



A European Foundation Centre  
(EFC) Special Interest Group

**What European Funders can do to increase HIV/AIDS spending  
Promoting collaboration to maximise objectives**

**Thursday 18 & Friday 19 January 2007**

**Fondation Mérieux conference centre, « Les Pensières », Annecy, France**



**PROCEEDINGS**

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## **Introduction**

From 18 to 19 January 2007, some 30 representatives from a number of key foundations throughout Europe, as well as from multilateral organisations such as the Global Fund for AIDS, Tuberculosis and Malaria, the World Health Organization and UNICEF, attended the European HIV/AIDS Funders Group's first annual event.

Hosted by the Fondation Mérieux in Annecy, France under the title "What European Funders can do to increase HIV/AIDS spending: Promoting collaboration to maximise objectives", the meeting aimed to bring together representatives from key European foundations to examine current programmatic trends in the field of HIV/AIDS and increase its impact in the field by improving communication and co-ordination. "Affinity" groups on the subjects of (1) Children and HIV/AIDS and (2) sexual and reproductive health, biomedical research and HIV/AIDS prevention were created to identify possible synergies and opportunities for co-operation, as well as to pinpoint key programme aims for the future.

The aim of this proceedings report is to provide an in-depth account of the event, documenting the key points of discussion raised and information exchange as well as the main conclusions reached and goals for future collaboration within the Group as well as with actors outside.

## Executive Summary

On 18-19 January 2007, the European Funders Group organised the conference "What European Funders can do to increase HIV/AIDS spending: Promoting collaboration to maximise objectives". The conference, which was hosted by the Fondation Mérieux at their conference centre in Annecy, presented examples of foundation collaboration and offered room for in-depth discussion among participants via thematic affinity groups.

Peter Piot, Executive Director of UNAIDS, held the opening speech in which he addressed the new developments around AIDS. He asserted that after the first two phases of HIV/AIDS – the expansion of the epidemic, and people waking up to it, respectively – we were now moving into phase three: the organised approach and response. While the epidemic was still spreading rapidly – a 'globalisation of HIV' – the response in terms of funding had also increased greatly. Furthermore, the first signs of a return of investment were becoming visible – in several countries in Eastern Africa, a decline in new infections had been reported.

Piot identified five challenges. Firstly, how can the political momentum for continued funding be sustained over the next 25 years? Secondly, how should the issue of the reliance of citizens on foreign aid for the continued reception of ARV – both first, second and third lines – be addressed? Thirdly, co-operation with GFATM, UNODC, WHO and other frameworks needs to be increased to ensure that the funding reaches the people who need it. Fourthly, instead of focusing mainly on technological breakthroughs to deal with the epidemic, the drivers of the epidemic, all of them related to bias and (lack of) human rights, should get ample attention. Finally, further development of the innovation in new medication and protection against HIV/AIDS was necessary.

Peter Piot commended the European HIV/AIDS Funders Group - a diverse group had come together around HIV/AIDS and other AIDS-related issues. He reminded the audience that with relatively small amounts of money, one can have a good impact through influencing policy, supporting civil society, and risk-taking.

At the meeting, member organisations of the Group presented examples of foundation collaboration.

Peter Laugharn, Chair of the European HIV/AIDS Funders Group and Executive Director of the Bernard van Leer Foundation, gave a presentation on the Joint Learning Initiative on Children and HIV/AIDS which engages practitioners, policymakers, and scholars in collaborative problem-solving, research, and analysis to address the needs of children living in the context of HIV/AIDS. Its goal is to protect and fulfil the rights of children affected by HIV/AIDS by mobilising the scientific evidence base and producing actionable recommendations for policy and practice. This was needed because the 'orphan crisis' has generated much generous yet uncoordinated assistance.

Astrid Honeyman, Chief Executive of The Diana, Princess of Wales Memorial Fund, gave a presentation on the Funders Collaborative for Children (FCFC) Malawi. The FCFC is a group of grant-making organisations that strives to

address collectively the complete needs of orphans and vulnerable children in Malawi affected by HIV/AIDS, from the earliest stages of their lives to the point at which they can thrive independently. There was the understanding that an integration of health and support services is crucial, as well as a frustration about disjointed initiatives. The pooling of resources and expertise means more impact and sustainable change; it becomes easier to ensure integration of services; one has greater influence; the beneficiaries are not dealing with a multiplicity of donors; and there are enhanced opportunities for learning. A Palliative Care Initiative in nine countries in sub-Saharan Africa is one of the three programmes of the Fund. Its interest in the Collaborative is the integration of palliative care into the continuum of care and treatment for children infected and affected by HIV/AIDS.

