

BRIEFING PAPER

HIV and Human Rights: A Mapping of Donor Priorities and Trends in Southern Africa

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Introduction

In 2012, the Law and Health Initiative (LAHI) of the Open Society Foundations (OSF) and the Open Society Initiative of Southern Africa (OSISA) commissioned a study of donor trends in Southern Africa in relation to HIV and human rights, in an effort to support their grantees in resource mobilization activities. This paper captures the most salient findings of the study. Specifically, it

- Identifies opportunities for leveraging donor support for HIV and human rights organizations
- Makes observations about donor trends that colleagues in both the donor and NGO sectors may find helpful
- Suggests some opportunities for donor collaboration that can support HIV and human rights organizations in adapting to the current funding environment

This paper shows what most people working in the field of HIV already know well—namely, that donors at every level are retreating on funding commitments for HIV. In addition, a number of donors are adjusting their funding strategies to integrate HIV programming into public health, sexual and reproductive health and rights (SRHR), health systems strengthening, LGBT rights, and women’s rights portfolios. While some of these integration efforts may open up new funding doors for HIV and human rights organizations, organizations working at the intersection of AIDS and rights are facing overall funding challenges or crises and, in many cases, require sustained or emergency support. Ironically, this is happening at a time when the central importance of human rights to the HIV response is being recognized in the strategies of UNAIDS, the WHO HIV Programme, and the Global Fund.

Background and Methodology: The Core Grants Initiative

This donor mapping exercise was carried out in connection with the Core Grants Initiative (CGI), a six-year project led by LAHI, OSF, and OSISA. The CGI intends to build the HIV and human rights sector in Southern Africa by providing core operating support, supporting peer-to-peer learning, and facilitating tailored capacity-building and coaching to six leading health and rights organizations in the region. As this report shows, core support is of great value to health and rights organizations, allowing them to operate flexibly and dynamically in volatile human rights climates. As this report shows, however, core support is increasingly hard to come by in the current economic environment.

The following activities were carried out as part of the donor mapping:

- A desk review of materials documenting the work of CGI grantees working on HIV and human rights
- Interviews and email consultations with the leadership and, in some cases, additional staff of CGI grantees

- Desk research on the current funding levels and priorities of private, corporate, public, bilateral and, to a lesser extent, multilateral donors whose missions intersect with those of CGI grantees
- A total of 19 interviews with private, public, and corporate foundations, bilateral donors, and other experts

Organizations in the Core Grants Initiative

AIDS and Rights Alliance of Southern Africa (ARASA), Regional

ARASA is a partnership of 52 non-governmental organizations working together to promote a human rights-based response to HIV and TB in Southern Africa through capacity-building and advocacy.

Botswana Network on Ethics, Law and HIV/AIDS (BONELA), Botswana

BONELA is a national network of individuals and organizations promoting a just and inclusive environment that enhances quality of life for people affected by HIV/AIDS through advocacy, capacity-building, and networking.

Legal Assistance Center (LAC), AIDS Law Unit, Namibia

The AIDS Law Unit of the LAC addresses discrimination and other HIV/AIDS rights concerns on a number of levels and by various means, including policy formulation and research for law reform, litigation, advocacy, education and training, networking, publishing, and provision of basic client services such as legal advice and referrals.

Zambian AIDS Law Research and Advocacy Network (ZARAN), Zambia

Until a sudden funding crisis forced its closure in 2013, ZARAN championed the human rights of people living with or affected by HIV/AIDS in Zambia. Founded in 1999 as a student association at the University of Zambia, ZARAN was the only organization in the country to focus exclusively on a [rights-based approach](#) to the HIV/AIDS response.

Women and Law in Southern Africa-Zimbabwe (WLSA Zimbabwe), Zimbabwe

WLSA Zimbabwe is a chapter of a Southern African feminist and human rights consortium. It coordinates and supports evidence-based interventions to promote the rights of women and girls through legal and policy reform and to effect changes to discriminatory sociocultural practices.

Swaziland Positive Living (SWAPOL), Swaziland

SWAPOL was formed in 2001 as a coping strategy for five HIV-positive women who were encountering stigma and discrimination from their families and other members of their community. SWAPOL currently serves 5,700 support group members in 54 rural communities, including people living with HIV, orphans, and vulnerable children and their families.

