

The Mission of Funders Concerned About AIDS 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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Contact Funders Concerned About AIDS at:

1100 Connecticut Avenue, NW, Suite 1200, Washington, D.C. 20036 **Telephone:** 202-721-1196 **Fax:** 202-882-2142

Email: info@fcaaid.org

Website: www.fcaaid.org

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Please visit the FCAA website at www.fcaaid.org/resourcetracking for an online version of the report, and additional information including:

- A press release and Q&A
- the full report methodology
- full lists of 2014 intended use and target populations by region.

Please visit www.aidsfundingmap.org for a searchable database of 2014 funding by region, country and U.S. state.

ACRONYMS AND ABBREVIATIONS

| | |
|--------------------|--|
| FCAA | Funders Concerned About AIDS |
| Global Fund | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| LGBTQ | lesbian, gay, bisexual, transgender, and questioning |
| LMIC | low- and middle-income countries |
| TA | technical assistance |
| TB | tuberculosis |
| UNAIDS | Joint United Nations Program on HIV/AIDS |
| U.S. | United States |

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

ABOUT THIS REPORT

Our 13th edition of *Philanthropic Support to Address HIV/AIDS* represents a new era for Funders Concerned About AIDS (FCAA).

While we have been analyzing the philanthropic response to HIV/AIDS for more than a decade, our prior efforts have offered only an aggregate, 50-thousand-foot view of the field. However, for FCAA to be an organization that truly helps to leverage and align philanthropic resources to address urgent and underfunded areas within the HIV/AIDS epidemic, we needed to unlock the data necessary to advocate where those areas exist.

How is this year's report different? We switched from surveying funders on their aggregate HIV funding totals to analyzing individual grants submitted by funders within their full grants lists. We were overwhelmed by the response; not only in that we received 96% of our data as detailed grants lists sent directly from participants, but also by the level of data to which we now have access. [The remaining data was supplemented from public databases (such as The Foundation Center) and websites, and via survey tools from organizations unable to share their grant lists.] This new methodology yielded grant-level detail on more than 6,000 HIV/AIDS-related grants, and offers deeper insight into the geographic, populations, and strategy foci of the current private HIV/AIDS funding sector.

On pages 8-9, for example, you can see top target populations by region. Page 10 offers data on the top U.S. region and state recipients of funding. We also know many international funders are concerned about shifting donor resources for HIV/AIDS in middle-income countries. Now, on page 7, you can find an analysis of private philanthropic funding for HIV/AIDS by country income level.

Where does this data show progress on the philanthropic response to HIV/AIDS? Where are the gaps? This report gives you the tools and opportunity to reflect on the impact behind the numbers, and drives the critical conversations on where and how our sector can best innovate, strengthen, and advance the response. This data will also become the driving force behind our future programming and outreach efforts, and will guide our upcoming strategic review process.

Finally, as we all know, HIV/AIDS does not exist in a vacuum, and neither does this project. We would like to thank our friends at the International Human Rights Funders Group and Funders for LGBTQ Issues for their outstanding thought partnership, inspiration, and support of this work. This important collaboration has allowed our organizations to be more mindful of not only programming that happens at the intersections of HIV, human rights, and LGBTQ issues, but also the process in which that work is analyzed and acknowledged. On page 14 you can see the results of our careful attention to those intersections.

Thank you to the organizations that participated in this and previous year's reports. We welcome, and look forward to, input from readers about how to improve future editions of *Philanthropic Support to Address HIV/AIDS*.

“ This new methodology yielded grant-level detail on more than **6,000** HIV/AIDS-related grants, and offers deeper insight into the geographic, populations, and strategy foci of the current private HIV/AIDS funding sector. ”

This year's Funders Concerned About AIDS (FCAA) resource tracking publication heralds an encouraging headline: an 8% increase (to \$618 million) in private philanthropic funding for HIV/AIDS in 2014.

But as is often the case, the full story is much more complex than the headline. Despite the overall increase, private philanthropic funding for HIV/AIDS is down 8% from the high water mark of \$674 million in 2008. This year's increase was mostly directed to the U.S. domestic epidemic, bringing private philanthropic funding for HIV/AIDS in the U.S. to a new high of \$139 million, although the change is almost entirely attributable to increased contributions to the U.S. from one funder. Private funding given internationally from donors in the U.S., Europe and Canada (for work in other countries or regions) has fallen each year since 2011 when it was first measured, decreasing 22% overall.

According to UNAIDS, in order to substantially bend the curve toward ending the epidemic in low- and middle-income countries (LMIC) by 2030, a 76% increase in investment is needed between 2014 and 2020 (from \$20.2 billion in 2014 to \$35.6 billion by 2020).¹ According to their modeling, UNAIDS asserts that this level of investment will not only allow for financial savings in years beyond 2020 by reducing new infections (by 28 million), it will reduce AIDS-related deaths by 21 million. In 2014, private philanthropic resources to LMIC totaled \$439 million, or 2% of global resources available, and is far from what will be needed to curtail the epidemic.

While the lion's share of new resources needed clearly must come from governments – responsible for 98% of total resources for HIV/AIDS – the more flexible, responsive, and risk-tolerant resources, available only through private philanthropy, are critical to success. As philanthropy's overall contribution drops as a percentage of total resources, it is increasingly important that the narrowing margin of private funding is used to effectively leverage public dollars.

With biomedical advances in treatment and prevention, the primary challenge of ending the epidemic is a question of political will to marshal the resources to do so; therefore, the strategies we fund must respond to this challenge. Any investment in research should include support for extending the benefits achieved to those most in need. Any investment in service provision should include support to enable service providers to play the critical role of mobilizing and empowering those they serve to ensure that they are able to advocate for their needs to be met.

Strategic investment must also extend to the process of prioritizing the most impacted populations and geographies for sustained support. The HIV epidemic

has flourished on the violation of human rights of the most vulnerable populations and inattention to the most impoverished regions. Even if HIV is someday eradicated, without addressing root causes — such as poverty and marginalization — it would be a hollow victory when the next wave of pandemic illness inevitably takes its place. The massive divestment of bilateral and multilateral resources, which now threatens decades of progress in development efforts in middle-income countries, must serve as a call to action for private funders to invest in community mobilization in those regions to hold governments accountable. Philanthropy must continue to champion marginalized and criminalized populations, address stigma and discrimination, and employ effective interventions that governments cannot or will not fund.

To do this work, we must rededicate ourselves to finding needed resources. In 2008, the year of the global financial meltdown, private philanthropy contributed \$674 million to HIV. It is disappointing that, even as the stock market has doubled since the end of 2008, private funding for HIV/AIDS has never regained that level of commitment. The course that private philanthropy has taken over the last eight years is not one that supports the hope of breaking the course of the epidemic; indeed it is one that portends continued decades of trying to keep pace with increasing infections outnumbering those going on to treatment, as our sense of urgency is steadily replaced by complacency.

We intend the new grant-level data available in this year's report to be the beginning of a call to action to reestablish urgency in the philanthropic response to HIV/AIDS. It's also just the tip of the iceberg. In addition to the annual publication, we will be sharing special deep-dive reports to follow up on data on funding for key issues or populations, as well as updating the online map tool at www.aidsfundingmap.org. There will be a mix of encouraging news along with gaps in the response, and we hope that funders will find this to be a valuable tool to assist philanthropy in building on evidence-based strategies, targeting those most in need in the places most impacted.

We hope that in 2020, we can look back to the 8% increase reported in 2014 as the first in a series of steadily increasing steps toward meeting the ambitious goal of ending AIDS.

John Barnes, Executive Director,
Funders Concerned About AIDS (FCAA)

Andrea Flynn, Vice President,
M•A•C AIDS Fund, and Co-Chair, FCAA

J. Channing Wickham, Executive Director,
Washington AIDS Partnership, and Co-Chair, FCAA

OVERVIEW

This year marks the 13th annual resource tracking publication from Funders Concerned About AIDS on philanthropic support for HIV/AIDS. The report relies on grants lists submitted by over 200 funders believed to represent the substantial majority of global private philanthropic HIV/AIDS funding.²

HIV/AIDS-related giving among private philanthropic organizations in 10 countries totaled approximately \$618 million in 2014,^{3,4} representing an 8% increase (\$46 million) from 2013. In general, funding has been holding relatively steady around the \$600-\$650 million mark for the past eight years.

The 2014 increase was driven by significant increases from the top two funders, The Bill & Melinda Gates Foundation and Gilead Sciences. This influence is reflective of the ongoing overall concentration of HIV/AIDS philanthropic funding among the top donors: the top 20 funders accounted for 81% of all funding in 2014. Total giving to HIV/AIDS from all private funders (for which FCAA has 2013 and 2014 data) other than the Gates Foundation and Gilead Sciences did also increase in 2014 compared to 2013, but by a very small amount (\$5 million, or 1%).

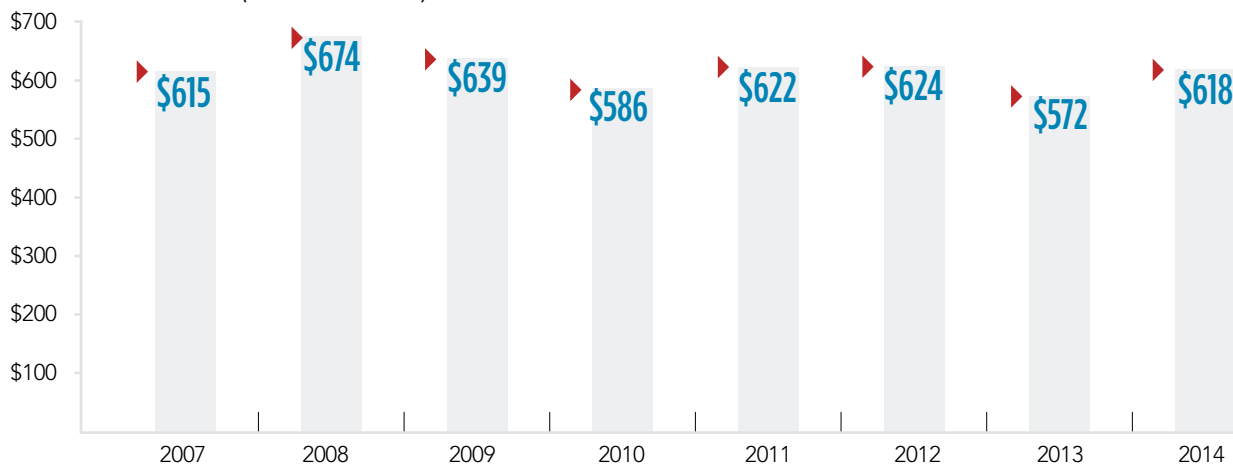
Giving from corporate funders represented 27% of all private funding for HIV/AIDS in 2014. Twenty-four (11%) of the total 228 funders included in this report

are HIV-specific funding organizations, with their grants representing 20% of the total in 2014.

