



Community Advocacy with Impact

INTERNATIONAL COUNCIL OF AIDS SERVICE ORGANIZATIONS

2007-2008

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Founded in 1991, the mission of the International Council of AIDS Service Organizations (ICASO) is to mobilize and support diverse community organizations to build an effective global response to HIV and AIDS.

Our vision is of a world where people living with and affected by HIV and AIDS can enjoy life free from stigma and discrimination, persecution, and have access to prevention, treatment and care.

The ICASO network of networks operates globally, regionally and locally, and reaches over 100 countries. ICASO operates from its International Secretariat in Canada and through Regional Secretariats based on five continents.

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Message from the Executive Director

Dear friends and colleagues,

Over the past year, we have had to face many challenges: a scientific setback, as hope of an effective vaccine has been pushed back many more years; growing attacks against a focus on AIDS, as forces continue to push for mainstreaming, making accountability for commitments to AIDS even more difficult; restrictions on the use of condoms and key prevention services, resulting in a rise in infections; governments backtracking on promises to fund AIDS responses and seeking new priorities for their attention and resources; and a growing backlash against those communities most affected – key populations, like men who have sex with men, sex workers, and people who use drugs – as they increasingly claim their rights.

When faced with such complex and difficult challenges, I find inspiration in our courageous pioneers, who took to chaining themselves against the entrances of drug companies demanding that governments focus on AIDS, undertaking extraordinary efforts against stigma and discrimination, or simply standing up and demanding accountability from leaders at conferences and meetings. Those were exciting years, when everything deemed impossible set off an array of action from civil society to make things possible.

Despite some big obstacles and challenges before us today, I celebrate the fact that advocates, activists and people living with HIV continue to drive the response to AIDS.

In no small way, as a result of these actions, the Global Fund will launch two rounds of funding in 2008, gay men and other men who have sex with men have become visible in claiming their right to services, as have sex workers and people who use drugs. Today, we recognize the importance of concentrated epidemics, even within generalized scenarios, and the need to financially and technically strengthen community systems as a component of health systems strengthening – all essential for achieving universal access to prevention, treatment, care and support by 2010.

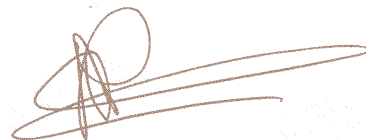
Human rights today remains a key and essential framework for our work, as does sound public health policy. Gender equality and protecting sexual rights are critical for empowering people and communities. A comprehensive and integrated response, including accurate and effective prevention information and services, requires keeping a focus on increasing and sustaining AIDS funding.

ICASO is one of the networks that has focused its work this past year on these key policy issues: from support to the community sector to hold governments, the UN, and themselves accountable; to implementing programs aimed at building community advocates capacity in having an impact on all these critical AIDS policy debates at global, regional and national level.

I am proud and honoured to have been part of this incredible journey of the community sector for the past twenty three years – seventeen of them with ICASO. I believe that the community sector remains the key to fostering and promoting the discussion and dialogue that will ensure that national AIDS strategies and plans are comprehensive and inclusive. ICASO remains strong and well positioned to continue the important convening, consulting and coordinating role that is built on the advocacy of the pioneers of yesterday, and the future leaders of today.