Together, the CGI grantees work on the following AIDS and human rights issues:

- Access to ART, PMTCT, and TB treatment and information
- Access to psychosocial support and other care and support services
- Monitoring drug stockouts
- Accountability for national, regional, and global funding commitments to AIDS (e.g., Global Fund replenishment, monitoring SADC commitments, national commitments under the Abuja Declaration)
- Property and inheritance rights of women and families living with or affected by HIV/AIDS
- Violence against women (focused on HIV-positive women as well as more broadly)
- Rights of key affected populations such as people who use drugs, sex workers, prisoners, migrants, and LGBT people

The CGI grantees pursue these AIDS and human rights issues through the following means:

- Research and policy analysis
- Legal services for people living with HIV, women, and key affected populations
- Legal and policy reform
- Advocacy (multiple targets: legislators, donors, community leaders, etc.)
- Strategic litigation
- Community mobilization
- Human rights education
- Communications and media work

These organizations' activities advance numerous commitments shared by UN member states, UNAIDS, and UNDP by helping create enabling environments for HIV prevention, care, and support.¹ However, each of them is facing serious funding challenges. Several grantees described CGI funding as a "lifeline," and OSISA staff have expressed alarm that if core support for the CGI ceases, some grantees may have to close their doors. Since late 2012, when this report was originally released, ZARAN has indeed had to cease operating due to a funding crisis. For their part, WLSA Zimbabwe, BONELA, and SWAPOL have replaced their direct support from the CGI with grants from the Regional Sexual and Reproductive Health Fund (RSRHR Fund). The RSRHR Fund is a collaborative funding mechanism anchored by The Ford Foundation, Hivos, and OSF that is designed to bolster the regional response to HIV and SRHR in Southern Africa (see Annex II for more information).

¹ UN General Assembly, Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, ¶ 53 and 77, UN Doc. A/RES/65/277 (July 8, 2011), available at: http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_UN_A-RES-65-277_en.pdf.

Resource Mobilization Challenges for HIV and Human Rights Organizations in Southern Africa

There are diminishing funds for and attention to HIV

UNAIDS estimates that global HIV funding available from all sources—including domestic public and private spending, donor government bilateral assistance, and multilateral organization and private philanthropic aid disbursements—totaled US\$18.9B in 2012. This total fell well below the US\$22B–\$24B in annual funding that UNAIDS estimated would be needed by 2015 to meet the targets set by the UN General Assembly in 2011.²

Donor governments contributed US\$7.86B to the overall HIV response in 2012, which in real terms—compared to 2011 (US\$7.63B)—continued a trend of flat funding that began in 2008. Funding to address HIV/AIDS from global private philanthropic institutions totaled US\$636M in 2012, remaining essentially flat from 2011.³

“We have seen our cooperating partners reduce their support or close up. This is having a major effect on our grantees and our grantmaking decisions, because we are often the lead donor on collaborative programs in the region.”

-Bilateral funder

In a landmark moment for global HIV/AIDS funding, domestic spending surpassed that provided by donors for the first time in 2011, and increased to US\$9.9B in 2012. However, as this report shows, domestic support is largely inaccessible to HIV and human rights groups that challenge government policies. Indeed, in some cases these groups would consider it a conflict to accept it at all.⁴

Private donors, bilaterals, and public foundations from the Southern African region recounted stories of AIDS organizations closing their doors. They remarked that the first casualties of a funding retreat are—and will continue to be—civil society organizations, as governments are more likely to “pick up the tab” for service delivery and research work than for community mobilization.

² UNAIDS, Global Report: UNAIDS Report on the Global AIDS Epidemic 2013 (2013), available at: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf [UNAIDS Global Report].

³ The Henry J. Kaiser Family Foundation and UNAIDS, Financing the Response to HIV in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2012 (2013), available at: <http://kaiserfamilyfoundation.files.wordpress.com/2013/09/7347-09-financing-the-response-to-hiv.pdf> [Financing the Response to HIV in Low- and Middle-Income Countries].

⁴ UNAIDS Global Report, *supra* note 2.

HIV is not popular among human rights donors

Several respondents remarked that it has long been the case that HIV advocacy is not embraced by human rights funders because of the perception that there is a glut of funding for HIV that should be able to cover health and rights work. Recent research suggests, however, that this state of affairs is changing. A forthcoming report by UNAIDS shows that over 50 percent of organizations working on HIV and human rights globally are accessing non-HIV funding, primarily from human rights and LGBT donors.⁵

One CGI grantee pointed out that it is currently the trend to support human rights defenders, which excludes organizations fighting for women's legal rights since these last are not out in the street protesting or risking their lives in ways that will make the papers. In addition, two donors mentioned that AIDS has completely fallen off the agenda of the women's rights movement, pointing to the fact that there was virtually no discussion of AIDS at the recent Association of Women in Development (AWID) forum in Turkey.