Most funding is given to grants with a global⁵ non country-specific reach (\$262 million), as the top intended use category of all funding is research of worldwide benefit (\$215 million). After global funding, the top country to receive funding was the U.S., where \$139 million was granted to benefit domestic projects. The top region outside of the U.S. to receive private philanthropic funding was East & Southern Africa (\$114 million). Half of all country-level funding in 2014 for HIV/AIDS from philanthropic funders went to high-income countries (\$177 million), while over a third went to middle-income countries (\$125 million).

Other top intended use categories for funding in 2014 were to prevention (\$142 million), treatment (\$134 million), advocacy (\$93 million), and social services (\$76 million). The overall top reported target population was funding for a general population (\$261 million), mostly for research grants, but also for prevention and advocacy grants benefiting a general population. The next top five target populations in 2014 were people living with HIV where no sub-population was indicated (\$133 million), women & girls (\$69 million), youth (\$53 million), economically disadvantaged/homeless people (\$47 million), and pregnant women/mothers and babies (\$41 million).

[2007–2014] HIV/AIDS Philanthropic Disbursements⁶ (dollars in millions)



Private philanthropic funding for HIV/AIDS totaled \$618 million in 2014, an increase of \$46 million or 8% from 2013 to 2014, but down 8% from the high water mark of \$674 million in 2008.

\$617,826,416

TOTAL PHILANTHROPIC GIVING to HIV/AIDS in 2014

228

FUNDERS

6,043

GRANTS

[2014] Top 20 Philanthropic Funders of HIV/AIDS⁷

In 2014, the top 20 HIV/AIDS funders awarded \$528 million, accounting for 81% of the year's total. Seven of the top 20 were HIV-specific funders. Due to the large amount of funding overall from the Gates Foundation, the increase of \$15 million for HIV/AIDS from 2013–2014 reflects a typical yearly fluctuation (7% increase). The increase of \$47

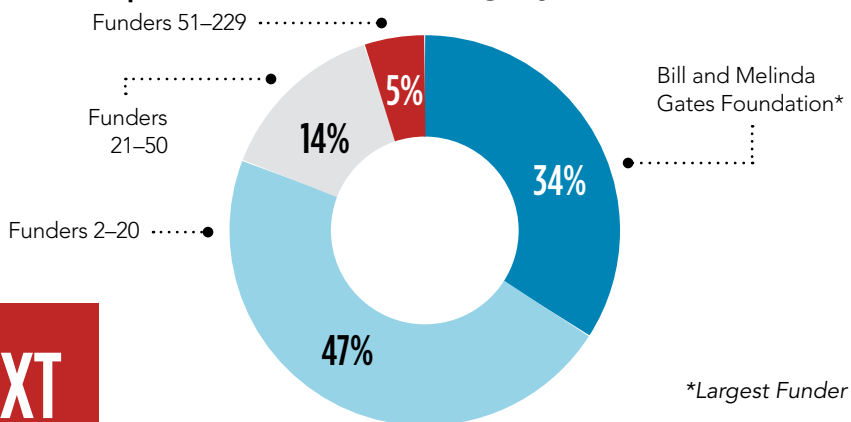
million from Gilead (174%) reflects the dramatic growth in Gilead's earnings since 2013. Gilead has increased funding for financial support to U.S. HIV/AIDS patients to afford co-pays for medical treatment and pharmaceuticals, in addition to a variety of other initiatives in the categories of prevention and advocacy.

| Funder Name | Location | 2014 Disbursements (\$) | Change 2013–2014 |
|--|--------------------------|-------------------------|------------------|
| 1. Bill & Melinda Gates Foundation | WA, USA | \$223,894,095 | \$14,894,095 + |
| 2. Gilead Sciences, Inc. | CA, USA | \$73,397,384 | \$46,563,950 + |
| 3. M•A•C AIDS Fund and M•A•C Cosmetics | NY, USA | \$40,344,696 | \$1,388,178 + |
| 4. Wellcome Trust | United Kingdom | \$24,278,036 | \$667,239 + |
| 5. Ford Foundation | NY, USA | \$18,065,501 | -\$1,726,701 |
| 6. ViiV Healthcare | United Kingdom & NC, USA | \$16,987,525 | \$1,309,369 + |
| 7. Elton John AIDS Foundation ⁸ | NY, USA & United Kingdom | \$13,411,390 | -\$2,935,611 |
| 8. Merck | NJ, USA | \$12,132,755 | \$2,296,235 + |
| 9. Children's Investment Fund Foundation, UK | United Kingdom | \$10,997,210 | -\$1,836,825 |
| 10. Conrad N. Hilton Foundation | CA, USA | \$10,098,000 | -\$2,564,000 |
| 11. Philip T. and Susan M. Ragon Institute Foundation | MA, USA | \$10,000,000 | 0 |
| 12. Broadway Cares/Equity Fights AIDS | NY, USA | \$9,644,384 | -\$845,672 |
| 13. Aids Fonds/STOP AIDS NOW! | Netherlands | \$9,289,933 | -\$2,614,211 |
| 14. Open Society Foundations ⁹ | NY, USA | \$8,600,000 | -\$2,000,000 |
| 15. AbbVie Foundation and AbbVie | IL, USA | \$8,328,150 | -\$825,803 |
| 16. Sidaction | France | \$8,266,237 | -\$1,191,660 |
| 17. Johnson & Johnson/Janssen Therapeutics ¹⁰ | NJ, USA | \$8,070,707 | \$83,058 + |
| 18. Big Lottery Fund | United Kingdom | \$7,578,151 | \$5,986,580 + |
| 19. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company, NY | NY, USA | \$7,477,175 | \$1,948,968 + |
| 20. amfAR, The Foundation for AIDS Research | NY, USA | \$7,094,114 | \$1,129,664 + |

HIV/AIDS philanthropic funding is concentrated among the biggest donors. The top 20 funders accounted for 81% of all funding in 2014.

[2014] Distribution of Philanthropic HIV/AIDS Funding by Funder Rank

(by percentage of total disbursements)

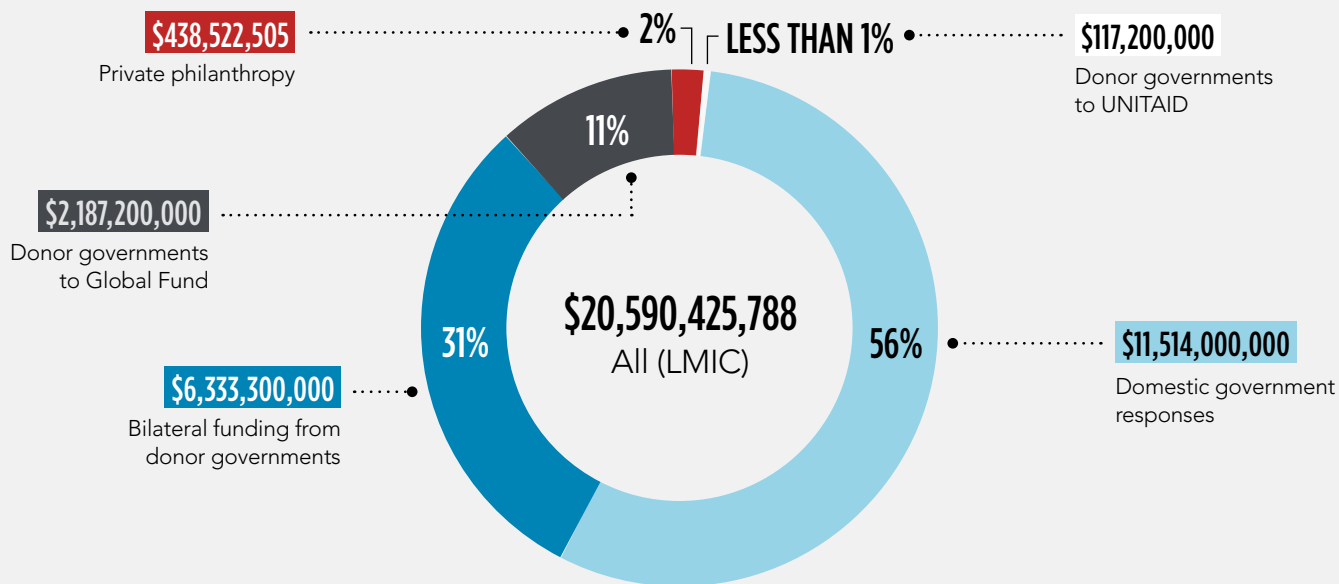


FUNDING CONTEXT

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.

In 2014, US\$ 20.2 billion was being invested annually in the AIDS response in low- and middle-income countries, compared to \$439 million by private philanthropy (or 2% of global resources available for HIV/AIDS in LMIC).

