



European Philanthropy and HIV/AIDS

A report by the European HIV/AIDS Funders Group

Produced in collaboration with the Henry L. Stimson Center

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

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Introduction

This report by the European HIV/AIDS Funders Group (EFG) is an analysis of HIV/AIDS spending by European foundations, trusts and charities in 2005/6. It draws on European Foundation Centre (EFC) mapping activities on HIV/AIDS funding, and aims to support the goal of creating an effective multi-sectoral response to the HIV/AIDS pandemic.^{1,2} UNAIDS has emphasised the need for such a response, and has supported this philanthropic HIV/AIDS resource tracking report.

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

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

The Group's members include the following organisations:

| | |
|--|-------------------------------------|
| European Foundation Centre* | Association François-Xavier Bagnoud |
| King Baudouin Foundation* | Bernard van Leer Foundation* |
| Esperanza Medicines Foundation | Fondation Mérieux |
| Deutsche Stiftung Weltbevölkerung* | The Open Society Institute |
| Diana Princess of Wales Memorial Fund* | |

(* indicates Executive Committee Members)

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was launched in 1996 and focuses on achieving a more effective global response to AIDS. To this end, it aims to mobilise leadership and advocacy for effective action on the epidemic, provide strategic information and policies to guide efforts in the AIDS response worldwide, track, monitor and evaluate the epidemic, as well as engage civil society, develop partnerships and mobilise financial, human and technical resources. UNAIDS works on the ground in more than 80 countries.

Founded in 1989, the Henry L. Stimson Center is a Washington D.C.-based nonprofit, nonpartisan institution devoted to enhancing international peace and security through a unique combination of rigorous analysis and outreach. The Center's approach is pragmatic — geared toward providing policy alternatives, solving problems, and overcoming obstacles to a more peaceful and secure world. Through in-depth research and analysis, the Center seeks to understand and illuminate complex issues and, by engaging policymakers,

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

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

policy implementers, and nongovernmental institutions as well as other experts, to craft recommendations that are cross-partisan, actionable and effective.

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

1. *Flexibility*, in terms of responsiveness, speed and relative process simplicity.
2. *Ability to innovate and take risks*. Philanthropy can provide exploratory money to map and test new approaches that can be scaled up or leveraged.
3. *Political independence*. Foundations are generally neutral platforms detached from government policy considerations and politics.

The information gathered for this report is a work in progress. As the HIV/AIDS funding field develops, we welcome future input from organisations that may have been inadvertently overlooked in this resource tracking exercise.

Method of Analysis

In 2006, the EFC's Knowledge and Information Management department, with the support of UNAIDS, conducted the latest in-depth HIV/AIDS mapping by analysing the profiles of 75 organisations known to support HIV/AIDS programmes. Information on 30 of these organisations was re-examined for this analysis. Profiles include information on HIV/AIDS activity and on other major (in some cases primary) programmes, national origin, priorities and restrictions, geographic focus and overall financing. A full list of the organisations examined and further details on the methodology used are provided in Annexes 2 and 3.

Although the type of organisations varied, usually due to differing legal constructs for foundations in their respective countries, they are all sources of independent philanthropic or charitable funding. Most are established as foundations under applicable laws, but the term 'foundation' itself has varied national meanings. Some are endowed, community, operating or corporate foundations, while others benefit from the proceeds of lotteries. Other organisations, constituted as foundations, mobilise funds from various sources, including the general public, to support their operational or grant-making programmes. Some organisations are hybrids, combining two or more of these genres. Some surveyed organisations are non-governmental organisations (NGOs) which both execute government grants and separately raise, and grant or spend, private contributions.

Principal Findings

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

1. Total estimated expenditure by foundations in Europe on developing-world HIV/AIDS is €88.6 million (US\$112.1 million) for the most recent complete fiscal year: 2005 or 2006 as available, a near-quadrupling from 2002/2003 levels. Fifteen foundations

exceeded the equivalent of US\$1 million in spending, and accounted for €84.1 million (US\$106.2 million) of this total.

2. An increasing number of organisations are focusing on HIV/AIDS prevention, while maintaining activity in treatment and care.
3. There appears to be significant financial capacity among European foundations for increased developing-world HIV/AIDS grant-making. Foundations profiled for the EFC's 2004 analysis indicated total expenditure for activities other than HIV/AIDS of approximately €3.2 billion in 2003.
4. Gaining specific information on funding levels to HIV/AIDS programmes remains challenging.

Context: Extent of the HIV/AIDS epidemic

Notwithstanding recent signs of progress in the fight against the pandemic, HIV/AIDS remains among the most extreme public health crises in recorded history. As of the end of 2007, approximately 33 million people worldwide were living with HIV, and at least 25 million are estimated to have died from AIDS, including over 2 million in 2007 alone. The epidemic is heavily concentrated in the developing world, as detailed in Table 1.

Table 1: HIV/AIDS in the world – HIV prevalence and AIDS deaths* (End 2007)

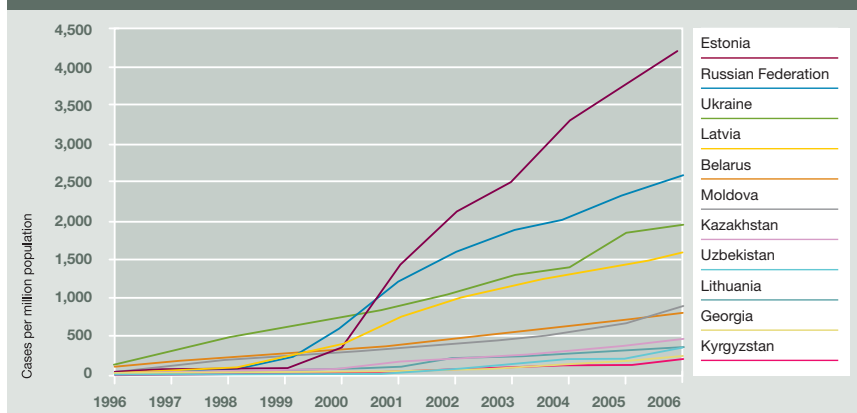
| Region | Adults & Children Living with HIV | Adults & Children Newly-infected with HIV | Adult Prevalence Rate (%) | Adult & Child AIDS Deaths |
|---------------------------------|---|--|--------------------------------|--|
| Sub-Saharan Africa | 22.5 million (20.9-24.3 million) | 1.7 million (1.4-2.4 million) | 5.0 (4.6-5.5) | 1.6 million (1.5-2.0 million) |
| North Africa & Middle East | 380,000 (270,000-500,000) | 35,000 (16,000-65,000) | 0.3 (0.2-0.4) | 25,000 (20,000-34,000) |
| South & Southeast Asia | 4.0 million (3.3-5.1 million) | 340,000 (180,000-740,000) | 0.3 (0.2-0.4) | 270,000 (230,000-380,000) |
| East Asia | 800,000 (620,000-960,000) | 92,000 (21,000-220,000) | 0.1 (<0.2) | 32,000 (28,000-49,000) |
| Latin America | 1.6 million (1.4-1.9 million) | 100,000 (47,000-220,000) | 0.5 (0.4-0.6) | 58,000 (49,000-91,000) |
| Caribbean | 230,000 (210,000-270,000) | 17,000 (15,000-23,000) | 1.0 (0.9-1.2) | 11,000 (9,800-18,000) |
| Eastern Europe/ Central Asia | 1.6 million (1.2-2.1 million) | 150,000 (70,000-290,000) | 0.9 (0.7-1.2) | 55,000 (42,000-88,000) |
| Western/Central Europe | 760,000 (600,000-1.1 million) | 31,000 (19,000-86,000) | 0.3 (0.2-0.4) | 12,000 (<15,000) |
| North America | 1.3 million (480,000-1.9 million) | 46,000 (38,000-68,000) | 0.6 (0.5-0.9) | 21,000 (18,000-31,000) |
| Oceania | 75,000 (53,000-120,000) | 14,000 (11,000-26,000) | 0.4 (0.3-0.7) | 1,200 (<500-2,700) |
| TOTAL | 33.2 million (30.6-36.1 million) | 2.5 million (1.8-4.1 million) | 0.8 (0.7-0.9) | 2.1 million (1.9-2.4 million) |

*Best estimates in bold, ranges in parentheses. Source of this and subsequent epidemiological data unless otherwise noted: "AIDS Epidemic Update," UNAIDS, December 2007.

While sub-Saharan Africa remains the epidemic's principal locus, in both absolute and relative terms, overall prevalence in the region has stabilised, because of increased mortality rates. The epidemic's growth rates are greatest among 'second-wave' countries and regions: principally China, India, Southeast Asia, Russia and Eastern Europe. Estonia and Russia have the most explosive HIV/AIDS growth rates in the Eurasian region. Without further efforts to fight the epidemic, AIDS deaths in Russia alone will, according to World Bank estimates, reach an estimated 250,000 to 650,000 annually by 2020, exceeding the total number of Western European deaths since the onset of the epidemic.³

The human and social impact of these trends has been extensively analysed and reported on; the economic and fiscal impact less so. In 2001, the WHO-convened Commission on Macroeconomics and Health (CMH) forecast that the estimated economic cost to the developing world, in terms of lost gross national income, would be US\$500 billion in the decade ending 2015, assuming static HIV/AIDS programming.⁴ The World Bank set out Russia-particular projections of at least 10.5 percent lost gross domestic product (GDP), and lost investment of up to 14.5 percent, by 2020.⁵ Underlying these forecasts was the disproportionate (compared to other countries and regions) concentration of new infections among young people not only in Russia, but also in the Baltic States and Ukraine (see Figure 1). In Russia, the result is a decrease in the productive labour force – in a country with an already decreasing and ageing population owing to unrelated demographic and health factors.

Figure 1: Cumulative reported HIV infections in Eastern Europe per million population 1996–2006



Context: Financing HIV/AIDS programmes

The most comprehensive recent analyses on HIV/AIDS financing needs include the work of a 2002 UNAIDS-led collaboration of health economists, and the earlier-mentioned CMH study. The CMH study set out a 2007 target for additional spending of US\$13.6–15.4 billion on HIV/

³ *The Economic Consequences of HIV in Russia*, Christof Rühl, Vadim Pokrovsky, Viatcheslav Vinogradov, World Bank, May/November 2002.