Private funders in Europe and the US are not easily accessible to national and local organizations

Despite their efforts, CGI grantees have been unable to find alternative ways of making connections. Neither the Oak Foundation nor the Sigrid Rausing Trust—two leading human rights donors—accept unsolicited proposals. Grantees also note that Comic Relief requires an application from a UK-based NGO, requiring complicated partnership attempts with British NGOs (e.g., OXFAM UK) that do not always bear fruit. Finally, the Ford Global Initiative on HIV/AIDS, a source of support for strong national AIDS organizations and many regional HIV networks, shut its doors in 2010. This has further limited funding opportunities to Ford's regional office, which has very specific priorities (discussed below).

The geographic priorities of donors limit opportunities to build robust national organizations and limit regional organizing

At the regional level, both Wellspring Advisors, one of the largest US-based human rights donors, and American Jewish World Service, an agency with a strong track record in funding HIV/AIDS from LGBT and women's rights angles, have recently made decisions to cease funding in Southern Africa in an effort to consolidate their funding for greater impact.

At national levels, donors tend to neglect Botswana because it is perceived as a wealthy country. PEPFAR money is channeled through Botswana's government for treatment, and the Global Fund has an exclusive focus on TB in the country. Of the private and public donors interviewed for this paper, only the Stephen Lewis Foundation and Hivos fund in Botswana. A significant amount of funding for HIV in Namibia is channeled through USAID contractors who tend to see NGOs as "project implementers," although the AIDS Law Unit has accessed support from PSI and PACT. Further, the Ford Foundation's regional office has recently pulled out of the country. The lack of core support for organizations in Botswana and Namibia limits the ability of staff to attend key regional convenings and, in turn, their ability to participate effectively in regional advocacy and activism.

⁵ UNAIDS, *The Donor Landscape for the Human Rights Response to HIV* (due for publication in June 2014).

Local corporates are resistant to funding human rights

All CGI grantees have attempted to source support from local companies, with little to no success. Companies want to support “feel-good projects that they can publicize, such as a bank-sponsored VCT Day,” and they fear that a connection with a human rights group will label them as “anti-government.” Despite this, CGI grantees recognize that the Corporate Social Investment sector is growing and becoming more sophisticated across Southern Africa. They are eager to explore whether mechanisms can be built or accessed to support sustainable public-private partnerships in the realm of human rights and health.

Core operating support is increasingly hard to come by

“We give a relatively small amount of resources in core support but our grantees consider it very important. The big money coming from the bilaterals is prescriptive. We have tended to see groups change their agenda with the money coming from bilaterals, and then they go back to the important human rights and GBV work when that funding runs out.”

-Private donor

Interviews with donors revealed that very few of them provide core support. Those that do include the Sigrid Rausing Trust, the Ford Foundation, American Jewish World Service (though they are ceasing funding in Southern Africa), the Stephen Lewis Foundation, and the Zambian Governance Foundation. SIDA and Hivos will only provide core support after cultivating a long-term relationship with an organization.

Several people interviewed for this paper pointed out that in an unpredictable funding climate, donors fear taking on too much responsibility for organizational sustainability. Because of this, many donors now favor project support over institutional funding. One donor pointed out that bilaterals are imposing increasingly draconian reporting requirements to respond to the public perception of corruption in the HIV sector, further diminishing opportunities for core support for AIDS organizations.

Donor Mapping

The regional picture: fundraising for advocacy around Southern African human rights instruments and frameworks

Recognizing the increasing importance of advocacy at the intersections of HIV, SRHR, and women’s rights, HIV organizations in the region see value in increasing their presence in advocacy efforts to hold governments accountable for their commitments under the Maputo Plan of Action and the SADC Gender Protocol. Similarly, Ford’s regional office, Hivos, and the Swedish-Norwegian HIV/AIDS team based in Lusaka share the goal of strengthening civil society to utilize regional instruments.

Some respondents noted that these frameworks have not been adequately “translated” for national and local human rights groups and so are not embraced or used effectively. CGI grantees suggested that capacity-building and networking among AIDS and women’s rights grantees that interact more regularly with SADC and the AU would be of great benefit.

In addition, both OSF grantees and donors have observed an increase in donor interest in regional HIV organizations, rather than national ones. Regional organizations are considered a “safer bet,” since they tend to have significant organizational capacity compared to national and local groups, the ability to participate in regional and international meetings, and English-speaking staff. Additionally, if a donor changes country priorities, regional grantees are often less negatively affected.