[2014] Total Resources for HIV/AIDS in LMIC^{11,12}



[2014] Share of Total U.S. Philanthropy for HIV/AIDS



For every 100 dollars awarded by U.S. foundations and corporations in 2014 (for all issue areas), only 71 cents goes to HIV/AIDS issues.^{13,14}

GEOGRAPHIC FOCUS

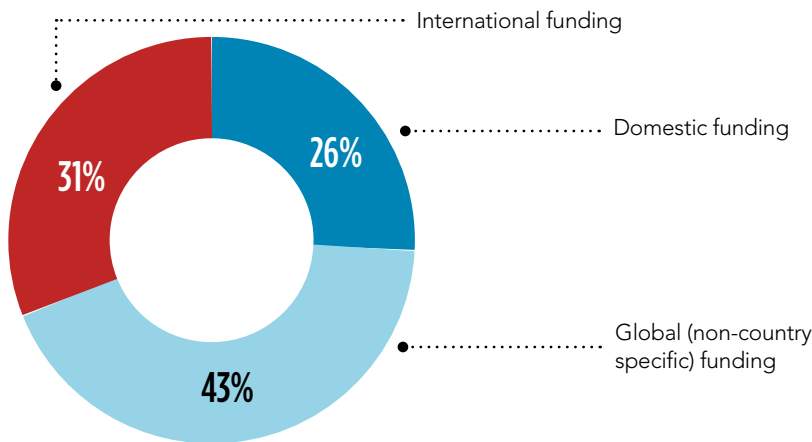
Most philanthropic funding for HIV/AIDS is directed toward projects of global (non country-specific) benefit (\$262 million). This is followed by international funding from philanthropies based in one country for work in other countries and regions (\$190 million). Lastly, funding for domestic HIV/AIDS work to benefit the funder's own country or region amounted to \$163 million in 2014.

The increase in funding from 2013 to 2014 was mostly directed to the U.S. domestic epidemic and almost entirely attributable to increased contributions to the U.S. from one funder. This brings private philanthropic funding for HIV/AIDS in the U.S. to a new high of \$139 million in 2014.

Funding for global non country-specific work also increased from 2013 to 2014, largely due to increased contributions to research for worldwide benefit from the Bill & Melinda Gates Foundation.

Private funding given internationally from donors in the U.S., Europe and Canada (for work in other countries or regions) has fallen each year since 2011 when it was first measured, decreasing 22% overall.

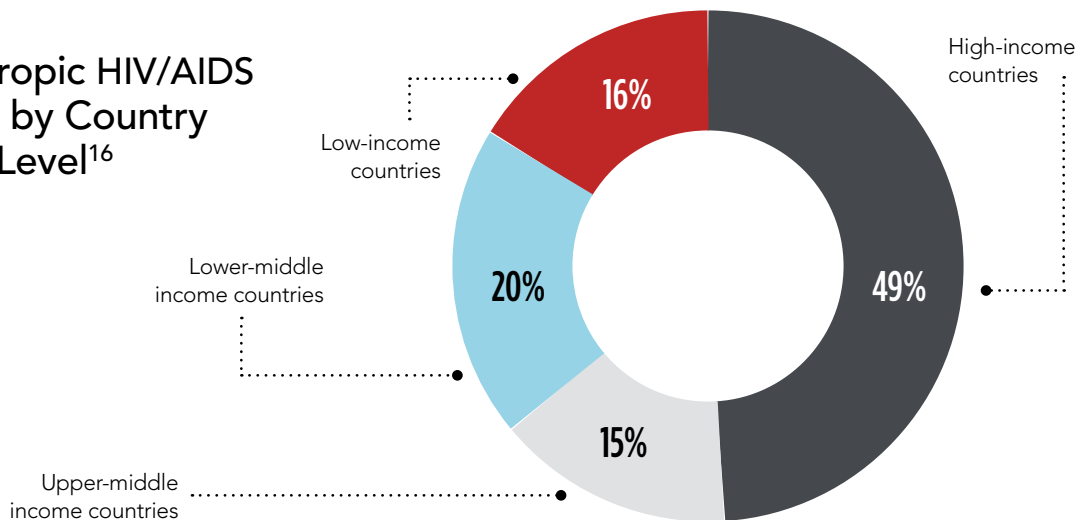
[2014] Philanthropic HIV/AIDS Funding by Geographic Focus



Half of all country-level funding in 2014 for HIV/AIDS from philanthropic funders went to high-income countries (\$177 million). Middle-income countries received just over a third of funding (\$125 million), with upper-

middle-income countries receiving \$53 million and lower-middle-income countries receiving \$71 million. Low-income countries received \$60 million.

[2014] Philanthropic HIV/AIDS Funding by Country Income Level¹⁶



PHILANTHROPIC SUPPORT TO ADDRESS HIV/AIDS IN 2014

A total of 228 philanthropic funders in 10 countries made more than 6,000 grants for HIV/AIDS totaling \$618 million in 2014.^{17,18,19,20}

GLOBAL

[TOP 3] FUNDERS

Bill & Melinda Gates Foundation
Wellcome Trust
Philip T. and Susan M. Ragon Institute Foundation

[TOP 3] INTENDED USE

\$215m Research
\$28m Prevention
\$20m Advocacy

[TOP 3] TARGET POPULATIONS

\$223m General population (including medical research for a general pop.)
\$20m People living with HIV (general)
\$19m Women & girls

CANADA

[TOP 3] FUNDERS

M•A•C AIDS Fund and M•A•C Cosmetics
Open Society Foundations
ViiV Healthcare

[TOP 3] INTENDED USE

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

[TOP 3] TARGET POPULATIONS

\$ 2m People who inject drugs
\$ 2m Sex workers
\$ 1m Women & girls

UNITED STATES

[TOP 3] FUNDERS

Gilead Sciences, Inc.
M•A•C AIDS Fund and M•A•C Cosmetics
Broadway Cares/Equity Fights AIDS

[TOP 3] INTENDED USE

\$56m Treatment
\$34m Prevention
\$32m Social services

[TOP 3] TARGET POPULATIONS

\$66m People living with HIV (general)
\$29m Economically disadvantaged/homeless
\$21m African Americans

CARIBBEAN

[TOP 3] FUNDERS

M•A•C AIDS Fund and M•A•C Cosmetics
Tides Foundation
Elton John AIDS Foundation, NY

[TOP 3] INTENDED USE

\$ 3m Treatment
\$ 2m Prevention
\$ 2m Social services

[TOP 3] TARGET POPULATIONS

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

LATIN AMERICA

[TOP 3] FUNDERS

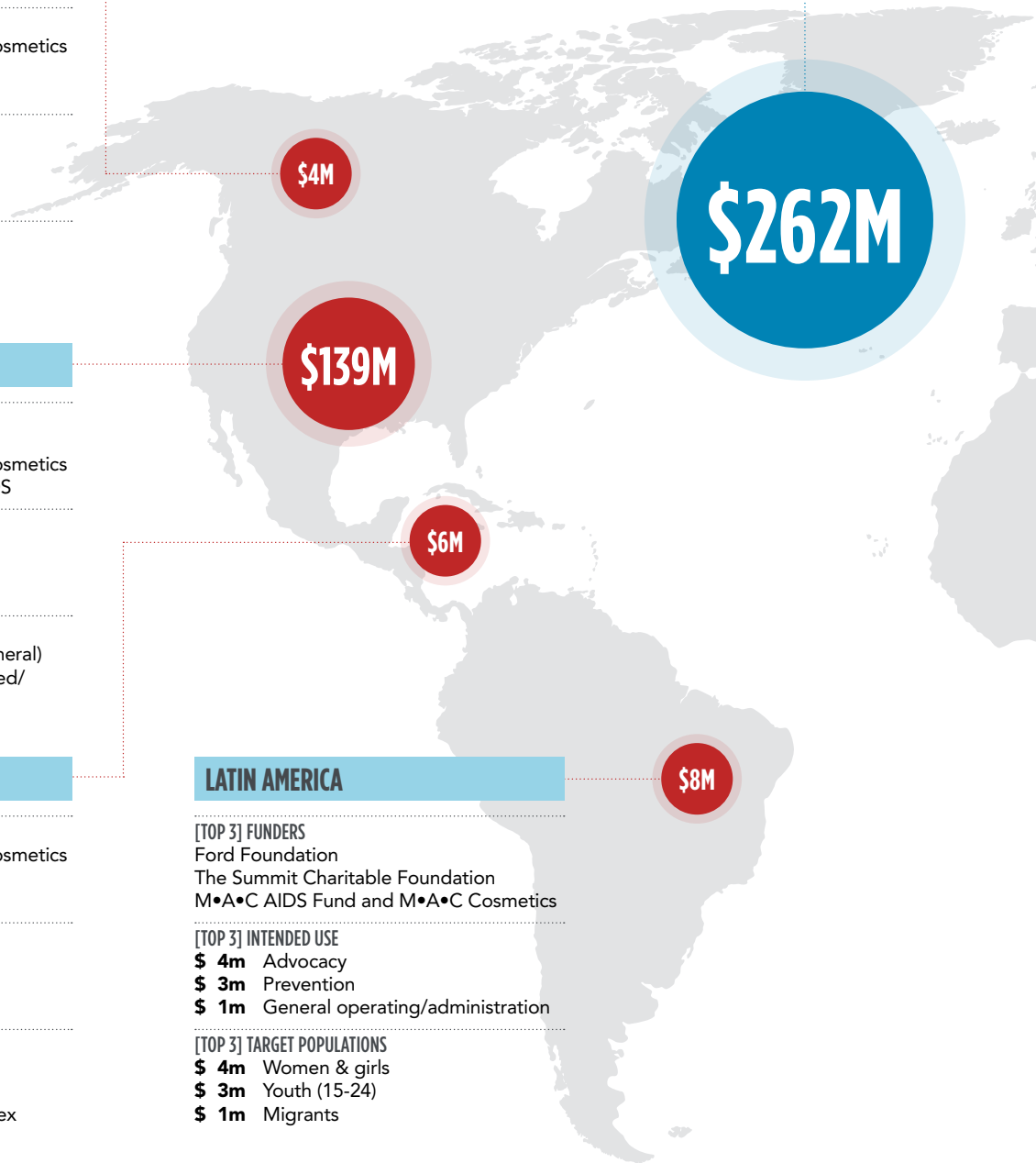
Ford Foundation
The Summit Charitable Foundation
M•A•C AIDS Fund and M•A•C Cosmetics

[TOP 3] INTENDED USE

\$ 4m Advocacy
\$ 3m Prevention
\$ 1m General operating/administration

[TOP 3] TARGET POPULATIONS

\$ 4m Women & girls
\$ 3m Youth (15-24)
\$ 1m Migrants



WESTERN & CENTRAL EUROPE

[TOP 3] FUNDERS

M•A•C AIDS Fund and M•A•C Cosmetics
Big Lottery Fund, UK
Gilead Sciences, Inc.