⁴ WHO, *Investing in Health for Economic Development*, report of the Commission on Macroeconomics and Health, Geneva, 2001.

⁵ Rühl, Pokrovsky, Vinogradov, *op. cit.*

AIDS prevention and care.⁶ The more widely-used UNAIDS analysis set out the total needs estimates that have been cited in this report. The estimates were subsequently updated to US\$11.7 billion by 2005, US\$14.9 billion by 2006, and US\$22.1 billion by 2008.⁷

It is important to emphasise that these estimates of ‘needs’ were not designed to ‘stop’ the epidemic, but were limited to statements of the cost of the maximum progress thought to be ambitiously, but operationally, possible. This premise was the basis of progress goals set out at the 2001 United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, for example:

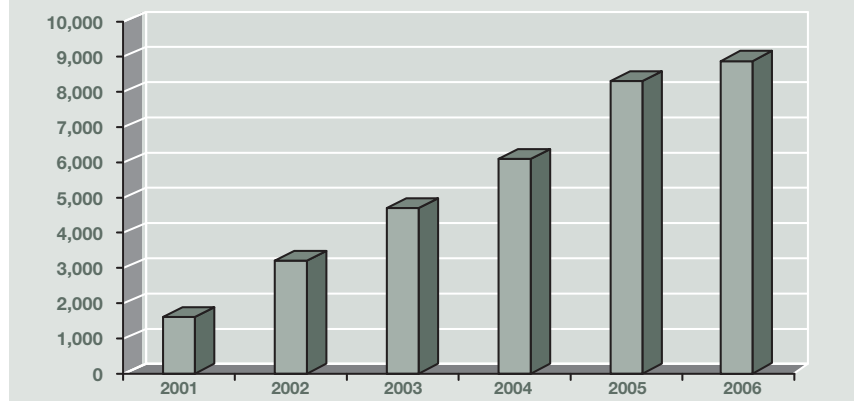
1. A 25 percent reduction in the new HIV infection rate in the 15–24 age group by 2010; and,
2. A 20 percent reduction in infants infected with HIV by 2005, and a 50 percent reduction by 2010.

A package of 35 activity sets required to achieve the UNGASS goals has been developed and costed on the basis of country-specific HIV/AIDS prevalence.⁹

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

Against these projections, it is estimated that HIV/AIDS spending in the developing world more than quintupled during the six-year period ending in 2006, with spending by public institutions accounting for the bulk of the increase. Spending of approximately US\$8.9 billion was estimated to have been available in 2006, leaving a funding gap approaching US\$6 billion. Figure 2 illustrates these trends.

Figure 2. HIV/AIDS spending in low- and middle-income countries: 2001–2006 (US\$ in millions).



Data source: *Report on the Global AIDS Epidemic*, Ch. 10, UNAIDS, New York, June 2006.

⁶ WHO, *op. cit.*

⁷ *Resource Needs for an Expanded Response to AIDS in Low and Middle Income Countries*, UNAIDS, August 2005.

⁸ *Ibid.*

Among international assistance donors, the US, the Netherlands, the UK, the United Nations agencies collectively, the World Bank in particular, Canada, Germany, Sweden and Ireland accounted for roughly two-thirds of international assistance spending in 2006. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) disbursed over US\$800 million in AIDS-attributable spending in the same year; while EuropeAid, the European Community's (EC's) principal development agency, is estimated to have spent almost €80 million in 2006 HIV/AIDS project funding.

Total European philanthropic funding reported

European philanthropic HIV/AIDS spending has grown significantly in recent years, and has now stabilised. During 2005/6, mapped foundations reported €88.6 million (US\$112.1 million) in programme funding for HIV/AIDS in the developing world, a quadrupling of 2002/2003 levels. Table 2 itemises (for those organisations for which specific 2005 or 2006 HIV/AIDS financial data are available) the top-ranking foundations in terms of developing world HIV/AIDS spending.⁹

| Table 2: Estimated 2006 disbursements (in millions) for HIV/AIDS in the developing world by European foundations | € | US\$ |
|--|------|-------|
| Wellcome Trust | 26.1 | 32.8 |
| Children's Investment Fund Foundation | 11.0 | 13.6 |
| Comic Relief | 9.3 | 11.8 |
| Fondation Bettencourt Schueller* | 9.0 | 11.3 |
| Fondation Mérieux | 6.5 | 8.2 |
| Elton John AIDS Foundation (UK) | 5.7 | 7.2 |
| Fondation François-Xavier Bagnoud | 3.4 | 4.3 |
| AIDS Fonds | 3.1 | 3.9 |
| Sidaction | 2.3 | 2.9 |
| Unidea Unicredit Foundation | 1.9 | 2.4 |
| Deutsche Stiftung Weltbevölkerung | 1.6 | 2.0 |
| Bernard van Leer Foundation | 1.2 | 2.0 |
| HopeHIV | 1.1 | 1.4 |
| Aga Khan Foundation | 1.0 | 1.3 |
| Diana, Princess of Wales Memorial Fund | 0.9 | 1.2 |
| | 84.1 | 106.2 |

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

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

While it is clear that there has been an increase in the number of European philanthropic actors in developing world HIV/AIDS in recent years, a preliminary review of organisations' missions and statutes suggests that barriers to international activity are significant. There is also anecdotal evidence that suggests constraining effects of national legal and tax codes on

⁹ The Global Fund to Fight AIDS, TB and Malaria (GFATM), though technically a foundation under Swiss law, has not been factored into this analysis of European-based philanthropy because of its financing (unendowed; 99 per cent DAC-government-funded¹² on a cash-flow basis) and governance (significant government representation on its board and direction of its activities).

the part of some EU governments. This is a broader concern currently under examination by two EFC task forces.¹⁰

A number of European NGOs have raised significant private contributions to their HIV/AIDS programming during the period under review. Three European-based NGOs have independently indicated privately-financed, HIV/AIDS activity in the developing world totalling €49.4 million, as shown in Table 3:¹¹

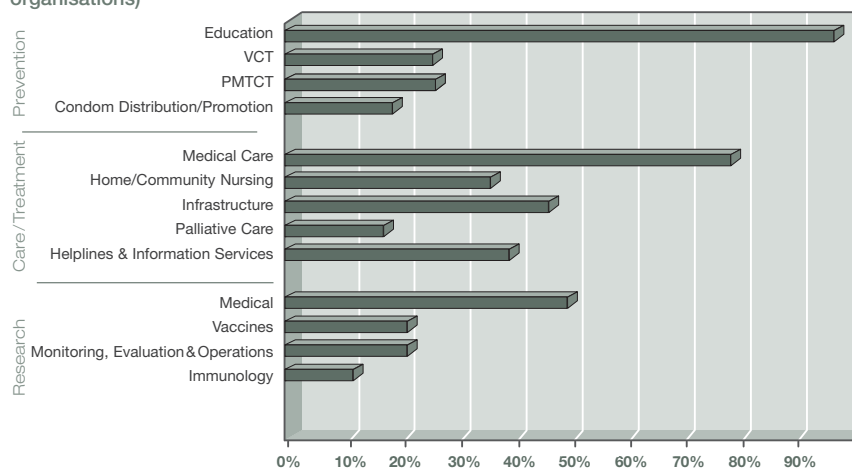
| Table 3: Estimated disbursements on developing world HIV/AIDS by selected European NGOs: 2006 (in millions) | € | US\$ |
|---|------|------|
| International HIV/AIDS Alliance | 40.1 | 50.7 |
| Stichting Novib/Oxfam | 6.0 | 7.6 |
| Marie Stopes International | 3.3 | 4.2 |
| | 49.4 | 62.5 |

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

Surveyed financing: sector, geography and intervention¹²

Of the total number of organisations surveyed, nearly 80 percent are funding HIV/AIDS care and/or treatment interventions in some way. Different, in some cases overlapping, sets of the same organisations engaged in prevention activities and a further overlapping set support research initiatives. Figure 3 summarises these findings:

Figure 3: Distribution of activity by intervention* (percentage of EFC-profiled, EFG-examined organisations)



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

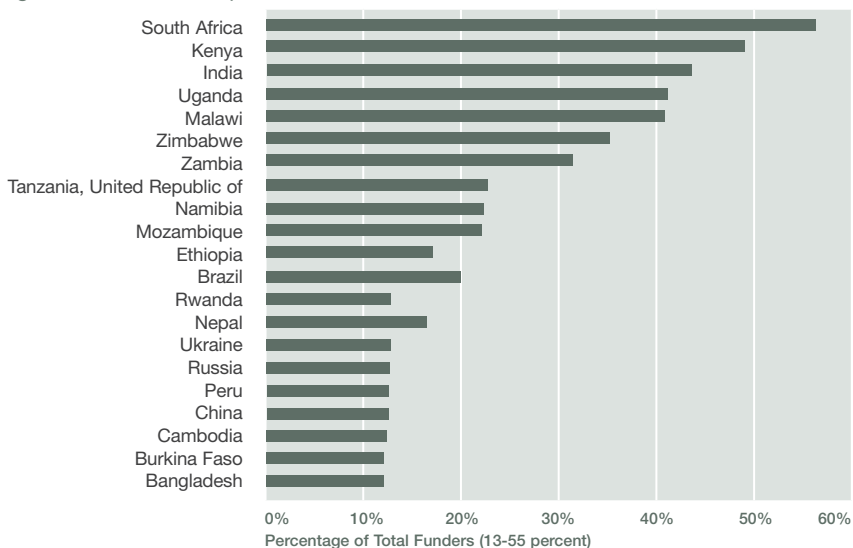
10 Legal and Tax Task Forces of the EFC's European Union (EU) Committee.