Dr. Joerg F. Maas, Executive Director of the German Foundation for World Population (DSW), gave a presentation about the importance of advocacy for foundations. Dr. Maas described different models for advocacy collaboration and their value for leveraging foundation funds and maximising impact. Dr. Maas also addressed the relationship between HIV/AIDS and sexual and reproductive health (SRH). SRH services focus on issues such as family planning, maternal and infant care, and management of sexually transmitted infections (STIs). They are the primary point of health care and are trusted and known. With regard to HIV/AIDS treatment, the service coverage can be increased because the target groups are similar. Sexual education and distribution of supplies serves both HIV prevention and family planning. Also, HIV counselling, testing, and care can be integrated into SRH services and vice versa. Co-operation between foundations can be useful for information sharing, joint planning, and to develop a joint advocacy strategy. Advocacy can improve the response to HIV/AIDS on all levels.

## **Sexual and reproductive health (SRH) and biomedical research: How can we best combine our work and make a better case for HIV/AIDS?**

### *The current situation*

Unprotected sexual intercourse with an infected partner is one of the highest causes of HIV infection, counting for 80 per cent of all new cases. Ten per cent of all new cases are caused by mother-to-child transmission. Yet despite the clear connection between SRH and HIV infection, a visible linkage with policies, programmes and services is virtually non-existent. At policy level, the momentum towards integrated HIV programmes is gathering pace, yet the effects of this have yet to take in the field. An integrative approach is vital if we are to increase the long term achievements and goals of the fight against HIV/AIDS. Achieving this is however not easy.

Integrative processes for SRH and HIV/AIDS can be accomplished in a number of key common areas:

- HIV/AIDS Prevention and Youth education  
Enhancing young people's knowledge of their body and also improving life skills such as negotiation and decision-making
- Mother-to-Child Transmission  
Infant mortality rates in some countries are increasing, undoing years of progress in improving child survival
- Feminisation of HIV/AIDS  
In Africa, 59 percent of adults living with HIV/AIDS are women. Women are twice as vulnerable as men to the virus, not just biologically, but also because of cultural, political, social and economic reasons
- Commodities/ supplies  
Correct and consistent use of condoms prevents the transmission of STIs including HIV/AIDS. Microbicides and female condoms empower women to protect themselves.
- SRH needs of people living with HIV/AIDS  
Regardless of HIV status, being able to express oneself sexually is central to what it means to be human. Global HIV prevention efforts must address the SRH needs of people living with HIV/AIDS to succeed.

Stronger integration of SRH into HIV/AIDS programmes should significantly improve the impact of HIV prevention funding. It still remains unclear which linkages are the most effective.

Foundations have a significant advantage when it comes to fighting HIV/AIDS. These include flexibility in terms of responsiveness, speed and relative process simplicity, innovative flair and the ability to take risks, political independence. Against the current trend within the donor community to give general support, rather than thematic grants, European foundations can help fill programming grants by funding specific country-level programmes, strengthen proposal-writing capacities in the South and support efforts to improve operations at country level, thus addressing the specific needs of each country.

## *The state of play amongst participating foundations*

### *Biomedical research – latest developments*

In the bio-medical field, considerable efforts are being made to further the use and efficiency of microbicides, with long-term development set to take ten to 15 years. Development of microbicides has now reached the pre-clinical stage, with the aim to increase the donor spectrum to a number of further bilateral donors. **Esperanza Medicines Foundation** works closely with the Mintaka Foundation using an industry-related/ business-oriented approach. This is important, because drugs research is very results driven – benchmarks are necessary – the findings resulting from the research can thus be reacted on accordingly.

Risk awareness is vital to ensure the effectiveness of the next set of trials and diagnostic screening at global level is also a key requirement to their success. **Fondation Mérieux** stipulated that during implementation, it would be interesting to focalise on specific regions – common indicators are important in measuring effectiveness of a trial and a regional approach would enable the gathering of suitable information. The involvement of civil society in these trials is also promising: there is a definite interest in clustering, bringing together various actors.

### *Increasing capacity of CSOs and NGOs*

The **EC** is involved at various levels, providing on-granting to various groups and individuals. At international level, it facilitates development funds, putting together research money, which also supports capacity building. These capacity building measures allow the involvement of civil society organisations (CSOs) and non-governmental organisations (NGOs). It is also a two-way process, with the EC contacting the CSOs or vice versa. Attracting the relevant organisations is especially important with regard to drug development and clinical trials, as it is the CSOs which are best sensitised and aware of ethical issues.

But, one of the challenges facing CSOs in the South is not just the need to improve proposal writing, project management support is also necessary. The challenge of further advocacy in the South and also empowering the South to become better advocates of HIV/AIDS programming still needs to be overcome. The challenge is also met head on during capacity building processes – although creating new structures is one of the biggest challenges at the outset, significant results can be seen within three years, if the project has been well designed from the start.

Another – and one of the greatest – challenges remaining is finding partners in the South. Direct granting from the EC is not available, so consideration can only be taken if a group of organisations is interested in funding on a specific intervention, a Call for Proposals is then released. This Call is however open to all.

### *Palliative Care*

A Palliative Care Initiative in nine countries in sub-Saharan Africa is one of the three programmes of the **Diana, Princess of Wales Memorial Fund**. It is focused on the integration of palliative care into the care and treatment of

people with HIV/AIDS and other life-limiting diseases so that it is accessible to all who need it and its essential role is recognised by governments and donors. In the countries it works in, HIV/AIDS is the defining problem and also the one on which much funding and policy is focused.

