



# AID FOR AIDS International

**Annual Report - 2016**



## TABLE OF CONTENTS

I. Introduction.....	3
II. Mission.....	3
III. Vision.....	3
IV. Values.....	3
V. Departments and Programs.....	4
i. Access to Treatment and Case Management.....	4
ii. Education and Training.....	4
iii. Advocacy.....	5
VI. Accomplishments 2016 .....	5
VII. Objectives.....	7
VIII. Organizational strategies.....	7
IX. Actions for organizational success.....	8
X. Financial summary.....	9
XI. Board Members & Staff.....	11



## **I. Introduction**

This report, submitted for approval to the Co-Chairs of the Board of Directors and Executive Director of AID FOR AIDS International (AFAI), provides a detailed explanation of who we are as an organization, including: our mission statement, the roster of the board and staff, the description of the programs and the organizational objectives. In addition, the report lists the major accomplishments of the organization of last year and concludes with list of actions to ensure the continued success and viability of AID FOR AIDS.

In accordance with the Effectiveness Assessment Policy set forth by the Board of Directors, this report is to be produced, updated and submitted for approval at least once a year from here on out.

## **II. Mission**

AID FOR AIDS is a 501(c)(3) non-profit organization committed to empowering communities at risk of HIV and the population at large, by developing their abilities and capacities in comprehensive prevention through access to treatment, advocacy, education and training to improve their quality of life and reduce stigma and discrimination.

## **III. Vision**

Our vision is to be recognized internationally as a successful model of empowerment, built on efficient and sustainable programs with a high social impact, allowing the development of leaders who adopt comprehensive prevention as a lifestyle to promote a better quality of life in the general population.

## **IV. Values**

- Commitment
- Union
- Equity
- Integrity
- Solidarity
- Empathy
- Respect
- Inclusion
- Credibility

## V. Departments and Programs

Since 1996, AID FOR AIDS International has worked to empower people with HIV and AIDS, their families and communities through programs that provide access to treatment, knowledge and preventive education, and social reform.

### i. **Access to Treatment and Case Management:**

- HIV Medicine Recycling Program: AFAI recovers life-saving medication that otherwise would have been wasted and re-distributes it to those without access in the developing world. Since its founding 20 years ago, AFAI has sent over \$120 million in medication to beneficiaries, including \$6.7 million in 2016 alone.
- Access to Treatment Program: Connects people with HIV or AIDS to life-saving medication, treatment planning, and resource management. We work with local medical providers to reach those without access to treatment in developing countries, filling in the gap where governments fail to provide care. To date, AFAI has provided antiretroviral (ARV) treatment to over 20,000 people in 59 countries worldwide.
- Case Management Program: Through our office in New York, we provide social services to immigrants with HIV in the Greater New York Area. Assisting clients with services ranging from health education, housing, legal services, support groups, referrals, and more. Since its inception, the program has provided services to more than 8,500 immigrants.

### ii. **Education and Training:**

- ¿Cuánto Sabes? (How Much Do You Know?): Utilizes an innovative model that combines neurolinguistics programming with an emphasis on life skills and HIV prevention education. Reaching thousands of young people per year through peer-to-peer education, the program spreads knowledge about HIV and helps create a culture of responsible and healthy sexuality.
- Program for Children and Adolescents with HIV: Operating in AFAI's satellite offices in Latin America and the Caribbean, this program offers emotional, social and psycho-educational support to children with HIV. The program empowers children to take control of their health situation and gives them the tools to act as role models for their peers.
- Outreach and HIV Testing Program: Provides free and confidential HIV testing on-and off-

site throughout the year in partnership with local organizations.

- Health Care Providers Program: Maintains up-to-date information about treatment regimens and trains health professionals serving patients with HIV in Latin America and the Caribbean. Since its inception, the program has trained hundreds of health care providers in four countries in Latin America and the Caribbean.
- Leadership Program: Develops leadership skills and capacities so that people can bring about intra- and interpersonal change and transformational solutions to social problems.
- Ámate Indígena Program: Started in 2015, it targets indigenous populations in Mexico. The goal is to address the HIV epidemic in these communities through HIV prevention education, HIV testing and access to medical services. In 2015, we trained indigenous doctors in Mexico City as HIV prevention facilitators and HIV testers. We translated HIV prevention information into native languages.

