

Key Philanthropic Investment Opportunities in HIV/AIDS: What to Do to Make a Difference by 2015

Thomas J. Coates, PhD
University of California, Los Angeles

Greg Szekeres
University of California, Los Angeles

Sarah Adomakoh
Associates for International Development Inc.

Stuart Burden

Paul A. Di Donato, JD

Maylene Leu-Bent

Arnav Mehta

May 12, 2009

Table of Contents

A. Executive Summary	3
B. Recommendations	4
C. To Make a Difference, Philanthropy Needs to “Push the Envelope”	5
D. Current Trends in the Philanthropic Response to HIV/AIDS	6
E. Three Philanthropic Strategies Need to Be Deployed	8
1. Bold Leadership and Effective Communication on the World Stage	9
2. Building Strategic Collaborations	10
3. Grantmaking to Support Innovation, High-Risk Ventures, and Long-term Investments	11
F. Strategic Action and Investment Opportunities	12
1. <i>First Priority</i> : Long-Term Advocacy and Accountability	12
2. <i>Second Priority</i> : HIV Prevention	14
3. <i>Third Priority</i> : Human Rights	15
4. <i>Fourth Priority</i> : Movement Building—Individual and Organizational Capacity for Responding to HIV	17
G. Conclusion	18
H. References	19

Appendix: Framework for Recommendations

Sponsorship and Acknowledgements

Preparation of this report was supported by the Ford Foundation; the Diana, Princess of Wales Memorial Fund; and Roll International Corporation. The views presented are those of the authors and do not necessarily represent those of the sponsors or their employees.

We thank the individuals who served as reviewers on prior versions of this report, including John L. Barnes, Interim Executive Director, Funders Concerned About AIDS; David Barr, Director, HIV Collaborative Fund; and Eric Goosby, MD, CEO/CMO of Pangaea Global AIDS Foundation and Professor of Clinical Medicine, University of California, San Francisco.

A. EXECUTIVE SUMMARY

This paper makes four key points:

First, foundations need to remain committed to implementing strategies and making grants for HIV/AIDS. This is critically important in ensuring that governments, multilaterals, and the philanthropic sector do the right things—including protecting people against HIV, ensuring a human rights response and a continued focus on gender inequality, and building capacity to continue the long-term fight against the epidemic. Investment in HIV/AIDS over the past 8 years from all sources has been substantial and the resulting progress has been encouraging and heading in the right direction. Yet there remain critical, persistent gaps and problems that foundations are uniquely situated to address over the next few years.

Second, the philanthropic response to global HIV/AIDS is in jeopardy and must be strengthened. Hundreds of foundations in the United States have taken action to fight the epidemic in the last two decades with impressive results. However, there are missed opportunities and emerging weaknesses in that engagement. Several major foundations have left the HIV/AIDS field entirely, and only a handful of foundations in the U.S. and Europe remain as significant players in the global HIV/AIDS response.

Third, grantmaking is an essential tool in a foundation's ability to effect positive change, but it is only one avenue of influence for philanthropy. Especially in lean economic times, foundations can be more creative in the use of non-financial strategies to exercise influence in the global HIV/AIDS arena, especially including:

- Bold **leadership** and effective **communication**;
- Building **strategic collaborations** to better leverage both scarce resources and even scarcer political will; and
- More **targeted, evidence-based grantmaking** to organizations most capable of effecting change on behalf of populations and issues in the greatest need of attention and support.

Fourth, we identify in this paper four action and investment priorities that could make a significant difference for individuals and communities most marginalized and hardest hit by the HIV/AIDS epidemic by 2015. They are:

- Advocacy for long-term investment in HIV, combined with strict and transparent accountability for all players;
- HIV prevention;
- Human rights, including a continued focus on gender inequality; and
- Movement building—individual and organizational capacity building for long-term responses to the epidemic.

FRAMEWORK: A graphic representation of the framework for this paper is included in the *Appendix*. For each of the action and investment priorities included in *Point Four* above (advocacy, prevention, human rights, and movement building), we outline the recommendations for each area of philanthropic influence listed in *Point Three* (leadership and communication, collaborations, and grantmaking), as well as what focusing on each priority is likely to accomplish.

B. RECOMMENDATIONS

We recommend 10 key action and investment opportunities that foundations can address in the areas of leadership and communication, strategic collaborations, and grantmaking.

Leadership and Communication

1. Hold multiple actors accountable; publicize accountability findings and use them strategically to support advocacy. The biannual International AIDS Society Conference can be a useful platform for these activities.
2. Exhibit leadership by speaking out in support of the needs of vulnerable populations and the importance of harm reduction strategies, and speaking out against human rights violations related to HIV and institutions that perpetuate gender inequality as well as stigma and discrimination.
3. Support individual and organizational capacity building as a legitimate aim for donor funds; establish internships at foundations for outstanding leaders; build twinning programs for developing-country foundations.

Strategic Collaborations

4. Build coalitions across regions, program areas, and organization types; regularly convene community groups for purposes of building movements, capacity, and consensus.
5. Engage in and support innovative, collaborative HIV prevention demonstration projects.
6. Form collaborative efforts with mainstream human rights organizations; support an annual or biannual HIV/AIDS human rights summit.

Grantmaking

7. Support advocacy; nurture new advocates and advocacy groups and support in-country advocacy and accountability efforts.
8. Continue investment in prevention science and faster implementation of proven prevention strategies.
9. Support efforts to address stigma, discrimination, human rights, and gender inequality violations perpetuated by governments, religion, and cultural traditions.
10. Support leadership development for talented advocates and organizational capacity building, including funding for computers, state-of-the-art communications equipment, management training, networking, and travel to network with peer organizations.

C. TO MAKE A DIFFERENCE, PHILANTHROPY NEEDS TO “PUSH THE ENVELOPE”

Past philanthropic efforts focused on HIV/AIDS have succeeded in building a significant foundation for the work that remains, but progress is in jeopardy due to the ongoing and often stubborn resistance of governments and other significant actors to do what is needed to address HIV. No other sector besides philanthropy is positioned to seize the key opportunities for moving forward in the fight against HIV. No other sector can or will address pressing and politically and culturally sensitive issues, especially given the nexus between HIV, sexuality, and drug use. Philanthropic support is responsible for key innovations in HIV/AIDS policies, program development, and interventions. These would not have happened, nor would critical voices speaking on behalf of the most marginalized groups been seen or heard, without philanthropic involvement and support. The following examples demonstrate the impact that foundations can have, and provide a model for what should be happening now and continue to happen in the future:

“Funding HIV/AIDS is a smart investment...”
-- Ban Ki-moon, Secretary General of the United Nations, March 30, 2009

