



# **GLOBAL HIV/AIDS:**

**A PRIMER ON THE DONOR COMMUNITY**

*UPDATED EDITION*

May 2008

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## Introduction

According to UNAIDS, an estimated 33 million people are living with HIV worldwide as of 2006. Political leaders and the global community have come to recognize HIV/AIDS as a global crisis that requires a combined global response. Once seen as a problem of the health and medical community, HIV/AIDS is now viewed as a larger issue that must be addressed multisectorally, requiring the attention and resources of governments, non-governmental organizations, and the private sector. Four events have been instrumental in changing the thinking about the global pandemic: the International AIDS Conference in Durban, South Africa in 2000, the summit of the International Partnership Against AIDS in Durban, South Africa held in 2000, the United Nations (UN) Special Session on HIV/AIDS in 2001, and the creation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria in 2001. Each event attracted major media attention that brought recognition and understanding of the severity of the global pandemic into homes around the world. Increased attention to the problems created by HIV/AIDS led to the realization that adequate resources are imperative if these challenges are to be solved. In 2006, the UN held a high level meeting on AIDS that focused on the implementation of the Declaration of Commitment on HIV/AIDS in New York City. Since the 2001 Special Session, resources targeted to fight the HIV/AIDS pandemic increased significantly. UNAIDS estimates that from 2001 – 2004, annual funds targeted to fight HIV/AIDS were nearly \$2 billion and available funding in 2005 reached more than \$8 billion. This increase is in part due to President Bush's 2003 announcement during the State of the Union of the President's Emergency Plan for AIDS Relief. Through PEPFAR, the President pledged \$15 billion over five years. This new funding first became available in 2004. In May 2007, President Bush announced his intent to double the U.S. commitment to fight global HIV/AIDS. The President is working with Congress to reauthorize the PEPFAR program and to more than double the initial \$15 billion commitment to \$30-50 billion over the next five years.

The purpose of this primer is to provide an introduction to the global HIV/AIDS donor community. While it is not all-inclusive – there are hundreds of organizations working in various capacities that are committing both human and financial resources to the global effort – it does discuss the major donors who have committed upwards of \$4 billion annually to HIV/AIDS programs in developing countries. In the end, this overview of the donor community provides an historical framework for some past and current spending, as well as direction for future action.

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## U.S. Legislative History

In 1986, the U.S. Government started funding global HIV/AIDS activities through the United States Agency for International Development (USAID) with a \$1 million appropriation.<sup>1</sup> The focus of USAID activities at that time was primarily on preventing the spread of HIV by implementing voluntary counseling and testing programs, training in behavior change communication, condom social marketing, and marketing of prevention messages.

Prevention and research remained the U.S. priority as appropriations for global HIV/AIDS continued to increase at a steady pace annually for the next decade. While USAID remained the primary agent for the nation's global HIV/AIDS activities, the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), and the Department of Defense (DoD) received a less significant amount for research and surveillance in developing countries.

Between FY1999 – 2000, there was a noteworthy increase in appropriations for global HIV/AIDS programs from \$146 million to \$242 million. Likewise, funding for research increased from \$74 to \$123 million.<sup>2</sup> The increase was directly related to a new U.S. approach to the global pandemic using multiple agencies as depicted in the LIFE Initiative. The Leadership and Investment in Fighting an Epidemic (LIFE) Initiative called for a \$100 million increase in the U.S. commitment along with a more comprehensive programmatic approach.

Another marked increase in global HIV/AIDS appropriations occurred in FY2001 as a result of the first U.S. contribution, totaling \$100 million, to the

Global Fund to Fight AIDS, Tuberculosis, and Malaria. Global HIV/AIDS funding to U.S. Government agencies doubled that year from \$242 to \$485 million and the total for research rose from \$123 to \$171 million.<sup>3</sup>

The United States also supports multilateral programs with contributions to the Joint UN Programme on AIDS (UNAIDS), World Health Organization (WHO), the World Bank (WB), and other UN organizations. These funds are channeled through various U.S. agencies so that, with the exception of the UNAIDS contribution, it is difficult to determine the exact amount of U.S. funding for HIV/AIDS activities carried out by multilateral institutions.

The appropriation for global HIV has steadily increased each year. In FY2005 Congress appropriated \$2.7 billion for global HIV/AIDS activities, in FY2006 the amount increased to \$3.3 billion and in FY2007, the U.S. Government appropriated \$4.38 billion for global HIV/AIDS activities. Congress appropriated \$5.86 billion for FY2008. Contained in the 2007 appropriations bill was funding for many U.S. agencies engaged in research, prevention, treatment, care and support. Also included is the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

The steep rise in the U.S. contribution to fighting the global pandemic has resulted in a number of initiatives that have reflected a broader, more comprehensive approach to mitigating the impact of HIV in developing countries. Also, involvement at the multilateral level has increased due to the proliferation of partnerships and collaborative efforts. Growing U.S. participation reflects a global trend toward addressing HIV/AIDS through multisectoral interventions.

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## ***Leadership and Investment in Fighting an Epidemic (LIFE)***

In July of 1999, President Clinton introduced the LIFE Initiative which ushered in a more comprehensive approach to fighting the AIDS pandemic. The Initiative, which provided for a \$100 million increase in support for African countries and India, was the beginning of significant funding increases from Congress. It also represented a paradigm shift in the U.S. approach to AIDS interventions by its agencies.

The Initiative proposed to fund multiple U.S. agencies working in collaboration to decrease transmission of HIV and increase access to care and support for persons living with HIV/AIDS. USAID, the Department of Health and Human Services (DHHS), and DoD were initially designated to receive additional funds through this initiative as was the CDC, which established its Global AIDS Program.

The LIFE Initiative shifted the focus of U.S. global programs from prevention to care and support. The program elements of the LIFE Initiative were:

- Improving community and home-based care and treatment
- Caring for children affected by HIV/AIDS
- Capacity and infrastructure development
- Primary prevention

The Guiding Principles of the LIFE Initiative:

- Country ownership of activities
- Complementary funding
- Donor coordination
- Increased participation by multiple U.S. agencies
- Support for increased participation by local community based organizations
- Increased information sharing and dissemination around lessons learned<sup>4</sup>

- An amendment to the FY2000 budget provided funding for the LIFE Initiative.

New initiatives have since replaced the LIFE Initiative, but many of its original principles have remained and provide the framework for current programs and projects.

## ***The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)***

In July 2001, the U.S. Government and other members of the G8, also known as the Group of Eight, endorsed a plan to create the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The G8 is an informal but exclusive body whose members of seven of the world's leading industrialized nations and Russia that sets out to tackle global challenges through discussion and action. The endorsement of the concept was followed by a U.S. financial commitment in FY2001 of \$100 million to establish the Global Fund as a public-private partnership set up to manage and disburse resources to mitigate the impact of the three diseases in developing countries.

The founding of the Global Fund was predicated on the principle that funds would be supplemental to resources already going towards combating these diseases, and would not replace current funding streams or mechanisms. Therefore, the U.S. contribution of \$100 million in FY2001, and all subsequent appropriations, are above and beyond what is designated as bilateral assistance channeled through U.S. agencies.

Between FY2004–2007, the United States appropriated the following funds to the Global Fund: \$547 million (FY2004), \$347 million (FY2005), \$545 million (FY2006), and \$476.5 million (FY2007).

In FY2008, Congress appropriated \$845.5 million. A U.S. law still remains that limits the U.S. contribution in a specific year to one-third of the total contributions to GFATM. The law justification is that it encourages other countries and

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organizations to contribute, though the United States remains the largest donor country. The Global Fund is described in greater detail in “Multilateral Institutions.”

### ***President’s Emergency Plan for AIDS Relief (PEPFAR)***

The President’s Emergency Plan for AIDS Relief is the Administration’s proposal for a five-year, \$15 billion initiative to combat AIDS globally. President Bush’s FY2008 budget is expected to exceed this commitment as total funds will equal \$18.3 billion over the five-year period. The program is administered through the Office of Global AIDS Coordinator (OGAC). The “United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act” (HR1298, 108<sup>th</sup> Congress) became law in May 2003 and involves multiple U.S. agencies, multilateral and bilateral organizations, as well as non-governmental and faith-based groups. It also incorporates many of the principles and goals of previous initiatives, such as the LIFE Initiative, and integrates earlier programs, including President Bush’s prior Prevention of Mother-to-Child Transmission (PMTCT) Initiative of June 2002.

Fifteen countries considered the most afflicted by HIV/AIDS have been the initial focus of this initiative. These countries are: Botswana, Côte d’Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia.

By 2008, PEPFAR aims to support the following milestones for these 15 focus countries:

- Provide treatment to 2 million HIV-positive people
- Prevent 7 million new infections
- Provide care to 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children<sup>5</sup>

The U.S. funding commitment under the President’s plan is:

- \$9 billion in new resources to the 15 focus countries
- \$5 billion to ongoing bilateral programs in more than 100 countries
- \$1 billion increase over five years in the U.S. pledge to the Global Fund

The Emergency Plan’s efforts to build high quality, sustainable programs in FY2006 took place through bilateral programs in 114 countries, and in additional countries through multilateral efforts. Bilateral programs include a special emphasis on 15 focus countries in Africa, the Caribbean, and Asia that together account for approximately one-half of the world’s 33 million HIV infections. Most recently, in May 2007, the President asked the U.S. Congress to double support for HIV treatment and prevention overseas through the PEPFAR program to \$6 billion a year until 2013, with the aim of providing HIV treatment for 3 million people, prevention of more than 12 million infections, and care for over 12 million people.<sup>6</sup>

The PEPFAR funding is set to expire at the end of FY2008. President Bush visited six African countries in February, 2008 to “make his case” for his requested funding level.<sup>7</sup> The reauthorization debate has been centered on the funding level – current House and Senate legislation seek to authorize \$10 billion per year over FY2009 - 2013 – and the law dictating that 1/3 of HIV prevention funds must go to abstinence-until-marriage programs.<sup>8</sup>

### ***PEPFAR Results***

**Prevention** – Strategies include the ABC approach (Abstain, Be faithful, Correct and Consistent use of Condoms where appropriate) developed in Africa to prevent sexual transmission; PMTCT; prevention of medical transmission through blood safety and safe medical injections programs; and programs that focus on intravenous drug

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users, on HIV-discordant couples, women, men, and on alcohol abuse, among other key issues. The United States has also maintained its position as the global leader in HIV/AIDS research and innovations, with an emphasis on developing safe and effective vaccines and microbicides.

Through September 30, 2007 PEPFAR supported community outreach activities that reached more than 61.5 million people in the focus countries. PEPFAR supported PMTCT services for more than 10 million pregnancies (cumulative FY2004 – 2007) during the reporting period, including antiretroviral prophylaxis for HIV-positive women during 800,000 pregnancies, averting an estimated 152,000 infant HIV infections (cumulative FY2004 – 2007). Addressing the special vulnerability of women to HIV/AIDS is a key focus of prevention and other activities. The Emergency Plan devoted 28 percent of all focus country program funding to prevention during FY2005. In FY2006, prevention funding accounted for \$396 million or 22.6 percent of all focus country funding (including resources for prevention, treatment and care).

**Treatment** – At the time President Bush announced the Emergency Plan, only an estimated 50,000 people in all of sub-Saharan Africa were receiving life-extending antiretroviral treatment (ART). As of September 2007, the Emergency Plan supported ART for approximately 1,358,500 people in the 15 focus countries. In addition to focus countries, bilateral PEPFAR programs have supported treatment for approximately 87,000 additional people through U.S. programs in other countries, for a worldwide total of approximately 1,445,500 people receiving treatment through U.S. bilateral programs.

Quality assurance, essential in the context of treatment, is a key focus of Emergency Plan efforts, with major investments in strengthening systems to ensure quality. High-quality generic antiretroviral drugs (ARVs) are increasingly used in PEPFAR-

supported programs. Fifty-six generic products, including four pediatric formulations, are now eligible for purchase by Emergency Plan programs under the expedited U.S. Government ARV review process established in 2004. Through September 2006, approximately 9 percent of those receiving treatment at U.S.-supported sites in the focus countries were children (< 14 years of age). Approximately 61 percent of ART clients whose gender was reported are women. In FY2006, PEPFAR devoted 46 percent of focus country program funding to support for treatment.