### iii. **Advocacy:**

- Department of Advocacy and Public Promotion: Empowers community leaders and promotes leadership for people with HIV or AIDS, at-risk populations, and the community at large. Furthermore, the Department of Advocacy ensures the fulfillment of international, national, and local commitments in response to the HIV epidemic. Working within the framework of social change, we support and promote the involvement of civil society (affected community) and community-based organizations in all levels.
- Observatorio Latino: Is the pioneer online forum in Latin America serving as a tool to generate public opinions and information about the funds received from the Global Fund to Fight AIDS, Tuberculosis and Malaria. At the same time, it serves as a reference point for civil society (affected community) and other key actors in response to HIV.

## VI. Accomplishments 2016

- i. HIV Medicine Recycling Program:
  - Medicine Received: \$7,124,000.00
  - Medicine Sent: \$6,703,000.00
- ii. Access to Treatment Program:
  - Reached 388 organizations.

- Worked with 207 collectors (clinics, hospitals).
- Medicines coming from 1,818 individuals.
- Helped approximately 1,000 individuals with ARVs.
- Responded to requests from LAC countries: Colombia, Dominican Republic, Guatemala, Panama
- Covered gaps of treatment in Ecuador and Venezuela.
- Helped Venezuelan immigrants that moved to other countries: Colombia, Chile, DR, Mexico, Panama.

### iii. Case Management:

- Provided case management to 300 beneficiaries internationally (adherence counseling, treatment, and education).
- Provided case management to 400 beneficiaries in NYC, with 100 new clients in 2016.
- Provided case management to 800 children with HIV in Dominican Republic and Panama.
- Provided 1,000 breakfast to children with HIV in Dominican Republic.
- Provided 12,000 Nutritional packages to people with HIV in Dominican Republic.

### iv. Education and Training:

- We reached approximately 30,000 individuals with HIV Prevention in the Dominican Republic, Mexico, Panama, and Venezuela.
- In Mexico, we reached another 30,000 students from 60 schools in the country through a band called Sforza.
- Trained Indigenous women in Mexico, covering 3 states: they will reach with HIV primary prevention approximately 3000 individuals in those states (Mexico, Puebla, Queretaro).
- Trained 90 young community leaders in Panama (from Panama City and Indigenous community Guna Yala).
- In Panama, we reach 1,440 children (4-5 yo) with HIV prevention and life skills.
- In Panama District, we reached 50 schools with HIV primary prevention.

### v. Outreach and HIV Testing:

- 16,197 HIV tests done in the Dominican Republic: 112 people reactive. 0.7 % prevalence. Amongst sex workers we found a 3% prevalence.

- 400 HIV tests done in New York City: 3 people reactive, 0.8% prevalence, compare with a 0.8% found by the city in targeted populations.
- Distributed 250,000 condoms.

## **VII. Objectives**

### Strategic Objectives:

- Ensure operational efficiency and effectiveness in the organization.
- Strengthen the presence of AFAI in Latin America and the Caribbean.
- Strengthen the presence of AFAI in the city of New York; being recognized as the Agency with the best services targeting immigrants with and at risk of HIV.

### Access to Treatment and Case Management:

- Facilitate access to treatment and comprehensive health care for people with HIV and/or hepatitis C.
- Ensure access to treatment and comprehensive health care to leaders with HIV or hepatitis C, in each country.
- Reduce stigma and discrimination.

### Education and Training:

- Develop the culture of prevention in comprehensive health.
- Reduce stigma and discrimination.

### Advocacy:

- Promote social transformation for people and key populations for them to exercise their rights as citizens.
- Reduce stigma and discrimination.

## **VIII. Organizational Strategies**

### Access to Treatment and Case Management:

- Empowering people living with HIV, hepatitis C, key populations and communities to live with their health situation.
- Promote comprehensive prevention (primary and secondary).



- Support people with or without access to health services in their country.
- Promote health with an emphasis on leadership for equality in access to health services.

#### Education and Training:

- Educating, training and informing people and at-risk communities, providing empowerment for the development of their capabilities, life skills and leadership.
- Developing internal changes in individuals and communities.
- Reduce stigma and discrimination.

#### Advocacy:

- Empower leaders of key populations with tools for advocacy for change.
- Develop internal changes in people and key populations.
- Plan and implement actions for lobbying and advocacy towards social and political change and the exercise of leadership.
- Generate public opinion in the population in general to support certain causes.

