

PHILANTHROPIC

# SUPPORT

TO ADDRESS HIV/AIDS  
IN 2018



# MISSION

The mission of Funders Concerned About AIDS (FCAA) is to mobilize the leadership, ideas, and resources of funders to eradicate the global HIV/AIDS pandemic and to address its social and economic dimensions.

FCAA envisions a world without AIDS, facilitated by a philanthropic sector that works collaboratively, transparently, and urgently to ensure focused and robust funding for:

- Evidence-based interventions in the treatment and prevention of HIV infection;
- Advocacy, research, and exploration of new methods to hasten the end of AIDS; and,
- Investments that address the social inequities, health disparities, and human rights abuses that fueled the spread of the epidemic.

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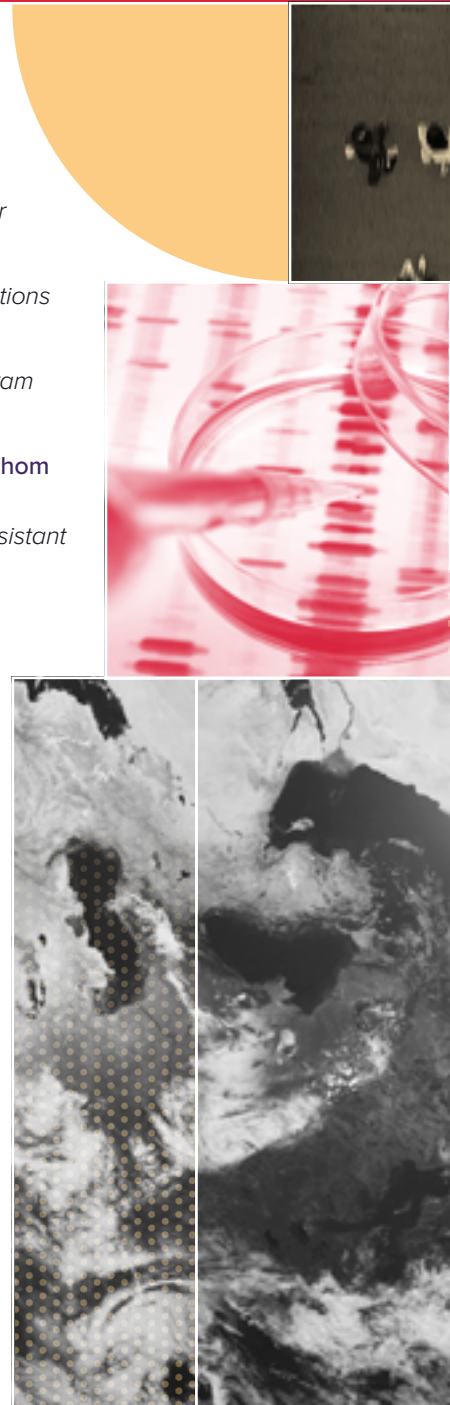
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- Project Design Company, design
- Funders for LGBTQ Issues for their ongoing guidance and collaboration.

**FCAA thanks all the philanthropic entities that shared their 2018 grants lists, which provided the bulk of information for this publication.**

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## ACRONYMS AND ABBREVIATIONS

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**ARV** antiretroviral

**EMCP** Expanded Mexico City Policy

**EMTCT** elimination of mother-to-child transmission

**FCAA** Funders Concerned About AIDS

**Global Fund** Global Fund to Fight AIDS, Tuberculosis and Malaria

**LGBTQ** lesbian, gay, bisexual, transgender, and queer/questioning

**LMIC** low- and middle-income countries

**OI** opportunistic infection

**PrEP** pre-exposure prophylaxis

**STI** sexually transmitted infection

**TB** tuberculosis

**UNAIDS** Joint United Nations Program on HIV/AIDS

**U.S.** United States

**VCT** voluntary counseling and testing

*Note: All figures marked \$ are U.S. dollar amounts.*

## A GUIDE TO READING THIS REPORT:

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**RECOMMENDED RESOURCES:** A series of key stakeholder/partner resources available to help expand your understanding around key issues (e.g. philanthropic funding for LGBTQ Issues, etc.).

**WHY IS THIS IMPORTANT?:** Around particularly important issues (i.e. donor transition, funding for PrEP Advocacy), FCAA provides additional information to help set the needed context to understand the data.

**BEST PRACTICES:** Last year FCAA published the research report Last Mile Funding which identified best practices to effectively fund community action on HIV and AIDS. Several clear synergies emerged through conversations with representatives of both philanthropic and community-based organizations around: making funding more accessible; funding advocacy; funding for core operating costs; and, building capacity. As possible, throughout this report we call out the HIV-related philanthropic sector's current status on funding for some of these best practices. You can find more on the Last Mile Funding research project online at [www.fcaaid.org/what-we-do/research/community-based-organizations](http://www.fcaaid.org/what-we-do/research/community-based-organizations).

**Please visit the FCAA website** at [FCAAIDS.org/resourcetracking](http://FCAAIDS.org/resourcetracking) for an online version of the report, and additional information and resources.

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This year marks the **17th annual** resource tracking publication from Funders Concerned About AIDS on philanthropic support for HIV/AIDS. The report relies on grants lists submitted directly by nearly **80 funders** (representing **over 93%** of the total funding), as well as **grants information** from funder websites, grants databases, annual reports, 990 forms, Candid (formerly Foundation Center), and grants flagged as HIV/AIDS-related received by Funders for LGBTQ Issues. This report specifically captures HIV-related funding from philanthropic organizations around the globe, and excludes any public funding for HIV/AIDS, including government or multilateral support.


**HIV/AIDS-related giving among private philanthropic organizations totaled over \$651 million in 2018, remaining relatively flat, with only an incremental \$13 million or 2% increase from 2017 to 2018.**

**A CONCENTRATION AT THE TOP**


A key headline from this year’s report—much like previous years—is that HIV-related private philanthropy is concentrated among an increasingly small number of funders. The top 20 HIV/AIDS funders —out of the 693 we tracked —awarded nearly \$600 million in grants for HIV/AIDS, accounting for 87% of the year’s total.



**\$651,318,375**  
TOTAL PHILANTHROPIC GIVING TO HIV/AIDS IN 2018



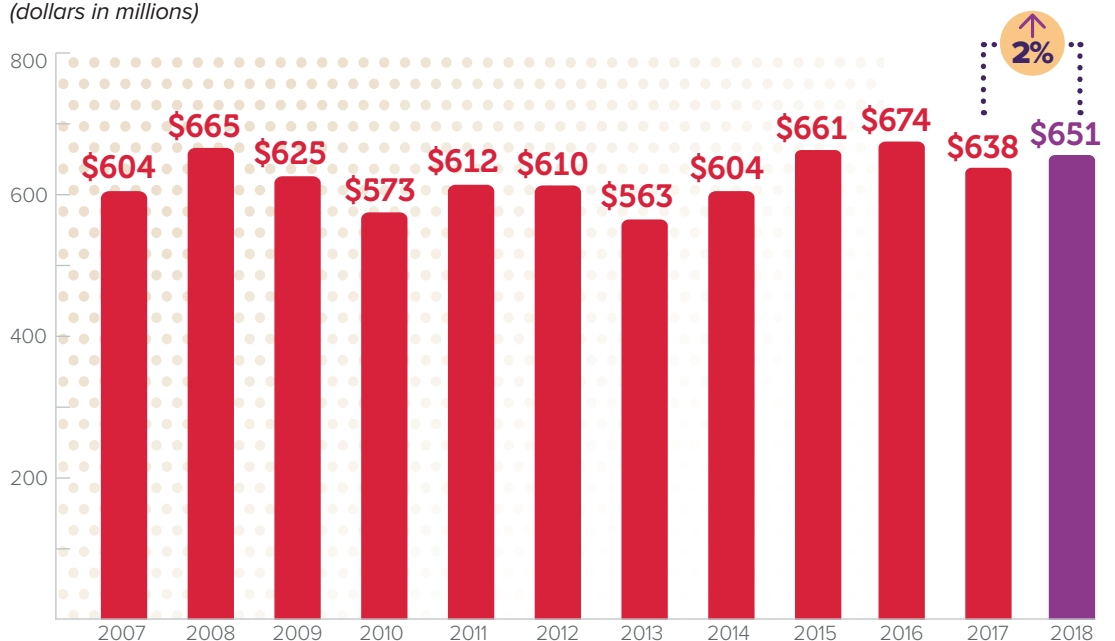
**693**  
FUNDERS



**7,029**  
GRANTS TO APPROXIMATELY 3,500 GRANTEES

Notably, the 2018 increase was mostly driven by a few funders in that top 20, in particular by a \$29 million rise in giving from the Wellcome Trust. To further illustrate the concentration at the top, the threshold for making it onto the top 20 list has dropped below \$4 million, whereas only two years ago a funder had to give over \$7 million to qualify for

**[2007-2018] HIV/AIDS PRIVATE PHILANTHROPIC DISBURSEMENTS<sup>1</sup>**  
(dollars in millions)



this list; yet, the proportion of giving that the top 20 represents has remained relatively the same.

We often report that the top two funders, the Bill and Melinda Gates Foundation and Gilead Sciences, who combined represent 56% of total funding, are responsible for driving the overall increase or decrease. This year, however, the overall funding trend still rose despite a standard fluctuation<sup>ii</sup> of a \$13 million decrease from Gates, and only a slight \$1.6 million increase from Gilead.

### INCREASED DATA COLLECTION

We collected funding totals from 693 funders this year, 266 more than reported in last year's report. The source of this growth was in large part thanks to increased data gathered from Candid, where we tracked \$7 million more in funding from its database. We want to caution, however, that this new influx of funders is not necessarily a sign of a growing field, as 60% of these funders gave only \$10,000 or less. Not enough data is yet available on their giving to indicate a new or continuing focus on HIV.

If we control for the increased data collection this year, and only compare the 230 funders included in both the 2017 and 2018 data set—a more accurate way at understanding the funding changes—we saw only a \$2.7 million increase.

Additionally, when looking at the number of grants given by the total funder pool this year (7,029), we were able to examine the distribution to better understand how this broke down amongst funders. While only 3 funders gave more than 500 grants, 657 funders (or 95% of the total 693) gave just 25 or fewer grants. Even more telling, of those, 471 (or 68%) gave only 1 grant each.

## Snapshot: Notable Changes in 2018

While our headlines focus on the data that drove the incremental increase in HIV-related private philanthropy from 2017 to 2018, there are several other notable and positive changes that will be further explored in the report. Those include:



For the 5th year in a row the **US** received a new high-level of funding, **TOTALING \$200 MILLION.**

**Low and middle income countries** saw a **9% INCREASE** overall from 2017 to 2018, with upper-middle income countries specifically seeing a **53% INCREASE** (\$20 million).



Funding for **PrEP** was **UP 16%**, reaching \$36 million in 2018.

Among the target populations, **older adults (over 50)** saw a **627% INCREASE** with funding going from **\$3m to \$22m**, the largest increase we saw this year for population-specific funding.

**ADVOCACY**, an important strategy that helps leverage philanthropic funding, saw a 6% increase this year



**2017** +38% **2018**

**Capacity Building/Leadership Development**, critical tools to build the power and sustainability of organizations and movements **increased 38%** from 2017, totaling \$63 million, a 100% increase from the benchmark year of tracking in 2016.

## GETTING BEYOND the MYTH of ENDING AIDS

The almost 40-year fight against HIV and AIDS has been marked with a series of evolving strategies, priorities and deadlines. With each scientific or treatment breakthrough came the hope that we were closer to the end of the epidemic. This “ending AIDS” paradigm was intended to grow resources and seize an opportunity to leverage tremendous progress. But even if the end of AIDS is scientifically possible, we need to examine if that framing is spurring resources or breeding complacency. Further, as we increasingly recognize the intersectional nature of HIV, we better understand our task not just as stopping a virus, but also addressing the social and political factors that have fueled it.

As just one example, San Francisco—home to the upcoming International AIDS Conference in July of 2020—is on the verge of announcing the end of the city’s epidemic, having reached their 90-90-90 goals. But can they truly say the epidemic is over when thousands are still living with HIV, needing to continuously maintain an undetectable viral load in a city where many struggle to afford housing? The rate of new transmissions continues unabated among black gay and same gender loving men and trans communities in the US. Even our stories of success, like the prevention of mother-to-child transmission (PMTCT—or vertical transmission), are unraveling in places like Kenya.

The truth is our job is far from over. We need to find a new narrative to reinvigorate the AIDS response as a component of a broader effort to expand health access and promote human rights.

**Yet this year’s resource tracking report highlights HIV/AIDS philanthropic disbursements in 2018 remained relatively flat, with only an incremental 2% increase.**

This increase, driven by relatively few funders, has served to hide the disturbing reality of broader philanthropy’s steady retreat from HIV. In fact, over the course of 6 years, roughly 30 of the once leading funders have left or significantly decreased their investments in HIV, taking approximately \$130 million in resources with them. This is especially problematic at a time when increased resources from private

philanthropy—and funding for advocacy especially—is critical to combat flattening public resources and harmful public policy.

**To better understand the current landscape, FCAA spent 2019 assessing the data.**

For example, we highlighted gaps in funding for some of the populations most impacted by the epidemic, looking specifically at funding for sex workers and people who inject drugs. We convened funders to talk about the rise of harmful laws—such as FOSTA-SESTA<sup>iii</sup> and the Mexico City Policy/Global Gag Rule—that are impacting communities at the frontline of the HIV response. See page 11 for more details on the Global Gag Rule.

As we prepared for our annual Summit, this past October, we realized we were struggling with an essential question: what does it mean to be an HIV funder today? We have all long agreed that a meaningful response requires that the human rights of the most vulnerable and impacted communities are protected and that those communities have broad access to healthcare. But is that HIV work or something larger? Has the umbrella of “HIV funder” expanded to engage communities active in LGBTQ issues, human rights, social justice, health, and beyond?

We pose these questions because 2020 is the final year of FCAA’s current strategic plan. It was the first plan to consider and measure our efforts to address the underlying drivers of the epidemic. For our next plan, we must go further.



But as we do that, even this report—the bedrock of FCAA’s efforts—has become more complicated. How do we identify, collect and measure data on intersectional approaches to HIV?

### Where do we go from here?

Philanthropy represents roughly 2% of global resources for HIV in low and middle income countries—a small but catalytic part of the response. The philanthropic sector has the potential and flexibility to fund the key populations and advocacy that most governments either cannot or will not support.

This past year saw the full replenishment of the Global Fund, with more than \$1 billion of it coming from the private sector, their largest-ever contribution. Yet the efficacy of those resources is threatened by the expansion of the Expanded Mexico City Policy (EMCP/ Global Gag Rule), which could affect sub-recipients of foreign non-governmental organizations (fNGOs) regardless of whether or not they receive direct U.S. Global Health Assistance. According to a recent analysis by amfAR, this means that even funding that is formally exempt from the EMCP—**such as private philanthropic dollars**—can now be impacted by U.S. funding restrictions [see more on page 11].

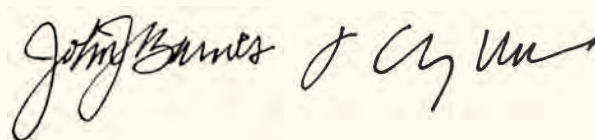
In this regard, FCAA’s role remains clear and urgent: we seek to mobilize philanthropic leadership and resources and to ensure they are deployed for greatest impact. We believe this can only be achieved when individuals and communities most affected are at the center of the response, and when the underlying socio-economic drivers of the epidemic are targeted.

Rather than getting distracted by these policies and seeking only to fill gaps left by declining public resources, philanthropy must aspire to build movements to counter rising tides of fascism and isolationism that endanger key affected populations and regions—the communities that rely on donor support to sustain public health.

November 2020 is the next U.S. national election. Who holds the power to enact policies that can put both the U.S. and global HIV response in peril—or keep momentum going—is in question. We have the opportunity to impact that outcome. Right now, one of our most powerful intersectional strategies is support for civic engagement. Examples include providing long-term general operating support to help grantees embolden their communities to vote, as well as to sustain their power regardless of the election’s outcome. We urge you to consider this work; in 2018, less than \$2 million of HIV-related philanthropy resourced specific strategies to increase voter mobilization. We will be looking more closely into this data as we move forward.

In the coming year, FCAA will be reaching out for your guidance on the development of our next strategic plan. We look forward to hearing what you believe it means to be an HIV funder today. We are eager for your point of view on shaping the new narrative that reminds people AIDS is not over. As we determine how to talk about and analyze intersectional strategies in the HIV response, we will ask you to help connect us to other funders and movements who best understand these intricacies.

**Thank you for all you do. We hope you find the data in this report valuable to your work.**



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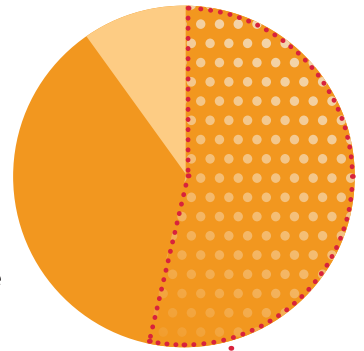
# TOP GRANTMAKERS in 2018

HIV/AIDS philanthropic disbursements totaled approximately \$651 million in 2018, a 2% increase from 2017.

