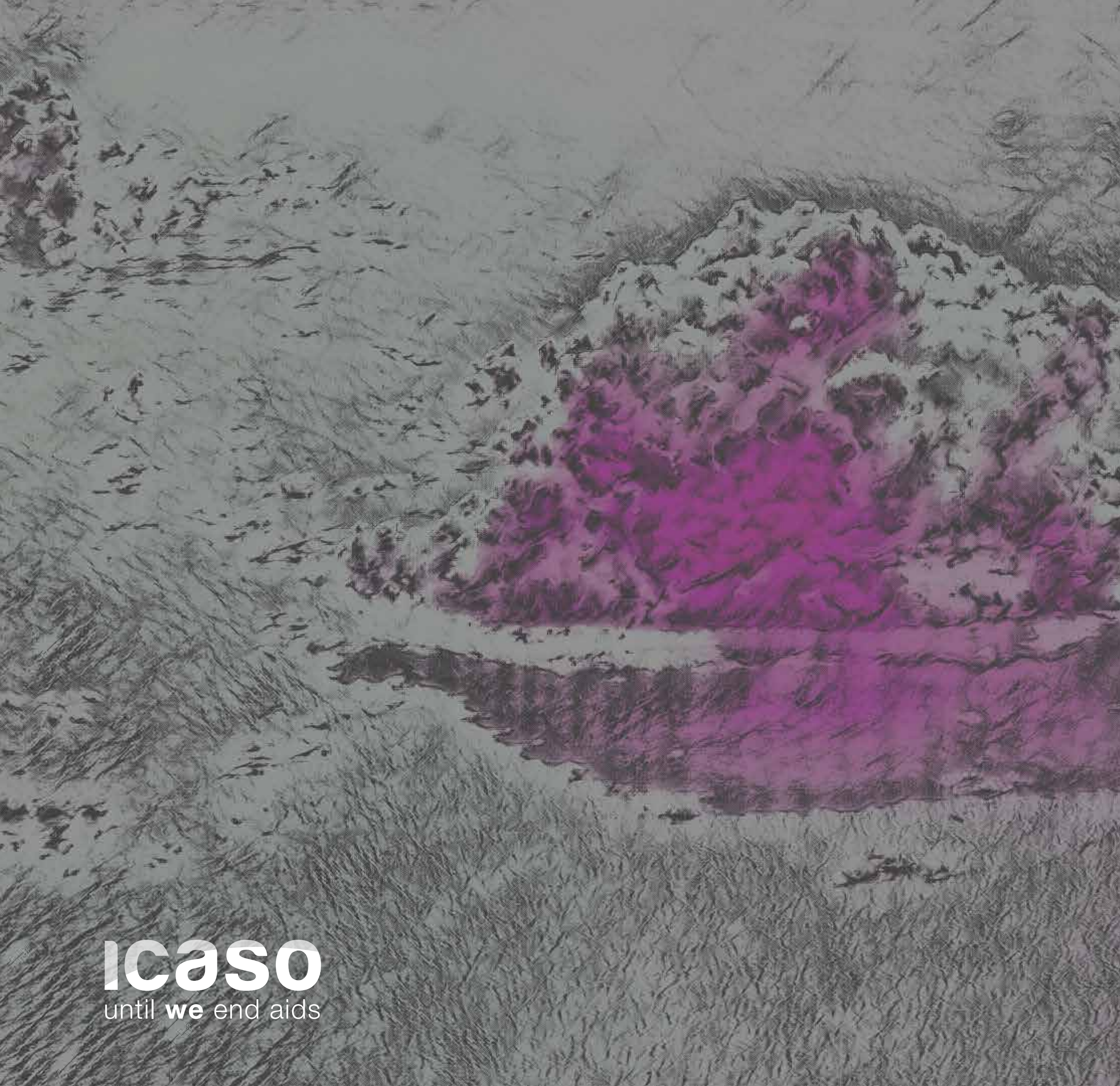




icaso
until we end aids

twenty fifteen

ICASO Annual Report

together we can end AIDS

2015 represented the culmination of an era. Fifteen years before, the world had come together to agree on a path to address extreme poverty in all its multidimensional facets – the result was the Millennium Development Goals. Among the eight goals, “combating HIV, malaria, and other diseases,” guided the work we did. In 2015, it was time to apply our collective lessons learned, based on our shared vision and joint energies, to negotiate and fight for the AIDS response to be part of the ‘Post-2015’ world.