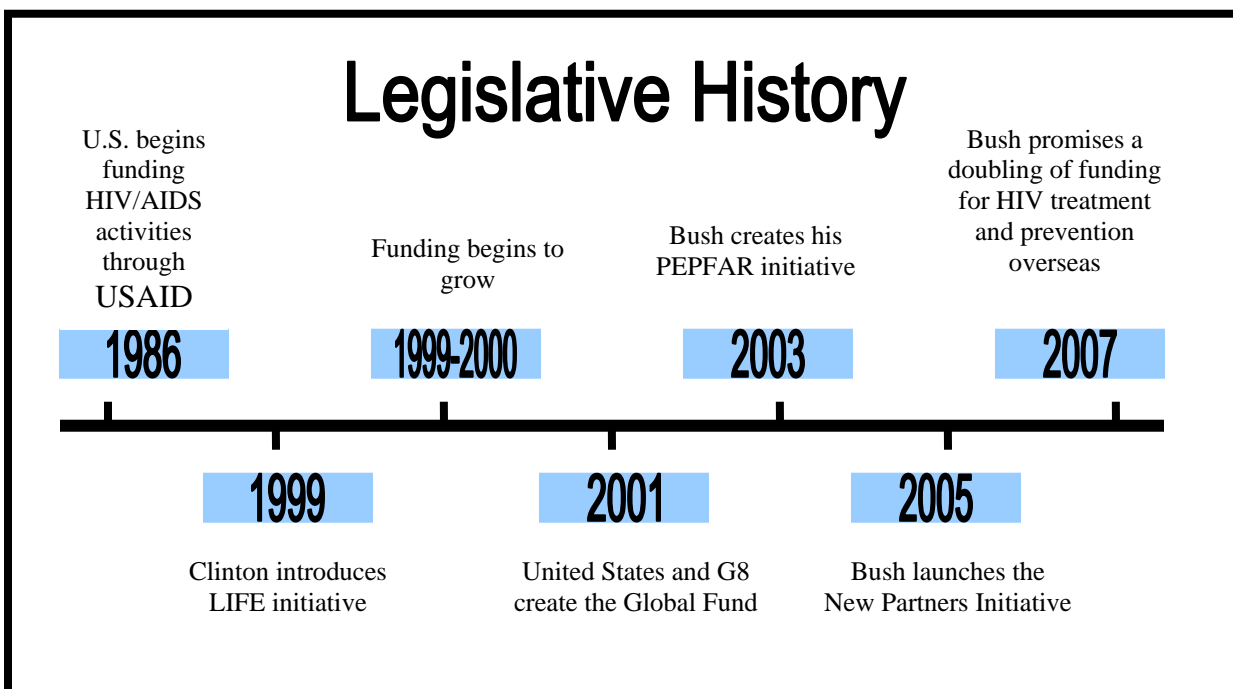
**Care** – During FY2007, PEPFAR supported care for nearly 6.7 million people in the focus countries. This number included over 2.7 million orphans and vulnerable children. To date, the Emergency Plan has provided support for HIV counseling and testing services for over 30 million people in the focus countries, including 9.2 million in FY2006. An estimated 70 percent of those counseled and tested to date in all settings are women.

Supporting the development of the institutional capacity of the civil society sector in host nations is a key strategy for sustainability. More than 80 percent of all implementing partners during FY2006 are indigenous organizations. PEPFAR is pursuing strategies to drive this number even higher in coming years. Faith and community-based organizations, including ones that have not previously worked with the U.S. Government, bring key strengths to the HIV/AIDS fight. The New Partners Initiative, launched by President Bush on World AIDS Day 2005, will help PEPFAR expand and diversify its partner base.

The Emergency Plan is also providing support for the development of human capacity to deliver HIV/AIDS services. During FY2004 – 2006, the Emergency Plan supported training or retraining for providers (with individuals being trained in multiple areas in certain cases). The training included support for training or retraining of approximately:

- 863,300 individuals in prevention of sexual transmission
- 85,800 individuals in PMTCT
- 85,500 individuals in prevention of medical transmission
- 100,700 individuals to provide antiretroviral treatment
- 216,900 individuals to provide palliative for HIV-positive people

During this same reporting period (FY2004 – 2006), PEPFAR worked with its governmental and non-governmental partners to support service sites in the focus countries. Among these sites were 4,863 PMTCT service outlets, 3,848 prevention of medical transmission, 3,848 sites that carry out blood safety activities, 1,912 ART sites, 8,019 palliative care sites, and 11,300 sites for counseling and testing in settings other than PMTCT.<sup>9</sup>



### Notes

<sup>1</sup> Issue Brief, U.S. Government Funding for HIV/ AIDS in Resource Poor Settings, Kaiser Family Foundation, December 2003.

<sup>2</sup> Issue Brief, U.S. Government Funding for HIV/ AIDS in Resource Poor Settings, Kaiser Family Foundation, December 2003.

<sup>3</sup> Issue Brief, U.S. Government Funding for HIV/ AIDS in Resource Poor Settings, Kaiser Family Foundation, December 2003.

<sup>4</sup> Leadership and Investment in Fighting an Epidemic, White House Office of National AIDS Policy, July 1999.

<sup>5</sup> FACT SHEET, Bureau of Public Affairs, Department of State, February 23, 2004.

<sup>6</sup> H.R. 5501 Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/ AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

<sup>7</sup> [http://www.nytimes.com/2008/01/05/washington/05aids.html?\\_r=1&oref=slogin](http://www.nytimes.com/2008/01/05/washington/05aids.html?_r=1&oref=slogin). Accessed January 2008.

<sup>8</sup> <http://www.medicalnewstoday.com/articles/93246.php>. Accessed January 2008.

<sup>9</sup> The President's Emergency Plan for AIDS Relief: Third Annual Report to Congress, Office of the U.S. Global AIDS Coordinator 2007.

## Global HIV/AIDS: U.S. Government Agencies and PEPFAR Partners

The U.S. Government (USG) started funding programs to fight HIV/AIDS in developing countries in 1986, with a \$1 million appropriation to the USAID.<sup>10</sup> Initially, the focus was on prevention through programs for voluntary counseling and testing and behavior change communication.

By FY2003, about \$1.3 billion was channeled through U.S. agencies for global HIV/AIDS activities, with a significant portion also going to NIH and the CDC. Currently, the State Department, DHHS, and DoD, all receive funding for global HIV/AIDS activities including a wide range of interventions from vaccine development to care for orphans and vulnerable children.<sup>11</sup>

In May 2003, Congress authorized PEPFAR. Funding is channeled through multiple U.S. agencies for both bilateral and multilateral programs, and targeting countries considered by the Administration to be hardest hit by HIV/AIDS, including Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia.

The Office of the Global AIDS Coordinator (OGAC), housed in the State Department, is responsible for overseeing all U.S. international HIV/AIDS assistance and coordinating the work of various agencies and departments of the U.S. Government.<sup>12</sup> President Bush created this office in 2003 to advance the goals for HIV prevention, care, and treatment outlined in PEPFAR.

### **U.S. Government Agencies**

The following is a brief synopsis of U.S. government agency participation in global HIV/AIDS activities. Additional information can be found at the various

agency websites listed in the 'Resources' section at the back of the document.

### **UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT**

The USAID is an independent agency that receives foreign policy guidance from the U.S. Secretary of State. It works in partnership with non-governmental organizations in the United States and abroad, academic institutions, the private sector, faith-based organizations, UN organizations, and other foreign governments to provide prevention, care, and treatment in more than 60 countries. All programs seek to reduce or keep prevalence rates low; reduce mother-to-child HIV transmission; and increase care, treatment, and support services for people living with or affected by AIDS.

Funds administered by USAID Bureau for Global Health currently support partnerships with approximately 50 organizations, institutions, and agencies. Grants are awarded to organizations that provide technical support and programming. Additional grants are made directly to local organizations through USAID in-country missions.

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

The CDC, NIH, and Health Resources and Services Administration (HRSA), are all agencies of DHHS. Additionally, DHHS established the Office of Global Health Affairs (OGHA), which is responsible for coordinating USG input into policies and decisions in health-related areas that are to be implemented by international organizations. One of OGHA's priorities is to represent the United States on issues related to the Global Fund to Fight AIDS, TB, and Malaria.

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## U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Initial funding for the Global AIDS Program (GAP) at the CDC came from the LIFE Initiative (Leadership and Investment in Fighting an Epidemic) in 2000. At that time, a number of U.S. agencies received funding for the first time to provide care and support for PLWHAs in certain African countries. The program has grown to include over 25 countries representing every region of the world. GAP provides financial and technical assistance through partnerships with communities, governments, and national and international entities working in resource-constrained countries. CDC's goals are:

- **Prevent HIV infection:** interventions include behavior change, voluntary counseling and testing, prevention and treatment of other sexually transmitted infections, prevention of mother-to-child transmission, and blood safety programs.
- **Improve treatment, care and support for people living with HIV:** activities include diagnosis, prophylaxis, and treatment of opportunistic infections, tuberculosis, and HIV/AIDS and research related to developing program models, standards, and guidelines.
- **Build capacity/infrastructure to address HIV/AIDS issues:** increased capacity in surveillance, research informatics, training, laboratory support, and monitoring and evaluation.

## U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION

The HIV/AIDS Bureau (HAB) at HRSA works through an interdepartmental delegation from CDC to increase access to HIV/AIDS care, treatment, and support for PLWHAs in severely affected regions of the world.<sup>13</sup> The Global HIV/AIDS Program is a special initiative that supports training and capacity building through partnerships.

Currently HRSA/HAB is working with the University of Washington and the

International Training and Education Center on HIV/AIDS (I-TECH) to address the training needs of some of the hardest hit countries in order to expand the pool of trained HIV/AIDS healthcare providers in these developing countries. In collaboration with CDC and USAID, HRSA/HAB is developing monitoring and evaluation systems to measure the impact of care and support programs.

HRSA/HAB is currently engaged in projects in Botswana, the Caribbean Region, Ethiopia, Haiti, India, Kenya, Malawi, Namibia, South Africa, Thailand, Uganda, Vietnam, and Zimbabwe. The primary focus of these projects is clinical training of providers and integration of primary care curricula into established training programs.

The American International Health Alliance (AIHA), HRSA, I-TECH, and Constella Futures Group International, has established an "HIV/AIDS Twinning Center" to support twinning and volunteer activities in 15 focus countries as part of the implementation of the President's Emergency Plan for AIDS Relief.

## U.S. NATIONAL INSTITUTES OF HEALTH

The NIH Office of AIDS Research (OAR) currently conducts activities in over 70 countries in every region of the world with a focus on research and related infrastructure development.<sup>14</sup> Congress mandated that OAR oversee and coordinate all HIV/AIDS related research, including international AIDS research conducted by the various institutes that make up NIH.

The Global AIDS Research Initiative and Strategic Plan was developed by OAR and serves as the framework for conducting research activities abroad. The international research priorities for FY2007 (National Institutes of Health Fiscal Year 2007 Plan for HIV-Related Research) are to:

- Develop in-country HIV/AIDS research training and research infrastructure.
- Conduct research to identify a comprehensive set of effective,

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appropriate, and sustainable interventions to curtail HIV transmission, including a combination of approaches at multiple levels to target existing and emerging at-risk populations.

- Conduct both experimental and observational research to identify appropriate care and treatment strategies to limit the impact of HIV-related disease.
- Conduct research to examine the interactions among aspects of treatment and prevention, including the impact of therapy on the HIV epidemic.

