

Global Giving

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In this issue

This issue examines how thoughtful corporate and individual philanthropy is building capacity in the developing world to address two distinct global tragedies: the deadly AIDS pandemic and the physical disabilities that consign millions of children to a lifetime of neglect and wasted potential.

In each case, a leading pharmaceutical firm and an orthopedic surgeon have harnessed their own particular areas of expertise to create new and effective approaches to these problems. Their efforts to build awareness, destigmatize those afflicted and equip affected communities with the skills to develop their own solutions provide a useful example of philanthropic leadership at the business and personal level.

**James M. Brasher III, Director,
Global Philanthropists Circle**

Global Giving Matters presents best practices and innovations in philanthropy and social investment around the world. It is an initiative of The Synergos Institute's Global Philanthropists Circle and the World Economic Forum, under the direction of Adele Simmons, Senior Advisor to the Forum, and James M. Brasher III, Director, Global Philanthropists Circle. Lynn Peebles is the lead writer. Rockefeller Philanthropy Advisors provides support for its distribution. If you would like to subscribe to this newsletter, to unsubscribe, or to designate someone else in your organization to receive it in your stead, contact us at comments@globalgivingmatters.org.

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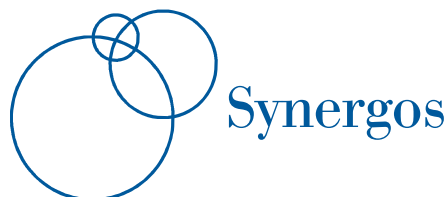
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www.globalgivingmatters.org

comments@globalgivingmatters.org



FEATURE: BRINGING HOPE AND HEALING TO DISABLED CHILDREN

On the same day in July 2002 that US government officials met with leaders of Afghanistan to pledge to rebuild the medical infrastructure of their war-torn country, Dr. **Scott Harrison** was already on the scene-laying the foundation stone for a new clinic and surgical center in Kandahar.

The Kandahar clinic is one of the outposts in Harrison's far-flung campaign to bring hope and healing to the physically disabled children of the developing world. His mission is to seek out the poorest countries with the greatest medical needs, and establish and operate teaching hospitals in those locations.

The World Health Organization has estimated that there are as many as 125 million children in the developing world who are physically disabled and amenable to treatment. Yet priorities and resources of government health ministers in these nations are typically focused on diseases such as malaria and gastrointestinal ailments, not the ravages visited on children by hydrocephalus, spina bifida, and club foot.

"Kids with disabilities are way down the list," says Harrison, an orthopedic surgeon and businessman from Pennsylvania. Adding to the problem is that in many cultures, children with physical disabilities or deformities are stigmatized, and in some cases, abandoned, when families who are hard-pressed economically can no longer support them.

"The most effective money spent is in rehabilitation for these children," says Harrison. Treatment is not just a humanitarian issue, "it's an economic matter – they can go from being a drag on society to being a productive member of society."

Harrison's hospitals provide the infrastructure and treatment to transform this forgotten and discarded generation into healthy, productive citizens. To date, the hospitals he has established in Kenya, Uganda, Malawi, the Dominican Republic, Honduras and Afghanistan have performed nearly 11,000 surgeries and provided medical services to another 40,500 outpatients.

Harrison and his wife **Sally Harrison**, a registered nurse, were first exposed to the urgent medical needs of disabled children when he was invited to Malawi in 1986 to perform spine surgery and teach orthopedic surgery to the medical professional nationals.

"The volume of patients was both overwhelming and in a strange way, exhilarating. That feeling emanated from the fact that I recognized I was doing so much good in such a relatively short period of time," he recalls. Returning frequently during the 1980s, the Harrisons "could not forget the overwhelming needs of the children."

In 1991, Harrison closed his medical practice and became CEO of Kirschner Medical, an international orthopedic company. A successful merger with another health sciences

company permitted the Harrisons to put their time and resources toward the program he developed in response to his experiences in Malawi. The Harrisons founded **CURE International** in 1996 to bring that program to life, and provided the capital funding for construction of CURE's first hospital in Kijabe, Kenya.

CURE's international headquarters are based in Lemoyne, Pennsylvania, and its European headquarters in the UK. Possible future locations for medical centers include Vietnam, India, and Ethiopia. Harrison's ultimate goal is to place CURE hospitals in each country in the developing world.

Medical professionals who practice and teach at CURE hospitals include US and UK board-certified orthopedic and neurosurgeons, US pediatricians and specialists in physical and rehabilitative medicine, otolaryngologists and maxillofacial surgeons and clinical and specialty nurses. These doctors are all compensated, but their pay is a fraction of what they could make if they remained in their home countries.

In parts of the world where orthopedic surgeons are few or non-existent and national doctors have limited access to training and equipment, CURE has made a priority of transferring healthcare expertise to nationals in each location through intensive training.

The organization also forms strategic alliances with universities and university hospitals whenever possible.

