



AID FOR AIDS

AID FOR AIDS ANNUAL REPORT 2004



Letter from the President and Executive Director

We are pleased to present Fundación Aid for AIDS' (AFA) first annual report of activities completed during a fiscal year. Our agency was founded in 1996 as a grassroots nonprofit to fulfill an urgent need by people living with HIV/AIDS (PLWHAs) outside of the United States for medicines that could potentially save their lives. We remain fundamentally a grassroots organization, although the agency has grown substantially in the number and breadth of programs since our inception. Our staff and Board of Directors are still primarily comprised of either members of the HIV community or individuals who have long supported social justice causes within the developing world. Most importantly, we continue to prioritize community input in our planning and implementation of services.

While this grassroots approach to operating our various programs has served our clients extremely well over the past eight years, AFA also recognized a need in 2004 to adopt certain corporate structures and practices so that we could better fulfill essential programmatic objectives. AFA had an extremely difficult fundraising experience in 2003 when income fell far short of expenses. The agency's ongoing ability to maintain vital client services subsequently came into serious question. Clearly, changes were in order. This publication, which also includes results from AFA's first-ever annual audit, represents just one example of these new operational practices to create a stronger foundation for future stability and growth.

Fortunately, AFA can say without question that we have truly made a remarkable difference in the global AIDS fight since 1996, with significant additional achievements again realized in 2004. The fact that we have already provided over \$20 million worth of HIV drugs through our AIDS Treatment Access Program (ATAP) over the years to people in countries that previously had no viable medical options for this deadly virus is the greatest testament to the value of our mission. AFA sent nearly \$3 million worth of life-saving antiretrovirals to clients in 24 countries

during 2004 alone. This accomplishment would not have been possible without an incredibly conscientious group of donors who recognize that their unused medications can make an incalculable difference in people's lives. Nor would it have occurred without the financial contributions from individuals and foundations across the United States to pay the cost of shipping these drugs overseas. We thank all of these donors profusely.

Another major development during 2004 that merits special attention is AFA's decision to establish a technical assistance program to support people and nonprofits in the developing world who want to create greater attention by local governments to the medical needs of PLWHAs. Many AFA clients outside of the United States have taken their own initiative to address the lack of treatment options available to their peers by speaking out at local, state/provincial and national forums for universal access to decent, effective, and affordable healthcare. Needless to say, AFA's interest in working with these individuals in a more systematic way through the provision of capacity building services represents a natural evolution in the agency's mission. It also reflects our ongoing commitment to remaining fundamentally a grassroots entity that supports the desire of HIV community members to create better lives for themselves and for others in similar circumstances.

A more detailed description of our medications distribution program, of the new technical assistance program and of activities for other core AFA services during 2004 follows within this publication. Hopefully, it adequately articulates our agency's tremendous contribution last year, despite having one of the smallest operating budgets of any New York City-based AIDS service organization.

Financially, 2004 was by far AFA's most successful year ever - something that we believe in part resulted from the newly enacted organizational structures and practices.

However, we are still striving to realize sufficient income stability. Since our work is primarily international in nature, AFA remains ineligible for most multi-year government contracts that are available to so many other AIDS nonprofits, and we continue to operate with a skeleton staff that has limited time to spend on fundraising. Nevertheless, our staff and Board of Directors are intent on diversifying sources of income as much as possible in the future.

To that end, AFA started a major new initiative during 2004 called Campaign for Life, our first ever formal direct mail fundraising appeal. Donations to Campaign for Life are used exclusively to subsidize costs to ship drugs abroad and to provide our clients with CD4 cell count and viral load tests so that they, their medical providers, and we have a better sense of their health status. Even fewer people in the developing world can afford the diagnostic tests to quickly identify and address HIV resistance than have access to antiretrovirals. Campaign for Life is meant to help deal with this problem. Most importantly, the new fundraising appeal is intended to provide the financial resources to markedly reduce the number of people on ATAP's waitlist.