[TOP 3] INTENDED USE

\$12m Social services
\$10m Prevention
\$ 9m Advocacy

[TOP 3] TARGET POPULATIONS

\$12m People living with HIV (general)
\$ 6m General population (including medical research for a general population)
\$ 4m Gay men/men who have sex with men

EASTERN EUROPE & CENTRAL ASIA

[TOP 3] FUNDERS

Gilead Sciences, Inc.
M•A•C AIDS Fund and M•A•C Cosmetics
Elton John AIDS Foundation, UK

[TOP 3] INTENDED USE

\$ 4m Prevention
\$ 3m Advocacy
\$ 2m Social services

[TOP 3] TARGET POPULATIONS

\$ 2m People living with HIV (general)
\$ 2m People who inject drugs
\$ 1m Women & girls

EAST ASIA & SOUTHEAST ASIA

[TOP 3] FUNDERS

Merck
M•A•C AIDS Fund and M•A•C Cosmetics
amfAR, the Foundation for AIDS Research

[TOP 3] INTENDED USE

\$ 6m Treatment
\$ 6m Prevention
\$ 4m Social services

[TOP 3] TARGET POPULATIONS

\$ 4m People living with HIV (general)
\$ 2m Youth (15-24)
\$ 1m Children (0-14)

NORTH AFRICA & MIDDLE EAST

[TOP 3] FUNDERS

Ford Foundation
M•A•C AIDS Fund and M•A•C Cosmetics
ViiV Healthcare

[TOP 3] INTENDED USE

\$ 2m Advocacy
\$ 1m Prevention
\$ 0.5m Treatment

[TOP 3] TARGET POPULATIONS

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

SOUTH ASIA & THE PACIFIC

[TOP 3] FUNDERS

Bill & Melinda Gates Foundation
M•A•C AIDS Fund and M•A•C Cosmetics
Nationale Postcode Loterij (Dutch National Postcode Lottery)

[TOP 3] INTENDED USE

\$ 6m Advocacy
\$ 4m Prevention
\$ 3m Elimination of mother-to-child transmission

[TOP 3] TARGET POPULATIONS

\$ 5m Key affected populations not broken down²¹
\$ 4m Women & girls
\$ 3m Youth (15-24)

WEST & CENTRAL AFRICA

[TOP 3] FUNDERS

Bill & Melinda Gates Foundation
Sidaction
M•A•C AIDS Fund and M•A•C Cosmetics

[TOP 3] INTENDED USE

\$ 6m Prevention
\$ 5m Elimination of mother-to-child transmission
\$ 5m Treatment

[TOP 3] TARGET POPULATIONS

\$ 7m Women & girls
\$ 5m Pregnant women/mothers & babies
\$ 5m Children (0-14)

EAST & SOUTHERN AFRICA

[TOP 3] FUNDERS

Bill & Melinda Gates Foundation
Children's Investment Fund Foundation, UK
Conrad N. Hilton Foundation

[TOP 3] INTENDED USE

\$44m Prevention
\$39m Treatment
\$26m Elimination of mother-to-child transmission

[TOP 3] TARGET POPULATIONS

\$29m Pregnant women/mothers & babies
\$25m Orphans & vulnerable children
\$24m People living with HIV (general)

\$30M

\$7M

\$3M

\$21M

\$10M

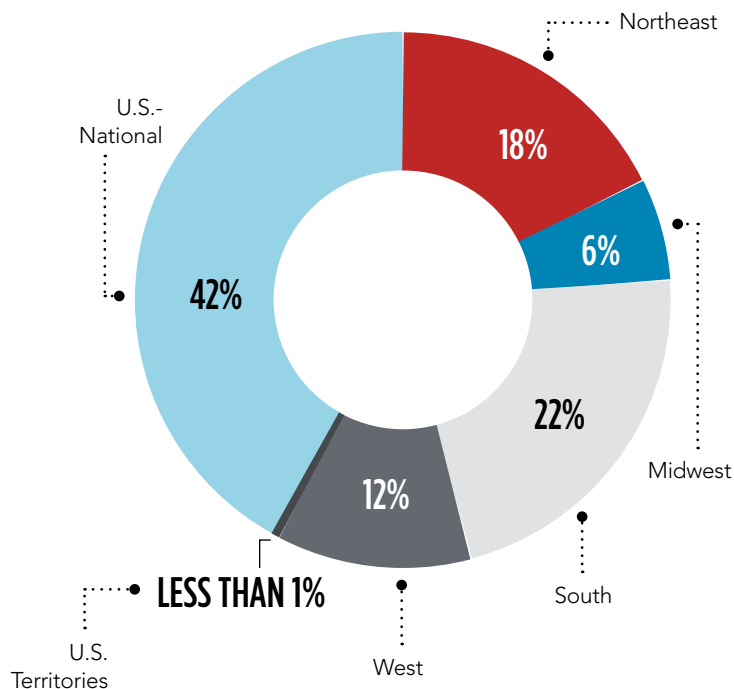
\$15M

\$114M

[2014] Top 10 Philanthropic Funders of U.S. HIV/AIDS Epidemic

| Funder | Amount for U.S. |
|---|-----------------|
| 1. Gilead Sciences, Inc. | \$62,391,131 |
| 2. M•A•C AIDS Fund and M•A•C Cosmetics | 13,815,803 |
| 3. Broadway Cares/Equity Fights AIDS | 9,085,285 |
| 4. AIDS United | 6,492,258 |
| 5. Ford Foundation | 6,435,000 |
| 6. Viiv Healthcare | 5,922,012 |
| 7. Elton John AIDS Foundation, US | 5,301,000 |
| 8. The Harry and Jeanette Weinberg Foundation, Inc. | 5,060,000 |
| 9. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company, NY | 3,493,953 |
| 10. Merck | 3,132,525 |

[2014] Philanthropic HIV/AIDS Funding by U.S. Region



[2014] Philanthropic HIV/AIDS Funding by Top 10 Recipient U.S. States

| | |
|--------|--------------|
| 1. NY | \$17,483,128 |
| 2. CA | 12,762,042 |
| 3. MD | 6,527,877 |
| 4. DC | 5,382,878 |
| 5. GA | 4,786,719 |
| 6. IL | 4,570,686 |
| 7. TX | 3,683,148 |
| 8. PA | 3,268,997 |
| 9. LA | 2,719,239 |
| 10. IN | 1,775,431 |

[2014] Top 10 Philanthropic Funders of International/Global HIV/AIDS Grants²²

| Funder | Amount for International/ Global Grants |
|--|--|
| 1. Bill & Melinda Gates Foundation | \$223,876,592 |
| 2. M•A•C AIDS Fund and M•A•C Cosmetics | 26,528,893 |
| 3. Wellcome Trust | 24,278,038 |
| 4. Ford Foundation | 11,630,501 |
| 5. Gilead Sciences, Inc. | 11,006,239 |
| 6. Children's Investment Fund Foundation | 10,997,210 |
| 7. ViiV Healthcare | 10,785,994 |
| 8. Conrad N. Hilton Foundation | 10,098,000 |
| 9. Philip T. and Susan M. Ragon Institute Foundation | 10,000,000 |
| 10. Merck | 9,000,230 |

[2014] Top 20 Recipient Countries of Philanthropic HIV/AIDS Funding

| Country | Amount | Country | Amount |
|-------------------|---------------|----------------|-----------|
| 1. U.S. | \$139,184,460 | 11. Botswana | 5,533,715 |
| 2. South Africa | 25,547,050 | 12. China | 5,380,874 |
| 3. Zambia | 18,301,442 | 13. Nigeria | 4,871,027 |
| 4. Kenya | 14,860,936 | 14. Uganda | 4,726,654 |
| 5. United Kingdom | 12,220,479 | 15. Mozambique | 4,441,845 |
| 6. Malawi | 12,052,883 | 16. Canada | 4,058,078 |
| 7. Zimbabwe | 12,051,777 | 17. Mexico | 2,977,864 |
| 8. India | 10,752,041 | 18. Swaziland | 2,745,122 |
| 9. France | 9,075,852 | 19. Haiti | 2,276,324 |
| 10. Tanzania | 7,966,913 | 20. Ethiopia | 2,191,090 |

CORPORATE FUNDERS

Sixteen corporate foundations and giving programs- including seven of the top 20 funders in 2014- represented 27% (or \$175 million) of total HIV/AIDS philanthropy in 2014. Comparatively among general philanthropy, corporate funders represent only 5% (or roughly \$18 billion) of total charitable giving in the U.S.²³

[2014] Corporate Philanthropic HIV/AIDS Funders

| Funder | Amount |
|---|--------------|
| 1. Gilead Sciences, Inc. | \$73,397,384 |
| 2. M•A•C AIDS Fund and M•A•C Cosmetics | \$40,344,696 |
| 3. ViiV Healthcare | \$16,987,525 |
| 4. Merck | \$12,132,755 |
| 5. AbbVie Foundation and AbbVie | \$8,328,150 |
| 6. Johnson & Johnson/Janssen Therapeutics | \$8,070,707 |
| 7. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company, NY | \$7,477,175 |
| 8. Levi Strauss & Co. | \$2,500,330 |
| 9. Intesa Sanpaolo | \$2,219,420 |
| 10. Fondation Total | \$1,570,090 |
| 11. MTV Staying Alive Foundation US/UK | \$665,992 |
| 12. Rio Tinto | \$522,000 |
| 13. GlaxoSmithKline | \$102,812 |
| 14. Genentech Foundation | \$100,000 |
| 15. Lincoln Financial Foundation | \$67,000 |
| 16. Blue Shield of California Foundation | \$31,500 |