- In 2004, five funders (The Levi Strauss, Elton John, Irene Diamond, Public Welfare, and Tides Foundations) joined together to create the Syringe Access Fund. The Fund has been instrumental in increasing the availability of clean syringes for injecting drug users in 26 U.S. states, the District of Columbia, and Puerto Rico in the face of continued resistance—despite overwhelming evidence of their significant efficacy in preventing HIV transmission among drug users—from the U.S. government and almost all state and local governments to fund such programs.
- In 2000, when many were skeptical about ARV rollout in Africa, a government-foundation-corporate collaboration (the Government of Botswana, the Bill and Melinda Gates Foundation, and the Merck Company Foundation/Merck Sharp and Dohme) established the African Comprehensive Partnerships (ACHAP) to support and enhance Botswana’s response to the HIV/AIDS epidemic through a comprehensive approach that included prevention, care and treatment, and support. While it did not reduce the impact of AIDS overnight, today it is one of the largest HIV treatment programs on the African continent and has the highest ARV coverage rate in Africa. Mother-to-child transmission of HIV has dropped from 40% to 4% between 2003 and 2008, and HIV prevalence has been reduced from 25% to 18% between 2003 and 2006.
- In 1993, the Rockefeller Foundation created the International AIDS Alliance, which coordinates HIV prevention efforts at the national and community levels in developing countries. Since its inception, the Alliance has provided funding and technical support for over 3,000 projects in 40 developing countries. Both the recipients of its efforts on the ground as well as its many stakeholders regard its work as highly effective.
- In 1988, the Ford Foundation created the National Community AIDS Partnership, now known as the National AIDS Fund. Today, the Fund and its community partners in the United States have distributed over \$150 million to grassroots organizations throughout the country. The Ford Foundation has continued its support of the National AIDS Fund, and the Elton John AIDS Foundation issues challenge grants such that local organizations receiving funds must raise local monies, stimulating local interest in HIV/AIDS and local responses tailored to community needs.

The U.S. government is the largest governmental donor to global HIV/AIDS, and its programs are focused primarily on expanding treatment access, and secondarily on prevention. This imbalance will doom any attempts to halt the epidemic. Prevention requires and deserves more specific support, and while “treatment

as prevention” is an intriguing concept, it is both unproven and likely to be one— not the only— component in epidemic control.

What is being neglected is support for the individuals and structures needed to maintain a focused human rights response to the HIV epidemic, as treatment gets rolled out and as prevention focuses more on dissemination of technologies (eg, male circumcision, prevention of mother-to-child transmission, and possibly pre-exposure prophylaxis). Also in jeopardy is support for the long-term response to the HIV/AIDS epidemic. It is essential, particularly in resource-constrained times, that available funds be spent as wisely as possible. It is also important that individuals be prepared to take global and local leadership of the epidemic and that local “on the ground” organizations are strengthened and maintained.

Foundations should play a different role than government, bilateral donors, or multilateral agencies, and should pursue issues and support programs that governments, corporations, and multilaterals cannot or will not address. Foundations can also challenge (both directly and through the programs they support) government, bilateral, and multilateral agencies to ensure that sound policies are being developed and implemented, and that the right things are being done with public monies.

Private philanthropy alone cannot come close to addressing the needs created by HIV/AIDS, but it can play a unique and critically important role in the HIV/AIDS response, such as when it catalyzed early support for desperately needed initiatives in the United States and many hard-hit developing nations. Foundations supported the creation of organizations and programs that governments or businesses were not ready or able to mobilize or support.

“Foundations in my view are not making full use of their freedoms to support innovation, help people claim essential rights, and pursue complex problems over the long-term. In the process, they run the danger of becoming more like conventional, public-sector donors, and adding little that is distinctive to the funding mix.”
-- Steven Lawry, Harvard University

Foundations each have their own strengths and areas of focus, and so each can access where and how they will have the most impact using both grantmaking and non-financial mechanisms to effect change. The strategic action and investment areas outlined in this paper are overlooked and under-resourced; as a result, even modest-sized foundations can have a powerful voice and meaningful impact.

D. CURRENT TRENDS IN THE PHILANTHROPIC RESPONSE TO HIV/AIDS

“In the global AIDS effort, we need to continue to politicize AIDS.... Foundations...play an essential role in all of this, in promoting leadership, supporting innovation and risk taking, supporting pioneers and crazy new ideas. You are needed now more than ever.”
-- Peter Piot, former Executive Director, UNAIDS

There has been a marked consolidation of power among leading HIV/AIDS foundations. Over the last decade, several important funders, including the Rockefeller and MacArthur Foundations, have largely left the HIV/AIDS field. Currently, a few top funders take the lead in making large disbursements for HIV/AIDS, for which they are to be congratulated. Diversity of funders is desirable, however, and the current consolidation of funders in HIV/AIDS puts an undue burden on the top foundations. Without funding diversity, there is the potential for too few voices and a small number of funders having a disproportionate influence in directing the response to the epidemic.⁽¹⁾ Grantees need more options if they are to engage in effective advocacy and accountability work. The U.S.

HIV/AIDS philanthropy field is condensed among the top ten funders (*see Table 1 below*), which in 2007 provided 81% of all U.S. foundation disbursements on HIV/AIDS, with 56% of total disbursements coming from The Bill and Melinda Gates Foundation alone.⁽²⁾ Five of the top 10 grantmakers are

corporate funders and four of these are pharmaceutical companies. How do their priorities influence philanthropic activities?

While over \$500 million in grants is not an insignificant sum, it represents only 1.4% of the total grants output of all philanthropy from 70,000 U.S.-based foundations.⁽³⁾ A total of 32% of foundation HIV/AIDS disbursements in 2007 were to support research, with 27% for prevention, 17% for treatment, 11% for advocacy, and 7% for social services (*see Chart A below*).⁽²⁾

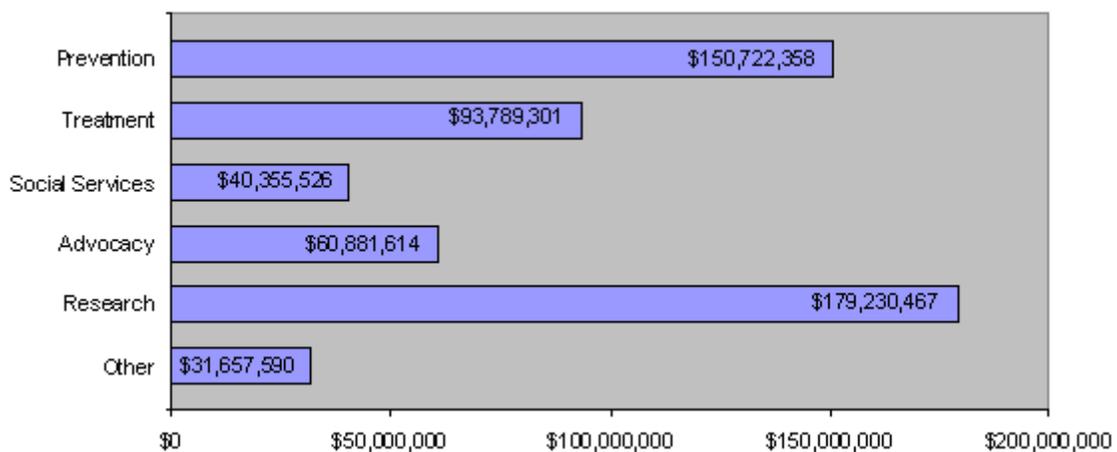
Foundation giving is not necessarily supporting capacity building or leadership development in countries hit hardest by HIV.⁽¹⁾ A total of 80% of all U.S. foundation giving in 2007 addressed the HIV/AIDS epidemic outside of the United States, but 46% of funding for the HIV/AIDS epidemic outside of the U.S. was given to U.S. or Canadian organizations, and only 33% to organizations based in sub-Saharan Africa. Philanthropic giving for HIV/AIDS in Latin America, most of Asia, and Eastern Europe was negligible.