As we write this letter, the demand for AFA's services remains great. Reports of the rapid spread and devastating effects of HIV in poorer countries abound in major media because this virus continues to destroy many lives outside of the United States. Sadly, the vast majority of PLWHAs today still do not have the drugs that they need to stay alive. UNAIDS (the Joint United Nations Programme on HIV/AIDS) estimates that upwards of 180,000 people in the Caribbean and Latin America died from AIDS-related infections in 2004 alone, more than 12-times the number of AIDS deaths in the United States. At the same time, millions of dollars worth of bought and paid for HIV medications are going to waste in wealthier countries. AFA remains firmly committed to pursuing our grassroots approach to implementing client services and advocacy initiatives that will address this injustice so that as many lives as possible can ultimately be saved. We very much look forward to describing our progress on this critical purpose in the 2005 annual report.



A handwritten signature in black ink, appearing to read 'Maria Eugenia Maury-Arria'.

Maria Eugenia Maury-Arria
President



A handwritten signature in black ink, appearing to read 'Jesus Aguais'.

Jesus Aguais
Executive Director



AIDS Treatment Access Program

AFA was founded to meet an urgent need by people living with HIV/AIDS (PLWHAs) in Latin America for effective therapeutic options to slow HIV replication. The agency's first and still largest service is its AIDS Treatment Access Program (ATAP), which recycles HIV medications that would otherwise be discarded by patients in the United States so that they can be used by individuals in the developing world. This initiative achieved some noteworthy accomplishments in 2004.

The ATAP sent over \$2.7 million worth of antiretroviral medications to 282 clients in 24 countries during 2004. Other medications and medical supplies of significant additional value, including important prophylaxis treatments that are prohibitively expensive for our clients, such as Bactrim and fluconazole, were also contributed to AFA last year and, in turn, shipped abroad. Donations of unused medications were made by 275 individuals and 119 clinics and hospitals in 41 states during 2004. Despite our impressive performance collecting a large quantity of antiretrovirals last year, 150 PLWHAs remained on the ATAP wait list as of December 31st. AFA could not enroll these additional individuals because we did not have at least a three-month supply of their required HIV drugs on hand, nor could we make the necessary indefinite commitment to provide all components of their regimen.

AFA staff continued to implement rigorous patient enrollment and monitoring procedures for the ATAP in 2004 to ensure that clients were in fact using and benefiting from their AFA-supplied medications. We remained firmly committed to the principle that donated antivirals not be wasted or resold. As has always been the case, drugs were only sent to clients upon receipt of a doctor's prescription.

We also continued to follow our longstanding policy of working closely with physicians outside of the United States to ensure that each client received the semi-annual CD4

cell count and viral load tests needed to assure that the medications were being used properly and were having their intended benefits.

Also of importance, AFA staff in New York also continued to work closely with both ATAP clients and their care providers on a quarterly basis to not only monitor whether each individual's treatment regimen continued to be appropriate for their needs, but also to help PLWHAs work through side effects and adherence issues in order to attain maximum possible benefit from their AFA-provided medications.

Finally, AFA began planning to establish a Brazilian presence in 2004 so that we could widen the pipeline of available HIV drugs for recycling. Brazil has been a leader in recognizing that all of their citizens living with HIV need antiretrovirals, and public health officials in that country have been willing to take extraordinary steps to allow for domestic production of generic drugs for this purpose. Consequently, Brazil represents an exciting opportunity for AFA to recycle even more medications for use by PLWHAs in other countries. We hope and expect that a large quantity of the HIV medications presently being discarded by patients in Brazil will someday be saved and sent to many individuals elsewhere.

New York Immigrant AIDS Link (NYIAL)

Over the years, AFA has become a trusted AIDS service provider throughout the developing world, and individuals from these areas have increasingly sought out our help upon their arrival in the United States. In 2001, AFA formally established direct client services at our New York City headquarters to fulfill requests by HIV-positive immigrants for assistance with a variety of needs. NYIAL offers its clients culturally appropriate HIV health and treatment education, semi-monthly support groups, and referrals to vitally important healthcare, housing,



education, employment and immigration services at other well-respected nonprofits citywide. These various NYIAL-provided services also thrived throughout 2004. The program maintained an average monthly caseload of 60 clients in 2004, providing each individual with assistance that was tailored to his or her specific needs and circumstances. Over 450 individual counseling sessions were offered to NYIAL clients in addition to 19 support group sessions. Some clients continued to rely on AFA's help throughout the year, while others had all of their requirements met in a relatively short period of time. AFA collaborated with 20 nonprofits in the Bronx, Manhattan, and Queens on this initiative during the past year.

