



A European Foundation Centre  
(EFC) Special Interest Group

# European Philanthropy and HIV / AIDS

A Report by the  
European HIV/AIDS Funders Group

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## Acknowledgements

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Table of Contents

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Introduction \_\_\_\_\_ 04

Principal Findings \_\_\_\_\_ 06

Context – AIDS Epidemic and Financing \_\_\_\_\_ 06

Total European Philanthropic Funding Reported \_\_\_\_\_ 10

Top European Foundations – HIV/AIDS Activity Summaries \_\_\_\_\_ 12

Surveyed Financing: Geography, Sector, Intervention \_\_\_\_\_ 16

U.S. Philanthropy by Comparison \_\_\_\_\_ 20

Future Work – Beyond Philanthropy \_\_\_\_\_ 21

Annex 1 - Examined Organisations \_\_\_\_\_ 24

Annex 2 - Mapping Project Methodological Notes \_\_\_\_\_ 25



# Introduction

This paper, produced by the European HIV/AIDS Funders Group, sets out an initial analysis of information developed on 2003 HIV/AIDS spending by European foundations, trusts and charities. The paper, which draws on work done to date by the European Foundation Centre (EFC) to map HIV/AIDS activities by such organisations, aims to extend and improve on prior products on this subject.<sup>1,2</sup>

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

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

The Group's founding members include the following organisations:

- Allavida
- Diana Princess of Wales Memorial Fund
- Association François-Xavier Bagnoud
- King Baudouin Foundation\*
- Bernard van Leer Foundation\*
- The Nuffield Trust\*
- Deutsche Stiftung Weltbevölkerung\*
- The Open Society Institute

(\* Executive Committee Member)

The purpose of this paper is to inform the international community regarding European philanthropic HIV/AIDS spending, with the object of a modest contribution to guiding a true multiparty, multisectoral response to the AIDS pandemic. The United Nations has repeatedly emphasised the need for such a response, and Secretary-General Annan has personally supported philanthropic AIDS fundraising. While the EFG recognises the value of philanthropic work in both the developed and developing worlds, the analysis which follows focuses on activity in the latter, consistent with the EFG's primary interest, and its support of the EFC's Europe in the World (EitW) initiative.<sup>3,4</sup>

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1. European Independent HIV/AIDS Funding, EFC, pre-publication, June 2004.

2. "Survey of Foundation Support for HIV/AIDS, summer 2002," EFC, available to EFC members at [www.efc.be/projects/aids](http://www.efc.be/projects/aids).

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

4. The EitW initiative's aims include achievement of a 5 per cent extra-European spending target on the part of European Foundations. See [www.europeintheworld.info](http://www.europeintheworld.info).

The Funders Group intends, in disseminating the information which follows, to help facilitate greater coordination and transparency among funders, lessen duplication of effort, and of course to encourage expanded philanthropic support for HIV/AIDS work. These goals are grounded in the oft-stated premise that philanthropic funding has a unique and critical role to play in fighting AIDS in the developing world on the basis of

- **First, flexibility**, in terms of responsiveness, speed and relatively bureaucracy-free process-simplicity.
- **Second, ability to innovate and take risks**. If government funding will always flow along tested roads, philanthropy can and critically must provide exploratory money to map and test those roads so that public funding can flow. Philanthropic funding can have a unique exponential leveraging effect.
- **Third, political independence**. With rare exceptions, foundations are (and are seen) as neutral platforms detached from government geopolitical policy considerations, as well as from electoral and partisan politics. Where partnership with country actors in the developing world is a prerequisite to success, foundations may in many cases find greater acceptance than do donor governments

The EFC's HIV/AIDS mapping project, conducted by the Centre's Orpheus Programme with the support of UNAIDS, is ongoing. To date, activity profiles on some 75 organisations known to be supporting HIV/AIDS programming have been assembled. For purposes of the present analysis, information on 71 of these was examined. The profiles include information not only on HIV/AIDS activity, but on other major (in some cases primary) undertakings, on origin, on organic purposes and restrictions, and on geographic focus and overall financing.

Organisations surveyed for purposes of compiling profiles vary by type – usually deriving from varying legal constructs among European host governments – their commonality being that all are sources of at least some philanthropic or charitable funding the allocation of which is decided on independently. Most are established as foundations under applicable laws, but the term itself has a varied national meaning. Some surveyed organisations are endowed, community, operating or corporate foundations. Others benefit from the proceeds of lotteries or gambling. Certain organisations, constituted as foundations consistent with a country-specific meaning of the term, act as do charities in other countries, mobilising funds from various sources, including the general public, to support their operational or grantmaking programmes. Some organisations are hybrids, combining two or more of these genres. At least four surveyed organisations are in fact NGOs which both execute government grants and, separately, raise and grant or spend private contributions.

As would be the case in the context of any inquiry in mid-stream, the Group recognises that information gathered to date is preliminary and incomplete. It is our hope, among others, that dissemination of this paper will help prompt proactive input from organisations thus far overlooked, induce greater transparency on the part of others for which information is as yet incomplete, and incite welcome cries for methodological help from still others experiencing difficulty in structuring the substance of what is needed to inform, usefully, all interested parties to the global fight against the determinant health threat of our time.



## Principal Findings

Among European foundations, charities and trusts examined to date in the context of the EFC mapping exercise, and for which needed financial information is available:

1. Information developed indicates total estimated developing-world HIV/AIDS expenditures on the part of examined European-based foundations of €28.4 million for their last complete fiscal years. Ten foundations accounted for €24.1 million of this total. None of the remaining examined foundations accounted individually for €500,000 in such expenditure.
2. Self-financed activities by four charities/NGOs accounted for an additional €59.2 million in 2002 or 2003 HIV/AIDS expenditures in the developing world.
3. The majority of surveyed foundations have identified at least some support for activity in the developing world. Among the other foundations, approximately €13.4 million in HIV/AIDS expenditure was reported for activities exclusively in Western Europe.
4. A much larger preponderance of respondent organisations indicated a focus on HIV/AIDS treatment and care than on prevention.
5. There would appear to be significant financial capacity among European foundations for increased developing-world HIV/AIDS grantmaking. Profiled foundations indicated total expenditure for activities other than HIV/AIDS of approximately €3.2 billion in 2003.
6. Financial non-transparency was a serious issue, particularly relating to corporate philanthropy. Several organisations reporting significant developing-world HIV/AIDS activity explicitly declined to specify amounts of corresponding expenditure.

