



A European Foundation Centre
(EFC) Special Interest Group

Thriving Aid, Ailing Populations:
How Can Donors Help Make Health Systems Work?

Thursday 24 & Friday 25 January 2008
The Diana, Princess of Wales Memorial Fund, London, UK

PROCEEDINGS

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Opening statement

Astrid Bonfield, The Diana, Princess of Wales Memorial Fund – Chair Jacob Gayle, Ford Foundation – Keynote Speaker

In London on 24 and 25 January 2008, the European HIV/AIDS Funders Group (EFG) convened a meeting attended by 50 representatives. Entitled “**Thriving Aid, Ailing Populations: How Can Donors Help**”, the conference was hosted by the Diana, Princess of Wales Memorial Fund, and brought together key players from European philanthropy for HIV/AIDS, bilateral and multilateral funders, as well as civil society representatives. The aim of the meeting was to encourage open exchange on how to better coordinate aid activities and strengthen health systems in the fight against HIV/AIDS. This report provides a flavour of the discussions.

Dr Astrid Bonfield, Chief Executive of The Diana, Princess of Wales Memorial Fund and EFG Chair, outlined the theme of the meeting: increased funding for development assistance has not resulted in sustained progress on poverty or health. Donors need to ask themselves what they could do differently and whether their aid mechanisms are fit for the purpose they should serve.

A keynote speech served as a starting point, highlighting the changing landscape for philanthropy. Over the last 20 years there has been considerable evolution in the philanthropic sector – private giving has grown significantly, in part due to the emergence corporate social responsibility (CSR). Philanthropy is now perceived as an element of corporate citizenship, responding to expectations of contributing to the communities in which they operate.

Foundations need to meet the challenges of a crowded aid environment, looking for ways to deliver greater impact and improved value for money. Collaboration among foundations is an opportunity to improve knowledge and explore new avenues of funding. However, it takes time, effort and a committed investment to build the relationship.

Session One: Uncovering our identities

Astrid Bonfield, The Diana, Princess of Wales Memorial Fund – Chair
Paul DiDonato – Scene Setter
Tim Williams, DfID – Debate Starter
Gerry Salole, EFC – Debate Starter
Louis-Charles Viossat (French HIV Ambassador) – Debate Starter

The debate explored the characteristics of philanthropic and governmental donors and explored how they could collaborate more effectively.

The philanthropic sector is extremely diverse in terms of objectives, size and operating methods. A number of foundations engage actively on development issues, working to build the capacity of local organisations and making long-term investments in communities. Philanthropy can often move quickly, responding to local needs and taking political risks to tackle controversial issues. Bilateral funders tend to have a top-down approach, using programming tools, evaluations and structured dialogue with partner governments to implement their aid programmes. The differences can also be seen in the political and financial weight of philanthropy and bilateral donors and their accountability metrics. However, all donor groups, whether governmental, private or philanthropic, address health and HIV issues, thus suggesting the potential for collaboration.

Donor co-operation can maximise impact, but it takes time and effort to invest in building the necessary relationships. Issues of competition, visibility and branding, attitudes to risk and time-frames for decision-making have to be addressed. In addition to their financial means, foundations have other assets to share, such as staff knowledge of country situations and networks of local partners.

For bilateral donors and foundations, working together involves a learning curve and the ability to move beyond their own frames of reference. The challenge is that the architecture of aid and development assistance needs to be updated. Development has to be seen within a broader agenda of human rights, social justice, trade flows and the emergence of new global players such as the BRIC countries (Brazil, Russia, India, China). Foundations and institutional donors need to adapt to this changing environment.

In summary, philanthropy and governmental aid can work together to achieve mutual goals, but such collaboration has to be specifically instigated, nurtured and maintained.