Palliative care is a cost-effective and appropriate approach in resource-poor countries. It is essential to assist those on Anti Retroviral Treatment (ART) with opportunistic infections and support and in Africa, where access to ART is still extremely patchy, and it provides end of life care that enables people to die with dignity and supports their families.

#### *Country Coordinating Mechanism (CCM)*

**The Global Fund for AIDS, Tuberculosis and Malaria's** CCM is complex: It is based on country-wide proposals on a participatory mechanism. The main challenge facing the CCM is whether participating countries have the technical capacity to fulfil the aims, specifically good quality proposals, facilitating and being part of the big picture of advocacy on certain issues and governance.

To become part of the CCM, potential organisations need to lobby existing mechanism members. There are also entry points for advocacy at country level.

#### *Proposal development*

The **World Health Organization (WHO)** is developing, together with UNAIDS, a four-year plan to support proposal development to reduce the number of duplicate proposals. Despite high levels of grant-making, there is no technical advancement, so the quality of current grant-making needs to be revised.

The strategy centres round using the WHO's technical skills to train and finance consultants. This should help meet the challenge of developing networks: personal capacities remain a challenge, especially when a consultant with a certain technical expectation arrives in a country where expectations are completely different. Initial results have already shown a significant improvement in quality in those areas which are funded.

#### *Conclusions*

Following these discussions, the participants present agreed that a number of gaps were still visible in HIV/AIDS programming and need to be addressed, namely:

- Coordination and European level and on the ground
- Increased focus on capacity building and advocacy (bottom-up), as well as awareness (top-down) at all levels
- Direct co-ordination of donors (to avoid "shopping for the best deal")
- Improved sustainability
- Technical assistance and coordination around national planning

Similarly, a number of areas were identified where Group members could possibly collaborate in the future:

- Joint discussions on specific issues
- Increased co-operation with multilateral organisations

- Country “intelligence” – increasing knowledge on the current state of the health sector in focus countries
- “Treat, train and re-train”: maintaining of capacity levels to remain in the “grant pool”

Further discussion will be necessary to identify where existing interventions amongst Group members overlap, but a number of linkages have already been identified. These would include a re-presentation of the Group’s funding directory (mapping), and closer co-operation with the EC and the Global Fund (participating in the partnership forum, for example).

## Children and HIV/AIDS

Each year, as many as 700,000 children become infected with HIV. In 2005, 570,000 children under the age of 15 died of AIDS-related causes. Every day, there are nearly 1,800 new HIV infections in children under 15, mostly from mother-to-child transmission. Every day, more than 6,000 young people aged 15–24 are newly infected with HIV. Less than one third of young women aged 15–24 in sub-Saharan Africa fully understands how to avoid the disease. Of the 15 million children having lost one or both parents to HIV/AIDS, fewer than 10 per cent receive public support services (including from civil society organisations).

Children surfaced as an issue in the 1990s but gained attention gradually. In general, the biomedical community has focused on the issues of paediatric AIDS and the prevention of mother-to-child transmission, while many NGOs have focused on the situation of orphans and other children made vulnerable by HIV/AIDS.

In 2005, UNICEF spearheaded a global campaign on children and AIDS which provides a useful overall framework for reviewing the goals, challenges, and experiences of organisations working in this area. The 'Unite for Children, Unite against AIDS' campaign identifies 'four P's which must be addressed:

- Prevent mother-to-child transmission of HIV
- Provide paediatric treatment
- Prevent infection among adolescents and young people
- Protect and support children affected by HIV/AIDS

Foundations have an important role to play in responding to the challenge faced by HIV/AIDS. Their comparative advantage includes the following:

- combining long-term vision and short-term flexibility
- convening stakeholders who might not normally come together
- ability to innovate and take risks
- increasing willingness to tackle problems more ambitiously (cf Gates and Clinton Foundations)
- bringing in relevant knowledge from other fields (e.g. BvLF's work in early childhood)

There are a number of existing channels and models for collaboration in the area of children affected by AIDS. All of these collaborations have the potential for multiplying the impact of the work of foundations operating alone.

- The 'Unite for Children, Unite against AIDS' campaign gives a solid, clear framework and a worldwide network. To date, however, the campaign and most foundations working in AIDS and children have not fully engaged in terms of the points of comparative advantage noted above.

- Field collaboratives like that of four UK non-profits in Malawi (Diana, Princess of Wales Memorial Fund, Comic Relief, the Children's Investment Fund Foundation, and the Elton John AIDS Foundation)<sup>1</sup>
- Research collaboratives like the Joint Learning Initiative on Children and AIDS (JLICA, [www.jlica.org](http://www.jlica.org)), providing policymakers and practitioners with solid evidence-based guidance on 'what interventions works best for children'
- Foundation advocacy collaboratives like the Coalition on Children Affected by AIDS ([www.ccaba.org](http://www.ccaba.org)), which focuses on raising the profile of children's issues at the International AIDS Conference and on raising the quality and quantity of evidence presented there by child-focused organisations.