These findings are detailed below.

## Context – AIDS Epidemic and Financing

The magnitude of the HIV/AIDS pandemic, in terms of multiple categories of impact, places it easily among the most extreme public health crises in recorded history. As of the end of 2004, approximately 40 million people worldwide were living with HIV, and over 23 million are estimated to have died from AIDS, including over 3 million in 2004 alone. The epidemic is heavily concentrated in the developing world, as detailed below:

Table 1:  
HIV/AIDS in the World – HIV Prevalence and AIDS Deaths<sup>5</sup> (End 2004)

Region	Adults & Children Living with HIV	Adults & Children Newly-infected with HIV	Adult Prevalence Rate (%)	Adult & Child AIDS Deaths
Sub-Saharan Africa	25.4 million (23.4-28.4 million)	3.1 million (2.7-3.8 million)	7.4 (6.9-8.3)	2.3 million (2.1-2.6 million)
North Africa & Middle East	540,000 (230,000-1.5 million)	92,000 (34,000-350,000)	0.3 (0.1-0.7)	28,000 (12,000-72,000)
South & Southeast Asia	7.1 million (4.4-10.6 million)	890,000 (480,000-2.0 million)	0.6 (0.4-0.9)	490,000 (300,000-750,000)
East Asia	1.1 million (560,000-1.8 million)	290,000 (84,000-830,000)	0.1 (0.1-0.2)	51,000 (25,000-86,000)
Latin America	1.7 million (1.3-2.2 million)	240,000 (170,000-430,000)	0.6 (0.5-0.8)	95,000 (73,000-120,000)
Caribbean	440,000 (270,000-780,000)	53,000 (27,000-140,000)	2.3 (1.5-4.1)	36,000 (23,000-59,000)
Eastern Europe/ Central Asia	1.4 million (920,000-2.1 million)	210,000 (110,000-480,000)	0.8 (0.5-1.2)	60,000 (39,000-87,000)
Western Europe	610,000 (480,000-760,000)	21,000 (14,000-38,000)	0.3 (0.2-0.3)	6,500 (< 8,500)
North America	1.0 million (540,000-1.6 million)	44,000 (16,000-120,000)	0.6 (0.3-1.0)	16,000 (8,400-25,000)
Oceania	35,000 (25,000-48,000)	5,000 (2,100-13,000)	0.2 (0.1-0.3)	700 (< 1,700)
<b>Total</b>	<b>39.4 million</b> (35.9-44.3 million)	<b>4.9 million</b> (4.3-6.4 million)	<b>1.1%</b> (1.0-1.2%)	<b>3.1 million</b> (2.8-3.5 million)

While Sub-Saharan Africa remains the epidemic's principal locus, in both absolute and relative terms, overall prevalence in the region has sadly in fact stabilised owing to increased mortality. The epidemic's growth rates are actually greatest among so-called second-wave countries and regions: Principally China, India, Southeast Asia, and of particular concern, Russia and Eastern Europe. Estonia and Russia host the most explosive HIV/AIDS growth rates in the region. Absent further efforts to fight the epidemic, AIDS deaths in Russia alone will, according to World Bank estimates, reach 250,000 to 650,000 a year by 2020, annually exceeding the total of Western European deaths since the onset of the epidemic.<sup>6</sup>

The human and social impact of these trends has been extensively analysed and reported on; the economic and fiscal impact less so. The WHO-convened Commission on Macroeconomics and Health (CMH) in 2001 put forward estimates of developing-world economic cost – in terms of GNI (Gross National Income) foregone – of \$500 billion during the decade ending in 2015, assuming static HIV/AIDS programming.<sup>7</sup> The World Bank set out Russia-particular projections of lost GDP totalling at least 10.5 per cent, and lost investment of up to 14.5 per cent, by 2020.<sup>8</sup> Underlying these forecasts was the disproportionate (compared to other countries and regions) concentration of new infections among young people, not only in Russia, but in the Baltic States and Ukraine as well. In Russia, the predictable result is a dramatic decrease in the productive labor force, in a country with a population already decreasing and ageing owing to unrelated demographic and health factors.

5. Best estimates in bold, ranges in parentheses. Source of this and subsequent epidemiological data unless otherwise noted: "AIDS Epidemic Update," UNAIDS, December 2004.

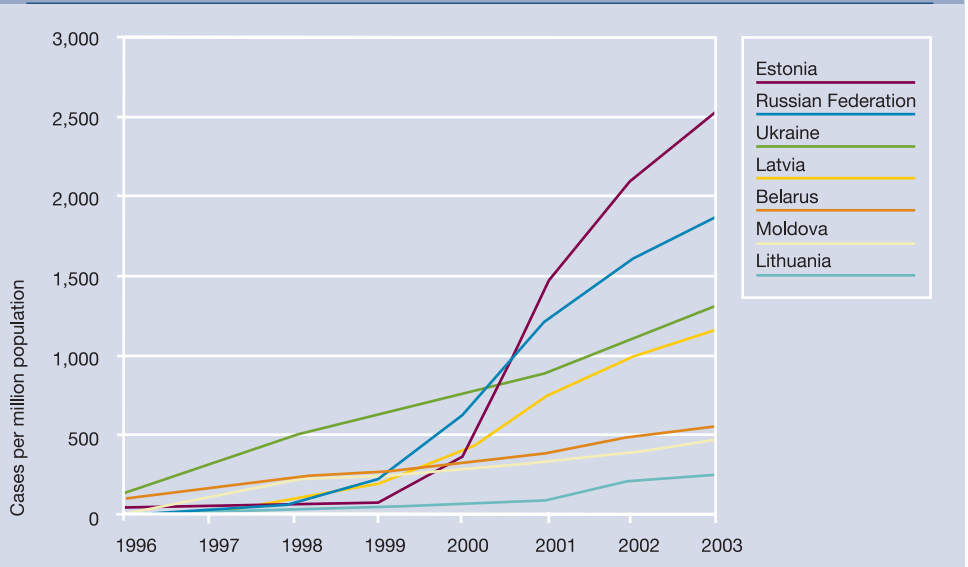
6. "The Economic Consequences of HIV in Russia," Christof Rühl, Vadim Pokrovsky, Viatcheslav Vinogradov, World Bank, May/November 2002.