In 2018, the top 20 HIV/AIDS funders, out of the 693 total funders tracked, awarded nearly \$600 million in grants for HIV/AIDS, accounting for 87% of the year's total. Half of the top 20 were HIV-specific funders. For more on this set of funders see page 9.

When compared to last year, the total funding by this top 20 group increased by nearly \$12 million. While promising, this is not necessarily indicative of a long-term trend amongst the top funders. In 2018 half of the top 20 funders decreased their giving, while the other half saw modest increases. The bulk of the total increase was driven by one funder, the Wellcome Trust, whose \$29 million bump was reported as a fluctuation in response to the nature and type of research grant applications that the Trust received in 2018, rather than an increased focus on HIV. In addition, this year the threshold for making it onto the top 20 list has dropped below \$4 million, whereas only 2 years ago a funder had to give over \$7 million to qualify for this list, indicating a further illustration of the concentration of funding at the very top.

The top 20 funders accounted for 87% of all funding in 2018.



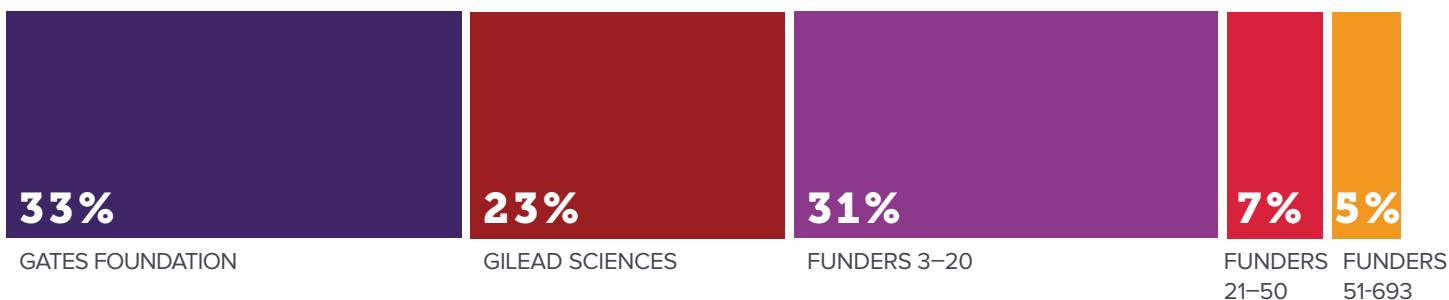
The two leading funders alone accounted for over 56 percent of total funding in 2018.

## [2018] TOP 20 PHILANTHROPIC FUNDERS OF HIV/AIDS<sup>iv</sup>

	FUNDER	LOCATION	2018 DISBURSEMENTS (\$)	% CHANGE FROM 2017
1	Bill & Melinda Gates Foundation	US	228,194,725	-5%
2	Gilead Sciences, Inc.	US	157,047,313	1%
3	Wellcome Trust	UK	34,598,969	528%
4	ViiV Healthcare	US & UK	31,104,860	-17%
5	M•A•C Viva Glam Fund formerly M•A•C. AIDS Fund	US, UK & Canada	26,623,704	15%
6	Elton John AIDS Foundation	US & UK	16,694,918	-16%
7	amfAR, The Foundation for AIDS Research	US	11,927,793	28%
8	Aidsfonds	Netherlands	11,607,412	-1%
9	Conrad N. Hilton Foundation	US	11,335,000	4%
10	Children's Investment Fund Foundation	UK	10,538,410	58%
11	Broadway Cares/Equity Fights AIDS	US	9,732,860	4%
12	Open Society Foundations <sup>v</sup>	US	8,940,341	15%
13	Ford Foundation	US	7,894,300	-1%
14	Sidaction	France	7,531,800	-3%
15	Stephen Lewis Foundation	Canada	4,981,064	9%
16	Johnson & Johnson	US	4,685,141	-66%
17	AIDS United	US	4,672,500	78%
18	National Lottery Distribution Trust Fund (South Africa)	South Africa	4,033,775	-12%
19	Sentebale	UK	4,021,195	-7%
20	FXB International - Association François-Xavier Bagnoud	Switzerland	3,394,679	-9%

## [2018] DISTRIBUTION OF PHILANTHROPIC HIV/AIDS FUNDING BY FUNDER RANK

(by percentage of total disbursements)



## [2018] TOP 10 FUNDERS BY NUMBER OF GRANTS

FUNDER	NUMBER OF GRANTS
1 Gilead Sciences, Inc.	1,085
2 ViiV Healthcare	551
3 M•A•C Viva Glam Fund	527
4 Broadway Cares/Equity Fights AIDS	474
5 National Lottery Distribution Trust Fund (South Africa)	375
6 Sidaction	374
7 Bill & Melinda Gates Foundation	224
8 Stephen Lewis Foundation	215
9 Aidsfonds	146
10 AIDS United	141

The majority of foundations supporting HIV in 2018 awarded only a small number of grants, with 68% of all funders tracked giving only **1 grant each**.

## [2018] DISTRIBUTION OF GRANTS GIVEN BY FUNDERS

NUMBER OF GRANTS GIVEN	NUMBER OF FUNDERS
1000+ grants	1
500-999 grants	2
100-499 grants	11
50-99 grants	5
25-49 grants	17
2-24 grants	186
1 grant	471

# CORPORATE FUNDERS

There were **30 corporate foundations** and giving programs—including four of the top 20 funders—that supported HIV/AIDS work in 2018. This represented **34%** (or **\$230 million**) of total HIV/AIDS philanthropy in 2018. Comparatively, among overall corporate and foundation philanthropy, corporate funders represent only 21% (or roughly \$20.05 billion) of total charitable giving in the U.S.<sup>vi</sup> Of the 30 philanthropic corporate HIV funders,

20% are pharmaceutical companies, yet they represent 86% of corporate funding, and 29% of HIV-related funding overall. It's also important to note when looking at corporate funding that nearly \$82 million (36%) of their funding is designated to Continuing Medical Education courses for medical professionals or to organizations that assist patients to obtain medication co-payments.

## [2018] CORPORATE PHILANTHROPIC HIV/AIDS FUNDERS

FUNDER	2018 DISBURSEMENTS (\$)
Gilead Sciences, Inc.	157,047,313
ViiV Healthcare	31,104,860
M•A•C Viva Glam Fund	26,623,704
Johnson & Johnson	4,685,141
Abbvie Foundation and Abbvie	3,288,547
Levi Strauss Foundation	1,962,500
Merck	1,727,540
Calvin Klein Family Foundation	1,025,000
GlaxoSmithKline	589,843
Wells Fargo Foundation	468,250
MTV Staying Alive Foundation	431,514
Georgia Power Foundation	330,000
Rio Tinto	192,000
TD Charitable Foundation	152,500
Delta Dental Community Care Foundation	60,134
Delta Dental Plan of Colorado Foundation	50,000
Williams Sonoma Foundation	12,455
Newman's Own Foundation	10,000
MetLife Foundation	5,500
Indium Corporation and Macartney Family Foundation	4,000
Yelp Foundation	2,878
BNSF Railway Foundation	2,200
CarMax Foundation, The	2,175
Select Equity Group Foundation	1,750
Bluestone Foundation, The	1,000
RBG, Inc.	500
We Energies Foundation	500
Blue Hills Bank Foundation	300
Puget Sound Energy	60
Western Asset Management Company Charitable Foundation	50



# HIV-SPECIFIC FUNDERS

A small number of funders (26 of the total 693 funders) are **HIV-specific funding organizations**, but their grants represented a substantial amount: 21% of the total in 2018.

While curating this list we look to an organization's mission statement and publicly stated priorities to identify a clear and predominant focus on HIV. It's

important to also recognize that the other 79% of all HIV-related philanthropy came from funders who do not identify as HIV-specific funders. As we explore what it means to be an HIV funder, and the increasingly intersectional nature of HIV-funding, this fact seems pivotal to draw attention to.

## [2018] FUNDERS THAT FOCUS ON HIV/AIDS

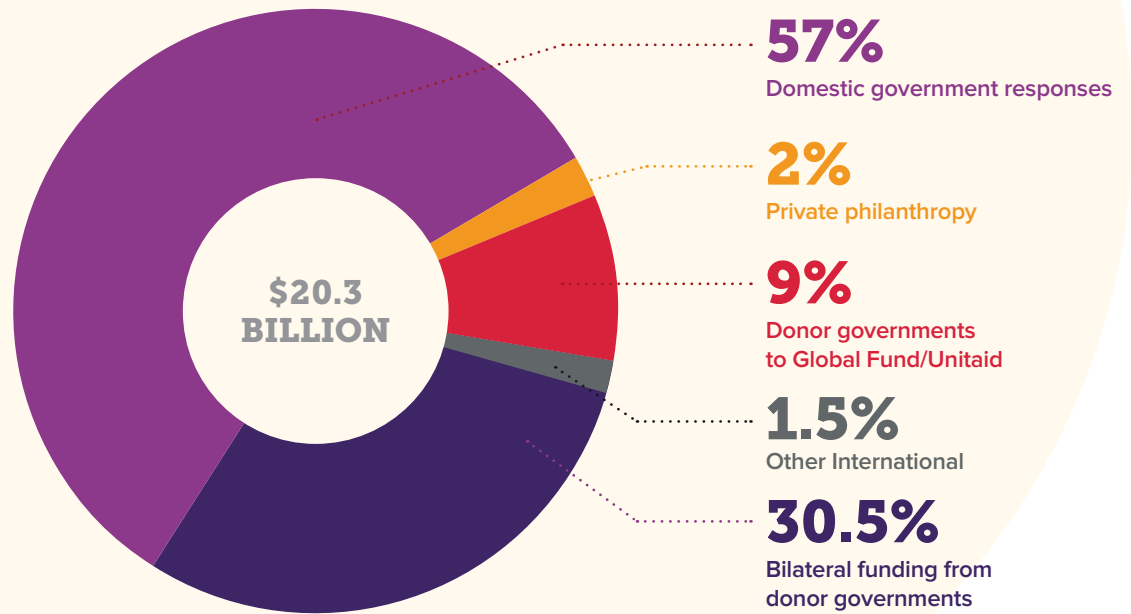
FUNDER	2018 DISBURSEMENTS (\$)
ViiV Healthcare	31,104,860
M•A•C Viva Glam Fund	26,623,704
Elton John AIDS Foundation	16,694,918
amfAR, The Foundation for AIDS Research	11,927,793
Aidsfonds	11,607,412
Broadway Cares/Equity Fights AIDS	9,732,860
Sidaction	7,531,800
Stephen Lewis Foundation	4,981,064
AIDS United	4,672,500
Sentebale	4,021,195
Keep A Child Alive	1,896,610
Egmont Trust	1,506,918
Verein AIDS Life	1,473,539
Elizabeth Taylor AIDS Foundation	1,459,474
Charlize Theron Africa Outreach Project (CTAOP)	917,300
WeSeeHope	915,154
Design Industries Foundation Fighting AIDS (DIFFA)	885,000
Washington AIDS Partnership	867,100
MTV Staying Alive Foundation	431,514
AIDS Funding Collaborative	414,160
Campbell Foundation	370,340
AIDS Foundation of Chicago	194,082
Avert	175,101
Barry & Martin's Trust	166,516
Canadian Foundation for AIDS Research (CANFAR)	120,571
Kent Richard Hofmann Foundation	26,920

It is important to highlight the **bigger picture** of where HIV/AIDS-related philanthropy stands in the larger development landscape. Below we examine the **influence** of philanthropic support for HIV/AIDS compared to the **response** by governments and multilateral institutions, as well as compared to **total U.S. philanthropy**.

UNAIDS estimates that in 2018, approximately **\$20.3 billion** was invested annually in the AIDS response in low and middle income countries (LMIC). FCAA estimates that private philanthropy contributed **\$421 million** of that total funding to LMIC specifically (or 2% of global resources available for HIV/AIDS in LMIC). Donor government giving for HIV/AIDS in

LMIC decreased slightly from 2017-2018 with the 2018 total being \$600 million below its peak in 2014. Meanwhile **philanthropic funding for HIV/AIDS in LMIC increased** by roughly \$15.5 million or 9% in 2018. (See the funding by country income chart on page 19 for more information on philanthropic funding by income level.)

**[2018] TOTAL RESOURCES FOR HIV/AIDS IN LMIC<sup>vii</sup>**



*Note: This chart examines funding for the HIV/AIDS epidemic in low and middle income countries (upper income countries not included) as per available data from UNAIDS and The Henry J. Kaiser Family Foundation for 2018. UNAIDS' analyses focus on LMIC specifically as that is where the vast majority of people with HIV live. For this chart, FCAA has only accounted for private philanthropic funding for LMIC for an analogous comparison.<sup>viii,ix</sup>*

**[2018] SHARE OF TOTAL U.S. PHILANTHROPY FOR HIV/AIDS<sup>x,xi</sup>**



Overall philanthropy from U.S.-based foundations and corporations in 2018 was \$95.9 billion for all areas, up 9% from 2017, while philanthropy for HIV/AIDS work from U.S.-based funders amounted to \$532 million in 2018 (a 2% decrease from 2017).<sup>x,xi</sup>

**Only 55 cents of every 100 dollars awarded by U.S. foundations and corporations in 2018 went to HIV/AIDS issues.**

## THE GLOBAL GAG RULE: WHY IS THIS IMPORTANT?

- Originally referred to as the **Mexico City Policy (MCP)**, according to the Kaiser Family Foundation<sup>xii</sup> this U.S. government policy—when in effect—has required foreign NGOs (fNGOs) to certify that they will not ‘perform or actively promote abortion as a method of family planning’ using funds with any source (including non-U.S. funds) as a condition for receiving U.S. global “family planning assistance.”
- In **January of 2017** President Trump announced the reinstatement of the policy, renaming it as *Protecting Life in Global Health Assistance*—also referred to as the **Expanded Mexico City Policy or EMCP**— and directed the Secretary of State to expand it to apply to all U.S. Global Health Assistance (U.S. GHA).
- The EMCP went into effect in **May of 2017** further extending the policy’s impact to all fNGOs that are either direct, indirect, or sub recipients of U.S. GHA.
  - > Historically the MCP was limited to the United States Agency for International Development (USAID) Family Planning and Reproductive Health Funding. However, the EMCP now restricts all U.S. GHA, including PEPFAR, the President’s Malaria Initiative, Maternal and Child Health, and Tuberculosis funding, among others.
- In **March of 2019** Secretary of State Mike Pompeo announced that the EMCP would be enforced on all sub-recipients of fNGOs, regardless of the source or intended purpose of the funds.

### What does this mean for private HIV-related philanthropy?

In November 2019 amfAR published an illuminating fact sheet on the implications of the EMCP for the Global Fund. According to amfAR, while the U.S. contributes directly to the Global Fund, “organizations receiving Global Fund grants are not required to sign the EMCP as a condition of receiving Global Fund funding.” However, a grantee is bound by the EMCP if they receive both Global Fund and U.S. GHA, or if it is a subrecipient of an fNGO that receives EMCP-restricted funding. This is true even if the sub-recipient does not themselves receive any U.S. funding, regardless of the purpose of that funding.

amfAR’s research found that 12% (or \$1.08 Billion) of total Global Fund allocations to known 2017 and 2018 recipients would be subject to the EMCP.

### Importantly, the mechanism by which Global Fund resources become restricted by the EMCP applies equally to private philanthropic funding.

Essentially, if a recipient of private philanthropic funding at any point receives U.S. GHA, or receives funding from an fNGO or intermediary who is restricted by the EMCP, then they will also be bound by the EMCP.