The process to develop and agree on the Sustainable Development Goals reaffirmed that the diversity of today’s HIV epidemics demands diverse, rights-based and gender-transformative responses, as well as a commitment to evidence-based policies and programs.

As we entered 2016, the year when a new Political Declaration on AIDS was to be agreed on, and when the International AIDS Conference was set to return to South Africa after more than a decade, the time had also come to recommit to taking real steps to end AIDS. Human rights, gender equality, treatment for all, combination prevention, and increased financing must anchor AIDS responses, and therefore our advocacy. The time has come to re-politicize and reposition AIDS as a question of social justice.

Within this new development framework – and within constraints of decreasing funding for the AIDS response overall – and especially for community responses and recognizing that democratic spaces for policy dialogue have shrunk, ICASO has strived to support community advocates to document and advocate for addressing the significant gaps that remain in the response – for people, for strategies, for regions. This has been our journey for more than 25 years now, and our commitment holds: until we end AIDS.

We cannot end AIDS by ourselves, not introspectively, not within our silos, and not within our movements. We absolutely cannot leave anybody outside or behind in our efforts. Ending AIDS requires bold thinking, brave efforts, transformative approaches and overall, trust among ourselves.

Together we can end AIDS

Mary Ann Torres, Executive Director

strategic goals

UNTIL WE END AIDS

Our approach is based on the principle of the greater involvement and meaningful engagement of people living with HIV to ensure that they provide leadership when engaging in critical and emerging AIDS-related policy issues. Our work is driven by our four strategic goals:

- 01*** Global, regional and national leaders fulfill their commitments and apply evidence-based approaches to end AIDS promote health, gender equality and human rights
- 02*** Community perspectives and experiences guide all major global, regional and national HIV policies and programs.
- 03*** Strong community systems for health and human rights
- 04*** A strong global community HIV movement

At ICASO, we work to ensure that community leadership and engagement, whether national, regional or global, are central to the effective response to HIV and AIDS. We advocate for strong community systems for health and rights, while building and supporting a global community HIV movement through support to community AIDS advocates to develop advocacy strategies and mobilize community action that result in participation in and engagement with key and emerging AIDS-related processes and actions. In this way,

- 01** We support national, regional and global communities responding to HIV
- 02** We strengthen community leadership and engagement on complex and contentious issues
- 03** We improve community engagement and contributions at a global policy level
- 04** We advocate for accountability, and effective and increased funding

Our work falls into three overarching and often intersecting categories that are the foundation to everything we do, linked to our Strategic Goals: advocacy and accountability, putting building blocks in place to facilitate engagement, and convening and connecting communities responding to HIV. Strategically, our objectives and activities are designed to meet the serious challenges presented by key and emerging HIV policy issues inherent in the AIDS response. ICASO believes and knows that these challenges can be overcome. We believe that human action directly influences the underlying challenges related to health and rights, and that to meet the Sustainable Development Goals, we need to work together, in solidarity with people living with HIV. In this way, our work can and will make a difference, and bring about change.

*What
we
do*



HIGHLIGHTS

of our work in

2015



COMMUNITY LEADERSHIP IN THE SUSTAINABLE DEVELOPMENT GOALS

We believe that the most effective approach to ending the epidemic is to work with civil society and community leaders representing a broad spectrum, such as women, housing, human rights and HIV. We consider this key to ensuring that HIV and health remain an important pillar of the world's development agenda. Keeping AIDS front and center in the discourse, including the SDGs, is critical, as attention to and resources for HIV are dwindling, and especially, as from the beginning of the negotiations related to the SDGs, it was clear that AIDS would not be included as a goal. ICASO therefore:

- ▶ Led on the process to draft letters and statements that focused on people living with and vulnerable to HIV, on behalf of the Civil Society Working Group on AIDS and Development, a coalition of civil society organizations advocating on health priorities.
- ▶ Co-hosted the Secretariat of the Civil Society Working Group on AIDS in the Post-2015 development process (CSWG), which was created to strengthen effective advocacy in the Post 2015 process at the different levels of decision making. The CSWG, supported and led by ICASO, directly advocated for several issues, using different platforms: meetings with UN Missions, public letters and statements and speaking at meetings in the UN.
- ▶ Created timely and relevant Action Alerts that provided analysis of key themes in a readily understood and easily acted on format that civil society could use when asking governments to support them.
- ▶ Provided guidance templates to support civil society's concrete actions, keeping them abreast of critical dates and providing strategic entry points in the process.
- ▶ Worked successfully in coalitions across sectors and diseases that resulted in broad-based support for the health, HIV, and the human rights agenda.