### PEACE CORPS

In June 2000, the Peace Corps announced a new HIV/AIDS Initiative for Africa. With funding from the USG and the Gates Foundation, the Peace Corps committed to providing special HIV/AIDS prevention education training to the 2,400 volunteers that were already in the field in Africa. The Initiative also provided for training and education programs for local leaders so that HIV/AIDS prevention would be integrated throughout the community. The final component of the Initiative included sending 200 members of the Crisis Corps, returned Peace Corps volunteers, to the field to work up to six months on HIV/AIDS related projects.<sup>15</sup>

As part of the President's Plan for AIDS Relief, the Peace Corps committed 1,000 new volunteers to work on HIV/AIDS related activities. The volunteers train young people as peer educators, collaborate with religious leaders to develop appropriate education strategies, provide support to children orphaned by HIV/AIDS, and develop programs that provide support to families and communities affected by HIV/AIDS. The volunteers work primarily in the areas of health extension, public health education, and water sanitation, and are stationed throughout the world.<sup>16</sup>

### U.S. DEPARTMENT OF DEFENSE

The DoD initially received funding from Congress during FY2000 – 2001 to support

HIV prevention efforts targeting military personnel in certain African Countries. The DoD appointed the Naval Health Research Center (NHRC) to work with the International Partnership Against AIDS in Africa (IPAA) to mitigate the impact of HIV/AIDS and prevent further spread of HIV among military personnel. Its objectives are to assist in developing and implementing military-specific HIV prevention programs by integrating with other US government, NGO and UN programs.<sup>17</sup>

### PEPFAR Partners

As of September 2006, a significant percent of grants have been awarded to more than 30 primary institutions and organizations to provide prevention, care, and treatment for millions of people worldwide. The following is a list of some of the 30 primary PEPFAR partners.

### ACADEMIC INSTITUTIONS

Harvard University, Columbia University, The International Training and Education Center on HIV (I-TECH), Johns Hopkins University, University of Maryland, and the University of California San Francisco.

### COMMERCIAL ORGANIZATIONS

Abt Associates, Constella Futures Group, John Snow Incorporated (JSI), Macro International, and University Research Co. (URC)

### FAITH-BASED ORGANIZATIONS

Catholic Relief Services (CRS), Fresh Ministries, Habitat for Humanity, Opportunity International, HOPE Worldwide, Samaritan's Purse, World Relief, and World Vision

### HIV/AIDS NONPROFIT ORGANIZATIONS

NASTAD, Children's AIDS Fund (CAF), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Academy for Educational Development, PATH Inc., International HIV/AIDS Alliance, and Humana People to People.

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*(See page 12 for an organizational chart of participating USG agencies and selected*

*PEPFAR partners.)*

# USG AGENCIES AND PEPFAR PARTNERS

U.S. State Department

OFFICE OF GLOBAL AIDS COORDINATOR (OGAC)  
The President's Emergency Plan for AIDS Relief (PEPFAR)

## U.S. Government Organizations:

- USAID
- CDC
- HRSA
- NIH
- Peace Corps
- DoD

## Private Sector Organizations:

- Abt Associates
- Futures Group
- John Snow Inc.
- Macro International
- University Research Co.

## Faith-Based Organizations:

- Catholic Relief Services
- Fresh Ministries
- Habitat for Humanity
- Opportunity International
- HOPE Worldwide
- Samaritan's Purse
- World Relief

## Academic Institutions:

- Harvard University
- Columbia University
- Johns Hopkins University
- The University of Maryland
- The University of Washington & University of California San Francisco (I-TECH)

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### Notes:

<sup>10</sup> ([www.usaid.gov/our\\_work/global\\_health/aids/Funding/FactSheets/hiv\\_budget.html](http://www.usaid.gov/our_work/global_health/aids/Funding/FactSheets/hiv_budget.html))

<sup>11</sup> (Issue Brief, U.S. Government Funding for HIV/AIDS in Resource Poor Settings, Kaiser Family Foundation, December 2003)

<sup>12</sup> ([www.state.gov/s/gac/](http://www.state.gov/s/gac/))

<sup>13</sup> ([www.hrsa.gov](http://www.hrsa.gov)).

<sup>14</sup> (U.S. Government Funding for HIV/AIDS in Resource Poor Settings, Kaiser Family Foundation, December 2003)

<sup>15</sup> (U.S. Peace Corps Unveils New HIV/AIDS Initiative for Africa: Director Schneider launches program to help fight disease, June 28, 2000)

<sup>16</sup> ([www.peacecorps.gov/index.cfm?shell=learn.Whatvol.healthhiv](http://www.peacecorps.gov/index.cfm?shell=learn.Whatvol.healthhiv))

<sup>17</sup> (HIV/AIDS in Africa, U.S. Department of Defense Initiative, and [www.defenselink.mil/policy/isa/africa/web\\_hivaids\\_factsheet.pdf](http://www.defenselink.mil/policy/isa/africa/web_hivaids_factsheet.pdf), <http://www.nhrc.navy.mil/programs/dhapp/index.html>).

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## Bilateral Support

Support for global HIV/AIDS activities in developing countries comes primarily from other governments. During the period from 1996 – 2000, this type of support amounted to approximately \$1.3 billion.<sup>18</sup> In 2002 alone, it rose dramatically to approximately \$1.2 billion while in 2003 it more than doubled at \$2.5 billion.<sup>19</sup> In 2004, this sum reached \$3.6 billion.<sup>20</sup> This marked increase is linked to heightened global commitment to fighting the epidemic as well as the creation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFTAM). Since its inception, GFTAM has committed over \$10 billion in proposals and disbursed \$4.8 billion.<sup>21</sup> The top bilateral donors in total funds disbursed are the United States and France, followed by the UK, Japan, and Germany (*see page 15 for chart of these major donor countries and agencies*).

### Group of 8 (G8)

The members of the Group of Eight (G8) are the largest bilateral donors to global HIV/AIDS efforts. The G8 exists as an informal group and includes: Canada, France, Germany, Italy, Japan, Russia, the UK, and the United States. The European Union holds observer status and is therefore not considered a member. The Group has been meeting annually since 1975. It addresses macro-economic, political, and social issues. The G8 established the GFATM as a result of its July 2001 endorsement of the concept of a global multilateral public/private partnership to address HIV/AIDS, first advanced by UN Secretary General Kofi Annan. While the group may make endorsements and commitments on behalf of its members, it does not act as a development agency.<sup>22</sup>

All of the members of the G8 contribute to the Global Fund and all, with the exception

of Russia, channel funds to developing countries through their own international development agencies or ministries.

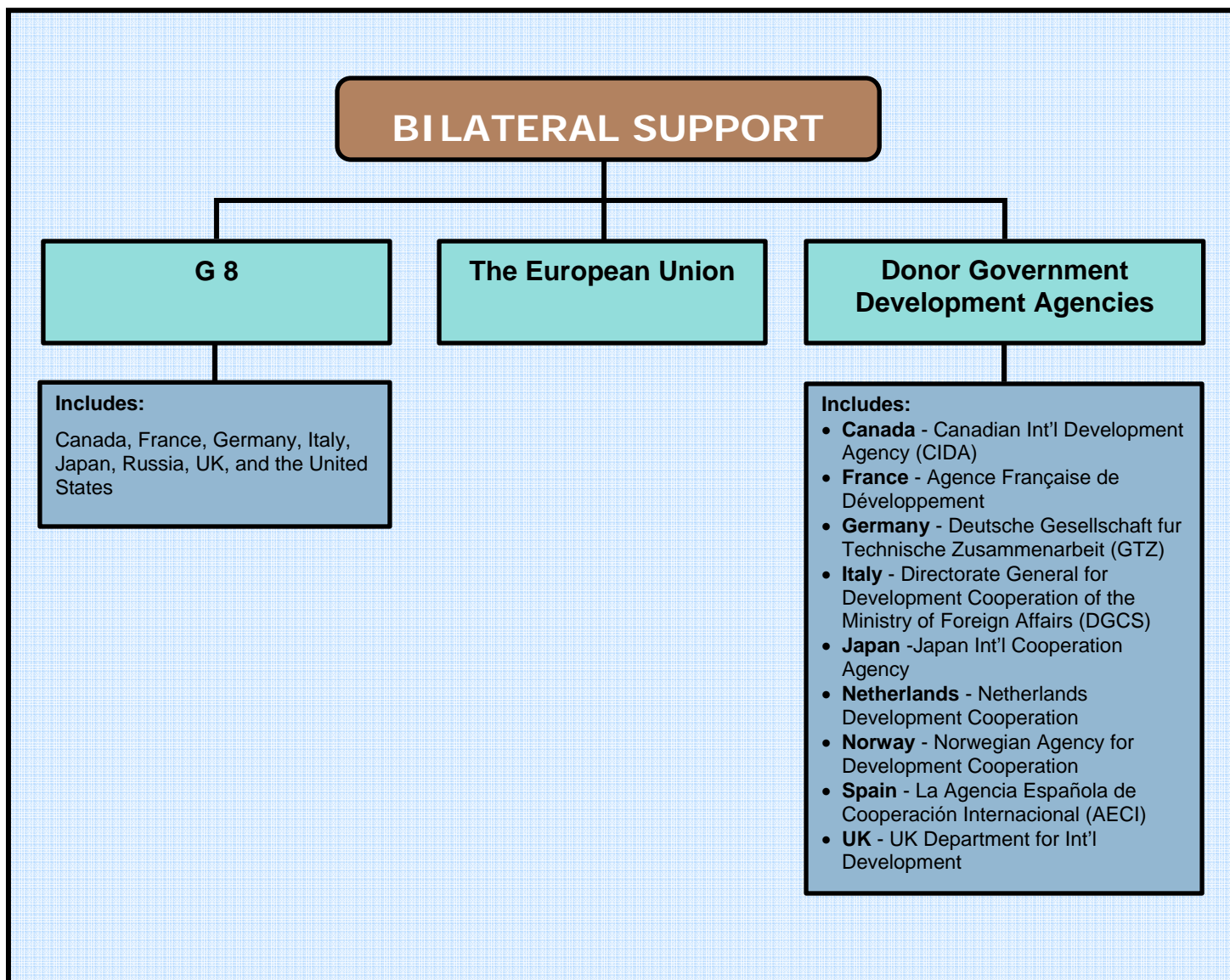
### The European Union

The European Union (EU) is a political entity made up of twenty-seven member states, the majority of which are located in continental Europe. The EU is the largest economic and political entity in the world, with a total population of 494 million and a combined nominal gross domestic product (GDP) of \$14.5 trillion in 2006. The EU works to address social, economic, and regional issues, as well as the coordination and implementation of the policies and programs of its member countries.<sup>23</sup>

The following countries are current EU members: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and the United Kingdom.

### Bilateral Development Agencies

Bilateral support for global HIV/AIDS programs flows primarily through international development agencies. Each country has its own unique approach to providing funding and technical support for programs related to global HIV/AIDS in developing countries. Some donors, such as the United States, are project specific in their approach to working with recipient countries, ensuring that HIV/AIDS programs and policies are carried out in compliance with policy requirements. Others are more general in their approach, allowing the recipient country more financial and programmatic flexibility.



**Notes:**

<sup>18</sup> (UNAIDS, *Report on the State of HIV/AIDS Financing, Revised March 2003* Accessed June 2007)

<sup>19</sup> (Kaiser Family Foundation, *Global HIV/AIDS Support from G8 Countries, May 2003*)

<sup>20</sup> (Avert.org, *Funding the Fight Against Aids*, <http://www.avert.org/aidsmoney.htm>)

<sup>21</sup> <http://www.foreignaffairs.org/20070101faessay86103-p20/laurie-garrett/the-challenge-of-global-health.html> Accessed February 2 007

<sup>22</sup> ([www.g8.gc.ca/](http://www.g8.gc.ca/))

<sup>23</sup> ([http://europa.eu/abc/index\\_en.htm](http://europa.eu/abc/index_en.htm))

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## Multilateral Institutions

The United Nations (UN) and GFATM are two of the major multilateral institutions engaged in global HIV/AIDS policy and program development in resource poor settings. The World Health Organization, the World Bank, and UNAIDS are all part of the UN system. The GFATM is an independent Swiss foundation and is a public-private partnership of governments, non-governmental organizations, corporations, and foundations (*see page 20 for chart of multilateral institutions*).