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

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

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

Figure 4: Geographic distribution of activity (percentage of EFC-profiled, EFG-examined organisations: 2005/2006)



Analysis of this data shows that there is a cross-section of small-grant activity among multiple organisations in relatively few countries, with South Africa and Uganda being the most frequently funded. Foundation HIV/AIDS financing in Eastern Europe and Asia is quite limited.

In the developing world, geographic distribution of activity followed patterns similar to those previously found in public international assistance programming. The UNAIDS needs analysis referred to earlier built its aggregate estimates on assumptions that activity based in sub-Saharan Africa was capable of usefully absorbing approximately 55 percent of required financing, with a corresponding 7 percent attributable to Eastern Europe.¹³ One recent geographic breakdown of ODA and OA spending on HIV/AIDS indicated a 56 percent Africa attribution.¹⁴

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

¹³ UNAIDS, *op. cit.*

¹⁴ *Report on the State of HIV/AIDS Financing, submitted by UNAIDS to its Programme Coordinating Board, June 2003.*

US HIV/AIDS philanthropy

For comparison, in its most recent resource tracking exercise, Funders Concerned About AIDS (FCAA) estimated disbursements by US philanthropies totalling US\$504 million for HIV/AIDS work in 2006 (the latest year for which data was available).¹⁵ Just over half of this total figure (US\$257.9 million) came from the Bill and Melinda Gates Foundation, and a further US\$140.7 million from eight other US organisations, as shown in Table 4.

| Table 4: Commitments by top US philanthropies to HIV/AIDS in 2006 | | US\$ |
|---|------|--------------|
| Bill & Melinda Gates Foundation | | 257.9 |
| Bristol-Myers Squibb Foundation, NY | 31.9 | |
| Ford Foundation | 22.7 | |
| Abbott Laboratories Fund, IL | 19.5 | |
| M·A·C AIDS Fund | 16.2 | |
| Merck Company Foundation | 15.7 | |
| Johnson & Johnson | 12.9 | |
| Kaiser Family Foundation | 12.5 | |
| Rockefeller Foundation | 9.3 | |
| Subtotal | | 140.7 |
| Others | | 105.5 |
| TOTAL | | 504.1 |

Source: Funders Concerned About AIDS, 2007.

Key US Facts

In contrast to their European counterparts, most top US HIV/AIDS funders specialise in AIDS. This may be a primary driver behind higher US philanthropic spending on HIV/AIDS. Whereas developing world HIV/AIDS is a secondary issue for European foundations (consistent with their missions), it is a primary goal for their US counterparts.

Data suggests that top European and US funders provide 90 per cent of philanthropic funding for HIV/AIDS programming. US philanthropic funding dedicated to HIV/AIDS grew more than five-fold during the period 1996–2004, and has roughly tripled again since. Fewer small grants were made by top US funders as compared to their US counterparts.

Summary analysis and recommendations

Data gathered suggests that European foundations should:

1. Intensify strategic coordination of their activities with one another and with national and international AIDS authorities.
2. Further expand involvement in Eastern Europe, given the European immediacy of the AIDS crisis there, and the dimensions of European philanthropy's comparative advantage in the Eastern European region as compared to others.
3. Maximise the use of their two greatest comparative strengths – flexibility and long-term funding.

¹⁵ *US Philanthropic Commitments for HIV/AIDS*. Funders Concerned About AIDS, New York, September 2007.

Closing statement

Although the considerable rise in European HIV/AIDS philanthropic spending is immensely encouraging, there is still much to be achieved, with the full potential of available funding still not fully tapped. It is vital that HIV/AIDS philanthropic funds are used effectively to create measurable impact on the ground. The consistent tracking of resource flows is a useful tool which can identify unmet needs and the opportunity for collaboration.

It is to this end that the European HIV/AIDS Funders Group is striving towards harmonising the data it collects with that of its US counterpart FCAA. By achieving this, the evidence produced will create a joined-up picture of funding and resource flow trends for a significant part of the HIV/AIDS philanthropic sector.

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

Aids Fonds

Aids Fonds was established in the Netherlands in 1985. In 2003, it merged with the Dutch STI Foundation into Foundation Aids Fonds ~ STI AIDS Netherlands. Aids Fonds acts as an independent, private fundraiser and funder in the fight against HIV/AIDS, supporting people with HIV/AIDS in and from the Netherlands.

Aids Fonds is also a partner in STOP AIDS NOW!, an independent organisation which seeks to raise funds for AIDS projects in poor countries; keeps the Dutch public informed about HIV/AIDS; and obtains political and public support for the battle against HIV/AIDS, nationally and internationally.

The foundation provides grants for the following:

- Innovative projects on prevention, care and support, and societal aspects in the Netherlands.
- Support for people living with HIV/AIDS in the Netherlands.
- Scientific research in the Netherlands.
- Operations research in developing countries.
- Access to treatment.
- Projects in developing countries on 'Greater Involvement of People Living with HIV/AIDS (GIPA)' and 'Community Preparedness'.
- The foundation also uses its funds to perform the following types of activities:
 - Individual assistance to people with HIV/AIDS.
 - Information and education.

In addition to its own fundraising, the foundation also receives a share of the fundraising from STOP AIDS NOW! In this, Aids Fonds works with four major Dutch development organisations, Hivos, ICCO, Memisa/Cordaid and Stichting Novib/Oxfam.

Recent representative grants in developing countries include:

- Global Forum on MSM and HIV (€111,000).
- Human Rights Count! and criminalisation scan (€75,000).
- Mainline: €100,000 towards active testing aimed at drug-users with HIV.
- International HIV/AIDS Alliance: €66,000 to ACER project in Zambia.
- Médecins du Monde: prevention project on Curaçao (€150,000).
- Collaborative Fund for HIV/AIDS Treatment Preparedness (€150,000).
- VU Medical Centre, research on the role of Langerin in transmission of HIV (€254,255).

Bernard van Leer Foundation

The Bernard van Leer Foundation was established in 1949. The foundation's income is derived from the bequest of Bernard van Leer, a Dutch industrialist and philanthropist who lived from 1838 until 1958 and was the founder of Royal Packaging Industries Van Leer. The foundation is guided by a holistic view of young children's development – to realise

their human potential, children need nurture that is physical, social, emotional, intellectual, cultural and spiritual – and a belief that the best care for young children comes from their parents, families and communities. As a private grantmaking foundation, it also believes it is responsible for using its freedom to fund bold, innovative and experimental work and thinking. The foundation is committed to learning from monitoring and evaluating its projects, and achieving maximum impact through publications and advocacy.

The foundation works in three issue areas:

- Through “Strengthening the care environment” it aims to build the capacity of vulnerable parents, families and communities to care for their children.
- Through “Successful transitions” it aims to help young children make the transition from home to day-care, nursery and school.
- Through “Social inclusion and respect for diversity” it aims to promote equal opportunities and skills to help children live in diverse societies.

Also central to its work is the continuing effort to document and analyse the projects it supports, with the twin aims of learning lessons for its future grantmaking activities, and generating knowledge it can share. Through its evidence-based advocacy and publications, it aims to inform and influence policy and practice in the countries where it operates and beyond.

The foundation currently supports about 140 major projects. Its grantmaking focuses on the 21 countries in which it has built up experience over the years. These include both developing and industrialised countries and represent a geographical range that encompasses Africa, Asia, Europe and the Americas. In 2006 the foundation spent €1,212,100 on grants in the area of HIV/AIDS and young children in worldwide activities, particularly in Africa and India. Recent representative grants include:

- Community-Based ECD for CABA (Children affected by HIV/AIDS), Zimbabwe: €374,400 to strengthen family and community capacity for improved health, nutrition, stimulation, protection and education of 0-8-year-old children in selected parts of Bubi and Umzingwane districts in Matabeleland within the next three years.
- Total Child Development Organisation, Namibia: €226,200 to enable communities to protect children and reduce their psychosocial vulnerability in the context of HIV/AIDS, social discrimination, unequal allocation of resources, and internalised oppression inherited from apartheid.
- Joint Learning Initiative on Aids and Children, Switzerland (Worldwide): €220,000 to contribute to establishing a cross-sectoral, inter-disciplinary initiative, reviewing and synthesising the evidence on the most effective approaches to supporting children affected by AIDS, and advocating action on the basis of this evidence.
- Mitigating the Effects of HIV/AIDS on Children, ANPPCAN Kenya: €170,000 to enhance community-based care and support systems and protect 900 children between 0-8 years old in families affected by HIV/AIDS in Ambira, in the Siaya District, by 2009.
- Establishing Effects of HIV/AIDS on Young Children, Zimbabwe: €70,500 to survey the situation and inform on the development of interventions for young children 0-8 years affected by HIV/AIDS in three community-based organisation project sites covering 11 wards in the Umzingwane district and Bulawayo metropolitan area.
- HIV/AIDS Research & Intervention Programme, India: €53,500 to develop an effective

network of organisations working to prevent the further spread of HIV/AIDS among street and slum children and proactively promote their well-being and the development of sexually healthy behaviour.

- Coalition on Children Affected by AIDS (Worldwide): €50,000 to raise the profile of children's issues in the HIV/AIDS community.
- Printing the Herbal and Nutritional Primer, Kenya: €25,000 to contribute towards printing the reference book 'Using our traditions: herbal and nutritional homecare' intended for people with AIDS, and towards initial training on herbal and nutritional homecare.
- Panoscope Editions on Toronto World Aids Conference, Canada (Worldwide): €12,500 to cover an item on young children and HIV/AIDS in each of the five editions of Panoscope produced and distributed during the Toronto World AIDS Conference. This includes coverage of the two foundation-supported satellite meetings, the pre-meeting, and a column by a leader in the field of HIV/AIDS and children.
- Dance4Life Millennium Development Goals, Netherlands (Worldwide): €10,000 to contribute to Dance4Life's goal to have at least 1 million young people worldwide dancing simultaneously on 1 December 2012 – World AIDS Day – and to increase media and government awareness of the global challenge to fight back against HIV and AIDS.