Another hallmark of CURE's hospitals is a holistic approach to healing—tending not just to medical needs, but to social and spiritual needs of young patients and their families. Staff are encouraged to spend time talking to those in their care and getting to know them. A non-denominational faith-based organization, CURE offers a chaplaincy service at each of its medical facilities for individuals who request it. Patients receive culturally sensitive support geared to their own faith or spiritual traditions. Sally Harrison oversees the spiritual counseling services offered in CURE hospitals.

Until 1998, when the first CURE hospital opened in Kenya, there were no children's hospitals in sub-Saharan Africa dedicated to disabled children, and no trained pediatric orthopedic nationals in Kenya. To increase the capacity of Kenyan physicians, CURE has entered into a partnership with COSECSA, the College of Surgeons of East, Central, Southern Africa, to develop a formal training and degree program for national doctors working in CURE hospitals and other medical facilities.

In each country, CURE offers a different treatment focus for children. In Kenya, the focus has been on club foot, which in many cases condemns children to a lifetime of unemployment. The **AIC Bethany Crippled Children's Center** in Kenya has performed more than 140 surgeries to repair club foot, and within ten years, Harrison estimates that "every child in Kenya who has club foot can be cured."

In Uganda, CURE is focused primarily on the neurosurgical needs of children facing the life-threatening disease of hydrocephalus and neural tube defects. CURE's **Children's Hospital** in Mbale has established the world's largest study and training program for the effective treatment of hydrocephalus. The hospital has just established its

first satellite pediatric neurosurgery clinic at the medical college and regional hospital at Mbarara, four hours southwest of Kampala.

The CURE outpatient clinic that opened in Afghanistan in August is expected to serve thousands of children in the coming year suffering from the effects of landmines, drought and war. When the required funds are available, construction will begin on a new 100-bed hospital, likely to be sited on a 12-acre compound donated by the **Afghanistan Ministry of Health**. Eye services and prosthesis development—a frequent need in conflict zones—will be offered in partnership with other organizations. Medical needs in Afghanistan are so great that CURE expects to be offering primary care for the next five years.

CURE provides state-of-the-art healthcare for a fraction of what these services would cost in the developed world. For example, the average cost of surgery to correct hydrocephalus in the United States is \$40,000, while treatment at a CURE hospital runs \$375. Hip repairs that cost up to \$22,000 in the US can be done for a mere \$400 at CURE facilities. The cost per bed to build a comparable orthopedic hospital is \$1 million in the US, compared to \$25,000 in the regions where Harrison operates.

Given the scope of his ambitions for CURE, Harrison is actively seeking support beyond his current base of donors. One option CURE is exploring to help subsidize care for needy children is marketing sophisticated orthopedic procedures such as total hip and total knee replacements and sports medicine techniques to wealthy patients, from within the borders of the countries where CURE operates, or even from outside these regions.

Comparative chart for cost of procedures

Corrective Procedure/Activity	Cost in US	Cost at CURE hospitals
Clubfoot	\$5,000	\$50
Cleft palate	\$7,500	\$200
Burn contraction	\$12,000	\$100
Hip repair	\$22,000	\$400
Hydrocephalus/Spina Bifida repair	\$40,000	\$375
Tubercular spinal repair	\$45,000	\$1,000
Annual earnings for an orthopedic surgeon	\$350,000	\$50,000
Cost to operate a comparable orthopedic hospital	\$40+ million	\$550,000
Cost per bed to build a comparable orthopedic hospital	\$1 million	\$25,000

Source: CURE International (September 2003)

CURE'S work has been leveraged by a variety of partnerships: USAID has assisted the hospital in Uganda by providing a CT scanner and other sophisticated neurosurgical equipment, hospitals throughout the US have donated excess medical equipment, and American pharmaceutical firms have provided free medicines.

The presence of Harrison's hospitals in regions with few resources has worked at a number of levels to add value to the health care infrastructure of those countries.

By raising awareness and insisting on adherence to best clinical and ethical practices in each of its facilities, "we are raising the bar and showing the local health care community that the bar can be raised and it will work."

To keep trained nationals in their communities and fight the "brain drain" that saps the developing world of its most promising medical talent, CURE offers practitioners competitive salaries that can help keep them on board and in their own communities. And the accreditation that CURE helps them obtain is recognized in their own countries but not easily transferable to the US or Europe.

As the reputation of CURE's hospitals begins to radiate out in their host communities, the success of the program's work begins to leverage on itself. "Eventually, we become the spokesperson for disabled children in a country," Harrison says.

The dynamic tension inherent in working in some of the world's poorest communities requires "knowing what is possible versus accepting what happens. The fringe benefits of being in countries where the outlook is so bleak is that you're starting from zero. Everyone takes such joy in succeeding."

The system of hospitals created by Harrison fills a much-needed niche. When he founded his organization, he said he was surprised to learn that no one else had beat him to it.

"These children represent not only an untapped resource to their country if treated, but more important...is the fact that the value a society places on those children who are the least among them are societies that ennoble themselves, as well as being a blessing to these children who are worthy of our care, common respect and love."