### United Nations System

Currently, there are 191 member states with Permanent Missions represented at the UN. There are an additional 17 organizations and countries that have a standing invitation to participate as observers in the sessions of the General Assembly and maintain permanent offices at the New York City headquarters.<sup>24</sup>

Examples of the organizations that hold observer status are: the Caribbean Community, the European Community, the International Federation of Red Cross and Red Crescent Societies, and the International Organization for Migration.

### JOINT UN PROGRAMME ON AIDS

In 1987, the Global Programme on AIDS was established at the UN to provide technical assistance and help set up programs in countries hardest hit by HIV/AIDS. As the epidemic grew and intensified, and separate UN agencies began to dedicate more time and resources to HIV/AIDS related issues in developing countries, a need for a coordinating body at the UN was realized. In 1996, the Joint UN Programme on AIDS (UNAIDS) was established to coordinate UN programs, funds, and special agencies working on AIDS related issues in developing countries. The 10 organizations

that are co-sponsors of UNAIDS are: the International Labor Organization (ILO), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Fund for Population Activities (UNFPA), United Nations High Commission for Refugees (UNHCR), United Nations Educational Scientific and Cultural Organization (UNESCO), United Nations Office on Drugs and Crime (UNODC), World Food Programme (WFP), World Health Organization (WHO), and the World Bank Group (WB). (*see page 23 for an organizational chart of UNAIDS*)<sup>25</sup>

UNAIDS is governed by a Programme Coordinating Board (PCB) which is made up of 22 government representatives, five non-governmental organizations, and the 10 co-sponsors previously cited. At the country level, UNAIDS operates through Theme Groups that coordinate the work of the UNAIDS Co-Sponsors in a particular country. UNAIDS has offices in over 60 countries with its Secretariat located in Geneva.

The UN held its first Special Session on a health issue in 2001, the UN Special Session on HIV/AIDS. During this session the member states developed and adopted the UN Declaration of Commitment on HIV/AIDS. This document is the framework used by UNAIDS to guide in-country work, especially with regards to engaging participants and developing partnerships between governments, civil society, and the private sector. In 2006 the UN held a follow up session regarding the implementation of the Declaration. UNAIDS places a priority on programs that: encourage local participation by all types of community based organizations, more fully engage PLWHAs, support coalition building, and increase capacity building with a special emphasis on reducing stigma and discrimination.<sup>26</sup> At the country level,

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UNAIDS operates using the following strategic objectives:

- To empower national leadership for an effective response at a country level.
- To mobilize and empower country-level public, private and civil society partnerships.
- To promote and strengthen country management of strategic information.
- To build capacities to track, monitor and evaluate country responses.
- To facilitate access to technical and financial resources at country level.<sup>27</sup>

### WORLD HEALTH ORGANIZATION

The WHO, the UN's specialized agency for health, was established on April 7, 1948. The mission of the WHO is the attainment by all peoples of the highest possible level of health. Health is defined in WHO's constitution as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.<sup>28</sup>

WHO is governed by the World Health Assembly which is composed of representatives from WHO's 192 Member States. The main tasks of the World Health Assembly are to approve the WHO program and budget for the following biennium and to decide major policy questions.

The WHO Secretariat is located at the UN headquarters in Geneva, while its six regional offices carry out the activities of WHO in their specific geographical areas. The regional offices and locations are:

- Regional Office for Africa, Brazzaville, Republic of Congo
- Regional Office for Europe, Copenhagen, Denmark
- Regional Office for South-East Asia, New Delhi, India
- Regional Office for the Americas/Pan-American Health Organization, Washington, DC, USA
- Regional Office for the Eastern Mediterranean, Cairo, Egypt
- Regional Office for the Western Pacific, Manila, Philippines

On World AIDS Day 2003, WHO officially announced the specifics of the "3 by 5 Initiative," WHO's plan to deliver AIDS treatment to 3 million people by 2005. In an effort to reach the "3 by 5" target, WHO and UNAIDS focused on five critical areas:

- Simplified, standardized tools to deliver antiretroviral therapy.
- A new service to ensure an effective, reliable supply of medicines and diagnostics.
- Rapid identification, dissemination and application of new knowledge and successful strategies.
- Urgent, sustained support for countries.
- Global leadership, strong partnership and advocacy.<sup>29</sup>

The final report on the "3 by 5" initiative stated that 1.3 million HIV-infected patients in low- and middle-income countries received ARV treatment by 2005, falling short of the target. Despite this, access to HIV treatment was increased in every part of the world and many lessons were learned that will apply to the implementation of the even more ambitious goal set in the July, 2005 G8 conference: Universal access to ARV treatment by 2010.<sup>30</sup>

### WORLD BANK

The World Bank was originally founded in response to a recognized need to establish a multilateral approach to restore the world economy after WWII, and to effectively rebuild in the aftermath of a global economic depression.

Today the mission of the World Bank remains consistent with its original mandate to reduce poverty and facilitate economic growth. The World Bank provides low-interest loans, interest-free credit, and grants to developing countries.<sup>31</sup>

To date, the Bank has committed \$2 billion through grants, loans and credits to HIV/AIDS programs. The Multi-Country AIDS Program (MAP) has made \$1.2 billion available to more than 29 countries in

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Africa. The same program in the Caribbean has \$118 million in funding, most of which has been made available to nine countries in the region.<sup>32</sup>

The Multi-Country AIDS Program (MAP) for Africa was launched in 2000 with the objective of dramatically increasing access to HIV/AIDS prevention, care, and treatment programs, with emphasis on vulnerable groups. A key feature of MAP is direct support to community organizations, NGOs, and the private sector for local HIV/AIDS initiatives.<sup>33</sup> The AIDS Campaign Team for Africa (ACT Africa) was created to support implementation of MAP.

The Global HIV/AIDS Program was established in 2002 to support the WB strategy for HIV/AIDS. One of the key functions of the Global AIDS Program is to disseminate information about effective approaches to HIV/AIDS and to develop new approaches. The Global Program is also responsible for monitoring and evaluating UNAIDS programs.

In April 2004, The World Bank partnered with The Global Fund, UNICEF, and The Clinton Foundation to allow developing countries to buy AIDS medications at lower prices. Also, in order to encourage countries to use World Bank funding for treatment, the World Bank launched the \$60 million Treatment Acceleration Project, which, in June 2004, approved grants to Burkina Faso, Ghana, and Mozambique in order to encourage the use of public sector/civil society partnerships for treatment scale-up. Most recently in 2006, the World Bank launched the Eastern European and Central Asian AIDS Conference which raised political and economic commitment for HIV/AIDS and TB control, including through regional- as well as country-specific initiatives.

### ***The International Monetary Fund***

The International Monetary Fund (IMF) was founded at the same time as the World Bank for similar reasons: to avoid another economic disaster like the one that led to the

Depression of the 1930s. The mission of the IMF is to promote global economic growth and economic stability by encouraging countries to adopt sound economic policies. The IMF does work with low- and middle-income countries, like the World Bank, but the role of the IMF is different. The IMF provides economic policy advice to all of its members, technical assistance and training and conditional financial assistance to members that meet certain criteria.

The IMF works in cooperation with the World Bank and other multilateral institutions and governments to help reduce poverty increase economic growth and promote economic stability by funding and monitoring HIV/AIDS programs and policies. One of the ways the IMF uses its expertise is by helping poor countries ensure that funds appropriated for their health systems are used efficiently. The Fund also prepares country reports that address macroeconomic issues; HIV/AIDS is factored into the analysis.

### ***Multilateral Development Banks***

In addition to the World Bank Group, there are four Multilateral Development Banks (MDBs) that provide financial support for economic and social development activities in developing countries. These MDBs provide financing in the form of grants and loans based either on market interest or very low interest rates. Each of the Banks has its own mandate but all are engaged in financing health in some way.

The regional MDBs are:

- The African Development Bank: Abidjan, Côte d'Ivoire
- The Asian Development Bank: Manila, Philippines
- The European Bank for Reconstruction and Development: London, UK
- The Inter-American Development Bank Group Washington, DC, USA <sup>34</sup>

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## ***The Global Fund to Fight AIDS, Tuberculosis, and Malaria***

The GFATM was established in 2001 as a new and innovative partnership approach to funding the fight against these three diseases on a global level. The Global Fund operates as an independent Swiss organization and is governed by a 21-member Board that is made up of representatives from governments, non-governmental organizations, foundations, and the private sector. The Global Fund is financed with public and private contributions and acts as a financing mechanism designed to be transparent and fast acting. Contributions come to the Global Fund from both donor governments and governments that are recipients of GFATM awards as well as foundations, corporations and individuals.

As of December 2007, governments have pledged a total of nearly \$10 billion to the Global Fund. The actual amount disbursed in the form of grants is \$4.8 billion, with the largest contribution coming from the United States (\$2.5 billion). Other major payments to the Global Fund have come from the European Commission (\$600 million), France (\$1.1 billion), Japan (\$663 million), the UK (\$700 million), and the BMGF (\$350 million). Fifty-two countries have committed resources to the Global Fund.<sup>35</sup>

The Global Fund was founded on the following set of principles:

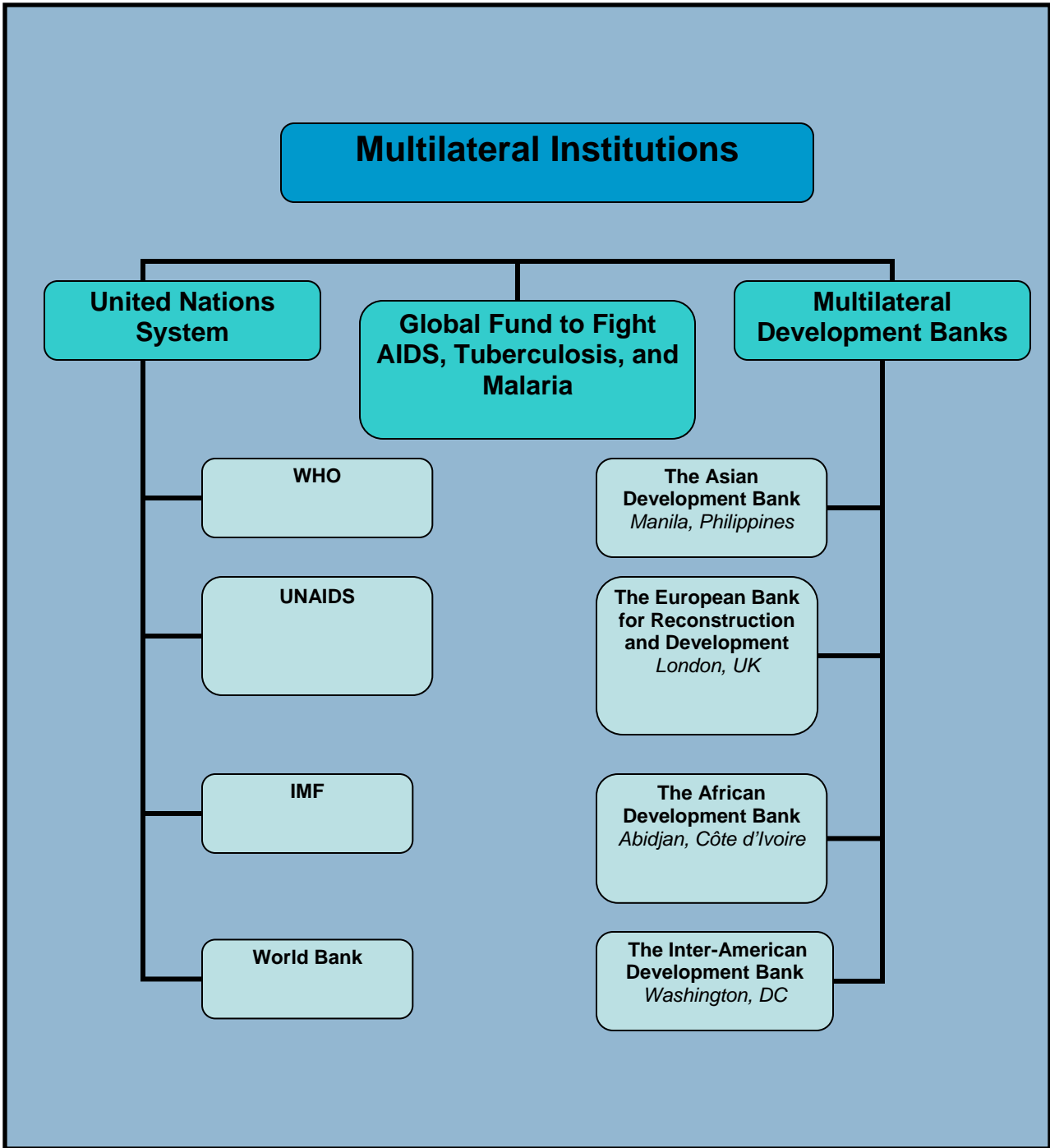
- Operate as a financial instrument, not an implementing entity.
- Make available and leverage additional financial resources.
- Support programs that reflect national ownership.
- Operate in a balanced manner regarding different regions, diseases and interventions.
- Pursue an integrated and balanced approach to prevention and treatment.
- Evaluate proposals through independent review processes.
- Establish a simplified, rapid and innovative grantmaking process, and