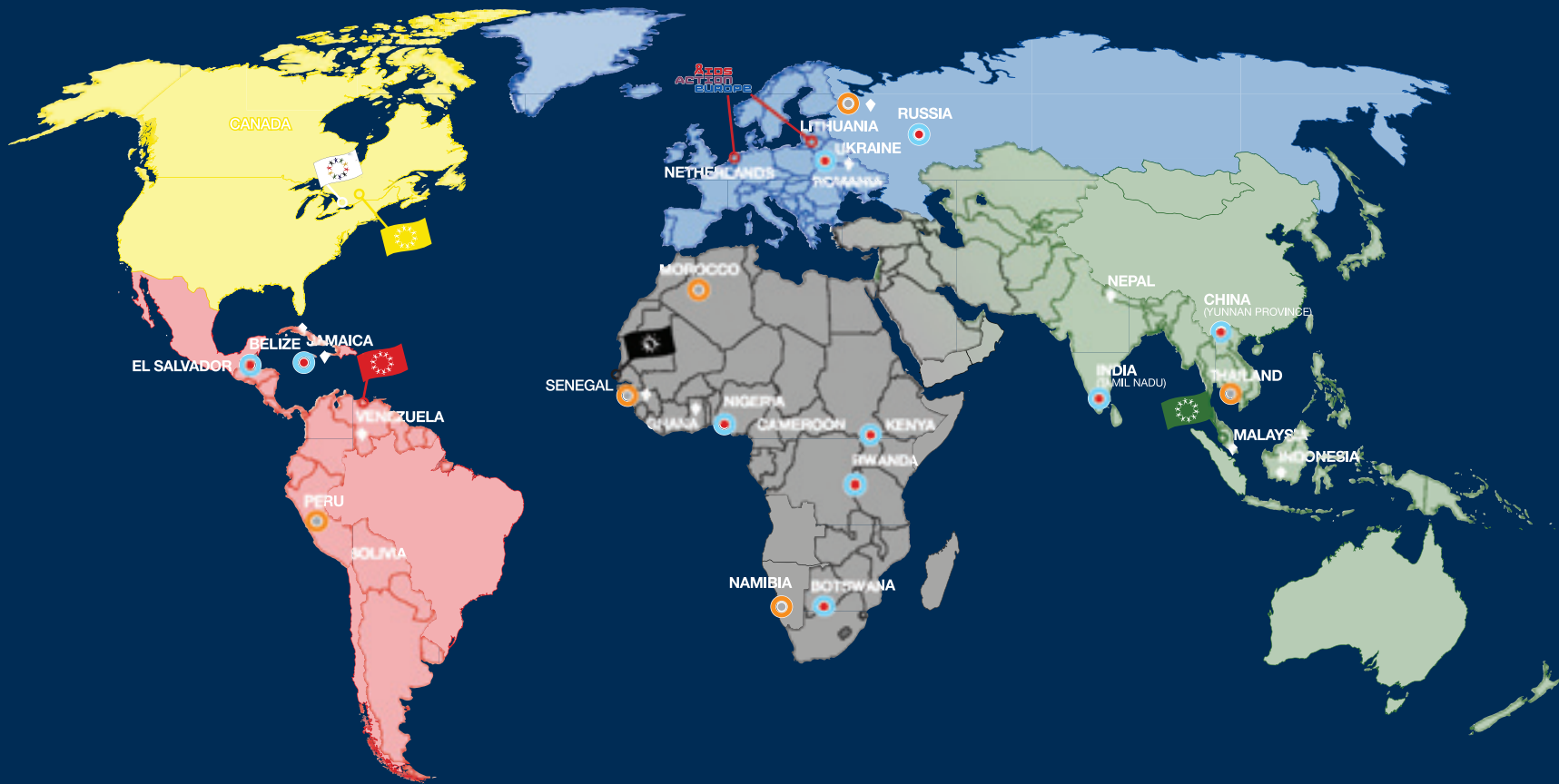
I leave ICASO at the end of 2008, but remain absolute in my conviction that anything is possible when the community sector is organized and clearly articulating what needs to happen. I am also certain that ICASO is a strong organization and network that will continue to play its critical part in ensuring that this community leadership remains successful.

Sincerely,



Richard Burzynski
Executive Director





	ICASO		Prevention and Treatment Advocacy Project (PTAP)
	AfrICASO		Civil Society Action Team (CSAT)
	AIDS Action Europe		Other ICASO projects
	APCASO		
	LACCASO		
	NACASO		

A global network of networks

As a network of networks, ICASO operates in partnership with its Regional Secretariats, mobilizing and supporting community sector organizations to advocate on HIV and AIDS.

ICASO's 2007 programs at a glance

<p>Prevention and Treatment Advocacy Project (PTAP)</p> <p>Five year, ten-country project supporting national community advocacy</p>	<p>National community organizations, supported by ICASO's Regional & International Secretariats:</p> <ul style="list-style-type: none"> • Built skills and capacities of national community advocates. • Successfully advocated for the involvement of civil society in national AIDS strategy development and implementation. • Successfully advocated for more effective and comprehensive national AIDS policies to increase access to HIV prevention alongside expanded treatment.
<p>New Prevention Technologies</p>	<p>Microbicides</p> <ul style="list-style-type: none"> • Began documenting the experiences of trial participants and community advocates, to profile the voices of communities in global microbicides advocacy. <p>Vaccines</p> <ul style="list-style-type: none"> • Development of a facilitator's guide to help community organizations adopt and use existing guidance and recommendations within ICASO's current vaccine resources.
<p>Condom Access</p>	<p>Published the Advocacy Briefing <i>Barriers to Condom Access: Setting an advocacy agenda</i> (in four languages), to mobilize community advocates and inform policy makers.</p>
<p>Civil Society Action Team (CSAT) / Global Fund</p>	<p>Established CSAT - coordinated by ICASO working with six regional hosts. Supports civil society with Global Fund proposals and implementation – through brokering and leveraging technical support and coordinating advocacy.</p>
<p>Universal Access Targets</p>	<p>Supported national and regional community sector reviews of the involvement of the community sector in the universal access target setting process. Published a policy paper for the UNAIDS Board, supporting decisions to review targets set and the process to create them.</p>
<p>National AIDS Reviews</p>	<p>Established a Civil Society Support Mechanism and published Advocacy Alerts (in five languages) to support community involvement in national AIDS reviews of the implementation of the UNGASS Declaration of Commitment on HIV/AIDS.</p>
<p>National AIDS Coordination</p>	<p>Published a set of guidelines and facilitation tool <i>Coordinating with Communities</i> (in five languages), supporting the involvement of the community sector in the coordination of national AIDS responses.</p>
<p>Gender and Sexuality</p>	<p>Published an Advocacy Primer on <i>Gender, sexuality, rights and HIV</i>, to increase understanding by community sector organizations to advocate for rights and policies that promote gender equality and sexual rights. Organized a capacity building session on gender and sexuality for the PTAP country coordinators.</p>
<p>Human Rights</p>	<p>Representative on the UNAIDS Global Reference Group on HIV/AIDS and Human Rights. Organized a capacity building session on human rights and AIDS for the country coordinators of PTAP. Supported the translation, dissemination and promotion of <i>Human Rights: Now more than Ever</i>, a community sector declaration.</p>
<p>NGO Code of Good Practice</p>	<p>Developed with AfriCASO a Self-assessment Tool on Prevention for the NGO Code of Good Practice, for NGOs responding to HIV and AIDS to assess their own practice. Served on the Code's International Steering Committee and collaborated with AfriCASO to build capacity of community networks to use the Code in their work.</p>
<p>Global AIDS Governance</p>	<p>As part of the Global Fund Board NGO delegation, and in support of the UNAIDS Board NGO representatives, undertook advocacy, provided advice, and supported the direct participation of community advocates.</p>
<p>AIDS2008 Conference</p>	<p>Organizing partner of the International AIDS Conference, promoting community involvement. Developed a comprehensive web-based tool www.aids2008community.org to allow communities to plan their participation in the conference. Organizing partner of the PLHIV Living Partnership conference, supporting program development and resource mobilization strategies.</p>