Why our work resulted in community leadership in the SDGs, and ensured that progress is made in realizing the right to health for everyone:

- 01 Our advocacy focused on making sure that any language around HIV and AIDS in the SDGs did not negate important gains made up to 2015, such as the inclusion to people living with HIV. We achieved this.
- 02 The ambitious target to end the AIDS epidemic by 2030 being enshrined in the SDGs is credited to the coalition of advocates, coordinated by ICASO.
- 03 We broadened the pool of advocates, ensuring inclusivity and diversity.



COMMUNITY ENGAGEMENT ON KEY AND EMERGING HIV POLICY ISSUES

The Global Fund has made clear that grants under its “new” funding model will only be approved if there is documented involvement of stakeholders in the development of national strategic plans from which the concept notes for grants must be drawn. ICASO believes that community leadership is a critical component when it comes to monitoring and advocating for a more effective Global Fund and other policy making institutions. Better engagement in the country dialogue ensures that civil society organizations and representatives of key populations have a voice that is included, in other words, more than simply occupying a seat at the table, they are counted and considered.

- We worked with civil society to prepare for and document the impact of Global Fund withdrawal in Eastern Europe and Central Asia, and the Caribbean, without appropriate planning and systems in place.
- We documented opportunities and challenges experienced by civil society and communities in developing Regional Concept Notes (RCNs), to improve and facilitate the process for producing inclusive and participatory regional funding requests. RCNs are a mechanism of the Global Fund to add value to country-level investments, oftentimes focusing on issues such as strengthening key population networks and improving policy and human rights environments.
- We jointly worked on developing and implementing a comprehensive program to increase capacity for civil society to both directly engage in and influence Global Fund grant development and implementation at country and regional level. This included Including developing a resource to explain what civil society should do to be involved in Global Fund grant making and grant implementation processes.

- ▶ We built ongoing monitoring and advocacy capacity to hold key stakeholders accountable for delivering on the agreed upon results.
- ▶ We extended these tools and approaches to other priority investors in national responses, such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and national governments themselves, given that they will be taking on an increasing share of the investment in coming years.
- ▶ We hosted jointly with International Civil Society Support (ICSS) a consultation in Amsterdam in April 2015, to gather civil society concerns and priorities demands regarding the Global Fund 2017-2022 Strategic Plan. The meeting brought together 25 advocates representing diverse networks, including key populations. Following the Amsterdam consultation, the findings were presented at the civil society pre-meetings at the regional Partnership Forums in Addis Ababa, Bangkok, and Buenos Aires to inform advocates input and this input was later collated into a matrix that captured all the civil society input made against key themes.
- ▶ To strengthen CCMs, we evaluated a pilot initiative developed by the Global Fund Secretariat in 2013, which provided funds to CCMs in ten countries to support the greater engagement of key populations and people living with the diseases in funding processes. Our key findings showed that while the Global Fund's Pilot investment to increase key affected population voices on the CCM was welcomed, it was perceived as insufficient. We concluded that the Pilot represented an important step towards more meaningful engagement of key populations that should not be retreated from or discarded because of implementation challenges.
- ▶ Worked successfully in coalitions across sectors and diseases that resulted in broad-based support for the health, HIV, and the human rights agenda.

Why Our Work Resulted in better more efficient and effective Global Fund grant-making:

- 01 Advocates are well-equipped and able to participate meaningfully as experts.
- 02 Advocates generate their own rigorous, locally-based and informed evidence to be used in advocacy related to country transitions.
- 03 ICASO helped identify the potential pitfalls, as well as opportunities, to inform the Global Fund of areas that could be improved in policy-making.

Other activities beyond the Global Fund, included:

- ▶ ICASO provided substantial written comments to the earlier drafts of the UNAIDS Fast-Track Initiative, and the proposed indicators to ensure a proper rollout initiative and its monitoring and reporting, to pre-empt the initiative as becoming a "treatment-only" initiative.
- ▶ We participated in the review of the Global AIDS Response Progress Reporting (GARPR) tool.
- ▶ And we influenced and contributed to global health-related frameworks to include human rights considerations related to HIV, such as the Global Fund's Equitable Access Initiative, the World Health Organization's strategic process, and the UNAIDS 2016-2021 Strategy.