### *The state of play amongst participating foundations*

The **Bernard van Leer Foundation** focuses on early childhood development, with Children and HIV/AIDS being the focus of one of the foundations main programmes. Concentrating on field programmes, it supports NGOs, including international NGOs and strives for the sharing of best practices as well as advocacy. Generating knowledge on care for young children and producing relevant publications are also part of the foundation's portfolio.

**UNICEF's** programme "Unite for children, unite against AIDS" focuses on producing a scaled response towards internationally established goals in the fight against HIV/AIDS. The programme works on a "national ownership, nationally-based response" basis. While the programme aims to integrate, a number of challenges still remain, such as the dilemma of leadership versus ownership. Furthermore, the leverage of resources for children in general remains an issue, as does partnering with other organisations: how can meaningful partnerships be built?

The **Oak Foundation** focuses on sexual abuse and exploitation, mostly funding local NGOs in East Africa (Ethiopia, Tanzania) as well as Central and Eastern Europe (Bulgaria, Latvia). The foundation adopts a range of approaches, including prevention, protection, care and advocacy. Joint initiatives remain something of a challenge, according to the foundation: Whilst the need to focus on strengthening a comprehensive approach as regards NGOs on the ground (health, education, child protection) has been recognised, a common ground has yet to be found. Advocacy efforts also need to be improved.

**AIDS and Child** focuses predominantly on the organisation of events in Europe concentrating on Children and HIV/AIDS. Following the collapse of Communism, it has been heavily involved in working in Romania since 1990. The foundation has been instrumental on releasing a number of publications on living with HIV/AIDS as well as providing training for teachers.

**The Panos Institute's** mission is to support the inclusion of poor and marginalised people into the community via the mediums of media and communication. With regard to HIV/AIDS, the institute aims to promote ownership, education, accountability. One of the main issues facing the

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<sup>1</sup> <http://www.theworkcontinues.org/pressroom/newsdetails.asp?id=1129>  
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HIV/AIDS challenge concerns advocacy: more effort is required to ensure that advocacy has a bottom-up approach.

Within its initiative on Palliative Care, the **Diana, Princess of Wales Memorial Fund's** mission is to integrate palliative care in overall care of people living with HIV/AIDS. Funding directly organisations in Africa, it aims to focus on children in the coming five years, combining paediatric with palliative care. Strengthening of the sector through training and an evidence-based approach is another primary goal, yet two issues crop up here: How can integration be achieved while maintaining the integrity of each organisation? Secondly, how can the large amount of information available be used effectively for advocacy work?

**Oxfam Great Britain's** HIV/AIDS focus has evolved from looking at HIV/AIDS as "a health issue", thereby leaving it mainly to governments, through "mainstreaming" which mainly entails looking at everything Oxfam GB does through an HIV/AIDS lens, to the current acknowledgement that mainstreaming alone is not enough. Oxfam GB now sees its global role as supporting prevention efforts and mitigating the impact of the pandemic through its care and support and livelihoods work. Oxfam GB's niche is in bringing together different stakeholders in advocating and campaigning for changes in policies, practices, ideas and beliefs that fuel the spread of HIV, particularly holding governments and other global institutions to account. Oxfam GB has also set up a Global Centre of Learning whose role is to provide leadership for Oxfam GB's HIV/AIDS response as well as lead in developing and sharing best practice. Current programmes are focused in Southern Africa and India with plans underway to establish stand alone programmes in all of the eight regions where Oxfam GB is working.

The **Nuffield Foundation** runs a responsive grants programme, where UK NGOs can apply to receive funding especially for capacity building measures. The foundation is currently funding work on HIV/AIDS prevention for school children, as well as palliative care work. New possibilities to co-operate and co-fund are one of the priorities for future work.

HIV/AIDS has been one of the **Gulbenkian Foundation's** focuses for the last five years. In Portugal, the foundation addresses a number of central HIV/AIDS issues: the prevention of HIV/AIDS in prisons, motherhood and African immigration issues in larger urban areas of Portugal, training and support of awareness-raising campaigns. In Africa, the foundation focuses on training, with a substantial training programme in Mozambique, as well as supporting the search for training partnerships. The foundation also does research in the field of HIV/AIDS, sharing this responsibility with the University of Lisbon.

The UK-based Help the Hospices focus is on palliative care and HIV/AIDS .It acts as secretariat for a new worldwide alliance of national associations of palliative care aiming at increasing palliative care. Its international programme provides small grants, supports networks and the creation of partnerships. A major focus in 2007 is fundraising capacity building and advocacy. e.g. to the Mexico City AIDS Conference in 2008 and through World Hospice and Palliative Care Day. Through the global alliance, there is support for a new network for

palliative care for children. Help the Hospices also has partnerships with national associations in India, Sierra Leone and South Africa

The **United Nations Office on Drugs and Crime (UNODC)** is the lead agency for HIV/AIDS in three specific areas, namely prisons, drug use and human trafficking. It promotes the inclusion of these issues by governments in their national HIV/AIDS policies. Activity focuses include advocacy, monitoring evaluation, as well as the needs of women and young people, prison interventions also include co-operations with juvenile detention centres. Drug use continues to be one of the main causes of HIV/AIDS; South Africa remains a key example of a region where few services are available. One of the main future goals is therefore to extend activities to more marginalised groups.