ICASO has been working for over seventeen years to build the capacity of community advocates on AIDS. As more opportunities for involvement in decision-making are created at national and international levels, it generates increasing demands for support for policy analysis, advocacy, networking and communications.

Through ICASO's support to community sector organizations, and its direct advocacy, ICASO has been able to build stronger links and coordination between and within global and local communities, with representatives able to more effectively consult with their constituents and influence decisions. Consequently, communities are better placed to hold their governments and other stakeholders accountable to their commitments and policies.

This report places an emphasis on the key advocacy positions and messages that form the framework for ICASO's activities and support. Examples of some of ICASO's work in 2007 are provided, but more examples and information can be found on ICASO's website at www.icaso.org or by contacting us directly at icaso@icaso.org.

What is still preventing prevention? A failure to remove barriers



“The failure to remove barriers that determine whether a person can access and use a condom is one of the biggest impediments to preventing millions more HIV infections”

Barriers to Condom Access: setting an advocacy agenda, ICASO, 2007

Comprehensive and inclusive HIV prevention services are not being designed and implemented in most countries analyzed by ICASO and its regional and national partners. This is born out by the figures. The *UNAIDS 2008 Report on the global AIDS epidemic* reports that globally, HIV is transmitted to more than 7,000 persons daily, while around 5,500 people die every day from AIDS-related conditions.

This is in part a result of a continued failure in many countries of the premise to 'know your epidemic' (matching and prioritizing responses to epidemic), with consequent failures to adopt proven and specific services to reach the most at-risk and vulnerable groups and communities.

In many cases there are legal barriers to the provision of services to precisely those groups that are clearly identified as most at risk and vulnerable to HIV – with the continued criminalization of men who have sex with men, sex workers, and people who use drugs.

Ideology continues to play a major role, with the failure to provide accurate information about HIV prevention and a comprehensive package of prevention options that is evidenced-informed. There are also still laws and donor conditionalities that restrict or criminalize the use or promotion of male and female condoms, safe injecting equipment, and substitution therapies.

ICASO believes that a greater focus on the rights-based approach to prevention is critical, including the right to equitable access to evidence-informed and accurate information, proven and effective methods, and tools and commodities. These need to be integrated within a comprehensive and well-aligned response that includes prevention, treatment, care and support. It also requires that we address the major barriers to accessing these, including stigma and discrimination related to HIV.

HIV prevention interventions have failed to have an impact on the course of the global HIV pandemic in large part, because decision-makers and donors fail to listen to those most vulnerable and at risk, who know their own prevention and sexual and reproductive health needs: people living with HIV, sex workers, men who have sex with men, people who use drugs, youth, women and girls.

Consequently, ICASO believes that there is an urgent need to support vocal and passionate advocacy to push for stronger and more effective prevention efforts within a comprehensive response to HIV. There is a need for an evidence-informed global prevention advocacy agenda to be developed and led by the community sector at all levels – without this we will not reach universal access by 2010.