Session Two: Breaking out of the boxes

Peter Laugharn, Bernard van Leer Foundation – Chair
Paul DiDonato – Scene Setter
Louis-Charles Viossat, French HIV/AIDS Ambassador – Debate Starter
Anne Aslett, Elton John AIDS Foundation – Debate Starter
Dr Antonica Hembe, Botswana – Debate Starter
Joerg Maas, DSW – Debate Starter

More than 25 years after HIV/AIDS emerged, the global pandemic is not under control and this preventable disease continues to claim lives. The principle that *'if what you are doing doesn't work, do something different'* has led to questioning of whether HIV/AIDS specific funding is still appropriate. New approaches are looking at the broader context

of poverty reduction, gender equity, economic development and strengthening health systems.

Funding for HIV/AIDS has been criticised for creating competition between diseases. On the other hand, integrating HIV/AIDS into broader health promotion could lose some of the key issues that HIV/AIDS brings into sharp focus such as stigma, discrimination, sexual rights.

HIV/AIDS programmes have also generated important knowledge that can be used for broader development issues, such as addressing complex medical needs in resource poor settings, treating large numbers of people, linking food and health security, dealing with children's needs etc. Many foundations are exploring how to adapt the lessons from HIV/AIDS activities and take successful models to scale.

Foundations must start thinking globally and outside national borders. They have a unique potential to leverage additional funds from bilateral and multilateral organisations. By taking risks and by piloting new approaches, they can provide proof of concepts that could be taken up by the institutional donors. However, such projects need to involve investment in the capacity of local organisations and support for advocacy, because these elements will contribute towards sustainable results.

A perceived competition between traditional “horizontal” and “vertical” aid interventions is misleading and unhelpful, as both types of programmes are necessary. HIV/AIDS focussed funding has been criticised for taking attention away from structural problems that impede development. HIV/AIDS has been a catalyst for generating and mobilising new resources, thus allowing aid organisations to work through the HIV/AIDS lens and integrate other issues such as food security and micro-credits. However, attention needs to be paid to ensuring increased community input through long-term funding of local organisations, despite changing donor priorities.

Increased corporate sector engagement on HIV/AIDS is a positive development. As corporate foundations increase in number and size, the business world appears to be paying attention to philanthropy, and traditional philanthropy needs to find ways of working with these new players.

In terms of the prospect for collaboration, foundations need to understand and appreciate the different decision-making processes and funding models of other foundations.

Session Three: Health systems or systems for health?

Tamsin Rose, EFG – Chair

Paul DiDonato – Scene Setter

Nata Menabde, WHO – Debate Starter

Wolfgang Bichmann, Vice President, KfW – Debate Starter

Cecilia Matanga & Boemo Egkomo, SADC Parllamentary Forum – Debate Starter

Vincent McGee, Atlantic Philanthropies – Debate Starter

Strengthening of health systems is a political priority for multilateral and bilateral donors. The cost of care for people living with HIV/AIDS is a major factor in poverty so the attention being given to developing a better health system response is welcome. However, it is important that the health system is configured around the needs of communities rather than just what donors are interested in funding.

Mixed donor interventions – i.e. where foundations, bilateral and multilateral donors come together – can be an effective form of co-operation. Such initiatives rely on mutual respect and the ability to listen to one another and understand how each implementing partner works. As private philanthropy has fewer resources than bilateral donors, interventions could target the “tipping points”. Bilateral funders are often limited by their political priorities, more flexible foundations can move into new issues and areas quickly. Successful interventions by foundations can change the discourse of development and influence the political priorities of institutional and governmental actors.

Session Four: Making the money work

Bilge Bassani, FXB – Chair

Paul DiDonato – Scene Setter

Beatrice Makar, Donor Relations Officer, GFATM – Debate Starter

Peter McDermott, CIFF – Debate Starter

Anabel Kanabus, AVERT – Debate Starter

The idea of the collaborative funding model is not a new one. Why does it rarely take place? A balance needs to be found between ensuring impact and getting the money out of the door fast enough and the absorption capacity on the ground. New methods of raising and disbursing funds have added to the diversity of development actors. Venture capital philanthropy, public-private initiatives (Project RED), levies on airline tickets (UNITAS) and online giving are changing the donor landscape. Making the money work means finding ways of integrating these new financial tools and not adding to the administrative and reporting burden of recipient organisations.