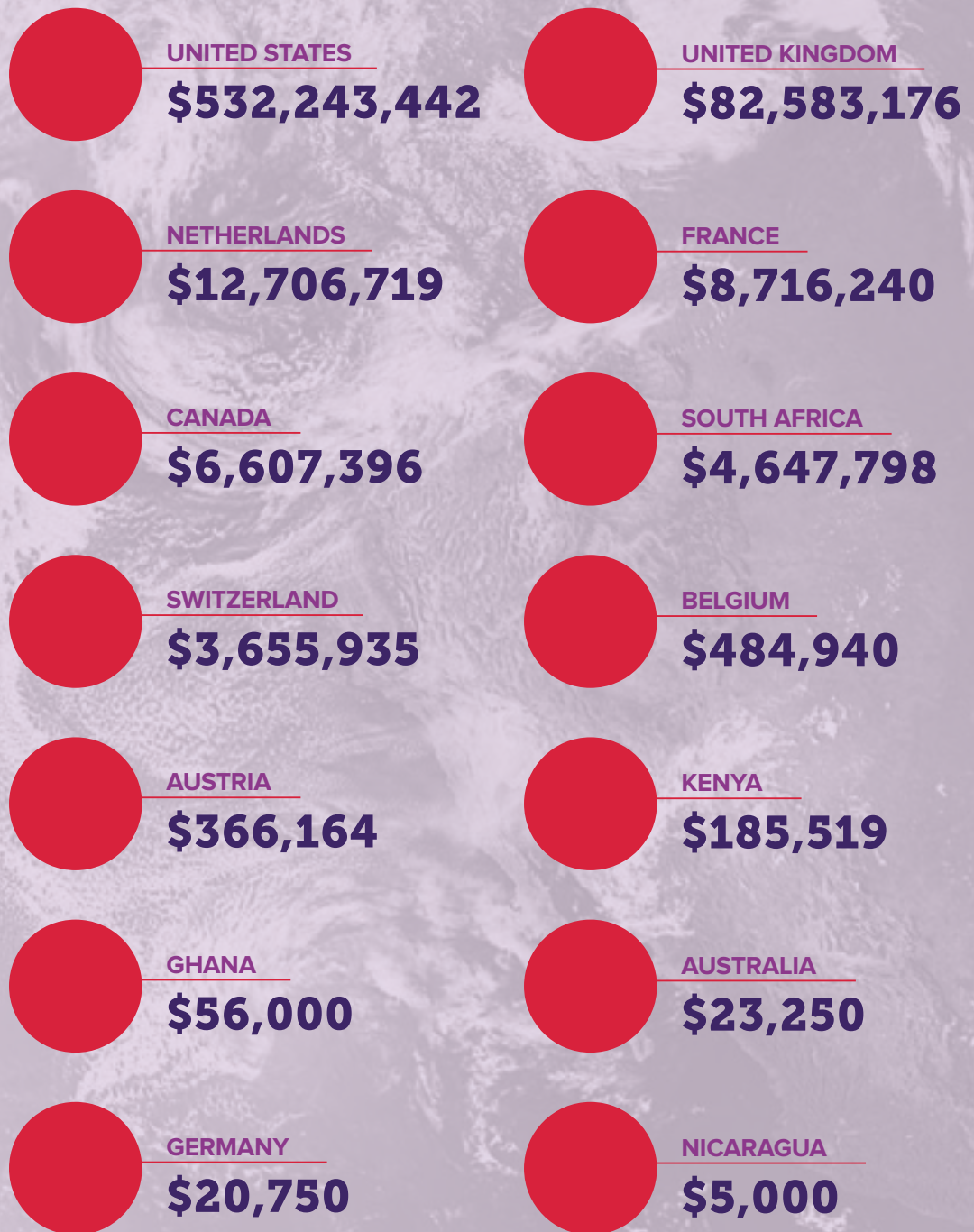
FCAA will be looking further into the implications of the EMCP for the HIV-related philanthropic sector. We encourage you to read the full amfAR fact sheet, which provides suggestions on how to better assess the impact of EMCP on your grantees and programs.

For more information, please visit the full amfAR fact sheet at: <https://www.amfar.org/Expanded-Mexico-City-Policy/>

## WHERE FUNDING is COMING FROM

Most private HIV/AIDS philanthropy is sourced from foundations and corporations that have **U.S.-based headquarters.**

[2018] PHILANTHROPIC HIV/AIDS FUNDING BY DONOR LOCATION





# WHERE FUNDING is GOING

FCAA uses three key categories for geographical resource flows<sup>xiii</sup>:



**DOMESTIC:** includes data on grants that are directed to or benefiting projects within a funding organization's own country or region.



**INTERNATIONAL:** includes data on grants that are directed to or benefiting projects in specific countries or regions outside of a funding organization's own country or region.



**GLOBAL (NON COUNTRY-SPECIFIC):** includes grants that are of a worldwide reach or target population rather than a specific national or regional impact, such as research or global advocacy efforts.

Funding this year almost had an even split between global, domestic, and international destinations. Funding given to global (non-country-specific) grants totaled \$213 million, or 33%, with international funding receiving 33% and domestic receiving 32% of the share. Historically, most funding has been directed globally, because of large research grants to benefit a global population funded by the Gates Foundation. In 2018 however, we saw a 3% decrease in global funding, on the heels of a 10% decrease in 2017. Both domestic and international funding saw slight increases this year of 3-4%, the second year of increases for domestic funding, which has been more steadily even with the other two of late. The rise in domestic funding is most significantly attributed to funding for the U.S. epidemic.

## [2018] PHILANTHROPIC HIV/AIDS FUNDING BY GEOGRAPHIC FOCUS



*\*This year we saw a significant amount of funding data submitted without location-specific information; as such, we have now represented that visually in the above chart as "unknown".*

**[2018] PHILANTHROPIC SUPPORT TO ADDRESS HIV/AIDS IN 2018<sup>xiv,xv</sup>**

A total of 693 philanthropic funders in 14 countries made more than 7,000 grants for HIV/AIDS to approximately 3,500 grantees totaling \$651 million in 2018.

**GLOBAL**

**[TOP 3] FUNDERS**

Bill & Melinda Gates Foundation  
Wellcome Trust  
Gilead Sciences, Inc.

**[TOP 3] INTENDED USE**

\$174m Research  
\$25m Prevention  
\$17m Advocacy

**[TOP 3] TARGET POPULATIONS**

\$172m General population  
\$24m People living with HIV (general)  
\$6m Health care workers



**CANADA**

**[TOP 3] FUNDERS**

M•A•C Viva Glam Fund  
Gilead Sciences, Inc.  
ViiV Healthcare

**[TOP 3] INTENDED USE**

\$1m Social services  
\$1m Advocacy  
\$1m Prevention

**[TOP 3] TARGET POPULATIONS**

\$1m People who inject drugs  
\$1m Economically disadvantaged/homeless  
\$1m People living with HIV (general)

\$2M

\$200  
MILLION

\$3M

**UNITED STATES**

**[TOP 3] FUNDERS**

Gilead Sciences, Inc.  
ViiV Healthcare  
M•A•C Viva Glam Fund

**[TOP 3] INTENDED USE**

\$83m Treatment  
\$51m Social services  
\$47m Advocacy

**[TOP 3] TARGET POPULATIONS**

\$94m People living with HIV (general)  
\$29m Health care workers  
\$25m African Americans

**LATIN AMERICA**

**[TOP 3] FUNDERS**

Gilead Sciences, Inc.  
M•A•C Viva Glam Fund  
ViiV Healthcare

**[TOP 3] INTENDED USE**

\$3m Advocacy  
\$3m Prevention  
\$2m Treatment

**[TOP 3] TARGET POPULATIONS**

\$2m Youth (15-24)  
\$2m People living with HIV  
\$1m Women & girls

\$5M

**CARIBBEAN**

**[TOP 3] FUNDERS**

M•A•C Viva Glam Fund  
Tides Foundation  
Aidsfonds

**[TOP 3] INTENDED USE**

\$2m Treatment  
\$1m Advocacy  
\$1m Social services

**[TOP 3] TARGET POPULATIONS**

\$1m People living with HIV (general)  
<\$1m Youth (15-24)  
<\$1m Women & girls

## WESTERN & CENTRAL EUROPE

### [TOP 3] FUNDERS

Gilead Sciences, Inc.  
M•A•C Viva Glam Fund  
Sidaction

### [TOP 3] INTENDED USE

\$9m Social services  
\$7m Advocacy  
\$7m Prevention

### [TOP 3] TARGET POPULATIONS

\$9m People living with HIV (general)  
\$3m Health care workers  
\$3m Migrants/Refugees

**\$23**  
MILLION

## EASTERN EUROPE & CENTRAL ASIA

### [TOP 3] FUNDERS

Elton John AIDS Foundation  
Gilead Sciences, Inc.  
Abbvie Foundation and Abbvie

### [TOP 3] INTENDED USE

\$5m Advocacy  
\$5m Treatment  
\$4m Prevention

### [TOP 3] TARGET POPULATIONS

\$3m People who inject drugs  
\$2m Youth (15-24)  
\$2m Health care workers

**\$11**  
MILLION

## EAST ASIA & SOUTHEAST ASIA

### [TOP 3] FUNDERS

Gilead Sciences, Inc.  
Bill & Melinda Gates Foundation  
Elton John AIDS Foundation

### [TOP 3] INTENDED USE

\$4m Prevention  
\$3m Advocacy  
\$3m Treatment

### [TOP 3] TARGET POPULATIONS

\$3m Youth (15-24)  
\$2m Gay men/men who  
have sex with men  
\$2m Families

**\$10**  
MILLION

## SOUTH ASIA & THE PACIFIC

### [TOP 3] FUNDERS

Aidsfonds  
American Jewish World Service  
amfAR, The Foundation  
for AIDS Research

### [TOP 3] INTENDED USE

\$3m Treatment  
\$3m Prevention  
\$2m Advocacy

### [TOP 3] TARGET POPULATIONS

\$2m Gay men/men who have  
sex with men  
\$2m Women & girls  
\$1m Youth (15-24)

**\$7**  
MILLION

**\$4M**

**\$45**  
MILLION

**\$166**  
MILLION

## WEST & CENTRAL AFRICA

### [TOP 3] FUNDERS

Bill & Melinda Gates Foundation  
Wellcome Trust  
Sidaction

### [TOP 3] INTENDED USE

\$27m Research  
\$13m Prevention  
\$10m Treatment

### [TOP 3] TARGET POPULATIONS

\$18m Women & girls  
\$14m General population  
\$8m People living with HIV (general)

## EAST & SOUTHERN AFRICA

### [TOP 3] FUNDERS

Bill & Melinda Gates Foundation  
Wellcome Trust  
Conrad N. Hilton Foundation

### [TOP 3] INTENDED USE

\$69m Prevention  
\$49m Research  
\$40m Treatment

### [TOP 3] TARGET POPULATIONS

\$45m General population  
\$40m Youth (15-24)  
\$37m Women & girls

## NORTH AFRICA & MIDDLE EAST

### [TOP 3] FUNDERS

Wellcome Trust  
Bill & Melinda Gates Foundation  
M•A•C Viva Glam Fund

### [TOP 3] INTENDED USE

\$2m Research  
\$2m Administration  
\$2m Prevention

### [TOP 3] TARGET POPULATIONS

\$2m General population  
\$1m Children (0-14)  
\$1m Men & boys

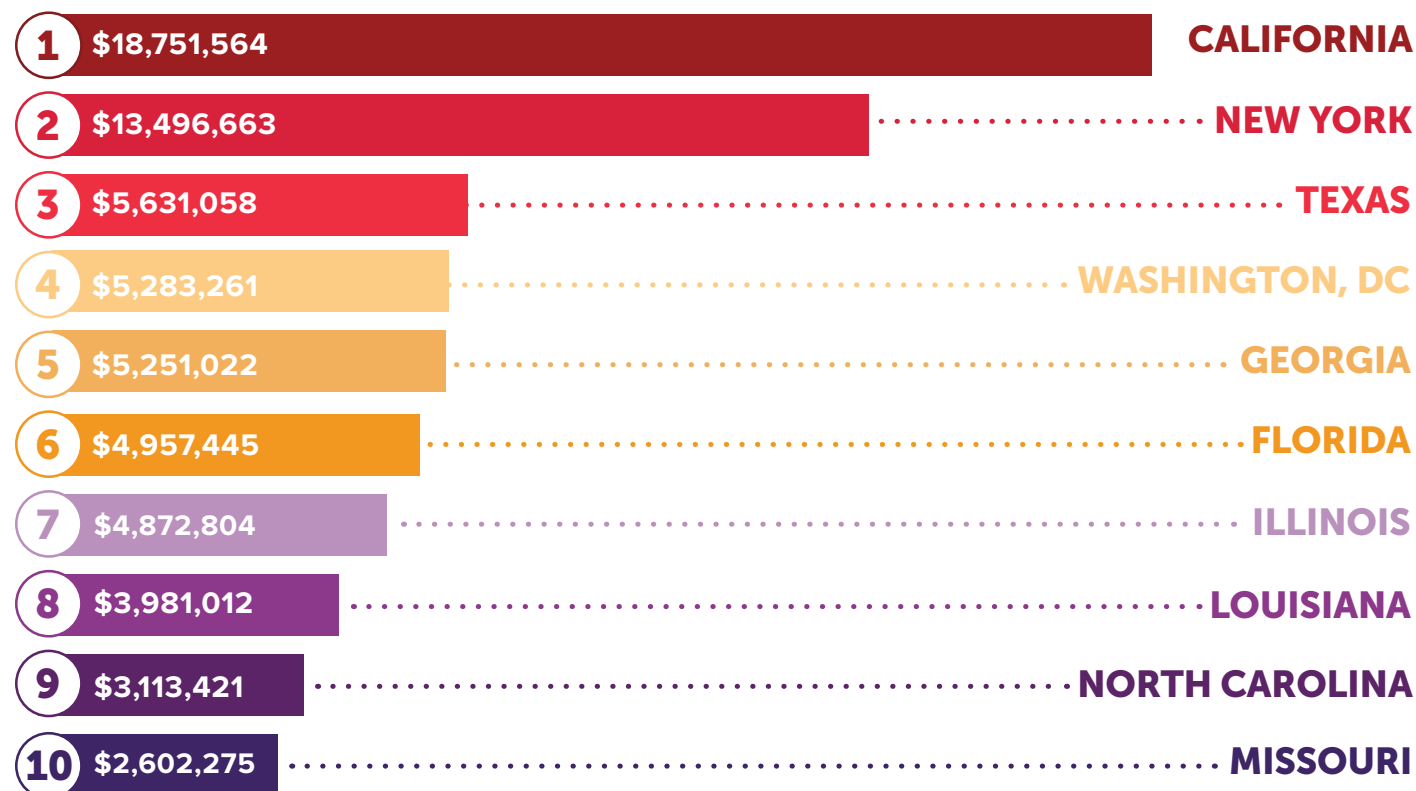
# FUNDING for the U.S. EPIDEMIC

For the **fifth** year in a row, private HIV/AIDS philanthropic **funding to the U.S.** reached a new high, totaling nearly **\$200 million** in 2018, a 7% (\$14 million) increase from 2017.

## [2018] TOP 10 PHILANTHROPIC FUNDERS OF U.S. HIV/AIDS EPIDEMIC

	FUNDER	2018 DISBURSEMENTS (\$)
1	Gilead Sciences, Inc.	128,758,015
2	ViiV Healthcare	14,409,496
3	M•A•C Viva Glam Fund	9,970,634
4	Broadway Cares/Equity Fights AIDS	8,933,050
5	Ford Foundation	5,145,000
6	AIDS United	4,672,500
7	Elton John AIDS Foundation	3,049,825
8	Fred Ebb Foundation	2,200,000
9	H. van Ameringen Foundation	1,968,000
10	Missouri Foundation for Health	1,824,815

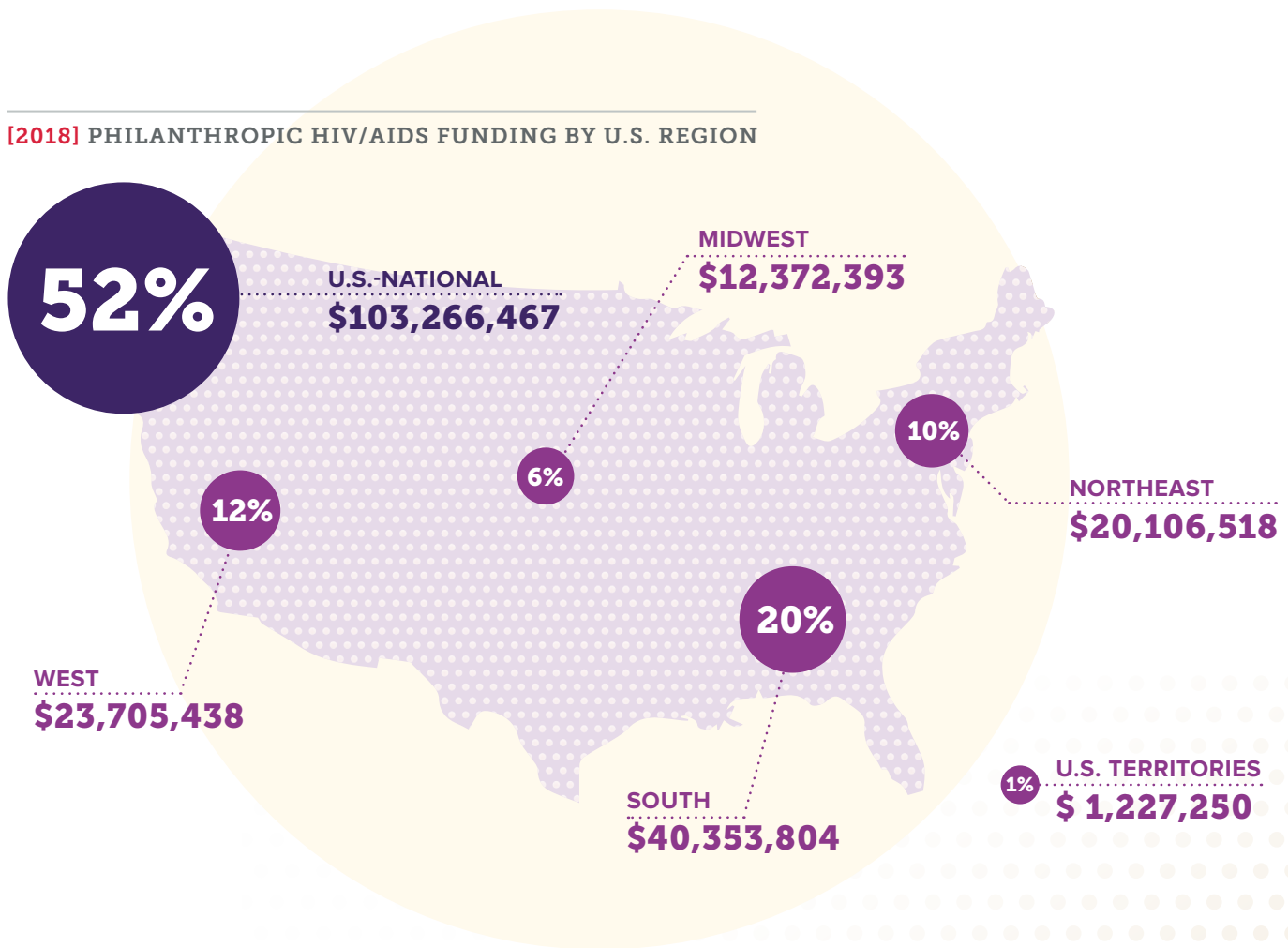
## [2018] PHILANTHROPIC HIV/AIDS FUNDING BY TOP 10 RECIPIENT U.S. STATES





After a significant increase of 67% last year (19mil)—the U.S. South was the only region to decrease this year, with a \$7.4 mil drop (16%). This drop is most likely due to fluctuations in a large multi-year commitment by one funder, and once again, highlights the impact of funding being concentrated among a small set of funders. However, while support for the U.S. South decreased, it still tops the other U.S. regions in funding by over \$15 million, totaling \$40.3 million this year. All other regions saw slight to significant increases this year, with the Northeast jumping up 40% to \$20 million, and the West increasing 55% to almost \$24 million. Non-region-specific National grants to the US totaled \$103 million this year, just over 50% of all funding to the U.S. coming in this form.