Table 1: Top 10 U.S. HIV/AIDS funders in 2007 (from a list of 82 U.S. funders reporting HIV/AIDS-related grantmaking disbursements of \$300,000 or more)

Name	Disbursements (\$)	Commitments (\$)
1. Bill & Melinda Gates Foundation, WA	308,917,741	330,771,941
2. Abbott Laboratories Fun, IL	26,449,721	26,449,721
3. M.A.C AIDS Fund and M.A.C Cosmetics, NY	22,042,057	Not available
4. The Ford Foundation, NY	18,482,541	29,569,500
5. The Bristol-Myers Squibb Foundation, Inc., NY	15,996,612	2,993,974
6. Merck Company Fndn and Merck & Co., Inc., NJ	15,937,739	Not available
7. The Henry J. Kaiser Family Foundation, CA	14,245,221	11,753,981
8. Johnson & Johnson, NJ	12,490,000	12,490,000
9. Broadway Cares/Equity Fights AIDS, NY	8,824,046	9,114,695
10. Irene Diamond Fund, NY	7,127,787	6,222,787

Source: *Funders Concerned About AIDS. U.S. Philanthropic Support to Address HIV/AIDS in 2007; published 2008.*

Chart A: Intended Use of U.S. HIV/AIDS Grantmaking in 2007



Among the top 82 U.S. HIV/AIDS funders in 2007, 63 (77%) provided survey data on intended use of their HIV/AIDS grants. FCAA was able to gather intended use data for 17 additional funders from Foundation Center, Foundation Search, grants databases on funders' websites, or 990 tax forms, but could not obtain intended use data for two of the top 82 HIV/AIDS funders. The "Other" category includes funds from organizations that did not disaggregate data based on intended use, funding that was un-specified, or funding for projects that did not fall under our categories, such as: care and treatment for children orphaned by AIDS, capacity-building, fundraising events, and general support.

Source: Funders Concerned About AIDS. U.S. Philanthropic Support to Address HIV/AIDS in 2007; published 2008.

European foundations, with the top funders located in the UK, the Netherlands, and France, have emerged in response to the global HIV/AIDS epidemic. While not as numerous and often with smaller endowments than their U.S. counterparts, this may be due in part to the fact that many European governments provide a greater safety net for their own citizens, as well as contribute more to global health through bilateral relationships, as a percent of GDP, than the U.S. does. The European HIV/AIDS Funders group (EFG) started in 2004 to conduct an annual resource-tracking exercise parallel to that conducted by U.S.-based Funders Concerned About AIDS (FCAA). Total HIV/AIDS philanthropy from European-based funders amounted to €114 million in 2007, up from €100 million in 2004.⁽⁴⁾ The findings are not all that different from U.S.-based foundations—the top 10 funders accounted for 85% of HIV/AIDS disbursements, with the UK-based Wellcome Trust alone accounting for 23% of disbursements. The greatest percent (29%) went to research, followed by social services (22%) and prevention (21%) (*see Table 2 below*).

Table 2: Top 10 European Philanthropic HIV/AIDS Funders in 2007

Name	Expenditures		Commitments	
Wellcome Trust	€26,904,043	\$39,498,779	€21,598,218	\$31,710,287
Comic Relief UK	15,606,489	22,913,291	7,344,461	10,783,065
International HIV/AIDS Alliance	14,449,197	21,214,166	Not available	-
Sidaction	8,632,554	12,674,229	9,403,366	13,805,928
STOP AIDS NOW!	6,946,453	10,198,713	5,462,717	8,020,306
Terrence Higgins Trust	6,107,096	8,966,377	6,107,067	8,966,334
Elton John AIDS Foundation, UK	5,761,859	8,459,489	9,184,077	13,483,971
Children's Investment Fund Fndn, UK	4,700,718	6,901,547	10,897,772	16,000,000
Aids Fonds	4,314,000	6,333,772	5,014,000	7,361,505
Bernard van Leer Foundation	3,604,797	5,292,527	2,475,548	3,634,575

Source: The European HIV/AIDS Funders Group. European Philanthropic Support to Address HIV/AIDS in 2007; published 2008.

E. THREE PHILANTHROPIC STRATEGIES NEED TO BE DEPLOYED

Grantmaking is only one way that foundations can influence the HIV/AIDS response. Especially in difficult economic times, foundations can employ a more robust and comprehensive range of activities, including:

- Bold leadership and effective communication on the world stage;
- Greater strategic collaborations to better leverage both scarce resources and even scarcer political will; and

- More targeted, evidence-based grantmaking to organizations most capable of effecting change on behalf of populations and issues in the greatest need of attention and support.

1. Bold Leadership and Effective Communication on the World Stage

Foundation leaders can be more visible and outspoken on critical issues related to HIV than they are at present. The presidents and other senior-level leadership of major foundations should speak out both individually and collectively when opportunities arise. The world listens when the presidents and other leadership of major foundations speak out. Former President Bill Clinton, Sir Elton John, and both Bill and Melinda Gates have drawn attention to major HIV/AIDS issues and barriers to progress and have shaped ways of addressing them. Clearly, synergies can be achieved when foundations speak out on issues they are already funding; however, grantmaking in a specific area is not necessarily a prerequisite for foundations to use their voices to address issues relevant to their work.

“...we have a much bigger epidemic than we thought we had at exactly the time when the public is hearing much less about it and seems less concerned. It’s time for renewed national, state, and community leadership if the domestic HIV/AIDS epidemic is to get back on the public agenda.”

-- Drew Altman, PhD, President and CEO of the Kaiser Family Foundation, in an April 2009 statement on a KFF survey showing a marked drop in Americans’ awareness of and concern about HIV/AIDS

A recent review of the Bill and Melinda Gates Foundation raised concerns about the influence that the foundation exercises over “...the architecture and policy agenda of global health.”⁽¹⁾ But the issue is not that the Foundation exercises such leadership in the world, but rather that individuals and organizations might be reluctant to criticize for fear of losing funding. Along with such leadership comes the responsibility for transparency and accountability that foundations have been loathe to accept.