7. WHO, "Investing in Health for Economic Development," report of the Commission on Macroeconomics and Health, Geneva, 2001.

8. Rühl, Pokrovsky, Vinogradov, op. cit.

The following chart<sup>9</sup> illustrates Russian and Eastern European epidemiological growth trends:

Figure 1: Cumulative Reported HIV Infections in Eastern Europe per million population 1996–2003



On the subject of HIV/AIDS financing needs, the most comprehensive analyses published in recent years include the 2002 work of a UNAIDS-led collaboration of health economists, and that of the Commission on Macroeconomics and Health referred to earlier. The CMH study set out a 2007 target for **additional** spending of US\$13.6 billion to US\$15.4 billion on HIV/AIDS prevention and care.<sup>10</sup> The more-widely-used UNAIDS analysis set out the **total** needs estimates cited for purposes of this paper, recently updated to US\$11.7 billion by 2005, \$14.9 billion by 2006 and US\$22.1 billion by 2008.<sup>11</sup>

It is important to emphasise that these estimates of “needs” were never meant to equate to what it would take to “stop” the epidemic by 2007, but were limited to statements of the cost of the maximum progress thought to be ambitiously – but operationally – possible. This premise was the basis of certain specific progress goals set out at the 2001 UN General Assembly Special Session (UNGASS) on HIV/AIDS, for example:

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

9. Data sources: European Centre for the Epidemiological Monitoring of AIDS, “HIV/AIDS Surveillance in Europe End-year report 2003, No. 70,” and World Bank, World Development Indicators 2005.

10. WHO, op. cit.

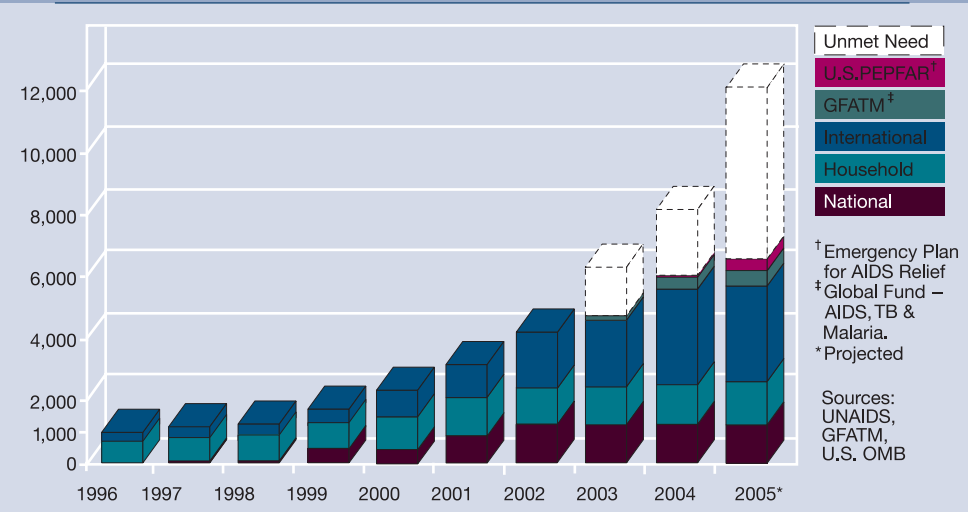
11. “Resource Needs for an Expanded Response to AIDS in Low and Middle Income Countries,” UNAIDS, June 2005.

A package of 28 specific activity sets required to achieve the UNGASS goals in question has been constructed and cost-estimated on the basis of country-specific HIV/AIDS prevalence.<sup>12</sup>

Also critically, the UNAIDS analysis was built on – and the U.N. has called for – expectations of domestic public and private financing as a necessary part of the response. The needs estimates as set out, in other words, were not intended to be met solely through international assistance (though this has been so represented). While domestic financing capacities obviously vary among countries, it was assumed in the aggregate that at least one-third of necessary financing could reasonably be mobilised domestically including, in some cases, spending by individuals and households.

Against these estimates, it is projected that HIV/AIDS spending in the developing world will have grown sixfold in the decade ending in 2005, with spending by public institutions accounting for the bulk of the increase. Spending of approximately \$6 billion can be anticipated in 2005. There is as yet no evidence to suggest that funding, totalling in excess of \$5 billion, will be forthcoming to meet remaining needs. The following chart illustrates these trends:

**Figure 2: HIV/AIDS spending in low- and middle-income countries 1996–2005. (US\$ disbursements in millions)**



Among international assistance donors, the U.S., the U.K., the United Nations agencies collectively, the World Bank in particular, Canada, Germany and Japan account for approximately two-thirds of the \$3.4 billion in 2004 ODA spending indicated above. The Global Fund to Fight AIDS, TB and Malaria (GFATM) disbursed approximately \$400 million in AIDS-attributable spending in 2004. EuropeAid, the EC’s principal development agency, is estimated to have spent in excess of €90 million in 2004 HIV/AIDS funding.

12. Ibid.

## Total European Philanthropic Funding Reported

There are indications that European philanthropic financial capacity exists to support significantly greater HIV/AIDS spending. Foundations among the 71 examined organisations examined for purposes of this analysis reported approximately €3.2 billion in total 2003 spending, of which €28.4 million (<1 per cent) was reported to have been applied to HIV/AIDS in the developing world. A further €13.4 million in developed-world HIV/AIDS spending was identified.