Private, public, and corporate foundation funding

Besides OSF/OSISA, private funding is not a major source of support for CGI grantees. Public foundations—including the African Women’s Development Fund, Hivos, the Stephen Lewis Foundation, and the Dutch Schorer Foundation—have played meaningful but small roles.

As mentioned above, US and European philanthropic funding for AIDS decreased between 2009 and 2010 for the first time and has remained flat ever since. By far, the largest private HIV/AIDS funder is the Bill and Melinda Gates Foundation, which accounts for almost half of all private US funding for AIDS. With the exception of the Robert Carr Civil Society Network Fund, the Gates Foundation rarely funds national groups directly, and the details of their grantmaking strategies are difficult to access. In rare cases, national and regional groups have been able to secure support from the New Venture Fund. This is a donor-advised fund affiliated with the Gates Foundation that supports smaller, advocacy-oriented programs providing “targeted, timely, efficient, and cost-effective funding to time-sensitive projects focused on global health advocacy.”⁶

Bilateral funding

“If SIDA changes direction, we are all in a mess.”

-CGI grantee

As mentioned above, HIV funding by donor governments declined by 10 percent between 2009 and 2010 and has essentially remained flat ever since.⁷ The United States was the largest donor in 2012 (US\$5B), accounting for nearly two-thirds of total donor government assistance for HIV. The United Kingdom was the second-largest donor (10.2%), followed by France (4.8%), Germany (3.7%), and Japan (2.7%). These top five donors have generally accounted for most of the total donor assistance for HIV over the last several years (approximately 80%).

Canada’s CIDA, formerly a robust HIV/AIDS funding presence in the region, now channels much of its US\$932M for AIDS through the Global Fund and its Children and Youth and Maternal,

⁶ For more information, see: <http://www.newventurefund.org/about-nvf/nvf-projects/>.

⁷ Financing the Response to HIV in Low- and Middle-Income Countries, *supra* note 3.

Newborn, and Child Health strategies. Its funding goes directly to governments to implement national strategic plans for HIV, with little that reaches civil society organizations.

It is difficult to trace the impact of funding decreases by bilaterals for a donor mapping exercise such as this one. Governments publicly make the case that despite decreases in funding specifically for HIV, they will keep their commitments through increased funding to related fields (maternal and child health, youth empowerment, women and girls, etc.) and through continued support of the Global Fund. A closer look at how HIV integration is affecting resource mobilization opportunities is included in section 6.

Integration: Will Organizations Have to Take “AIDS” out of their Names?

2011 UN Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS

Member States Commit to [...]

- Redouble efforts to strengthen health systems [...] through measures such as integration of HIV and AIDS programmes into primary health care, sexual and reproductive healthcare services and specialized infectious disease services.
- Eliminate parallel systems for HIV-related services to strengthen integration of the AIDS response in global health and development efforts.

Neither donors nor CGI grantees interviewed denied the critical importance of integrating HIV into strengthened primary health care systems, SRHR programming, and human, women’s, and LGBT rights movements. But many agreed that scarce resources, combined with dramatic shifts in donor priorities designed to encourage integration, have the potential to be calamitous for AIDS NGOs. Some argued that it was the activism, advocacy, and cutting-edge programming employed by the AIDS movement which, in fact, influenced governments to strengthen health systems and integrate services in the first place.

“With all this integration, what is the future for us—organizations like ours with the word ‘AIDS’ in their title?”

-CGI grantee

The AIDS crisis is far from over. The imperative for integration is to sustain the AIDS response and strengthen the ability of broader health systems and rights movements to play their roles in it effectively. If this transition is not handled carefully, not only the AIDS movement but also allied

movements for health and rights—to which people living with and affected by AIDS have contributed—will be set back considerably.

What is HIV integrating into?

Sexual and reproductive health and rights:

Women living with AIDS and women’s rights activists have long demanded that the response to HIV promote and protect their reproductive health and rights. UN member states committed to this integration at the 2011 High Level Meeting, and donors are changing their strategies to facilitate this integration.

What donors are doing and saying:

- Ford and Hivos created the Sexual and Reproductive Health and Rights (SRHR) Programme Fund to support organizations in addressing the thorny issues hindering reproductive health and rights, such as HIV integration, abortion issues, LGBT, and sexuality.
- The new strategy of Sweden’s SIDA states: “the growing ‘push’ towards greater integration needs to be broadened to include more discussion of sexual as well as reproductive health and rights, with an emphasis on sexuality, sexual pleasure, adolescents living with HIV and LGBTI rights.”⁸
- In June 2012, the Southern African AIDS Trust, the region’s oldest organization supporting grassroots responses to AIDS, changed its mission statement to the following: “Over the next five years SAT will engage in supporting targeted communities and those in the region who support communities to develop replicable models for the *integration of HIV responses into strong and sustained community systems for sexual and reproductive health and rights.*”⁹

Decentralized primary health care systems

There is growing recognition that to reach universal access and realize the promise of “treatment as prevention,” community and health systems require strengthening. Discussions of the integration of HIV service delivery into primary health care systems, and a shift in discourse from AIDS as a public health emergency to AIDS as a chronic disease, are taking place at WHO and UNAIDS, as well as among donors.