Children's Investment Fund Foundation

The Children's Investment Fund Foundation (CIFF) aims demonstrably to improve the lives of children living in poverty in developing countries by supporting sustainable strategies which have an impact on their lives and communities. CIFF is an independent, non-profit, philanthropic organisation formally linked to an investment fund from which it receives a portion of its management fees and profits. This ensures sustainable income for the foundation, enabling it to make long-term commitments to its grantees. CIFF's granting strategy and governance are the responsibility of its Board of Trustees, which comprises people from diverse business and development backgrounds.

CIFF is currently committed to focusing on four portfolio areas:

- Children affected by HIV/AIDS.
- Emergency humanitarian assistance.
- Water, sanitation and hygiene.
- Education.

From its inception, CIFF has focused on funding programmes for children made vulnerable, and often orphaned, by HIV/AIDS. CIFF's aim is to mitigate the negative consequences of this ravaging disease on children. The priorities include: insuring paediatric AIDS treatment is accessible worldwide; scaling up best practices to prevent mother-to-child transmission (PMTCT); establishing food security and nutrition as a key component of care; ensuring investments in HIV/AIDS care and treatment are integrated into the broader national health-care system; and promoting comprehensive approaches for vulnerable children and their families. Representative grants include:

- The first three grants described below refer to the allocated funding to the William Jefferson Clinton Foundation. Total Grant: £2.9 million.
 - The Paediatric HIV/AIDS Initiative: CIFF spearheaded a coalition of funding partners

to 'break the bottlenecks' of cost and capacity and enable universal AIDS treatment for children.

- Support to Indian Government to implement National AIDS Agenda: this grant aims to support the Government's HIV/AIDS programme, through the National AIDS Control Organisation (NACO) by training physicians and nurses, strengthening lab capabilities and treating children.
- Support to Kenyan Government to increase human resource capacity for HIV/AIDS: to employ over 1,000 nurses in the Government health-care system with the goal of improving access to comprehensive HIV/AIDS care through investment in human resources.
- Funders' Collaborative for Children, Malawi, grant proposed: £2.5m over five years. A group of funders has formed to address the comprehensive needs of children and communities. In addition to ClIFF, the group includes the Elton John AIDS Foundation, Comic Relief and The Diana, Princess of Wales Memorial Fund, with each funder donating £2.5 million over five years.
- Improving Outcomes of PMTCT – Academic Model for the Prevention and Treatment of HIV (AMPATH), Kenya, grant £159,574. A nine-month funding stream to pilot an innovative approach to community outreach that aims to reduce the transmission of HIV/AIDS from mother to child.
- Enhancing the Livelihoods and Food Security of Vulnerable People – Save the Children, USA; Malawi, grant £718,254 over three years. This expansion of an existing grant is aimed at supporting sustainable food security interventions which will reach over 21,000 HIV/AIDS-vulnerable children in Malawi.
- Increasing Awareness and Funding for HIV/AIDS Affected Children and Caregivers – Global AIDS Alliance (GAA), grant £525,000 over three years.
- Speak for the Child – Academy for Educational Development (AED), Kenya, grant £4.9m for the first three years of a seven-year programme. The programme aims to provide over 130,000 orphans and vulnerable children with health, nutrition, psychosocial care and education in six of Kenya's highest HIV/AIDS prevalence provinces.
- Homabay Orphans Livelihood Project – Heifer International, Kenya, grant £402,632 over three years. The project provides income and nutrition to 800 families through provision of dairy goats and kitchen gardens in Kenya's Homabay district.
- Tamil Nadu Family Care Continuum (TNFCC) India – Tamil Nadu State AIDS Control Society (TANSACS), Solidarity and Action Against the HIV Infection in India (SAATHII), Duke University, grant £892,422 over three years to provide care and support to over 7,000 caregivers and children living with HIV/AIDS.

Comic Relief

Comic Relief raises money from the public in annual television-based campaigns – Red Nose Day and Sport Relief. It supports projects internationally and in the UK.

Comic Relief focuses on the following programmes:

- Comic Relief UK grants, which aims to reach people in great need; meet people's needs and ambitions and promote their rights; help people to live with dignity and free from fear; tackle some of the root causes of poverty and injustice and bring about lasting improvements in the lives of poor and disadvantaged people. Applications are considered

under the following programmes: Young People, Older People, Mental Health, Refugees and Asylum Seekers, and Domestic Violence.

- Comic Relief international grants: the organisation has two types of grants British charities can apply for – project grants (up to £1 million) and strategic grants (up to £3 million). British charities can apply for a project grant in any of the six grant programmes. A limited number of charities are eligible for strategic grants under these programmes. Applications are considered under the following programmes: People affected by HIV and AIDS, Street and Working Children and Young People, Women and Girls, People Affected by Conflict, People Living in Urban Slums and Trade.

Comic Relief's geographic focus comprises the UK, Africa and non-African countries which the International Labour Organisation (ILO) recognises as having a high incidence of child labour. HIV/AIDS target countries: Africa including Zambia, Botswana, Kenya, Lesotho, Namibia, South Africa, Swaziland, Uganda and Malawi.

Comic Relief supports projects in Africa that reduce the impact and prevalence of HIV/AIDS by providing grants to projects, and will fund organisations working with: those living with HIV; people directly affected by HIV, particularly women, children and older people; young people who are carers or are at risk of getting HIV; and people who provide care and support to those with HIV-related illnesses. Comic Relief funds projects that aim to support:

- Improving access to basic needs such as practical support in the home, emotional support, education and training, food and medical care (which may include access to, but not providing, antiretroviral drugs), so people affected by HIV get the care and support they need.
- Increasing opportunities for HIV-positive people and their carers to win greater economic freedom. This may include a combination of helping them earn an income, and promoting the rights of HIV positive adults or children so they inherit what is rightfully theirs, improving their access to money and other resources so they enjoy greater economic independence.
- Tackling the rights of people affected by HIV, by, for example, improving their right to appropriate treatment including antiretroviral drugs, care and support, and protection from exploitation so they can live without fear and enjoy greater security.
- Using new or creative approaches to HIV prevention and education work that tackles the stigma faced by people living with HIV; encourages voluntary counselling and HIV testing; and, builds links with care and support services so more people use HIV services and there is a reduction in discrimination against people with HIV.
- Helping groups and organisations of people with HIV to unite for mutual support and to be heard by those whose decisions affect their future, so these groups are more effective in supporting their members and changing the policies and practices that harm their lives.

Recent representative grants include:

- Friends of the Children of Southern Africa: £544,800 over five years to provide medical and social care for people with HIV, orphans and their caregivers. This project will include 40 trained carers who will provide home-based care for 1,800 people with HIV/AIDS, such as bed baths, nutritional supplements, and basic medical treatment such as

dressings wounds. There will also be two project nurses to provide extra medical support, such as dispensing drugs and transferring patients to hospital where possible.

- Also support groups for carers and orphans will help over 675 families obtain government grants for housing, food and education, and also the HIV/AIDS treatment they are entitled to. After school clubs will also benefit over 5,000 children, and a few exceptional students will be given scholarships for further education.
- Target TB, Zambia: £329,800 for a five-year project helping poor people access diagnosis and treatment for tuberculosis (TB) and HIV through their local clinics. Direct support is given at home to people with TB and HIV, in the form of medicines, food, travel to health centres, and practical and moral support from the network of community volunteers. Caregivers and orphans also receive household goods, food and training in small business, with access to credit provided. Mass health education activities are taking place to build communities' awareness and understanding of TB and HIV, which will also help reduce the stigma that surrounds the illness.
- International Community of Women Living with HIV/AIDS; Botswana, Kenya, Lesotho, Namibia, South Africa, Swaziland, Uganda: £500,000 for a project supported by Comic Relief to organise meetings, activities and workshops, where over 640 women are being trained in law, and to develop negotiation skills to demand their rights and claim entitlements to health services, HIV treatment, and protection from domestic violence and abuse. These trained women will return to their communities and provide effective support to other women. As a result of this project, policies and practices which harm HIV positive women in the three countries will be tackled more effectively to improve the lives of women affected by HIV/AIDS.
- Friends of the Treatment Action Campaign (FoTAC), Southern Africa: £359,109. Comic Relief is helping this project educate people affected by HIV/AIDS, and key groups, such as trade union members, health workers, and local community groups, about the science, politics, and treatment of HIV/AIDS. As well as creating wider community understanding of the issues related to this disease, people affected by HIV/AIDS will also learn about their rights and entitlement to receive antiretrovirals and other relevant medical treatment. National and regional campaigns will also be held to raise awareness and reduce the ignorance that leads to stigma and discrimination against those affected by HIV/AIDS.

Deutsche AIDS-Stiftung

Deutsche AIDS-Stiftung was set up in Bonn in 1996 as a result of the union of Nationalen AIDSStiftung (NAS) and Deutschen AIDS-Stiftung 'Positiv Leben' (DASPL), with a mission to improve the living conditions of people with HIV/AIDS; and strengthen their self-confidence so they can lead autonomous, meaningful and socially-accepted lives. The organisations had already cooperated since 1989 to raise funds for HIV/AIDS in Germany. The Deutsche AIDS-Stiftung seeks to enable people affected to fight stigma and discrimination and lead autonomous lives with HIV/AIDS.

The foundation has developed several partnerships, including:

- International AIDS Vaccine Initiative (IAVI): works to speed up discovery and distribution of safe, effective and accessible HIV/AIDS vaccines.

- AIDS Action Europe: alliance of European NGOs to fight HIV/AIDS in eastern Europe.
- Global Business Coalition on HIV/AIDS: alliance of international companies dedicated to combatting HIV/AIDS epidemic using the business sector's unique skills and expertise.

