What makes the **Washington AIDS Partnership** a shining model of collaboration isn’t *all* about money.

The Washington Grantmakers funding collaborative has indeed awarded more than $17 million in grants for HIV/AIDS prevention, education, and advocacy services in the region.

But over the last twenty years, the Washington AIDS Partnership has also overturned harmful legislation, increased access to HIV/AIDS medications, advocated for better epidemiological data, increased the number and quality of HIV prevention services, and guided the direction of the District government’s work on HIV/AIDS.

Through many successes, the Partnership has shown that the collaborative commitment of its members, coupled with a clear mission, is a powerful force for change.

**A Persuasive Voice**

“Injection drug use,” explains Partnership Executive Director J. Channing Wickham, “was accounting for about 40 percent of HIV transmission in the District.” Five years ago, it was the leading cause of transmission for women, and the second leading cause for men.

In many jurisdictions, local and state funding has allowed such programs to successfully operate. The District’s budget is directly controlled by Congress.

Since 1998, Congress had maintained a standing ban against the District’s use of local tax dollars to fund syringe exchange services—preventing funding of exchange services whose comprehensive prevention approach also includes HIV testing and drug treatment referral.

In 2004, the Partnership prepared to challenge the government’s policy by creating the Syringe Access Working Group (SAWG), which united the Partnership, advocacy group DC Appleseed Center for Law and Justice, and service providers Prevention Works and Whitman-Walker Clinic. The goal was simple – put pressure on Congress by educating both local and national leaders about the effectiveness of syringe exchange.

Daniel Solomon, president of the Naomi and Nehemiah Cohen Foundation and Washington Grantmakers Board member, was one of the initial funders of the working group. “It was absurd that the city with the highest rate of HIV/AIDS infection in the country was prohibited by Congress from spending its own tax dollars on syringe exchange,” he says. “I don't think it's a stretch to say that people die in Washington, DC because the city lacks equal representation in Congress.”

For the next three years, the group built political will with supporters, educated opponents, and advocated for change. In the summer of 2007, DC Appleseed Executive Director Walter Smith told the *Washington Post*, “The stars may have aligned.” With the House Appropriations Bill looming, the group felt that the new composition of Congress after the 2006 elections and vocal support from political allies offered hope that the exchange ban might finally be lifted.

Needle exchange programs are now receiving public funding after a successful advocacy effort.

**Measuring Progress**

In 2005, former DC Mayor Anthony Williams asked, “How can we better focus our resources to get more mileage on something that's killing too many people?”

The Partnership gave him a thorough response, commissioning DC Appleseed to analyze how DC was managing the HIV/AIDS crisis. Not very well, it turned out.

The government was not systematically collecting and analyzing data, which resulted in missed opportunities for prevention. It was neglecting high-risk populations and failing to properly coordinate providers serving those living with HIV/AIDS.

DC Appleseed made specific recommendations for improvement. The Partnership then funded DC Appleseed for a unique follow-up program – periodic report cards, graded A through F, tracking the government’s progress by category.

The fourth report card was released in late 2008; the government has shown substantial progress in the last four years, due in part to the Partnership and DC Appleseed’s recommendations and oversight.
In 1987 the Eugene and Agnes E. Meyer Foundation commissioned a study on the region’s AIDS education needs and convened funders. The following year, the Ford Foundation offered Meyer, along with leaders in eight qualifying cities, a $500,000 challenge grant to address the HIV/AIDS crisis in DC. Meyer Foundation President Julie Rogers recognized that the Ford money could be the catalyst for a formal collaboration. “The Ford funding was a chance to target HIV/AIDS with significant grantmaking, but more importantly, it provided the impetus to create the first formal funding collaboration in the region.” Twenty local funders answered the Ford Foundation’s challenge and the Washington AIDS Partnership was born, with its first round of grants being made only a few months later.

Today, the Partnership has more than 40 funders representing foundations, corporate giving programs, and individual donors. In addition to Washington Grantmakers members, its 22 person steering committee includes community advocates and leaders, health experts, and individuals living with HIV/AIDS.

“That kind of diversity is crucial,” observes Partnership Executive Director J. Channing Wickham. “For an issue as critical as ours, we realize the necessity of having a wide range of perspectives at the table.”

With Trust Comes Opportunity
In July of 2008, the District’s HIV/AIDS Administration (HAA) had $5.8 million of federal funds marked to provide low-income individuals living with HIV/AIDS access to life-saving medications. Due to time-restrictions on the funding, they risked forfeiting the money back to the federal government – an unacceptable outcome with so many District residents in need. So, they transferred the funds to the Partnership.

“The government came to us because of our long history of working with groups fighting HIV/AIDS and our proven ability to manage funds effectively,” says the Community Foundation’s Kathy Whelpley, former chair of the Partnership. “The Partnership has deep knowledge of the issues and insight into best practices in the field - making us the ideal partner to manage these funds and use them wisely.”

Wickham notes, “To achieve system reform in the District, it is crucial for us to have a close and collaborative relationship with the government. Their decision to trust us with these funds signals an acknowledgement of our strengths, and a willingness to combat this crisis together.”

The Partnership and HAA will study best practices and use the funds to set up a drug procurement and delivery process designed to maximize prescription drug and HIV treatment availability, and grow the enrollment of District residents who desperately need HIV medications.

How to Win the Fight
In its March 15, 2009 Sunday edition, the Washington Post announces on the front page, “At least 3 percent of District residents have HIV or AIDS.” The story is branded with the ominous word “epidemic.” All eyes are now on DC.

“The HIV/AIDS rates are stunning, especially to people who haven’t been paying attention,” says Wickham. He points out that, alarming as the situation is, the main reason the District is able to provide accurate HIV/AIDS data is because the DC Appleseed report pushed the government to collect the information necessary to make an assessment. “Without that report, the District would still be ten to fifteen years behind where it needs to be. Instead, the government is moving rapidly to make up for lost time, and we have invested in a cadre of service organizations to help them.

“The media publicity gives us an opportunity to show people that the fight against HIV/AIDS is already being fought – and it will only be won if everyone is on the same page, working strategically and collaboratively.

“We know what needs to be done, we know how to do it, and we are always looking for more partners in this fight.”

Birth of a Partnership
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