Nonetheless, foundation leadership is essential. The highest-level leadership of the major HIV/AIDS foundations in the U.S. and Europe should meet annually in a philanthropic AIDS summit to share goals and strategies, to discuss gaps, and determine how best to continue to lead the effort against HIV. Following the summit, an appropriate statement or op-ed piece should be placed for maximum attention, harnessing the full power of the communications staffs of these foundations.

Foundation leaders should periodically issue joint statements on the status of efforts to stop the spread of AIDS. The leadership of the key foundations in HIV/AIDS has never issued a joint statement on any issue. A single statement or series of statements would be powerful, and would help ensure not only that the HIV/AIDS response continues, but also that it be developed and implemented in ways consistent with the values and directions of the foundations.

The title, position, and perceived influence of foundation representatives to advisory and oversight bodies are important. Foundations should be proactive in exercising their influence in global policy settings and should deploy high-level personnel to represent them in those forums. Several foundation leaders serve on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and foundation representatives are invited into other global advisory or oversight bodies on occasion. Foundation representation on important decision-making and advisory bodies is essential to direct programs, policies, and funding in ways that are consistent with not only the foundation’s goals and directions, but also with efforts to shine attention on issues that have been severely overlooked and neglected at the global level. Representation must be from the highest levels of the organization and have the mandate to speak for the organization and the constituents it represents.

Foundations can facilitate the exchange of new ideas and lessons learned about HIV/AIDS programs, with a voice that is relatively free from the constraints and policies that governments, corporations, or multilateral agencies frequently bear. In many instances, such action can add as much value as grant dollars. This is especially true when, as is often the case with HIV/AIDS, intolerance of certain social groups or hostility to sound public health practices creates obstinate inaction and barriers to real progress.

Foundations can reach broad audiences with news of their grantmaking and the rationales behind it. When was the last time a foundation issued a statement and held a press conference announcing, for example, a new emphasis on harm reduction and HIV or new funding interventions to protect vulnerable women from HIV?

The Black AIDS Institute, supported by the Ford Foundation and the Elton John AIDS Foundation published *Left Behind* with the theme that AIDS in Black America is as severe as AIDS in Africa. Phill Wilson, CEO of the Black AIDS Institute, noted that “More Black Americans are infected with HIV than the total populations living with HIV in 7 of the 15 PEPFAR countries. The report received extensive media coverage including *The New York Times* and provided a new framework for HIV among African Americans.

The Kaiser Family Foundation has been a sector leader in media and communications. Launched in 1998, the Kaiser Daily HIV/AIDS Report is now sent to 19,000 email subscribers and has become an invaluable resource for late-breaking news about HIV policies, funding, and programming. Moreover, in 1997, Kaiser Family Foundation established a new partnership model with MTV. Instead of simply seeking free airtime, the Kaiser model leverages the creative expertise of its media partners, works shoulder-to-shoulder in the creation of effective messages, and collaboratively develops strategies to reach targeted audiences.

In 2004, UN Secretary-General Kofi Annan teamed with the Kaiser Family Foundation to convene global media organizations to launch the Global Media Initiative. Subsequently, regional media initiatives have been launched in Russia (2004), Africa (2005), the Caribbean (2006), and in Asia (2007). In 2009, media organizations in Latin America are being brought together to share ideas and resources that will lead to new HIV awareness and prevention campaigns in the region.

2. Building Strategic Collaborations

Foundations increasingly need to partner with each other to combine resources and skills. Planning and coordination can reduce fractured responses and uneven geographic distribution of programs and funding, and can create important opportunities for strategic funding initiatives that maximize limited resources and have a synergistic, positive impact for a particular region, population, or issue.

“Partnerships require all of us to create room for new and collective work in our portfolios. To collaborate, each of us needs to be ready to put aside our detailed plans, our core agendas, and think beyond what we’ve done before. Occasionally setting aside our own institutional agendas in favor of collective action—that’s what will allow all of us to think more creatively, work more efficiently, and accomplish greater outcomes with a greater reach, more than any of us can do alone.”

-- Jennifer Kates, Kaiser Family Foundation

Foundations can convene, and should use this ability to develop consensus on important issues in the field. Foundations should bring together groups to work on important issues by more readily leveraging their convening power. Foundations are able to attract experienced leaders to meetings, symposia, and similar events from a variety of fields including science, program development and implementation, government, business, law, academia, and the NGO sector. Collectively, such gatherings—convened and on occasion led by foundations—can help enhance dialogue, shape consensus, and move important ideas forward. Foundations can also

work to increase and leverage the vastly larger resources of government and business and ensure that spending focuses on the most effective programs for the populations most in need.

Two examples of successful foundation collaboration are demonstrated by the Funder's Collaborative for Children and the Coalition on Children Affected by AIDS (CCABA). The Funder's Collaborative for Children is a collaboration between four European foundations— the Children's Investment Fund Foundation; Comic Relief; The Diana, Princess of Wales Memorial Fund; and the Elton John AIDS Foundation—focused on children and HIV/AIDS in Malawi.

The Coalition on Children Affected by AIDS (CCABA) is a collective of private and public foundations and regrating organizations from both developed and developing countries, working to improve the lives of children infected and affected by HIV/AIDS, aided by key technical experts. CCABA coordinates closely with other child-focused initiatives, including UNICEF's "Unite for Children, Unite Against AIDS" campaign, and the Joint Learning Initiative on Children and AIDS. CCABA focuses on the International AIDS Conference as an agenda-setting event, raising the profile of children at the conference and improving the scope and quality of evidence presented at the conference by child-focused organizations.

The Funder's Collaborative for Children and CCABA are examples of initiatives in which multiple partners have worked together to achieve results greater than any single philanthropy or institution would be able to on its own. When appropriate, foundations should strive to initiate and participate in collaborations with other foundations, governments, and businesses that streamline funding streams and allow for maximum impact on the ground.

3. Grantmaking to Support Innovation, High-Risk Ventures, and Long-Term Investments

Foundations should not be in the business of funding the ordinary, the prosaic, the mundane, or that which governments already do. They must, however, also focus on the fundamental, difficult, and long-term issues in HIV/AIDS that are often neglected. Long-term and high-risk initiatives include investing in scientific capacity building in developing countries and supporting innovative research. Examples include the Doris Duke Charitable Foundation, which seeks to bridge HIV/AIDS and overall health care capacity in developing countries, and the Wellcome Trust, which funds innovative research and supports investigator-driven trials that government programs may not.

Foundations have the ability to engage and support organizations and projects that are against the mainstream. The Ford Foundation and the Open Society Institute have supported initiatives that focus on vulnerable populations such as commercial sex workers, MSM, and drug users—work that many governments and businesses are unlikely to meaningfully support.

Particularly during a time of constrained resources, foundations can make a difference in HIV/AIDS by identifying strategic opportunities for which focused grantmaking can have a significant impact. Timely, innovative approaches that address key issues in the epidemic, and that consider both short- and long-term goals are those most likely to effect the greatest positive change and should be the focus of the philanthropic response to HIV/AIDS.