FEATURE: SECURE THE FUTURE: BUILDING CAPACITY FROM THE GROUND UP IN AFRICA

As pressure mounts around the globe to address the pandemic of AIDS, the business community has begun to step forward to accelerate its response. In recent months, the headlines have been full of news on the latest developments: the **Bill & Melinda Gates Foundation** doubling funds to fight AIDS in India, deep discounts from the manufacturers of AIDS drugs, and new concessions from the generic drug makers.

Yet the account of one leading company's pioneering efforts – not just to fight AIDS, but to give communities in the developing world the tools to create and manage their

own solutions – remains largely untold. One of the best-kept secrets in corporate philanthropy, the tale is even more remarkable because it was front-page news when it was launched on the scene in 1999.

The story begins in 1998, when UN Secretary-General **Kofi Annan** approached **Charles Heimbold**, then Chairman and CEO of **Bristol-Myers Squibb**, and asked him to take a leadership role on behalf of industry in finding a solution to the problem of HIV/AIDS.

By that time, the death toll from the AIDS crisis in sub-Saharan Africa was nearly 15 million people – the equivalent of the combined populations of New York City and Los Angeles. More than 20 percent of these deaths were among children. Even though southern Africa had only one-tenth of the world's population, it bore the brunt of almost 80 percent of deaths worldwide, and 70 percent of people living with HIV/AIDS were located there.

The evolution of Secure the Future

As one of the leading manufacturers of antiretroviral AIDS drugs, Bristol-Myers Squibb had the interest and the resources to join the battle. Given the magnitude of the crisis, company officials wanted to make a commitment commensurate with the need. But the climate at the time for philanthropic action by multinationals in general and pharmaceutical firms in particular was charged with suspicion and hostility on the part of the developing world, where concerns about affordability and access to AIDS drug were paramount.

It was into this turbulent environment that Bristol-Myers Squibb, through its corporate foundation, launched its \$100 million, five-year **Secure the Future** program (www.securethefuture.com) in May, 1999 and pledged what was then the largest corporate commitment ever to fight AIDS in the developing world.

Secure the Future was unprecedented, not only in the amount of funding, but in its dual emphasis on medical treatment and research – particularly on the subtype of HIV that is endemic in southern Africa – complemented by community-based prevention and care. The program was focused on five countries: Botswana, Lesotho, Namibia, South Africa and Swaziland, and aimed at women and children, since at least half of all infected adults in the region are women ages 15-49, and in some countries more than 25 percent of pregnant women are infected. Over 90 percent of children orphaned by AIDS live in Africa.

“The way it was designed was incredibly forward thinking,” said **Mark Kline, MD**, director of the **Baylor International Pediatric AIDS Initiative (BIPAI)** and chief of retrovirology at Texas Children's Hospital. Support from Secure the Future helped BIPAI establish the first pediatric AIDS center in Africa. “It blazed a path in that Bristol-Myers Squibb was fostering a view that HIV/AIDS was much more than a medical problem.”

Nevertheless, Secure the Future was not immediately or universally embraced. The high-visibility media coverage that followed the announcement—which seemed to some

more like the launch of a major new drug than a social contract – only seemed to fan the flames of resentment among some potential beneficiaries. Calls were even issued for the company to simply donate their much-needed antiretroviral (ARV) drugs, but in the absence of an infrastructure to effectively deliver those drugs, this was not an option from the company’s point of view.

“In the beginning, there was suspicion and a lack of trust. We didn’t want to do it without the support of the national health ministries, or most of our programs just wouldn’t be sustainable,” said **John L. Damonti**, President of the **Bristol-Myers Squibb Foundation**.

Determined to forge ahead, the architects of Secure the Future redoubled their efforts to reach out to essential partners on the ground in southern Africa, listened and learned from the early feedback-and moved quietly forward.

“We agreed to keep our heads down, do what we said we were going to do, and eventually, people would understand that we were sincere about it.” Damonti said. The resulting behind-the-scenes dialogues succeeded in cementing critical relationships with health ministries in the five countries and created strong allies among institutions in the region.

Raising the bar for corporate action on HIV/AIDS

What emerged was a greatly strengthened program that has permanently changed the dynamics of the fight against AIDS in fundamental ways, according to Secure the Future’s partners. The groundbreaking efforts of Secure the Future have succeeded in bringing other major funders to the table – government and private – raised the bar for corporate involvement in the field of HIV/AIDS, and shored up the capacity of each and every grantee funded by the program.

“You have to think back five years ago to what the situation was like in Africa regarding AIDS and corporate giving in Africa,” says Kline. At the time, it was a really extraordinary thing. Others had not made this commitment. It was a watershed event in changing the way that pharmaceutical companies view their responsibilities to HIV-infected people. It set an example for others to follow.”

“They were the first and their level of commitment was the greatest,” says Dr. **Richard Marlink** of the **Harvard AIDS Institute**, who believes that Secure the Future’s \$100 million pledge was influential in the Clinton Administration’s announcement, two months later, of its own \$100 million proposal to help Africa stop the spread of the disease. That plan, too, included a substantial focus on home- and community-based care.