The foundation currently supports projects in South Africa, Namibia, Tanzania, Mozambique and Nepal. Representative projects include:

- HIV Outreach Program and Education (HOPE), a project of a German-speaking Catholic Church in Cape Town, and in particular the following activities:
 - ‘Bridging Culture – Introducing Partnership’: a workshop with the aim of establishing a referral system between traditional healers and primary health-care facilities in the field of VCT (voluntary counselling and testing) in township communities in Western Cape.
 - Grassroot projects to support self-help groups and encourage people living with HIV/AIDS in townships.
 - Personnel costs for a project manager, training and compliance officer and community health worker.
- In Namibia, it supports the work of Catholic AIDS Action (CAA) and Catholic Health Services (CHS), registered non-profit companies offering health facilities and acting on behalf of the Namibian Bishops' Conference. Activities include:
 - Home-based family care and community mobilisation.
 - Youth education and prevention.
 - Support for orphans and vulnerable children.
 - Formula milk provision in the framework of a Prevention of Mother-to-Child Transmission (PMTCT) programme.
- In Tanzania, it funds “Youth to Youth – Networking for a Healthy Future”, a development project in cooperation with Deutsche Stiftung Weltbevölkerung – German Foundation for World Population (DSW) to inform young people about sexual and reproductive health, contraception and HIV/AIDS.
- In Mozambique, it supports the DREAM project (Drug Resource Enhancement against AIDS and Malnutrition), a project developed by the Sant'Egidio community; the project's focus is to prevent HIV-transmission during pregnancy. The following activities are supported:
 - Training for volunteers at the DREAM health centres.
 - Support for 150 pregnant women in the project “prevention of mother-to-child transmission” (PMTCT); the project is located in two different DREAM health centres (Maputo and Beira); the women are treated with ARVs so transmission of the HIV virus to their babies can be avoided; in some cases mothers are given breast milk substitutes to avoid transmission by breast feeding.
- In Nepal, it fosters a family project, developed by the AIDS Info Docu Schweiz (Swiss Organisation) in cooperation with the local NGO, Partnership Nepal; with GlaxoSmithKline on board to support the project as a partner. The project looks after sex workers' children: the children live in foster families; the mothers can choose the foster family and remain in touch with their children. Sex workers are advised how to prevent HIV. The women receive care from travelling medical teams. Women who wish to quit sex work are offered qualification opportunities like literacy or sewing classes.

Deutsche Stiftung Weltbevölkerung (DSW) – German Foundation for World Population

The German Foundation for World Population (DSW) is an international development organisation. DSW helps young people in Africa and Asia to escape poverty by providing sexual and reproductive health information, services and supplies. In Germany and Europe it raises awareness about the close links between sustainable development, poverty, health, environmental protection and demographic trends. DSW was founded in 1991 as a private non-profit foundation by Erhard Schreiber and Dirk Rossmann, two entrepreneurs from Hannover, Germany. International activities include:

- HIV/AIDS: “Youth-to-Youth” (Y2Y) Initiative – Experience shows that awareness raising works best when young people are informed by their peers. And it is this simple conclusion that is the core of the “Youth-to-Youth” concept which is now operational in DSW’s successful Youth programme in developing countries: Burkina Faso, Cambodia, Ethiopia, Kenya, Nepal, Tanzania, Uganda. DSW has developed its Y2Y Initiative accordingly, in which young people become agents of change. Y2Y is built on principles of active participation, gender equity, respect of local cultural, traditional and religious values, dynamism, utilising existing resources and flexibility. Young people take the lead in all stages of programme design, implementation and monitoring. Although the specific implementation of activities varies from country to country and region to region, the activities themselves are uniformly designed. They include peer education, a hotline, information & referrals, income generating activities, mass edutainment, social marketing, IEC materials, and advocacy. The Y2Y Initiative is unique in that it is highly replicable, sustainable and adaptable. DSW’s Y2Y Initiative has led to the formation and support of over 1,000 youth clubs, with over 30,000 members, reaching millions of young people.
- Integrated Project (Ethiopia): In southern Ethiopia, DSW supports projects which link family planning, environmental protection and the protection of resources. Integrating sexual and reproductive health, economic and environmental aspects, these projects also develop sustainable coffee production and marketing to international quality standards. In southern Ethiopia, youth club models were successfully used for RH and HIV/AIDS extension. In Kaffa, the project supported the training of community-based health care staff (traditional birth attendants, community health workers) and the supply of birth control and obstetric equipment. In Manna, existing health centres were equipped with birth control supplies. In the youth clubs, young people learn about health issues, such as HIV, female genital mutilation, personal hygiene and pregnancy, and then inform their peers.
- Improving adolescents’ sexual and reproductive health (Cambodia): The target group of this project are adolescents between 15 and 19 years old in secondary and high schools in Kandal Stoeng Districts and Kean Svay District in the Kandal Province. Inter alia, the project aims to improve the sexual and reproductive health of the students, to increase the proportion of youth seeking/using SRH information and counselling and to increase the number of youth with knowledge of HIV/AIDS prevention.

The foundation is also active in several partnerships, networks and advocacy campaigns, including (these entries being limited to HIV/AIDS-related activities; DSW is also active in numerous networks and partnerships concerning sexual and reproductive health and rights, population, demography, development, as well as malaria):

- Action Alliance Against AIDS: Over 70 German organisations, as well as more than 200

grassroots organisations belong to the Action Alliance Against AIDS (Aktionsbuendnis gegen AIDS).

- International Partnership for Microbicides: The International Partnership for Microbicides (IPM), recognises that women urgently need access to safe, effective and self-controlled HIV-prevention options at affordable prices. Microbicides, i.e. gels or cremes, which are applied to the vagina and substantially minimise the risk of contracting an HIV infection through sexual intercourse, promise to help fulfil these aims. As a partner of IPM, DSW helps raise awareness on microbicides by working with the German media as well as key decision makers.
- AKME (Working Group for Medical Development Cooperation): The Working Group for Medical Development Cooperation (AKME - Arbeitskreis medizinische Entwicklungszusammenarbeit) is an informal and voluntary association of approximately 100 representatives of German institutions working in the field of development cooperation and humanitarian aid. Since 2006, the German Foundation for World Population has held the rotating AKME secretariat.

The Diana, Princess of Wales Memorial Fund

The Diana, Princess of Wales Memorial Fund is an independent grant-giving charity established in September 1997 to continue the Princess's humanitarian work in the UK and overseas. By giving grants to organisations, championing charitable causes, advocacy, campaigning and awareness-raising, the fund works to secure sustainable improvement in the lives of the most disadvantaged people in the UK and around the world.

The fund released its new Strategic Plan 2007-12 in February 2006 and will spend its existing capital over a period of five to nine years from early 2007. To achieve its aims in this limited time span it has needed to change the way it works and has moved from being a criteria-led grantmaker to being a pro-active and objective-driven one. It is focusing on three initiatives, each of which has a desired outcome and a set of strategic objectives to be achieved over five years:

- Under the Palliative Care Initiative, the fund is committed to spending up to £10 million to promote the scale-up of palliative care in Africa. The desire is for palliative care to be accepted as an essential part of, and integrated into, the care and treatment of people with HIV/AIDS, cancer and other life-limiting illnesses.
- Under the Refugee and Asylum Seekers Initiative, the fund is committed to spending up to £10 million to raise awareness and highlight the needs and issues of young refugees and asylum seekers. The desire is to uphold the rights of young refugees and asylum seekers in the UK.
- Under The Partnership Initiative, the fund is committed to spending up to £5 million to build on previous investments in selected programme areas, to ensure they are used to their fullest potential. The desire is for systemic change to occur in the UK in penal affairs, mental health and other areas, bringing better outcomes for young people, and internationally, in the area of landmines and explosive remnants of war.

For the next five years the fund will principally engage in proactive grant-making. Grants will be provided on an invitation-to-bid basis or through negotiated partnerships with selected organisations.

The Palliative Care Initiative seeks to ensure that high-quality palliative care is accessible to all who need it and that its essential role is recognised at local, national and international level by national governments, their citizens and donors. With HIV/AIDS, palliative care is necessary from the point of diagnosis right through to bereavement. The initiative, in the last six years, has spent over £3 million, and is recognised by international donors and health-care organisations in Africa as a leader in the field. The fund is committed to spending up to £10 million over the next five years to promote the scale-up of palliative care in Africa and its integration into government health policies. The Palliative Care Initiative currently has 19 grants in payment. A number are grants to palliative care projects in focus countries. Examples include:

- Two advocacy grants in South Africa. One is an extension of an earlier three-year grant. The current grant is for two years and is to the Hospice Palliative Care Association of South Africa (HPCA). The grant covers salary costs for an advocacy officer, running costs and workshops. The grant is for £107,612 over two years.
- A second grant for £242,053 (also to HPCA) over four years has also been made to develop paediatric palliative care in South Africa and provide a lead in other African countries.
- A grant of £20,000 was made for 20 African students to be able to undertake a postgraduate course in palliative care at the University of Cape Town.
- A three-year grant of £99,894 was made to continue palliative care, home and hospital visits, follow-up visits and training workshops for community volunteers and health professionals at the Kitovu Mobile Aids Care Counselling and Orphans Programme in Uganda.
- Grant to the African Palliative Care Association (APCA) which is a regional pan-African organisation aiming to promote affordable and culturally-appropriate palliative care throughout Africa. The fund has recently approved a five-year grant to APCA for £743,296 for core and specific project costs.
- The fund is increasingly working in collaboration and is involved with three other funders (The Children's Investment Fund Foundation, The Elton John AIDS Foundation and Comic Relief) in a collaborative in Malawi to address the complete needs of orphans and vulnerable children. Each partner has contributed £2.5 million over five years.

Elton John AIDS Foundation

The Elton John AIDS Foundation (EJAF) is an international non-profit organisation funding direct patient care services which help alleviate physical, emotional and financial hardship for those living with HIV/AIDS, as well as HIV/AIDS prevention education programmes. Elton John established the charity in 1993. EJAF is keen to encourage community-based projects which:

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

EJAF's geographic focus comprises Africa, Asia, Eastern Europe, Latin America, the UK and Ireland. HIV/AIDS target countries include: Kenya, Lesotho, Malawi, South Africa, Tanzania, Uganda, Zambia, Bangladesh, Cambodia, India, Nepal, Ireland, Russian Federation, Ukraine, the UK, Brazil and Mexico. Recent representative grants include:

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

Fondation Bettencourt Schueller

The foundation was created by Mrs Liliane Schueller Bettencourt and her family, in memory of her father, Eugene Schueller, founder of L'Oréal. Its mission is to help to initiate, support and develop projects in the medical, cultural and humanitarian fields in France and developing countries.