“Foundations are under growing scrutiny in the United States, which makes them risk averse; they are focused on showing short-term, measurable results, which is difficult to do with entrenched social problems like global poverty; and they are not letting grantees lead the efforts.”
-- Steven Lawry, Harvard University

F. STRATEGIC ACTION AND INVESTMENT OPPORTUNITIES

Progress against HIV/AIDS in the last eight years has been remarkable. Important scientific advances and bold programmatic initiatives are making a difference in the lives of individuals all over the world. Some could argue that, because of this progress, it is time for foundations to move on to other issues.

Foundations, like people, may experience fatigue, particularly with problems that appear intractable. Emerging issues such as climate change, air pollution, international peace and security, safe and secure food and water supplies, and vector-borne diseases catch public attention.

Clearly, however, the work on HIV/AIDS is not done; in fact, it has barely begun. Strategic philanthropic investments are still needed to make a substantial difference by 2015 and beyond.

Following are four key opportunities for philanthropic action and investment. Progress in these areas over the next five years will ensure a significant and lasting positive impact on the global HIV/AIDS epidemic.

1. First Priority: Long-Term Action Against HIV—Advocacy and Accountability

LONG-TERM ADVOCACY AND ACCOUNTABILITY: KEY ACTION AND INVESTMENT OPPORTUNITIES

LEADERSHIP AND COMMUNICATION: Hold multiple actors accountable; publicize accountability findings and use them strategically to support advocacy. The biannual International AIDS Society Conference can be a useful platform for these activities.

STRATEGIC COLLABORATIONS: Build coalitions across regions, program areas, and organization types; regularly convene community groups for purposes of building movements, capacity, and consensus.

GRANTMAKING: Support advocacy; nurture new advocates and advocacy groups and support in-country advocacy and accountability efforts

Why philanthropy? Government does not fund most advocacy work. Only philanthropy (and private individual donor or special event funds) can be used by most NGOs to do advocacy work. Advocacy and accountability, working hand in hand, also need to be independent from government and multilateral agencies to be both credible and effective. Forces influencing governments and multilaterals must have independence from them. Groups holding bilaterals and multilaterals accountable need to be assured that their resources will not be jeopardized as a result of such accountability. As Chris Collins et al stated in a 2008 article on global HIV accountability published in *AIDS*:

“These [accountability] efforts need to continue and be supported and strategies need to be devised to increase the impact of accountability efforts including connecting accountability to sustained advocacy, holding multiple actors accountable, continually assessing what measures of success will be most powerful in driving improved outcomes, and supporting and building the capacity of civil society monitoring efforts.”⁽⁵⁾

Both by funding vital NGO-lead accountability projects and by speaking out when multilaterals and governments fail to enact effective, evidence-based HIV interventions, funders can play a significant role in strengthening advocacy and accountability in-country and globally.

Why Is this a strategic opportunity? A long-term focus on accountability and advocacy will result in increased accountability among all players, including foundations, governments, multilaterals, the corporate sector, and NGOs. Foundation accountability will actually increase the effectiveness of foundations, as such efforts will increase legitimacy. Accountability will result in cost minimization and more efficient use of scarce resources, and will help to ensure that institutions keep their commitments to funding and implementing programs. It will also ensure that advocates and other civil society actors are able to advocate more effectively for their constituents.

HIV advocacy resulted in new resources, innovative global mechanisms, model policies and practices, and also attention to the most vulnerable at-risk populations. Accountability is essential, not only to ensure that critical resources continue to flow and bad policies continue to be brought down, but that resources are spent in the most effective ways and new model policies are developed, scaled-up, and monitored.

Accountability and advocacy are intimately linked, because advocates cannot press for more resources, changes in resource allocation, or altered policies in the absence of good data to demonstrate that money is well spent and producing results and that programs and policies are effective. For example, the recent news that the HIV prevalence rate in Guyana dropped from 3% to 1%, possibly as a result of the education and information campaign launched by USAID, is immensely helpful.

The global economic downturn has ushered in an era of constrained resources, resulting in reduced funding from governments and foundations that may continue for several years. This environment will require much greater accountability in how funds are spent and what results from those expenditures. There will be increased calls for cost minimization efforts and sustainability planning. Accountability implies that institutions and individuals are answerable for their commitments and responsibilities. Governments, multilaterals, businesses, and foundations have often failed to keep their commitments to expand funding and service delivery.

“Philanthropic grantmakers play an important role in sponsoring innovation, filling gaps, and imparting energy to ventures that the public sector can’t or isn’t ready to fund. But we have to challenge ourselves: how can grant dollars be allocated and used most effectively? How can grantmakers make the greatest contribution?”

-- Dr. Helene Gayle, President, CARE USA

Many governments have not been held accountable for breaking their commitments to expand treatment and prevention services or eliminate hostile policies that hamper effective AIDS programming, such as homophobic laws or police and health services practices. An impressive variety of HIV-related accountability projects have emerged over the past few years, the most prominent being the ongoing monitoring of government compliance with the United Nations General Assembly Special Session (UNGASS) *Declaration of Commitment*. A variety of other accountability efforts are essential for tracking priorities and perspective outside of governments and multilaterals, including foundations and global NGOs.

One example would be for foundations to use their voice to push for making the biannual International AIDS Society conference a better opportunity for setting targets and accountability efforts aimed at governments and multilaterals. Foundations could also use the IAS conference as a way for funders to meet, share lessons learned over the past year or two, to discuss funding priorities, and opportunities for collaboration.

2. Second Priority: HIV Prevention

HIV PREVENTION: KEY ACTION AND INVESTMENT OPPORTUNITIES

LEADERSHIP AND COMMUNICATION: Exhibit leadership by speaking out in support of the needs of vulnerable populations and the importance of harm reduction strategies, and speaking out against human rights violations related to HIV and institutions that perpetuate gender inequality as well as stigma and discrimination

STRATEGIC COLLABORATIONS: Engage in and support innovative, collaborative HIV prevention demonstration projects.

GRANTMAKING: Continue investment in prevention science and faster implementation of proven prevention strategies

Why philanthropy? As foundations are generally freer from the ideological and political issues that constrain many government- and corporate-sector actors, they can be instrumental in supporting important prevention strategies that focus on harm reduction, such as needle exchange and drug substitution therapy. A philanthropic focus on HIV prevention can also serve to complement the emphasis on care and treatment that characterize many bilateral and multilateral donor programs.