**[2018] PHILANTHROPIC HIV/AIDS FUNDING BY U.S. REGION**



# INTERNATIONAL/GLOBAL FUNDING

## [2018] TOP 10 PHILANTHROPIC FUNDERS OF INTERNATIONAL/GLOBAL HIV/AIDS GRANTS

	FUNDER	2018 DISBURSEMENTS (\$)
1	Bill & Melinda Gates Foundation	228,194,725
2	Wellcome Trust	34,514,691
3	Gilead Sciences, Inc.	28,289,298
4	ViiV Healthcare	15,744,179
5	M•A•C Viva Glam Fund	14,061,112
6	Elton John AIDS Foundation	13,435,648
7	amfAR, The Foundation for AIDS Research	11,902,793
8	Conrad N. Hilton Foundation	11,335,000
9	Aidsfonds	10,698,307
10	Children's Investment Fund Foundation	10,538,410

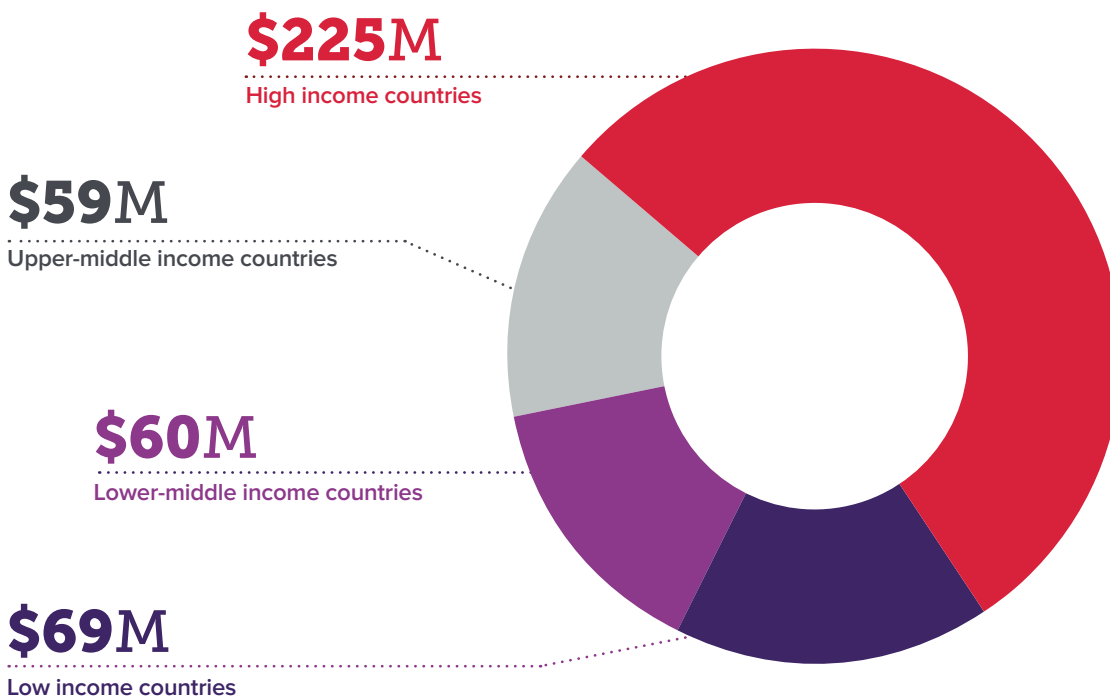
## [2018] TOP 20 RECIPIENT COUNTRIES OF PHILANTHROPIC HIV/AIDS FUNDING

	COUNTRY	2018 DISBURSEMENTS (\$)
1	U.S.	199,538,693
2	South Africa	38,949,829
3	Kenya	31,001,202
4	Zimbabwe	19,745,183
5	Malawi	16,753,360
6	Zambia	14,352,095
7	Tanzania	9,275,395
8	Uganda	8,035,476
9	Mozambique	6,341,010
10	United Kingdom	5,498,446
11	Lesotho	4,764,961
12	Botswana	4,340,964
13	India	3,757,904
14	France	3,493,180
15	Russia	2,951,266
16	China	2,866,588
17	Canada	2,351,055
18	Spain	2,131,814
19	Swaziland/eSwatini	2,089,789
20	Netherlands	1,856,508

# FUNDING by COUNTRY INCOME LEVEL

More than half of all country-level funding in 2018 for HIV/AIDS from philanthropic funders went to **high income countries** (\$225 million), a 7% increase from last year. While lower-middle income countries saw a 12% drop in funding of more than \$8 million, **upper-middle income countries** received over \$59 million in funding in 2018, a 53% increase from last year (\$20 million). Low income countries received \$69 million, a slight 5% increase from 2017. Overall, country-specific funding for LMIC increased 9% in 2018.

[2018] PHILANTHROPIC HIV/AIDS FUNDING BY COUNTRY INCOME LEVEL <sup>xvi,xvii</sup>



## DONOR TRANSITION: WHY IS THIS IMPORTANT?

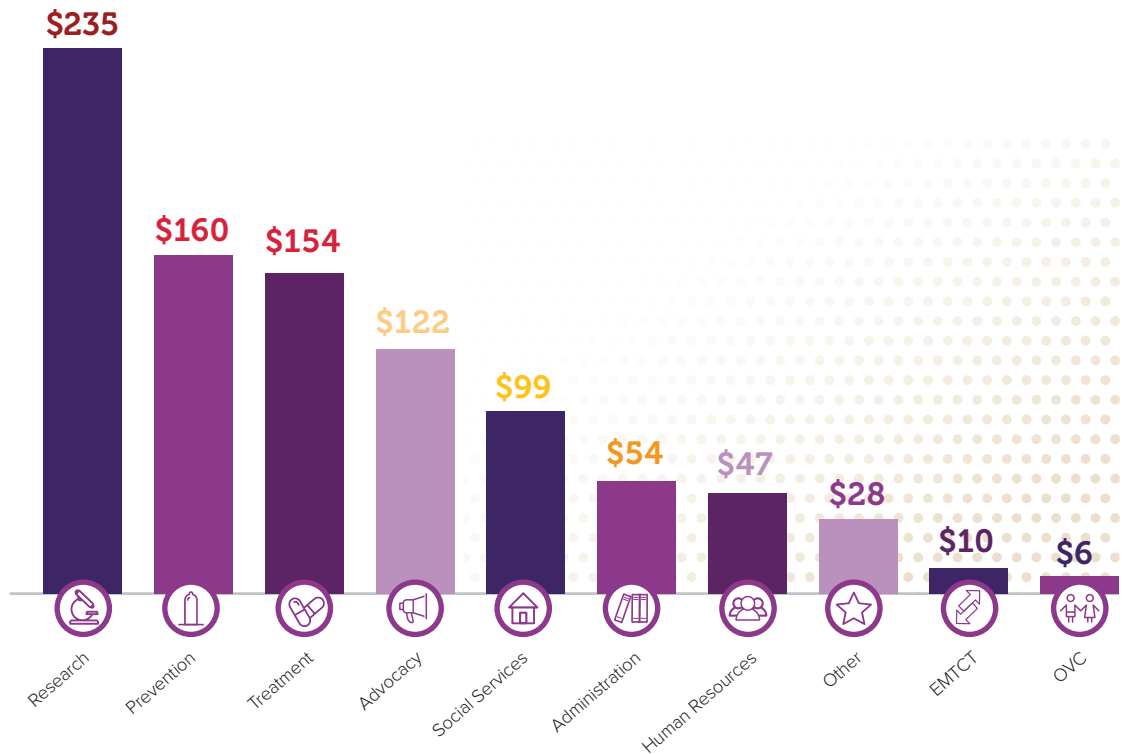
In 2018, only 29% of country-specific HIV-related philanthropy was disbursed to middle income countries (MIC), an 11% increase from 2017. For the past several years, FCAA has included a data callout on country income levels, as many middle income countries are transitioning away from donor-funded health programs. Progress around HIV can be fragile during times of transition, particularly for key or vulnerable populations, for whom

support and programming is often heavily funded by outside donors such as the Global Fund. Key populations have a 10 to 12 times higher risk of HIV infection than the general population. In one study, after the Global Fund ended its support in Romania<sup>xviii</sup>, prevention and treatment programs for sex workers, MSM and IDU were not continued by the government, and rates of HIV infection spiked in the following two years.

FCAA uses 10 different categories to classify the intended use of HIV/AIDS grants.<sup>xix</sup>

**Research** is traditionally the highest category each year and totaled **\$235 million** in 2018, a 12% increase from 2017. This year saw a significant increase from one of the few research-focused funders, the Wellcome Trust of the UK, helping to keep this number up despite a drop in overall funding from the Gates Foundation—which typically drives the bulk of this funding. However, this increase is not necessarily a sign of heightened attention, but a fluctuation in response to the nature and type of research grant applications that the Trust received in 2018.

**[2018] INTENDED USE OF 2018 PHILANTHROPIC FUNDING FOR HIV/AIDS**  
(dollars in millions)



**BEST PRACTICE: FUND CORE OPERATING COSTS**

A best practice identified in FCAA’s Last Mile report is to make funding more accessible and flexible. General operating funding is vital to an organization’s ability to survive during challenging times, support its staff, and prioritize the needs of the community it serves. This year, we began tracking general operating/core support as a separate category, in order to isolate this type of funding from other administration-related grants that were not unrestricted. **In 2018, strictly general operating funding totaled almost \$50 million.**



# INTENDED USE CATEGORIES



**Research\***: medical, prevention, and social science research



**Treatment**: all medical care and drug treatment (clinic, community, and home-based care; ARV and OI treatment), end-of-life/palliative care, lab services, and provider/patient treatment information



**Prevention**: HIV testing, VCT, harm reduction, male circumcision, PrEP, STI prevention, health-related awareness/education/social & behavior change programs



**Advocacy**: Activities to reduce stigma & discrimination and to develop a strong HIV constituency/enhance responses to HIV, provision of legal services/other activities to promote access & rights, AIDS-specific institutional development/strengthening, reducing gender-based violence, films and other communications to increase general awareness of HIV/AIDS



**Social services**: HIV/AIDS-related housing, employment, food, and transportation assistance; cash transfers/grants to individuals; day care; income generation and microfinance programs; psychological/spiritual support and peer support groups; case management services; access-to-care case management services



**Administration**: Monitoring & evaluation, facilities investment, management of AIDS programs, planning, patient tracking, information technology, strengthening logistics & drug supply systems



**Human resources**: Training, recruitment, and retention of health care workers; direct payments to health care workers; continuing education for health care workers



**Elimination of mother-to-child transmission (EMTCT)**: Counseling & testing related to EMTCT, ARV treatment within the context of EMTCT, safe infant feeding practices, and delivery and other services that are part of EMTCT programs



**Other**: Funding that was unspecified and for projects that did not fall under the pre-determined categories, such as health systems strengthening, fundraising events and activities, conference support, sector transformation, and support for AIDS walks



**Orphans and vulnerable children (OVC)**: Holistic provision of education, basic health care, family/home/community support, social services, and institutional care for children orphaned or made vulnerable by HIV/AIDS, in lieu of parental support

## \*RECOMMENDED RESOURCE:

Learn more about funding for HIV prevention research and development. The new report from the **Resource Tracking for HIV Prevention Research & Development Working Group** led by AVAC shows overall funding for HIV prevention research & development has remained essentially flat for over a decade. <http://www.hivresourcetracking.org/>

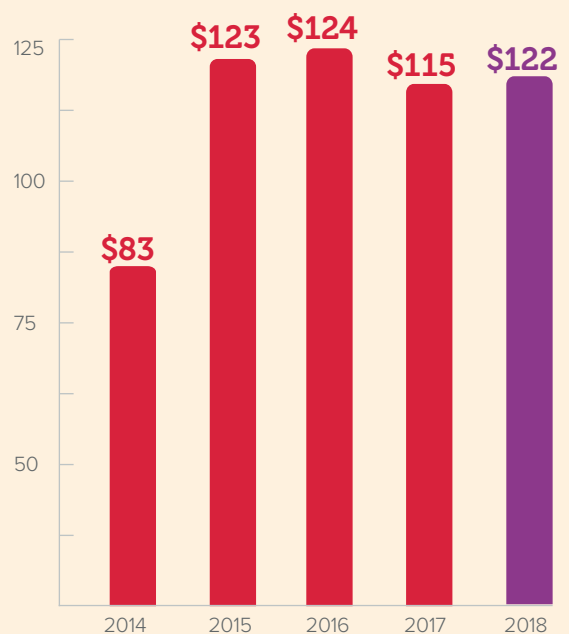
## BEST PRACTICE: FUND ADVOCACY AND HUMAN RIGHTS

Funding for advocacy totaled **\$122 million in 2018, a six percent increase from 2017**. A recurring theme of the Last Mile report was the need for increased resources for advocacy, which are often the main source of funding for human rights based interventions and allow grantees to remain nimble to respond to changes in their environments, while helping them anticipate and respond to emerging crises. Advocacy resources are also critical for grantees and movements working in repressive legal and political environments.

### [2018] TOP 5 PHILANTHROPIC FUNDERS OF ADVOCACY

- 1 Gilead Sciences, Inc.
- 2 M•A•C Viva Glam Fund
- 3 Bill & Melinda Gates Foundation
- 4 ViiV Healthcare
- 5 Elton John AIDS Foundation

### HIV-RELATED ADVOCACY FUNDING: 2014-2018 (dollars in millions)



### RECOMMENDED RESOURCES:

To learn more about the field of human rights philanthropy, we recommend visiting our partners The Human Rights Funders Network at [www.hrfn.org](http://www.hrfn.org) and their research initiative: Advancing Human Rights: The State of Global Foundation Grantmaking at <http://humanrightsfunding.org/>

## FUNDING FOR PrEP: WHY IS THIS IMPORTANT?

For the third consecutive year, FCAA has made a specific effort to track funding related to pre-exposure prophylaxis (PrEP), finding \$36 million in HIV-related philanthropic support of PrEP in 2018.

**This represents a 16% increase from 2017, which saw a steady rise from the previous year as well.** While that is a significant increase, it's important to note that only 17% of that funding supported PrEP-related advocacy. According to the CDC, there are 1.2 million people in the U.S. that could benefit from the use of PrEP, but less than 200,000 prescriptions have currently been filled. Lack of awareness of PrEP as an effective prevention tool, and continuing stigma around its use are just two barriers to usage. As such, more funding of PrEP-focused community mobilization and advocacy is needed.