The foundation is active in:

- Medical research.
- Culture.
- Social/humanitarian relief.

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

- Solidarité Thérapeutique et Initiatives contre le Sida (SOLTHIS). The foundation supports this medical association which is committed to treating people suffering from HIV/AIDS in developing countries by providing antiretroviral medication. The association monitors patients in the context of overall and sustainable care combining prevention and treatment. In 2003, the foundation provided a grant to the association of €9 million for use over five years.
- ORVACS (Objectif Recherche VACCin Sida). The foundation supports this not-for-profit organisation, which aims to accelerate research on therapeutic vaccines and immune-based therapeutic strategies against HIV. ORVACS was created in 2001 and consists of an international network of leading researchers with experience in immunology, vaccinology, anti-viral drug development and clinical trials in HIV infection. In this way, ORVACS brings to the field of therapeutic vaccines the research complementarity required to develop clinical trials for the most promising vaccine approaches seen in the pre-clinical arena.

FFXB/FBX International (FXB)

The foundation is named after François-Xavier Bagnoud (FXB), a young pilot committed to rescuing people by air, who died at the age of 24 in a helicopter accident in Mali, West Africa. His family and friends, with help from others, established and continue to finance the foundation's activities.

The Foundation supports initiatives in François-Xavier Bagnoud's fields of interest, including aerospace, rescue, health and community life in the Swiss canton of Valais. Independent of the projects financed by the foundation in the above-mentioned areas, the foundation annually makes some US\$5 million available to the NGO, FXB International, whose goals are humanitarian, focusing on initiatives related to children and HIV/AIDS. The association's operations are independent of the foundation and require co-financing from other sources.

The foundation's geographic focus comprises Asia-Pacific, Europe, Latin America and sub-Saharan Africa. HIV/AIDS target countries include: Brazil, Burundi, China, Colombia, India, Myanmar (Burma), Rwanda, South Africa, Thailand, Uganda and Uruguay. FXB International executes projects in areas such as children's rights, health and human rights, pediatric HIV/AIDS and HIV/AIDS prevention in these 11 countries. The NGO, which receives a further \$3 million from external sources – thus operating with an overall budget of \$8 million yearly – works in:

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

FXB currently supports HIV/AIDS prevention beneficiaries in:

- *Brazil*: Seeks better access to quality health care for STD/HIV/AIDS-suffering children in São Paulo, thereby improving their quality of life. FXB supports actions which empower children and adolescents affected by HIV/AIDS in their families through effective measures. These are carried out by means of case studies, individualised guidance and political meetings geared to the creation of a national public policy for de-institutionalisation. HIV/AIDS prevention beneficiaries: 3,574. 2007 budget: US\$139,565.
- *Burundi*: Seeks to improve the living conditions of people living with HIV/AIDS, help them overcome poverty, integrate orphans and vulnerable children affected or infected by AIDS into their community and promote economic micro-development. Specific objectives include:
 - Assisting destitute families to develop income-generation activities and create groups of beneficiaries in which the latter are encouraged to exchange experiences, help each other, manage collective activities and develop savings and tontines.
 - Helping these families acquire funds for their development. Provides adults and children with basic medical care to treat opportunistic infections.
 - Allowing children to continue or resume study at primary and secondary level by providing them with school materials and paying school fees.
 - Running a vocational training programme for teenagers who have been unable to pursue regular education.

- Sensitising family heads about children's rights, the fight against AIDS, hygiene, health and nutrition, the environment and development.

FXB Burundi is administrated by FXB Rwanda. The programme is operated in partnership with the King Baudouin Foundation. HIV/AIDS prevention beneficiaries: 2,722. 2007 budget: US\$249,770.

- *Colombia*: Aims to provide comprehensive home-based care and treatment to the most destitute children living with HIV/AIDS in Colombia's northern region to increase their survival rate and improve their quality of life. Services offered are: nutritional evaluation and support, social and psychological counselling, specialised medical diagnosis and treatment, educational and recreational activities, and HIV/AIDS prevention programmes. HIV/AIDS prevention beneficiaries: 760. 2007 budget: US\$369,194.
- *India*: Seeks to contribute to the country/state's effort to control and prevent the spread of HIV infection along with promoting a healthy life-style among high-risk groups. FXB is implementing programmes in India's 35 states and territories through hundreds of cutting-edge activities. HIV/AIDS prevention beneficiaries: close to 1 million. 2007 budget: US\$1.3 million.
- *Myanmar (Burma)*: Conducts two programmes of re-integration and prevention to support and assist the various categories of beneficiary, based on their capacities, needs and wishes, in reaching their specific goals in terms of education, vocational skill training and/or seeking jobs to assure their future economic self-sustainability and thus reduce their vulnerability. The people living with HIV/AIDS (PLWHA) programme offers beneficiaries psycho-social and socio-economic support and help in terms of further education, skill training, job opportunities and access to medication for opportunistic infection to allow them as 'normal' as possible a life with their families and community. HIV/AIDS prevention beneficiaries: 35,400. 2007 budget: US\$785,800.
- *Rwanda*: Seeks to improve the living conditions of people living with HIV/AIDS, help them overcome poverty, integrate orphans and vulnerable children affected or infected by AIDS into their community and promote economic micro-development. Specific objectives include:
 - Helping destitute families develop income-generation activities and create groups of beneficiaries in which the latter are encouraged to exchange experiences, assist each other, manage collective activities and develop savings and tontines.
 - Assisting these same families to acquire funds for their development. Provides adults and children with basic medical care to treat opportunistic infections.
 - Allowing children to continue or resume study at primary and secondary level by giving them school materials and paying school fees.
 - Running a vocational training programme for teenagers who have not been able to pursue regular education.
 - Sensitising family heads about children's rights, the fight against AIDS, hygiene, health and nutrition, the environment and development.
 HIV/AIDS prevention beneficiaries: 158,379. 2007 budget: US\$904,800.
- *South Africa*: Aims to reduce the impact of the HIV/AIDS epidemic on HIV-infected and affected families and economic viability, and limit HIV's impact on children's lives. Specific activities include:
 - Offering income-generating activities to women's group members.
 - Providing basic health-care coverage to beneficiaries of women's groups and their

children, as well as orphans they are looking after.

- Supervising and caring for orphans and vulnerable children (OVCs) in after-school programmes.

- Providing emotional and psychological support to OVCs and their guardians.

HIV/AIDS prevention beneficiaries: 1,644. 2007 budget: US\$412,000.

- *Thailand*: Facilitates meetings between people living with HIV/AIDS (PLWHA); organises empowerment workshops to train PLWHA leaders and activists; develops income-generating activities for PLWHAs and school support for their affected children and OVCs; carries out HIV/AIDS prevention & awareness raising. HIV/AIDS prevention beneficiaries: 6,099. 2007 budget: US\$243,100.

- *Uganda*: Helps people in the Luweero and Nakaseke districts develop community-based solutions and capabilities to adequately meet OVCs' basic needs under their care on their own. Specific project activities include:

- Contributing to educating OVCs in three sub-counties of Semuto, Makulubita and Kasangombe.

- Providing assistance to guardians to carry out income-generating activities (IGAs) through which they will acquire the capability to meet the basic needs of OVCs under their care.

- Reinforcing the community-based approach in solving OVCs' problems and use the experience gained to replicate it in other areas.

- Advocating and protecting OVCs' rights in collaboration with local leaders and volunteers.

- Sensitises communities about HIV/AIDS prevention, care for PLWHAs and primary health care.

- Providing HIV/AIDS patients with treatment for opportunistic infections, so they are able to care for OVCs and IGAs.

- Promotes group work among beneficiaries to address issues affecting them.

HIV/AIDS prevention beneficiaries: 31,010. 2007 budget: US\$450,400.

- *Uruguay*: Provides access for boys, girls and teenagers in extreme poverty to effective care, and the necessary educational tools to enable them to develop and grow. Activities include:

- Working in HIV/AIDS prevention at all levels of the project and encourage networking, public and private organisations that promote health, education and human rights to remove discrimination

- Promoting the multiplying effect to reach more young people, families and communities, so they can take care of their own health, and know and exercise their civic rights.

- Supporting families by encouraging communication, gender equality and strengthening bonds of affection.

- Promoting freedom of expression and recreational spaces where young people can discover their potential and begin developing personal goals.

- Encouraging educated and informed people who take charge of their own well-being.

- Using educational programmes to prevent and denounce all violence against young people, especially violence linked to abuse or sexual trade.

- Promoting 7 May as World Orphans' Day in Uruguay; collaborating with NGO and State organisations for 7 May proclamation.

HIV/AIDS prevention beneficiaries: 741. 2007 budget: US\$98,182.

At the time the mapping exercise was conducted, FXB was launching a community support programme with a budget of US\$1.5 million in China.

Fondation Mérieux

Fondation Mérieux was set up in 1967 by Doctor Charles Mérieux, in memory of his father Marcel Mérieux, a pupil of Louis Pasteur and founder of the Mérieux Institute in 1897. Fondation Mérieux is dedicated to controlling infectious diseases in developing countries. Its approach focuses on prevention and diagnosis and breaks any barriers between human and animal medicine, North and South, and all involved.