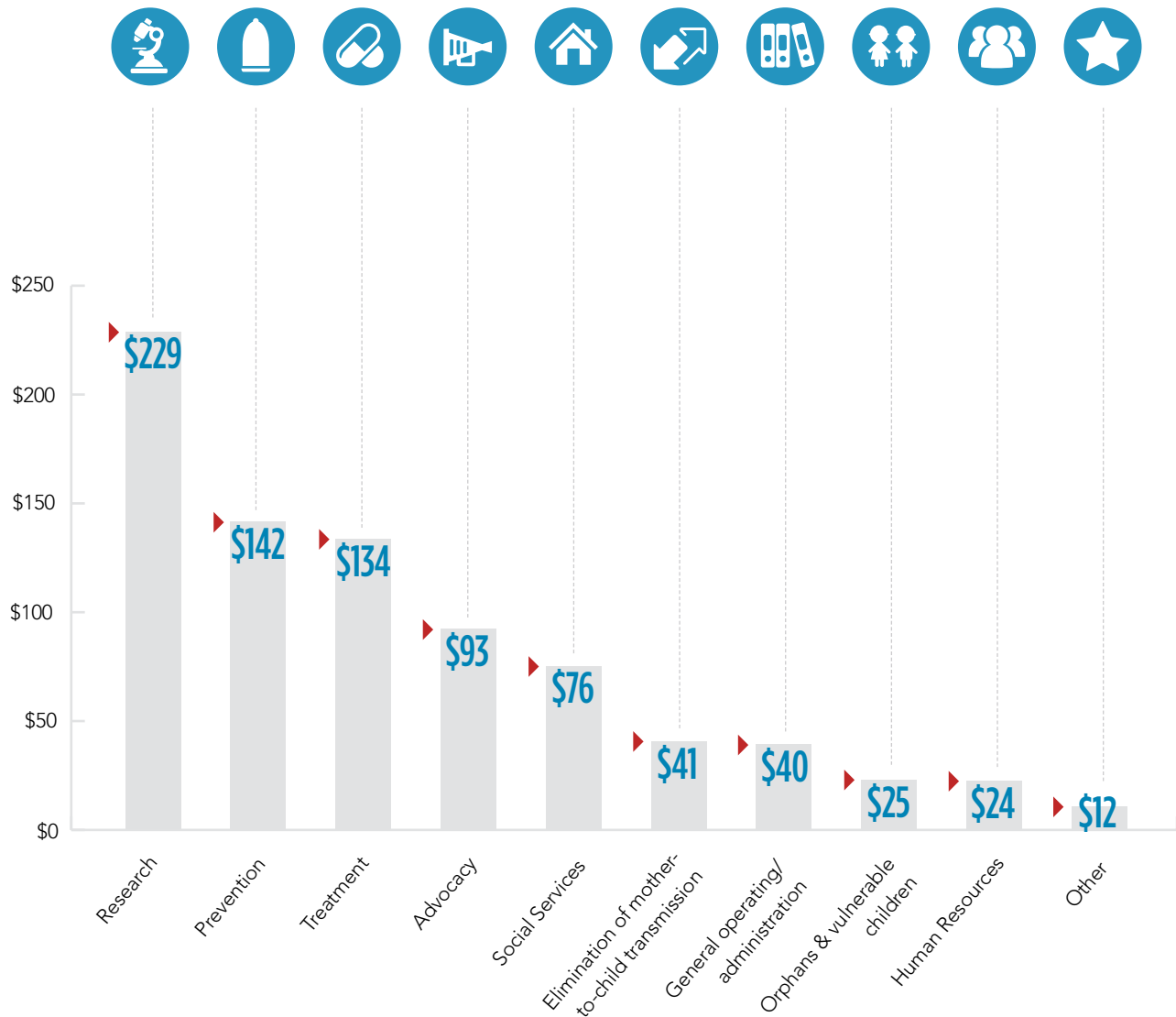
TOTAL= \$174,517,536

INTENDED USE

This year's report includes the first grant-by-grant analysis of total funding directed to different intended use categories. The overall amounts add up to \$817 million, as opposed to the \$618 million funders reported giving for HIV/AIDS work in 2014, 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). The 'Other' category included funding that was unspecified and for projects that did not fall under the pre-determined categories, such as health systems strengthening, fundraising, conference support, and support for AIDS walks.

[2014] Intended Use of 2014 Philanthropic Funding for HIV/AIDS

(dollars in millions)

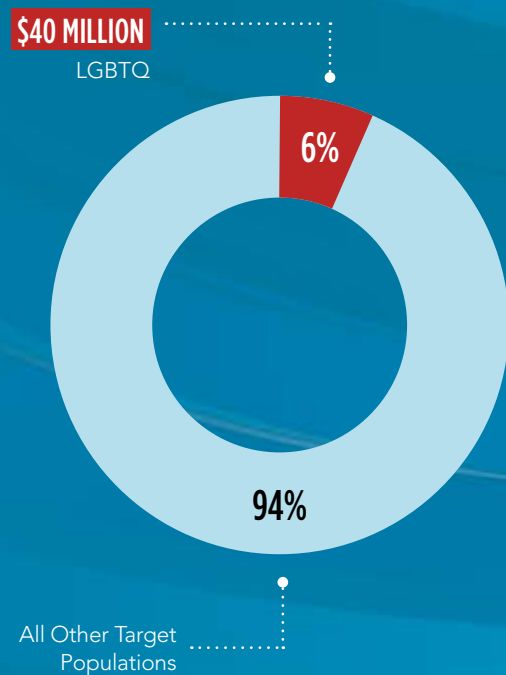


LGBTQ AND HUMAN RIGHTS-RELATED HIV/AIDS FUNDING

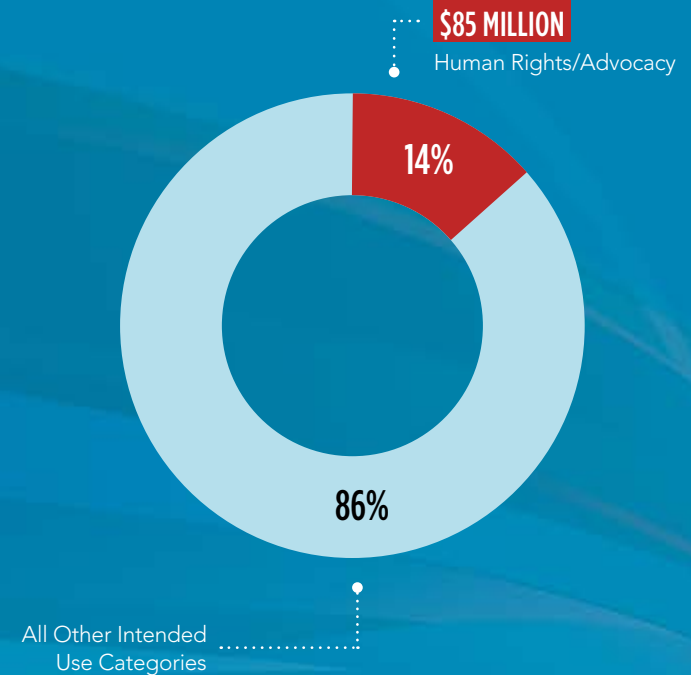
For the past two years FCAA, International Human Rights Funders Group (IHRFG), and Funders for LGBTQ Issues have been collaborating on strategies to harmonize our methodologies and data in order to improve analysis on grantmaking at the intersections of HIV/AIDS, human rights and LGBTQ issues, and improve the resulting process and information for our shared members.

FCAA now specifically records whether grants involve a human rights approach, or benefit LGBTQ communities. Through this new approach, we can quickly identify the scope of this funding and share data with our respective partners. We have also improved our taxonomy to code grants for sexual orientation and gender identity, and developed guidance on how to identify a human rights grant. For example, a recent desk survey conducted by UNAIDS²⁴ used private giving to advocacy in 2013 (\$53 million) as a “proxy estimate on funding to support human rights in national AIDS responses from this subset of donors.” Through our new approach to analyzing grants at the intersection of HIV and human rights, we were able to more accurately identify an additional \$30 million in additional funding from a total of 84 funders.

[2014] Funding for LGBTQ-related HIV/AIDS Grants



[2014] Funding for Human Rights-related HIV/AIDS Grants



TARGET POPULATIONS

This year's report includes the first grant-by-grant analysis of total funding directed to target populations, and with the change of methodology to gathering grants lists, funders such as the Bill & Melinda Gates Foundation are now included. As nearly a fourth of all philanthropic funding in 2014 went toward research, general populations that were targeted by research projects received the most funding of all target populations (\$200 million).

The overall amounts presented add up to \$958 million, as opposed to the \$618 million funders reported giving for HIV/AIDS work in 2014, 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. The 'Other' category included funding that was unspecified and for projects that did not fall under the pre-determined categories, such as community-based organizations and their staff, grantees (for institutional strengthening), academics and researchers, employees, faith leaders and faith communities, journalists, advocates and civil society in general, policymakers, couples, Asian Americans, and Native Americans.