Of the 71 organisations examined, all have reported or otherwise indicated HIV/AIDS activity, but most have not made available figures for HIV/AIDS spending. Only a few of the latter – specifically certain corporate foundations and corporate citizenship programmes – appear to be conducting HIV/AIDS activities of significant magnitude. On the basis of the known, however, it does not appear that amounts of documented HIV/AIDS spending represent either a significant change from levels of activity documented two years earlier, or a response proportional to the acceleration of the epidemic in Europe.<sup>13</sup>

Of the organisations for which specific 2003 HIV/AIDS financial figures are available, the top-ranking developing-world HIV/AIDS spenders among foundations/charities are itemised below:

Table 2:  
HIV/AIDS in the Developing World Estimated 2003 Disbursements by Top European Foundations/Charities (millions)

	€	\$
The Wellcome Trust	7.8	9.2
Open Society Institute	4.9	5.8
Panos London	4.3	5.1
Fondation François-Xavier Bagnoud	1.9	2.2
Bernard van Leer Foundation	1.0	1.2
King Baudouin Foundation	1.0	1.2
HopeHIV	1.0	1.2
The Health Foundation	0.9	1.1
Fondazione Monte dei Paschi di Siena	0.8	0.9
AVERT	0.5	0.6
<b>TOTAL</b>	<b>24.1</b>	<b>28.5</b>

Only four of these top-10 organisations – Panos, HopeHIV, and AVERT – are AIDS-singular, in terms of their missions and activities. For the remainder, HIV/AIDS activities are carried out in support of broader missions. This pattern also appears in review of the organisations for which HIV/AIDS financial data is available, and among the 71 examined for purposes of this analysis. Eight organisations for which HIV/AIDS-specific financial data is available appear to carry out significant HIV/AIDS activities preponderantly in Western Europe.

13. EFC, op. cit.

Activities of the Global Fund (GFATM), though technically a foundation under Swiss law, have not been factored into this analysis for purposes of examining European-based philanthropy, owing to the realities of its financing (unendowed; 99 per cent DAC-government-funded on a cash-flow basis<sup>14</sup>) and governance (significant government representation on its board and direction of its activities).

While it is unclear to what extent there has been an increase in the number of European philanthropic actors in developing-world HIV/AIDS in recent years, there does not appear to have been a substantial increase in the number of meaningful actors. A preliminary review of organisation missions or charters among EFC-surveyed respondents appears to support the thesis that barriers to international activity are both organic and significant among them. There is also anecdotal evidence to suggest constraining effects of national legal and tax codes on the part of some EU governments, a broader concern under examination by two EFC task forces.<sup>15</sup>

Also undemonstrated is the magnitude of possible cause-and-effect relationships between European economic conditions and philanthropic HIV/AIDS spending. Most of the 71 examined organisations fall into the categories of endowed foundations or fundraising charities, groups each of which as a whole has experienced serious income constraints as a consequence of the post-2000 European economic slowdown. In other words, while it is reasonable to suggest that European-based foundation HIV/AIDS spending can and should be increased, it is also inevitable that decisions to do so are more easily made in terms of allocating “new” money, than of reallocating “old” at the expense of other – in this case often primary, pursuant to missions and charters – priorities.

Possibly counter-suggestive, again anecdotally, is the reality that a number of European NGOs have, during the same time period, been able to raise and spend private contributions in substantially-increased amounts on HIV/AIDS in the developing world. The EFC mapping project being a work in progress, a significant volume of non-foundation philanthropic spending is as yet undocumented. Indicatively, however, four European-based organisations constituted as NGOs have independently indicated privately-financed, self-directed charitable HIV/AIDS activity in the developing world totalling €59.2 million, as follows:<sup>16</sup>

Table 3:  
HIV/AIDS in the Developing World  
Estimated 2003 Charitable/Independent Disbursements by selected  
European NGOs (millions)

	€	\$
Médecins sans Frontières	32.8	38.6
International Federation/Red Cross & Red Crescent	18.7	22.0
International HIV/AIDS Alliance	4.8	5.7
Marie Stopes International	2.9	3.4
<b>TOTAL</b>	<b>59.2</b>	<b>69.7</b>

14. Development Assistance Committee of the OECD.

15. Legal and Tax Task Forces of the EFC's EU Committee.

16. Independent inquiry, fall-winter 2003. Expenditures supported by non-governmental sources.

# Top European Foundations – HIV/AIDS Activity Summaries<sup>17</sup>

Current European-based philanthropic HIV/AIDS activity in the developing world is substantively diverse. The following brief summaries of activities, on the part of the top-spending organisations identified above, are provided as illustrative of the variety of opportunity which exists for further European philanthropic intervention.

## The Wellcome Trust

Trust funded initiatives and collaborative grants include **HIV and Sex Education in Zimbabwe**, which seeks to test the effectiveness of targeting HIV/AIDS prevention strategies at sex workers and the effectiveness of sex education programmes in reducing the incidence of HIV/AIDS infections among young people. The Trust also supports an **Infectious Diseases Initiative**, carried out by the London School of Hygiene and Tropical Medicine, which explores the effects of HIV/AIDS on the spread of measles in children, and an **HIV Heterogeneity and Vaccine Development** collaboration among researchers in London and Moscow which aims to collect and analyse data on HIV/AIDS subtypes and on the lifestyle, behaviour and health of infected individuals. Work via the **Africa Centre for Population Studies and Reproductive Health** in South Africa concentrates on MTCT prevention. The Trust has also produced a CD-ROM titled 'Topics in International Health', containing 11 interactive tutorials on transmission and risk factors; biology of HIV/AIDS; prevention; natural history; diagnosis and monitoring; infections and malignancies; women and children; epidemiology; management; and social and psychological issues related to HIV/AIDS in developing and developed countries.

## Open Society Institute

OSI and the Soros network implement a number of initiatives worldwide to respond to increasing rates of HIV infection. The most significant initiative is the funding of the International Harm Reduction Development Programme (IHRD), which seeks to diminish the risk of HIV infection through drug use, particularly in eastern Europe and the former Soviet Union. A principal aim of IHRD is the creation of an enabling public policy atmosphere. To this end, OSI funds regional initiatives such as conferences, training and projects to build local and regional capacity among stakeholders.

OSI also carries out regional HIV/AIDS activities through its networks in southern Africa and the countries of West Africa. Examples include:

- **Action Aid:** Supports the active engagement of the education sector to respond to the HIV/AIDS crisis. Activities include training of 1800 teachers on HIV/AIDS curriculum/policy development and improving adult literacy in order to strengthen the community response mechanism. The project will operate at national and district levels in four countries.