Why Is this a Strategic Opportunity? The number of persons infected with HIV will continue to grow unless effective HIV prevention methods and technologies—and strategies for scaling them up—are developed and implemented as rapidly as possible. Even if the prevalence of HIV as a percentage of the population stabilizes in sub-Saharan Africa, rapid population growth will mean increasing absolute numbers of people infected with HIV for at least the next 20 years.⁽⁶⁾ There are calls to start treatment earlier,⁽⁷⁻⁹⁾ and some have advocated treating all of the 33 million HIV-infected people in the world regardless of disease stage both for their own benefit and to reduce HIV transmission.^(10,11) A total of 3 million people are now on antiretrovirals, and PEPFAR II projects placing another 3 million on treatment over its lifespan. The difficulty is that 2.5 million people per year acquire HIV. We will not be able to “treat our way” out of the HIV epidemic—for every two persons starting ARV therapy, it is estimated that an additional five become HIV infected.⁽¹²⁾

Focusing on HIV prevention more broadly, including its more controversial strategies, will reduce the number of new HIV infections and lessen the burden of the epidemic, particularly in hard-hit communities and regions. By lowering incidence, it will help to ensure the long-term viability of programs focused on treatment and care of those infected. A focus on harm reduction will translate into effective implementation of programs for IDUs and their partners.

Only a handful of countries have shown progress in HIV prevention, and experience from countries like Thailand, Uganda, and the United States suggests that constant vigilance and renewed programming are essential to prevent losing ground on prevention efforts. The April 2008 UN General Assembly *Declaration of Commitment on HIV/AIDS* report states that, “... few countries have effectively brought to scale the broad range of strategies needed to support a comprehensive effort against the pandemic”, and “moreover, some countries that reported early success against the epidemic are having difficulty sustaining previous achievements.”⁽¹³⁾ In Uganda, despite its status as an early model of success in addressing the epidemic, HIV/AIDS remains a leading cause of death among adults.⁽¹⁴⁾ In Botswana, ART programs have been effective at preventing many deaths, but better prevention efforts are still required to counter the continuing high rate of new infections.⁽¹⁵⁾

The biggest challenge is to implement harm reduction and drug substitution programs in places where drug use is a major driver of the epidemic and where the only official options are abstinence or punishment. Harm reduction and drug substitution strategies are highly efficacious, in principle and in practice, in reducing transmission of HIV among drug users. Advocacy is needed to ensure that U.S. Federal funds be used for harm reduction programs in the United States. Advocacy is also needed to ensure that harm reduction and drug substitution programs are implemented as effectively as possible in places where they are being scaled-up (eg, China).

The publications of the Prevention Working Group, under the direction of Dr. Helene Gayle and with support from the Bill and Melinda Gates Foundation and the Kaiser Family Foundation is one example of using research and communication to advance and frame the prevention agenda.

Better prevention technologies and their more rapid implementation will save people from contracting HIV. Scientific investment should be a major philanthropic priority. Just as competition among scientists helps science to flourish, competition among funders also ensures that high-risk but innovative projects can be proposed to many different funders and have multiple opportunities for a positive response. Indirect interventions that address gender disparities, such as supporting the economic development of women and ensuring that girls have access to high-quality education, have also been

shown to reduce risk for HIV infection.⁽¹⁶⁾

World attention on HIV prevention must go beyond mere “awareness” to focus on action. HIV testing has many positive consequences, and an annual world campaign for HIV testing could promote stigma reduction, HIV prevention, access to treatment, and prevention of mother-to-child transmission. Perhaps World AIDS Day could be transformed from a solemn memorial to a day of action (eg, “Know Your HIV Status Day”).

Progress in prevention science is only good if it makes a difference in the lives of people, and we have been remarkably slow in translating advances in prevention science into public health programs. As of 2006, only 23% of HIV-infected women had access to ART for prevention of mother-to-child transmission.⁽¹⁷⁾ The studies on male circumcision (MC) for HIV prevention were completed and published in 2006, and yet coverage for medical MC services is far from complete; in 2008 it was estimated that only 20% of men in Botswana have access to medical MC services.⁽¹⁸⁾ Pre-exposure prophylaxis clinical trials will begin to be unblinded in 2010, but we are not prepared with a plan to implement this strategy in populations that would need it most. We are not prepared to hit the ground running with the next set of studies should the current ones not prove efficacious.

3. Third Priority: Human Rights

HUMAN RIGHTS: KEY ACTION AND INVESTMENT OPPORTUNITIES

LEADERSHIP AND COMMUNICATION: Exhibit leadership by speaking out in support of the needs of vulnerable populations and the importance of harm reduction strategies, and speaking out against human rights violations related to HIV and institutions that perpetuate gender inequality as well as stigma and discrimination

STRATEGIC COLLABORATION: Form collaborative efforts with mainstream human rights organizations; support an annual or biannual HIV/AIDS human rights summit

GRANTMAKING: Support efforts to address stigma, discrimination, and human rights violations fostered by religion, governments, and cultural traditions

Why Philanthropy? Governments, multilaterals, and businesses are not well placed to achieve everything necessary to respond effectively to HIV/AIDS, especially in working with vulnerable populations to provide treatment access and tailored prevention programs, and in addressing social factors that perpetuate or increase vulnerability. Governments sometimes inflict the most flagrant human rights abuses on persons with HIV or those vulnerable to it. Foundations have and need to continue to be instrumental in supporting civil society organizations in the United States, Europe, and in low- and middle-income countries that address issues of human rights and social justice, particularly as it relates to HIV/AIDS and sexual and reproductive health.

Why Is this a Strategic Opportunity? Focusing on human rights and social justice related to HIV/AIDS will increase our collective ability to effectively address many of the root causes of HIV risk, vulnerability, stigma, and discrimination. This will make possible more effective HIV prevention, treatment, care, and support programs, and make such programs more effective and accessible to marginalized and vulnerable populations.

HIV points a finger at everything that is wrong in societies, and full attention to societal forces is essential for effective HIV prevention, treatment, and care. As stated by Nelson Mandela, “AIDS is no longer a disease. It is a human rights issue.”

Religion, government, and established cultural norms are the primary forces contributing to stigma, discrimination, and the abnegation of human rights in the fight against HIV. People who acquire HIV are

“It is important to start the analysis by asking what is really being punished by anti-sodomy laws. Is it an act, or is it a person?...In the case of male homosexuality however...it is not the act of sodomy that is denounced but the so-called sodomite who performs it; not any proven social damage, but the threat that same-sex passion in itself is seen as representing to heterosexual hegemony. “

-- Albie Sachs, Justice of the South African Constitutional Court

considered sinful or regarded only as vectors of the disease. Gender norms that place women at risk of HIV are reinforced by religion and established cultural norms, and often written into law and practiced routinely. Religion and some governments foster abstinence-only programs and messages, thus denying people access to accurate information or the newest technologies such as male circumcision to prevent transmission. Sexual diversity is still illegal in many countries and regarded as sinful by the majority of major religions.

The bulk of the monies and energetic programs in HIV/AIDS have been focused on advancing treatment for those infected with HIV. While that goal is important and laudable, and such programs can encourage de-

stigmatization of HIV, resources for and a focus on other important issues in HIV/AIDS have not kept pace with treatment. Human rights issues in the context of HIV are frequently discussed, but the failure to act on agreed-upon principles is epidemic.