In the UK, the **Big Lottery Fund** works predominantly on interventions focusing on sexual and reproductive health (SRH), teenage pregnancy and drug use in prisons. Internationally, the Fund implements a strategic programme focusing Sub-Saharan Africa and India. Specific activities include improving mother and child health, primary education and measures to prevent HIV/AIDS. A number of cross-cutting themes can be identified in these activities, namely the influencing of opinion, building capacity, sharing of learning, collaboration, participation and gender and diversity.

Meeting participants agreed that co-operation and co-ordination is useful and one of the keys to success in the international context. To increase the chances of success, co-operation needs to be furthered in the following areas:

- Advocacy
- Field collaboration
- Media and communication
- Establishment of networks (under consideration of the most effective strategy)
- Focus on established expertise or newly combined niches (such as marginalized groups)

Participant members also identified how collaboration within the Group could be furthered according to the following areas:

### **Funding**

Effective grant-making needs to take into consideration the following points when developing collaborative funding criteria:

- What is the potential scale and impact?
- How can they consolidate existing coalitions?
- How do the foundations present themselves in terms of their joint identity? How visible is it?
- How would they organise their controlling mechanisms? What is its accountability strategy? How would the institutional culture be displayed?
- Considering the diversity of foundations and their approaches, how can this be "harmonised"?

There are a number of varying models of collaboration, which also require the addressing on a number of criteria. These include how a co-operation can best be started and how foundations can gain entry. Timing remains a key factor in this. Collective finances can amount to large amount of resources – but how can this be best implemented, considering that the amount could theoretically be too large? Arrangements would also have to be met for a “lead funder”, as well as deciding on the methodology and rhythm of resource disbursement. A further consideration would include identifying whether organisations share a common objective above and beyond their particular way of working.

### **Learning**

Collaborations can be improved when organisations learn from one another. Whereas the Group’s mapping study “European Philanthropy and HIV/AIDS” has taken steps to further this, the outputs contained here could be extended to include examples of good practice. The Group’s case studies are further examples of effective HIV/AIDS programmes and could also be developed further.

A further goal could be to develop a “learning collaborative”, which could include a system to share project reports which could ultimately be made public via the Group website.

One of the key challenges which needs to be overcome is that of a lacking evidence base – this is due to varying definitions of programme goals, aims, benchmarks etc. Overcoming this would allow a “collective voice” to develop, a excellent advocacy tool.

Information and communication remain an important goal. Whereas the need to differentiate between specific intervention purposes is important, a framework with common goals should be developed.

### **Networking**

Networking activities need to gain in momentum to “connect the dots”. This is especially important to ensure that the network is fully represented in key forums on HIV/AIDS.

Furthermore, it is essential that funders’ networks have a common objective and mid-term goal. Long-term, different networks focusing on a similar issue could be brought together.

### **Taking on new challenges**

Taking on difficult or unpopular issues can have long term positive effects for project beneficiaries, such as the strong empowerment of marginalised groups. Taking on such challenges would however require determining which criteria need to be fulfilled before taking on these challenges.

## Meeting conclusions

Peter Laugharn concluded the meeting with a review of the discussions that had taken place and identification of next steps.

Participants heartily endorsed the Group's continuing to publish updated versions of its "mapping" report *European Philanthropy and HIV/AIDS* on an annual basis. They recommended that, in addition to updating the information that has been collected in prior editions, the Group should think about how the report can be used more effectively as a planning tool for European foundations; whether new graphic illustrations would make the report more user-friendly; and evaluate whether the data fields collected need to be redefined.

Participants thought it would be useful to develop a common internet portal with "real-time" updating of the mapping information to improve collaboration among European foundations on HIV/AIDS projects. To be most helpful, the internet portal would identify which European foundations are funding what type of activities in which countries. In addition, participants thought it would be helpful for the Internet portal to identify both models of good practice and lessons learned from failures and obstacles overcome. Adding an RSS feed from Group member sites and others' was recommended, as well as improved graphic presentation.

Participants recommended that an advocacy working group be established that would focus on tracking resource trends for HIV/AIDS and try to stimulate "more and better" EU giving for HIV/AIDS. Foundations that traditionally do not actively pursue advocacy could receive notice of statements and briefing papers for their own institutional endorsement. Advocacy could be incorporated into any affinity sub-group activities, as well. Participants thought it might be helpful to develop a structure for networking with European NGOs that conduct advocacy. One participant recommended that a kit be developed regarding how foundations can work effectively within the framework of the EU Presidency to advance more and better giving for HIV/AIDS.