operate transparently with accountability.<sup>36</sup>

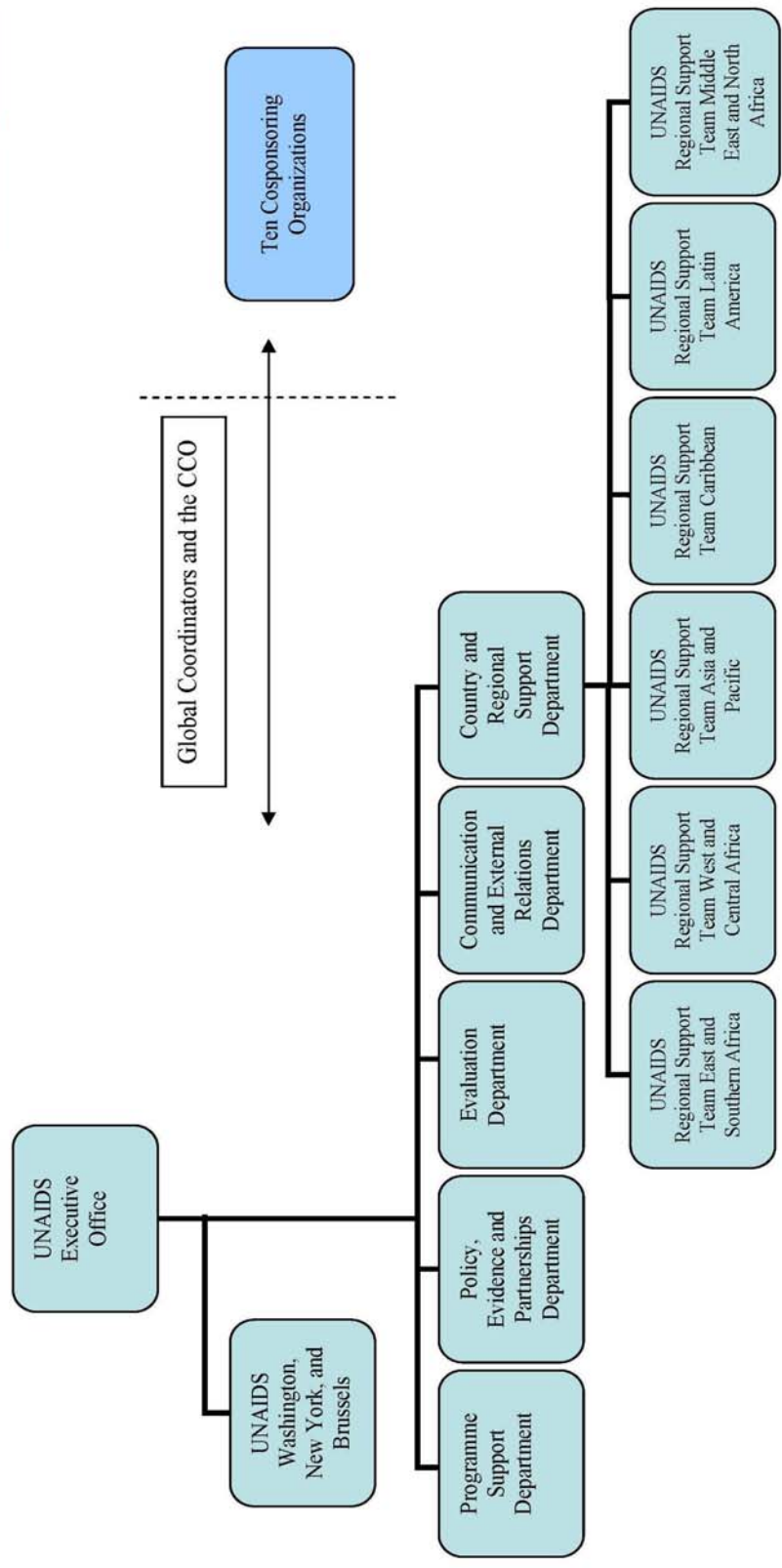
The Global Fund operates as a proposal-based grant program, and has completed five allocation cycles. In order to qualify for funding, a proposal must be submitted by a Country Coordinating Mechanism (CCM) made up of public and private partners at the country level. The CCM is ideally a group of individuals representing public and private interests in the country that are able to assess the unmet needs in the areas of HIV/AIDS, TB, and Malaria, and develop a proposal for addressing those gaps. The GFATM is intended to be additive to the funds already being channeled into a country so there is no duplication of services or replacement of current funding.

Once the proposals are submitted the Technical Review Panel, a panel of experts on issues related to the three diseases reviews and evaluates each proposal to determine if it meets the requirements set forth in that round. After the Technical Review Panel approves a proposal it can be sent to the Board for approval. The CCM then designates one or more Principal Recipients, organizations represented on the CCM that are both financially and programmatically accountable for the funds awarded.<sup>37</sup>

According to the latest figures released by the Global Fund, a total of \$10 billion has been approved to go to 136 countries, and \$4.8 billion has already been disbursed in the first six rounds of awards as of December 31, 2007.<sup>38</sup>



# Organigramme



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## Notes:

<sup>24</sup> ([www.un.org/Overview/missions.htm#nperm](http://www.un.org/Overview/missions.htm#nperm)) Accessed April 2007

<sup>25</sup> ([www.unaids.org/en/about+unaids/](http://www.unaids.org/en/about+unaids/)) Accessed 2007

<sup>26</sup> <http://www.unaids.org/en/AboutUNAIDS/Governance/default.asp>

<sup>27</sup> ([www.unaids.org/en/about+unaids/ what+is+unaids/ unaids+at+country+level.asp](http://www.unaids.org/en/about+unaids/what+is+unaids/unaids+at+country+level.asp))

<sup>28</sup> ([www.who.int/about/en/](http://www.who.int/about/en/)) Accessed 2007

<sup>29</sup> ([www.who.int/3by5/about/initiative/en/print.html](http://www.who.int/3by5/about/initiative/en/print.html))

<sup>30</sup> (<http://www.aidsmap.com/en/news/B9059B57-61D8-485A-A2F7-FB3CC56FAB61.asp>) Accessed January 2008

<sup>31</sup> (<http://www.brettonwoodsproject.org/background/index.shtml>).

<sup>32</sup> ([www.web.worldbank.org/WBSITE/EXTERNAL/NEWS](http://www.web.worldbank.org/WBSITE/EXTERNAL/NEWS)).

<sup>33</sup> ([www.worldbank.org/afr/aids/map.htm](http://www.worldbank.org/afr/aids/map.htm)) Accessed June 2007

<sup>34</sup> ([web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS](http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS)/ Fact Sheet (Multilateral Development Banks)

<sup>35</sup> (The Global Fund to Fight AIDS, Tuberculosis and Malaria, Pledges, March 2006).

<sup>36</sup> ([www.theglobalfund.org/en/about/how/](http://www.theglobalfund.org/en/about/how/)) Accessed June 2007

<sup>37</sup> (The Global Fund Annual Report 2002/2003)

<sup>38</sup> (The Global Fund to Fight AIDS, Tuberculosis and Malaria, Partners in Impact: Results Report, 2007)

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## Foundation Support

There are a number of foundations that fund global HIV related initiatives. These foundations include both corporate sector and private philanthropic foundations. The scope of the work funded by these foundations includes all areas of prevention, treatment, care and support, research, and awareness. Awards have gone to small community based organizations providing services as well as large academic institutions engaged in HIV/AIDS related medical research.

In a report released by Funders Concerned About AIDS in August of 2006, HIV/AIDS philanthropy by U.S.-based grantmakers in 2004 reflected growing attention to the international epidemic. Estimated total HIV-related grant commitments by U.S.-based philanthropies was \$345.7 million for the year, a 12 percent decrease from 2003. Many foundations have their own categories for funding that are not HIV/AIDS specific, but may include HIV/AIDS awards. Some foundations make awards for reproductive health programs and it is not clear what, if any, portion goes for HIV specific projects.<sup>39</sup>

Foundations have an advantage over governments and corporate sector donors in that they can generally mobilize resources quickly and have greater flexibility selecting organizations and programs to fund. Governments and corporate sector donors typically have more accountability requirements and less flexibility due to political or fiscal constraints.

Among the U.S.-based foundations that donate the most in the global community are the Bill & Melinda Gates Foundation, the Henry J. Kaiser Family Foundation, the Ford Foundation, Rockefeller Foundation, the Elizabeth Glaser Pediatric AIDS Foundation, and the Clinton Foundation. Each foundation has its own mission and mandate to guide the grantmaking process. Some of the awards go directly to

community based organizations overseas, some fund collaborative efforts, and still other awards are strictly research based (see page 26 for chart of foundation support).

### **Bill & Melinda Gates Foundation**

The Gates Foundation Global Health Program seeks to reduce global health inequities by accelerating the development, deployment and sustainability of health interventions that will save lives and dramatically reduce the disease burden in developing countries. The top global health priority for the Foundation is stopping the transmission of HIV.

The Gates Foundation has several programs focusing on HIV/AIDS, including *Avahan*, the Indian AIDS initiative. To date, the foundation has committed \$258 million over five years for HIV/AIDS prevention in India. The Foundation also focuses on HIV vaccine development. In 2006, the Bill & Melinda Gates Foundation announced 16 grants totaling \$287 million to create an international network of highly collaborative research consortia focused on accelerating the pace of HIV vaccine development.

Since the establishment of the Global Health Program, the Gates Foundation has contributed approximately \$1.85 billion to increase HIV prevention and reduce health inequities in the areas of HIV, TB, and Reproductive Health.<sup>40</sup>

### **Henry J. Kaiser Family Foundation**

The Henry J. Kaiser Family Foundation is a nonprofit private foundation focusing on major U.S. healthcare issues. HIV/AIDS is considered a crosscutting priority issue that is global in scope.<sup>41</sup>

The work of the Foundation covers research and analysis on important HIV/AIDS issues, monitoring of trends in the epidemic, highlighting the impact of the epidemic on

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the most affected regions of the United States and the world, assessing public opinion, providing media coverage of key meetings and events, and making this information available and accessible to the public.

The Global Media AIDS Initiative was developed by the Kaiser Family Foundation in partnership with UNAIDS. Launched in January, 2004, it aims to activate media organizations around the world to provide information on how to prevent and treat HIV and help combat AIDS-related stigma and discrimination.<sup>42</sup>

The Kaiser Family Foundation also works in overseas, with *loveLife*, the South Africa's largest national HIV prevention initiative.

### **Ford Foundation**

The Ford Foundation is a grant making institution of domestic and international scope with offices in Africa, Asia, Latin America and Russia. The goals of the Foundation are to strengthen democratic values, reduce poverty and injustice, promote international cooperation, and advance human achievement. The focus of Ford Foundation HIV/AIDS related grants includes community mobilization, advocacy, education and care.<sup>43</sup>

### **Rockefeller Foundation**

The Rockefeller Foundation is a global foundation with a commitment to enrich and sustain the lives and livelihoods of poor and excluded people throughout the world. Grant making is organized around four themes: creativity and culture, food security, health equity and working communities. Crosscutting areas for all thematic lines are Global Inclusion, Special Programs, and Regional Programs.<sup>44</sup> HIV/AIDS related grants are primarily funded in the category of Health Equity.