What donors are doing and saying:

- Through its funding, Hivos’ Southern Africa office aims to “shift the discourse from disease burden to wellness, especially psychological wellness. Part of this work is to move away from traditional service provision to support work that enhances the rights and opportunities of positive people.”¹⁰
- The Bill and Melinda Gates Foundation, working with WHO, funds efforts to strengthen HIV service delivery systems in order to optimize treatment outcomes. This includes approaches that integrate HIV into primary health care systems and decentralize services to local clinics.

⁸ NORAD/SIDA, The Conceptualization of a Regional Programme for the Integration of Sexual Reproductive Health and Rights, and HIV/AIDS Prevention, with a Focus on Young Girls (2011).

⁹ For more information, see: http://satregional.org/content/new_sat_strategy_builds_strengths_address_new_priorities.

¹⁰ Interview with Hivos.

LGBT and sex worker rights movements

“The LGBT movement needs the broader women’s and human rights movement to help change norms and values. The effect of changing laws is meager without this clout.”

-Public donor

The global LGBT and sex worker rights movements have been bolstered by the space that AIDS funding has created to pursue rights discussions and strategies. Understandably, LGBT and sex worker organizations have been pushing for funds to support work that moves beyond pursuing access to HIV services and toward securing civil, political, social, cultural, and economic rights.

What donors are doing and saying:

- The new strategy of Sweden’s SIDA includes funding for LGBT groups pursuing rights agendas that are unrelated to HIV.
- American Jewish World Service has moved away from supporting HIV-specific programs for LGBT and sex worker community organizations, and now primarily funds rights programming in these communities.
- Hivos is supporting LGBT grantees, some originally funded through their HIV/AIDS programs, to build alliances with the women’s and broader human rights movements.
- A consortium of primarily HIV donors—including OSF, the Levi Strauss Foundation, American Jewish World Service, and the MACAIDS Fund—support The Red Umbrella Fund, a new collaborative fund to advance the human rights of sex workers.

Women’s and human rights—an ongoing challenge

Interviews with human rights and women’s rights donors indicate that the much-needed integration of HIV into these sectors is not happening in any coherent way. As mentioned above, the perception persists that AIDS is both fully funded and primarily concerned with service delivery. Human rights donors interviewed for this paper recognize how HIV-related rights issues intersect with their programming, but grant lists show that they rarely fund AIDS-specific organizations to carry out work that falls squarely within their portfolios. Two funders interviewed have a strong focus on addressing women’s property and inheritance rights in their grantmaking strategies and recognize how these rights violations have been exacerbated by the AIDS crisis. However, they do not have a dedicated HIV/AIDS funding stream and are not in consistent dialogue with AIDS donors about this issue.

Integration: donor driven or community driven?

Comments by donors suggest that the uptake in funding requests that integrate HIV into other sectors is donor driven, which reinforces the need for civil society to play a role in influencing donor priorities.

“In our Women’s Rights programs, we are beginning to see an increase in reports from women’s rights organizations about their work with the LGBT community on capacity-building for advocacy and organizational development. We are not sure if it’s because of the heightened visibility of LGBT rights, but we think it’s a good thing.” -Sigrid Rausing Trust

“US funding for rights, democracy and governance was cut by 50 percent this year. We are hearing from USAID that organizations like ours are going to have to look at health and climate change—the issues that the US government is prioritizing—and bring a rights or governance component into it in order to get funding.” -A Leading Democracy and Governance Funder

“The second-biggest donor for civil society is SIDA, and their new two-year strategy has a big focus on rights-based work, SRHR and LGBT. There is a sense that organizations will re-align themselves to squeeze into those portals.” -A Regional HIV Funder

Opportunities for Donor Collaboration

Donors and CGI grantees interviewed were asked if they saw value in a pooled or collaborative funding mechanism to support organizations working at the intersection of HIV and rights, especially during this time of scarce resources and shared goals around integration.