Some relevant examples of ICASO's work in 2007

- **Supported national advocates to inform national and state policy in ten countries** to increase access to comprehensive HIV prevention alongside expanded treatment, as part of ICASO's major five-year **Prevention Treatment Advocacy Project (PTAP)**. Examples of national partners' impact in 2007 include:
 - In all countries, built skills and capacities of community advocates to assess and analyze national AIDS policies, and to coordinate and undertake civil society advocacy.
 - Successfully advocated for the involvement of civil society in drafting, implementing and monitoring national AIDS strategies (e.g. Kenya, Ukraine, and Jamaica.)
 - Identified gaps in national AIDS strategies and successfully advocated for the development of more comprehensive and effective policies (e.g. India, Nigeria, Ukraine, Kenya.)
 - Successfully advocated for improvements in policy and service delivery on specific issues, for example, on Positive Prevention (China) and voluntary counselling and testing (Belize.)
- **Published an Advocacy Briefing on *Barriers to Condom Access: setting an advocacy agenda*** to support community sector condom advocacy (in English, French, Spanish and Russian.)

Community sector involvement – critical for Universal Access



“ICASO understands universal access to be about the ability of all people to have equal access to the quality services or commodities that they need to meet their HIV prevention, treatment, care and support needs.”

Community sector report on targets for universal access, ICASO 2007

In agreeing to the 2006 UN General Assembly Political Declaration on HIV/AIDS, Member States committed to setting ambitious targets to scale up the responses to reach universal access by 2010. However, there has been a lack of clarity and direction from the UN in what is meant by “universal access”, and as a result under-ambitious targets have been set.

If the ambition is truly to achieve universal access by 2010, then the target setting process has to be guided by the basic principle of equal access. Targets need to be set that seek to deliver on this goal of universal access by 2010 and neither remain some distant ideal notion, nor a slow incremental expansion of a national AIDS program.

Through national and regional community analysis supported by ICASO (see examples), it is clear that part of the problem lies in the process of involving the community sector, especially people living with HIV and other key populations*. Without their meaningful involvement, and their knowledge of the needs of those most vulnerable and at risk, AIDS programs, access targets and progress reports are not reflecting reality.

The Declaration of Commitment and the Political Declaration called for processes to set targets and for regular reviews of implementation to be transparent and inclusive, with the full and active participation of among others, vulnerable groups.

For this to happen, there is a need to increase the provision of direct financial and technical support to the community sector to facilitate and strengthen their involvement in national processes – policy, program design and implementation. ICASO calls on donors and the UN to do this by strengthening community systems for involvement, using tools (e.g. ICASO’s ‘Coordinating with Communities’ guide) and capacity building support mechanisms that come from within the sector itself. The community sector in turn, through the promotion and use of the NGO Code of Good Practice, is seeking to improve the quality of HIV programs being implemented by peer NGOs and to promote greater accountability. This includes developing new tools that enable organizations to assess their own performance against the Code.

ICASO believes that all these different support mechanisms are critical to ensuring effective community sector representation and leadership that can properly inform and advocate for effective programming, policy, and decision-making. History has shown us that this community leadership will be essential if we are to achieve universal access by 2010.

Some examples of ICASO’s work in 2007

- **Published a Conference Paper for the June 2007 UNAIDS Board on the process for setting national targets for universal access**, based on findings from a multi-country/region community analysis with specific policy recommendations adopted by the Board.
- **Published a set of guidelines and facilitation tool *Coordinating with Communities***, supporting the involvement of the community sector in the coordination of national AIDS responses (in English, French, Spanish, Portuguese, and Russian.)
- **Published Advocacy Alerts on how to get involved in national AIDS reviews** of the implementation of the UNGASS Declaration of Commitment on HIV/AIDS, providing guidance to community sector organizations (in English, French, Spanish, Russian and Chinese.)
- **Developed with AfriCASO the *Self-assessment Tool on Prevention for the NGO Code of Good Practice***, for NGOs responding to HIV and AIDS to assess their own practice. Served on the Code’s International Steering Committee and collaborated with AfriCASO to build capacity of community networks to use the code in their work.

* ICASO uses the term “key populations” to refer to groups of people who are key to the dynamics of, and response to HIV and AIDS. These populations include: people living with HIV, orphans and vulnerable children, women and girls, youth, sex workers, people who inject drugs, men who have sex with men, transgender people, migrants, refugees and prisoners.

Gender equality and sexual rights – urgent action now



“Gender- and sexuality-based determinants of HIV are either completely omitted or de-emphasised by decision-makers and are seldom incorporated into HIV programs.”

Gender, sexuality, rights and HIV', ICASO, 2007

ICASO recognises that the promotion, protection and realization of gender equality and sexual rights remain pivotal to effective AIDS responses. This includes, amongst others, the rights of people living with HIV, women, girls, young people, children, sex workers and sexual minorities.

For women and girls the figures paint a distressing picture still, nearly three decades after HIV was first identified. In sub-Saharan Africa, women and girls comprise more than 60 percent of people living with HIV. This is fuelled by the lack of interventions that address violence against women, including marital rape, and the broader socio-economic inequalities that they experience.