Our work resulted in pre-emptive engagement on key and emerging HIV policy concerns, and ensured that critical considerations, such as human rights related to HIV, were included in global health initiatives.

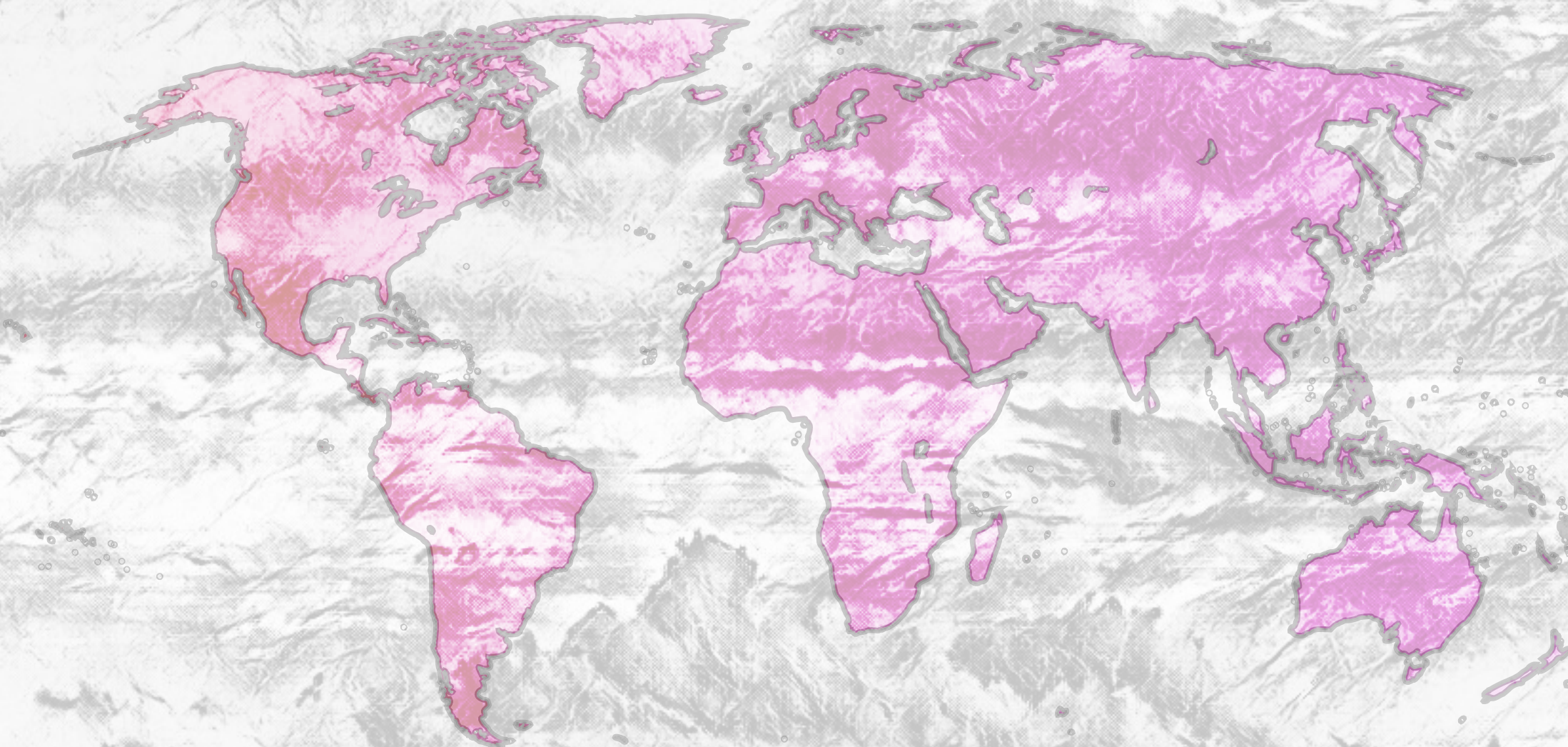


STRONG COMMUNITY SYSTEMS FOR HEALTH AND RIGHTS

It is critical to highlight the role of communities in increasing the reach and impact of systems for health. Community support for health from the perspective of HIV and human rights provides a strong base to connect and articulate the needs of communities and their ability to mobilize resources through their own unique cultural lenses and language. It means that their voices form an integral part of the processes of policy and decision making. It goes hand in hand with our goal of making progress towards the goals of universal access to health care and realizing the rights of everyone to achieve the highest attainable standards of health.

