- **International Harm Reduction Development (IHRD)**. OSI's signature engagement on HIV and AIDS has been the International Harm Reduction Development Program (IHRD), which supports programmes and policies that seek to reduce HIV infection and other harms related to injection drug use. Since 2001, IHRD has prioritised advocacy to expand availability of needle exchange, opiate substitution treatment, and treatment for HIV; to reform discriminatory policies and practices; and to increase the political participation of people who use drugs and those living with HIV. A leader in the field of HIV prevention for injecting drug users (IDUs), IHRD represents the largest investment that OSI has made in this area.
- **Sexual Health and Rights (SHARP)**. Supports efforts to advance the sexual health and rights of socially marginalised populations at risk for HIV and AIDS, such as sex workers; prisoners; and gay, lesbian, bisexual and transgender populations. Existing HIV/AIDS epidemics linked to high-risk sexual practices or the violation of sexual rights, and the potential emergence of new HIV/AIDS epidemics among socially marginalised populations are of particular concern. Through a combination of grant-making and operational efforts, the project supports innovative service models, legal advocacy, policy analysis, and civil society participation to ensure needs are better met.

- **Palliative Care.** Seeks to make pain relief available to people dying of AIDS-related illnesses and to push for reform of government policies that thwart such care. The programme aims to integrate palliative care into the new large-scale initiatives in Africa through the Global Fund, The President's Emergency Plan for AIDS Relief (PEPFAR), the World Bank, and others. The initiative also supports innovative service delivery models, training of professionals, and networking of service delivery programmes and advocates.
- **Public Health Watch.** Provides support to civil society groups to develop independent, analytical critiques of government health policies vis-à-vis international standards and commitments, as the basis for targeted domestic and international advocacy efforts. The two initial initiatives will be publishing country reports on TB and TB/HIV co-infection in Bangladesh, Brazil, Nigeria, Tanzania and Thailand, and HIV/AIDS in Nicaragua, Senegal, Ukraine, the United States, Vietnam and Zambia. A third initiative, launched in 2006, is supporting community-led advocacy around the need for integrated TB/HIV policies and services.
- **Law and Health Initiative.** Aims to mainstream legal and human rights advocacy into OSI's work on public health. It supports litigation and legislative advocacy to advance the rights of marginalised persons, remedies for discrimination and other abuses in health systems, and access to justice in the context of HIV/AIDS. The Initiative also promotes strong freedom of information laws and other legal tools to facilitate the involvement of civil society in the health policy process. Through collaborations with OSI programmes on justice and the rule of law, the Initiative also aims to broaden the engagement of the human rights movement in public health.
- **Health Media.** Seeks to improve coverage of HIV/AIDS by developing sustained interaction with media owners and editors; build the capacity of NGOs to utilise media and communicate effectively with the public about HIV/AIDS; and promote investigative journalism skills to report on stigmatised health issues.

In addition, many of the 33 autonomous Soros foundations around the world were also engaged in HIV/AIDS grant-making, advocacy and project implementation during 2004, making grants for work on HIV/AIDS in developing countries totalling \$9,602,904.

Elton John AIDS Foundation (EJAF)

The specific remit of the EJAF is to help alleviate the physical, mental and financial hardship of those living with HIV/AIDS by funding direct care services and preventative education programmes. The Foundation is keen to encourage community based projects which:

- Place people living with HIV/AIDS at the heart of programmes and service delivery.
- Promote awareness of individual and collective vulnerability to HIV/AIDS.
- Ensure active participation by a broad and representative group of community members.
- Build capacity, ensure sustainability and deliver value for money.
- Maximise use of community resources.
- Liaise with other sectors to avoid duplication and ensure a co-ordinated response to HIV/AIDS.

Recent representative grants include:

- **Mildmay International, Tanzania.** Ongoing funding to set up a home care programme in the Kilimanjaro region, enlisting the support of leading doctors, hospital managers and local government to nominate nurses and community leaders for training.
- **Morogoro Rural Women Revolving Loan Fund, Tanzania.** Funding to help women in the district start small businesses.
- **Student Partnership Worldwide.** Funding to provide a network of sustainable resource centres to rural communities in South Africa's Eastern Cape for local youth.
- **Migyera Vocational Training Centre.** Funding to provide residential information for 630 children suffering from AIDS to learn a skill such as Civil Engineering, Agriculture or Food Science, Textile & Clothing Manufacture, Electronics, Commerce & Business Management, Arts & Crafts or Mechanical Engineering.