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

- **South African Palliative Care Initiative** to improve palliative care for South Africans infected with and affected by HIV/AIDS, including orphans as well as the terminally ill.
- **HIV/AIDS and gender projects** to promote the mainstreaming of gender and HIV/AIDS into development programme design, formulation of HIV/AIDS gender-sensitive public policies and the construction of a strong, sustainable network of community-based women's organisations to facilitate behaviour change and the introduction and implementation of new prevention strategies.

### **Panos London**

The Panos HIV/AIDS programme raises awareness of, promotes discussion around, and stimulates a response to the social causes and consequences of the global HIV/AIDS epidemic. In addition, Panos plays a key role in the development of contemporary approaches to HIV/AIDS communication. Programme activities include:

- **Men and HIV/AIDS:** Activities involve advising on future strategies; publishing reports on HIV/AIDS the military; and modernising the work of other Panos departments dealing with issues of gender, sexual risk and masculinity.
- **HIV/AIDS stigma and discrimination:** A research project in India, Burkina Faso, Ukraine and Zambia, which identified gaps and possible opportunities for interventions to reduce stigma to be appropriate and successful.
- **HIV/AIDS communication:** Encompasses a number of HIV/AIDS communication activities that involve working with the media and other information actors.
- **HIV/AIDS and the world's media:** Works with the media in both developed and developing countries to improve the quality, ethics and sensitivity of reporting around HIV/AIDS; and supports Southern Panos partners in training journalists and commissioning HIV/AIDS stories from developing countries.
- **Panos Global AIDS Programme:** Programmatic work firstly to support locally owned and driven civil-society responses to HIV/AIDS, secondly to foster media and policy environments supportive of such indigenous, participatory processes.

### **Fondation François-Xavier Bagnoud works in the following areas:**

- **Awareness and prevention:** Develops campaigns for the general population, youth and high-risk groups; conducts training for community leaders; provides initial training to health care workers from developing countries in HIV/AIDS counselling; promotes availability of condoms; and encourages empowerment of women on sexual issues.
- **Home care:** The FXB palliative care centres offer an alternative to hospitalisation through care delivery at home or in an alternative place of choice. Care is available to all people suffering from a disease in an irreversible phase, including AIDS.
- **Research and training:** Through the FXB International Pediatric HIV/AIDS Training Programme, the association imparts knowledge and affordable therapies relevant to paediatric AIDS to health care workers in developing countries. The association also supports HIV/AIDS vaccine development.

- **Advocacy and HIV/AIDS orphan focus:** The current main focus of the association is raising awareness about AIDS orphans. The AFBX Global Safety Net advocates priority in funding for AIDS orphans. To facilitate such cooperation and help identify potential project partners, the association has jointly set up AIDS Orphans Assistance Database.

### **Bernard van Leer Foundation**

In the period through 2006, the foundation intends to make at least €1.5 million in grants annually in the area of HIV/AIDS and young children. Initial efforts focus on nine countries in Africa and on Thailand. Specific objectives are improving young children's development outcomes in areas impacted by HIV/AIDS; developing, documenting and sharing models of best practices and effective and programmatic choices of partners working with young children and HIV/AIDS; and designing effective advocacy and communication strategies. Recent representative grants include:

- **African Network for the Protection and Prevention against Child Abuse and Neglect (ANPPCAN), Kenya:** to provide affordable and accessible early childhood care and education programmes to children in the area, including HIV/AIDS orphans.
- **Orphans Rural Development Programme, Kenya and Uganda:** to strengthen family care-giving support systems for orphaned children in two districts, looking at health, nutrition, early childhood, education, income generation and Information, Education and Communication (IEC) strategies for HIV/AIDS.
- **Kilimanjaro Women Information Exchange and Consultancy organisation (KWIECO), Tanzania:** to carry out a study on the child aspects of the HIV/AIDS pandemic in the region, focusing on inheritance rights of AIDS orphans and customary laws and traditional practices.
- **Training Centre for AIDS Awareness, Thailand:** to provide all-around assistance to children in five villages in the region whose parents are infected with HIV/AIDS.

### **King Baudouin Foundation. Representative projects include:**

- **Adolescents Reproductive Health project, Rwanda:** Funds youth centres in three of the twelve provinces of Rwanda, providing young people with information, education and counselling on reproductive health matters, such as prevention of HIV/AIDS and other STDs and safer reproductive and sexual behaviours.
- **Support Module for HIV-Positive Mothers and Families, Rwanda:** Helps to fund a support programme for HIV positive mothers and families looking after children who are victims of AIDS in Kigali. The new programme module aims to enable 80 families (500 people) affected by the AIDS virus to benefit from income-generating activities, education, and medical, psychological and nutritional support.
- **Prevention of Mother-to-Child Transmission, the Democratic Republic of Congo:** Contributes towards reducing the transmission of HIV/AIDS through support for infected people and voluntary HIV testing. Emphasis is placed on prevention of mother-to-child transmission of HIV/AIDS.

- **Support for HIV/AIDS Orphans, Burundi:** Helps to fund a project focusing on the impact of HIV/AIDS on AIDS orphans. The project aims to reinforce solidarity between base communities for activities aimed at caring for orphans; provide supplementary income to meet the basic needs of the orphans; and reinforce educational activities aimed at preventing HIV/AIDS.

### HopeHIV

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

- **Education and Skills Training:** Funds the schooling of AIDS-orphaned children; Also supports the delivery of community sex and HIV/AIDS education projects, and training in life skills and agricultural techniques such as rearing animals and growing crops to economically enable child headed-families and other extended family caring for orphans.
- **Street Kids Projects:** Community-based residential centres for children affected by HIV/AIDS, including hospices, foster care preparation units and a halfway house for girls under 16 who were living on the streets or in abusive or inappropriate home situations.
- **Counselling and Therapeutic Support:** Programmes that address psychological needs of HIV-positive children. Also offers support to programmes that seek to enhance the emotional resilience in orphaned children.

### The Health Foundation

The Foundation's International Programme aims to improve the long-term health of people living in poverty in selected areas of Africa and Asia, focusing on maternal and child health, water sanitation and mental health projects. In this programme, the foundation is currently supporting three projects dealing with HIV/AIDS:

- **Care International, UK:** to improve reproductive health status and reduce STDs and HIV/AIDS transmission among female slum dwellers of Agra City, India.
- **Interactive Worldwide:** to develop innovative approaches to mother and child health services in the HIV/AIDS climate – partnership with UMATI, South West Tanzania.
- **International Family Health:** to strengthen capacity of Tanzanian and Ugandan religious health networks in integrated maternal health and STD services for rural communities.