To implement the following projects, ICASO worked with and through partners from around the world, including global, regional and national networks.

These included key populations networks, including of people living with HIV and other civil society organizations.





► In Central America, Secretaría de la Integración Social Centroamericana (SISCA) and the Central American Network of People Living with HIV (REDCA+) developed an advocacy strategy as part of the regional concept notes for a Global Fund grant that reflected the activities related to community systems strengthening, the Regional Strategy on Health, Dignity and Prevention and the achievement of 90/90/90 UNAIDS fast-track goals.



► Aid for AIDS directly supported key population involvement in Global Fund regional concept note development in Peru.



Caribbean
Vulnerable
Communities
Coalition

► In the Caribbean, the Caribbean Vulnerable Communities Coalition (CVC) also documented the impact of the Global Fund transitioning out of countries without appropriate planning and systems in place.



► In South Africa, ICASO supported the Treatment Action Campaign (TAC) to develop a new strategy, reinvigorating the waning AIDS movement in the country and helped them to mobilize resources to continue to implement programming. Those small catalytic funds helped them to secure important and life-sustaining new grants from several major donors, including the Ford Foundation and MAC AIDS Fund. With these funds they have facilitated widespread community mobilization around treatment and other related issues such as marginalization and criminalization of key populations, shortage of skilled health care workers and access to affordable medicine.



► In Eastern Europe and Central Asia, the Eurasian Harm Reduction Network (EHRN), documented the impact of the Global Fund's country transitions through its new funding model.



► Through our partnership with Health Gap, we supported civil society involvement in Global Fund concept note development and oversight in Malawi and Uganda.



► The regional network, Eastern Africa National Networks of AIDS Service Organisations (EANNASO), comprising national networks of AIDS Service Organisations, assessed the inclusion of civil society priorities in Global Fund concept notes. A five-module video toolkit was subsequently developed so that communities could easily replicate the research methodology.

Why our work ensures that progress is made in realizing the right to health for everyone

- 01** ICASO provides civil society with the resources to document the impact of transitions in their countries and regions, ensuring solid grounds for advocacy.
- 02** We ensured that groups traditionally excluded from mainstream responses to HIV, can organize, consult, and strategize, and have the tools, data, and evidence to safeguard their inclusion in grant-making processes. This overlapping support is vital to ensuring that the needs and demands of key populations are appropriately and clearly articulated, taken into consideration, and acted upon in country and regional responses.



**A STRONG GLOBAL
COMMUNITY HIV MOVEMENT**

Sixteen years after the International AIDS Conference was held in Durban, South Africa, AIDS 2016 honored the historic commitments made in 2000 that ushered in a global movement to bring life-saving treatments to developing countries, paved the way for the passage of the first UN Declaration on HIV/AIDS and led to the creation of The Global Fund to fight AIDS, TB and Malaria and PEPFAR. AIDS2016 will focus on the work that still needs to be done, if the global goal of ending AIDS by 2030 is to be achieved. To get there, we will need strong and engaged civil society and community participation, to propel the movement forward, and part of our work focuses on the coordination of civil society efforts to reduce duplication. We also created a platform and space that recognizes an outstanding community-academic research partnership to advance policy and programming on HIV through the biennale Robert Carr Award. By taking on accessibility issues for civil society participants, the International AIDS Society doubled the number of scholarships to 900. In addition:

- ▶ We supported strong communities for AIDS 2016, by facilitating and coordinating activities to ensure that communities' issues are reflected in the decision-making process. In 2015, ICASO played a leadership role, facilitating our joint input to select committee co-chairs, track co-chairs, speakers and themes for plenaries.
- ▶ We led the development of a joint community outreach proposal with GNP+, MSMGF and ICW to ensure strong linkages and avoid duplications.
- ▶ We launched the Community guide: AIDS 2016 – a one-stop place to find community-driven information about AIDS 2016. It includes information about the Global Village, reminders about upcoming deadlines, updates on immigration and housing, links to abstract mentoring opportunities, and learning and networking opportunities related to the conference.