Children's Investment Fund Foundation (CIFF)

In the area of HIV/AIDS, CIFF supports programmes aimed at ensuring that the basic needs are met of children who have been orphaned, or are at risk of being orphaned, by HIV/AIDS, and enable them to thrive. The foundation's primary areas of focus are food security, pediatric care and support, education, and access to anti-retroviral (ARV) drugs for both the child and caregiver. Representative grants:

- Supplying dairy goats to 800 orphans and their guardian families in Homa Bay, Kenya, incorporating intensive training in livestock management, sustainable agriculture and animal husbandry. The programme provides children with nutritional support, training and the tools and resources necessary to develop a sustainable source of income.

- Three separate initiatives aimed at increasing access to lifesaving ARV drugs. These initiatives include providing technical assistance to the Indian Ministry of Health and National Aids Control Office to expand care for, and ARV treatment to, people living with HIV/AIDS; purchasing pediatric ARV formulations and distributing them to 10,000 children; and providing support to African governments to expand ARV treatment.

Fondation Mérieux

Principal HIV/AIDS activities include:

Conferences and Workshops

The foundation organises workshops and membership meetings for technical experts seeking to assess the status and trends of HIV/AIDS, providing an independent perspective on issues raised by the HIV/AIDS pandemic. An example of such an event is the recent Cent Gardes Symposium 'New approaches to HIV infection management', Beijing, China, which convened international experts in order to discuss a global approach to questions on HIV infection management. The foundation also organises international scientific conferences on topics related to HIV/AIDS. A recent event organised by the foundation was the international symposium of European and American scientists which discussed the role of vaccination in the treatment of patients with HIV/AIDS as well as those suffering from different types of cancer, and identified the best strategies in light of the most recent data.

Development Projects

The foundation's grants programme funds development projects for in vitro diagnostics, vaccines and therapeutics. Projects focus on expanding access to quality, effective treatments for HIV/AIDS, as well as other infectious diseases such as malaria and tuberculosis; improving diagnostics and treatment methods for developing countries; improving the health and day-to-day life of individuals concerned by these diseases; and bringing practical and simple solutions to local populations in their fight against these diseases. Recently supported initiatives include:

- **B.C. Centre for Excellence in HIV/AIDS, Canada.** Provision of necessary equipment, resources and training to monitor HIV positive patients on anti-HIV drug therapy in developing countries. Specifically, the foundation donated the NucliSens Molecular testing system to evaluate the health of the HIV-positive in HIV/AIDS-ravaged African countries. Overcoming the time and shipping constraints of conventional blood-in-a-test-tube technology, DBS (dried blood spot) provides the ability to analyse plasma smeared on special cards that are extremely travel-friendly. The Centre validates the NucliSens technology for use on DBS samples arriving from remote areas.
- **Poverty Relief Aid, Kenya.** A project which aims to prevent and control the spread of HIV/AIDS by training and engaging children and youth, mainly orphans, living in the Kwa Njenga slums in Nairobi. Specifically, the project is setting up and sustaining effective, integrated child services on HIV/AIDS. This involves broad, continuous home-based care, voluntary counselling and testing services. The project makes use of peer groups for prevention training, and educational materials, literature and recreational activities are employed to encourage behavioural change.

The foundation also produces publications related to research into HIV/AIDS.

Fondation François-Xavier Bagnoud

The foundation provides \$5 million annually to programmes and initiatives carried out by its NGO, FXB International, in areas such as children's rights, health and human rights, pediatric HIV/AIDS and HIV/AIDS prevention in 13 countries. The NGO, which receives a further \$3 million from external sources – overall budget of \$8 million yearly – works in the following areas:

- AIDS affected community support and empowerment.
- Sustainable social development.
- AIDS awareness and prevention.
- Research and training in the field of HIV/AIDS.
- Advocacy for HIV/AIDS orphans and vulnerable children.
- Home palliative care.

FXB currently supports HIV/AIDS prevention beneficiaries in the following countries:

Brazil

Seeks to provide better access to quality health care for STD/HIV/AIDS-positive children in the city of São Paulo and thereby improve their quality of life. FXB supports actions that empower children and adolescents affected by HIV/AIDS in their families by means of effective measures.

Colombia

Aims to provide comprehensive home based care and treatment to the most destitute children living with HIV/AIDS within the northern region of Colombia in order to increase their survival and improve their quality of life. Services offered are: nutritional evaluation and support, social and psychological counselling, specialised medical diagnosis and treatment, educational and recreational activities, and HIV/AIDS prevention programmes.