Collaborations between foundations can be hampered by competitiveness and different decision-making processes and timeframes. Some foundations have the unique challenge of “spending out” where the entire funds have to be disbursed within a specific timeframe. Others – particularly corporate foundations – have limitations on what they can do and where they operate.

Collaboration is not just for the sake of working together. If the co-operation is poorly defined and elaborated, the outcomes deliver little benefit to the beneficiaries. Philanthropic funders need to ask themselves questions about what they consider to be value for money, review their operating procedures to assess whether they are using the most effective methods to meet their goals and mandates.

Meeting conclusions

Paul DiDonato

Astrid Bonfield, The Diana, Princess of Wales Memorial Fund

The new trends in development assistance have tended to focus on broader approaches and strengthening of health systems. However, HIV/AIDS specific funding has delivered important positive externalities and should remain a key element in development assistance. The donor community needs to be wary of a false dichotomy that funding focuses either purely on HIV/AIDS or wider financing priorities.

This means asking difficult questions about the balance between their own visibility and on the ground collaboration to deliver impact. Foundations need to be clear about the communities they serve, listening to and meeting their needs. At the same time,

foundations should take a critical look at the relationships with their grantees, being honest about power-sharing.

There are gaps in the funding of advocacy which is a challenge for foundations to overcome.

Improved collaboration between funders will result in better evidence on effectiveness of aid approaches. This will allow foundations to take a critical look at successes and failures and draw appropriate lessons. Once these have been evaluated and heeded, foundations need to work out how to deploy them to increase the impact of their work.

The danger of complacency remains present: even though such debates are all too often circular, and no matter how hard it is to talk about the challenges facing foundations, still not enough resources are being disbursed and deployed effectively. The onus is on each and every donor to think more about how this can be improved.

Dr Astrid Bonfield closed the meeting by thanking all participants for their attendance at and contributions towards a stimulating and fruitful two days. She urged them all to take advantage of the collaborative spirit and join the EFG (or FCAA for US participants) and extended a warm invitation to join the EFG at its next meeting during the EFC's Annual General Assembly (AGA) in May 2008 in Istanbul.

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Annex 2: Agenda

Thursday, 24 January

12.30 onwards	Buffet lunch
14.00 – 14.30	Opening Session Why are we here? Why now? Why this topic? Why are these people in the room?
14.30 – 15.30	Uncovering our identities What are the key features of government and philanthropic donors? How do they differ? How might they work together?
15.30 – 16.00	Coffee break
16.00 – 17.30	Breaking out of the boxes Does funding of HIV/AIDS specific initiatives make sense? What about broader approaches on poverty reduction, education, nutrition, gender equality?

19.30 Drinks reception and dinner at *Locale*, County Hall, 3b Belvedere Road

Friday 25 January

09.00 – 10.30	Health systems or systems for health Health systems is a broad concept that can include healthcare professionals, healthcare infrastructure, training and education, research and development, manufacturing capacity. To what extent do governments fund sector wide approaches and foundations support community, grass roots activities? Are there issues/communities that fall through these gaps? Can health system strengthening deliver results on HIV/AIDS?
10.30 – 11.00	Coffee break
11.00 – 12.30	Making the money work There is a growing variety of different money flows toward developing countries. Micro-finance and revenue generation initiatives, macro finance and budget support, overseas remittances, traditional and new forms of fundraising (online). Other trends in development aid include public-private partnerships, UNITAID and venture philanthropy. What is the overall impact of the different financial mechanisms and approaches? How can we make the money work better to tackle HIV/AIDS?
12.30	Evaluation, review of the meeting and next steps
13.00	Buffet lunch

The meeting is designed to be a lively, informal and fruitful exchange between major players from the bilateral and foundation worlds. There are no formal speeches, but some key themes will be explored through interactive and facilitated debate. The theme for each session will be introduced by a 'Scene Setter' who will outline a few thought-provoking challenges or questions. The chair will then open and manage a discussion among the participants. To get things going, in each session, 3 or 4 'debate-starters' have been identified and are ready to answer the questions posed by the Scene Setter, highlighting relevant messages from their practice and experience.