2010 REVIEW AND THE ROAD AHEAD

With few exceptions, no country escaped the global economic downturn that persisted throughout 2009. Most donor country governments and governments of low- or middle-income countries were unable or unwilling to increase funding support for health domestically or abroad, including for HIV/AIDS—and many went even further to announce reductions in funding in comparison with previous years. A report from UNAIDS and The Henry J. Kaiser Family Foundation found that funding for the global epidemic from donor country governments totalled $7.6 billion (€6 billion) in 2009, essentially flat from $7.7 billion in 2008, and in direct contrast to the trend of double-digit percentage increases in funding in previous years since at least 2003.[1]

The HIV/AIDS funding crisis was the main theme and challenge discussed at the XVIII International AIDS Conference in Vienna, Austria in July 2010. The severity of the problem was such that it eclipsed some important good news, including a decline in new infections among youth (reported by UNAIDS); further evidence confirming the preventive impact of male circumcision and early access to antiretroviral treatment; and the release of the findings of the first scientific study showing statistically significant effectiveness of a vaginal microbicide.

The pull back in financial support thus represents a major challenge to advocates, service providers and patients in every country. The gap between the UNAIDS estimate of what was needed to respond to the global HIV/AIDS epidemic and what was available widened—to approximately $7.7 billion (€6.1 billion) in 2009, up from $6.5 billion in 2008, and is expected to reach $10 billion by 2010.[2, 3] The health and survival of millions of people living with and vulnerable to HIV/AIDS depends on closing this funding gap.

The rapid and unprecedented increase in funding earlier in the decade supported the scale up of access to treatment, prevention, and other essential services, thereby saving and prolonging millions of lives; reversing years of declines in average life expectancy in many nations; mitigating the debilitating effects of HIV-related stigma and discrimination; and instilling hope and vigour in individuals and communities that had long despaired. There is never a good time to reduce funding on health, but it is particularly disheartening when it occurs after millions in need have had their hopes and expectations raised.

As domestic, bilateral and multilateral funding from governments remains flat or is reduced, more demand is put on other sources of funding, such as private philanthropy, especially for marginalised populations. In the Eastern Europe and Central Asia region, for example, the HIV epidemic has long been driven primarily by injecting drug use, but most governments in the region continue to take a punitive approach to such behaviour. Injecting drug users are harassed regularly

1 UNAIDS and The Henry J. Kaiser Family Foundation. *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from the G8, European Commission and Other Donor Governments in 2009*. July 2010. Available at: www.kff.org/hivaids/upload/7347-06.pdf

2 Ibid.

3 UNAIDS. *MDG6: Six things you need to know about the AIDS response today.* 2010. Available at: http://data.unaids.org/pub/Report/2010/20100917_mdg6_report_en.pdf

and access to harm reduction services—which have been shown to be effective in drastically reducing HIV transmission among members of this population—is limited. Partly as a result of such restrictive and short-sighted government policies, HIV prevalence continues to increase throughout much of the region. Private philanthropies can exercise their unique position of political independence to support harm reduction programmes and assist local organisations that aim to improve access to health services in general among injecting drug users.

Other examples of marginalised populations that some governments and societies are reluctant or unwilling to support include sex workers, migrants, men who have sex with men and children living with HIV. Private philanthropies can and do play a critical role in supporting organisations providing HIV-related services to such population groups around the world. Their impact is potentially even greater when they make the argument that in order to be more cost-effective in the current budget-tightening climate, prevention programmes in countries with concentrated epidemics should focus on higher-risk populations, such as injecting drug users in Eastern Europe and Central Asia and men who have sex with men in Western and Central Europe. In countries with generalised epidemics, to ensure a more sustainable response, advocacy programmes could focus on empowering people living with HIV/AIDS to influence policymakers and create change.

HIV/AIDS-related private philanthropy in the United States and Europe represents less than a tenth of the total international assistance to address the HIV/AIDS epidemic at this time, but it is highly encouraging that in contrast to the other funding sectors European philanthropic expenditures increased 25% from 2008 to 2009.[4] Also encouraging is the forecast that funding by these European philanthropies is likely to be higher in 2010 in comparison to 2009. The commitment of these profiled funders reflects the importance of their leadership, and also reflects the role these funders can play in identifying potential new sources of funds and strategies that will allow them to adapt to the demands and limitations of the epidemic.

More needs to be done to effectively align funding to meet the full demands of the current context and epidemic. The following list represents some of the approaches taking place within the HIV/AIDS philanthropic sector:

- **Increase funding to HIV/AIDS.** The bottom line is that the AIDS response needs more resources to save lives and rejuvenate efforts to halt the epidemic.
- **Use tools and approaches beyond writing checks,** for example:
    - Identify and maximize power to influence policymakers, other funders, media and the public
    - Create and sustain partnerships and coalitions to increase leveraging power and to share resources
- **Build capacity and sustainability** by funding general or core support, leadership development, technical assistance, and advocacy initiatives that strengthen direct community-level participation in shaping policies.

4 For funders whom both 2008 and 2009 data was available (27 of 37 total funders).

- **Support human rights-based approaches.** Private philanthropy must work to ensure access to members of marginalised and vulnerable populations that many governments and donors ignore or refuse to support (e.g., men who have sex with men, injecting drug users, sex workers, transgendered people, and migrants).
- **Integrate programmes.** Approaches are needed that consider the interdependent aspects of health care, and unite them under fewer yet more comprehensive, coordinated programmes.
- **Make clear and precise commitments** and implementation plans, and be accountable to them.
- **Evaluate programmes and adapt to a changing epidemic or context.** The HIV epidemic is widely varied in different settings and is also constantly changing. It is therefore critical to evaluate programmes regularly to ensure that they are reaching those most at need, and in the most effective and comprehensive ways possible.
- **Be efficient.** Make the best use of the resources available and focus on the most effective interventions.
- **Build from successes and prioritise evidence-based interventions.** Money cannot afford to be wasted; programmes should be evidence-based and proven to work (e.g., harm reduction initiatives to reduce HIV transmission risk among injecting drug users).
- **Share best practices,** product information, and other resources—and do so widely and transparently.