India

Seeks to contribute to country/state efforts to control and prevent the spread of HIV infection along with promotion of healthy lifestyle among high risk groups of the sub-population. FXB is implementing programmes in the 35 states and territories of India through hundreds of cutting-edge activities.

Mongolia

Provides medical support, namely kits for diagnosis of STI and HIV, drugs for their treatment; school support, including awareness activity, in Baganur Aimag; and training of health care professionals in Selenge Aimag.

Myanmar

Conducts two programmes of re-integration and prevention to support and assist the various categories of beneficiaries, based on their individual capacities, needs and expressed wishes, in reaching their specific goals in terms of education, vocational skill training and/or search for job opportunities in order to assure their future economic self-sustainability and thus to reduce their vulnerability.

Rwanda

Seeks to improve the living conditions of people living with HIV/AIDS and assist them to overcome poverty, integrate orphans and vulnerable children affected or infected by AIDS into their community, and promote economic micro-development.

South Africa

Aims to reduce the impact of the HIV/AIDS epidemic on HIV infected and affected families, to encourage economic viability, and limit the impact HIV has on children's lives. Specific activities include:

- Offering income generating activities to Women's Groups members.
- Providing basic health care coverage to the beneficiaries of the Women's Groups and their children, as well as orphans they are looking after.
- Supervision and care of orphans and vulnerable children (OVCs) in after school programmes.
- Providing emotional and psychological support to OVCs and their guardians.

Thailand

Facilitates meetings between people living with HIV/AIDS (PLWHA); organises empowerment workshops to train PLWHA leaders and activists; develops income generating activities for PLWHAs and school support for their affected children and OVCs; carries out HIV/AIDS prevention and awareness raising.

Uganda

Assists people in the districts of Luweero and Nakaseke to develop community-based solutions and capabilities to adequately meet the basic needs of OVCs under their care on their own.

Bernard van Leer Foundation

The foundation funds projects in selected countries aimed at developing culturally and contextually appropriate approaches to early childhood care that benefit young children denied educational or developmental opportunities due to social or other disadvantages. Children supported include those belonging to ethnic and cultural minorities; children living in urban slums or remote rural areas; and children of teenage parents. In 2004 and 2005 together, the foundation funded grants in Africa and Thailand with the objective of improving directly and indirectly children's development in areas affected by HIV/AIDS, at psychosocial, nutritional and health levels, including:

- **Rural Outreach Programme, Kenya.** Build the capacity of caregivers and mobilise the community in order to improve the quality of psychosocial, nutrition and health care given to young children living in HIV/AIDS affected households.
- **Kenya Orphans Rural Development Programme.** Strengthen the capacity of the care giving families, to make an improvement in the living conditions of the orphaned child.

- **Maasai AIDS Awareness Programme, Kenya.** Reduce the suffering of orphans, vulnerable children and family members through HIV prevention and strengthening of existing community care and support systems.
- **Christian Children's Fund, Kenya.** Replicate the experience of using traditional and modern child-rearing practices to enhance early childhood development among children aged 0–8 years in Samburu and Marsabit districts.
- **Associacao Wona Sanana, Mozambique.** Create, improve and disseminate innovative initiatives that contribute to improving the way children's issues are addressed in Mozambique, with specific emphasis on child rights, child participation and valuing local knowledge and community strengths.
- **Coopimagem, Mozambique.** Help develop skills to manage feelings and emotions that HIV/AIDS affected children, and those who surround them, are already or likely to be faced with.
- **Durban Children's Society, South Africa.** Ensure protection and development of orphans and vulnerable children in KwaZulu Natal.
- **Family Literacy Project, South Africa.** Improve the low literacy attainment of young children by working with them and their caregivers in more areas within the province of KwaZulu Natal.
- **Kiwakkuki, Tanzania.** Enable 600 families in Kilimanjaro that are affected by HIV/AIDS to provide holistic care to orphans and vulnerable children aged 0–8.
- **Tanzania Commission for AIDS.** Provide funds for re-granting to the Rapid Funding Envelope (RFE) aimed at projects that address the problems of children aged 0 to 8 affected by the HIV/AIDS epidemic.
- **African Network for the Prevention and Protection Against Child Abuse (ANPPCAN), Uganda.** Contribute to the prevention of HIV/AIDS and child abuse through reducing gender related vulnerability among children in Rakai district.
- **Orphans Community Based Organisation (OCBO), Uganda.** Set-up and instill community-based support and parenting initiatives for children below nine years who live in child headed households in Rakai district.
- **Farm Community Trust, Zimbabwe.** Improve the quality of care and provide protection to children in former large scale commercial farming areas in rural informal settlements through consolidating and extending play centres.
- **Training Centre for AIDS Awareness, Thailand.** €195,000 to strengthen the position of children whose parents have died from HIV/AIDS by developing children's capacity, confidence and independence through training and developing a support network.