Technical Assistance Treatment Advocacy Initiative

A central AFA principle is to help empower PLWHAs and the global AIDS community as a whole to advocate for their treatment needs and to pressure governments to adopt more responsible and just healthcare policies, particularly with regard to providing access to HIV medications. The ATAP enrollment criteria that prioritizes PLWHAs who are actively trying to influence public health policy for receiving drugs is just one example of this principle in practice. Another such example is AFA's new technical assistance service founded in 2004 to teach individuals, nongovernmental organizations, and AIDS service organizations how to become more successful at influencing legislation that improves HIV healthcare opportunities for their local populations. One catalyst for establishing this new initiative is AFA's concern that PLWHAs outside of the United States are not allowed an adequate voice when countries decide how to use major grants from the Global Fund to Fight AIDS, Tuberculosis and

Malaria. Nor are they afforded sufficient oversight to ensure that countries fulfill their commitments for use of these monies.

Developing this new initiative occupied much of the year, and AFA was able to implement rudimentary technical assistance projects in Peru during 2004. We participated in the establishment and training of a committed group of 37 activists in that country and helped these individuals implement three key campaigns. One educated elected officials and their advisors about the plight of PLWHAs, which included providing them with a cost/benefit analysis of adding HIV/AIDS services. A key result of this initiative was that some government officials began to regularly reference their concerns about HIV/AIDS in speeches before the Peruvian legislature and when speaking to their local constituents. A second project advised the new advocacy group in Peru about developing a strategy to force the rewriting of a pre-existing law so that it mandated universal access to HIV medications for all PLWHAs. This strategy was successful, although the improved enacted law has yet to be adequately implemented. Finally, AFA assisted the new group of PLWHA activists in creating and implementing a strategy to secure commitments from local television and print media to include regular, content rich, and high impact messages about HIV prevention and access to HIV treatment issues in their public health policy discussions. AFA is working to expand the new technical assistance service to the Dominican Republic, Guatemala, Honduras and Panama in 2005.



Special Programs at AFA's Offices Abroad

AFA operates four satellite offices, one each in Chile, the Dominican Republic, Peru, and Venezuela. Our staff at these locations also take a grassroots approach to affecting positive changes in the delivery of healthcare to PLWHAs. Their principle role in this effort is to promote awareness of AFA's services among each country's population, to facilitate the transfer of medications to these individuals, and to promote client access to necessary CD4 cell count and viral load diagnostic tests. Some offices also offer unique programs of special interest to their national constituencies including:

Chile: In addition to core treatment access services, AFA staff in Chile offer a variety of counseling services to PLWHAs as well as primary and secondary prevention education for adults. Counseling is primarily delivered by peers who have worked through many of the health and psychological issues of living with HIV. This counseling also includes critical secondary prevention messages. In 2004, 396 clients received this counseling through individual sessions with peers. Another 30 clients attended regular monthly support groups in AFA's Santiago office throughout the year. AFA staff also conducted important primary prevention education for persons at risk of HIV infection; 150 individuals in 2004 received information on this critical topic. Finally, six clients received support from the Chilean office during 2004 to secure semi-annual CD4 cell count and viral load diagnostic tests.

Peru: A new program unique to the Peruvian office is a technical assistance advocacy initiative to train PLWHAs how to influence changes in public health policy to make HIV treatments accessible to all people who need them. The results of this initiative are described earlier in this report. Another service of the office in Peru is counseling and support for adults to help them cope with the challenges of

living with HIV. Treatment access and adherence, utilization of other beneficial supportive services, discrimination, disclosure, and self esteem are some of the topics covered by both professional and peer counselors at individual and group sessions. Nearly 1,000 PLWHAs took advantage of these services in Peru in 2004, and our staff at this location provided two group sessions per month throughout the year for an average of 20 participants at each session.

AFA staff in Peru also conducted regular primary and secondary HIV prevention education. Primary prevention efforts occurred at a variety of venues, including at the AFA office through one-on-one counseling and at larger community fairs where staff distributed educational literature and conducted group presentations. Secondary prevention education for those already living with HIV was only offered through one-on-one counseling in the privacy of AFA's office. During 2004, 200 individuals in Peru benefited from primary prevention education services and 980 individuals from secondary prevention counseling.