### **IX. Actions for Organizational Success**

In order to ensure future viability and organizational success, AID FOR AIDS International (AFAI) must strive to implement the actions:

- Continue to increase development efforts to improve cash flow, particularly focusing on accessing more unrestricted funds.
- Expand our network of donors of HIV medication in support of our HIV Medicine Recycling Program within the U.S. outside the greater New York metropolitan area to take advantage of untapped market.
- Increase the number of smaller scale fundraising events throughout the entire fiscal year to complement the annual Gala – our premier fundraising event.
- Reach out to more corporations and individuals internationally to generate potentially new partnerships and collaborations.
- Continue to raise our international profile through participating in international conferences and meetings, such as the Clinton Global Initiative and the International AIDS Conference, in order to garner more support from around the globe.
- Review the measurements of impact for our programs and create improved systems of





monitoring and evaluation of the services they provide.

- Incorporate the process of self-assessment and review of our organization's goals and outcomes more fully into each of our regularly held board meetings.

## X. Financial Summary

### Statement of financial position on December 31, 2016:

<b>ASSETS</b>	
Cash and cash equivalents	\$10,578
Unconditional promises to give	-
Accounts receivable	\$32,500
Prepaid expenses	\$1,919
Property and equipment, at cost, net of accumulated depreciation	\$1,525
Art held for sale	\$146,325
<b>Total Assets</b>	<b>\$206,437</b>

  

<b>LIABILITIES AND NET ASSETS</b>	
Liabilities	
Current liabilities	\$1,051,313
Long-term liabilities	\$71,500
	\$1,122,813
Commitments and contingencies	
Net assets	
Unrestricted	(\$922,435)
Temporarily restricted	\$5,969
	(\$916,466)
<b>Total Liabilities and Net Assets</b>	<b>\$206,347</b>



Statement of activities year ended on December 31, 2015:

<b>CHANGES IN UNRESTRICTED NET ASSETS</b>	
Revenue and support	
Grants and contributions	\$7,950,957
Program service revenue	-
Other income	-
Net assets released from restrictions	\$3,848
<b>Total revenue and support</b>	<b>\$7,954,805</b>
Expenses	
Program expenses	\$8,058,802
Supporting services	
Management and general	\$208,416
Fundraising	\$139,152
<b>Total expenses</b>	<b>\$8,406,370</b>
Decrease in unrestricted net assets	(\$451,565)
<b>CHANGES IN TEMPORARILY RESTRICTED NET ASSETS</b>	
Grants and contributions	\$43,415
Increase in net assets	\$39,567
Net assets – beginning of the year	\$(770,866)
Net assets – end of the year	\$(916,466)

## **XI. Board Members & Staff**

### Board of Directors

- Maria Eugenia Maury – *Co-chair*
- Donald Dye – *Co-chair*
- Alejandro Santo Domingo – *Treasurer*
- David Roth – *Secretary*
- Robert Craven
- Laura Messina Pilson
- Terry Riley
- Julian Irragori
- Arturo Sarukhan

### Founder & Executive Director

- Jesus Aguais

### Founding Board Members

- Adriana Cisneros de Griffin
- Stephen Gendin (in memoriam)
- Violy McCausland-Seve

### Honorary Advisory Board

- Tony Bechara
- Victoria Benatar
- Guillermo Chacon
- Beatriz de la Mora
- Jose Esparza, MD
- Carolina Herrera
- Mitchell S. Kushner MD, MPH
- Gabriela Neri
- Tim Rosta
- Narciso Rodriguez
- Angel Sanchez
- Alvaro Tafur
- Tom Viola
- Jackie Weld-Drake
- Doug White
- Yliana Yopez
- Ricardo Seco
- Nora Ochoa
- Tatiana Page

## Staff

### *AID FOR AIDS International – Headquarters*

- Jesus Aguais – Executive Director – [jaguais@aidforaids.org](mailto:jaguais@aidforaids.org)
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- Lupe Aguais – Director of Education – [laguais@aidforaids.org](mailto:laguais@aidforaids.org)
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### *AID FOR AIDS – Colombia*

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### *AID FOR AIDS – Dominican Republic*

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- Gladis Garcia – Coordinator of Program for Children and Adolescents with HIV - [ggarcia@aidforaids.org](mailto:ggarcia@aidforaids.org)

### *AID FOR AIDS – Mexico*

- Luis Pastrana – Development Coordinator – [lpastrana@aidforaids.org](mailto:lpastrana@aidforaids.org)
- Joel Renteria – Accountant

*AID FOR AIDS – Panama*

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- Daisy Vargas – Coordinator of Program for Children and Adolescents with HIV
- Natalia Mudarra – Assistant of Program for Children and Adolescents with HIV
- Alex García – How Much Do You Know? Program Coordinator
- Jessica Di Leonardo – Administrative Assistant

*AID FOR AIDS – Peru*

- Teresa Ayala – Country Director – [tayala@aidforaids.org](mailto:tayala@aidforaids.org)

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