In addition, the foundation organised four Workshops on Psychosocial Support for Children Affected by HIV/AIDS (November 2004 in Johannesburg, South Africa; April 2005 in Cape Town, South Africa; December 2005 in Abuja, Nigeria; March 2006 in The Hague, Netherlands).

Unidea Unicredit Foundation

The foundation currently funds the following projects:

- **Drug Resource Enhancement against AIDS in Mozambique (DREAM).** The project was launched in 2002 with initial funding by Unicredit with the aim of creating social and health care services to fight AIDS combining prevention, health care education, rehabilitation of the national health care system, support and nutrition programmes, the training of specialist personnel and therapy. All activities are conducted in real partnership with the government and local healthcare workers, setting a co-operative mechanism in motion which restores the entire healthcare system's capacity for action. One successfully achieved objective was the creation of two molecular biology laboratories, representing the core diagnostic service, at the general hospitals in Maputo and Beira, as well as two maternity wards, two health centres and two home assistance centres in these two cities.
- **Medical Treatment, Zimbabwe.** Since 2004, the foundation has been collaborating with The Roberto Bazzoni Onlus (RBO) to guarantee HIV-positive patients the necessary medical care, treatment and medicine. The project has developed an anti-retroviral treatment programme for some 600 HIV-positive people, including children, in the Mutoko district of Zimbabwe, through the Luisa Guidotti Hospital, which provides the medical care, therapy, nurses and everything else that is needed. RBO provides the medicine.
- **People Living With HIV/AIDS (PLWHA), Burkina Faso.** Supports local initiatives which assist people living with HIV/AIDS and their families, thus ensuring that their nutritional needs are met, and assists their families to cope by making food packages available to individuals under treatment and households made vulnerable and at risk by the disease.

Panos London

Panos London seeks to raise awareness of, promote discussion around, and stimulate responses to the social causes and consequences of the HIV and AIDS pandemic, particularly as it affects the developing world. The charity focuses less on changing individual behaviours and the distribution of health messages, and more on supporting communication environments where public debate, the media, and national and international governance allow for more locally owned and sustainable responses. Panos London promotes open and responsible communication and media that reflects participation and ownership of those most affected by HIV and AIDS and is accountable to their priorities, as a key component of an effective global response to the pandemic.

Panos London is part of the Panos Global AIDS Programme (GAP), a network of Panos offices from Africa, the Caribbean, South Asia and Europe, working together to increase participation, ownership and accountability in the response to HIV and AIDS. The GAP was established in 2003 to consolidate the activities and draw on the full breadth of experience different Panos offices have to offer. The GAP is coordinated from Panos Southern Africa in Lusaka, Zambia. Programmatic work has a dual emphasis; firstly to support locally owned and driven civil-society responses to HIV and AIDS, secondly to foster media and policy environments within which these indigenous, participatory processes can flourish. Activities in 2005 and 2006, include monitoring the implementation of the UNGASS Declaration of Commitment from a civil society perspective in selected countries.

Programme activities focus on:

- **Health Communication**

Work to promote enhanced HIV and AIDS communication by providing analysis on HIV and AIDS communication and the role of the media, and by working with, and attempting to influence, the media and international policymakers.

- **Health and the Media**

Promotes a communications environment where the media is not only a vehicle for information dissemination, but also a forum for inclusive and critical debate. The media is ideally placed to challenge national government policies as well as address issues of stigma, gender and other forms of social inequalities relating to HIV and AIDS. By analysing the role of the media in response to HIV, AIDS, TB and other health issues, Panos London aims to contribute towards improving the environments in which the media works, build the capacity of journalists to report on HIV, AIDS, TB and health, and influence policymakers and donors to more effectively engage with the media.

- **Health Journalism Partnership**

Panos London, Internews Network and the International Center for Journalists (ICFJ) have launched a one year pilot phase (until September 2006) of the Health Journalism Partnership (HJP), to build better health journalism in countries with the most acute public health crises. The HJP aims to raise awareness amongst donors of the capacity development needs of journalists to report accurately and promote inclusive public debate on health issues, and will highlight gaps and trends in health journalism capacity building around the world.