[2014] Target Populations of Philanthropic Funding for HIV/AIDS²⁵

| Population | Amount |
|---|----------------|
| 1. General population (including medical research for a general population) | \$260,688,174* |
| 2. People living with HIV (general) | 133,002,246 |
| 3. Women & girls | 69,362,916 |
| 4. Youth (15-24) | 53,343,521 |
| 5. Economically disadvantaged/homeless | 47,439,240 |
| 6. Pregnant women/mothers & babies | 41,314,393 |
| 7. Children (0-14) | 41,303,752 |
| 8. Health care workers | 30,933,807 |
| 9. Orphans & vulnerable children | 30,367,102 |
| 10. Gay men/men who have sex with men | 25,197,633 |
| 11. Other | 21,587,976 |
| 12. African Americans (U.S.) | 21,528,434 |
| 13. Families | 20,716,193 |

* **\$200M** for general populations targeted by **research grants**

\$47M for general populations targeted by **prevention grants**

\$19M for general populations targeted by **advocacy grants**

| Population | Amount |
|---|------------|
| 14. Men & boys | 19,774,245 |
| 15. People who inject drugs | 18,351,110 |
| 16. People co-infected with HIV and Hepatitis C | 16,104,886 |
| 17. Grandmothers & other caregivers | 15,735,886 |
| 18. General LGBTQ | 13,165,009 |
| 19. Key affected populations not broken down | 12,234,965 |
| 20. Sex workers | 12,018,128 |
| 21. Transgender people | 9,004,310 |
| 22. Latinos (U.S.) | 8,159,297 |
| 23. Rural populations | 7,749,874 |
| 24. Migrants | 6,566,281 |
| 25. People co-infected with HIV and TB | 6,351,768 |
| 26. Incarcerated/formerly incarcerated | 5,633,934 |
| 27. Older adults (over 50) | 3,388,585 |
| 28. Ethnic minorities (outside U.S.) | 2,638,655 |
| 29. People with disabilities | 2,256,799 |
| 30. Indigenous people | 1,691,365 |
| 31. Refugees/displaced people | 1,260,525 |

APPENDIX 1

[2014] Philanthropic HIV/AIDS Funders

| Funder Name | Location | 2014 Disbursements (\$) | # of Grants |
|--|--------------------------|-------------------------|-------------|
| 1. Bill & Melinda Gates Foundation | WA, USA | \$223,894,095 | 219 |
| 2. Gilead Sciences, Inc. | CA, USA | \$73,397,384 | 676 |
| 3. M•A•C AIDS Fund and M•A•C Cosmetics | NY, USA | \$40,344,696 | 614 |
| 4. Wellcome Trust | United Kingdom | \$24,278,036 | 70 |
| 5. Ford Foundation | NY, USA | \$18,065,501 | 110 |
| 6. ViiV Healthcare | United Kingdom | \$16,987,525 | 341 |
| 7. Elton John AIDS Foundation, UK & US | United Kingdom & NY, USA | \$13,411,390 | 168 |
| 8. Merck | NJ, USA | \$12,132,755 | 88 |
| 9. Children's Investment Fund Foundation, UK | United Kingdom | \$10,997,210 | 5 |
| 10. Conrad N. Hilton Foundation | CA, USA | \$10,098,000 | 18 |
| 11. Philip T. and Susan M. Ragon Institute Foundation | MA, USA | \$10,000,000 | 1 |
| 12. Broadway Cares/Equity Fights AIDS | NY, USA | \$9,644,384 | 477 |
| 13. Aids Fonds/STOP AIDS NOW! | Netherlands | \$9,289,933 | 134 |
| 14. Open Society Foundations | NY, USA | \$8,507,913 | 81 |
| 15. AbbVie Foundation and AbbVie | IL, USA | \$8,328,150 | 47 |
| 16. Sidaction | France | \$8,266,237 | 332 |
| 17. Johnson & Johnson/Janssen Therapeutics | NJ, USA | \$8,070,707 | 130 |
| 18. Big Lottery Fund | United Kingdom | \$7,578,151 | 30 |
| 19. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company, NY | NY, USA | \$7,477,175 | 132 |
| 20. amfAR, The Foundation for AIDS Research | NY, USA | \$7,094,114 | 223 |
| 21. AIDS United | DC, USA | \$6,492,258 | 89 |
| 22. Tides Foundation | CA, USA | \$6,269,579 | 115 |
| 23. Stephen Lewis Foundation | Canada | \$6,177,530 | 17 |

| Funder Name | Location | 2014 Disbursements (\$) | # of Grants |
|---|----------------|----------------------------|-------------|
| 24. Nationale Postcode Loterij (Dutch National Postcode Lottery) | Netherlands | \$5,671,765 | 4 |
| 25. National Lottery Distribution Trust Fund (South Africa) | South Africa | \$5,440,470 | 250 |
| 26. Comic Relief | United Kingdom | \$5,256,432 | 22 |
| 27. The Harry and Jeanette Weinberg Foundation, Inc. | MD, USA | \$5,060,000 | 7 |
| 28. Solidarité Sida | France | \$4,901,983 | 83 |
| 29. Foundation for the National Institutes of Health | MD, USA | \$3,792,850 | 8 |
| 30. Monument Trust | United Kingdom | \$3,565,973 | 14 |
| 31. Kaiser Permanente | CA, USA | \$2,746,719 | 53 |
| 32. Levi Strauss & Co. | CA, USA | \$2,500,330 | 39 |
| 33. FXB International-Association Francois-Xavier Bagnoud | France | \$2,449,264 | 9 |
| 34. The William and Flora Hewlett Foundation | CA, USA | \$2,310,000 | 5 |
| 35. Keep a Child Alive | NY, USA | \$2,253,206 | 11 |
| 36. Intesa Sanpaolo | Italy | \$2,219,420 | 1 |
| 37. Verein AIDS LIFE | Austria | \$2,113,340 | 20 |
| 38. American Jewish World Service | NY, USA | \$2,085,616 | 128 |
| 39. Robin Hood Foundation | NY, USA | \$2,085,000 | 7 |
| 40. Elizabeth Taylor AIDS Foundation | CA, USA | \$1,892,118 | 62 |
| 41. Annenberg Foundation | CA, USA | \$1,712,000 | 6 |
| 42. H. van Ameringen Foundation | NY, USA | \$1,607,000 | 29 |
| 43. Fondation Total | France | \$1,570,090 | 8 |
| 44. Firelight Foundation | CA, USA | \$1,438,900 | 93 |
| 45. The Summit Charitable Foundation | DC, USA | \$1,430,282 | 15 |
| 46. Washington AIDS Partnership | DC, USA | \$1,408,235 | 33 |
| 47. The Health Foundation of Greater Indianapolis | IN, USA | \$1,398,406 | 31 |
| 48. James B. Pendleton Charitable Trust | WA, USA | \$1,127,620 | 8 |
| 49. Pride Foundation | WA, USA | \$1,108,574 | 14 |
| 50. Mennonite Central Committee (MCC) | PA, USA | \$1,092,708 | 55 |

| Funder Name | Location | 2014 Disbursements (\$) | # of Grants |
|--|--------------------------|----------------------------|-------------|
| 51. HOPEHIV/WeSeeHope | United Kingdom | \$1,021,293 | 22 |
| 52. AIDS Foundation of Chicago | IL, USA | \$985,994 | 31 |
| 53. Global Fund for Women | CA, USA | \$980,540 | 60 |
| 54. Fondation de France | France | \$911,527 | 38 |
| 55. Oak Foundation | Switzerland | \$893,363 | 16 |
| 56. David Bohnett Foundation | CA, USA | \$861,500 | 7 |
| 57. The Comer Family Foundation | IL, USA | \$827,500 | 51 |
| 58. VriendenLoterji (Dutch Friends Lottery) | Netherlands | \$802,200 | 1 |
| 59. Fondation Mérieux | France | \$774,314 | 9 |
| 60. Doris Duke Charitable Foundation | NY, USA | \$729,000 | 3 |
| 61. Design Industries Foundation Fighting AIDS (DIFFA) | NY, USA | \$703,910 | 63 |
| 62. One to One Children's Fund | United Kingdom | \$681,608 | 4 |
| 63. MTV Staying Alive Foundation US/UK | NY, USA & United Kingdom | \$665,992 | 52 |
| 64. Robert Wood Johnson Foundation | NJ, USA | \$632,092 | 7 |
| 65. Egmont Trust | United Kingdom | \$622,167 | 18 |
| 66. Alphawood Foundation | IL, USA | \$615,000 | 6 |
| 67. The Morris and Gwendolyn Cafritz Foundation | DC, USA | \$609,000 | 5 |
| 68. Weingart Foundation | CA, USA | \$600,000 | 14 |
| 69. King Baudouin Foundation | Belgium | \$558,753 | 10 |
| 70. Mama Cash | Netherlands | \$556,143 | 13 |
| 71. Segal Family Foundation | NJ, USA | \$555,000 | 7 |
| 72. Fondazione Cariplo | Italy | \$554,855 | 1 |
| 73. Community Foundation for Greater Atlanta | GA, USA | \$537,510 | 12 |
| 74. Rio Tinto | United Kingdom | \$522,000 | 1 |
| 75. Sigrid Rausing Trust | United Kingdom | \$472,674 | 4 |
| 76. South Africa Development Fund | MA, USA | \$426,796 | 3 |
| 77. The Campbell Foundation | FL, USA | \$420,744 | 24 |
| 78. The California Wellness Foundation | CA, USA | \$385,000 | 3 |
| 79. The Seattle Foundation | WA, USA | \$377,273 | 18 |

| Funder Name | Location | 2014 Disbursements (\$) | # of Grants |
|--|----------------|----------------------------|-------------|
| 80. Arcus Foundation | MI, USA | \$371,696 | 4 |
| 81. San Diego Human Dignity Foundation | CA, USA | \$367,389 | 19 |
| 82. AIDS Funding Collaborative | OH, USA | \$360,560 | 13 |
| 83. Canadian Foundation for AIDS Research (CANFAR) | Canada | \$314,953 | 10 |
| 84. Polk Bros. Foundation, Inc. | IL, USA | \$305,000 | 5 |
| 85. Charles Stewart Mott Foundation | MI, USA | \$300,000 | 2 |
| 86. The Healthcare Foundation of New Jersey | NJ, USA | \$298,758 | 5 |
| 87. W. W. Smith Charitable Trust | PA, USA | \$295,500 | 5 |
| 88. Houston Endowment Inc. | TX, USA | \$290,000 | 4 |
| 89. The Vibrant Village Foundation | OR, USA | \$265,000 | 1 |
| 90. Global Fund for Children | DC, USA | \$255,000 | 16 |
| 91. Communities Foundation of Texas, Inc. | TX, USA | \$254,849 | 17 |
| 92. Presbyterian World Service & Development (PWS&D) | Canada | \$242,551 | 11 |
| 93. Eugene and Agnes E. Meyer Foundation | DC, USA | \$235,000 | 5 |
| 94. The Community Foundation for the National Capital Region | DC, USA | \$231,724 | 36 |
| 95. Leverhulme Trust | United Kingdom | \$224,666 | 2 |
| 96. Meyer Memorial Trust | OR, USA | \$218,400 | 2 |
| 97. F. M. Kirby Foundation, Inc. | NJ, USA | \$210,000 | 3 |
| 98. Robert R. McCormick Foundation | IL, USA | \$210,000 | 5 |
| 99. The Duke Endowment | NC, USA | \$200,000 | 1 |
| 100. The California Endowment | CA, USA | \$184,275 | 13 |
| 101. The Philadelphia Foundation | PA, USA | \$180,528 | 10 |
| 102. Cecily's Fund | United Kingdom | \$173,615 | 4 |
| 103. Barry & Martin's Trust | United Kingdom | \$171,581 | 23 |
| 104. The Melville Charitable Trust | MA, USA | \$170,750 | 6 |
| 105. Fund For Global Human Rights, Inc. | DC, USA | \$168,750 | 10 |
| 106. New York Community Trust | NY, USA | \$160,000 | 5 |
| 107. The Columbus Foundation and Affiliated Organizations | OH, USA | \$160,000 | 10 |
| 108. United Way of Central Ohio | OH, USA | \$151,000 | 1 |