HIV positive women in particular still face stigma, discrimination and violence, which can prevent them from accessing HIV services, and being able to act on prevention and treatment information. HIV services still lag in that they are not integrated with sexual and reproductive health services that respect the rights of women, including HIV positive women.

For sexual minorities in particular, such as men who have sex with men (MSM) and transgender people, the high rates of HIV prevalence are equally distressing. There is strong evidence to show that this is a result of the lack of basic human rights protections, social and legal oppression, and a resulting inability of sexual minorities to access HIV and AIDS services.

ICASO believes that there is an urgent need to comprehensively address gender inequalities and harmful gender norms that lead to the greater vulnerability to HIV of women and girls and sexual minorities. This includes:

- Developing and enforcing policies and legislation, and investing in concrete programs for gender equality and women's empowerment.
- Establishing and enforcing laws and policies that protect the human rights of MSM and transgender people, including the decriminalization of homosexual acts, consistent with the 2001 and 2006 global commitments to protect the human rights of vulnerable groups.
- Developing indicators and collecting gender and key population

(including MSM and transgender) disaggregated data through national HIV surveillance and independent epidemiological, behavioural, and social research studies.

Some examples of ICASO's work in 2007

- **Published a primer on *Gender, sexuality, rights and HIV***, to increase understanding by community sector organizations to advocate for rights and policies that promote gender equality and sexual rights.
- **Organized a capacity building session on gender and sexuality** for the country coordinators leading the implementation of the ICASO ten-country advocacy project (PTAP).
- **Country Focal Point of PTAP, Indian Network of People Living with HIV (INP+), supported a consultation for HIV positive women in Tamil Nadu** to identify their prevention needs.

Human rights – fundamental to protecting public health



“The full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic.”

UN General Assembly Political Declaration on HIV/AIDS 2006

The 2006 UN General Assembly Political Declaration on HIV/AIDS identified that universal access cannot be achieved without meeting human rights commitments.

However, ICASO has recognized, through the community sector research it supports, that the fundamental challenge posed by such rhetoric of rights in political commitments, is that it is not reflected in the reality of AIDS responses.

While many countries have laws that protect people living with HIV from discrimination, they and other key populations still face discrimination. Most countries around the world have policies in place to ensure equal access to HIV-related services for those who are most vulnerable, but these same countries have laws or policies that impede access to HIV services, particularly prevention services.

“Human rights violations fuel social marginalization and risk of HIV. Punitive approaches to drug use, sex work, and homosexuality fuel stigma and hatred against socially marginalized groups, pushing them further into hiding and away from HIV/AIDS services.”

Human Rights and HIV/AIDS Now More Than Ever, OSI et al, 2007

Part of the challenge in holding governments to account for this failure to match rhetoric with reality is the lack of capacity to monitor implementation. This requires that countries, with UN support, develop appropriate indicators and collect disaggregated data related to key populations, especially in relation to human rights and legal protections. This will provide a better picture of both where the focus of the AIDS responses need to be within specific epidemics and whether this is being achieved.

“In numerous countries reviewed [...] human rights related targets were missing or restrictive legislation was still in place that undermined other targets. [Others] did not include indicators on reviewing legislation related to key populations, and only four had targets related to human rights.”

Community sector report on targets for universal access, ICASO 2007

ICASO believes that governments need to decriminalize key populations such as sex workers, men who have sex with men, and people who use drugs, and that legal protections against violence against women and girls, and discrimination against people living with HIV should be enforced. This includes guaranteeing basic rights such as consent, confidentiality, information, and protection from HIV-related discrimination when accessing HIV-related services.

Governments and policy makers at national, regional, and global levels need to recognize that the community sector, and particularly key populations, has unique knowledge and awareness of the importance of human rights in the response to AIDS. ICASO therefore calls for key populations to be meaningfully involved in policy design, implementation and monitoring and evaluation. Without this, governments will continue to fail to address the fundamental barrier to meeting the commitment of universal access to prevention, treatment, care and support by 2010 – the lack of protection of human rights.

Some examples of ICASO's work in 2007

- **ICASO continues to have a representative on the UNAIDS Global Reference Group on HIV/AIDS and Human Rights** – with ICASO focusing on supporting strong guidance for more effective involvement of the community sector in national and global policy development, including for example, the WHO provider-initiated HIV testing guidelines.
- **Organized a capacity building session on human rights and AIDS** for the country coordinators leading the implementation of the ICASO ten-country advocacy project (PTAP).
- **Supported the translation, dissemination and promotion of *Human Rights: Now more than Ever***, a community sector declaration affirming that human rights should occupy the center of the response to HIV and AIDS.

Funding AIDS – still exceptional, still too modest



“The Global Fund for AIDS, TB and Malaria has proven to be one of the most effective mechanisms for combating the three diseases... [and] could save approximately 50 million lives by the year 2010 if all international funding goals pertaining to AIDS, TB and malaria are met.”