### [2018] TOP 5 PHILANTHROPIC FUNDERS OF PrEP

- 1 Gilead Sciences, Inc.
- 2 Bill & Melinda Gates Foundation
- 3 M•A•C Viva Glam Fund
- 4 Elton John AIDS Foundation
- 5 AIDS United

### [2018] TOP 5 FUNDERS OF CAPACITY BUILDING & LEADERSHIP DEVELOPMENT

- 1 Gilead Sciences, Inc.
- 2 Conrad N. Hilton Foundation
- 3 Elton John AIDS Foundation
- 4 Aidsfonds
- 5 Ford Foundation

### BEST PRACTICE: FUND CAPACITY BUILDING & LEADERSHIP DEVELOPMENT

Another theme of the Last Mile Funding report focused on support for capacity building and leadership development as critical tools to build the power and sustainability of organizations and movements. In 2018 HIV-related philanthropy for these strategies totaled **\$63 million, a 38% increase from 2017**, and a more than 100% increase from the benchmark year of 2016 when we first began tracking this category.

Since close to a third of all philanthropic funding in 2018 went toward research –which predominantly supports a **general population**—this is the group that received the most funding of all target populations (\$238 million).

A closer look at funding for general populations reveals that nearly three-quarters of it (\$172 million) came in the form of research-related grants that would impact a general population, as in vaccine-related research. Another 22% (\$53 million) of the funding was for general populations targeted by prevention grants, often HIV testing services, PrEP education, or prevention awareness campaigns. The remaining 6% (\$15 million) was advocacy-related funding for a general population, often large scale advocacy initiatives or stigma-fighting campaigns.

**[2018] TARGET POPULATIONS OF PHILANTHROPIC FUNDING FOR HIV/AIDS<sup>xx,xxi</sup>**

TARGET POPULATION	2018 DISBURSEMENT (\$)
General population (including research for a general population)	238,368,095
People living with HIV (general)	155,676,678
Youth (15-24)	70,985,855
Women & girls	66,144,510
Health care workers	50,730,291
Children (0-14)	46,240,990
Economically disadvantaged/homeless	33,846,926
Gay men/Men who have sex with men	28,326,954
LGBTQ - General	25,165,418
African American (U.S.)	24,925,099
Older adults (over 50)	22,385,863
Transgender	21,427,954
People who inject drugs	21,051,463
Pregnant women/Mothers & babies	20,362,940
Men & boys	19,127,661
Latinx (U.S.)	18,622,475
Families	14,994,134
People co-infected with HIV/TB	14,916,668
Sex workers	14,726,598
Other*	12,336,364
Orphans & vulnerable children	12,215,142
Not Provided	10,715,555
Key affected populations not broken down	8,787,783
Rural populations	8,625,030
Migrants/Refugees	7,670,965
Incarcerated/Formerly incarcerated	6,640,811
Grandmothers & other caregivers	4,353,567
People co-infected with HIV/Hep C	3,657,394
People with disabilities	2,325,690
Ethnic Minorities (outside U.S.)	1,903,377
Indigenous	1,439,343
Asian/Pacific Islander (U.S.)	452,297

\*The 'Other' category included funding that did not fall under the pre-determined categories, such as community-based organizations and their staff, survivors of violence, faith communities, serodiscordant couples, truck drivers, people with co-infections and more.



Globally, **MSM** are at 27 times higher risk of contracting HIV than the general population. In the U.S., young Black MSM are at particular risk, accounting for 52% of new diagnoses in 2017. As of 2019, 67 countries continue to criminalize same-sex conduct, affecting the rights and health of MSM. **This population received roughly 4% of HIV philanthropy in 2018, a 33% decrease from 2017.**

**Transgender people** are 49 times more at risk of living with HIV compared to the general population. HIV-related stigma, transphobia, and fear of violence—among a confluence of other issues—create barriers to the access of HIV testing and treatment services by transgender people. Data also shows that HIV prevalence is up to nine times higher for transgender sex workers compared to non-transgender sex workers. In 2014, only 39% of countries had specific programs targeting transgender people in their national HIV strategies. **This population received roughly 3% of HIV philanthropy in 2018, a 37% decrease from 2017.**

Approximately 14% of all **people who inject drugs** are living with HIV. Globally, PWID are repeatedly denied access to harm reduction services. **This population received roughly 3% of HIV philanthropy in 2018, a 23% increase from 2017.**

**Sex workers** are 13 times more at risk of HIV than the general population due to an increased likelihood of being economically vulnerable, an inability to negotiate consistent condom use, and challenges related to violence, criminalization, and marginalization. **This population received roughly 2% of HIV philanthropy in 2018, a 7% increase from 2017.**

## FOCUS ON KEY POPULATIONS

FCAA has highlighted funding for particular key populations to emphasize the disproportionate impact that HIV/AIDS has on these communities, as well as the limited amount of funding reaching them. Due to their often criminalized nature, philanthropy is uniquely situated to fund populations that public funding cannot or will not reach. Overall, philanthropic funding for key populations\* reached \$119 million in 2018, marking a 7% (\$9 million) decrease from 2017.

### [2018] TOP 5 PHILANTHROPIC FUNDERS OF KEY POPULATIONS

- 1 ..... Gilead Sciences, Inc.
- 2 ..... Elton John AIDS Foundation
- 3 ..... M•A•C Viva Glam Fund
- 4 ..... ViiV Healthcare
- 5 ..... Aidsfonds

*\*Includes grants marked for 'Gay men/Men who have sex with men,' 'People who inject drugs,' 'Transgender people,' 'Sex workers,' 'General LGBTQ,' and 'Key affected populations not broken down'.*



## FOCUS ON LGBTQ POPULATIONS

Total funding for LGBTQ populations, which include men who have sex with men and transgender people, saw a (7%) decrease from 2017; this still only represented 10% of total funding in 2018, similar to last year. Funding for MSM and transgender populations both declined in 2018, however this was after a significant rise in funding for both groups the previous year, due mostly to a single large funding initiative. Despite a few overall dips, we've seen a steady climb in funding for LGBTQ communities since we started tracking in 2014. While philanthropy is on the rise, it's still outpaced by the disproportionate impact of the epidemic on these populations.

### RECOMMENDED RESOURCES:

Learn more about foundation giving for LGBTQ communities from our partners at:

Funders for LGBTQ Issues:

<https://www.lgbtfunders.org/>

Global Philanthropy Project:

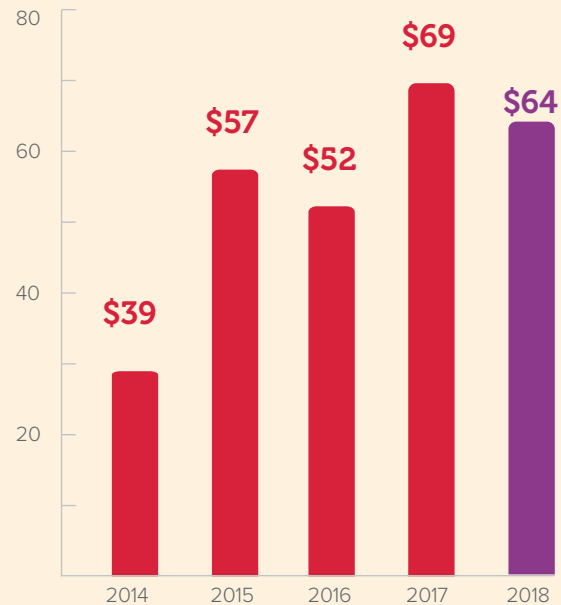
<https://globalphilanthropyproject.org/>

Learn more about the global impact of HIV on key populations at:

<https://www.avert.org/professionals/>

[hiv-social-issues/key-affected-populations](https://www.avert.org/professionals/hiv-social-issues/key-affected-populations)

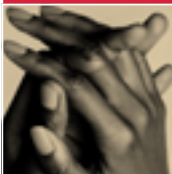
HIV PHILANTHROPY FOR LGBTQ POPULATIONS 2014-2018



## FUNDING FOR OLDER ADULTS: WHY IS THIS IMPORTANT?

Funding for older adults grew from \$3 million to \$22 million (a 627% increase), most likely due to a significant new funding initiative, HIV Age Positively, from Gilead Sciences. This is incredibly significant, as it is anticipated that three out of four people who are living with HIV will be 50+ by

2030. We recommend browsing the new resource, "Bringing HIV/AIDS into the Aging Services Mainstream: An Introduction for Funders," from our partners at Grantmakers in Aging. It is available online at: [bit.ly/Aging-HIV-Funding-Guide](https://bit.ly/Aging-HIV-Funding-Guide).



# APPENDIX 1

## [2018] PHILANTHROPIC HIV/AIDS FUNDERS

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
1. Bill & Melinda Gates Foundation	US	228,194,725	224
2. Gilead Sciences	US	157,047,313	1,085
3. Wellcome Trust	UK	34,598,969	123
4. ViiV Healthcare	US & UK	31,104,860	551
5. M•A•C Viva Glam Fund - formerly M•A•C. AIDS Fund	US, Canada & UK	26,623,704	527
6. Elton John AIDS Foundation	US & UK	16,694,918	122
7. amfAR, The Foundation for AIDS Research	US	11,927,793	115
8. Aidsfonds	Netherlands	11,607,412	146
9. Conrad N. Hilton Foundation	US	11,335,000	21
10. Children's Investment Fund Foundation	UK	10,538,410	11
11. Broadway Cares/Equity Fights AIDS	US	9,732,860	474
12. Open Society Foundations	US	8,940,341	n/a
13. Ford Foundation	US	7,894,300	22
14. Sidaction	France	7,531,800	374
15. Stephen Lewis Foundation	Canada	4,981,064	215
16. Johnson & Johnson	US	4,685,141	29
17. AIDS United	US	4,672,500	141
18. National Lottery Distribution Trust Fund (South Africa)	South Africa	4,033,775	375
19. Sentebale	UK	4,021,195	5
20. FXB International - Association François-Xavier Bagnoud	Switzerland	3,394,679	9
21. Abbvie Foundation and Abbvie	US	3,288,547	15
22. Nationale Postcode Loterij (Dutch National Postcode Lottery)	Netherlands	2,488,924	2
23. American Jewish World Service	US	2,464,602	114
24. Comic Relief	UK	2,344,187	28
25. Fred Ebb Foundation	US	2,200,000	1
26. H. van Ameringen Foundation	US	2,068,000	33
27. Phillip T. & Susan M. Ragon Institute Foundation	US	2,000,000	n/a
28. Tides Foundation	US	1,978,680	18
29. Levi Strauss Foundation	US	1,962,500	24
30. Segal Family Foundation	US	1,958,854	50
31. Keep A Child Alive	US	1,896,610	9
32. Firelight Foundation	US	1,828,136	55
33. Missouri Foundation for Health	US	1,824,815	2
34. Merck Company Foundation	US	1,727,540	45
35. Unity for the Homeless	US	1,607,608	1
36. Egmont Trust	UK	1,506,918	47
37. Verein AIDS Life	Austria	1,473,539	18
38. Elizabeth Taylor AIDS Foundation	US	1,459,474	n/a

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
39. California Wellness Foundation	US	1,432,000	3
40. Anonymous Donors	US	1,400,000	3
41. Big Lottery UK (National Lottery Community Fund)	UK	1,111,967	17
42. Annenberg Foundation	US	1,086,000	4
43. Calvin Klein Family Foundation	US	1,025,000	2
44. James B. Pendleton Charitable Trust	US	1,000,000	5
45. VriendenLoterij (Dutch Friends Lottery)	Netherlands	987,097	1
46. President and Fellows of Harvard College	US	973,368	2
47. Kaiser Permanente	US	918,214	37
48. Charlize Theron Africa Outreach Project (CTAOP)	US	917,300	n/a
49. WeSeeHope	UK	915,154	28
50. Fondation de France	France	911,027	49
51. Design Industries Foundation Fighting AIDS (DIFFA)	US	885,000	54
52. Washington AIDS Partnership	US	867,100	24
53. New York Women's Foundation	US	800,000	11
54. Cone Health Foundation	US	787,690	11
55. Haring Foundation, Keith	US	760,972	13
56. Bob and Renee Parsons Foundation, The	US	750,000	1
57. Comer Family Foundation	US	742,691	63
58. Health Foundation of Greater Indianapolis	US	647,817	37
59. King Baudouin Foundation	Belgium	599,197	8
60. GlaxoSmithKline	UK	589,843	38
61. Chicago Community Trust, The	US	584,500	44
62. Red Umbrella Fund	Netherlands	576,196	29
63. Doris Duke Charitable Foundation	US	565,400	4
64. Mennonite Central Committee	US & Canada	552,438	22
65. Robert Wood Johnson Foundation	US	552,359	7
66. Mama Cash	Netherlands	522,558	13
67. Global Fund for Women	US	510,295	13
68. SRHR Africa Trust	South Africa	507,000	31
69. Weingart Foundation	US	485,000	4
70. Groundswell Fund	US	475,000	10
71. Wells Fargo Foundation	US	468,250	24
72. One to One Children's Fund	UK	436,667	4
73. MTV Staying Alive Foundation	US & UK	431,514	36
74. Susan Thompson Buffett Foundation, The	US	427,129	2
75. East Bay Community Foundation	US	420,469	2
76. AIDS Funding Collaborative	US	414,160	19
77. Jewelers for Children	US	405,000	1
78. Robin Hood Foundation	US	381,000	2
79. Kenneth Cole Foundation	US	375,000	1
80. Campbell Foundation	US	370,340	14
81. United Way of Greater St. Louis	US	352,675	2

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
82. Healthcare Foundation of New Jersey	US	335,878	5
83. Georgia Power Foundation	US	330,000	1
84. Third Wave Fund	US	317,998	21
85. New York Community Trust	US	315,000	16
86. Community Foundation for Greater Atlanta	US	308,585	9
87. Alphawood Foundation	US	300,000	1
88. Foundation for a Just Society	US	300,000	1
89. Morris and Gwendolyn Cafritz Foundation	US	297,000	3
90. Charities Aid Foundation of America	US	290,014	6
91. Chase Brexton Health Services	US	287,041	1
92. South Florida Behavioral Health Network	US	282,679	1
93. Fondation Mérieux	France	273,413	7
94. Oak Foundation	Switzerland	261,256	8
95. Harry and Jeanette Weinberg Foundation, The	US	250,000	1
96. Sigrid Rausing Trust	UK	249,600	2
97. Astraea Lesbian Foundation for Justice	US	241,525	57
98. Polk Bros. Foundation	US	235,800	5
99. Meyer Memorial Trust	US	226,032	2
100. Summit Foundation	US	222,079	15
101. Cleveland Foundation	US	220,250	13
102. United Way of Metropolitan Dallas	US	220,000	1
103. Black Tie Dinner	US	219,518	6
104. South Africa Development Fund	US	214,000	2
105. Bush Foundation	US	207,000	1
106. San Francisco Foundation, The	US	202,942	8
107. Hartford Foundation for Public Giving	US	202,747	6
108. Evelyn and Walter Haas, Jr. Fund	US	200,000	1
109. AIDS Foundation of Chicago	US	194,082	15
110. Rio Tinto	UK	192,000	n/a
111. Delaware Bar Foundation	US	188,750	2
112. UHAI: East African Sexual Health and Rights Initiative	Kenya	185,519	30
113. Pride Foundation	US	179,150	22
114. Avert	UK	175,101	3
115. District of Columbia Bar Foundation	US	175,000	1
116. Omomuki Foundation	US	168,363	11
117. Barry & Martin's Trust	UK	166,516	17
118. Women's Fund of Greater Omaha	US	157,533	1
119. M.J. Murdock Charitable Trust	US	152,500	1
120. TD Charitable Foundation	US	152,500	5
121. JB and MK Pritzker Family Foundation	US	150,049	2
122. Louis L. Borick Foundation	US	150,000	1
123. Philadelphia Foundation, The	US	146,243	6
124. Connecticut Health Foundation	US	142,000	2
125. Pittsburgh Foundation, The	US	131,797	18

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
126. Arcus Foundation	US	125,000	2
127. Harbor Homes	US	123,929	1
128. Canadian Foundation for AIDS Research (CANFAR)	Canada	120,571	2
129. Lloyd A. Fry Foundation	US	120,000	2
130. Otto Bremer Trust	US	120,000	1
131. United Way of Greensboro	US	115,389	1
132. QueensCare	US	110,000	1
133. Iqraa Trust	South Africa	107,023	13
134. IMPACT 100 of Northwest Florida	US	102,800	1
135. AIDS Project of the East Bay	US	100,000	34
136. Andrew W. Mellon Foundation, The	US	100,000	1
137. Brown Foundation, The	US	100,000	1
138. HRH Foundation	US	100,000	1
139. Iger Bay Foundation	US	100,000	1
140. Impact Fairfield County	US	100,000	1
141. John R. Eckel Jr. Foundation	US	100,000	1
142. Moody Foundation	US	100,000	2
143. Palette Fund	US	100,000	2
144. Shulamit's Hope Foundation, The	US	100,000	1
145. United Way of Central Indiana	US	99,685	2
146. De Miranda Foundation	US	98,400	1
147. United way of Central New York	US	97,850	1
148. Oregon Community Foundation	US	97,353	12
149. Primate's World Relief & Development Fund	Canada	96,224	3
150. Red Ribbon Charitable Foundation	US	91,500	5
151. Greater Cleveland United Way	US	90,180	1
152. George Gund Foundation, The	US	90,000	1
153. HBC Foundation	US	90,000	1
154. Matthews Family Foundation	US	90,000	1
155. Merancas Foundation	US	90,000	3
156. Seattle Foundation	US	85,500	11
157. Jewish Communal Fund	US	82,973	2
158. Freedom Fund, The	UK	76,500	1
159. Gill Foundation	US	75,000	1
160. Grace Helen Spearman Foundation, The	US	75,000	2
161. Knight Family Foundation	US	75,000	1
162. Longwood Foundation	US	75,000	1
163. Visiting Nurse Association of Chicago	US	75,000	1
164. George H. Graff Irrevocable Trust	US	74,540	1
165. Raymond James Charitable Endowment	US	71,550	3
166. Laughing Gull Foundation	US	70,000	2
167. Orange County Community Foundation	US	67,500	2
168. Regional Medical Center at Lubec	US	66,478	1
169. Stonewall Community Foundation	US	65,350	34



FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
170. International Trans Fund	US	65,000	3
171. United Way of Southeastern Connecticut	US	63,371	1
172. Delta Dental Community Care Foundation	US	60,134	1
173. Middendorf Foundation	US	60,000	1
174. Blowitz-Ridgeway Foundation, The	US	59,000	5
175. United Way of Chester County	US	58,126	1
176. Our Fund	US	57,475	10
177. Eden Hall Foundation	US	57,000	1
178. Communities Foundation of Texas	US	56,152	3
179. Gamma Mu Foundation	US	56,100	10
180. African Women's Development Fund	Ghana	56,000	10
181. International Community Foundation	US	55,000	2
182. World Bank Community Connections Fund	US	52,961	2
183. AEC Trust, The	US	50,000	1
184. Beatrice Snyder Foundation	US	50,000	1
185. Delta Dental Plan of Colorado Foundation	US	50,000	1
186. Fund for New Jersey	US	50,000	1
187. George J. and Jessica Harris Foundation	US	50,000	1
188. Hagedorn Fund	US	50,000	1
189. Hugh J. Andersen Foundation	US	50,000	4
190. Humanity United	US	50,000	1
191. Marguerite Casey Foundation	US	50,000	1
192. Metta Fund	US	50,000	1
193. Parsons Foundation, Ralph M.	US	50,000	1
194. Peter and Carmen Lucia Buck Foundation, The	US	50,000	1
195. Polo Ralph Lauren Foundation, The	US	50,000	2
196. Prince Charitable Trusts	US	50,000	1
197. Skolnick Family Charitable Trust, The	US	50,000	1
198. Small Change Foundation	US	50,000	1
199. Telligen Community Initiative	US	50,000	1
200. United Way of the Big Bend	US	49,374	1
201. Community Foundation for Monterey County	US	48,000	1
202. Tawani Foundation	US	48,000	1
203. United Way of Tarrant County	US	47,846	1
204. Greater New Orleans Foundation, The	US	46,663	7
205. Charlie & Moll Anderson Foundation, The	US	46,000	2
206. Community Foundation for Southeast Michigan	US	45,565	9
207. Edward Charles Foundation	US	43,000	1
208. Community Foundation of Broward	US	42,540	4
209. Margaret T. Morris Foundation	US	42,500	2
210. Robert Mapplethorpe Foundation	US	42,500	4
211. Arizona Community Foundation	US	42,000	1
212. Institute for Technology in Health Care, The	US	42,000	1
213. Community Foundation of the Dan River Region	US	41,300	1

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
214. Human Rights Campaign Foundation	US	40,894	4
215. Metro United Way	US	40,454	1
216. Johnny Carson Foundation	US	40,000	2
217. Micah 6:8 Foundation	US	40,000	1
218. Ted Snowdon Foundation, The	US	40,000	1
219. Greater Houston Community Foundation	US	39,500	6
220. United Way of Anchorage	US	38,190	3
221. Monua Janah Memorial Foundation, The	US	37,000	1
222. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company	US	36,741	5
223. Carsten E. Jantzen Charitable Trust	US	36,000	1
224. California Endowment, The	US	35,800	9
225. Bob A. Ross Foundation	US	35,000	1
226. Hargrove Pierce Foundation, The	US	35,000	2
227. Healthcare Foundation of Northern Lake County	US	35,000	1
228. Homeless Assistance Fund	US	35,000	1
229. Miami Foundation, The	US	35,000	4
230. Unitarian Universalist Service Committee	US	35,000	1
231. Bastian Foundation, B. W.	US	34,700	3
232. Irwin A. and Robert D. Goodman Foundation	US	33,333	1
233. Erie County Bar Association Volunteer Lawyers Project	US	32,896	1
234. Face Foundation	US	31,000	1
235. Hull Foundation, The	US	31,000	1
236. Minneapolis Foundation, The	US	30,025	21
237. Jeffrey C. Kasch Foundation	US	30,000	1
238. Mudge Foundation	US	30,000	1
239. Robert F. Meagher Charitable Foundation, The	US	30,000	1
240. Six Pillar Foundation, The	US	30,000	1
241. Tika Foundation, The	US	30,000	1
242. van Löben Sels/RembeRock Foundation	US	30,000	1
243. W.K. Kellogg Foundation	US	30,000	1
244. JustGive	US	29,981	3
245. Collins Medical Trust	US	29,808	1
246. Virginia Gildersleeve International Fund	US	28,639	4
247. Global Impact	US	28,499	3
248. United Way of South Hampton Roads	US	28,440	1
249. United Way of North Central Massachusetts	US	28,177	1
250. Houston Family Foundation	US	28,000	2
251. Lafontaine Family Foundation	US	28,000	2
252. Dyson Foundation	US	27,500	2
253. Amy Mandel and Katina Rodis Fund	US	27,500	2
254. Disability Rights Fund	US	27,000	2
255. May and Samuel Rudin Family Foundation	US	27,000	2
256. Kent Richard Hofmann Foundation	US	26,920	12

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
257. Arthur M. Blank Family Foundation, The	US	26,700	2
258. Lillian Fields/Evelyn Caplan Charitable Trust	US	26,000	1
259. J. Homer Butler Foundation	US	25,500	2
260. Apgar-Black Foundation	US	25,000	1
261. Richard Grand Foundation	US	25,000	1
262. Rockefeller Brothers Fund	US	25,000	1
263. Silva Watson Moonwalk Fund	US	25,000	3
264. Wisconsin Trust Account Foundation	US	25,000	1
265. Charles Hayden Foundation	US	24,800	2
266. Legal Services of Central New York	US	24,586	1
267. Hylton Chaffee County Home for the Terminally Ill	US	24,000	1
268. Stonewall Foundation	US	24,000	1
269. Margaret M. Fauver Charitable Foundation	US	23,724	1
270. Triangle Community Foundation	US	23,005	1
271. Nixon-Marinoni Family Foundation	US	22,500	1
272. Jill & Jayne Franklin Charitable Trust	US	22,232	1
273. L. & N. Andreas Foundation	US	21,000	2
274. Dreilinden GmbH	Germany	20,750	1
275. Loraine Kaufman Foundation	US	20,750	2
276. Community Foundation of Southern Arizona	US	20,485	2
277. YouthBridge Community Foundation	US	20,200	2
278. Associated Jewish Charities of Baltimore	US	20,000	1
279. Catawba County United Way	US	20,000	1
280. Doree Taylor Charitable Foundation	US	20,000	1
281. Frank W. & Carl S. Adams Memorial Fund	US	20,000	2
282. Norcliffe Foundation, The	US	20,000	2
283. Ol Halsell Foundation	US	20,000	1
284. Ralph L. Smith Foundation	US	20,000	2
285. Sam L. Cohen Foundation	US	20,000	1
286. United Way of the Bluegrass	US	20,000	1
287. Victor E. Speas Foundation	US	20,000	1
288. Schoch Foundation, The	US	19,160	2
289. Pennsylvania Interest on Lawyers Trust Account Board	US	19,100	1
290. Fay Fuller Foundation	Australia	17,614	1
291. Hyde and Watson Foundation, The	US	17,500	2
292. Trans Justice Funding Project	US	17,500	4
293. United Way of Northern New York	US	17,374	1
294. Racine Community Foundation	US	17,000	1
295. Temple Hoyne Buell Foundation	US	16,000	1
296. Community Foundation Serving Tyne & Wear and Northumberland	UK	15,950	2
297. Association of American Medical Colleges	US	15,000	1
298. Calamus Foundation, The	US	15,000	1
299. Cisco Systems Foundation	US	15,000	1

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
300. Cooper-Siegel Family Foundation, The	US	15,000	3
301. Drug Policy Alliance	US	15,000	1
302. F. M. Kirby Foundation	US	15,000	1
303. Foundation for Spirituality and Medicine	US	15,000	1
304. Heinz Endowments, The	US	15,000	1
305. J. W. Kieckhefer Foundation	US	15,000	1
306. Massachusetts Medical Society and Alliance Charitable Foundation	US	15,000	1
307. Opportunity Fund	US	15,000	1
308. Russell Sabor Foundation	US	15,000	1
309. Shelley & Donald Rubin Foundation	US	15,000	1
310. Women's Foundation of Minnesota	US	15,000	1
311. Binn Family Foundation	US	14,000	1
312. Coleman Foundation, The	US	14,000	1
313. Reed Foundation, The	US	14,000	1
314. San Diego LGBT Pride	US	14,000	6
315. Fred V. & Dorothy H. Heinkel Charitable Foundation	US	13,932	1
316. ArtHyve	US	13,787	1
317. United Way of Delaware	US	13,529	2
318. Danford Foundation	US	13,500	2
319. Donato J. Tramuto Foundation	US	13,289	1
320. Ada L. & Albert M. Wibel Foundation	US	13,000	1
321. Program to Aid Citizen Enterprise	US	13,000	1
322. Bothin Foundation	US	12,700	1
323. Edward Sulzberger Foundation	US	12,500	1
324. Newpol Foundation	US	12,500	2
325. Williams Sonoma Foundation	US	12,455	1
326. Community Foundation of Greater Birmingham	US	12,400	4
327. Campaign for Southern Equality	US	12,250	8
328. North Carolina Community Foundation	US	12,200	1
329. Halliday Foundation, The	US	12,000	1
330. Stephen and Valerie Spoelhof Foundation	US	12,000	1
331. Austin Community Foundation	US	11,767	6
332. United Way of the National Capital Area	US	11,700	1
333. Greater Washington Community Foundation (formerly Community Foundation of the National Capital Region)	US	11,500	3
334. Jernigan Foundation, The	US	11,500	1
335. Jewish Federation of Palm Springs	US	11,500	1
336. Delaware Valley Legacy Fund	US	11,015	4
337. Marin Community Foundation	US	11,000	2
338. Johnson Family Foundation	US	10,500	2
339. United Way of Central Maryland, The	US	10,427	1
340. Boston Foundation	US	10,350	11
341. San Diego Foundation, The	US	10,300	2

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
342. Planeterra Foundation	Canada	10,086	1
343. Abell-Hanger Foundation	US	10,000	1
344. Albert & Elaine Borchard Foundation	US	10,000	1
345. Albert Lepage Foundation	US	10,000	1
346. Amherst Foundation	US	10,000	1
347. Bright Mountain Foundation	US	10,000	1
348. Chambers Family Foundation	US	10,000	1
349. Cheery Fund	US	10,000	1
350. Community Foundation of Napa Valley	US	10,000	1
351. Corina Higginson Trust	US	10,000	1
352. Cottage Bridge Foundation, The	US	10,000	2
353. Crestlea Foundation	US	10,000	1
354. Esmond Harmsworth 1997 Charitable Foundation	US	10,000	1
355. Evening Star Foundation	US	10,000	1
356. Frank Loomis Palmer Fund	US	10,000	1
357. Freewill Charitable Trust	US	10,000	1
358. Harold and Grace Upjohn Foundation	US	10,000	1
359. Irvin F. & Alice S. Etscorn Charitable Foundation	US	10,000	1
360. Jane Bradley Pettit Foundation	US	10,000	1
361. Jerome J. and Dorothy H. Holz Family Foundation	US	10,000	2
362. Joan Shafran and Rob Haimes Foundation, The	US	10,000	1
363. Joe & Hellen Darion Foundation, The	US	10,000	2
364. John Ben Snow Foundation, The	US	10,000	1
365. John Burton Harter Foundation	US	10,000	1
366. John D. Evans Foundation, The	US	10,000	1
367. Ken W. Davis Foundation	US	10,000	1
368. Larry and Karen Mulder Foundation	US	10,000	1
369. Leo and Peggy Pierce Family Foundation, The	US	10,000	1
370. Lesley Family Foundation	US	10,000	1
371. Mary and Ralph Gesualdo Family Foundation	US	10,000	1
372. McCune Foundation, The	US	10,000	1
373. Melvin Garb Foundation	US	10,000	1
374. Melza M. and Frank Theodore Barr Foundation,	US	10,000	1
375. Nebraska Medical Center, The	US	10,000	1
376. Newman's Own Foundation	US	10,000	3
377. North Star Fund	US	10,000	1
378. Poole Family Foundation, The	US	10,000	1
379. Purple Plume Foundation	US	10,000	1
380. Regional Access Project Foundation	US	10,000	1
381. Riskpress Foundation	US	10,000	1
382. Spectemur Agendo	US	10,000	1
383. Thousand Currents	US	10,000	1
384. United Way of Odessa	US	10,000	1
385. United Way of York County	US	10,000	1

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
386. Waterstone	US	10,000	1
387. William J. Brace Charitable Trust	US	10,000	1
388. Lucky Star Foundation	US	9,945	1
389. TrustAfrica	US	9,632	1
390. Omaha Community Foundation	US	9,409	15
391. West Trust for Charities	US	9,193	1
392. Barra Foundation, The	US	9,000	1
393. Swift Memorial Health Care Foundation	US	9,000	1
394. Workday Foundation	US	9,000	1
395. Energy Outreach Colorado	US	8,919	1
396. CareOregon	US	8,000	2
397. Ross Foundation, The	US	8,000	1
398. Urgent Action Fund for Women's Human Rights	US	8,000	1
399. Olive Higgins Prouty Foundation	US	7,750	1
400. Hardesty Family Foundation, The	US	7,700	1
401. United Way Bay Area	US	7,667	1
402. California Community Foundation	US	7,500	1
403. Curtis W. McGraw Foundation, The	US	7,500	1
404. Kenneth Rainin Foundation	US	7,500	1
405. Wells Family Foundation	US	7,500	1
406. David Schwartz Foundation	US	7,400	3
407. United Way of Central Louisiana	US	7,321	1
408. McLaughlin Doty Foundation, The	US	7,300	1
409. Herbert I. and Elsa B. Michael Foundation	US	7,000	1
410. New Hampshire Charitable Foundation	US	6,750	3
411. Community Foundation of Western North Carolina, The	US	6,587	4
412. Barrow Cadbury Trust, The	UK	6,572	1
413. United Way of Champaign County	US	6,519	1
414. Zarrow Families Foundation	US	6,500	2
415. Garfield Weston Foundation	UK	6,380	1
416. David Bohnett Foundation	US	6,350	8
417. Carlo & Micol Schejola Foundation	US	6,250	1
418. Autzen Foundation, The	US	6,000	2
419. Joseph B. Gould Foundation, The	US	6,000	1
420. Juan Young Trust	US	6,000	2
421. Margaret M. Brennan Trust	US	5,860	1
422. United Way of Bergen County	US	5,767	1
423. Foundation for the Carolinas - Charlotte Lesbian and Gay Fund	US	5,500	2
424. MetLife Foundation	US	5,500	2
425. Pangea: Giving for Global Change	US	5,500	1
426. Coastal Community Foundation of South Carolina	US	5,392	4
427. Steven A. and Marianne M. Mills Charitable Foundation	US	5,200	1
428. United Way of Tucson and Southern Arizona	US	5,076	1



FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
429. Margaret W. Midgett Charitable Trust	US	5,065	1
430. Andrew J. Kuehn, Jr. Foundation, The	US	5,000	1
431. Annie E. Casey Foundation, The	US	5,000	1
432. Beaver Family Foundation	US	5,000	1
433. Beirne Foundation, The	US	5,000	1
434. Boston Bar Foundation	US	5,000	1
435. Charles B. Mathis Memorial Trust	US	5,000	1
436. CKKO Foundation	US	5,000	1
437. Community Care Foundation	US	5,000	1
438. Crawford-Doyle Charitable Foundation, The	US	5,000	1
439. Eden Family Foundation, The	US	5,000	1
440. Elias & Hanna Regensburger Foundation	US	5,000	1
441. English-Bonter-Mitchell Foundation	US	5,000	1
442. Fondo Centroamericano de Mujeres	Nicaragua	5,000	1
443. Forest Fund, The	US	5,000	1
444. Gary Magness Family Foundation	US	5,000	1
445. Gibbs Family Foundation, The	US	5,000	1
446. Gordon Flesch Charitable Foundation	US	5,000	1
447. J. W. & H. M. Goodman Family Charitable Foundation	US	5,000	1
448. James Starr Moore Memorial Foundation	US	5,000	1
449. Joe C. Davis Foundation	US	5,000	1
450. Jonas Fields, Charles Hannagan and David Walters Charitable Foundation	US	5,000	1
451. Lon V. Smith Foundation	US	5,000	1
452. Louise P. Hackett Foundation, The	US	5,000	1
453. Margaret E. Burnham Charitable Trust	US	5,000	1
454. Marjorie F. Cowan Family Foundation, The	US	5,000	1
455. Marjorie L. Christiansen Foundation	US	5,000	1
456. Marriner S. Eccles Foundation	US	5,000	1
457. Mirnahill Foundation	US	5,000	1
458. Rachel & Drew Katz Foundation	US	5,000	1
459. Rafael and Diana Vinoly Foundation	US	5,000	1
460. Robert and Susan Brown Family Foundation, The	US	5,000	1
461. Rockefeller Philanthropy Advisors	US	5,000	1
462. Siragusa Family Foundation, The	US	5,000	1
463. Stephen A. and Diana L. Goldberg Foundation, The	US	5,000	1
464. TurningPoint Foundation	US	5,000	1
465. Wagner Foundation, The	US	5,000	1
466. Walter E. Lipe Trust	US	5,000	1
467. Wildner Foundation	US	5,000	1
468. Jewish Community Foundation of Greater Hartford	US	4,500	3
469. Sylvanus Charitable Trust	US	4,500	1
470. Ian Potter Foundation, The	Australia	4,227	1
471. Medical Foundation at Health Resources in Action	US	4,068	1

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
472. Catholic Community Foundation of Minnesota	US	4,000	1
473. Indium Corporation and Macartney Family Foundation	US	4,000	1
474. Joan Traver Walsh Family Foundation	US	4,000	1
475. Mary Norris Preyer Fund, The	US	4,000	1
476. Nathan Cummings Foundation, The	US	4,000	2
477. Bread & Roses Community Fund	US	3,795	2
478. Richard F. Walsh/Alfred W. Ditolla/Harold Spivak Foundation	US	3,750	1
479. Community Foundation of Sarasota County, The	US	3,600	4
480. Matthew S. Essieh and Family Foundation	US	3,500	1
481. Utah Medical Association Foundation	US	3,500	1
482. Chicago Foundation for Women	US	3,250	2
483. Carpenter Foundation, The	US	3,000	1
484. Castle Foundation	US	3,000	1
485. Deupree Family Foundation	US	3,000	1
486. Gelvin Foundation, The	US	3,000	1
487. Henry W. & Leslie M. Eskuche Charitable Foundation	US	3,000	1
488. Huffman-Cornwell Foundation	US	3,000	1
489. John Bickford Foundation	US	3,000	1
490. John L. McHugh Foundation	US	3,000	1
491. Lovett Foundation, The	US	3,000	1
492. Maine Community Foundation	US	3,000	1
493. Martischang Foundation	US	3,000	1
494. PAV Foundation	US	3,000	1
495. Saluto Foundation, The	US	3,000	1
496. Samuel & Hannah Holzman Trust	US	3,000	1
497. Scholes Family Foundation	US	3,000	1
498. Telluride Foundation	US	3,000	1
499. Wagon Mountain Foundation	US	3,000	1
500. Westhaver Foundation	US	3,000	1
501. Working Woman's Home Association	US	3,000	1
502. Yen Family Charitable Foundation, The	US	3,000	1
503. Renee Malca Cadour Corn Charitable Foundation	US	2,960	1
504. Yelp Foundation	US	2,878	5
505. Kaiser-Harris Family Foundation	US	2,550	1
506. Angell Foundation, The	US	2,500	1
507. Bronfman Hauptman Foundation	US	2,500	1
508. Callaway Foundation	US	2,500	1
509. Community Foundation for Northeast Florida	US	2,500	1
510. Federated Investors Foundation	US	2,500	1
511. Giving Grousbeck Fazzalari	US	2,500	1
512. Gloria Estefan Foundation, The	US	2,500	1
513. Jennifer Friedman Hillis Family Foundation	US	2,500	1
514. John F. Long Foundation	US	2,500	1
515. Joyce and V.D. Scott Foundation	US	2,500	1

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
516. Leo and Eva Gans Foundation, The	US	2,500	1
517. Louis H. Gross Foundation	US	2,500	1
518. Meyer Levy Charitable Foundation, The	US	2,500	1
519. Moloney Family Foundation	US	2,500	1
520. Presidio Foundation	US	2,500	1
521. Syd and Jan M. Silverman Foundation	US	2,500	1
522. RMF Foundation, The	US	2,400	1
523. BNSF Railway Foundation	US	2,200	2
524. CarMax Foundation, The	US	2,175	4
525. Lester Poretsky Family Foundation	US	2,100	1
526. AIDS Service Foundation of Kansas City	US	2,000	1
527. Carl E. Wynn Foundation	US	2,000	1
528. Castaways Foundation	US	2,000	1
529. Clark R. Green Charitable Foundation	US	2,000	1
530. Community Bank N.A. Foundation of New England	US	2,000	1
531. Dorothy Cate & Thomas F. Frist Foundation, The	US	2,000	2
532. Gelfand Family Foundation	US	2,000	1
533. Harold L. Wyman Foundation	US	2,000	1
534. J M Smith Foundation	US	2,000	1
535. Louis J. Glunz III Family/Regis Technologies Foundation	US	2,000	1
536. Marcy and Leona Chanin Foundation	US	2,000	1
537. Robert & Karen Rishwain Family Foundation	US	2,000	1
538. Shenk Family Foundation	US	2,000	1
539. Union County Community Foundation	US	2,000	1
540. Valiant Foundation	US	2,000	1
541. Vesper Society, The	US	2,000	2
542. Waldman Family Charitable Trust	US	2,000	2
543. Youth and Philanthropy Initiative	Canada	1,832	1
544. Jeffrey David Walerstein Foundation, The	US	1,800	1
545. Select Equity Group Foundation	US	1,750	1
546. Fund for Global Human Rights	US	1,620	1
547. Dennis Edwards & Mark Steinberg Foundation	US	1,575	2
548. Charitable Foundation of the Burns Family, The	US	1,500	1
549. Don and Maggie Buchwald Foundation, The	US	1,500	1
550. Ira M. Resnick Foundation, The	US	1,500	2
551. Kibler Foundation, The	US	1,500	1
552. Morris, Max and Sarah Altman Memorial Trust	US	1,500	1
553. Rajiv and Caroline Shah Charitable Foundation	US	1,500	1
554. T. Backer Fund	US	1,500	1
555. Walter and Elise Haas Fund	US	1,500	1
556. Victorian Women's Benevolent Trust	Australia	1,409	1
557. Bruce J. Heim Foundation, The	US	1,250	1
558. Pantano Family Foundation, The	US	1,250	1
559. Community Foundation of North Texas	US	1,200	4

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
560. Rock Foundation, The	US	1,163	3
561. Hubbard-Watlington Foundation, The	US	1,100	1
562. Allen and Shirley Speiser Foundation	US	1,033	1
563. Alexander S. Alacche Foundation, The	US	1,000	1
564. Arthur & Carlyse Ciocca Charitable Foundation	US	1,000	1
565. Austin Family Foundation, The	US	1,000	1
566. Bishop-Fleet Foundation	US	1,000	1
567. Bluestone Foundation, The	US	1,000	1
568. Bridgetown Invitational Tournament	US	1,000	1
569. Carl Marks Foundation	US	1,000	1
570. Community Foundation of Western Massachusetts	US	1,000	1
571. Cortopassi Family Foundation	US	1,000	1
572. E. R. Roberts Family Foundation	US	1,000	1
573. Gallagher Family Fund	US	1,000	1
574. George & Julie Mosher Family Foundation	US	1,000	1
575. George and Ruth Bradford Foundation	US	1,000	1
576. Henry G. and Dorothy M. Kleemeier Fund	US	1,000	1
577. Howard Family Charitable Foundation	US	1,000	1
578. Lillian Kaiser Lewis Foundation	US	1,000	1
579. Marjorie Harris Reynolds Foundation	US	1,000	1
580. Michael Chernow Trust f/b/o Charity C-2	US	1,000	1
581. Michael Dunitz Crisis Foundation	US	1,000	1
582. Phyllis M. Coors Foundation, The	US	1,000	1
583. Richard and Marianne Reinisch Foundation	US	1,000	1
584. Robert M. and Joyce A. Johnson Foundation	US	1,000	1
585. Ronald Philip Saturno Foundation	US	1,000	1
586. Skyscape Foundation, The	US	1,000	1
587. Snowy Owl Foundation	US	1,000	1
588. Stephenson Pope Babcock Foundation	US	1,000	1
589. Stone Soup Foundation, The	US	1,000	1
590. Strear Family Foundation, The	US	1,000	1
591. TCF Foundation	US	1,000	1
592. Theodore A. Rapp Foundation	US	1,000	1
593. Thomas & Elizabeth Brodhead Foundation	US	1,000	1
594. Wellfleet Foundation	US	1,000	1
595. Yaspan-Unterberg Foundation, The	US	1,000	1
596. Zenkel Foundation	US	1,000	1
597. Berkshire Taconic Community Foundation	US	800	2
598. Claude Bennett Family Foundation, The	US	800	1
599. Fullgraf Foundation, The	US	800	1
600. Keiter Family Foundation	US	800	2
601. Collins Foundation	US	750	1
602. Lake Charles American Press Foundation	US	750	1
603. Woodward Charitable Trust, The	US	638	1

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
604. Bay Foundation, The	US	600	2
605. Griffith Family Foundation	US	600	1
606. Grand Rapids Community Foundation	US	525	3
607. Allegro Foundation	US	500	1
608. Beightler Squires Charitable Trust	US	500	1
609. Charles & Lucille King Family Foundation	US	500	1
610. Chatlos Foundation, The	US	500	1
611. Community Foundation of New Britain	US	500	1
612. Dankberg Family Foundation	US	500	1
613. Darrell R. Windle Charitable, The	US	500	1
614. Davidson Family Foundation, The	US	500	1
615. Dollee Charitable Foundation Trust	US	500	1
616. Herbert J. and Dianne J. Lerner Foundation, The	US	500	1
617. Hoefer Family Foundation	US	500	1
618. Howard Gilman Foundation	US	500	1
619. James G. and Purcell Scheu Palmer Foundation, The	US	500	1
620. Janklow Foundation	US	500	1
621. Kenneth and Marleen Alhadeff Charitable Foundation	US	500	1
622. Lincoln Financial Foundation	US	500	1
623. LIs Foundation	US	500	1
624. Magiesu Foundation	US	500	1
625. Mike & Linda Fiterman Family Foundation	US	500	1
626. Niki and Joe Gregory Charitable Foundation, The	US	500	1
627. Philip E. Fess Family Foundation	US	500	1
628. Price Chopper's Golub Foundation	US	500	2
629. RBG, Inc.	US	500	1
630. Rose & Louis Klosk Fund Trust	US	500	1
631. Roy & Niuta Titus Foundation, The	US	500	1
632. Rubin Cohen Foundation	US	500	1
633. Samuel L. Phillips Family Foundation	US	500	1
634. Simons Foundation	US	500	1
635. Stan & Suzanne St. Pierre Foundation	US	500	1
636. Theobald Foundation	US	500	1
637. Vadasz Family Foundation, The	US	500	1
638. Washoe Pines Foundation	US	500	1
639. We Energies Foundation	US	500	1
640. William Wegman Foundation	US	500	1
641. Zissu Family Foundation	US	500	1
642. Bernice Pickens Parsons Foundation	US	405	1
643. Estelle Friedman Gervis Charitable Foundation, The	US	364	1
644. Blue Hills Bank Foundation	US	300	1
645. Chandhok Charitable Trust	US	300	1
646. Dora & Emanuel Ciner Foundation	US	300	1
647. Lawrence H. Harrison Family Foundation	US	300	1



FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
648. Baltimore Community Foundation	US	250	1
649. Kelter Foundation	US	250	1
650. Kimberly S. Bates Foundation	US	250	1
651. May Family Foundation, The	US	250	1
652. Mayer Family Foundation	US	250	1
653. Peggy and Brian Sassi Charitable Foundation	US	250	1
654. Peter C Dozzi Family Foundation	US	250	1
655. Rubblestone Foundation	US	250	1
656. Arch and Stella Rowan Foundation, The	US	200	1
657. George E. Ewan Family Foundation, The	US	200	1
658. Greenbaum-Strauss Foundation	US	200	1
659. Hanley Foundation	US	200	1
660. Loeb Family Foundation	US	200	1
661. Marbeach Foundation	US	200	1
662. Rao Family Foundation	US	200	1
663. White Light Foundation	US	200	1
664. Wendell Family Foundation	US	155	1
665. Cheryl Chase & Stuart Bear Family Foundation	US	150	1
666. Dreamcatcher Foundation	US	150	1
667. Herbert H. & Fern Elliott Family Foundation	US	150	1
668. Melvoin Foundation	US	150	1
669. Norman R. and Margery C. Tyre Foundation	US	150	1
670. Sol & Margaret Berger Foundation	US	150	1
671. Bud and Barbara Hellman Foundation	US	125	1
672. Millennial Empowerment Foundation, The	US	103	1
673. Barbash Family Fund	US	100	1
674. Delaney Bay Fund, The	US	100	1
675. Edward S. and Eleonore M. Aslanian Family Foundation	US	100	1
676. Frank & Marie Hamilton Charitable Trust	US	100	1
677. Harold S. & Marian B. Coleman Charitable Foundation	US	100	1
678. Hummel Family Fund, The	US	100	1
679. Kline Family Foundation, The	US	100	1
680. Kropid Family Foundation	US	100	1
681. L. and S. Rosenberg Family Foundation	US	100	1
682. Linda and Jock Mutschler Foundation	US	100	1
683. Melvin S. Cutler Charitable Foundation	US	100	1
684. Richard R. Howe Foundation	US	100	1
685. Rosenberg Family Charitable Foundation, The	US	100	1
686. Stephen Warren & Marilyn Ross Miles Foundation	US	100	1
687. Puget Sound Energy	US	60	1
688. Ackermann Foundation, The	US	50	1
689. Bovin Family Foundation, The	US	50	1
690. Engel Foundation, The	US	50	1
691. Sidney A. and Libby Fine Foundation	US	50	1

FUNDER NAME	LOCATION	2018 DISBURSEMENTS (\$)	# OF GRANTS
692. Sorg-Vogt Charitable Foundation Trust	US	50	1
693. Western Asset Management Company Charitable Foundation	US	50	1

**NOTE ON MISSING DATA:** The majority of private philanthropic funding for HIV/AIDS in 2018 has been captured in the available data. FCAA was unable to obtain data from some funders, and their disbursements are therefore not included in the report, including the following:

- Aga Khan Foundation (Switzerland)
- Anglo American (UK)
- Chevron Corporation (US)
- Deutsche AIDS-Stiftung (Germany)
- ELMA Philanthropies
- Foundation La Caixa (Spain)
- Fundo PositHiVo (Brazil)
- HIV Young Leaders Fund
- Ittleson Foundation (US)
- Magic Johnson Foundation
- Orasure
- Presbyterian World Service and Development
- San Diego Human Dignity Foundation (US)
- Solidarité Sida (France)
- Swedish Postcode Foundation
- The Rush Foundation (UK)
- Until There's a Cure (US)
- Walgreens Foundation
- Wal-Mart Foundation (US)

**SEVERAL OTHER HIV/AIDS FUNDERS HAVE NOT BEEN INCLUDED:**

- Deutsche Stiftung Weltbevölkerung (DSW- The German Foundation for World Development), because HIV/AIDS funding is integrated with broader sexual and reproductive health funding and the HIV/AIDS portion is unable to be disaggregated
- Elizabeth Glaser Pediatric AIDS Foundation, which is increasingly funded by the U.S. government
- The Henry J. Kaiser Family Foundation, an operating foundation that develops and runs its own policy research and communications programs, which are difficult to value financially
- The San Francisco AIDS Foundation, which receives most of its funding from other funders tracked in this report and operates internal programs
- Other organizations, such as International Treatment Preparedness Coalition (ITPC) [US], that run their own programs and do not give grants to external grantees
- Monument Trust, which closed after its 2017 grantmaking, thus no further funding will be reported

Additionally, see the Methodology for a discussion of contributions from other sources of HIV/AIDS funding such as operating foundations, NGOs, and individuals.

# APPENDIX 2: METHODOLOGY

## SOURCES OF HIV/AIDS GRANTMAKING DATA

This resource tracking report covers HIV/AIDS grant disbursements from all sectors of philanthropy, including private, family, and community foundations; public charities; corporate grantmaking programs (corporate foundations and direct giving programs); philanthropies supported by lotteries; and fundraising charities.