Participants discussed the merits of organising a high-level dialogue summit with representatives from the European HIV/AIDS Funders Group along with relevant UN agencies, the European Commission, the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and perhaps major EU governmental donors. Participants thought that a high-level summit could be very useful for facilitating strategic discussion about aid coordination and harmonization.

In discussing the aims/ plans of the European HIV/AIDS Funders Group for the coming period, several options were identified:

- Participation in GFATM Partnership Forum in 2008
- Closer collaboration among European foundations regarding their giving for HIV/AIDS in Eastern Europe
- Participation in the Global Health Session in Lisbon in March 2007
- Greater focus on outreach to and collaboration with National Associations of Foundations, hosted by influential foundations from within the country (eg, Malawi group of UK foundations)

- Preparing an effective panel session and Group business meeting for the European Foundation Centre (EFC) 2007 Annual General Assembly (AGA) in Madrid.
- Follow-up meeting in Annecy

A proposed budget for the Group for 2007-2008 was presented and participants were asked to assess whether their own foundations would be willing to contribute to funding Group activities in 2007-2008.

Peter Laugharn closed the meeting by thanking participants for their contributions to the discussions in Annecy and encouraging participants to contribute actively to the Group's upcoming plans and next steps, including those already being planned in conjunction with the EFC AGA in May 2007.

## Annex 1: Summary of Peter Piot's address

5 years ago, I was at a meeting of the EFC, the AGA which saw the beginning of the [HIV/AIDS Funders] Group; I expressed displeasure that European foundations are not engaged in what has been a make and break issue of our time. It's great to see how things have changed. More and more foundations are becoming active in the field of HIV/AIDS – the figures have made this clear, and we're also working together to see where investments can be made strategically. This is a great time to invest further in HIV/AIDS.

However, we're moving into the next phase of HIV/AIDS, which I am calling AIDS 3.0.

Phase 1.0 saw the expansion of epidemic, with phase 2.0 seeing the world waking up to the HIV/AIDS pandemic and realising a lot has happened.

Phase 3.0 is the organised approach – this is the real response to the epidemic, and this is where we are now.

The epidemic continues to increase and we're only at the start of the impact, with 4-5m new infections being recorded each year.

The epidemic is expanding severely in Eastern Europe, with a 50% increase on new infections last year.

Countries of the former Soviet Union are showing the fastest growth of HIV – what used to be a disease infecting gay men or Africans is now affecting middle-class white heterosexual women. There are now countries, where more than 1% of the adult population is HIV positive. In the Ukraine, this figure is almost 2%.

We are now seeing a true globalisation of HIV – it's spreading throughout the world, with the fastest relative spread in Asia and Eastern Europe.

Another phenomenon is the feminisation of the epidemic: the proportion of women increasing. 25 years ago, when the first report on AIDS came out on 5 June 1981 – AIDS was an infection affecting four or five gay men in Los Angeles. The face of AIDS used to be a white, middle-class gay man, the face of AIDS now is a woman in Africa. 25% of people living with AIDS are women. In Africa, this figure increases to 60% and this proportion continues to increase.

The impact this is having on development and on governance is becoming clear. The number of by-elections in Zambia has increased 50-fold, because MPs are dying of AIDS. UNICEF presented report on Children & HIV/AIDS: looking at figures, you can see how the number of AIDS orphans continues to increase drastically.

The response to HIV/AIDS has also entered a new phase, since the political momentum started in 2001 after UNGASS on HIV/AIDS. And despite 9/11, funding also increased from 2001 to 2002.

\$9bn has now been spent on HIV/AIDS in developing countries, with this also including funds coming from budgets in developing countries, as well as private monies. But this is still not enough.

More than 2m people are now benefiting from ARVs. 85% of those needing ARV in Botswana are getting therapy – for such a country, that's a good figure, and is in fact better than many industrialised nations.

The State of Union address in January 2003 was a defining moment in the response to HIV/AIDS – \$15bn was put on the table for something that matters.

We are now getting a return of investment: this is equally as important, and the results are on the whole positive. There has been a decline in new infections in many African countries in Eastern Africa. Previously, the impact had been restricted to Uganda, Thailand and Senegal, but this has now spread thanks to the sustained efforts over the years.

We can't unfortunately say that we have had any real successes, but we have had encouraging results. The next two to three years are crucial. For example, in Uganda, the rate of new infections has doubled in the last few years – the fact that people are thinking that we've managed to reach something, plus the availability and expansion of new treatment has led to decreasing attention for prevention. At the same time, there has been an increase in anti-condom propaganda. So as we can see, the job is not finished, but a sustained effort is necessary to see results.

So how does is the challenge for the future presenting itself (and this is where foundations can contribute):

1. AIDS 2031: 50 years after the first report on AIDS. How are the next 25 years going to turn out? How do we sustain the momentum politically – not just the top politicians, but also who have been the big advocates for working on HIV/AIDS in developing countries? Bush, Chirac and Blair will go soon – will this continue? This is the same question facing developing countries  
There's a change at the UN: Will the New Secretary General be just as committed?