Fondation Mérieux carries out its mission to control infectious diseases in developing countries in Africa, Asia, the Caribbean, Latin America, and the Indian Ocean by working in four essential and complementary areas, representative activities in each of which include:

- Supporting applied scientific research: Fondation Mérieux supports research programmes on diseases specific to emerging nations.
 - Antiretroviral dosage: the Rodolphe Mérieux Laboratory in Phnom Penh in Cambodia creates dosing procedures for antiretroviral drugs adapted to local constraints. The laboratory modifies and even creates and validates different procedures adapted to local circumstances.
 - Measuring viral loads: in the Rodolphe Mérieux Laboratory molecular biology unit in Phnom Penh, work is in progress on measuring viral loads in the blood of patients infected with HIV/AIDS, and developing a provirus DNA detection method to screen children under 18 months to provide better care.
 - Early detection of the virus in new-born children: Fondation Mérieux, financed by Fondation Christophe et Rodolphe Mérieux, is collaborating with the GHESKIO researchers in Haïti. The foundation also supports studies on the impact treatments have on the quality of life of Haïtian children, and research on determining the best time to begin antiretroviral treatment according to the CD4 count.
- Sharing knowledge: Fondation Mérieux is involved in transferring and sharing information and scientific innovations at an international level, by training health workers and holding symposia, conferences and seminars. Since 1986, Fondation Mérieux has held a biennial symposium (formerly know as “Les Cents Gardes”) uniting scientists worldwide, which has been the venue for discussing the most up-to-date information in the AIDS research area. The foundation decided to widen the symposium’s impact by holding it in countries where the disease is of greatest concern and by focusing its theme on HIV management issues. As capacity building is an important objective, the foundation has set up a training programme for laboratory technicians (Bachelor of Science of Biological and Applied Medical Sciences) to improve knowledge and use it in HIV testing.
- Supporting health structures: Fondation Mérieux manages and contributes its expertise in biology to refurbishing, building and equipping health structures in developing countries: biological-clinical laboratories in public hospitals, research and training units at medical universities, etc.
 - In Mali the Foundation helps set up pilot laboratories to allow capacity building of local structures and provide local-level training. A network of over 80 biomedical laboratories

from around the country has been established. The objective is to strengthen existing structures for the biological diagnosis of HIV/AIDS, tuberculosis and malaria and to encourage research activities in the field. A training programme on CD4 is held in collaboration with ESTHER. To assure a global care approach, there is collaboration between prevention and treatment programmes (eg SOLTHIS).

- **Haïti:** After returning home from studying in the USA, Professor Jean William Pape was the first person to discover HIV/AIDS in Haïti. To combat this infectious disease, in 1982 he created the GHESKIO Institute, in Port-au-Prince. Its mission is to provide a free, high quality service for patients undergoing treatment, carry out applied research on infectious diseases and train qualified health workers. Fondation Christophe and Rodolphe Mérieux, and later Fondation Mérieux, have been associated with developing the Institute since 2003, providing human and material support for medical biology. The foundation finances the purchase of equipment and reagents and a biologist has been assigned to increasing the capacity of the GHESKIO medical analysis and research laboratory.
- **Supporting patients and their families:** By taking action such as helping set up micro-credit programmes or help with accessing care, Fondation Mérieux seeks to provide sustainable improvement to the quality of life of people in developing countries, particularly women and children affected by infectious diseases. Since 2004, Fondation Mérieux and GHESKIO have worked in partnership with ACME to support its patients in Haïti. This organisation helps small entrepreneurs with no access to credit develop their businesses by giving them unsecured loans. As a partner of the Institut GHESKIO in Haïti, the foundation is involved with helping with access to screening for infectious diseases. Based in Port-au-Prince, the institute has set up 40 VTC screening centres across the country.

HopeHIV

HopeHIV was founded in 2000 by Phil and Wendy Wall as a result of Phil's encounter with Zodwa, a two-year old girl who had lost both her parents to the HIV/AIDS pandemic sweeping Africa. Phil and Wendy tried to adopt Zodwa, but it proved impossible following nine months of legal constraints and frustrations. Determined to do something, they decided that instead of physically adopting one child, they would raise funds to make possible the financial adoption of HIV/AIDS orphans all over sub Saharan Africa. HopeHIV's mission is to offer children in sub-Saharan Africa, who have been affected or infected by HIV/AIDS, the love, protection and support they need to build foundations of hope for the future in their communities.

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

- **Leadership development.** The generationAFRICA programme uses the charity's extensive network of local partners to identify and equip potential leaders from the orphan generation across sub-Saharan Africa. These young people will be responsible for mobilising their communities and nations to respond to the challenges.
- **Life skills and vocational training.** Supports the training of child heads of household in Tanzania in life skills such as cooking, hygiene, budgeting, agriculture and basic

medical care. They are also taught communication skills, assertiveness, self-esteem and conflict resolution. Community volunteers offer practical support to orphan child-headed households, and assistance with income generation to support the whole family. HopeHIV also funds vocational training programmes in trades such as hair-dressing, carpentry, agriculture, welding and tailoring, and offers basic business training and micro-loans to support young people who wish to develop small enterprises.

- Education. Pays school fees and buys uniforms and books for thousands of children who would otherwise be excluded. HopeHIV is currently building two schools, a community nursery school in Lighodo, in Kenya and a 105-bed residential primary school for children with speech and hearing impairments in Masaka, in Uganda. It also supports staffing costs at community schools in Malawi, Kenya and northern Uganda.
- Psycho-social support. Gives financial support to HIV-positive children to attend day programmes where they can participate in recreational, arts and crafts, and drama and play activities. Also funds the 'rolling out' of community-based kids' clubs using the psycho-support principles, children's camps, games, and other fun activities.
- Multiplication. Supports projects where good work done in one location and the expertise and experience gained by that group is passed on to others. For example, several Kids' Clubs have mushroomed across Botswana and Kenya in under two years. Hundreds of community workers have been trained and thousands of children helped as a result.
- Street kids. Funds street-workers in Nairobi, Kampala, Durban, and Dar es Salaam to help children escape street dangers and return to their home communities. This involves life-skills training with children and family interventions. Also provides financial backing for community-based residential centres for children affected by HIV/AIDS.
- Fostering. Supports projects aiming to place children in adoption or foster-care homes. The projects must ensure that adequate recruitment, screening, matching and pre and post placement training is offered to foster families. What is paramount is the children's long-term stability, care and safety.
- Civil war zones. Funds medical units, teachers and nutritional training days in refugee camps in northern Uganda. Young people head HIV/AIDS education groups in the camps using drama and music to communicate their message, aimed at reducing the incidence of new infections.

King Baudouin Foundation

The King Baudouin Foundation (KBF) supports projects and citizens committed to building a better society. The foundation looks for sustainable ways of bringing about justice, democracy and respect for diversity. The King Baudouin Foundation is independent and pluralistic.

With an annual budget of €40 million, 92% of which is earmarked for projects, KBF supports priority issues related to the following subjects:

- Migration & multicultural society: promoting integration and a multicultural society in Belgium and Europe.
- Poverty & social justice : identifying new forms of social injustice and poverty; supporting projects that build greater solidarity between generations.
- Civil society & social commitment: encouraging social commitment; promoting democratic values among young people; supporting neighbourhood and local projects.

- Health: promoting a healthy way of life; helping to build an accessible and socially acceptable health-care system.
- Philanthropy: helping to make philanthropy more efficient in Belgium and Europe.
- The Balkans: protecting the rights of minorities and victims of human trafficking; setting up a visa system for students.
- Central Africa: supporting projects in the field of AIDS prevention and offering guidance to AIDS patients.

The King Baudouin Foundation (KBF) contributes to the global fight against HIV/AIDS in Africa and encourages other European foundations to follow suit. In response to an appeal for specific action from the United Nations Secretary General, the KBF's Board of Governors decided twice – in March 2002 and December 2005 – to devote a budget to this field. Between 2003 and 2005, €1,000,000 was divided among:

- Prevention of Mother-to-Child Transmission (PMTCT) Project, DRC.
- Strengthening community solidarity for orphans and widows, Burundi.
- Support module for poor HIV-positive mothers and families, Rwanda.
- Adolescents' Reproductive Health Project, Rwanda.

Between 2006 and 2008, €900,000 will be divided among:

- PMTCT and services to HIV+ mothers and their families, DRC.
- Capacity-building for local NGO, DRC.
- Support service for local organisations, DRC.
- Boosting community radio stations and their listener clubs, DRC.
- Self-assessment of competences and action plan undertaken by communities, DRC.
- Film production "Mon histoire... Papy", DRC.
- Strengthening community solidarity for orphans and widows, Burundi.
- Support module for poor HIV+ mothers and families, Burundi.
- Capacity building for peer-educators, Rwanda.

The foundation has also financed a research project "HIV/AIDS in the Great Lakes" by New Philanthropy Capital. The report highlights the extent of HIV/AIDS-related needs in Rwanda, Burundi and the DRC and describes various successful interventions in the fight against HIV/AIDS so as to provide a guide for potential donors. The report (2005), which is free and available on www.kbs-frb.be, makes several funding recommendations to potential donors.

Sidaction

Sidaction, then known as Ensemble Contre le Sida (ECS), was founded in 1994. It was originally a group of organisations, researchers and doctors, with the aim of collecting funds and supporting HIV/AIDS victims. The organisation gives half its money in grants to organisations and the rest to research.

In France, Sidaction works alongside researchers to support staff, their equipment and institutions, and to inspire young researchers to pursue careers in the battle against HIV/AIDS. The foundation covers all types of HIV/AIDS research: basic and clinical research in all domains; virology, immunology, treatments, preventive and therapeutic vaccines; and work in epidemiology, public health and human and social sciences. Sidaction works in

France and the following developing HIV/AIDS target countries: Morocco, Mali, Burkina Faso, Ivory Coast, Togo, Benin, South Africa, Cameroon, Zimbabwe, Mauritius, Niger, Burundi, Kenya, Djibouti, India, Philippines, Nepal, China, Georgia, Venezuela, Brazil, Bolivia, Russia (58 programmes in 23 countries).

The foundation supports local development programmes, involving access to care, treatment and taking care of the psychosocial needs of people living with HIV. By funding projects helping sick people operated by local agents, supporting them in the long-term, and forming care groups, Sidaction helps organisations structure themselves and gain autonomy. 2006 representative programmes include:

- 'Growing Up': a new financing tool which carries a budget of €200,000, to allow Sidaction to take on a stronger role in favour of AIDS orphans and children living with HIV. The programme also funds projects to support children and their mothers confronting HIV.
- 'Training in the Developing World': €433,693 to improve patient care by enhancing the skills of medical, paramedical and psychosocial professionals. Ten projects were supported, and the professionals taking part were working mainly in sub-Saharan Africa and the Caribbean (Haïti, Saint Lucia, Dominica).