### Fondazione Monte dei Paschi di Siena funds the following projects:

- **Community of Sant'Egidio project to combat HIV/AIDS, Mozambique:** to provide testing for HIV/AIDS infection; training of local staff; health education for prisons, prostitutes, maternity and childcare centres; means of preventing mothers infecting their children during pregnancy, birth and breastfeeding; therapy for those infected with the HIV/AIDS virus; creation of molecular biology laboratories to monitor antiretroviral therapy; monitoring of blood donations; prevention and care of the diseases linked to HIV/AIDS; nutritional sustenance to HIV/AIDS sufferers; and home care to the seriously ill.

- **Community of Sant'Egidio project for hospital reconstruction, Guinea Bissau:** to build an analysis surgery for diagnosis and care of HIV/AIDS in Guinea Bissau.

AVERT supports the following activities:

- **The Raphael Centre:** Funds an HIV/AIDS centre in Grahamstown, in the Eastern Cape province of South Africa. The centre provides care and support to people with HIV/AIDS; supports and develops community action; and through the openness of the HIV-positive people involved with the centre, fights the stigma and discrimination surrounding the disease.
- **Information and Education:** The AVERT web site ([www.avert.org](http://www.avert.org)) makes available more than 200 pages of information concerning HIV/AIDS. The site emphasises HIV/AIDS prevention, providing specific educational material for young people. Information is also made available on HIV/AIDS transmission and testing; treatment and care; statistics; STDs; AIDS in Africa; gay and lesbian information; and stories and quizzes.
- **Privolzhsky AIDS Control and Prevention Centre:** Helps the Privolzhsky AIDS Control and Prevention Centre, in the Volga region in Russia, to set up a teacher training programme. Having received their training, teachers will now be teaching about HIV/AIDS in about 30 pilot schools. Subsequently, HIV/AIDS education will be provided in a large number of other schools in the area.
- **HIV/AIDS Medical Research:** Supports work at leading establishments covering a number of different areas, including the development of an AIDS Vaccine, drug development including work on the side effects of the current drugs, as well as work on basic immunology and virology.

The very variety of this work should be suggestive of alternative approaches and other opportunities for European philanthropic intervention.

## Surveyed Financing: Geography, Sector, Intervention<sup>18</sup>

For purposes of initial statistical analysis, the EFC's project managers indexed profiled organisations using a matrix of four sets of geographic and functional descriptors.

In geographic terms, two-thirds (46) of the examined organisations were found to be acting in some form beyond the borders of the then-15-member European Union. Another eight organisations (as indicated previously) of those for which HIV/AIDS-specific financial data were available, and 16 others, were found to be preponderantly home-country or Western-Europe singular in focus. The following table arrays indexed activity among the 46 organisations identified according to geographic focus:

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18. Source: *ibid.*

Table 4:

**Geographic Distribution of Activity\*** (% of EFC-profiled, EFG-examined organisations)

	%
Africa	57.50
Central & Eastern Europe	18.75
Asia	21.25
South & Central America	18.75
Developing Countries/interregional	18.75
Worldwide/Global	51.25

Further review, juxtaposing HIV/AIDS program substance against these attributions by organisation, indicates a cross-section of small-grant activity among multiple organisations in relatively few countries, with South Africa, Uganda and Botswana prominent. Conversely, foundation HIV/AIDS financing in Eastern Europe and Asia among the examined organisations, with rare exceptions, is quite limited.

Among examined organisations acting in the developing world, geographic distribution of activity followed patterns similar to those previously found to underlie public international assistance programming, but may be indicative of missed opportunities. The UNAIDS needs analysis referred to earlier built its aggregate estimates on assumptions on sub-Saharan Africa-based activity capable of usefully absorbing approximately 40 per cent of required financing, and a corresponding less-than-10 per cent requirement attributable to Eastern Europe.<sup>19</sup> The most recent geographic breakdown of ODA and OA spending on HIV/AIDS indicated a 56-per-cent Africa attribution, with less than 1 per cent inflows to Eastern Europe.<sup>20</sup> Notwithstanding greater local/national self-financing capacity in Eastern Europe, neither domestic nor international responses have been sufficient. Local, regional and national government estimated 2004 HIV/AIDS expenditures in Russia, for example, will total the equivalent of only approximately \$45 million.<sup>21</sup> It would appear that a modest collaboration of the examined organisations could surpass this, by virtue of an additional 2 per cent of gross expenditure.

There are isolated indications of geographic programming decisions influenced by historical factors, such as former colonial ties and language. In terms of international HIV/AIDS programming, the King Baudouin Foundation, for example, is active in Rwanda and the Democratic Republic of the Congo, and a number of U.K.-based organisations support, a priori, activities in Commonwealth countries.

Regarding sectoral attribution, of examined organisations conducting HIV/AIDS activity but with primary missions other than HIV/AIDS, surprisingly few were health-sector focused. 70 per cent were found to be involved in education, and (an obviously overlapping) 56 per cent in civil society, law and civil rights.

\* For purposes of compilation of this and ensuing indices, organisations with activities indicative of multiple interests were deliberately attributed to multiple groups.

19. UNAIDS, op. cit. (See note 9.)

20. Report on the State of HIV/AIDS Financing," submitted by UNAIDS to its Programme Coordinating Board, June 2003.

21. Russia Sees an AIDS Explosion," Alexander Golusov, Russian Ministry of Health Department Head, quoted by Peter Baker, Washington Post, June 13, 2004.

In contrast, only 36, 32 and 31 per cent (again overlapping), respectively, of those examined were social-service, development or economic in terms of primary mission. Only a fifth of the examined organisations were found to be HIV/AIDS specific in their primary missions.