- ▶ We launched the 2016 Robert Carr Memorial Lecture and Award on December 10 to mark International Human Rights Day.
- ▶ As the Chair of the Community Advisory Group for the International AIDS Society (IAS) Conference, ICASO pushed for community-led sessions and speakers, and working with Canadian partners (most notably the Canadian Aboriginal AIDS Network, CAAN), pressed for the recognition of aboriginal groups in the program. ICASO's Chair of its Board of Directors, Marama Pala, was the community speaker in the closing ceremony.
- ▶ Beyond the AIDS conferences, ICASO also contributed to the International Women Living with HIV-led Love Positive Women campaign for Valentine's Day.

Why Our Work Built Stronger Community Engagement in AIDS 2016 and beyond

- 01** Community perspectives will figure prominently throughout AIDS 2016 programming. Because of ICASO's constant outreach, mentorship and providing information and platforms to ensure meaningful engagement and inclusion in decision-making for the conference, several community speakers were selected for high profile plenaries.
- 02** ICASO and our civil society partners expressed concerns about the lack of financial accessibility for participants from lower income countries. This led directly to more scholarships for such participants.
- 03** ICASO advocated for integrating the outcomes from pre-conferences into the conference as a way for the broader conference to be informed by these perspectives, successfully arguing that the International AIDS Society needed to provide official support for the pre-conferences to be held onsite to cut costs and reduce the logistical burden on communities.
- 04** Community-generated evidence is often dismissed as merely anecdotal. ICASO wants to change this often-misguided perception, and continues to emphasize the value of supporting such evidence as a basis for policy-making and programming for AIDS through the Robert Carr Research Award and Lecture.

INTERNATIONAL COUNCIL OF AIDS SERVICE ORGANIZATIONS

Statement of Financial Position

December 31, 2015, with comparative information for 2014

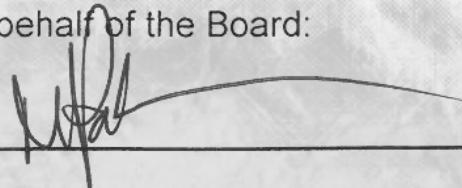
	2015	2014
Assets		
Current assets:		
Cash	\$ 428,801	\$ 511,519
Short-term investments (note 2)	1,805,967	1,303,844
Accounts receivable (note 3)	34,563	57,838
Prepaid expenses and deposits	9,048	11,549
	2,278,379	1,884,750
Capital assets (note 4)	15,992	2,844
	\$ 2,294,371	\$ 1,887,594

Liabilities and Net Assets

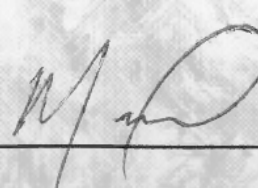
Current liabilities:		
Accounts payable and accrued liabilities	\$ 73,575	\$ 35,497
Deferred contributions:		
Expenses of future periods (note 5)	1,423,555	1,130,355
Net assets:		
Invested in capital assets	15,992	2,844
Internally restricted net assets (note 6)	375,000	375,000
Unrestricted (note 6)	406,249	343,898
	797,241	721,742
Commitments (note 8)		
Contingencies (note 10)		
	\$ 2,294,371	\$ 1,887,594

See accompanying notes to financial statements.

On behalf of the Board:



Director



Director

financial health

INTERNATIONAL COUNCIL OF AIDS SERVICE ORGANIZATIONS

Statement of Operations

Year ended December 31, 2015, with comparative information for 2014

	2015	2014
Revenue:		
Grants and contributions (note 5)	\$ 1,159,364	\$ 771,329
Interest	2,420	3,077
Other	11,819	6,706
	1,173,603	781,112
Expenses (recovery):		
Salaries and benefits	519,639	476,972
Global, regional and country technical support	481,495	46,033
Professional fees	220,152	200,518
Occupancy	59,847	77,791
Travel and accommodation	21,739	77,586
Office and general	19,599	30,468
Travel - meetings held abroad	16,883	7,487
Amortization of capital assets	5,132	2,924
Foreign exchange (gain) (note 7)	(246,382)	(66,231)
	1,098,104	853,548
Excess (deficiency) of revenue over expenses	\$ 75,499	\$ (72,436)

See accompanying notes to financial statements.



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