“Secure the Future actually focused help in Africa in terms of care and prevention programs, and made other companies realize that getting involved was the way to go,” said Marlink, who has worked on AIDS research in Africa since 1985. Marlink believes that it also laid the groundwork for the subsequent \$100 million **African Comprehensive HIV/AIDS Partnership** that the Gates Foundation and the **Merck Company Foundation** formed with the **Government of Botswana**.

African solutions for African problems

The crafting of such a groundbreaking approach wasn't easy. As the first and biggest commitment of its kind, there were no blueprints to follow. "We learned as we went along, and we had good advisors who understood the context in which we were working," said Damonti.

Months before launching Secure the Future, the Bristol-Myers Squibb Foundation sought input from a range of stakeholders in southern Africa, including medical institutions, major clinicians, people living with AIDS, experts in non-profit management, and representatives of the Ministries of Health of each of the five participating countries. Many of these – including Kline and Marlink – became members of the technical advisory committee that consulted on the original operating plan for Secure the Future and reviewed all grant proposals.

What emerged from this series of consultations was a set of guidelines that were put in place with the five Ministries of Health and have informed Secure the Future's work from the beginning (see box above).

The overarching theme of these principles was that the work undertaken with the support of Secure the Future must lead to "African solutions for African problems." And the Bristol-Myers Squibb Foundation insisted that all grants had to be innovative, sustainable and replicable, because "obviously \$100 million on this issue is not very much money," in the face of the staggering demand for treatment and care of AIDS, Damonti said.

The fruits of collaboration

Now four years into a five-year program, the Bristol-Myers Squibb Foundation has proven to its African partners that it is here to stay. Secure the Future has a substantial record of accomplishments and a desire to communicate the lessons learned along the way to a wider audience. As of this writing, 130 grants have been made, more than \$60 million committed, and more than 40 community-based organization and NGOs have been funded and strengthened in the process. An additional \$15 million was pledged in 2001 to expand the program to four countries in West Africa – Burkina Faso, Côte d'Ivoire, Mali and Senegal.

Guiding Principles: Secure the Future

All programs and activities of Secure the Future must be:

- **Public/private partnerships** as embodied in government policies on HIV/AIDS
- **Compatible with national health care priorities** of participating countries
- **Governed cooperatively** by NGOs, academic institutions, people living with AIDS and ministries of health to promote "African solutions for African problems"
- **Sensitive to local context**
- **Ethically unassailable complete transparency in clinical trials**; no use of experimental drugs
- **Catalyst for expanded participation**
- **Innovative, sustainable and replicable.**

Finally, they must **promote equity**

Broadly, the grants fall into focus areas that include research and development, prevention, care and support, and mitigation. Many involve multiple-partner collaborations, and all but six of the 130 grants have gone to Africa-based partners. Just to indicate their range, these grants have underwritten programs that offer economic opportunities and training for the grandmothers who have now become the caregivers for the millions of AIDS orphans in the region; led to the discovery of new lower-cost tests to monitor HIV blood levels; train lay health workers; develop new approaches to prevent mother-to-child HIV transmission and foster home-based care solutions.

At the community level, Secure the Future is helping grantees harness local knowledge to craft local solutions. For example, **Reetsanang Association of Community Drama**, an umbrella organization for some 78 drama groups in Botswana, uses theater as a powerful tool for community education to destigmatize HIV/AIDS and prevent mother-to-child transmission. Reetsanang's actors visit villages throughout Botswana, tailoring individual performances to the special circumstances of each location and delivering effective AIDS prevention messages in the process.

With so many struck down in the prime of life by AIDS, grandmothers have become the primary caregivers for the children and grandchildren of communities affected by the disease. In hard-pressed Khayelitsha Township in Cape Town, South Africa, a partnership funded by Secure the Future is empowering grandmothers with business skills and counselling about HIV/AIDS. The result is **Grandmothers Against Poverty and AIDS**, an organization that is mobilizing older women in the community to speak out about HIV/AIDS without fear.

A variety of Secure the Future's grants make possible the badly needed infrastructure to support cutting-edge research, provide treatment, and for the first time, establish outpatient care for individuals with AIDS. Among these is a grant to Baylor College of Medicine to help fund the construction and continuing operation of the largest pediatric HIV/AIDS center in the world, the **Children's Centre for Excellence** at the government's **Princess Marina Hospital** in Gaborone, Botswana. The center, which opened on June 20, already has 1,000 children under care. Baylor's Mark Kline wants to replicate the \$2.1 million facility in 10-12 other epicenters of HIV/AIDS, and believes such a plan could easily be funded by sponsored research.

Funding from Secure the Future for the Harvard AIDS Institute supported the establishment of the largest HIV-specific research and reference laboratory in Africa, and also helped kick off the first antiretroviral clinic in southern Africa, the **Infectious Disease Care Clinic**, co-located with the reference laboratory in Gaborone. Critical new research initiatives at this complex center on the subtype of the HIV virus found in Africa. A major study supported by Secure the Future will enroll 650 HIV-infected individuals on an outpatient basis to study resistance patterns to various combinations of ARVs.