A human rights approach is essential to addressing a disease that often has a disproportionate impact on marginalized and disenfranchised groups. The spread of HIV exacerbates inequality and impedes the realization of human rights. Recent setbacks in addressing HIV/AIDS have included the lack of identifying MSM, IDUs, and sex workers in international HIV/AIDS declarations as vulnerable populations in need of expanded services or protection, and increased criminalization of HIV transmission in some jurisdictions.⁽¹⁹⁾ These have the real potential of actually increasing transmission of HIV, thereby reversing hard-won HIV prevention gains.

Stigma and perceived and real threats of discrimination act as barriers to the uptake of the spectrum of HIV prevention and treatment services, particularly with regard to accessing HIV testing. Only six in ten

“The full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic.” Affirmed at the 2006 United Nations High Level Meeting on HIV/AIDS

countries have laws and regulations that prohibit discrimination against people with HIV; for those countries that do have laws, enforcement often remains uneven.^(19,20) Interventions that seek to reduce HIV stigma and eliminate discrimination, including legal and policy reform addressing vulnerable and disenfranchised populations, is necessary to ensure the success of current and future investments in HIV

prevention and care. Foundations must play an increasingly visible role by expanding funding and advocacy efforts to address stigma and discrimination.

A focus on addressing human rights and discriminatory practices must also include renewed efforts to reduce gender inequity, which has fuelled an acute vulnerability of women and girls, and has resulted in a disproportionate impact of the epidemic on the female population around the world.⁽¹⁶⁾ Strategies can include supporting efforts to strengthen educational and economic opportunities for women and girls, as cited in the HIV prevention recommendations, as well as policy and legal efforts that seek to end the continuation of discriminatory property and inheritance rights that put women at increased risk of HIV and poor health outcomes in many societies.

4. Fourth Priority: Movement Building—Individual and Organizational Capacity for Responding to HIV

MOVEMENT AND CAPACITY BUILDING: KEY ACTION AND INVESTMENT OPPORTUNITIES

LEADERSHIP AND COMMUNICATION: Support individual and organizational capacity building as a legitimate aim for donor funds; establish internships at foundations for outstanding leaders; build twinning programs for developing-country foundations

STRATEGIC COLLABORATIONS: Build coalitions across regions, program areas, and organization types; regularly convene community groups for purposes of capacity, movement, and consensus building

GRANTMAKING: Support leadership development for talented advocates and organizational capacity building, including funding for computers, state-of-the-art communication equipment, management training, networking, and travel to work with peer organizations

Why philanthropy? Building health care and civil society capacity is a long-term endeavor and requires a long-term investment strategy. Foundations are well suited to engaging in this kind of endeavor, as they are freer than governments and the business sector from shifting political and market forces that can compromise ongoing and sustained support for developing movements of leaders and the expansion of institutional capacity.

Why Is this a Strategic Opportunity? Movement and capacity building are essential for cultivating the next generation of HIV/AIDS leaders in all fields and across sectors, and to increase the capacity of institutions to respond effectively to the epidemic where it is most needed.

“Grantmakers should invest and trust in community capacity to determine local needs. Cultivating leadership by grassroots activists, and our own ability to listen, is central to our process and quality of decision-making about our grants.”

-- Michelle Coffey, Senior Philanthropic Advisor, Tides

Over the last decade, progress has been made in the global HIV/AIDS response, particularly in the development and distribution of life-saving treatment. The kinds of HIV care, treatment, and prevention programs now on the ground and being scaled up in many low-income countries were, not long ago, believed by many to be impossible. While a tremendous step forward, such programs still do not reach the majority of people in the world who need them. By the end of 2007, only 31% of the estimated 9.7 million people in need of antiretroviral treatment worldwide were receiving it.⁽²¹⁾ In order for progress to continue and to ensure that ground is not lost, individuals and institutions need to be developed, trained, and supported if programs are to continue and be scaled up.

As summarized in Szekeres et al in a 2008 article on HIV leadership development published in *AIDS*:

“There is an enormous need for well-trained leaders in all fields addressing HIV/AIDS—research, healthcare, policy, programme management, activism, and advocacy—particularly in developing countries or regions of developed countries that have high HIV prevalence or incidence and limited skilled human resource capacity. Training programmes that develop both technical and leadership skills are required to address this need rapidly. Without such programmes, there is no viable way to ensure a sustained response to the global challenges of the HIV/AIDS pandemic as it moves into its fourth decade and beyond.”⁽²²⁾

Foundations can be instrumental in catalyzing the development of up-and-coming leaders in the HIV/AIDS field; this can be an effective way of creating change on issues requiring long-term advocacy, such as gender dynamics. The M.A.C AIDS Fund, for example, supports a leadership initiative in South Africa to develop emerging advocates working on HIV and gender issues.

Organizational capacity is frequently cited as a limiting factor to scaling up HIV prevention, care, and treatment programs and other global health initiatives. Without an increase in the number, scope, and quality of effective institutions (led by effective people) that address the epidemic, further progress will remain limited.

G. CONCLUSION

Although considerable progress has been made since the beginning of the decade in the global response to the HIV/AIDS epidemic, significant, persistent gaps remain that threaten to stall or even reverse the gains made thus far. The continuing global economic crisis also presents challenges to sustaining the hard-won momentum built up by prevention, treatment, and care programs in many countries. Because of their independence and relative freedom, foundations are uniquely situated to take advantage of several strategic opportunities at this time that have the potential to have a major impact on the epidemic in the coming years. These include focusing on supporting (1) advocacy and accountability efforts that have a long-term orientation; (2) HIV prevention strategies that include harm-reduction approaches and focus on the most marginalized groups; (3) human rights and its intersection with HIV/AIDS, including gender inequity and stigma and discrimination; and (4) movement building that can increase the capacity of organizations and individuals to respond effectively to the epidemic in their communities and globally. To maximally effect change in these areas, foundations must boldly expand non-financial strategies, such as exercising leadership and communications capabilities and forging synergistic collaborations with other foundations and stakeholders. They must also ensure that their grantmaking leverages the unique strengths that philanthropic foundations enjoy, by increasingly focusing on giving that emphasizes innovative and high-risk approaches and invests in long-term strategies. By doing so, foundations can ensure that their resources, whether financial or human capital, are invested in opportunities that are likely to make a significant difference in the HIV epidemic by 2015 and beyond.