Data was included for 693 grantmaking entities, using a variety of sources: **1)** grants lists sent from funders and direct communications with funders **2)** funder websites, grants databases, annual reports, and 990 forms, **3)** grant database maintained by Candid, and **4)** grants flagged as HIV/AIDS-related received by Funders for LGBTQ Issues. FCAA believes that this multi-faceted approach arrives at a more comprehensive data set of HIV/AIDS funders than could be accomplished using any single data source or any single method of calculation.

## ANALYSIS

FCAA asked for information about calendar year disbursements related to HIV/AIDS in 2018. Disbursements are the amount of funding expended on grants/projects in a given year and may include funding from commitments made in prior years as well as in the current year. A grants list template was sent to funders if the grants information was not publicly accessible. The template asked for the grantee, amount disbursed in 2018, geographical area of benefit, and a grant description. FCAA staff determined the intended use and target populations of each grant from the grant description. FCAA was intentionally inclusive and broad, in acknowledgement of the fact that such efforts often overlap with many other issue areas of philanthropy. Therefore, some respondents have included or excluded grants and projects that were not wholly focused on HIV/AIDS efforts. In some cases, we have included only a percentage of the total grant to account for programs that have a partial impact on the HIV community. HIV/AIDS grants from foreign offices of foundations that operate internationally were counted as coming from the country where their main headquarters are located.

### PRIVATE VS. PUBLIC INCOME

Some of the funders in this report receive income from various governments to support HIV/AIDS projects and grants. While such partnerships and projects are extremely valuable in allocating resources effectively, income received from governments has been excluded from total funding amounts noted in this publication because this report attempts to focus exclusively on private-sector philanthropy.

### CURRENCIES

The baseline currency for this report is the U.S. dollar. However, funders reported expenditures in various currencies. This necessitated the use of exchange rates; the rates used consistently throughout this report were as of 7 December 2019 from xe.com.

### CALCULATIONS OF RE-GRANTING

To avoid counting the same funds twice, the FCAA data are adjusted to account for re-granting. Re-granting refers to funds given by one FCAA-tracked grantmaker to another for the purposes of making HIV/AIDS-related grants. The 2018 aggregate total grantmaking for all funders was adjusted downward by \$34,507,292 to account for re-granting. In the past, FCAA relied on funders to report re-granted funds, which resulted in less accuracy than the new methodology of funders sharing full grants lists.

### GEOGRAPHICAL DEFINITIONS

For international and regional focused HIV/AIDS grantmaking, FCAA requested data about where the grantee was located, and used the following regions as defined by UNAIDS:

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

**Latin America:** Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, French Guiana, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela

**Western & Central Europe:** Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, Vatican City

**Eastern Europe & Central Asia:** Armenia, Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Macedonia, Malta, Moldova, Poland, Romania, Russian Federation, Serbia and Montenegro, Slovakia, Slovenia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

**West & Central Africa:** Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo (Brazzaville), Democratic Republic of Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea (Conakry), Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome, Senegal, Sierra Leone, Togo

**East & Southern Africa:** Angola, Botswana, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Reunion, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Swaziland/eSwatini, Uganda, Tanzania, Zambia, Zimbabwe

**North Africa & the Middle East:** Afghanistan, Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestinian Territories, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen  
**South Asia & the Pacific:** Australia, Bangladesh, Bhutan, Fiji, India, Maldives, Nepal, New Zealand, Pakistan, Papua New Guinea, Samoa, Sri Lanka, Timor-Leste

**East Asia & Southeast Asia:** Brunei Darussalam, Cambodia, China, Indonesia, Japan, Laos, Democratic People's Republic of Korea (North), Korea, Malaysia, Mongolia, Myanmar, Philippines, Singapore, Taiwan, Thailand, Vietnam

For domestic U.S. grantmaking, FCAA requested regional data based on five U.S. sub-regions, using Northeast, South, Midwest, West, and U.S. territories categories as defined by the U.S. Census Bureau and used by the U.S. Centers for Disease Control and Prevention (CDC) and other federal agencies as follows:

**Northeast:** Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

**South:** Alabama, Arkansas, District of Columbia, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia

**Midwest:** Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin

**West:** Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

**U.S. Territories:** Puerto Rico, U.S. Virgin Islands

**U.S. National:** Not to a specific state or region

## INTENDED USE AND TARGET POPULATIONS

FCAA has changed the way it tracks both target populations and intended use. In the past, grants have been attributed to only one population and intended use category. However, with our new capacity to code grants directly, we were able to identify every population or strategy included within a grant focus. In those incidences, the total amount of the grant was counted in each intended use category. For example, a retention-in-care grant's whole amount would be counted towards both treatment (medical care) and social services (non-medical case management).

## FUNDING TO THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Private philanthropic funders have long played an important role for The Global Fund to Fight AIDS, Tuberculosis and Malaria, not only in financial contributions, but also in governance, support for advocacy, pro-bono services and partnerships. The Global Fund reported contributions of approximately \$277 million from philanthropic and corporate funders in 2018.

### [2018] GLOBAL FUND-REPORTED CONTRIBUTIONS FROM PHILANTHROPIC AND CORPORATE DONORS

(for all three diseases)

FUNDER	2018 DISBURSEMENTS (\$)
Bill & Melinda Gates Foundation	225,178,000
(PRODUCT) RED™ and Partners [American Express, Apple, Bugaboo International, Converse, Dell + Windows, GAP, Giorgio Armani, Hallmark, Motorola Foundation, Motorola Inc. & Partners, Starbucks Coffee, Media Partners and (RED) Supporters, Carlos Slim Foundation, Motsepe]	32,670,000
Munich RE	251,000
Comic Relief UK	1,970,530
Tahir Foundation	2,840,890
Standard Bank	667,000
Takeda Pharmaceutical	\$851,825
Comic Relief US	3,175,000
Other Donors (includes contributions received from the American Express Membership Rewards® program, Transnational Giving Europe [TGE], GOAL [Gift of A Life, Global Fund staff fundraising initiative] and Merrimac Middle East)	8,312,000
Goodbye Malaria	1,162,000
<b>Total</b>	<b>277,078,245</b>

\* Note: currencies have been converted to USD according to exchange rates on 7 December 2019, in line with rest of report.

(Source: Global Fund to Fight AIDS, Tuberculosis and Malaria. "2018 Annual Financial Report," available at: [https://www.theglobalfund.org/media/8470/corporate\\_2018annualfinancial\\_report\\_en.pdf?u=636939343860000000](https://www.theglobalfund.org/media/8470/corporate_2018annualfinancial_report_en.pdf?u=636939343860000000))

Funding for HIV/AIDS through the Global Fund was removed from total disbursements in the report for this year and previous years because it is difficult for funders to accurately determine actual disbursements to the Global Fund each year. The Global Fund accepts donations as cash and promissory notes, and in the case of the promissory notes, the funding is not necessarily withdrawn for use by the Global Fund the year the grant is disbursed by a funder; instead, it is subject to the Global Fund's decision-making on timing of usage.

## DEFINING A HUMAN RIGHTS GRANT

For purposes of this report, FCAA defines a human rights grant as one that includes funding strategies such as, but not limited to the key human rights programs as enshrined in paragraph 80 of the 2011 Political Declaration and promoted by UNAIDS as part of every national response to HIV ([http://www.unaids.org/sites/default/files/media\\_asset/Key\\_Human\\_Rights\\_Programmes\\_en\\_May2012\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/Key_Human_Rights_Programmes_en_May2012_0.pdf)):

- Stigma and discrimination reduction\*
- HIV-related legal services
- Monitoring and reforming laws, regulations and policies relating to HIV
- Rights/legal literacy, e.g. helping people to know laws, rights, and legal recourse
- Sensitization of lawmakers and law enforcement agents
- Training health care providers on human rights and medical ethics
- Reducing gender inequality, discrimination and violence against women in the context of HIV
- Reducing discrimination against key populations in the context of HIV (e.g. people living with HIV, men who have sex with men, transgender people, sex workers, people who use drugs, migrants, prisoners).

\* These are programs that work to address drivers or manifestations of stigma and discrimination, and include:

- Measurement of S&D through *Stigma Index*, in healthcare settings and in general population;
- Community-led and peer-to-peer interaction;
- Use of media, including “edutainment”;
- Engagement with religious and community leaders, and celebrities;
- Inclusion of non-discrimination as part of institutional and workplace policies in employment/education

## PRIVATE OPERATING FOUNDATIONS

Private operating foundations are those that use the bulk of their resources to run their own charitable programs and make few, if any, grants to outside organizations. In some cases, the HIV/AIDS philanthropy reported to FCAA includes the value of programmatic efforts and operational grantmaking, but not operational (internal) staff or other costs. *The Henry J. Kaiser Family Foundation (KFF)* is one example of a U.S.-based private operating foundation that is not able to identify and report HIV/AIDS-specific funding because its HIV-related activities are increasingly integrated throughout its foundation-wide programs.

## CORPORATE PROGRAMS

Several corporations that operate HIV/AIDS programs are not willing or able to report those programs financially. In some cases, corporations do not centrally or specifically track HIV/AIDS expenditures and therefore reporting is not feasible. Also, many corporations with branch facilities in areas highly affected by HIV (such as in sub-Saharan Africa) support workplace programs that provide HIV/AIDS services to employees, sometimes extending those services to employees’ families or all community members. Those HIV/AIDS-specific services are usually offered with other health services at a corporate facility’s on-site clinic. As such, quantifying the monetary value of specific HIV/AIDS services for a corporation with facilities in several countries is very difficult and is usually not available. In addition, other forms of support—such as volunteer efforts by corporate employees, matching donations programs, in-kind donations, cause-related marketing, and donations of technical assistance—are not always able to be valued monetarily or tracked as such. They are nonetheless valuable resources offered by corporations, especially those that can leverage other investments or build the capacity of communities to operate their own programs and services.

## OTHER SOURCES OF SUPPORT

In-kind donations, technical assistance, private individual donors, and direct services provided by hospitals, clinics, churches, and community health programs all represent other sources of HIV/AIDS funding, goods, and services that are difficult to identify and/or quantify. Even so, their contributions are highly valuable.



# ENDNOTES

<sup>i</sup> The chart shows aggregate funding disbursements per year for all funders. Data for funders based outside of the U.S. and E.U. is not available for 2007-2011 as FCAA only began tracking them as of 2013 with data from 2012. Additionally, totals for 2007-2017 were recalculated using the same exchange rates as were used throughout this report.

<sup>ii</sup> Given the large scale funding of The Bill & Melinda Gates Foundation, annual fluctuations, even of tens of millions of dollars, are not indicative of any shift in strategy but rather mere changes to grantmaking disbursements from year to year.

<sup>iii</sup> In July of 2018 a set of new bills were signed into law in the U.S.—the House bill known as FOSTA, (the Fight Online Sex Trafficking Act), and the Senate bill, SESTA, (the Stop Enabling Sex Traffickers Act). FOSTA-SESTA legislation makes it illegal to knowingly assist, facilitate or support sex trafficking, specifically by removing the immunity that online services previously had from the activities their sites were being used for. This has led to the elimination of web platforms previously used by sex workers to advertise and vet their clients, and to ensure a safer work environment. Though the law was purportedly intended to curb illegal sex trafficking in the U.S., it has elevated risks for those engaged in consensual sex work.

<sup>iv</sup> Re-granting between funders tracked by FCAA was not removed for this table.

<sup>v</sup> Open Society Foundations was only able to submit their aggregate funding for HIV grants this year, thus their funding cannot be tracked in many of the analyses throughout the report. They submitted this year with the following addendum: “Please note that the 2018 dollar amounts only reflect grants that specifically reference HIV/AIDS and were funded by the Open Society Foundations Network’s Public Health Program. These numbers do not include other HIV/AIDS funding from national or regional foundations within the Soros Foundations Network, though it is possible, that other foundations within the Open Society Foundations Network may also have provided HIV/AIDS-related funding in 2018.”

<sup>vi</sup> *Giving USA: The Annual Report on Philanthropy for the Year 2019*. 2019. Available at: <https://givingusa.org/tag/giving-usa-2019/>

<sup>vii</sup> The Henry J. Kaiser Family Foundation/UNAIDS. *Donor Government Funding for HIV in Low- and Middle-Income Countries in 2018*. July 2019. Available at: <https://www.kff.org/global-health-policy/report/donor-government-funding-for-hiv-in-low-and-middle-income-countries-in-2018/>

<sup>viii</sup> The World Bank country level classifications were referenced for this on January 2019. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>

<sup>ix</sup> UNAIDS estimate of 20.3 billion is presented in 2018USD, and includes funding provided by donor governments as well as other multilateral institutions, UN agencies and foundations. FCAA has presented its total for 2018 philanthropic funding for HIV/AIDS in LMIC as a subset of UNAIDS total estimate in order to calculate these percentages. According to The Henry J. Kaiser Family Foundation and UNAIDS report, *Donor Government Funding for HIV in Low- and Middle-Income Countries in 2018* (July 2019), “UNAIDS estimates that total international assistance for HIV was US\$8.3 billion (in constant 2016 US dollars).” FCAA has represented any international assistance that could not be broken down specifically as ‘Other International’ in our chart. Available at: <https://www.kff.org/global-health-policy/report/donor-government-funding-for-hiv-in-low-and-middle-income-countries-in-2018/>

<sup>x</sup> The majority of U.S.-based philanthropic funding for all issue areas (not just HIV/AIDS) is from individual donors (\$292.09 billion in 2018). As this FCAA report only addresses funding from organizations, such as foundations and corporations, and not individuals, only that source of funding was used for the comparison of overall philanthropy to HIV/AIDS philanthropy.

<sup>xi</sup> *Giving USA: The Annual Report on Philanthropy for the Year 2019*. 2019. Available at: <https://givingusa.org/tag/giving-usa-2019/>

<sup>xii</sup> <https://www.kff.org/global-health-policy/fact-sheet/mexico-city-policy-explainer/>

<sup>xiii</sup> Grants are coded as to where they benefit geographically, which is not always where the grantee is located. For example, the World Health Organization is headquartered in Switzerland, however, this grant would be coded geographically as per where the project was benefiting, whether the work was ‘global’ in nature, or to a specific country or region outside of Switzerland.

<sup>xiv</sup> For a list of countries included in each region category, please see the methodology in Appendix 2

<sup>xv</sup> Some intended use and target population amounts add up to more than the regional total because one grant may target several categories and populations. In that case, the whole amount of the grant is applied to each.

<sup>xvi</sup> Only country-level data is included in this chart. Some regional funding could not be disaggregated by country, as many regions are a mix of low-, middle- and high-income countries. Country income classification as per World Bank, accessed January 2018, available at: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>

<sup>xvii</sup> Funding for most research is designated for a global audience and thus is not included in this chart.

<sup>xviii</sup> <https://www.healthaffairs.org/doi/10.1377/hblog20181213.623294/full/>

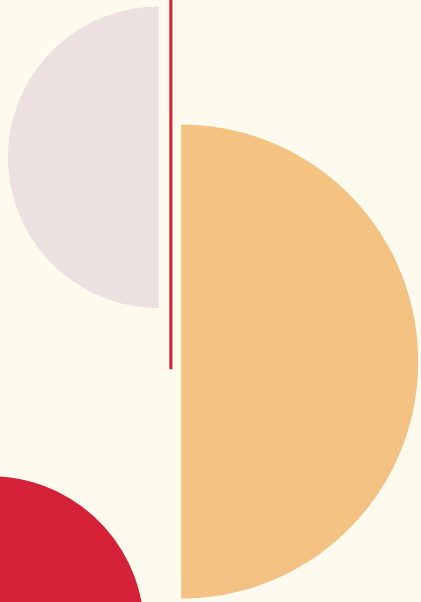
<sup>xix</sup> The overall amounts here add up to \$943 million, as opposed to the \$651 million funders reported giving for HIV/AIDS work in 2018, because many individual grants target multiple categories. In that case, the total amount of the grant was counted in each intended use category. For example, a retention-in-care grant's whole amount would be counted towards both treatment (medical care) and social services (non-medical case management).

<sup>xx</sup> The population category 'general population' was used for grants such as research and prevention/awareness grants that target all populations. The population category 'people living with HIV/AIDS' was used for grants targeted toward people living with HIV/AIDS where a specific subpopulation was not applicable. The population 'general LGBTQ' was used for grants where only a general LGBTQ population was targeted. For grants that targeted specific groups within this category (gay men, transgender people) please see those specific categories. 'Orphans & vulnerable children' are included as a population group separately from 'children (0-14)' as certain grants target orphans & vulnerable children specifically, while others target children in general. The category of "key populations not broken down" refers to those most likely to be exposed to HIV or transmit it—with their engagement being critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs, sex workers and their clients, and people in prisons are at higher risk of HIV exposure than other people.

<sup>xxi</sup> The overall amounts presented here add up to \$989 million, as opposed to the \$651 million that funders reported giving for HIV/AIDS work in 2018. This is because many individual grants target multiple populations, and such funding could not be disaggregated to the different populations. In that case, the total amount of the grant was counted in each population.







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