Grantees tend to favor the idea, anticipating that it might ease the burden of constantly cobbling together project funding from a diverse set of human rights and HIV donors, most of which do not communicate with one another and have different reporting requirements. Such a funding mechanism might also bring donors that have been traditionally reluctant to fund AIDS programming (e.g., women’s rights and human rights donors) to the field of HIV and rights. Finally, this mechanism could bring additional funds to countries with shortages of donors, such as Botswana and Namibia.

For the most part, donors did not have an appetite for another collaborative fund, citing the pros and cons listed below:

A Collaborative Funding Mechanism for AIDS and Rights	
Pros	Cons
Donors only share information and collaborate on strategies when it comes to shared grantees. It would be good to broaden collaborative work to address the field as a whole.	Collaborative funds take up too much time. Hours are spent in strategy meetings and, at the end of day, organizations listen to their boards and donors, not to their colleagues.
Donor collaborations are useful for advocacy. The behind-the-scenes advocacy by northern governments to get progressive language into the document resulting from the UN High Level Meeting is a good example of what might be undertaken by a donor collaborative.	Corporate boards care about attribution. They want grantees to know the funds are coming from them. This can be lost in a collaborative funding structure.
Donors may be more willing to fund in volatile political environments—such as the current one in Zimbabwe—if it is part of a joint funding mechanism.	Collaborative funds are not designed to address emergency funding situations like those facing many grantees. They take three years to start up, and half the time is spent dealing with conflict-of-interest policies.
There is strength in numbers when it comes to funding controversial SRHR-related work touching on abortion, contraception, etc.	Collaborative funds often revert to funding “lowest-common-denominator stuff.” The best returns on social investments in the region have been swift flexible funding like the kinds OSF and the Stephen Lewis Foundation provide.
Bilateral and private donors rarely talk to one another. A collaborative fund has the potential to bring them together.	Bilaterals use the log-frame approach for reporting on service delivery, but when you try to integrate human rights into that, it doesn’t work. Human rights just fall off the table because they do not show immediate results. It’s easier for private foundations to co-fund since they have similar results frameworks.

Several collaborative funding mechanisms and partnerships exist already in the region, and they have been accessed by CGI grantees. Details on these partnerships are provided in Annex II. Interviews indicate that bilateral funders are relying increasingly on partnerships to coordinate their work and make the most of shrinking resources.

Donor–civil society dialogue is the first step

The majority of donors and CGI grantees consulted for this paper agreed that space is critically needed for honest dialogue about how donors and civil society can work together to face this period of transition. The factors contributing to this transition period were characterized generally by interviewees in terms of the economic crisis, integration trends (as described above), and various aspects of the Treatment 2.0 agenda, including efforts to optimize treatment to realize prevention benefits and the prioritization of community mobilization.

In addition, donors and grantees alike were exploring ways to break out of country-specific funding models and drive a regional health and rights agenda that would engage and utilize regional instruments and agreements (e.g., the Maputo Plan of Action, SADC, ICPD).

From its inception, a goal of the CGI has been to leverage additional funding for work at the intersection of HIV and human rights in Southern Africa. In pursuit of that goal, CGI grantees, OSF, and OSISA plan to engage development partners and health and human rights colleagues to do just that.

ANNEX I

Donor Mapping on HIV and Human Rights in Southern Africa

The following descriptions of donors include their funding priorities in relation to AIDS and human rights, as well as their contact information.

Private Donors/Foundations

Ford Foundation – Johannesburg Office

<http://www.fordfoundation.org/regions/southern-africa>

Regional focus on strengthening the response of regional bodies (e.g., SADC, AU) and instruments (e.g., Maputo Protocol, SADC Protocol on Gender and Development) to HIV, sexual and reproductive health, and women's rights.

Oak Foundation

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

The funding priorities of the Oak Foundation's International Human Rights Program are (1) ending impunity for gross abuses; (2) challenging indefinite and arbitrary detention and torture; and (3) protecting human rights defenders. Oak's Trustees have a personal interest in Zimbabwe but work there only through a part-time consultant in support of a limited number of humanitarian causes.

Sigrid Rausing Trust (SRT)

<http://www.sigrid-rausing-trust.org/>

SRT does not fund in health or HIV, but their women's rights program has supported work that touches on HIV through their focus on SRHR and violence against women. They support AIDS-Free World's anti-violence against women work in Zimbabwe, as well as the Women's Legal Centre in South Africa. The Minority Rights Program supports African Men for Sexual Health and Rights (AMSHER), and their Social Justice Program supports Section 27 (formerly AIDS Law Project).