Global Fund Advocacy Alert, ICASO and ICSS, August 2007

The world's governments have committed to achieving Universal Access to HIV prevention, AIDS treatment, care and support by 2010. The achievement of the Millennium Development Goals (MDGs) is in large part dependent on achieving this universal access target.

Despite increased AIDS funding over recent years, the gap between available funding and need is growing. UNAIDS estimates that the cost of reaching universal access by 2010 is approximately \$40 billion per year. Right now developing and developed countries together spend approximately \$10 billion per year. The possibility of achieving these global commitments is diminishing as countries, donors, and international institutions fail to address the need for increased, sustained and predictable financing of AIDS responses.

Increasingly many are being drawn into a false debate about whether we should fund AIDS responses or broader health systems. ICASO believes the discussion should be about how we increase funding for both, while also increasing the integration (planning, referrals, linkages, provision) of services, including that of sexual and reproductive health.

Public health expenditure in the world's lowest income countries remains at a quarter of what is needed. Simply shifting the same limited resources around will not work – and it will certainly not result in achieving universal access by 2010 or the MDGs by 2015. In case we forget – these targets are not just figures in a document for discussion, they are about people; including the more than 7,000 people newly living with HIV and around 5,500 people who die each day from AIDS-related conditions.

ICASO believes that billions of dollars of new funding from donors should be channeled through proven and predictable funding mechanisms. The Global Fund to Fight AIDS, TB and Malaria is one such proven and effective funding mechanism. It is channeling the necessary resources to programs developed and implemented by national stakeholders, including, for example, scaling up of AIDS treatment. Global Fund grants now support approximately 1.1 million people.

ICASO has recognized that as more Global Fund supported projects are implemented, some are experiencing bottlenecks and delays. Under-performing grants require technical support and capacity strengthening. However, civil society organizations (CSOs) have not been receiving sufficient support. Some of the key problems include:

- Technical support for CSOs is often not cost effective, or relevant to local circumstances, is supply driven, and is not responsive to the diversity of CSOs.
- Support for CSOs has not sufficiently focused on longer-term capacity development or on building local capacity for technical support.
- CSOs and communities continue to lack meaningful representation in decision-making bodies and support to ensuring that community needs are addressed.

ICASO has recognized this and has led the creation of mechanisms, including the Civil Society Action Team (CSAT), to ensure civil society receives the support it requires to make the money work for communities affected by HIV and AIDS.

Some examples of ICASO's work in 2007

- **Member of Developed Country NGO Delegation on Board of Global Fund**, helping to successfully advocate for proposals to include both government and non-government principal recipients of grants; community systems strengthening; and a focus on vulnerable and marginalized populations.
- **Published a Global Fund Advocacy Alert** to support civil society's resource mobilization advocacy for increased donor governments' contributions to the Global Fund in 2008 - 2010 (in English, French, Spanish and Russian.) Joint advocacy resulted in donor pledges at the Replenishment Conference in 2007 worth US\$9.7 billion over three years – the largest ever single financing exercise for health.
- **Established the *Civil Society Action Team (CSAT)***, coordinated by ICASO, and as the global host, working with six regional hosts around the world. Aims to help civil society organizations with Global Fund project proposals and implementation – through brokering and leveraging technical support, and coordinating advocacy for strengthening the involvement of civil society in Global Fund decision-making and grant implementation.



AIDS Advocacy Alert
Urgent Action Now:
UNGASS Review on HIV
Country Review Progress
ENGLISH/FRENCH



AIDS Advocacy Alert
Reviewing national AIDS
Responses – How to Get Involved
ENGLISH/FRENCH/SPANISH/
RUSSIAN/MANDARIN



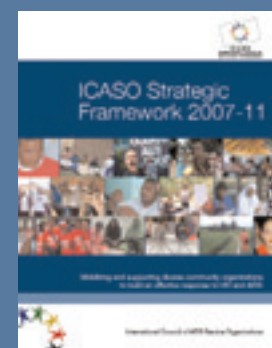
Global Fund Advocacy Alert
ENGLISH/FRENCH/SPANISH/
RUSSIAN



Gender, Sexuality,
Rights and HIV
ENGLISH/FRENCH/SPANISH/
RUSSIAN



Barriers to Condom Access:
Setting an Advocacy Agenda
ENGLISH/FRENCH/SPANISH/
RUSSIAN



ICASO Strategic Framework
2007 – 2011



Book A, Book B & Action Cards for Coordinating with
Communities: Guidelines on the Involvement of the
Community Sector in the Coordinating of National
AIDS Responses: ENGLISH/FRENCH/SPANISH/RUSSIAN



Facilitator's Guide for
Coordinating with
Communities
ENGLISH/FRENCH/SPANISH/
RUSSIAN