- **Social Movements**

Seeks to strengthen HIV and health-related social movements as agents of inclusive social change and advocates for social justice. Panos London is working in partnership with social movements to support participatory communications and research. The project focuses on the relationship between social movements and the media as a lens for exploring processes of communication, representation, voice and accountability within social movements themselves, and within processes of influencing social and political change.

- **Reproductive Health and Gender**

Gathers evidence on the role of promoting open dialogue on this issue in the media, educational and other public settings. This provides an independent assessment of the evidence base upon which sexual and reproductive health information policy and donor frameworks are based. The project aims to provide analysis of how interpersonal communication links with both behavioural and social change communication and where identity, representation and agency are played out within the nexus of all three.

- **HIV and Cultural Practices**

Seeks to lead the development of joint funding proposals to undertake further research and analysis in the role of culture in responses to HIV and AIDS.

- **Eastern Europe and Eurasia**

Gathers background information on the current state of the pandemic in Eastern Europe and Eurasia and has done initial work around UNGASS monitoring in Latvia. Additional needs assessment and consultation, combined with some media content analysis will help clarify an appropriate focus for further engagement in Eastern Europe and Eurasia in 2006 with the potential to increase work in the region in 2007 and 2008.

AIDS Fonds

Recent representative grants include establishment and coordination of programmes for HIV patients in developing countries, in partnership with PharmAccess International, other developing-country-based organisations and the Dutch Foreign Ministry, including:

- Establishment and implementation of a programme for treatment of students in Kenya.
- **TREAT Asia**. Support for this network of clinics, hospitals and research facilities to facilitate the introduction of a safe and effective HIV treatment.
- **Stichting Nederland-Batam, Indonesia**. Establishment of an HIV centre in Batam.
- Support for HIVEducation, a digital training programme on prevention and treatment of HIV/AIDS for health workers in developing countries.
- **Supporting HIV treatment in Eastern Europe**, the Collaborative Fund for HIV Treatment Preparedness. Support for 43 local projects in Armenia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Tadjikistan, Russia, Belarus and the Ukraine.
- **Saving Lives, One by One**. Three projects in Burkina Faso, Zambia and Kenya, providing ARV-treatment for 526 people, working together with the International HIV/AIDS Alliance and AIDSeti.

- STI Netherlands, €54,000 to support AIDS Action Europe, a pan-European NGO Partnership on HIV/AIDS that aims to address the rise of HIV and STIs in Western Europe, support an effective response to HIV and AIDS in Central and Eastern Europe, and advocate for an increase in resources for the global epidemic.
- Establishment of a system of health insurance in Namibia, including ARV-treatment for working people and providing 100 people from the poorest groups with free treatment.

HopeHIV

HopeHIV works with partners in Africa that provide care for children orphaned by HIV/AIDS. All programmes allow the children to be cared for within their own communities. Programme areas include:

- **Leadership Development**
The generationAFRICA programme uses the charity's extensive network of local partners to identify and equip potential leaders from within the orphan generation across Sub-Saharan Africa. These young people will in turn take responsibility for mobilising their communities and nations to respond to the challenges confronting them.
- **Life Skills and Vocational Training**
Supports the training of child heads of households in Tanzania in life skills such as cooking, hygiene, budgeting, agriculture and basic medical care. Tuition is also given in communication skills, assertiveness, self esteem and conflict resolution. Community volunteers offer practical support to orphan child headed households, as well as assistance with income generation to support the whole family. In addition, HopeHIV funds vocational training programmes in trades such as hairdressing, carpentry, agriculture, welding and tailoring, and offers basic business training and micro loans to support young people looking to develop small enterprises.
- **Education**
Pays school fees and buys uniforms and books for thousands of children who would otherwise have to stay away. HopeHIV is currently building two schools, a community nursery school in Lighodo, Kenya and a 105-bed residential primary school for children with speech and hearing impairments in Masaka, Uganda. It also supports ongoing staffing costs at community schools in Malawi, Kenya and Northern Uganda.
- **Psycho-social Support**
Gives financial support to HIV-positive children to attend day programmes where they can participate in recreational, arts and crafts, and drama and play activities. Also funds the 'rolling out' of community based kids' clubs using the psycho-support principles, children's camps, games, and other fun activities.

- **Multiplication**

Supports projects where not only good work is done in one location, but the expertise and experience gained by that group is then passed onto others. An example is the number of Kids' Clubs which have mushroomed and dramatically multiplied all over Botswana and Kenya in the space of less than two years. Hundreds of community workers have been trained and thousands of children helped as a result.