Public Foundations and Operating Organizations

AIDS Fonds Netherlands

<http://www.aidsfonds.nl/about/organisation/>

AIDS Fonds has a strong focus on advocacy for key affected populations. They support community and national organizations through strategic partnerships with umbrella bodies, such as the HIV Collaborative Fund for HIV Treatment Preparedness and the amFAR MSM Initiative.

Comic Relief

<http://www.comicrelief.com/apply-for-a-grant/programmes/people-affected-hiv-and-aids>

Comic Relief's People Affected by AIDS program has a particular focus on advocating for and supporting policy work that leads to improvements in the lives of people living with HIV and their families. This includes addressing the impact of HIV in the workplace.

Diakonia, Sweden

<http://www.diakonia.se/sa/node.asp?node=597>

Diakonia directs support to grassroots groups working in the areas of human rights, economic and social justice, and gender equality with a particular focus on the human rights and development challenges posed by HIV/AIDS.

Dutch Post Code Lottery

[No website or information available online]

Dutch Post Code Lottery gives away hundreds of millions of Euros each year to a small number of organizations. Current grantees include Stop AIDS Now, The Clinton Foundation, and The Elders. In addition, it recently awarded a large grant to Human Rights Watch.

Freedom House

www.freedomhouse.org

The core of Freedom House's work, funded primarily by USAID, is capacity-building for civil society organizations working on civil and political rights, with a focus on helping them use the law and promote human rights. It also has a significant interest in impact litigation. Their LGBT work is emerging, and it is anticipated there may be additional funding given the State Department's commitment to the issue. Their work in the region has a focus on women's rights, including capacity-building on issues related to property and inheritance rights.

Hivos

<http://www.hivos.nl/eng/Virtual-Office>

Hivos has robust programs in the areas of human rights and democratization, and its HIV/AIDS program has always focused on the rights and development issues driving AIDS epidemics. Its Southern African portfolio has a particular focus on helping organizations better understand human rights instruments and legal regimes that affect positive people. Hivos has a strong history of funding LGBT and sex worker rights organizations.

Southern African Regional AIDS Trust (SAT)

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

Through its mission to support community-based responses to HIV, SAT has a strong record of supporting groups that address human rights issues fueling the pandemic. SAT's new mission (since June 2012) is to support communities in developing replicable models for the integration of HIV responses into strong and sustained community systems for sexual and reproductive health and rights.

Stephen Lewis Foundation (SLF)

<http://www.stephenlewisfoundation.org>

The approach of the Foundation is to provide quick, flexible support to local, grassroots organizations. The majority of grantees are engaged in service delivery, but SLF also has a strong portfolio of local anti-violence against women's groups and it increasingly supports grantees in accessing "legal redress" for rights violations based on HIV status or gender. SLF usually makes small grants, but in certain cases it will provide large, multi-year support to critical national organizations.

Corporate Foundations

The MACAIDS Fund

www.macaidsfund.org

The MACAIDS Fund, focused primarily in South Africa, has a strong focus on the links between gender-based violence and HIV. Their recent grantmaking has included support to Sonke Gender Justice for their work on HIV in prisons and to the AIDS Legal Network for their legal work on behalf of HIV-positive women.

Levi Strauss Foundation

<http://www.levistrauss.com/about/foundations/levi-strauss-foundation>

Levi Strauss' grantmaking is guided by a human rights-based approach. Their website states, "We view AIDS not simply as a health problem, but [as] a product of—and exacerbated by—pervasive violations of human rights."

Bilateral Funding

DFID

<http://www.dfid.gov.uk/what-we-do/key-issues/health/hiv-and-aids/>

Globally, DFID is scaling back on HIV funding, directing a significant portion of its development aid to maternal and child health (MCH) and women and girls programs (see section 5.2). Until 2012, DFID's HIV funding for Southern Africa had focused on behavior change communications and materialized in support for groups such as SAFAIDS and Community Media Trust.

Sweden-Regional HIV Team, Lusaka (HIV/AIDS Team in partnership with the Government of Norway)

<http://www.swedenabroad.com/en-GB/Embassies/Lusaka/Development-Cooperation/Regional-HIVAIDS-Team/>

SIDA has a strong history of supporting a civil society-led, human rights-based approach to HIV. Their website states, "We support HIV and AIDS in relation to active *leadership and human rights*: within this thematic area is support to the RECs, CSO advocacy and accountability work, human rights organizations – including LGBTI rights, capacity building, HIV and AIDS workplace policy and practice, research capacity building and research dissemination to leadership."

