When AVAC was founded in 1995, we were called the AIDS Vaccine Advocacy Coalition. Our singular goal was to advance swift, ethical research for a vaccine that was then—and is today—essential to bringing the epidemic to a conclusive end.

Over twenty years later, AVAC is still focused on swift and ethical research, but our scope has expanded. Along with vaccines, we advocate for PrEP, microbicides, voluntary medical male circumcision and more.

And we’ve evolved with the field. As positive results have delivered new tools, AVAC has expanded its high-impact advocacy, focusing on programs, policies and payers for HIV prevention at the country level. In recent years, we have also begun work with partners to accelerate access by working to meet the information and planning needs of the global prevention “market”. Advocating for and doing the work at the same time can seem like a mixed message; through robust and rigorously honest partnerships, transparency and full information sharing we are making it work—and, we hope, making HIV prevention work better for the people who need it most.

Over the years and across all our workstreams, our message is the same: prevention is the center of the AIDS response. Not just any prevention, but smart, evidence-based, community-owned, rights-based strategies.

We do this work because it’s essential. We will keep doing it—with your help—until the epidemic has, finally, come to an end.
Mixed messages and how to untangle them

Keeping the field on track—no matter what.

We’ve experienced 20 years of breakthroughs and disappointments in prevention research. A vaccine that many had given up on was the first to provide modest protection. One microbicide everyone hoped for didn’t pan out. Male circumcision and PrEP studies overcame skepticism and, together with antiretroviral therapy, paved the way for a prevention revolution. Through it all, AVAC has worked with partners to maintain the field’s focus and press for continued research into an AIDS vaccine, a cure and more.

When AVAC was founded, the only biomedical HIV prevention options for adults were male and female condoms. The pathway for introducing any new strategy was largely unmapped. No one knew where the gaps would be—between trial result and country action, between guidance and financial support. Now we do. Over two decades, AVAC has not only identified the gaps; we’ve worked to bridge them, so that products reach people in programs that work—without delay.
Creating a global network of prevention advocates.

When we started this work in 1995, advocacy for HIV prevention hardly existed. So AVAC helped build a global network of advocates equipped with effective advocacy strategies and the latest evidence. With our support, they are putting prevention on the agenda in countries and communities around the globe.

Through coalition-building, strategic convening, training and other support, AVAC partners with stakeholders throughout the world to increase awareness and understanding of the current state of HIV prevention research and implementation. Together, we hold decision-makers accountable and press for smart investments and sound policies in all aspects of HIV prevention.

Demanding action on an agenda to end AIDS.

A Three-Part Agenda for Ending AIDS

- **DELIVER** proven tools for immediate impact
- **DEMONSTRATE** and roll out new HIV prevention options
- **DEVELOP** long-term solutions needed to end the epidemic

**GOAL:** A sustained decline in HIV infections

Years to impact: Zero to 5, 5 to 10, 10 to End

When the world lacked a plan for ending AIDS, we helped to create one. Now we're holding global leaders accountable for results—demanding the resources, policies and evidence-based plans needed to deliver all of today's prevention options to the people who need them, and to plan for the rapid rollout of new options as they emerge.
Managing through controversy.

Communities’ support for prevention research can never be taken for granted—it has to be earned. We’ve helped build trust among researchers, funders and communities to speed the ethical development and rollout of new prevention options. And when controversy threatened to derail those efforts, AVAC provided leadership and resources to help get them back on track.

The Good Participatory Practice (GPP) Guidelines provide trial funders, sponsors and implementers with systematic guidance on how to effectively engage with all stakeholders in the design and conduct of biomedical HIV prevention trials.

Driving product introduction and access.

AVAC has always advocated for closing critical prevention gaps. Now we’re taking our mission further. With African and global partners, we’re stepping beyond advocacy to generate the knowledge and tools that countries need to more quickly deliver new advances. We’re engaging directly with national decision-makers to identify and overcome delivery hurdles for PrEP. We’re examining the preferences and experiences of people at high risk for HIV, so that future tools—long-acting injectables, vaginal rings and others—can be optimized to meet their needs.

From research to rollout, evidence drives AVAC’s advocacy. By expanding the evidence base for action, we’re making HIV prevention advocacy more powerful than ever before.
Learn more and support our work.

Your gift to AVAC will support our efforts to accelerate the development and delivery of HIV prevention options to men and women worldwide. With your help, we can continue to convene, collaborate and communicate a strong, clear and cohesive vision for HIV prevention today, tomorrow and to end the epidemic.

It will take all of us working together to end AIDS. Please join us.

To learn more about AVAC, including our history, our focus and our team, please visit www.avac.org. And to support this work, please go to www.avac.org/donate.

WEBSITE

www.avac.org

For the latest updates in HIV prevention, visit the AVAC website. It includes our publications as well as comprehensive coverage of the full range of biomedical HIV prevention interventions in an easy-to-use format that is searchable by intervention and by topic.

PUBLICATIONS

www.avac.org/publications

AVAC publications aim to translate the complex issues of biomedical HIV prevention research for a range of audiences. We have materials that explain current scientific issues in simple language, documents that explore the issues of trial participants and affected communities, and a lively blog, *P-values*, which features voices from across the HIV prevention advocacy arena.

DATABASES

www.avac.org/pxrd, avac.org/resources-search and avac.org/infographics

The AVAC website hosts three searchable databases: one on biomedical HIV prevention research clinical trials, products and sites, one that includes research literacy resources for understanding HIV prevention research and another for infographics.

MAILING LISTS

www.avac.org/mailinglists

The Advocates’ Network is an electronic network for anyone interested in receiving timely updates about developments in the biomedical HIV prevention field.

The Weekly NewsDigest is a compilation of media coverage, published research, policy news and materials on HIV prevention options.

SOCIAL MEDIA

facebook.com/hivxresearch
twitter.com/hivxresearchyoutube.com/hivxresearch
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