2006 representative grants include:

- €30,000 (over three years) to SOS Sida, in the Democratic Republic of Congo, which operates a shelter and welcome centre in Bukavu where female rape and/or HIV victims receive psychological counselling and medical care, and antiretrovirals.
- €17,000 (as part of a larger project) to Arcad-Sida, in Mali to support a discussion group comprised of HIV-positive 12-18 year olds. Participants are taught how to deal with HIV day-to-day, and group leaders explain the cellular infection process and the role of CD4. Educational therapy workshops and continuity assistance are now being developed.
- €24,370 to Georgian Plus Group, in Georgia, who work mostly with marginalised groups such as drug-users and homosexuals. Having created a drug-users' self-support group, the organisation convinced public authorities to start pilot programmes on methadone substitution, which it then coordinated. The association also developed a training programme in 2006 for some 50 medical professionals, paraprofessionals and public psychosocial workers.

Stichting Oxfam Novib

The Nederlandse Organisatie voor Internationale Bijstand (Novib) was set up in 1956, with Prince Bernard as its first chair, with the mission of creating a just, poverty-free world. Novib was intended to become an organisation which would engage the entire Dutch population; consequently all civic organisations and political parties of the day were invited to become members. To increase the effectiveness of its work, Novib joined Oxfam International in 1994.

Novib provides financial support to projects in:

- Income and trade.
- Education for girls.
- Life in security.
- Social and political participation.
- Rights and security of women.

In addition to funding these core themes, the foundation provides support by lobbying national governments, the EU, international organisations such as the World Bank or the World Trade Organization (WTO) and the UN, and campaigning to raise awareness of injustices in the world and possible action to tackle them.

HIV/AIDS target countries include: Ethiopia, Sudan, South Africa, Zimbabwe, Malawi, Uganda and India. In the field of HIV/AIDS, Stichting Novib focuses on activities in:

- Prevention and reproductive and sexual rights. Specifically support for AIDS prevention from a gender and sexuality perspective, focusing on women's rights. The organisation is also increasing access to female condoms, the only existing female-controlled prevention method.
- Mainstreaming. In 2005, the foundation created a €1 million budget to support its counterparts - €5,000 each - in developing and implementing an internal work-place policy and boost the internal and external mainstreaming process. In this framework, Oxfam Novib HIV/AIDS officers developed a training tool (CD-ROM) for programme officers "Personal or business" on how to communicate with partner organisations working on HIV/AIDS. The CD-ROM is based on real life cases. Oxfam NOVIB is also a member of Stop AIDS Now, a joint AIDS endeavour with CORDAID, HIVOS, ICCO and the AIDS Fond focusing on public awareness-building and fund-raising.
- Workplace policies. Having published guidelines on how to implement a workplace policy called 'Good donorship in times of AIDS', Oxfam Novib is now starting to put its ideals into practice through its own workplace policy on HIV/AIDS.
- Gender. Fights social acceptance of violence against women through the "We can end ALL violence against women" campaign. Violence against women has everything to do with HIV/AIDS. Oxfam Novib encourages its counterparts to deal with the pandemic and violence against women.

Unidea Unicredit Foundation

Unidea UniCredit Foundation was created in 2003 as a private foundation set up by UniCredit to plan and support initiatives in development, solidarity and cooperation, to intervene in situations of great imbalance and inequality which arise in an age of rapid globalisation; to promote and support cooperation and humanitarian aid projects, and provide deeper awareness in this context; to enhance and spread the culture of non-profit, charity and voluntary culture, particularly by offering employees of the UniCredito Italiano Group the opportunity to put their professional and creative skills at the disposal of the various projects. The foundation focuses on:

- Community development.
- Analysis.
- Non-profit sector.

The foundation's geographic focus comprises Sub-Saharan Africa, Central and Eastern Europe, the Balkans and Italy. HIV/AIDS target countries include: Burkina Faso, Guinea-Bissau, Mozambique and Zimbabwe.

The foundation currently funds or co-funds the following projects:

- Medical treatment, Zimbabwe

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

Medical assistance, Guinea-Bissau. Having started in 2003, the foundation collaborated with PIME – Pontificio Istituto Missioni Estere to ensure quality medical assistance to children, particularly those whose families, where present, are poor and therefore without the means to heal them or buy medicine. The activities included: implementing a structure to house the clinic containing about 60 beds, buying the equipment necessary to set up and run the clinic, carrying out casualty work, medical examinations and tests. The creation of a unit to care for children suffering from HIV/AIDS virus was also expected. Grant: €100,000 over four years.

Wellcome Trust

The Wellcome Trust was created in 1936, through the will of Sir Henry Solomon Wellcome, to support research into human and animal medicine and the history of medicine, with the aim of improving human and animal health. Sir Henry was an American who settled in the UK and founded, along with Silas Burroughs, the pharmaceutical company Burroughs, Wellcome and Co.

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

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

This support is intended to complement that provided by governance sources. Funding is also provided internally for research on diseases affecting developing countries. The Trust's geographic focus includes the UK, Ireland and developing countries. HIV/AIDS target countries include: Zimbabwe, South Africa, India and Russia; Kenya, Namibia and Peru.

Top-level research into HIV/AIDS is just one of many areas of important disease investigation undertaken by the Wellcome Trust. Potentially life-saving studies are carried out strategically in endemic countries, usually collaborating with similar organisations. Examples of trust-funded initiatives and collaborative grants include:

- *Africa Centre for Population Studies and Reproductive Health*, South Africa. The centre tackles the most pressing population and reproductive health issues in sub-Saharan Africa, particularly HIV/AIDS, to provide vital data to understand diseases among rural people. Researchers have established a longitudinal demographic information system, an essential platform for studies to improve health. The centre works with the full involvement of local communities. Researchers are investigating issues such as HIV/AIDS and migration, which directly affect local communities. It disseminates research results to contribute to evidence-based healthcare policymaking.
- *Short Pulse Anti-retroviral Therapy at Sero-conversion (SPARTAC) Clinical Trials*. This multinational clinical trial tests the theory that a strong, early attack on HIV will have major longterm benefits for those infected with the virus. The trial is based on research by Imperial College, London and the University of Oxford, and others, suggesting that antiviral drugs may protect HIV-specific immune cells, boosting their ability to subdue the virus in the body. The £4.8 million SPARTAC trial will test the effect of early antiretroviral treatment in newly infected individuals in the UK, Ireland, Russia and South Africa.
- *Malawi-Liverpool-Wellcome Trust Programme for Research in Tropical Medicine*. The programme, opened in 1999, investigates health problems of local and regional significance such as malaria, HIV/AIDS, anaemia, tuberculosis and other bacterial and viral infections. The MLW Programme is currently supported by core funds to provide central facilities to support several fellowships and project grants, including Professor Malcolm Molyneux's Research Leave Award. The programme works in collaboration and partnership with the University of Malawi College of Medicine. The partnership of over ten years has helped strengthen research capacity in Malawi and improve diagnosis and treatment of serious diseases in the country. The programme has direct collaborative links with the University of Liverpool and the Liverpool School of Tropical Medicine.

2006 representative grants include:

- Do grassroots community groupings play any role in reducing HIV/AIDS stigma? An investigation of the impact of social capital on stigma in eastern Zimbabwe. £53,965 over two years.
- Karonga Prevention Study: HIV and infectious disease control in a rural African population, part I HIV. London School of Hygiene & Tropical Medicine, £80,938 over three years and £2,915,857 over five years.
- The Annual Research Methods Course in Sexual & Reproductive Health; an African region four-week training programme in research methods for doctors, researchers, policy makers and others in the field of reproductive health & HIV/AIDS. South Africa, £110,924 over three years.

- A study to investigate the epidemiology of HIV infection among adolescents in Africa and to inform prevention strategies using epidemiological data and mathematical models. London School of Hygiene & Tropical Medicine, £311,383 over three years.
- The management of antiretrovirals in Africa: a pilot study for a randomised controlled trial of treatment initiation strategies in HIV-1 infected persons in Africa. Imperial College, £8,144 over one year.
- Development of a simple, rapid and affordable HIV RNA test for early diagnosis of HIV infection in infants and for antiviral therapy monitoring in resource-limited settings. University of Cambridge, £391,805 over two years.

Annex 2 – Examined Organisations in 2004

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

Examined or Re-examined Organisations in 2007

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|--------------------------------------|--------------------------------------|
| Aids & Kind, Schweizerische Stiftung | Fondazione Monte dei Paschi di Siena |
| Für Direkthilfe An Betroffene Kinder | Fundação Calouste Gulbenkian |

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|--|-------------------------------------|
| Aids Fonds | HopeHIV |
| AVERT | International HIV/AIDS Alliance |
| Bernard van Leer Foundation | King Baudouin Foundation |
| Cecily's Fund | Marie Stopes International |
| Children's Investment Fund Foundation | Novartis Foundation for Sustainable |
| Comic Relief | Development |
| Crusaid | Panos London |
| Deutsche AIDS-Stiftung | Sidaction |
| Deutsche Stiftung Weltbevölkerung (DSW) | SSL International |
| The Diana, Princess of Wales Memorial Fund | Stichting Edukans |
| Elton John AIDS Foundation (UK) | Stichting Oxfam Novib |
| Fondation Bettencourt Schueller | SUEZ Foundation |
| Fondation François-Xavier Bagnoud | Unidea Unicredit Foundation |
| Fondation Mérieux | Wellcome Trust |

Annex 3 – 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 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 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 end of 2007, draft profiles were sent to all funders for their review, enabling them to verify financial or programme information.

Member organisations of the Funders Group include:

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

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

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

Esperanza Medicines Foundation, Switzerland
<http://www.esperanzamedicines.org>

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

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

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

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

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

Affiliate Members are:

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

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

For further information, please contact:

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Chair, EFC European HIV/AIDS Funders Group (EFG)
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or go to: <http://www.hivaidsfunders.org>