| Funder Name | Location | 2014 Disbursements (\$) | # of Grants |
|--|----------------|----------------------------|-------------|
| 109. Foundation for a Just Society | NY, USA | \$150,000 | 1 |
| 110. Robert E. Leet & Clara Guthrie Patterson Trust | CT, USA | \$150,000 | 2 |
| 111. EMpower - The Emerging Markets Foundation | NY, USA | \$144,000 | 2 |
| 112. HIV Young Leaders Fund | Netherlands | \$140,000 | 14 |
| 113. Lloyd A. Fry Foundation | IL, USA | \$140,000 | 3 |
| 114. William Randolph Hearst Foundation | NY, USA | \$135,000 | 2 |
| 115. Canadian Baptist Ministries (CBM) | Canada | \$130,440 | 5 |
| 116. George Gund Foundation | OH, USA | \$130,000 | 3 |
| 117. The Ahmanson Foundation | CA, USA | \$122,000 | 4 |
| 118. John D. & Catherine T. MacArthur Foundation | IL, USA | \$115,000 | 1 |
| 119. AVERT | United Kingdom | \$114,487 | 2 |
| 120. Bernard F. and Alva B. Gimbel Foundation, Inc. | NY, USA | \$110,000 | 2 |
| 121. GlaxoSmithKline | United Kingdom | \$102,812 | 9 |
| 122. The Annie E. Casey Foundation | MD, USA | \$101,000 | 2 |
| 123. Genentech Foundation | CA, USA | \$100,000 | 1 |
| 124. Primate's World Relief and Development Fund (PWRDF) Anglican Church of Canada | Canada | \$97,143 | 4 |
| 125. Booth Ferris Foundation | TX, USA | \$95,000 | 1 |
| 126. Carl B. and Florence E. King Foundation | TX, USA | \$95,000 | 4 |
| 127. Consumer Health Foundation | DC, USA | \$95,000 | 2 |
| 128. Prince Charitable Trusts | IL, USA | \$95,000 | 3 |
| 129. Health Foundation of South Florida | FL, USA | \$90,000 | 1 |
| 130. Moriah Fund | DC, USA | \$90,000 | 2 |
| 131. VNA Foundation | IL, USA | \$90,000 | 2 |
| 132. New York Foundation | NY, USA | \$88,300 | 4 |
| 133. Hagedorn Fund | NY, USA | \$75,000 | 3 |
| 134. The Collins Foundation | OR, USA | \$70,000 | 3 |
| 135. Lincoln Financial Foundation | IN, USA | \$67,000 | 3 |
| 136. HRK Foundation | MN, USA | \$61,000 | 9 |
| 137. Charles A. Frueauff Foundation, Inc. | AR, USA | \$60,000 | 2 |
| 138. Disability Rights Fund | MA, USA | \$60,000 | 1 |

| Funder Name | Location | 2014 Disbursements (\$) | # of Grants |
|---|----------|----------------------------|-------------|
| 139. Metta Fund | CA, USA | \$60,000 | 1 |
| 140. Barra Foundation, Inc. | PA, USA | \$55,000 | 1 |
| 141. Hillcrest Foundation | TX, USA | \$53,000 | 3 |
| 142. Gamma Mu Foundation | FL, USA | \$50,300 | 8 |
| 143. United Way of the National Capital Area | VA, USA | \$50,200 | 4 |
| 144. The Tull Charitable Foundation | GA, USA | \$50,000 | 1 |
| 145. May and Stanley Smith Charitable Trust | CA, USA | \$45,000 | 2 |
| 146. The Blowitz-Ridgeway Foundation | IL, USA | \$45,000 | 4 |
| 147. van Loben Sels/RembeRock Foundation | CA, USA | \$45,000 | 2 |
| 148. Hillman Family Foundations | PA, USA | \$41,000 | 5 |
| 149. Alexander and Margaret Stewart Trust | DC, USA | \$40,000 | 2 |
| 150. The Fund for New Jersey | NJ, USA | \$40,000 | 1 |
| 151. King Baudouin Foundation United States, Inc. | NY, USA | \$39,691 | 3 |
| 152. The New York State Health Foundation | NY, USA | \$37,500 | 1 |
| 153. Greater Kansas City Community Foundation | MO, USA | \$37,219 | 13 |
| 154. The Greater New Orleans Foundation | LA, USA | \$37,207 | 6 |
| 155. A. V. Hunter Trust, Inc. | CO, USA | \$35,000 | 2 |
| 156. Nancy Peery Marriott Foundation, Inc. | MD, USA | \$35,000 | 2 |
| 157. Blue Shield of California Foundation | CA, USA | \$31,500 | 1 |
| 158. Jerome Robbins Foundation | NY, USA | \$30,375 | 8 |
| 159. Carolyn Foundation | MN, USA | \$30,000 | 1 |
| 160. Charles M. & Mary D. Grant Foundation | NY, USA | \$30,000 | 1 |
| 161. Healthcare Foundation of Northern Lake County | IL, USA | \$30,000 | 1 |
| 162. Richard E. & Nancy P. Marriott Foundation, Inc. | MD, USA | \$30,000 | 3 |
| 163. Roy & Christine Sturgis Charitable Trust | TX, USA | \$30,000 | 2 |
| 164. The International Foundation | NJ, USA | \$30,000 | 2 |
| 165. Spirit Mountain Community Fund | OR, USA | \$28,000 | 2 |
| 166. Horizons Foundation | CA, USA | \$25,750 | 15 |

| Funder Name | Location | 2014 Disbursements (\$) | # of Grants |
|--|-----------------|------------------------------------|--------------------|
| 167. Bader Philanthropies | WI, USA | \$25,000 | 1 |
| 168. Carrie Estelle Doheny Foundation | CA, USA | \$25,000 | 1 |
| 169. Rockefeller Brothers Fund, Inc. | NY, USA | \$25,000 | 1 |
| 170. The First Hospital Foundation | PA, USA | \$25,000 | 1 |
| 171. Island Foundation, Inc. | MA, USA | \$24,333 | 3 |
| 172. Central New York Community Foundation, Inc. | NY, USA | \$23,473 | 2 |
| 173. New Canaan Community Foundation, Inc. | CT, USA | \$22,500 | 1 |
| 174. Essex County Community Foundation, Inc. | MA, USA | \$22,000 | 4 |
| 175. Brooklyn Community Foundation | NY, USA | \$20,000 | 1 |
| 176. Perpetual Trust for Charitable Giving | MA, USA | \$20,000 | 1 |
| 177. Sam L. Cohen Foundation | ME, USA | \$20,000 | 1 |
| 178. The Henry Foundation | TX, USA | \$20,000 | 1 |
| 179. Frankel Family Foundation | IL, USA | \$18,000 | 3 |
| 180. NewAlliance Foundation, Inc. | CT, USA | \$17,500 | 2 |
| 181. The John R. Oishei Foundation | NY, USA | \$17,500 | 1 |
| 182. Frank W. & Carl S. Adams Memorial Fund | MA, USA | \$15,000 | 1 |
| 183. Green Tree Community Health Foundation | PA, USA | \$15,000 | 1 |
| 184. Roy A. Hunt Foundation | PA, USA | \$15,000 | 3 |
| 185. The Achelis Foundation | NY, USA | \$15,000 | 1 |
| 186. The Astraea Lesbian Foundation for Justice, Inc. | NY, USA | \$15,000 | 1 |
| 187. William J. Brace Charitable Trust | MO, USA | \$15,000 | 1 |
| 188. Trans Justice Funding Project | NY, USA | \$13,200 | 6 |
| 189. The Siragusa Foundation | IL, USA | \$12,500 | 2 |
| 190. The Richard H. Driehaus Foundation | IL, USA | \$12,000 | 1 |
| 191. The Laurie M. Tisch Foundation, Inc. | NY, USA | \$11,500 | 2 |
| 192. Albert W. Rice Charitable Foundation | MA, USA | \$10,000 | 1 |

| Funder Name | Location | 2014 Disbursements (\$) | # of Grants |
|---|----------|----------------------------|-------------|
| 193. Allegany Franciscan Ministries, Inc. | FL, USA | \$10,000 | 1 |
| 194. Corina Higginson Trust | MD, USA | \$10,000 | 1 |
| 195. Doree Taylor Charitable Foundation | MA, USA | \$10,000 | 1 |
| 196. Frederick McDonald Trust | RI, USA | \$10,000 | 1 |
| 197. The Fred Harris Daniels Foundation, Inc. | RI, USA | \$10,000 | 1 |
| 198. The Grainger Foundation Inc. | IL, USA | \$10,000 | 3 |
| 199. The Shelley & Donald Rubin Foundation, Inc. | NY, USA | \$10,000 | 1 |
| 200. The Thomas Phillips and Jane Moore Johnson Foundation | NY, USA | \$10,000 | 1 |
| 201. Triangle Community Foundation | NC, USA | \$8,500 | 4 |
| 202. Harry S. Black & Allon Fuller Fund | NY, USA | \$7,500 | 1 |
| 203. Jonas Fields, Charles Hannagan and David Walters Charitable Foundation | RI, USA | \$7,500 | 3 |
| 204. George A. & Grace L. Long Foundation | CT, USA | \$6,500 | 2 |
| 205. Harold & Arlene Schnitzer CARE Foundation | OR, USA | \$6,000 | 2 |
| 206. Maine Health Access Foundation | ME, USA | \$6,000 | 2 |
| 207. The Oregon Community Foundation | OR, USA | \$6,000 | 1 |
| 208. Stonewall Community Foundation | NY, USA | \$5,590 | 5 |
| 209. American Society for the Prevention of Cruelty to Animals | NY, USA | \$5,000 | 1 |
| 210. Clark and Ruby Baker Foundation | GA, USA | \$5,000 | 1 |
| 211. Dan Murphy Foundation | CA, USA | \$5,000 | 1 |
| 212. Katrine Menzing Deakins Charitable Trust | TX, USA | \$5,000 | 1 |
| 213. The Capital Group Companies Charitable Foundation | CA, USA | \$5,000 | 1 |
| 214. Theodore R. & Vivian M. Johnson Scholarship Foundation, Inc. | FL, USA | \$5,000 | 1 |