A fellowship program sought by the **School of Public Health of the Medical University of South Africa** was supported by Secure the Future to build capacity in the public health systems of southern Africa. The program is expected to graduate up to 250 new

public health specialists; among the newly minted MPHs is **P.K. Dlamini**, the former Minister of Health of Swaziland.

With **Baylor College of Medicine**, Secure the Future has developed a nursing curriculum that has become the first definitive curriculum for individuals in the health field working with HIV/AIDS. Developed with the nursing associations of all five countries, the guide has been requested by 48 countries and implemented in 20.

Capacity building from the ground up

As Secure the Future looks to lessons learned from its four years on the ground in Africa, one of the most important discoveries has been the steepness of the learning curve that had to take place among the many small community-based organizations and NGOs that the program wanted to bring to the table.

"We said that we were going to make sure that anyone who had a good idea could compete," said Damonti. To do this, many small organizations had to be brought along from the ground up with training in grantwriting, financial accountability, evaluation and communication strategies.

In each of the five countries, Secure the Future found more mature mentor organizations such as **BONASA** (Botswana National AIDS Service Organization) and **SIMPA** (Swaziland Institute of Management and Public Administration) to offer countrywide workshops to teach the fundamentals of grantwriting. To build financial capacity, BMSF contracted with the South African office of its US accounting firm, PricewaterhouseCoopers, to do pre-award surveys for every potential grantee that needed coaching in basic financial management.

In site visits to the prospective grantees, the accounting team would conduct a top-to-bottom audit, teaching the entire organization the essentials of good financial controls. An outgrowth of this effort was the production of an *NGO Financial Management Pocket Guide* distributed widely at a capacity building conference organized by Secure the Future.

In the critical area of evaluation, the Foundation contracted with Yale's **Center for Interdisciplinary Research on AIDS** to establish an independent evaluation unit under the supervision of Dean **Michael H. Merson** of the Yale School of Public Health.

Grantees participated in five-day training workshops, then were assigned an independent evaluator to track the performance of the grant. Further, a public relations firm, **Simeka TWS Communications**, was hired to work with grantees on the skills needed to successfully share the results of their work, such as getting published in scholarly journals, honing speaking skills, and poster presentations.

For some, the experience and capacity gained through the application process has been arguably as valuable as the grant itself. A prime example is the **Botswana Christian AIDS Intervention Programme (BOCAIP)**, a network of grassroots community AIDS initiatives and church organizations.

One of Secure the Future's first grant recipients, BOCAIP was a small NGO when it came in with a proposal to provide AIDS counseling through the church network. **Robert Mbugua**, a former partner of PricewaterhouseCoopers who headed the audit team, notes that BOCAIP used the skills gained during its financial review to build the organization and has attracted more than \$5 million from other funding sources – including the Gates Foundation—for its community efforts to fight AIDS. Communications training has enabled grantees such as BOCAIP and others to share their work at forums such as the Barcelona International AIDS conference and at other major gatherings on HIV/AIDS.

Translating lessons into action

The next phase of Secure the Future will take the lessons learned from both the medical research and the community grants and test them in the most seriously challenged environments in southern Africa. Governments have indicated that if it can be demonstrated that ARVs can be delivered successfully in these resource-limited communities, the programs will be adopted as treatment models for their respective countries. Sites selected to participate in Secure the Future's \$30 million Community Based Treatment Support program include Caprivi, Namibia; Bobonong, Botswana; Mbabane, Swaziland; Maseru, Lesotho; and two sites in South Africa, Ladysmith and Rustenburg.

The program will require the mobilization of all sectors of the chosen communities, to provide a comprehensive range of services—from treatment and lab services to nutrition, counseling, project management and home-based care. “The only way to be effective on ARV treatment is if there's complete collaboration between the communities and the treatment,” says Damonti. “We have to mobilize the communities to do it themselves.” He expects that Secure the Future will remain involved for up to 2-1/2 years, at which time the governments will step in to sustain the program. As with all other drug trials, the Bristol-Myers Squibb Foundation has committed to funding the provision of ARV therapy as long as the patient is responding to treatment.

Beyond AIDS: the value of capacity building

The hallmarks of Secure the Future in Africa have been the same principles that drive the business side of Bristol-Myers Squibb: developing trust among partners, building in accountability, and establishing credibility.

From the start, Secure the Future understood that real capacity building would require more than money alone – so it built skills transfer and sustainability into every aspect of the program. “The message from the corner office was, ‘We're going to fund in Africa, which is the right thing to do. But make sure that that money is spent effectively, ’” says Damonti.

In the area of skills transfer, the business sector has much to offer the developing world, and Secure the Future offers a model. “People in corporate America understand distribution, they understand management and they understand infrastructure, and I don't think that's really been harnessed yet,” Damonti observes.