- **Street Kids**

Funds streetworkers in Nairobi, Kampala, Durban and Dar es Salaam to help children escape street dangers and return to their home communities. This involves life skills training with the kids and family interventions. Also, provides financial backing for community-based residential centres for children who have been affected by HIV/AIDS.

- **Fostering**

Supports projects whose aim is to place children in either adoption or foster care homes. The projects are tasked with ensuring that adequate recruitment, screening, matching and both pre and post placement training is offered to foster families. What is paramount is the long term stability, care and safety of the children.

- **Civil War Zones**

Funds medical units, teachers and nutritional training days in refugee camps in northern Uganda. Young people head up HIV/AIDS education groups in the camps using drama and music to communicate their message, aimed at reducing the incidence of new infections.

The Diana, Princess of Wales Memorial Fund

Established in 2001, the fund's Palliative Care Initiative aims to promote support for people living with life-limiting illnesses. This programme of grants and advocacy, focuses on Sub-Saharan Africa, influencing policy and raising public awareness in support of palliative care. Its goal is to ensure that palliative care becomes an integral and properly funded part of public health policy in every country in the region and that palliative care is recognised as an integral part of the continuum of care for people with HIV/AIDS. This is being achieved through supporting local 'champions' who provide palliative care, promoting training for doctors, nurses, health workers, care-givers and volunteers, and advocating for the availability of drugs for pain relief and symptom control. The fund also supports palliative care organisations as part of the initiative, makes grants to other foundations working on HIV/AIDS, and lobbies national governments and bi-lateral organisations.

The fund has developed relationships with the US President's Emergency Plan for AIDS Relief (PEPFAR), the Elton John AIDS Foundation, APCA and others, all designed to better scale-up palliative care. The fund also commissions seminal appraisals of palliative care in Sub-Saharan Africa assessing current provision and making authoritative recommendations for scaling up its delivery.

Representative grants:

- **National Aids Map (NAM), UK.** Awarded in 2005, this was a one-off grant to audit existing resources of palliative care in HIV work, the development of editorial resources supporting palliative care in HIV work, and marketing of this work amongst key audiences.
- **African Palliative Care Association (APCA).** The association works in collaboration with those organisations and individuals championing palliative care service provision in Africa to ensure governments and other international donors accept palliative care as a vital component in the care of people with life-limiting illnesses, including HIV/AIDS, and incorporate budget lines for dedicated funding that will be used to build palliative care capacity across the region.
- **Maua Methodist Hospital, Kenya.** Introduction of a system for caring for the very sick, including access to morphine. The system will be piloted in three areas – two rural and one poor urban.
- In addition, in 2005, four grants were made to organisations in South Africa for Paediatric Palliative Care training.

Deutsche Stiftung Weltbevölkerung (DSW)

The German Foundation for World Population (DSW) is an international organisation based in Germany and working to help people living in developing countries to avoid unwanted pregnancies and to protect themselves against HIV/AIDS. Educating young people about sexuality and contraception forms the focal point of most DSW projects in developing countries. DSW supports development projects in those countries where there is a high need for family planning, sexual education and further services related to reproductive health and HIV/AIDS. In implementing these projects, DSW works closely together with its local partners and community based organisations.

Key activities include:

- **Development Projects:** DSW raises awareness about AIDS and contraceptives and supports educational initiatives, in order to improve the social and economic situation of young people. The Youth to Youth concept – a DSW initiative for sexual and reproductive health education for young people – is the basis for DSW's successful Youth Programme in four African countries: Ethiopia, Kenya, Uganda and Tanzania.

DSW trains young people as peer educators, who then pass on their knowledge to their peers and act as role models. High quality learning resources are provided in the form of DSW's own educational materials and intensive training. In order to reach as many young people as possible, the foundation is supporting the construction of youth clubs. In these youth clubs the adolescents receive information on sexuality and contraception and they also have the opportunity to play an active role themselves: as peer educators, club leaders or in music and theatre groups.

- **International Cooperation:** DSW is committed to the decisions made at the International Conference on Population and Development (ICPD) in Cairo in 1994. The Cairo Plan of Action, the result of this conference, pointed out new ways of addressing world population growth. In order to ensure successful implementation of these decisions – ensuring universal access to family planning and related reproductive health services – mobilising of public and private finance is necessary. DSW is dedicated, together with its partners, to mobilising these resources.
- **Advocacy:** DSW provides information on the causes, effects and the current trends of world population growth. By doing so, DSW works to raise public awareness about the consequences of an increasing world population for sustainable development and to strengthen political and financial support to sexual and reproductive health and family planning programmes.