2. Fiscal sustainability: 2m people are receiving ARV, a war comes, who's going to pay for this in the future?

There will be an increase in first-line resistance – the second and third lines are more expensive – how will this be funded, considering there are as yet no generic versions?

What will be the political reaction to this? How sovereign is a country, when its citizens have to rely on foreign aid to take their daily pill?

3. "To make the money work for people": even if you have \$9bn dollars, collectively, they are not always well spent, they don't always reach the people who need it – this needs to be increased and co-operation with the GFATM, UNODC, WHO is needed to make the money work.

If we have no results, how do we sustain funding, *why* should we sustain funding?

4. There is the myth that technology will fix this epidemic – such as the development of microbicides. However, if we don't deal with the drivers (Gender

and equality, homophobia, humans rights, poverty, breaking up of families), we won't make it.

5. Innovation on medicines (new drugs), ways that women can protect themselves.

My message to you would be the following:

1. You've done a good job.
2. You need to do a lot more.
3. It's never too late to start, HIV/AIDS will be around for a while.
4. Nobody is too poor to contribute – this is where you have to be careful. There's a crowding out of Gates: with the feeling that if you don't have billions, why bother?

The key issue is not money: The key is influencing policy, supporting civil society, taking risks, certain approaches. With relatively small amounts of money, one can have a good impact. This is how you can have an effect

Prevention needs to be higher up on the agenda: It's a big concern for me: For me, something is not sustainable, if 4-5m people are becoming infected, especially if the infections are unavoidable. It means going against public opinion of what is deemed acceptable. Joining forces is the way forward.

This is the beauty of the HIV/AIDS Funders Group: you are all very different, but you are coming together, surrounding this and other AIDS related issues.

You can count on UNAIDS, both in terms of the countries we work in and in terms of what we can do in a useful way. These are exciting times, but the next two to three years are "make or break". If we give up now, we won't be able to judge the scenario in the future.

Impact of AIDS by 2025 is not good. It's scary how some businesses and some governments deal with this – they see it as business as usual. But it shouldn't be.

You know that the state of the moment is that we need every European foundation on board. Do our HIV/AIDS programmes pass gender, environment tests. We're not there yet. Do some peer education.

If we can help, we'll support.

## Annex 2: Analysis of pre-conference questionnaires

### Overview over different focus, objectives and potential fields of cooperation among the various foundations

Focus, Objectives, Cooperation	Different categories	Organizations
<p><u>Thematic focuses:</u> Fields of work</p>	<ol style="list-style-type: none"> <li>1. <u>HIV/AIDS, SRHR &amp; Children</u>: advocacy, community-based approaches in prevention and orphan care</li> <li>2. <u>Palliative Care</u>: integration of palliative care into other care, advocacy, training, support of health systems, partnerships with p.c. associations</li> <li>3. <u>Science and Research</u>: biomedical research, supply chain management, efficacy studies, service delivery models, training, (med.)infrastructure support</li> </ol>	<ol style="list-style-type: none"> <li>1. BvLF., Big Lottery Fund, FXB, Aids &amp; Child, DSW, GFATM,</li> <li>2. Oxfam GB, Diana Mem. Fund, Help the Hospices</li> <li>3. Fondation Mérieux, WHO</li> </ol>
<p>Geographic focuses</p>	<ol style="list-style-type: none"> <li>1. Sub-Saharan Africa</li> <li>2. Europe: Switzerland, Germany, UK</li> <li>3. Asia</li> <li>4. Latin America:</li> <li>5. Unspecified</li> </ol>	<ol style="list-style-type: none"> <li>1. GFATM, FXB, Aids &amp; Child, DSW, Diana Mem. Fund, Oxfam GB</li> <li>2. Aids &amp; Child, Help the. Hospices</li> <li>3. FXB, GFATM, F Mérieux</li> <li>4. F. Mérieux</li> <li>5. BvLF, WHO</li> </ol>
<p>Potential areas of cooperation</p>	<ul style="list-style-type: none"> <li>- sharing of priorities to achieve common strategies</li> <li>- developing best practices</li> <li>- reaching agreement on standard definitions and common indicators</li> <li>- sharing information on funding</li> <li>- coordinating disbursements or grant-giving</li> <li>- develop co-financing strategies for certain projects</li> <li>- coordinating fundraising activities</li> <li>- joint advocacy activities at international level</li> <li>- collaboration with DGs</li> <li>- establishing common communication policy</li> </ul> <p><i>Internet Portal including information on the above mentioned cooperation areas</i></p>	