| Funder Name | Location | 2014 Disbursements (\$) | # of Grants |
|--|----------|-------------------------|-------------|
| 215. Gulf Coast Community Foundation, Inc. | FL, USA | \$4,000 | 3 |
| 216. Lily Palmer Fry Memorial Trust | CT, USA | \$4,000 | 1 |
| 217. The Alfred and Mary Douty Foundation | PA, USA | \$4,000 | 1 |
| 218. Sisters Health Foundation | WV, USA | \$3,500 | 1 |
| 219. The Mary Duke Biddle Foundation | NC, USA | \$3,000 | 1 |
| 220. Anna Fitch Ardenghi Trust | RI, USA | \$2,500 | 1 |
| 221. Elizabeth Carse Foundation | RI, USA | \$2,500 | 1 |
| 222. Olga Sipolin Children's Fund | RI, USA | \$2,500 | 1 |
| 223. Community Foundation Alliance, Inc. | IN, USA | \$2,200 | 1 |
| 224. Irene E. and George A. Davis Foundation | MA, USA | \$2,000 | 1 |
| 225. Lisa and Douglas Goldman Fund | CA, USA | \$2,000 | 1 |
| 226. Medina Foundation | WA, USA | \$2,000 | 1 |
| 227. Joseph S. Stackpole f/b/o Charities | RI, USA | \$1,500 | 1 |
| 228. Arkansas Community Foundation, Inc. | AR, USA | \$1,000 | 1 |

Note On Missing Data: The majority of private philanthropic funding for HIV/AIDS in 2014 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 Foundation (US)
- Foundation La Caixa (Spain)
- International Treatment Preparedness Coalition (ITPC) [US]
- Rush Foundation (UK)
- Swedish Postcode Foundation
- Wal-mart Foundation (US)
- Wells Fargo (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 part 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 that run their own programs and do not give grants to external grantees.

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

For the full methodology, including definitions of target populations, intended use categories, geographic regions, how a human rights grant is defined, and a list of funders with likely HIV/AIDS funding not able to be reached please visit: <http://www.fcaaid.org/resourcetracking>.

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 228 grantmaking entities, using a variety of sources: **1)** grants lists sent from funders **2)** funder websites, grants databases, annual reports,

and 990 forms, and **3)** direct communications with funders grants databases maintained by the Foundation Center, **4)** grants flagged as HIV/AIDS-related received by Funders for LGBTQ Issues, and **5)** a survey tool developed and administered by FCAA used by one funder. 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 asks for information about calendar year disbursements related to HIV/AIDS in 2014. 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 is not publicly accessible. The template asks for the grantee, amount in 2014, geographical area of benefit, and a grant description. FCAA staff determines 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. HIV/AIDS grants from foreign offices of foundations that operate internationally are counted as coming from the country where their main headquarters is 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 US 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 16 September 2015 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 2014 aggregate total grantmaking for all funders was adjusted downward by \$30,349,634

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.

INTENDED USE AND TARGET POPULATIONS

FCAA has changed the way we track 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, both in financial contributions, but also in governance, support for

advocacy and pro-bono services and partnerships. The Global Fund reported contributions of approximately \$241 million from private philanthropic funders in 2014.

[2014] Global Fund-reported Contributions from Philanthropic and Corporate Donors

(for all three diseases)

| | |
|--|---------------------|
| Bill & Melinda Gates Foundation, WA | \$150,000,000 |
| (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] | 63,581,225 |
| BHP Billiton Sustainable Communities | 10,000,000 |
| United Nations Foundation and its donors | 4,320,328 |
| Tahir Foundation | 4,255,280 |
| Chevron Corporation | 2,500,000 |
| M•A•C AIDS Fund | 2,000,000 |
| Comic Relief | 1,549,750 (1m GBP) |
| Vale | 1,000,000 |
| Takeda Pharmaceutical | 766,981 (92.5m JPY) |
| Other Donors (includes contributions received from the American Express Membership Rewards® program, Transnational Giving Europe (TGE) and GOAL (Gift Of A Life, Global Fund staff fundraising initiative)) | 285,200 |
| Ecobank | 250,000 |
| Exchange-Traded Funds (ETF) | 20,000 |

TOTAL= \$240,528,764

(Source: Global Fund to Fight AIDS, Tuberculosis and Malaria. "Pledges and Contributions." [Excel spreadsheet.] Available at: www.theglobalfund.org/Documents/core/financial/Core_PledgesContributions_List_en/)

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.

1. UNAIDS. *Fast-Track: Ending the AIDS Epidemic by 2030*. 2015. Available at: http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf.
2. Because this report focuses on capturing relatively specific data on resources provided by the private philanthropy sector only, funders completing the survey were asked to exclude income received from any government sources and subsequently re-granted. (Government resource flows are tracked elsewhere; see <http://kff.org/global-health-policy/report/financing-the-response-to-aids-in-low-and-middle-income-countries-international-assistance-from-donor-governments-in-2014/> for the latest UNAIDS and Henry J. Kaiser Family Foundation resource tracking of donor governments to HIV/AIDS.)
3. Re-granting (grants given between funders tracked in 2014) was removed to avoid double-counting. The total amount given by all philanthropic HIV/AIDS funders in 2014 was approximately \$648 million. Approximately \$30 million was removed as 're-granting' because it was given from one funder to another.
4. Funding for HIV/AIDS to the Global Fund to Fight AIDS, Tuberculosis and Malaria from HIV/AIDS philanthropic funders was removed from all figures in the report, because it is increasingly difficult to track accurately. Please see page 27 for more information.
5. FCAA uses three key categories for geographical breakdowns:
 - Domestic HIV/AIDS funding includes data on indigenous funding that is directed to or benefiting projects within an organization's own country or region.
 - International HIV/AIDS funding includes data on funding that is directed to or benefiting projects in specific countries or regions outside of an organization's own country or region.
 - Global (non country-specific) HIV/AIDS funding is funding that is of a worldwide reach or target population rather than a specific national or regional impact, such as research or global advocacy efforts.

Grants are coded as to where they benefit geographically, which is not always where the grantee is located. For example, a grantee such as 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.
6. 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 2007–2013 were recalculated using the same exchange rates as were used throughout this report.
7. Re-granting between funders tracked by FCAA was not removed for this table.
8. Elton John established the Elton John AIDS Foundation (EJAF) as a 501(c)(3) nonprofit foundation in the United States in 1992 and as a registered charity in the United Kingdom in 1993. The two organizations function independently with distinct Board and staff structures, grant processes, and separate geographic foci, but they have the same Founder, Chairman, and mandate of preventing HIV transmission and expanding access to HIV treatment. The U.S. foundation focuses its grantmaking efforts throughout the Americas and the Caribbean, while the U.K. charity funds HIV-related work in Europe, Asia, and Africa. Giving from both foundations appears here as one total. In 2014, EJAF US disbursed \$6,198,000 to HIV/AIDS-related grants while EJAF UK gave \$7,213,390.
9. The 2014 dollar amounts provided by the Open Society Foundations are estimates and not exact figures. The awards included in this list only reflect grants that specifically reference HIV/AIDS and were funded by the Open Society Foundations network's Public Health Program or other thematic or geographic programs. These numbers do not include other HIV/AIDS funding from national or regional foundations within the Open Society Foundations network, though it is possible, that other foundations within the Open Society Foundations network may also have provided HIV/AIDS-related funding in 2014.
10. Janssen Therapeutics is part of the Johnson & Johnson Family of Companies.
11. UNAIDS. "15 by 15: A Global Target Achieved." 2015. Available at: http://www.unaids.org/sites/default/files/media_asset/UNAIDS_15by15_en.pdf.
12. The Henry J. Kaiser Family Foundation. *Financing the Response to HIV in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2014*. July 2015. Available at: <http://files.kff.org/attachment/report-financing-the-response-to-aids-in-low-and-middle-income-countries-international-assistance-from-donor-governments-in-2014>.
13. The majority of U.S. philanthropic funding is from individuals (\$258.51 billion in 2014). As this FCAA report only reports funding from foundations and corporations, only that funding was used from overall philanthropy for the comparison to HIV/AIDS philanthropy.

14. *Giving USA: The Annual Report on Philanthropy for the Year 2014*. 2015. Available at: <http://www.givinginstitute.org>.
15. Grants are coded as to where they benefit geographically, which is not always where the grantee is located.
16. 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 October 2015, available at: http://data.worldbank.org/about/country-and-lending-groups#Low_income.
17. For a full list of amounts to each country and/or U.S. state and a ranked list of all funders per geographic region, please see www.aidsfundingmap.org.
18. For a list of countries included in each region category and explanations of what is included in the intended use categories, please see the full methodology at www.fcaids.org/resourcetracking.
19. For a full list of amounts to all intended use and target population categories by geographic region, please see www.fcaids.org/resourcetracking.
20. 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.
21. 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.
22. For a ranked list of all funders per geographic region, please see www.aidsfundingmap.org.
23. *Giving USA: The Annual Report on Philanthropy for the Year 2014*. 2015. Available at: <http://www.givinginstitute.org>.
24. UNAIDS. Sustaining the human rights response to HIV: an analysis of the funding landscape and voices from community service providers. October 2015. Available online: http://www.unaids.org/sites/default/files/media_asset/JC2769_humanrights_en.pdf.
25. 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, lesbians, and 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.