H. REFERENCES

1. McCoy D, Kembhavi G, Patel J, Luintel A. The Bill & Melinda Gates Foundation's grant-making programme for global health. *Lancet*. 2009 May 9;373(9675):1645-53.
2. Funders Concerned About AIDS. U.S. Philanthropic Support to Address HIV/AIDS in 2007; published 2008.
3. Foundation Center. Foundation Growth and Giving Estimates: Current Outlook; 2007 edition.
4. The European HIV/AIDS Funders Group. European Philanthropic Support to Address HIV/AIDS in 2007; published 2008.
5. Collins C, Coates TJ, Szekeres G. Accountability in the global response to HIV: measuring progress, driving change. *AIDS*. 2008 Aug;22 Suppl 2:S105-111.
6. Bongaarts J, Buettner T, Heilig G, Pelletier, F. Has the HIV Epidemic Peaked? *Population and Development Review*. 2008 June;34(2):199-224.
7. Kelley CF, Kitchen CM, Hunt PW, Rodriguez B, Hecht FM, Kitahata M, Crane HM, Willig J, Mugavero M, Saag M, Martin JN, Deeks SG. Incomplete peripheral CD4+ cell count restoration in HIV-infected patients receiving long-term antiretroviral treatment. *Clin Infect Dis*. 2009 Mar 15;48(6):787-94.
8. Kitahata MM, Gange SJ, Abraham AG, Merriman B, Saag MS, Justice AC, Hogg RS, Deeks SG, Eron JJ, Brooks JT, Rourke SB, Gill MJ, Bosch RJ, Martin JN, Klein MB, Jacobson LP, Rodriguez B, Sterling TR, Kirk GD, Napravnik S, Rachlis AR, Calzavara LM, Horberg MA, Silverberg MJ, Gebo KA, Goedert JJ, Benson CA, Collier AC, Van Rompaey SE, Crane HM, McKaig RG, Lau B, Freeman AM, Moore RD; NA-ACCORD Investigators. Effect of early versus deferred antiretroviral therapy for HIV on survival. *N Engl J Med*. 2009 Apr 30;360(18):1815-26.
9. When To Start Consortium. Timing of initiation of antiretroviral therapy in AIDS-free HIV-1-infected patients: a collaborative analysis of 18 HIV cohort studies. *Lancet*. 2009 Apr 18;373(9672):1352-63.
10. Granich RM, Gilks CF, Dye C, De Cock KM, Williams BG. Universal voluntary HIV testing with immediate antiretroviral therapy as a strategy for elimination of HIV transmission: a mathematical model. *Lancet*. 2009 Jan 3;373(9657):48-57.
11. De Cock KM, Gilks CF, Lo YR, Guerma T. Can antiretroviral therapy eliminate HIV transmission? *Lancet*. 2009 Jan 3;373(9657):7-9.
12. Peter Piot, UNAIDS Executive Director. Speech to Tsinghua University. Beijing, China; September 17, 2008. Summary at: http://data.unaids.org/pub/SpeechEXD/2008/20080917_sp_pp_tsinghuauni_en.pdf (accessed May 7, 2009).

13. United Nations General Assembly. Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: Midway to the Millennium Development Goals (Report of the Secretary General). April 1, 2008, Geneva.
14. Hladik W, Musinguzi J, Kirungi W, Opio A, Stover J, Kaharuza F, Bunnell R, Kafuko J, Mermin J. The estimated burden of HIV/AIDS in Uganda, 2005-2010. *AIDS*. 2008 Feb 19;22(4):503-10.
15. Stover J, Fidzani B, Molomo BC, Moeti T, Musuka G. Estimated HIV trends and program effects in Botswana. *PLoS ONE*. 2008;3(11):e3729. Epub 2008 Nov 14.
16. Greig A, Peacock D, Jewkes R, Msimang S. Gender and AIDS: time to act . *AIDS*. 2008 Aug;22 Suppl 2:S35-43.
17. UNAIDS/WHO/UNICEF. Children and AIDS: Second stocktaking report, April 3, 2008.
18. PEPFAR (U.S. President's Emergency Plan for AIDS Relief). Male Circumcision (updated 2009). <http://www.pepfar.gov/press/107985.htm> (accessed May 7, 2009).
19. Stemple L. Health and human rights in today's fight against HIV/AIDS. *AIDS*. 2008 Aug;22 Suppl 2:S113-21.
20. UNAIDS. Report on the Global AIDS Epidemic: a UNAIDS 10th Anniversary Special Edition. Geneva: UNAIDS; 2006. p. 14.
21. UNAIDS/WHO/UNICEF. Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector. Progress Report 2008.
22. Szekeres G, Coates TJ, Ehrhardt AA. Leadership development and HIV/AIDS. *AIDS*. 2008 Aug;22 Suppl 2:S19-26.

APPENDIX: Framework for Recommendations

Action & Investment Priority Areas		Philanthropic Avenues of Influence			What Will These Action Items Accomplish?
		Leadership and Communication	Strategic Collaborations	Grantmaking	
		High-level participation on global policymaking boards by foundation leaders can be critical in effecting change on key issues	Increased planning and coordination can maximize resources	Must be strategic, innovative, "push the envelope"; have long-term outlook	
Advocacy	<ul style="list-style-type: none"> ❖ Government does not fund most advocacy work. ❖ Only philanthropy can be used by most NGOs to do advocacy work. ❖ Advocacy/accountability need to be independent from government and multilateral agencies to be credible and effective. 	Hold multiple actors accountable; support advocacy; nurture new advocates and advocacy groups and support in-country advocacy and accountability efforts	Publicize accountability findings and use them strategically to support advocacy	Fund vital NGO-lead accountability projects that focus both on governments and multilaterals	Increased accountability among all players; cost minimization; more efficient use of resources
HIV Prevention	<ul style="list-style-type: none"> ❖ Philanthropy can be instrumental in supporting and advocating for harm reduction strategies. ❖ Diversity among scientific funders ensures better opportunities for high-risk/innovative proposals. 	Speak out about need for harm reduction & drug substitution; the needs of vulnerable populations; the need for evidence-based prevention	Support innovative HIV prevention research and demonstration programs	Continue investment in prevention science and faster implementation of proven strategies	Reduction of new HIV infections and lessening of HIV burden; implementation of effective prevention strategies for IDUs
Human Rights	<ul style="list-style-type: none"> ❖ Philanthropy is well-suited to focus on issues of human rights and social justice related to HIV, working with vulnerable populations and addressing social factors that perpetuate or increase vulnerability. 	Speak out against institutions that perpetuate gender inequality, stigma, and discrimination and violate human rights	Form collaborative efforts with mainstream human rights organizations; support a regular HIV/AIDS human rights summit	Support efforts to address stigma, discrimination, and human rights violations fostered by religion, governments, and cultural traditions	Ability to effectively address root causes of HIV risk, vulnerability, stigma, and discrimination; increased service provision to marginalized groups
Movement Building	<ul style="list-style-type: none"> ❖ Building health care and civil society capacity is a long-term endeavor and requires a long-term investment strategy. ❖ Foundations are well suited to engage in movement building; they are freer than governments and businesses from shifting political and market forces. 	Support capacity building as a legitimate aim for donor funds; establish internships at foundations for outstanding leaders; build twinning programs for developing-country foundations	Build coalitions across regions, program areas, and organization types; convene community groups for purposes of capacity, movement, and consensus building	Support leadership development for talented advocates and organizational capacity building, including funding for computers, communication equipment, management training, etc	Cultivation of next generation of HIV/AIDS leaders in all fields; increasing the capacity of institutions to respond effectively to the epidemic, particularly in hard-hit areas