Finally, AFA's office in Peru helped 17 clients secure semi-annual CD4 cell count and viral load tests during this calendar year.

Venezuela: The Venezuelan office is AFA's largest satellite location and has the most diverse roster of site-specific programs. One such initiative provides critical support for youth living with HIV. Recognizing that children with acute and chronic illnesses face unique psychological and socialization challenges at the most formative time in their lives, AFA staff in Venezuela long ago decided to dedicate some of their scarce resources to helping these individuals. The services within this initiative include specialized counseling so that children can become more comfortable with their different health circumstances along with a large number of educational, cultural, and entertainment activities to create a safe social environment in which our young clients can grow and mature. This program reached 121 children in 2004.



A major new initiative of AFA's Venezuelan office in 2004 was a pilot HIV prevention and health education program targeting teenagers. The need for innovative, effective, and widespread HIV prevention efforts throughout the developing world is significant, and AFA is committed to doing whatever it can in this area given our limited resources and our primary focus on providing treatment to those already living with HIV. To that end, we decided to implement a peer education program to teach high school students how to educate their classmates on HIV health issues, including how to avoid infection. This program is called Pandemic: Facing AIDS (PFA)/How Much Do You Know about HIV? and has been supported by grants from the M-A-C AIDS Fund and Pfizer Inc.

By the end of 2004, AFA had completed PFA program planning and startup functions. Several focus groups were convened with the PLWHA and nongovernmental organization community in Venezuela to learn their perspective on how the program should be implemented and AFA staff had developed pre- and post-testing devices to measure program outcomes. By year's end, 40 students, 10 each from four schools in Los Teques, agreed to participate in intensive, two-month trainings by expert instructors on the HIV prevention and health subject matter. These students are expected to convey the health messages to well over 1,000 of their peers in early 2005, the results of which will be described in next year's annual report.

As in the Peruvian office, AFA staff in Venezuela provide counseling and support for adults to help them cope with the challenges of living with HIV as well as primary and secondary prevention education services. During 2004, 147 adults in Venezuela utilized counseling services and over 750 individuals received primary and secondary prevention education.

Finally, 100 clients in the Venezuelan office received assistance in securing semi-annual CD4 cell count and viral load lab tests in 2004.





DOMINICAN REPUBLIC



Letter from the Treasurer

I am happy to present our donors with the results of AFA's first annual audit conducted by a Certified Public Accountant. Fortunately, the agency can demonstrate a much-improved financial picture for 2004, following a very difficult fundraising experience in 2003. AFA ended the year with net cash receipts (excluding donated medicines and medical supplies) of \$352,271 and operating expenses (excluding distribution of medicine and medical supplies and depreciation but including event expenses) of \$297,412. This result essentially erased a \$41,500 (unaudited) operating deficit at the end of 2003. Nevertheless, the agency remained in a precarious financial position, with virtually no cash reserve on which to rely should income again fall short of expenses in future periods. Fortunately, AFA conducted a successful fundraiser to coincide with the Art Basel Miami fair in the last month of the year; most of the revenues from which were paid in early January 2005.

We can report on a number of financial achievements for 2004. Gross income during the year rose 143% over 2003, largely due to substantially increased benefit/event receipts. 2004 marks a period when AFA began a concerted effort to expand and diversify our sources of support in order to promote greater stability. This effort clearly produced meaningful results and we expect our new direct mail appeal, Campaign for Life, to produce similar results as it grows in its reach to new donors.

Expenses also rose significantly during the same period, up 51% from \$197,000 (unaudited) in 2003. While some of these expenses were incurred to launch new programs, such as the PFA initiative and the technical assistance service to train treatment advocates, a large proportion of the increased costs resulted from the expansion of our pre-existing services and to develop the Campaign for Life. In addition, event expenses rose by 140% in 2004, reflecting a more ambitious fundraising program. Even so, AFA was able to hold administrative costs to just 20% of our overall expenses, ensuring that most of the funds raised were used to support programmatic efforts.

Particular attention to Note 1 of the audit helps explain the agency's true financial condition. Although AFA shows assets of approximately \$1.55 million, nearly all of these assets are in the form of donated medications. These drugs cannot be sold and therefore have no redeemable monetary value. Their true worth is, of course, incalculable because they will ultimately save so many lives.