The Rockefeller Foundation focuses on the development of microbicides, which could prevent HIV. In 2005, Merck, working together with Bristol-Meyers Squibb,

developed a potential microbicide to protect women from HIV. In 2006, The Clinical Trials unit of the London based Medical Research Council used a grant from the Rockefeller Foundation of over \$4 million to continue its field programs in Uganda and Zimbabwe, completing scientific monitoring and assessing the safety and effectiveness of two strategies for the use of antiretroviral drugs in the fight against HIV/AIDS in sub-Saharan Africa.<sup>45</sup>

### **Elizabeth Glaser Pediatric AIDS Foundation**

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a national nonprofit organization dedicated to identifying, funding and conducting critical pediatric AIDS research.<sup>46</sup> Since then it has expanded into international programs which focus on reducing mother-to-child transmission in developing countries.

EGPAF works with (PEFPA, allowing it to partner with the CDC and local organizations in countries like the Côte d'Ivoire, South Africa, and Zambia. Additionally, in 2006, the Foundation received a \$9.7 million grant from the Bill & Melinda Gates Foundation to develop and test candidate vaccines to prevent HIV infection in children.<sup>47</sup>

### **Clinton Foundation**

The mission of the Clinton Foundation is to strengthen the capacity of people in the United States and throughout the world to meet the challenges of global interdependence. The Foundation accomplishes this mission through its work in the following five programs: HIV/AIDS Initiative, Clinton Global Initiative, Urban Enterprise Initiative, Earned Income Tax Credit Awareness Program, and The Alliance for a Healthier Generation.

The Clinton HIV/AIDS Initiative (CHAI), launched in 2002, and currently works with dozens of countries and grants hundreds of thousands of people in the developing

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world access high-quality, low-cost care and treatment. Sixty-six countries have access to CHAI prices for ARV drugs and diagnostics, representing 90 percent of all AIDS cases in the developing world. CHAI focuses particularly on granting children universal treatment for HIV/AIDS. Since CHAI began purchasing pediatric medicines through

UNITAID, an international drug purchase facility, which will help scale up access to drugs and diagnostics to fight AIDS, malaria and tuberculosis for people who need them most in developing countries. Since its launch in November 2006, nearly 12,000 additional children have been reached.<sup>48</sup>

### Notes:

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- <sup>39</sup> ([http://www.fcaaid.org/publications/documents/FCAA\\_2006\\_ResourceTracking\\_comp.pdf](http://www.fcaaid.org/publications/documents/FCAA_2006_ResourceTracking_comp.pdf) FCAA August 2006)
- <sup>40</sup> ([www.gates.org/globalhealth/](http://www.gates.org/globalhealth/)). Accessed June 2007
- <sup>41</sup> (<http://www.kff.org/about/index2.cfm>) Accessed July 2007
- <sup>42</sup> (UN Secretary General Kofi Annan Launches Global Media AIDS Initiative, News Release, January 15, 2004)
- <sup>43</sup> (<http://www.fordfound.org/about/history.cfm>)
- <sup>44</sup> ([www.rockfound.org](http://www.rockfound.org))
- <sup>45</sup> ([http://www.rockfound.org/library/annual\\_reports/2000-2009/2006.pdf](http://www.rockfound.org/library/annual_reports/2000-2009/2006.pdf)) Accessed January 2007
- <sup>46</sup> ([www.pedaids.org/fs\\_about\\_us.html](http://www.pedaids.org/fs_about_us.html))
- <sup>47</sup> ([http://www.pedaids.org/OurWork/International%20HIV%20Preventi%20\(1\).aspx](http://www.pedaids.org/OurWork/International%20HIV%20Preventi%20(1).aspx)) Accessed July 2007
- <sup>48</sup> (<http://www.clintonfoundation.org/pdf/chai-faq-053007.pdf>) Accessed June 2007

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## Corporate Sector Participation

Corporate support in the fight against HIV/AIDS is ongoing and growing according to a recent report published by Funders Concerned About AIDS (FCAA).<sup>49</sup> Multinational corporations are engaging in regions where their workers are especially hard hit by the epidemic. Corporate support for HIV/AIDS initiatives consists of direct grants to organizations providing AIDS services, in-kind contributions of time and resources, workplace programs for employees and staff, and collaborative initiatives through public-private partnerships. Small businesses are also increasing their participation. The following is a brief description of several international corporate sponsors of HIV/AIDS research, prevention, care, and treatment.

### *Abbott Laboratories*

Since 2001, Abbott has made HIV medicines widely available in all of Africa and the 69 Least Developed Countries, as designated by the United Nations. Abbott expanded their commitment to product affordability and announced Kaletra's price at \$1,000 per patient per year in more than 40 low- and middle-income countries.

In 2006, the World Health Organization guidelines stated that Abbott's lopinavir/ritonavir (Kaletra) tablets are the preferred protease inhibitor in resource-restricted societies. Abbott's program is designed to ensure long-term sustainable access to high-quality HIV medicines.<sup>50</sup>

### *Becton Dickinson and Company*

Becton Dickinson and Company, BD, is a global medical technology company. In South America, Asia, and Africa, BD works to improve the monitoring of 40 million people who are HIV-positive. In South America, the Caribbean and Mexico alone, BD flow cytometers and reagents are used in

approximately 290 laboratories running approximately 860,000 tests.<sup>51</sup>

### *Bristol-Myers Squibb*

Bristol-Myers Squibb is a global pharmaceutical company. In 1999, Bristol-Myers Squibb and the Bristol-Myers Squibb Foundation created SECURE THE FUTURE. This initiative was, and still is, the largest corporate commitment of its kind to fight HIV/AIDS in Africa. A five-year, \$115 million initiative, SECURE THE FUTURE provides support for women and children infected or affected by HIV/AIDS in nine countries in southern and West Africa, where the AIDS crisis is most acute

SECURE THE FUTURE focuses in three key areas: children with HIV/AIDS, community based programs which support medical care and treatment, and the NGO Institute which is the first of its kind in Africa and is developing model training modules to build leadership, management and good governance skills among organizations working to fight HIV/AIDS.

### *ExxonMobil*

ExxonMobil is a multi-national American oil and gas company. In 2004, ExxonMobil initiated a comprehensive workplace health program known as StopAIDS to help address the impacts of the devastating HIV/AIDS pandemic on local employees, their families, and the surrounding communities. In 2007, the program has been implemented in all sub-Saharan African operation sites, reaching over 4000 employees and their families in five countries. More than 290 peer educators have been trained by external experts of Population Services International and are delivering adult health education in four languages. Community-based VCT centers have been identified in all major cities where StopAIDS operates, offering employees access to confidential counseling.<sup>52</sup>

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## **GlaxoSmithKline**

GlaxoSmithKline, GSK, is the second largest pharmaceutical company in the world.

GSK established Positive Action in 1992, an early recognition of the pivotal role played by communities in responding to the world's HIV and AIDS epidemics.

GlaxoSmithKline's Positive Action was the principal sponsor of the Global Village at AIDS2006. The Global Village was an interactive and participatory community space that aimed to engage, challenge and inspire.<sup>53</sup>

## **Global Business Coalition on AIDS**

The Global Business Coalition (GBC) on AIDS is comprised of international businesses dedicated to combating AIDS using the business sector's skills and expertise.<sup>54</sup>

GBC is working to uncover the link between health and empowerment of women, specifically regarding HIV/AIDS, empowering individual employees to join the fight against AIDS, establishing an International AIDS Stamp in support of The Global Fund, and scaling-up HIV testing. They have also begun a program to measure the efficacy of business' AIDS programs.<sup>55</sup>

## **World Economic Forum**

The World Economic Forum consists of business, political, intellectual, and other leaders committed to improving the state of the world.<sup>56</sup> In 2002, the Forum launched the Global Health which engages businesses in public-private partnerships to fight HIV/AIDS, TB and Malaria. The Global Health Initiative, whose 230 partners include member companies, WHO, and UNAIDS, fosters private sector engagement in the battle against HIV/AIDS, tuberculosis, and malaria.

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\*Information from the FCAA U.S. Philanthropic Commitment to HIV/AIDS: 2004

**Notes:**

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<sup>49</sup> [http://www.fcaaid.org/publications/documents/FCAA\\_2006\\_ResourceTracking\\_comp.pdf](http://www.fcaaid.org/publications/documents/FCAA_2006_ResourceTracking_comp.pdf) U.S. Philanthropic Commitment to HIV/AIDS: 2004 (August 2006)

<sup>50</sup> <http://abbottglobalcare.org/>

<sup>51</sup> (<http://www.bd.com/globalhealth>)

<sup>52</sup> ([http://www.exxonmobil.com/Corporate/Citizenship/gcr\\_health\\_stopaids.asp](http://www.exxonmobil.com/Corporate/Citizenship/gcr_health_stopaids.asp)) Accessed June 2007

<sup>53</sup> (<http://www.gsk.com/>)

<sup>54</sup> ([www.businessfightsaids.org](http://www.businessfightsaids.org))

<sup>55</sup> (<http://www.businessfightsaids.org/site/pp.asp?c=gwKXJfNVJtF&b=1008759>) Accessed December 2006

<sup>56</sup> ([www.weforum.org/site/homepublic.nsf/Content/About+the+Forum+Subhome](http://www.weforum.org/site/homepublic.nsf/Content/About+the+Forum+Subhome)) Accessed February 2007

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## Academic Institutions

Academic institutions play a major role in the fight against HIV/AIDS globally. There are dozens of colleges and universities across the U.S. that have some sort of HIV/AIDS project in one or more developing countries, and they vary widely in size and scope (*see chart on page 37*). Most of these initiatives are undertaken in partnership with government, foundations, or the private sector. Training of healthcare professionals, development of care and treatment programs, and research are the primary areas of focus for these collaborations.

For purposes of this document, the initiatives of five universities will be described: Columbia University Mailman School of Public Health MTCT-Plus Initiative, Harvard AIDS Institute, Johns Hopkins Fogarty International Training & Research Program, and the University of California at San Francisco Global Health and AIDS Research Institute, I-TECH and University of Maryland Institute for Human Virology. These institutions were chosen because their activities illustrate the broad spectrum of initiatives and programs supported by academic institutions and their partners.

### **Columbia University Mailman School of Public Health**

**MTCT-Plus Initiative** – Established in 2002, the MTCT-Plus Initiative supports specialized care to HIV-positive women, their partners, and their children identified in prevention programs. Care includes comprehensive services; this covers antiretroviral medication in some instances. The Initiative is a partnership of nine foundations, CDC, and USAID. MTCT-Plus Countries are Cameroon, Côte d'Ivoire, Kenya, Mozambique, Rwanda, South Africa, Thailand, Uganda, and Zambia. The initiative has provided life-saving care and treatment to more than 13,000 adults and children.<sup>57</sup>

### **Harvard AIDS Institute**

The Harvard AIDS Institute (HAI) promotes research, education, and leadership in every region and focuses on directing research efforts towards prevention and treatment strategies in resource-poor settings.

The Institute programs include:

**Botswana-Harvard AIDS Institute Partnership for HIV/AIDS Research and Education** – A collaborative research and training initiative between the government of the Republic of Botswana and the Harvard AIDS Institute that supports a research laboratory and training center.

Beginning in 2007, foreign institutions in low- and middle-income countries are eligible to apply for two-year planning grants. The primary goal of this program is to build multi-disciplinary biomedical, behavioral and social science research capacity for the prevention, care and treatment of HIV/AIDS and HIV-related conditions for those adults and children affected by HIV/AIDS in the collaborating country.<sup>58</sup>

### **Johns Hopkins University**

The Johns Hopkins Fogarty AIDS International Training & Research Program (Hopkins AITRP) was established in 1988 to help scientists in developing countries build research and public health capacities in those countries. It is one of 23 NIH Fogarty International Center programs. The program started in Africa and Latin America and has expanded to include countries in Asia, Eastern Europe, and among the former Soviet republics.