DSW's press and information service covers a wide range of publications on world population issues. Furthermore, it takes advantage of recent technological developments, using electronic mailing lists and the Internet to disseminate and publicise the latest developments concerning population growth.

Aga Khan Foundation


The Aga Khan Foundation is a non-denominational, international development agency established in 1967 by His Highness the Aga Khan. Its mission is to develop and promote creative solutions to problems that impede social development, primarily in Asia and East Africa. Created as a private, non-profit foundation under Swiss law, it has branches and independent affiliates in 15 countries. It is a modern vehicle for traditional philanthropy in the Ismaili Muslim community under the leadership of the Aga Khan.

The Foundation focuses on a small number of specific development problems by forming intellectual and financial partnerships with organisations sharing its objectives. Most Foundation grants are made to grassroots organisations testing innovative approaches in the field.

With a small staff, a host of cooperating agencies and thousands of volunteers, the Foundation reaches out to vulnerable populations on four continents, irrespective of their race, religion, political persuasion or gender. In 2004, it funded over 130 projects in 16 countries with a budget of US\$149 million.

The goal of the Foundation's health programme is to achieve sustainable improvements in health status among vulnerable groups, especially the geographically remote, women of childbearing age and children under five.

The Foundation promotes improvements in health policies, financing mechanisms and basic services while enabling communities to adopt effective health practices.



In the past, deficiencies in health policy, financing and service availability undermined attempts to achieve lasting improvements in health status among poor communities. Free-standing, community-based health programmes supported by the Foundation and other donors succeeded in achieving health improvements for a limited time at a relatively low cost. However, communities often did not have the financial resources to sustain improvements, the quality of care and patient referral were not assured, and basic services were often inaccessible and rarely equitable or lasting.

The Foundation now supports interventions that build the institutional capacity of health systems by:

- Strengthening and developing partnerships between all stakeholders from the state to the community;
- Promoting policy dialogue and mechanisms to develop and sustain health systems and services;
- Documenting and disseminating best practices.

Health is more than health care. While the Foundation works to strengthen health systems and services, it also promotes initiatives that offer people the knowledge and skills to avoid illness. These measures include educating women and girls, and enabling families to adopt appropriate hygiene practices. In addition, the Foundation supports testing and implementation of income-generating strategies that allow households and communities to acquire better nutrition and health status. Increased income enables communities to improve nutritional status, particularly that of women and children, and to build and maintain water and sanitation systems.

Annex 2. Examined organisations

Examined in 2004

- ACCENTUS Foundation
- ActionAID International
- Aga Khan Foundation
- AIDS & Kind
- Aids Fonds
- AIDS Healthcare Foundation – Global Immunity
- Allavida
- Anglo American plc
- The Atlantic Philanthropies
- AVERT
- AXA Atout Coeur
- Barry and Martin's Trust
- BBC World Service Trust
- Bernard van Leer Foundation
- The Body Shop Foundation
- BP Amoco/BP Amoco Foundation
- The Bumala Trust
- Cecily's Fund
- The Charitable Organisation Foundation of Elena Franchuk AntiAIDS
- Comic Relief
- Community Fund
- Compagnia di San Paolo
- Crusaid
- DaimlerChrysler
- Deutsche AIDS-Stiftung
- Deutsche Bank
- Deutsche Stiftung Weltbevölkerung
- Diageo plc
- Elton John AIDS Foundation
- F. Hoffmann-La Roche Ltd.
- Fondation AEDES
- Fondation Auchan pour la Jeunesse
- Fondation CIOMAL
- Fondation de France
- Fondation du Présent
- Fondation François-Xavier Bagnoud
- Fondation Marcel Mérieux
- Fondation Roi Baudouin
- Fondazione Franco Moschino
- Fondazione Monte dei Paschi di Siena
- Friedrich-Ebert Stiftung
- Fundação Assistência Médica Internacional
- Fundação Calouste Gulbenkian
- Fundação Luso-Americana para o Desenvolvimento
- Fundació 'La Caixa'
- Fundación Máximo Soriano
- GlaxoSmithKline
- The Health Foundation
- HopeHIV
- Joachim Kuhlmann Stiftung
- Joseph Rowntree Charitable Trust
- Mackintosh Foundation
- Mama Cash, Fund for Women
- Mercury Phoenix Trust
- Michael Stich Stiftung
- National AIDS Trust
- The Nuffield Trust for Research and Policy Studies in Health Services (The Nuffield Trust)
- The One to One Children's Fund
- Open Society Institute
- Panos London
- Real Fundación Victoria Eugenia
- Siemens AG
- SSL International
- Stiftelsen World Childhood Foundation
- Stiftung Swiss AIDS Care International
- TackleAfrica
- Terrence Higgins Trust
- Unilever N.V.
- VolkswagenStiftung
- The Wellcome Trust