Indexed according to intervention, there are indications of HIV/AIDS care and/or treatment activity among 54 per cent of the surveyed organisations. Different, in some cases overlapping sets (2–34%) of the same organisations engaged in different prevention subactivities, and a further overlapping 38 per cent were found to be supporting a variety of research initiatives. The following table summarizes these findings:

Table 5:  
Distribution of Activity by Intervention (% of EFC-profiled, EFG-examined organisations)

	%
<b>Care/Treatment</b>	
Medical	56
Palliative	23
Home & Community Care	15
ARV	11
<b>Prevention</b>	
Education/awareness	25
Voluntary Counseling/Testing	24
MTCT	16
Harm Reduction	8
<b>Research</b>	
Medical	35
Vaccine development	13
Immunology	3
Virology	1

This matrix of interventions and geography appears suggestive of funding patterns consistent with the purposes inherent in the other-than-HIV/AIDS primary missions of most examined organisations. This inference is reinforced by the predominance of independently-executed small grants as funding mechanisms of choice among the examined organisations.

These commonalities in turn evoke issues as to whether European philanthropic funding in general is being deployed to maximum HIV/AIDS effectiveness, including:

- Whether sufficient overall strategic coordination and prioritization is brought to bear in European philanthropic HIV/AIDS decision-making, specifically, whether European-based organisations are programming their financing proactively for optimal HIV/AIDS impact.
- The degree to which fragmentation of effort – in terms of a multicountry, multi-intervention proliferation of small grants – is a legitimate programmatic concern.
- Within countries, the consistency with which national coordinating bodies – where they exist – are universally engaged before making grant decisions.
- As a corollary to this, in particular, the extent to which the role of European philanthropic financing in certain country contexts characterised by tens (or in some cases even hundreds) of millions of dollars in ODA and domestic public cash flow can by nature be at risk of marginalisation when proposal- rather than strategically-driven.
- Assuming geographic defragmentation, and given the European immediacy of the Eastern European AIDS crisis, the dimensions of European philanthropy's purported comparative advantage in terms of HIV/AIDS programming in Eastern Europe, as compared to other regions.
- The degree to which, absent exponential increases in funding, European philanthropy can play as meaningful a role in care and treatment – as opposed to prevention – by dint of small grants, given economies of scale, the magnitude of projected public financing flows into (and the greater clarity of public responsibility for) care and treatment interventions.
- The extent to which independently-executed small grants writ large should remain a mechanism of choice among European philanthropic actors, given their inherent comparatively high cost of administration or, alternatively, whether greater collaboration is feasible.
- The extent to which philanthropic flexibility is in fact being brought to bear in HIV/AIDS programming, or is subject to organic barriers which boards can – and should – work to relax.

## U.S. Philanthropy by Comparison

In a November 2003 paper, the New-York-based organisation Funders Concerned About AIDS (FCAA) identified, by comparison, estimated commitments on the part of 51 top U.S. philanthropies totalling of \$292.6 million for HIV/AIDS work in 2002, the most recent year for which such information is available.<sup>22</sup> Of this, \$199.4 million (68 per cent) was identified with ten of the top U.S. organisations examined, as follows:

Table 6:  
2002 Commitments by top U.S. Philanthropies

	US\$ in millions
Bill & Melinda Gates Foundation	89.0
Bristol-Myers Squibb Foundation	16.9
Kaiser Family Foundation	16.2
Ford Foundation	14.0
Rockefeller Foundation	13.0
United Nations Foundation	12.3
Elizabeth Glaser Pediatric AIDS Foundation	11.8
Merck Co. Foundation	11.4
Robert Wood Johnson Foundation	7.8
Abbott Laboratories Fund	7.0
<b>TOTAL</b>	<b>199.4</b>

For 2003, a spot survey of eight of the same organisations indicated disbursements totalling \$172.9 million.<sup>23\*</sup>

### Key U.S. Facts:

In contrast to their European counterparts, most top U.S. HIV/AIDS funders were health- or AIDS-specialised. This may be a primary driver behind higher U.S. philanthropic spending on AIDS. Whereas developing-world AIDS is a derivative issue for many active European foundations (consistent with their charters), it is a primary mission element for their U.S. counterparts.

In terms of geographic distribution, FCAA found an international focus in 63 per cent of the commitments executed by its top 10 reviewed organisations, and in 48 per cent of commitments executed by its next 15.

22. Source of this and ensuing data, unless otherwise indicated: "Report on HIV/AIDS Grantmaking by U.S. Philanthropy," Funders Concerned About AIDS, New York, November 2003.

23. Independent inquiry, fall 2003.

\* Commitment: Accounting transaction recorded at the time a project or activity is begun or extended, for example on execution of a grant agreement.

Disbursement: Actual payment executed for example for work performed or goods delivered pursuant to a previously-executed agreement for which funds were committed.

25 of the 50 top-spending organisations reviewed by FCAA were found to have dedicated 10 per cent or more of total spending to HIV/AIDS.

Concentration of activity was less marked among U.S. organisations than among their European counterparts. Whereas the EFC survey identified 87 per cent of funding as attributable to ten examined organisations, the corresponding FCAA attribution (see above) was just over two-thirds. To the EFC's 71 organisations identified as active in HIV/AIDS, FCAA identified "hundreds," with a 95 per cent concentration of activity among an examined top 50.


U.S. philanthropic funding dedicated to HIV/AIDS quintupled during the period 1996-2000 to over \$312 million. The effects of extraordinary single-organisation (Bill & Melinda Gates Foundation) funding have since, setting aside their unprecedented public health benefits, made for uneven financial trendlines.

No clear pattern has been demonstrated between the effects of the post-2000 economic slowdown and U.S. philanthropic HIV/AIDS spending. A number of active endowed foundations experienced serious contractions in asset value and, accordingly, income, and their HIV/AIDS spending declined correspondingly. Two of FCAA's top ten for 2001, for example, reduced HIV/AIDS spending the following year from \$35.7 million to \$2.9 million, from \$14.8 million to \$4.3 million, and from respectively. Simultaneously, however, activity by other organisations was documented to have increased, and new actors emerged. Excluding the effects of these two declines, and of a one-time \$178 million Gates Foundation spike, overall HIV/AIDS spending by U.S. philanthropy rose by approximately 4 per cent between 2001 and 2002. Neither "very preliminary" FCAA information for 2003 nor independent inquiries suggest a downward trend.

Small-grant fragmentation appeared to represent less of a modus operandi among top U.S. funders, possibly owing to the comparatively larger amounts of money programmed. Perhaps for this reason, strategic coordination and prioritisation also appeared to be more characteristic of U.S. AIDS activity among top-spending organisations; one implication being that it may be easier for some U.S. organisations to get seats at strategic planning tables given the amounts of money they bring to bear.