Ultimately, the legacy of Secure the Future will be the empowerment of the people and institutions of southern Africa. Damonti notes that he is already starting to see the results, from the grandmothers who have learned to speak truth to power and seek change from their government, to the organizations that are flexing their newly honed muscles.

“One of the things that happens, at least here in the US, is that you always hear about the devastation of AIDS in Africa and you don’t really hear the success stories of those NGOs who can do so much with so little and do it so effectively. That story is not told, and there are so many of those organizations out there,” Damonti says.

GLOBAL GIVING ROUNDUP

Overviews of best practices around the world and links to learn more about them

Links to websites with more details are available at the online edition of Global Giving Matters at www.globalgivingmatters.org

Online forum empowers social entrepreneurs

Social Edge, a lively new online community created at www.socialedge.org by the **Skoll Foundation**, was officially launched on September 22 with an invitation to social entrepreneurs to log on and share the secrets of their success. **Muhammad Yunus**, founder of the Grameen Bank, and **Bill Drayton**, founder of Ashoka, were among the participants. Social Edge is a free, member-driven discussion forum designed to stimulate dialogue on a wide range of social sector topics. A recent message on Social Edge brought together three social entrepreneurs from Australia, Cambodia and Malaysia, who are now sharing best practices and resources on international development. As a partner, **Alliance** (www.allavida.org/alliance/) is making its own content available to more people by providing it on Social Edge. Monthly discussion events will be archived on the site as well. The Skoll Foundation is also taking to the airwaves to spread its message of social change, with a four-part TV documentary series highlighting the work of 12 nonprofit leaders from around the globe, scheduled to air in 2004.

Association of Caribbean Community Foundations launched

Representatives of more than 20 Caribbean community foundations have formed the Association of **Caribbean Community Foundations** (ACCF). ACCF was created by the **National Community Foundation** (St. Lucia), the **Community Foundation of the Virgin Islands**, the **St. Croix Foundation**, the **BVI Investment Club** and the **Anguilla Community Foundation**. It aims to improve the quality of life of island residents through organized community-based philanthropy and to increase resources on individual islands and throughout the region. For more information, contact Caroline Perry Devonish, Director, Anguilla Community Foundation at cperry@anguillanet.com. (*PNNOnline*, July 22)

Gates Foundation doubles commitment to fight AIDS in India...

The **Bill & Melinda Gates Foundation** (www.gatesfoundation.org) has announced that it will double its commitment to fight AIDS in India from \$100 million to \$200 million. The funds will be used to support education and prevention initiatives, initially tar-

getting commercial sex workers and truck drivers who pay for their services along the country's major highways. In addition to the new funding, the foundation also announced the first \$67.5 million in grants to AIDS prevention efforts in India – money that will be awarded to seven organizations over the next five years to distribute condoms and provide voluntary counseling, testing, and care services. “India has the largest number of AIDS victims after South Africa,” said **Richard Holbrooke**, who heads the **Global Business Coalition on HIV/AIDS**. “We have to speak frankly and openly to young boys and girls – thirteen to fifteen years old – and tell them how AIDS is really spread and how to avoid it.” (*Associated Press*, October 13).

... while Global Fund to Fight AIDS to slow its grantmaking

Meanwhile, the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (www.theglobalfund.org), an independent agency in Geneva that raises money from governments, foundations, and individuals to fight the three diseases, plans to reduce the number of grants it will provide next year. Fund officials fear the organization, which has awarded \$2.1 billion in grants so far, will commit more money than it will raise if it does not slow its grantmaking. About 60 percent of the fund's donations support nonprofit organizations. (*Washington Post*, October 17)

Women activists in Africa win continent's “Nobel Prize”

Two champions of women's rights in Africa have been awarded the 15th annual **Africa Prize for Leadership**, known as the “Nobel Prize for Africa.” The prize recognizes efforts to legally guarantee women's full human rights on the African continent. The two honorees are **Maeza Ashenafi**, founder of Ethiopia's leading women's legal aid, education and policy forum, the Ethiopian Women Lawyer's Association, and **Sara Longwe**, a grassroots organizer in Zambia and former head of FEMNET, the African Women's Development and Communication Network. In accepting their awards in New York, both expressed hope that pressure from foreign aid donors could help move their respective countries toward enforcement of women's rights laws and treaties. They noted that the HIV/AIDS crisis has made the situation for women even more complex in Ethiopia and Zambia. The \$50,000 dollar award was sponsored by **The Hunger Project** (www.thp.org), a global strategic organization committed to ending hunger worldwide. (*Inter Press Service*, October 11)

Grameen-Ashoka dialogue convenes in Bangladesh

Social entrepreneurs from around the globe were set to converge on Dhaka, Bangladesh October 11-23 to hammer out a global action and marketing agenda to promote business-social ventures. The gathering is the inaugural event for **Ashoka's** new **Global Academy for Social Entrepreneurship**. The Academy's first class of 15 Ashoka Fellows will have the opportunity to network with each other and meet with **Muhammad Yunus** and representatives of his Grameen Bank, a leader in the micro-credit movement. Among the Ashoka Fellows attending will be **Arturo Garcia**, who developed self-help cooperatives owned and operated by 12,000 peasants in Mexico,

and **Albina Ruiz Rios**, who developed 15 “Healthy Cities” waste management microenterprises in Peru. Yunus hopes to stimulate both the social and the business sectors to think about how everyone – especially the poor-can participate in the global economy as producers of value and empowered consumers. A report on this gathering will be available in November at www.changemakers.net.