Challenges to cooperation	<ul style="list-style-type: none"> <li>- Lack of willingness to communicate</li> <li>- different objectives</li> <li>- different evaluation criteria</li> <li>- communicating and integrating operation procedures</li> <li>- information sharing</li> <li>- development of common agenda</li> <li>- generation of common funds without “fundraising cannibalism”</li> <li>- harmonizing disbursements cycles and reporting</li> </ul>	
Potential other foundations	<ul style="list-style-type: none"> <li>- INGOs</li> <li>- Business and Industry Foundations</li> <li>- EC Foundation</li> <li>- Nelson Mandela Foundation (Oxfam GB)</li> <li>- Open Society (HtH)</li> <li>- Swiss Foundations (Aids&amp;Child)</li> <li>- Aga Khan Foundation (WHO)</li> <li>- Oprah Winfrey Foundation (WHO)</li> </ul>	<ul style="list-style-type: none"> <li>- Stop Aids Now (BvLF)</li> <li>- Hedge Funds (Diana Fund)</li> <li>- Southern Africa Trust (OxfamGB,</li> <li>- Elton John Aids Foundation (BvLF, WHO, HtH)</li> <li>- Sylvia Adams Trust (HtH)</li> <li>- Christian Initiative Trust (HtH)</li> <li>- Wolfson Foundation (HtH)</li> <li>- CIFF (BvLF)</li> <li>- Oak Foundation (BvLF)</li> </ul>

### Analysis of responses and possible future areas of cooperation

Looking purely at the responses provided, the analysis shows, that there is potential for better cooperation and coordination among foundations to increase HIV/AIDS spending, in line with the outcomes of the discussions at Annecy. As for thematic priorities, the different foundations focus on three major areas

1. HIV/AIDS, SRHR and Children
2. Palliative Care
3. Science and Research

The thematic priority *HIV/AIDS and Children* is the most common field engagement amongst the foundations who responded to the questionnaire.

The relatively clear thematic distinction among the foundations allows for a division of work among the three thematic focal points. Of the main concerns raised, it appears that the responding foundations most wanted to maximize the coordination and thus the impact of their work through a clear analysis of their areas of engagement. While some foundations in the first group are, for example, most active in prevention activities, others focus on the care for orphans affected by HIV/AIDS through the death of their parents. Through the identification of different priorities within the three fields and geographical focuses as well as through the provision of more transparency in terms of finances, indicators and best practices, members could therefore organise their work in this specific field more effectively.

Furthermore, it is important to increase communication amongst the various subgroups: increasing dialogue can facilitate a holistic approach to the issue of HIV/AIDS, thus avoiding duplication of efforts through the identification of cross-cutting issues. For providers of palliative care, for example, it is important to be in close contact with biomedical researchers to communicate experiences with regard to the side-effects of drugs and achieve production of drugs that can be easily transported and utilized by home-based care givers and services. Therefore, priorities, indicators and information on disbursements must be communicated as strongly among the three thematic groups as within those groups.

In order to facilitate this information exchange, an internet portal (as suggested by Fondation Mérieux) providing the information necessary to achieve a smooth coordination was identified as a key access point for foundations to enter this process. It would provide the transparency demanded by many foundations in the questionnaire and furthermore allows for low information costs. Identifying certain other foundations to be targeted by each member foundation of the network would increase the chances of receiving new funds. For projects touching upon two different thematic issues, foundations could for example jointly seek to receive funding and coordinate the disbursements of these funds according to their respective activities.

### Annex 3: Participants list

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## Annex 4: Agenda

### Thursday 18 January

- 16:00      Arrival of participants
- 18:00      Cocktail reception  
Welcome: Benoît Miribel, Director General, Fondation Mérieux
- 19:00      Dinner  
*Presentation:* Peter Piot, Executive Director, UNAIDS

### Friday 19 January

- 8:00      **Opening session**  
(Plenary)  
Overview of the day's agenda  
EFC European HIV/AIDS Funders Group aims and objectives  
*Speaker: Peter Laugharn, Executive Director, Bernard van Leer Foundation and Chair, European HIV/AIDS Funders Group*
- 8:30      **Examples of Foundation Collaboration**  
(Panel presentation)  
*Chair: Bilgé Bassani, CEO, FXB International*
1. Joint Learning Initiative on Children and HIV/AIDS  
*Presenter: Peter Laugharn, Executive Director, Bernard van Leer Foundation*
2. The Funder's Collaborative for Children  
*Presenter: Dr. Astrid Honeyman, Chief Executive, The Diana, Princess of Wales Memorial Fund*
3. Advocacy and HIV/AIDS  
*Presenter: Dr. Joerg F. Maas, Executive Director, German Foundation for World Population (DSW)*
- 9:30      **Parallel sessions**  
Thematic affinity group discussions:  
- Programme objectives  
- Geographic focus of work  
- Primary grantees  
- Timeframes, work processes
- 11:00      Coffee break
- 11:15      **Parallel sessions continue**  
- What are the gaps?  
- What are the potential areas of collaboration?

- Where do intervention focuses cross-cut?
- What opportunities are there to link up?

- 12:45 Lunch
- 14:00 Parallel sessions report back  
(Plenary)
- 14:30 **Whole group collaboration**
- 15:45 **Closing remarks**  
*Chair: Peter Laugharn*
- 16:00 **End of meeting**

## **Annex 5: Presentations**

**The presentations will be sent as separate files – please see separate attachments.**