Most training takes place in developing countries and in partnership with United States and other academic institutions.<sup>59</sup>

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### **University of California San Francisco Institute for Global Health and AIDS Research Institute**

The University of California San Francisco (UCSF) and UC Berkeley established the Institute for Global Health (IGH) in 1999, in close collaboration with Stanford University and leading corporations and organizations in the Bay Area. IGH conducts multidisciplinary research; helps develop, implement, and evaluate health policies; and provides training to scientists, healthcare workers, and policy makers in developing countries. The AIDS Research Institute (ARI) coordinates and integrates all AIDS research activities at UCSF. It was established more than 15 years ago, and in 2000, began including research on the global HIV/AIDS epidemic.

### **University of Maryland Institute of Human Virology**

The Institute of Human Virology was awarded a \$64 million PEPFAR grant to provide care, treatment and counseling to people living with AIDS in Africa and other developing countries in the Caribbean, Latin America and Asia. The IHV also receives funding to perform HIV vaccine research.

The Fogarty AIDS International Training Research Program (AITRP) at the University of Maryland Baltimore Institute of Human Virology provides long- and short-term training to health care professionals from the Caribbean Basin and Nigeria.

### **University of Washington-University of California San Francisco I-TECH Program**

The International Training and Education Center on HIV (I-TECH), is administered jointly by the University of Washington and University of California San Francisco. The global AIDS training program works with

ministries of health and the USG to increase human and institutional capacity for care and treatment in developing countries.

Founded in 2002 by the HRSA in collaboration with the CDC, I-TECH shares lessons learned from the U.S. Domestic AIDS Education and Training Centers with their technical recipients.

I-TECH currently works with countries in Africa and Asia to scale-up antiretroviral treatment for AIDS, reduce stigma and discrimination around HIV/AIDS, and produce educational materials. I-TECH has trained over 3,700 government and private health workers in HIV/AIDS topics as of August 2006.

### **Notes**

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<sup>57</sup> (<http://www.columbia-icap.org/whatwedo/mtctplus/>)

<sup>58</sup> (<http://www.aids.harvard.edu/>) Accessed 2006

<sup>59</sup> (<http://www.hopkins-aids.edu/>) Accessed January 2006

## Appendix A: USAID HIV/AIDS, CDC GAP, and NASTAD Partners

### [ABT Associates](#)

Provides state-of-the-art knowledge, approaches, and tools in the area of costing, financing, and organization of HIV/AIDS services, through the Partnerships for Health Reform project.

*Washington, DC*

### [Academy for Educational Development](#)

Provides technical assistance in behavior change, nutrition, and breastfeeding, as well as analysis and research in Africa.

*Washington, DC*

### [Bill & Melinda Gates Foundation](#)

Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to reduce inequities and improve lives around the world. In developing countries, it focuses on improving health, and reducing poverty.

*Seattle, WA*

### [U.S. Bureau of the Census](#)

Maintains the HIV/AIDS Surveillance Database, provides demographic and economic impact models of HIV/AIDS in urban and rural areas in developing countries, and disseminates information via a variety of publications and presentations.

*Washington, DC*

### [CARE](#)

Builds non-governmental organization and healthcare provider service delivery networks and strengthens their ability to provide HIV prevention and reproductive health services.

*Atlanta, GA*

### [Catholic Relief Services](#)

Operates on five continents and in over 90 countries, aiding the poor by first providing direct assistance where needed, then encouraging these people to help with their own development.

*Baltimore, MD*

### [U.S. Centers for Disease Control and Prevention](#)

Provides technical expertise in design,

implementation, and evaluation to

international HIV/AIDS programs.

*Atlanta, GA*

### [Centre for Development and Population Assistance](#)

Strengthens women's abilities to make informed decisions to improve reproductive health.

*Washington, DC*

### [Chemonics International](#)

Promotes economic growth and higher living standards in developing countries.

*Washington, DC*

### [CONRAD](#)

Supports research on contraceptive methods, microbicides, and other products to prevent HIV/AIDS and sexually transmitted infections.

*Arlington, VA*

### [Constella's Futures Group](#)

Through its POLICY project, helps build a supportive policy environment for HIV/AIDS, family planning and reproductive health programs by encouraging policies and plans that promote and sustain access to quality information and services.

*Washington, DC*

### [CORE Initiative](#)

Partners with community and faith-based groups to advance multisectoral responses to the HIV/AIDS epidemic through grants, capacity building, and networking.

*Washington, DC*

### [Elizabeth Glaser Pediatric AIDS Foundation](#)

Identifies, funds, and implements pediatric HIV/AIDS research.

*Washington, DC*

### [EngenderHealth](#)

EngenderHealth provides technical assistance and in reproductive health and HIV/AIDS services, management of STI, voluntary counseling and testing,

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microbicides, and male involvement.  
*Washington, DC*

#### [Family Health International](#)

Designs, manages, monitors, and provides technical support to regional and/or country-specific HIV/AIDS program interventions, through its IMPACT project. FHI's Youthnet project improves reproductive health and helps prevent the spread of HIV/AIDS among people ages 10 – 24. Also partners with USAID for the development of microbicides for HIV/AIDS prevention.  
*Durham, NC & Washington, DC*

#### [Food for the Hungry](#)

Helps some of the world's most disadvantaged people in 47 countries through programs in child development, agriculture and clean-water, health and nutrition, education, micro-enterprise loans, and emergency relief.  
*Phoenix, AZ*

#### [FreshMinistries](#)

Focuses on economic development and neighborhood restoration in the core city and spiritual and racial reconciliation throughout the community.  
*Jacksonville, FL*

#### [HOPE worldwide](#)

A nonprofit charity, serving more than two million needy people with a global pool of committed volunteers, and is a registered private voluntary organization with USAID.  
*Wayne, PA*

#### [Initiatives, Inc.](#)

Provides technical assistance to government, intergovernmental, and non-governmental organizations in the social service sectors, primarily in the developing world.  
*Boston, MA*

#### [Global Health Council](#)

Promotes health worldwide through advocacy, building alliances, and communicating experiences and best practices.  
*Washington, DC*

#### [Horizons](#)

Horizons conducts operations research to develop and identify best practices for the prevention of HIV/AIDS and other sexually transmitted infections.

*Washington, DC*

#### [International AIDS Vaccine Initiative](#)

IAVI is an international, scientific non-governmental organization dedicated to ensuring the development of safe, effective, accessible, preventive AIDS vaccines for use throughout the world.

*New York, NY*

#### [International Center for Research on Women](#)

ICRW conducts research on HIV/AIDS-related stigma, HIV prevention for adolescents, and improving access to women-controlled methods of HIV prevention.

*Washington, DC*

#### [International HIV/AIDS Alliance](#)

The International HIV/AIDS Alliance mobilizes and strengthens non-governmental organizations and community-based organizations to respond to HIV/AIDS, improves the quality of their work, and documents and shares lessons about community mobilization and NGO strengthening of non-governmental organizations.

*Brighton, UK*

#### [International Youth Foundation](#)

Currently operating in close to 70 countries and territories, IYF and its partners have helped millions of young people gain the skills, training and opportunities critical to their success.

*Baltimore, MD*

#### [Internews](#)

Internews, a nonprofit organization that fosters independent media, addresses HIV/AIDS issues through public service announcements, television and radio program production, journalism training, and other activities.

*New York, NY*

#### [Intrah](#)

Intrah develops systems for training and education to improve the performance of healthcare providers in reproductive health, including family planning and prevention of HIV/AIDS and sexually transmitted infections.

*Chapel Hill, NC*

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### [I-TECH](#)

The International Training and Education Center on HIV (I-TECH), a collaboration between the University of Washington and University of California San Francisco, is a global AIDS training program working at the invitation of ministries of health and the USG to increase human and institutional capacity for care and treatment in countries hardest hit by the AIDS epidemic.

*Seattle, WA*

### [Johns Hopkins University](#)

USAID partners with Johns Hopkins University to provide a variety of HIV/AIDS prevention and reproductive health activities, including behavior change communication, healthcare provider training, and maternal and neonatal health interventions.

*Baltimore, MD*

### [John Snow Inc.](#)

The DELIVER project provides commodity management support to USAID activities to improve the availability of health commodities such as condoms, contraceptives and other essential drugs at service delivery points.

*Boston, MA*

### [Macro International](#)

Through the MEASURE/DHS project, Macro collects health data with Demographic and Health Surveys, and improves the ability of developing countries to collect and use health data, and provides HIV/AIDS data through the HIV/AIDS Survey Indicators Database.

*Atlanta, GA*

### [Management Sciences for Health](#)

MSH provides technical assistance in management and leadership of health services, improves the efficiency, equity, and quality of drug management in developing countries, and improves quality and accessibility of reproductive health programs in Africa in the context of high HIV/AIDS prevalence.

*Cambridge, MA*

### [Opportunity International](#)

Opportunity International works through indigenous partner organizations to provide small business loans, training and counsel

for people in chronic poverty.

*Oakbrook, IL*

### [Pact](#)

Pact's Community REACH program awards small grants to community- and faith-based organizations engaged in HIV/AIDS prevention, care and support activities.

*Washington, DC*

### [Population Council](#)

The Population Council is an international, nonprofit, non-governmental organization that conducts biomedical, social science, and public health research.

*New York, NY*

### [Population, Health and Nutrition Information Project](#)

PHNI provides USAID with information and analysis to support priority setting, design, management, and evaluation of its programs.

*Washington, DC*

### [Population Services International](#)

Through its AIDSMark project, PSI implements HIV/AIDS social marketing interventions worldwide for USAID. PSI markets essential health products and services, and develops and disseminates behavior change messages and concepts.

*Washington, DC*

### [Program for Appropriate Technology in Health \(PATH\)](#)

PATH's Health tech project develops health, nutrition, and family planning technologies, including microbicides for HIV/AIDS prevention.

*Seattle, WA*

### [Samaritan's Purse](#)

Since 1970, Samaritan's Purse has helped meet needs of people who are victims of war, poverty, natural disasters, disease, and famine.

*Boone, NC*

### [Save the Children](#)

The NGO Networks for Health project strengthens non-governmental organizations to provide reproductive health, child survival, and HIV/AIDS services.

*Westport, CT*

### [Synergy](#)

Synergy designs and refines HIV/AIDS

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strategies, monitors HIV/AIDS activities, and collects and disseminates research, implementation, and evaluation findings.  
*New York, NY*

**[University of California San Francisco Center for AIDS Prevention Studies](#)**

UCSF conducts interdisciplinary HIV/AIDS prevention research, trains scientists, and stimulates collaboration among academic researchers, public health professionals and community-based organizations.

*San Francisco, CA*

**[University of North Carolina/Carolina Population Center](#)**

Through the MEASURE/Evaluation project, the Carolina Population Center collects data and provides monitoring and evaluation assistance to developing country population, health and nutrition programs.

*Chapel Hill, NC*

**[University Research Company](#)**

Through the Quality Assurance project, URC improves the ability of health programs to achieve higher levels of quality and efficiency.

*Bethesda, MD*

**[World Concern](#)**

World Concern is a Christian humanitarian organization that provides emergency relief and community development in some of the most neglected areas of the world.

*Seattle, WA*

**[World Relief](#)**

World Relief works with churches and communities in 24 nations on four continents to help victims of poverty, disease, hunger, war, disasters, and persecution.