Human Rights and HIV/AIDS:
Now More Than Ever
ICASO translations: FRENCH/
SPANISH/RUSSIAN



www.aids2008community.org



www.icaso.org

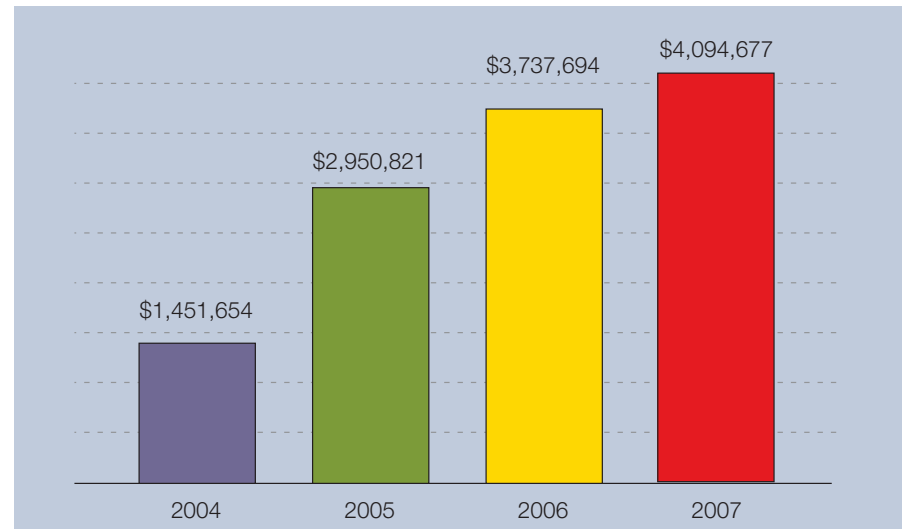
Communicating our work and involvement in the response to AIDS

ICASO continues to publish resources in multiple languages to support and drive advocacy by an increasingly mobilized community sector. Our web site www.icaso.org is becoming increasingly important in communicating our work, and linking to the work of our Regional Secretariats and other partners in the response to AIDS. In 2007, ICASO, in partnership with GNP+ and the IAS, developed a web-based guide to support community involvement in the AIDS conference of 2008 at www.aids2008community.org

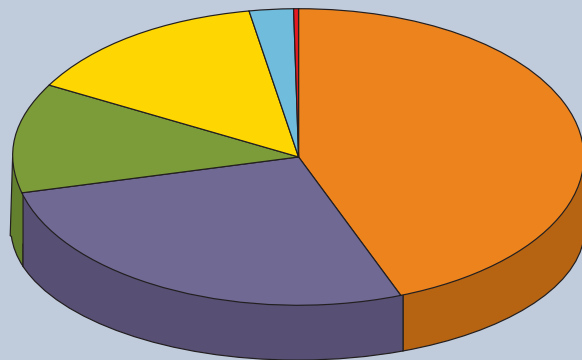
Financial Report

In 2007, ICASO continued to support national, regional and global projects with over \$4 million (CAD) from grants and contributions. Given the organization's growth over the last four years, ICASO has been able to steadily increase its funding to support the work of its Regional Secretariats at a regional and national level. Our largest source of funding continues to be the Bill and Melinda Gates Foundation, at close to 40 percent, while receiving funding from other donors that represent diverse sectors: governments, NGOs, the private sector and the United Nations.

Grants and contributions for 2004 – 2007 (Canadian dollars)

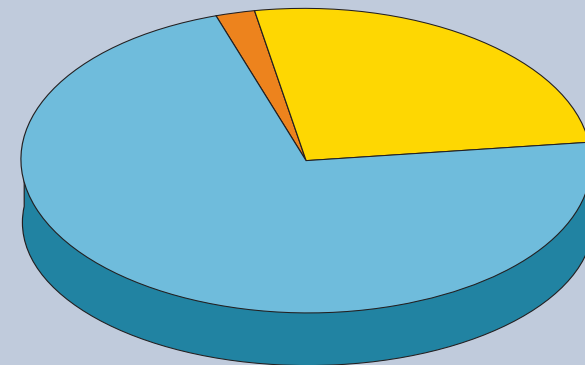


Grants and contributions 2007 – by donor



● FOUNDATIONS	44 %	● UN	14 %
● GOVERNMENTS	27 %	● NGOS	2.5 %
● CORPORATE	12 %	● OTHER	0.5 %

Expenditure in 2007



● REGIONAL & NATIONAL PROJECTS	72 %
● GLOBAL PROJECTS	26 %
● OTHER COSTS	2 %

Statement of Financial Position

Year ended December 31, 2007, with comparative figures for 2006

ASSETS	2007	2006
Current Assets:		
Cash	\$ 153,648	\$ 97,418
Short-term investments	2,038,182	1,724,025
Accounts receivable	109,817	54,028
Prepaid expenses and deposits	22,776	11,813
	<u>2,324,423</u>	<u>1,887,284</u>
Capital Assets	56,869	46,996
	<u>\$ 2,381,292</u>	<u>\$ 1,934,280</u>
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable and accrued liabilities	409,898	223,135
Deferred contributions	1,229,108	1,030,883
	<u>1,639,006</u>	<u>1,254,018</u>
Net Assets:		
Invested in capital assets	56,869	46,996
Internally restricted - operating	310,417	---
Internally restricted - contingencies	375,000	324,782
Unrestricted	---	308,484
	<u>742,286</u>	<u>680,262</u>
	<u>\$ 2,381,292</u>	<u>\$ 1,934,280</u>