“Digital Village” to strengthen NPOs in Taiwan

A new public-private partnership has launched Taiwan’s first effort to bridge the digital divide for nonprofit organizations. Located inside the Taipei City Hall, the **NPO Digital Village** (www.e-village.org.tw) will offer free on-site access and training to nonprofits lacking computers. Partners include **HP-Taiwan**, **Taipei City Government**, the **United Way Taiwan** and the **Himalaya Foundation**. The new services are aimed at an estimated 300 nonprofit organizations located in the Northern Taiwanese region that includes Taoyuan, Hsinchu and Miaoli. The new technology will permit more nonprofit organizations to provide services online and store their data in the Digital Village’s server. A recent study by the United Way Taiwan revealed that more than half of the country’s nonprofit groups are using outdated computer equipment and need technical assistance to set up a website. More than 83 percent of Taiwanese nonprofit groups expressed a need for assistance with their IT needs. (*Taiwan Philanthropy News*, August 11)

Social enterprise for sustainability to be examined in Chile

The venture philanthropy organization **NESsT** (www.nesst.org) is hosting its first **International Social Enterprise Exchange (ISEE)** in Chile, January 4-10, 2004. The weeklong seminar will focus on the development of social enterprise among human rights and social justice organizations. ISEE Chile 2004 will examine how civil society organizations have adjusted in the transition to democracy, and how the socio-economic and political situation has shaped their strategies for survival. Designed specifically for graduate level students and mid-career professionals in business administration, nonprofit management and international development, the trip will combine classroom study, field/casework and eco/adventure tour experiences. For more information on ISEE Chile 2004, contact Annabel Ipsen at aiipsen@nesst.org.

In memoriam: philanthropist Joan Kroc

Joan B. Kroc, the widow of McDonald’s Corp. founder Ray Kroc, died in San Diego October 13 at the age of 75. Kroc had become known as a major donor to organizations working to promote world peace. With an estimated net worth of \$1.7 billion, her donations funded the creation of Notre Dame’s Joan B. Kroc Institute for International Peace Studies and the University of San Diego’s Joan B. Kroc Institute for Peace and Justice. She was also a major benefactor of the Carter Center of Emory University in Atlanta. Kroc was inspired to contribute \$12 million to establish the Notre Dame center after hearing the Rev. Theodore M. Hesburgh, then president of the university, warn about the arms race during a San Diego talk in 1985. The University of San Diego think tank has worked to broker peace in such conflict-torn regions as Nepal, Madagascar and Côte d’Ivoire. (*Associated Press*, October 13)

RESOURCES & LINKS

Activities, websites and other cutting-edge information for global givers

Links to websites with more details are available at the online edition of Global Giving Matters at www.globalgivingmatters.org

Individual donors: an overlooked resource

Donor education matters, and it needs to be greatly expanded and improved, concludes a new study mapping the growth of formal programs to assist philanthropists in their giving practices. Despite the emergence in the US of a “cottage industry” of donor education programs and services across the philanthropic landscape, the report notes that most individual donors aren’t even aware of the learning opportunities that do exist. The study, *Philanthropy’s Forgotten Resource? Engaging the Individual Donor*, is a product of the **Donor Education Initiative**, a project launched in 2001 by **New Visions PRD** (www.newvisionsprd.org), a nonprofit philanthropic research and development organization. To shape the next generation of philanthropists, donor education needs to boost the capacity of providers, greatly extend its reach, fix its economics and build itself as a true field, say authors **Dan Siegel** and **Jenny Yancey**. The summary and full reports, as well as other resources on donor education, are available on New Visions PRD’s website.

Case studies offer real-life guidance

Worldwide Initiatives for Grantmaker Support (WINGS – www.wingsweb.org), has just published two volumes of case studies from its network of organizations. Volume 1 provides diverse insights into the work of grantmaker associations on topics such as organisation, management, governance, sustainability and member services. An essay by **Barry Gaberman** of the **Ford Foundation**, WINGS’ chairman emeritus, spells out the value of these little-studied associations, and their role in strengthening philanthropy. Volume 2 focuses on community foundation support, offering profiles of eight diverse regional and national organisations, and an overview of key trends and lessons learned. The case studies were produced with support from the Ford Foundation and the **Charles Stewart Mott Foundation** and are available online at the WINGS website.