The critical nature of AFA's work makes it imperative that the agency build a cash reserve to ensure that medication collection, processing, and shipping can continue uninterrupted regardless of temporary revenue shortfalls. The fact that we do not currently have such a reserve naturally concerns us greatly. Since we do not foresee a diminished need for our programs, redressing this deficiency will be the highest financial planning priority for the agency in the coming years.




Terence Riley
Treasurer

Audited financial statements ending December 31st, 2004

Estados de cuenta auditados del 2004

Balance Sheet

ASSETS

Current Assets	
Accounts Receivable	\$10,000
Cash	4,492
Inventory (See Note 1)	<u>1,520,611</u>
Total Current Assets	\$1,535,103
Fixed Assets	
Property & Equipment	\$3,327
Other Assets	
Security Deposit	\$6,381
TOTAL ASSETS	<u>\$1,544,811</u>

LIABILITIES

Current Liabilities	
Accounts Payable	\$14,042
Payroll Payable	1,250
Operating Loans	3,010
Taxes Payable	<u>457</u>
TOTAL LIABILITIES	<u>\$18,759</u>

Fund Balance	
Opening Balance, January 1, 2004	\$1,012,405
Net Increase for Year	513,647

FUND BALANCE, DECEMBER 31, 2004 **\$1,526,052**

TOTAL LIABILITES & FUND BALANCE **\$1,544,811**

INCOME

Contributions Received	
Donations	\$45,505
Grants	106,260
Special Events	<u>200,506</u>
Total Cash Contributions	\$352,271
Donated Medicine & Medical Supplies	
Medicine/Medical Supplies Received	\$3,158,785
Medicine/Medical Supplies Distributed	<u>2,699,997</u>
Net Medicine/Medical Supplies	<u>\$458,788</u>
CONTRIBUTED INCOME	<u>\$811,059</u>

EXPENSES

Operating and Program Expenses	
Bank Charges	\$1,144
Equipment Maintenance/Rental	102
Insurance	3,617
Meetings & Conferences	7,294
Membership Dues	263
Merchant Fees	2,477
New York Education Programs	30,349
Offshore Education Programs	13,135
Outside Labor	20,800
Payroll Tax Expense	10,327
Postage & Shipping	1,543
Printing and Copy	22,310
Professional Fees	17,288
Recycling Program	17,712
Rent Expense	34,290
Rent Expense	8,573
Repairs & Maintenance	669
Salaries & Wages	82,769
Supplies	10,937
Telephone & Telecommunications	2,139
Telephone & Telecommunications	8,554
Work Visa Sponsorship	<u>1,120</u>

TOTAL EXPENSES **\$297,412**

NET INCOME FROM OPERATIONS **\$513,647**

INCREASE IN MEDICINES & MEDICAL SUPPLIES **\$458,788**

NET INCOME FOR YEAR **\$54,859**

Note 1: Inventory on Hand and Valuation

All Inventory on Hand is composed of Medicines and Medical Supplies collected through program operations. The medicines are not obtained through purchase, but rather through the collection and donation process. These items are also not resalable in the United States. In essence, the medications have no value, per se. In order to represent these items which are the essential part of this Charitable Organization's operations, it was decided that the Inventory be valued at the Full Retail Value of the Medications. In addition, the method used for Inventory value is First In - First Out (FIFO).

2004 Donors/Lista de donantes

Ana Maria Abalo de Boulton
Bruce D. Agins
Dr. Bisham Aikel
Susan Ainsworth
Karina Alamo
Lara Alcantara
Ioan Allen
John Allen
Ana Cristina Alvarado
Jacobo Alvarez
Helena Alzetta
Pierre Appraxine
Augusto Arosemena
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The Fuscone Family Foundation
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Gilead Sciences
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Irving & Ellen Grauer
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Yaz & Valentin Hernandez
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The Peninsula Foundation
Diana Perdomo
Vincencio Perez-Soto
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Advocacy Program Coordinator
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Recycling Coordinator
Christine Kim
Special Events
Leonardo Klie
Medical Collection Assistant
Julio Maldonado
Case Management Coordinator
Dinorah Minaya
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