Annex II

International and Regional Donor Collaborations in Southern Africa

Regional Sexual and Reproductive Health and Rights Fund

The Regional Sexual and Reproductive Health and Rights Fund is supported by Hivos, the Ford Foundation, and OSF/OSISA. It is a donor–civil society funding collaborative that provides grants, convening spaces, and technical assistance with the aim of

- Increasing the effectiveness of civil society organizations intervening at regional level on priority SRHR and HIV issues
- Building the capacity of civil society organizations to promote accountability with respect to the delivery of SRHR and HIV services and the implementation of regional policies and commitments
- Building a critical mass of leaders to speak about the key issues affecting them and to advocate on their SRHR and HIV concerns
- Sustaining national and regional human rights organizations responding to the AIDS crisis, while at the same time supporting them to effectively integrate their programming into a broader SRHR movement

Robert Carr Civil Society Networks Fund (RC-NF)

Donor partners: USAID, DFID, Government of Norway, Gates Foundation, administered by AIDS Fonds Netherlands

The RC-NF is a pooled fund designed to support global and regional HIV-positive networks and networks of key affected populations to “have sufficient and predictable resources to enhance the quality and effectiveness and gender equity of AIDS responses reaching inadequately served populations at local level, through global and regional action.” USAID, DFID, the Government of Norway, and the Gates Foundation have agreed to contribute US\$7M per year for three years beginning in 2012. The RC-NF is hosted by AIDS Fonds Netherlands.

The Red Umbrella Fund

Donor partners: OSF–SHARP, the Levi Strauss Foundation, the MACAIDS Fund, American Jewish World Service, Comic Relief

Hosted by Mama Cash, a women’s fund in the Netherlands, The Red Umbrella Fund is an international fund mandated to strengthen the sex worker rights movement by catalyzing new funding specifically for sex worker–led organizations and national, regional, and global networks. It provides start-up funds to enable informal groups to become legal entities, multi-year core funding, funds to support peer-led capacity-building and exchanges, and emergency grants with capacity for immediate response.

Bridging the Gap Program (a collaboration of Dutch HIV, health, and LGBT organizations)

Donor partners: Aids Fonds Netherlands, AIDS Foundation East-West, COC-Netherlands, GNP+, Health Connections International, Mainline, Schorer

Housed at AIDS Fonds Netherlands, Bridging the Gap is a €35M project supporting programs that address HIV, health, and human rights for key populations. Bridging the Gap funds in 16 countries across four regions (Eastern Europe and Central Asia, sub-Saharan Africa, South and

Southeast Asia, and Latin America) and has a global advocacy component in cooperation with five global networks of key populations. The program runs from September 2011 until December 2015.

National Collaborative Funding Mechanisms in Southern Africa

The Joint Gender Fund – South Africa

Donor partners: Irish AID, Hivos, CIDA, and the Ford Foundation

The Joint Gender Fund was established by a group of donors in 2008 to foster collaboration and respond to fragmentation, duplication, and uncoordinated efforts within the donor community. Specifically, it sought to formulate a joint response to the unacceptably high rates of gender-based violence in South Africa. This collaboration affords an opportunity to maximize impact in the areas of gender-based violence, HIV/AIDS, and socioeconomic rights. Most of the Fund's grantees are HIV organizations integrating GBV interventions into their work.

The Multi-Agency Grants Initiative (MAGI) – South Africa

Donor partners: Hivos, Atlantic Philanthropies, and the Ford Foundation

Established in June 2006, the Multi-Agency Grants Initiative (MAGI) is a mechanism for the provision of small grant funding to organizations at community level within South Africa. MAGI funds organizations in the following sectors: HIV/AIDS; SRHR; sustainable economic development; culture and recreation; refugee and migrant rights; rights of farm workers and the rural poor; lesbian, gay, bisexual, transgendered and intersex (LGBTI) emancipation; and gender-based violence.

Zambian Governance Foundation for Civil Society – Zambia

<http://www.zgf.org.zm/aboutus.html>

Donor Partners: DFID, SIDA, DANIDA, Irish Aid, and GIZ

The Zambian Governance Foundation, set up in July 2009, offers capacity-building and funding in support of civil society development in Zambia. Its goal is improved governance in Zambia, with a focus on government accountability and responsiveness to poor and vulnerable segments of society. The Foundation supports small and emerging civil society organizations seeking to engage more effectively in the public policy debate, empower their communities, and advance their own organizational development. It also supports organizations with an established track record of achievement and influence in public policy engagement.

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The Open Society Public Health Program aims to build societies committed to inclusion, human rights, and justice, in which health-related laws, policies, and practices are evidence-based and reflect these values. The Program advances the health and human rights of marginalized people by building the capacity of civil society leaders and organizations, and by advocating for greater accountability and transparency in health policy and practice.