## Future Work – Beyond Philanthropy

This paper, and the EFC's ongoing mapping project, are modest tranches of a body of financial and economic research needed if European philanthropy – and many of the international community's other funders – are to act effectively against HIV/AIDS in the developing world. The work needed to develop a full picture of current HIV/AIDS financing and its impact reaches far beyond what the Funders Group is either resourced or qualified to effect, including:



**Mapping Multinational corporate spending:** Business resources have been stipulated to be part of the solution to meeting HIV/AIDS needs in the developing world, and anecdotal evidence suggests serious corporate activity. Yet little systematic work appears to have been done to determine with any legitimacy what corporations do and spend in the developing world for their employees, and in some cases employees' families.

**Mapping religious-affiliated spending:** The intuitive conclusion is widely-shared that religious-affiliated institutions provide the preponderance of medical and orphan care in a number of countries, but no meaningful global analysis has been done.

**Economic Impact analysis:** A few models have been constructed on a country-particular basis to project the impact of AIDS on Gross National Investment (GNI), and data subsets such as labour costs, productivity, purchasing power and inflation. The work has been sporadic, and no serious published attempt has been made to generalise it. The body of work linking human health writ large and economic health is extensive, and general principles are well established, so extending these principles to AIDS should be a matter of interest and resources.

**Trade Impact analysis:** The Funders Group is unaware of any work done on the derivative effects of AIDS-related economic contraction on imports and exports or, therefore, of secondary economic effects on trading partners who themselves do not have serious AIDS problems. Yet it should be possible to model these patterns once the AIDS economic impact on higher-prevalence trading partners is defined.

**Fiscal Impact analysis:** No generalised work appears to have been published interpolating AIDS economic impact findings into projections of impact on public revenues, to support the theory that money spent on AIDS prevention now mitigates against larger revenue decreases in the future, a “pay-now-or-pay-more-later” construction of potentially determinative impact on the actions of government financial decision-makers.

**Valuation and mapping of in-kind contributions:** The HIV/AIDS resource impacts of concessional trade flows, technology and intellectual property transfers, and outright gratis provision of goods and services likely collectively dwarfs that of public spending in many countries. Financial principles on which valuation could be based are well-known. There is no indication of published work on this subject.

**Capacity requirements and capacity spending analysis:** The UNAIDS analysis referred to earlier anticipated increases in programming capacity, but no recent work to define and cost out what “capacity” consists of, how much already exists, and whether new capacity is being built as needed.<sup>24</sup> It is therefore not actually known how much more money can in fact be spent in the developing world, for example on ARVs.

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<sup>24</sup> UNAIDS, op. cit. (see note 17).

**Relative burden-sharing analysis:** This would amount to a comparison in purchasing-power terms of amounts spent per affected individual in the developed and the developing worlds. Significant data acquisition and validation work would be needed to build a usable comparative model.

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

## Annex 1 - Examined Organisations

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

## Annex 2 - Mapping Project Methodological Notes

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

The EFC and its membership have developed a "Typology of Foundations in Europe". This typology initially groups foundations into four generic categories as follows:

- Independent foundations.
- Corporate foundations.
- Governmentally-supported or linked foundations.
- Fund-raising foundations.

Each profile includes a classification of type of funder, according to the Typology. The profiled organisations represent 53 independent foundations, 1 community foundation, 3 corporate foundations, 6 fundraising foundations, and 10 direct corporate citizenship programmes. 4 NGOs carrying out independent fundraising activities were also profiled.


The mapping focuses on two types of funders:

- Grantmaking or operational European foundations, trusts, and charities having their own fund or regular source of income and their own board of trustees or directors.
- Corporate citizenship programmes.

The funders mapped and examined represent 17 different European countries with a geographic spread across Europe. The EFC believes that the best sources of information about foundations and corporate funders are those that they release themselves. These can be websites, annual reports, newsletters, grants lists, press releases and other documents.

The profiles are based on these sources and are structured according to a common format. They are the words of the funders themselves. The EFC edited each profile with one goal in mind: to enable the personality and character of the foundation or corporate funder to express itself. At the beginning of 2004, draft profiles were sent to all funders for their review, enabling them to verify financial or programme information. Of the 75 funders profiled, so far 52 have verified their profiles.

Foundations, including corporate foundations profiled in this project, reported 110 billion euros in total assets and 3.2 billion euros in total annual expenditures. Direct corporate citizenship or corporate sponsorship programmes reported 559 million euros in total expenditures. Of the 75 funders profiled, 46 reported financial data.



A preliminary analysis at this stage of mapping project development indicates that of the funders profiled, 65% fund initiatives that work with children and youth, 33% with the disadvantaged/low income, 26% with women/girls, 22% with orphans/street children, 15% with sex workers, 15% with families, and 8% with drug addicts. Initiatives targeted at community level are also prevalent, with the focus being on families, trainers or health care workers.



## Member organisations of the Funders Group include:

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Bernard van Leer Foundation, Netherlands

<http://www.bernardvanleer.org>

German Foundation for World Population (DSW), Germany

<http://www.dsw-online.de>

King Baudouin Foundation, Belgium

<http://www.kbs-frb.be/>

The Nuffield Trust, UK

<http://www.nuffieldtrust.org.uk>

Open Society Institute, UK

<http://www.soros.org>

Fondation Mérieux, France

<http://www.fondation-merieux.org>

Comité International de l'Ordre de Malte (CIOMAL), Switzerland

<http://www.ciomal.ch>

## Affiliate Members are:

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Funders Concerned About AIDS, USA

<http://www.fcaids.org>

Joint United Nations Programme on HIV/AIDS (UNAIDS), Switzerland

<http://www.unaids.org>

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The aforementioned mapping exercise in turn was carried out under the aegis of the European Foundation Centre (EFC)'s Orpheus Program. Principal EFC staff engaged in the work include Triona Keaveney, Denise Hizette and Sherra Estes.

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<http://www.efc.be/projects/aids/default.asp>, Inquiries: [info@hivaidsfunders.org](mailto:info@hivaidsfunders.org)

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