Europe’s top 40 biggest spending foundations ranked

Philanthropy in Europe magazine (www.philanthropyineurope.com) has published the first continent-wide ranking of Europe’s biggest-spending foundations, listing the top 40 by grant expenditure. Foundations from Germany, Italy and the UK dominate the ranking, with nine other countries represented. The biggest spender, UK’s **Wellcome Trust**, made grants of over €700 million, far ahead of second place **Fundación La Caixa** of Spain (€169 million), the Spanish savings bank foundation. Despite giving significantly less than their US counterparts, European foundations are a great deal more international in their giving, the ranking revealed. Nearly all of the 40 foundations gave outside their countries, while only 14 of the US biggest spending foundations made international grants. The magazine also included a ranking of Europe’s top 10

wealthiest foundations, which together held assets of an estimated €57 billion in 2002, up from €52 billion in 2000. (*PNNOnline*, August 11)

Alliance magazine examines nonprofit organization accountability

The December issue of **Alliance** (www.allavida.org/alliance/) focuses on the accountability of nonprofit organizations. It includes an interview with **Paul Brest**, President of the Hewlett Foundation, about the importance of discussing failures and, more generally, about foundation accountability, as well other articles examining innovative approaches to nonprofit accountability around the world. One example is the case of the **Philippine Business for Social Progress**, which has improved the governance and sustainability of Philippine NGOs by insisting on accountability from itself and its partners.

GLOBAL PHILANTHROPISTS CIRCLE NEWS

For the latest information about the Global Philanthropists Circle, visit www.gpcparlor.org

GPC Retreat participants explore tough choices

Making Tough Choices to Alleviate Poverty and Affect Social Change was the theme of the **GPC Retreat** held at the Rockefeller Estate at Pocantico Hills, New York on September 18. Nearly 40 GPC members and other participants from business and the nonprofit world gathered to share stories about their philanthropic successes-and challenges-and to learn from each other in a relaxed and informal setting. The gathering was enriched by being both intergenerational and international, drawing participants from Brazil, Canada, Colombia, India, South Africa, and the US.

The structure of the daylong event provided a range of opportunities for GPC members to interact with their peers in small-group sessions, then bring their insights back to the larger assembly. Using concrete examples from their own philanthropic backgrounds, presenters offered valuable lessons on common concerns such as replicability, measuring effectiveness, and achieving scale.

Special guest **Sal La Spada**, Director of **The Philanthropy Workshop** of **The Rockefeller Foundation**, offered an overview of the challenges facing global social investment today and emphasized the need to “put poor people at the center of all of this.” Historically, multilateral efforts did not, and their programs suffered the consequences, he noted.

Particularly rewarding were the “real time consulting” sessions, in which individual GPC members – all representative of a new generation of donors- outlined a specific challenge facing their philanthropic projects and received immediate feedback from a small group of peers. **Uday Khemka**, Director of Sun Group, and President of New Delhi-based Youthreach, sought input on how to stimulate philanthropic culture on a national scale in India. Political strategist **Ian Simmons** brainstormed on the creation of a center at Harvard University to engage young leaders as global citizens. For the

Agros Foundation's **Kim Kreiling**, the challenge was to link philanthropists and rural communities for mutual benefit. Each emerged with fresh and practical tips for adding value to their ongoing work in global philanthropy.

Drawing on his wide-ranging background in business and international social change, lunch speaker **Michael Sonnenfeldt** offered insights into how to align personal and philanthropic values. In the quest to "do good, not just feel good," there is much to learn from the experiences of others, but philanthropists ultimately must heed their own inner voices and seek ways to translate their vision into action, advised Sonnenfeldt, a Synergos board member and founder of MUUS & Company, a private investment company in New York.

Synergos founder and Chair **Peggy Dulany** noted that the GPC is increasingly serving as a forum for members to forge informal new partnerships with their peers to work together on the issues that matter to them. For example, the GPC's country visits are providing an opportunity for members to engage in theme-oriented study. The 2002 trip to South Africa, with its focus on the HIV/AIDS crisis and how it is impacting the country, offered a model for this approach. Other country visits might be organized around topics such as microenterprise finance, mental health, medical care, education, and women and children's issues.

YOUR IDEAS WANTED

Global Giving Matters aims to present information on best practices and innovations in philanthropy and social investment around the world. We encourage you to send us:

- Ideas about issues or people you would like to learn more about
- Examples of your own philanthropy
- Comments about this issue.

Write to us at comments@globalgivingmatters.org.

Global Giving Matters does not present solicitations of support for particular initiatives or organizations.

The Synergos Institute

9 East 69th Street
New York, NY 10021
USA
tel +1 (212) 517-4900
fax +1 (212) 517-4815
www.synergos.org

The World Economic Forum

91-93 route de la Capite
CH-1223 Cologny/Geneva
Switzerland
tel +41 (22) 869-1212
fax +41 (22) 786-2744
www.weforum.org

Rockefeller Philanthropy Advisors

437 Madison Avenue
New York, NY 10022-7001
USA
tel +1 (212) 812-4330
fax +1 (212) 812-4335
www.rockpa.org