Examined or re-examined in 2006

- Aids & Kind, Schweizerische Stiftung
Für Direkthilfe An Betroffene Kinder
- Aids Fonds
- AVERT
- Bernard van Leer Foundation
- Cecily's Fund
- Children's Investment Fund Foundation
- Comic Relief
- Crusaid
- Deutsche AIDS-Stiftung
- The Diana, Princess of Wales
Memorial Fund
- Elton John AIDS Foundation (UK)
- Fondation Bettencourt Schueller
- Fondation CIOMAL
- Fondation François-Xavier Bagnoud
- Fondation Mérieux
- Fondazione Monte dei Paschi di Siena
- Fundação Calouste Gulbenkian
- HopeHIV
- International HIV/AIDS Alliance
- King Baudouin Foundation
- Marie Stopes International
- Novartis Foundation for
Sustainable Development
- Open Society Institute
- Panos London
- SSL International
- Stichting Edukans
- Stichting Novib
- SUEZ Foundation
- Unidea Unicredit Foundation
- Wellcome Trust

Annex 3. Mapping Project Methodological Notes

Background

In 2003, the European HIV/AIDS Funders Group, in collaboration with UNAIDS commissioned a mapping and analysis to examine the work of European independent funders in the field of HIV/AIDS, with a view to mobilising multi-sectoral partners to fight the AIDS pandemic.

A total of 80 organisations were surveyed for the purpose, including independent grant-making and operating foundations, charities, trusts, corporate citizenship programmes, and for comparative purposes, development agencies and NGOs. The findings of the mapping served as a basis for an expert analysis, which was conducted in collaboration with UNAIDS.

The contribution that European funders could make to guiding a true multi-sectoral response to the AIDS pandemic was made apparent when the results of the mapping and analysis were presented at the XV International AIDS Conference in July 2004 in Bangkok, Thailand.

2006 mapping update

In order to continue raising awareness of the important work undertaken in Europe to curb the HIV/AIDS pandemic in developing countries, the European HIV/AIDS Funders Group commissioned an incremental update of the mapping and analysis. The mapping update, which was undertaken by the EFC Secretariat, focused only on European independent funders who were supporting projects/ or operating in developing countries. In January 2006, 45 organisations were surveyed, including organisations identified in the 2003 mapping, as well as newly identified organisations.

Findings


A total of 30 organisations responded to the survey, providing details of their activities and expenditure in the field.

Funder typology

The funders mapped and examined in 2003 and 2006 represent 17 different European countries with a geographic spread across Europe.

The mapping focuses on several types of independent funder:

- Grant-making or operational European foundations, trusts and charities with their own fund or regular source of income, and their own board of trustees or directors.
- European-based corporate funders.
- Large, independent grant-making NGOs and development agencies.



EFC profiles review major activities, including a special section on the funder's HIV/AIDS activities; contact information; the funder's origin and purpose; financial information; and a list of trustees and executives. They also detail a funder's geographic interests, any restrictions on the funding programme, application procedures, and types of publications.



Member organisations of the Funders Group include:

Bernard van Leer Foundation, Netherlands
<http://www.bernardvanleer.org>

German Foundation for World Population (DSW), Germany
<http://www.dsw-online.de>

King Baudouin Foundation, Belgium
<http://www.kbs-frb.be/>

The Nuffield Trust, UK
<http://www.nuffieldtrust.org.uk>

Open Society Institute, UK
<http://www.soros.org>

Fondation Mérieux, France
<http://www.fondation-merieux.org>

Comité International de l'Ordre de Malte (CIOMAL), Switzerland
<http://www.ciomal.ch>

FXB International
<http://www.fxb.org>

The Diana, Princess of Wales Memorial Fund
<http://www.theworkcontinues.org>

European Foundation Centre
<http://www.efc.be>

Aga Khan Foundation
<http://www.akdn.org>

Affiliate Members are:

Funders Concerned About AIDS, USA
<http://www.fcaids.org>

Joint United Nations Programme on HIV/AIDS (UNAIDS), Switzerland
<http://www.unaids.org>

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