*Baltimore, MD*

**[World Vision](#)**

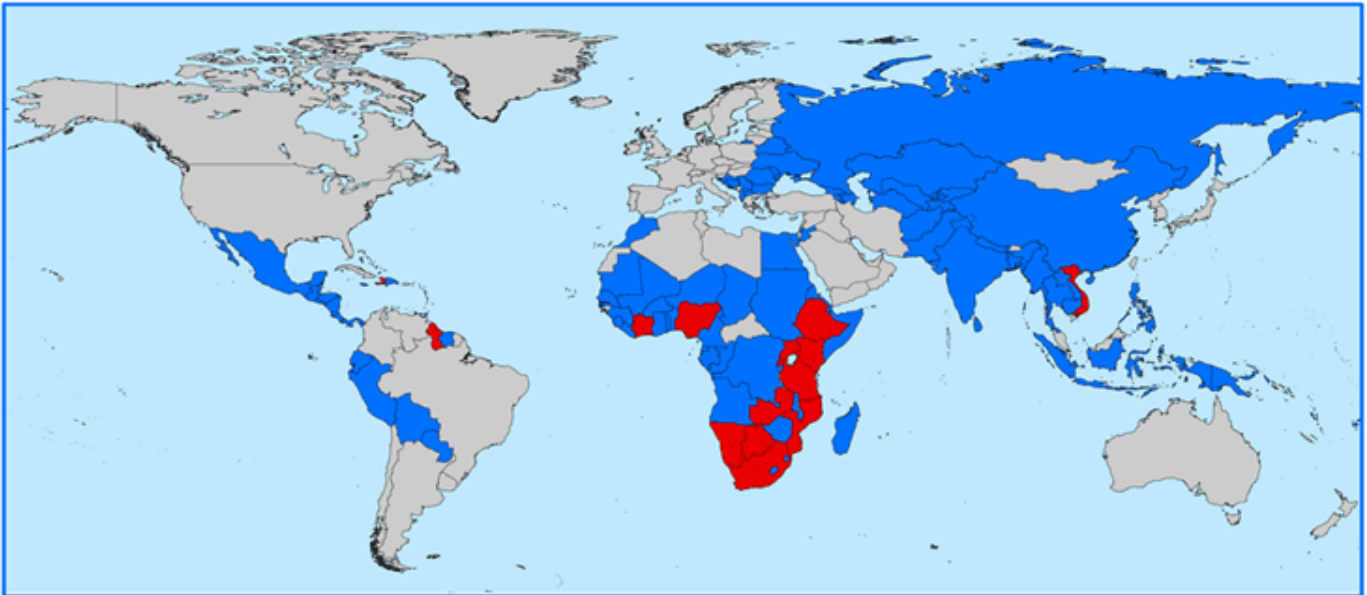
World Vision is an international Christian relief and development organization helping children and communities worldwide reach their full potential by tackling poverty.

*Federal Way, WA*

## Appendix B: USAID HIV/AIDS and CDC Global AIDS Program Countries

Angola	Nigeria*
Botswana*	Rwanda*
Brazil	Senegal
Cambodia	South Africa*
China	Tanzania*
Côte d'Ivoire*	Thailand
D.R. Congo	Uganda*
Ethiopia*	Vietnam*
Guyana*	Zambia*
Haiti*	Zimbabwe
India	<b>Regional Programs</b>
Kenya*	Asia
Malawi	Southern Africa
Mozambique*	Caribbean
Namibia*	Central America

### PEPFAR Focus Countries (in red)



Map provided by the Humanitarian Information Unit (HIU) of the U.S. State Dept.. (<http://www.pepfar.gov/countries/>)

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## Appendix C: Web Resources

### *U.S.-Based Organizations and Agencies*

**Africare**

[www.africare.org](http://www.africare.org)

**Advocates for Youth**

[www.advocatesforyouth.org](http://www.advocatesforyouth.org)

**American Association of Blood Banks**

[www.aabb.org](http://www.aabb.org)

**American Center for International Labor Solidarity (ACILS)**

[www.solidaritycenter.org](http://www.solidaritycenter.org)

**American Red Cross (ARC)**

[www.redcross.org](http://www.redcross.org)

**Association of Public Health Laboratories (APHL)**

[www.aphl.org](http://www.aphl.org)

**CARE**

[www.care.org](http://www.care.org)

**College of American Pathologists (CAP)**

[www.cap.org](http://www.cap.org)

**Minority Health Professions Foundation (MHPF)**

[www.minorityhealth.org](http://www.minorityhealth.org)

**National Alliance of State and Territorial AIDS Directors (NASTAD)**

[www.NASTAD.org](http://www.NASTAD.org)

**NIH Fogarty Center**

<http://www.nih.gov/fic/>

**Program for Appropriate Technology in Health (PATH)**

<http://www.path.org/index.htm>

**Research Triangle Institute**

<http://www.rti.org/>

**Rockefeller Foundation**

<http://www.rockfound.org/frameset.html>

**The Elizabeth Glaser Pediatric AIDS Foundation (PAF)**

<http://www.pedaids.org/>

### *International Links*

**AMREF (African Medical and Research Foundation)**

[www.amref.org](http://www.amref.org)

**Australian AID**

<http://www.ausaid.gov.au/>

**Canadian International Development Agency (CIDA)**

<http://www.acdi-cida.gc.ca/>

**European Union AIDS Task Force**

<http://www.europa.eu.int>

**Family Health International FHI**

<http://www.fhi.org/>

**Gesellschaft für Technische Zusammenarbeit (Germany) (GTZ)**

<http://www.gtz.de/home/english/>

**Global Health Action**

<http://www.globalhealthaction.org/>

**Institut Pasteur**

<http://www.pasteur.fr/externe.html>

**International AIDS Society**

<http://www.ias.se/>

**International Association of Physicians in AIDS Care (IAPAC)**

<http://www.iapac.org/>

**International Federation of Red Cross and Red Crescent Societies**

<http://www.ifrc.org>

**International Labor Organization (ILO)**

<http://www.ilo.int>

**International Union Against TB and Lung Disease (IUATLD)**

<http://www.umatld.org/>

**Japanese International Cooperation Agency (JICA)**

<http://www.jica.go.jp/english/global/aid/index.html>

**Swedish International Dev. Agency (SIDA)**

<http://www.sida.se/Sida/jsp/Crosslink.jsp>

[/d,107](#)

Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET)

<http://tephinet.org/>

Medicins Sans Frontiers (MSF)

<http://www.msf.org/>

Pan American Health Organization (PAHO)

<http://www.paho.org/>

Population Services International (PSI)

<http://www.psi.org/>

Population Council/Horizons

<http://www.popcouncil.org/horizons/horizons.html>

UK Development (DFID)

<http://www.dfid.gov.uk/>

United Nations Children's Fund (UNICEF)

<http://www.unicef.org/>

UNAIDS

<http://www.unaids.org/>

UNDP

<http://www.undp.org/hiv/index.html>

United Nations Population Fund (UNFPA)

<http://www.unfpa.org/>

World Bank

<http://www.worldbank.org/>

World Health Organization (WHO)

<http://www.who.int/>

### ***U.S. Government Sites***

Centers for Disease Control and Prevention: Global AIDS Program (CDC-GAP)

<http://www.cdc.gov/nchstp/od/gap/>

Office of the U.S. Global AIDS Coordinator (OGAC)

<http://www.state.gov/s/gac/>

President's Emergency Plan for AIDS Relief (PEPFAR)

<http://www.pepfar.gov/>

Health Resources and Services Administration (HRSA)

<http://hab.hrsa.gov/>

International Cooperative Admin Services System (ICASS)

<http://www.icass.com/>

International Experience and Technical Assistance Program (IETA)

<http://www.cdc.gov/nchstp/od/psoieta/Default.htm>

National Center for Infectious Diseases, Division of AIDS, STD, and TB Laboratory Research (DASTLR)

<http://www.cdc.gov/ncidod/dastlr/>

National Heart Lung and Blood Institute

<http://www.nhlbi.nih.gov/>

National Institutes of Health (NIH)

<http://www.nih.gov/>

NIH Fogarty Center

<http://www.nih.gov/fic/>

Peace Corps

<http://www.peacecorps.gov>

PHPPPO

<http://www.phppo.cdc.gov/>

United States Agency for International Development (USAID)

<http://www.usaid.gov/>

USAID Synergy

<http://www.synergyaids.com>

U.S. Department of Defense

<http://www.defenselink.mil/>

U.S. Department of Health and Human Services

<http://www.hhs.gov/>

U.S. Department of State

<http://www.state.gov>

### ***Universities***

Columbia University

<http://www.columbia.edu>

Harvard University

<http://www.harvard.edu/>

Johns Hopkins University

<http://www.jhu.edu/>

Public Health Schools without Walls (PHSWOWs)

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<http://www.tulane.edu/~phswow/>

**Tulane University**

<http://www.tulane.edu>

**UNC/MEASURES Project (North Carolina)**

<http://www.cpc.unc.edu/measure/>

**University of California San Francisco**

<http://www.ucsf.edu/>

**University of Washington**

<http://www.washington.edu/>

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## Appendix D: Acronyms

<b>ABC</b>	Abstain, <b>B</b> e faithful, <b>C</b> orrect and <b>C</b> onsistent use of <b>C</b> ondoms
<b>ACT Africa</b>	AIDS Campaign Team for Africa
<b>AfD</b>	Agence Francaise de Developpement
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AIRTP</b>	AIDS International Training and Research Program
<b>APIN</b>	AIDS Prevention Initiative in Nigeria
<b>ARI</b>	AIDS Research Institute
<b>ART</b>	Antiretroviral treatment
<b>ARV</b>	Antiretroviral drugs
<b>AusAID</b>	Australian Agency for International Development
<b>BIPAI</b>	Baylor International Pediatric AIDS Initiative
<b>CAF</b>	Children’s AIDS Fund
<b>CCM</b>	Country Coordinating Mechanism
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CIDA</b>	Canadian International Development Agency
<b>CORE</b>	Communities Responding to the HIV/AIDS Epidemic
<b>DFID</b>	U.K. Department for International Development
<b>DGCS</b>	Directorate General for Development of Foreign Affairs
<b>DoD</b>	Department of Defense
<b>DoL</b>	Department of Labor
<b>ECI</b>	Enhancing Care Initiative
<b>EGPAF</b>	Elizabeth Glaser Pediatric AIDS Foundation
<b>EU</b>	European Union
<b>FCAA</b>	Funders Concerned About AIDS
<b>G8</b>	Group of 8
<b>GAP</b>	Global AIDS Program
<b>GBC</b>	Global Business Coalition
<b>GFTAM</b>	Global Fund to Fight AIDS, Tuberculosis, and Malaria
<b>GTZ</b>	Deutsch Gesellschaft fur Technische Zusammenarbeit
<b>HAI</b>	Harvard AIDS Institute
<b>HAPCO</b>	HIV/AIDS Prevention and Control Office – Ethiopia
<b>HEART</b>	Help Expand Antiretroviral Treatment to Children and Families
<b>DHHS</b>	Department of Health and Human Services
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRSA</b>	Health Resources and Services Administration
<b>IBRD</b>	International Bank for Reconstruction and Development
<b>IDA</b>	International Development Agency

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<b>IGH</b>	Institute for Global Health
<b>ILO</b>	International Labor Organization
<b>IMF</b>	International Monetary Fund
<b>IPAA</b>	International Partnership Against AIDS in Africa
<b>I-TECH</b>	The International Training and Education Center of HIV
<b>JICA</b>	Japan International Cooperation Agency
<b>JSI</b>	John Snow Incorporated
<b>LIFE</b>	Leadership and Investment in Fighting an Epidemic Initiative
<b>MAP</b>	Multi-Country AIDS Program
<b>MDB</b>	Multilateral Development Banks
<b>NASTAD</b>	National Alliance of State and Territorial AIDS Directors
<b>NHRC</b>	Naval Health Research Center
<b>NIH</b>	National Institutes of Health
<b>OAR</b>	Office of AIDS Research
<b>OGAC</b>	Office of the Global AIDS Coordinator
<b>OGHA</b>	Office of Global Health Affairs
<b>PCB</b>	Programme Coordinating Board
<b>PEPFAR</b>	President's Emergency Plan for HIV/AIDS Relief
<b>PLWHAs</b>	People Living With HIV/AIDS
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>SHARE</b>	Strategic HIV/AIDS Responses by Enterprises
<b>UCSF</b>	University of California San Francisco
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United National Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Fund for Population Activities
<b>UNHCR</b>	United Nations High Commission for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United NATIONS Office on Drugs and crime
<b>URC</b>	University Research Co.
<b>USAID</b>	United States Agency for International Development
<b>WB</b>	World Bank
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization



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