Statement of Operations

Year ended December 31, 2007, with comparative figures for 2006

REVENUE	2007	2006
Grants and contributions	\$ 3,838,877	\$ 2,777,848
Interest	101,024	64,738
Other	85,561	203,862
	<u>4,025,462</u>	<u>3,046,448</u>
EXPENSES		
Support for Regional Secretariats	1,788,754	1,384,066
Salaries and benefits	1,002,992	916,969
Professional fees	288,073	153,125
Foreign exchange (gain) loss	336,236	(2,294)
Office and general	177,876	85,256
Travel	175,432	133,388
Occupancy	73,916	64,451
Amortization of capital assets	35,861	33,968
Other support for regional activities	84,298	102,976
	<u>3,963,438</u>	<u>2,871,905</u>
Excess of revenue over expenses	<u>\$ 62,024</u>	<u>\$ 174,543</u>

* all figures in Canadian Dollars

Donors

ICASO's support to community sector organizations responding to HIV and AIDS is made possible with the generous support of our donors and partners organizations:

- Bill and Melinda Gates Foundation • The Canadian International Development Agency (CIDA) of the Government of Canada
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ICASO - International Secretariat

EXECUTIVE OFFICE

Richard Burzynski Executive Director
Pauline Harriott-Gregory Administrative Assistant

FINANCE AND OPERATIONS

Lana Wright Director
Myriam Motta Finance Officer
Gala Vrabiye Administrative Coordinator

POLICY AND COMMUNICATIONS

Kieran Daly Director
Mary Ann Torres Senior Policy Advisor
Callie Long Senior Communications Manager

PROGRAMS

Joe Mahase Director
Sumita Banerjee Senior Program Manager
Valérie Pierre-Pierre Program Manager, Monitoring and Evaluation
Natalia Ciausova Acting International Coordinator, CSAT

Regional Secretariats



African Council of AIDS Service Organizations (Africaso)
Dr. Cheick Tidiane Tall
+(221) 33 8593939 africaso@africaso.net



AIDS Action Europe (AAE)
Eastern Office - Marija Subataite
+370 5 2609007, 2691600 aae-easternoffice@ceehrn.org
Western Office - Martine de Schutter
+31 (0) 20 6262 669 westernoffice@aidsactioneurope.org



Asia Pacific Council of AIDS Service Organizations (APCASO)
Goh SoonSiew
+(603) 4045 1033, (603) 4043 9178
apcaso_2000@yahoo.com



Latin American and Caribbean Council of AIDS Service Organizations (LACCASO)
Renate Koch / Edgar Carrasco
+(58) 212 232 7938
laccaso-sr@accsi.org.ve



North American Council of AIDS Service Organizations (NACASO)
Shaleena Theophilus
+1 (613) 230-3580 ext. 136 shaleena@cdnaids.ca

PHOTOS: Cover, **Page 10 & 12, back cover:** © 2006 Matthew Willman, Courtesy of Photoshare: In the rural district of Josini, South Africa, a mother caring for five HIV positive children speaks about her issues and problems with several “community carers.” “Community carers” to go into the rural communities of KwaZulu-Natal province and educate, support, and help guide families who are affected by HIV and AIDS. **Page 4, 6 & 12:** © 2007 Pradeep Tewari, Courtesy of Photoshare: A peer volunteer demonstrates correct condom use to the students of Government Sr.Sec.School, Khuda Lahora, Chandigarh, India. **Page 6 & 8:** © 2007 Ritesh Uttamchandani, Courtesy of Photoshare: Vanita Suryavanshi, 27, plays with her six-year-old son Dheeraj and outside a local HIV and AIDS counseling center in Sangli, India. Cover, back cover, **Page 4, 6, 8, 10, 12:** © 2008 ICASO: Civil Society press conference during UN high Level meeting in New York in June; Civil Society Interactive Hearing during UN High Level Meeting in new York in June; Thai protesters in Chaing Mai, Thailand. **Page 9:** © The Condom Project.



ICASO International Council of
AIDS Service Organizations

International Secretariat
65 Wellesley Street E., Suite 403
Toronto, Ontario, Canada M4Y 1G7
t: +1 416 921 0018 f: +1 416 921 9979
icaso@icaso.org www.icaso.org