
EXECUTIVE SUMMARY

This latest HIV/AIDS philanthropy resource tracking report of European foundations is based largely on surveys completed by the funders, with some supplemental review of their annual reports and websites. The European HIV/AIDS Funders Group (EFG) obtained data for a total of 31 foundations; combined, they are believed to represent the substantial majority of private philanthropic HIV/AIDS funding from Europe.

As in past years, EFG has continued its efforts to enhance its resource tracking publication. This year, in addition to being asked to report total HIV/AIDS expenditures and total commitments figures in 2008, funders were asked to estimate the number of projects or grants supported in 2008; the breakdown of funds by country of recipient; the breakdown of funds by intended use; the top three main population groups to which funding was directed; and their forecast for funding increases or decreases in 2009.

The format of reporting for this publication is closely harmonised with that of Funders Concerned About AIDS (FCAA), the main organisation tracking U.S. HIV/AIDS philanthropic resources. This publication and FCAA's resource tracking publication follow UNAIDS' categorisation and terminology where possible. This harmonisation is part of an effort by all three organisations to ensure direct comparisons of resource tracking data across different regions and to present the most up-to-date and thorough picture of global HIV/AIDS-related philanthropic resource flows.

The following are among the key findings and highlights for 2008:

- Total HIV/AIDS-related philanthropy among the 31 European-based funders reviewed for this report amounted to €91 million (\$134 million) in 2008. Among the 27 funders for which EFG has two years of comparable expenditure data (2007 and 2008), funding expenditures were slightly lower—by approximately €1.7 million (\$2.5 million)—in 2008 compared with 2007.
 - Among European funders for which three years (2006, 2007 and 2008) and two years (2007 and 2008) of comparable expenditure data are available, funding has decreased since 2006 by approximately €5 million (\$7 million), representing 7% of total funding.
 - HIV/AIDS-related philanthropic funding remained concentrated among a relatively small number of European funders. The top 10 funders (ranked by expenditure) accounted for 84% of all HIV/AIDS-related expenditures in 2008. Four of the top ten funders are organisations that focus specifically on HIV/AIDS.
 - More than one third (13 of 31) of the funders profiled, including five of the top ten in terms of total expenditures, had main offices in the United Kingdom, followed by Switzerland and the Netherlands (each home to 4 of 31), and France and Italy (each home to 3).
 - Approximately €30 million, or 33% of all funding, went to support projects within or benefiting countries in Western and Central Europe. However, funders allocated a larger share (63%) of all HIV/AIDS philanthropic expenditures in 2008 to support projects outside the region.
 - Of the funding provided outside of Western and Central European countries in 2008, 34% was given to organisations based in Eastern and Southern Africa; 13% to organisations based in North America (often for global projects benefiting populations outside of that specific region);
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7% to organisations based in Western and Central Africa; 2% to organisations based in each of three regions (Eastern Europe and Central Asia, South Asia and the Pacific, and East Asia and Southeast Asia); and 1% to organisations in each of two other regions (Latin America and the Caribbean).

- The top five recipient countries of HIV/AIDS funding from European philanthropic entities were the United Kingdom, South Africa, France, Malawi, and the Netherlands.
- Regarding the intended use of HIV/AIDS-related giving, the biggest share of European HIV/AIDS philanthropic expenditures in 2008 went to research, followed by treatment, prevention, orphans and vulnerable children (OVC) and investments in social services. Categories for which the least amount of expenditures were allocated included advocacy—which traditionally lags—and human resources, a new category.
- People living with HIV/AIDS (PLWHA) were identified more frequently than any other population group as chief beneficiaries of European HIV/AIDS philanthropy. Other population groups identified as beneficiaries were, in rank order, OVC, women, and youth.
- Funder responses to the EFG survey suggest that their HIV/AIDS-related philanthropy funding levels may increase in 2009. Sixty percent (16 of 26) of funders who forecast their 2009 expenditures anticipated increases in HIV/AIDS-related funding, including two of the top ten funders. Nineteen percent (5 of 26) of funders expect their HIV/AIDS-related expenditures to remain approximately the same or are unsure about 2009 funding levels. Five funders said funding was likely to decrease in 2009, including three of the top 10 funders.

One of the most unsettling trends identified in the course of this year's resource tracking is that European philanthropic HIV/AIDS funding has decreased slightly since 2006 among the same funders. While the recent global economic crisis has meant that increasing or even maintaining a stable level of HIV/AIDS financing through 2008 has been a challenge for some, the needs of individuals and communities affected by HIV/AIDS have not levelled off since 2006; they continue to grow.

The economic downturn has exacerbated the situation as it disproportionately impacts poorer countries, home to the vast majority of the tens of millions of people affected by HIV. Several nations in sub-Saharan Africa have been forced to cut health budgets over the past year, resulting in reduced government funding for HIV/AIDS services. Such cutbacks place the health and well-being of millions of people at risk, and essentially stall progress toward scaling up HIV prevention, treatment and care for all in need.

Private philanthropic funders have a responsibility to exercise their unique opportunity to target funding for populations and issues that governments and other donors are reluctant to prioritise because they are too specific or controversial—such as advocacy activities that support the rights of PLWHA and marginalised communities, or prevention strategies that include harm reduction. The need is all the more urgent because in many countries and contexts, the activities perceived as more controversial (prevention programmes for higher risk populations, for example) are more vulnerable to public budget cuts than other programmes because they have less political support.

Private philanthropic funders should consider developing programmes and strategic collaborations aimed at increasing the level and scope of targeted resources for these types of activities. Funders should consider resourcing local NGOs and community-based organisations, as well as seizing opportunities to influence the policy environment in which funding decisions are made, where European funders have a unique, independent voice and power.

Current economic and epidemiological realities demand greater resources for HIV/AIDS from philanthropic funders, not acceptance of stable levels, and, further yet, more effective uses of the resources at hand. The economic crisis introduces new opportunities for critical funding, and can be seen as a catalyst towards ensuring that the resources that are available have maximum impact. Funders should be creative and committed in their efforts to increase resources, and to sharpen the focus and effectiveness of their programmes, in order to sustain the momentum made and ensure support to people living with and affected by HIV/AIDS, even in tougher financial times.

Approximately 33 million people are currently living with HIV around the world. For every two people who start treatment, another five are newly infected. According to UNICEF, as of 2005, more than 15 million children under 18 had lost one or both parents to AIDS, and in 2007, 2.1 million children were living with HIV.
