Our focus in *Investing for impact* is to innovate to reach more people that need to know about HIV. We will do this in ways that best empower them with the knowledge, skills and tools to take control of their own health and make informed choices.

This strategy sets out what we can and should do over the next four years to ensure a meaningful contribution to the collective global effort to end AIDS by 2030. We have considered the Sustainable Development Goals and the UNAIDS 2016–21 targets, and looked carefully at where Avert’s contribution best lies based on our past achievements and expertise.

We will build on what we know still needs to be done to (1) drive down the rates of new infection; and (2) ensure those already living with HIV do so in an environment that supports their right to long term good health and wellbeing, free from stigma and discrimination, regardless of their status, gender, sexuality, age or ethnicity.

We have been working with Avert now for over 6 years. Their approach to supporting small grassroots NGOs like us has enabled us to grow and deliver services to our community which has one of the highest HIV prevalence rates in the country. They have been adaptable and flexible as we work out the best approach for our community. This has been greatly appreciated. Avert has opened new opportunities for us and introduced us to new partners.

David Odali
Executive Director, Umunthu Foundation Malawi
OUR STRATEGIC RESPONSES

We have identified four strategic responses – addressing key drivers in the epidemic – where we believe Avert is best placed to make a significant difference over the coming four years.

Response 1: Promote knowledge and education on HIV
Result 1: Knowledgeable people are making informed choices

Response 2: Harness innovation to reach those that need to know
Result 2: Most at risk populations can access targeted HIV information

Response 3: Support civil society responses that inform and empower
Result 3: Civil society delivers effective programmes and demonstrates their value.

Response 4: Challenge stigma and other barriers
Result 4: Knowledgeable people are challenging barriers and changing norms.

We believe by focusing our efforts in these areas we can make the biggest contribution to ensuring that people have the knowledge and freedom to live healthy lives and make choices to protect themselves and others from HIV in an environment free from stigma.

HOW WE WILL ACHIEVE OUR STRATEGY

The HIV epidemic is rapidly changing and its trajectory will be hugely influenced by the wider social, demographic, economic and global health developments that sit outside of the immediate HIV response. HIV does not stand alone. It is essential that both Avert, and the wider HIV response, remain responsive and adaptable to these changes.

The next four years will see Avert increasingly look for new, innovative and efficient ways to deliver our work. We will build on our history of trying new things, and draw on and benefit from partnerships both within and outside the HIV sector to maximise our efforts and impact. We are committed to ensure Avert uses its resources in an ambitious, efficient and flexible way that brings about real change.

When I started working in HIV and sexual health 4 years ago now, the Avert website became my home. The website is updated regularly with all the factual information you can reasonably expect, delivered in a way that is easy to digest as well as easily navigated. The country specific information also provides an excellent base from which to understand the policy landscape and the specific HIV burden in each country. As a professional in the sector, the Avert website is a great resource to have at my fingertips.

Matthew Wolfe
Tackle Africa Southern Africa Programme Manager
In 2016 we passed our 30-year milestone of service and commitment to the HIV response. Over that time much progress has been made, but the epidemic is far from over. Our new strategy *Investing for impact* clearly lays out our focus for the next four years.

We know from our work delivering information and education on HIV – through our digital channels and through support to local civil society organisations – that the need remains as pressing now as it was 30 years ago to ensure people have the knowledge they need to make informed decisions.

Over the coming four years we are looking forward to working with new partners, both within the HIV sector and outside, to stretch us and make sure we are delivering the services that will have the most impact. We will use our existing resources to invest in this strategy and look to work with new donors and supporters to help us deliver our work at the scale that is needed.

As a small, focused organisation we are proud to have reached nearly 11 million people worldwide in 2016. We are aiming both to increase this number year-on-year, and to ensure that we reach those who most need to know about HIV, with our resources allocated to the right tools and locations, and focused on the right populations.

We could not achieve what we do without the commitment and drive of our staff and supporters. They are central in maintaining Avert’s dynamism and responsiveness to the changing needs of the epidemic. We fully recognise the passion and engagement they bring and will continue to nurture this as a core value for Avert.

Our strategy and theory of change have been designed to support the UNAIDS 90-90-90 targets and we are ready to make a concerted effort to help achieve them.

*Simon Forrest*  Chair of the Board of Trustees
WHO WE ARE

Avert is a UK-based organisation that has been working at the forefront of HIV education for the past 30 years. Through our award-winning educational website, and partnerships with local civil society organisations working in some of the hardest hit countries, we reach nearly 11 million people every year with information, tools and resources that empower them with knowledge to take action on HIV.

OUR VISION

A world with no new HIV infections, and where those living with HIV and AIDS do so with equality and the support they need.

OUR MISSION

To ensure widespread knowledge and understanding of HIV and AIDS, in order to reduce infections and improve the lives of those affected. We will do this by promoting innovative approaches, partnerships and action to inform and empower.
This strategy sets out our commitment to respond to the current HIV context, to be responsive and adaptable, and to invest in efforts and engage with people to bring about lasting change.

Progress across the HIV response over the last 30 years has been impressive. The response itself catalysed a new way of working on global health issues that was unprecedented – bringing together in one place scientists, policy makers, medical staff, governments, civil society, activists and people affected by HIV, to address a monumental challenge not previously seen. In this relatively short period of time, together we have developed the tools and resources to prevent, diagnose, monitor and treat HIV, so it no longer needs to be a life-threatening disease.

Encouraged by this incredible progress, the Sustainable Development Goals (SDGs) call for ending the AIDS epidemic as a global health threat by 2030. With 17 million people now on treatment, and incredible scientific and social advances continuously being made across the epidemic, the goal is considered achievable, if we redouble our efforts and invest now. But the warning is stark, if we do not invest and scale up now and over the coming five years, the gains achieved over the last 15 years will be lost, the epidemic will outpace our efforts, and HIV will continue to be a huge threat to the wider achievement of the SDGs.

The context we are working in

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Uneven progress

However, progress has been uneven – both in terms of who has benefitted from the advances and where resources have been allocated. There are nearly 37 million people living with HIV, but only 6 in every 10 are actually aware of their infection. Encouragingly, as more and more people have gone on treatment we have seen a substantial decline in mortality. By contrast, the number of new infections amongst adults, and especially young adults, has remained stubbornly high.

The vast majority of those living with HIV, and those who remain vulnerable to new infections, continue to live in low and middle-income countries. Here factors such as gender inequality, poverty, lack of education, homophobia, human rights abuses and access to services all continue to play a major role in determining the chances of infection. Prevention remains the area where progress has been most challenging and gains less evident.

Key to effective prevention is the recognition of risk. This means ensuring that those who need to know about HIV have this knowledge, are empowered, and have the services and freedoms to make the right choices for their own situation. Prevention needs vary across populations according to age, gender, countries, cultures and many other factors, so our approaches also need to be adaptable and work harder to have the right impact.
YOUTH ARE THE FUTURE

Two thirds of young people still do not have correct and comprehensive knowledge of HIV despite years of high profile national and local campaigns in many high prevalence countries. Condom use is also still too low across all population groups at higher risk of infection despite aggressive awareness campaigns. So it is clear that a new way of delivering these essential messages needs to be found that resonates and connects with an increasingly digital generation.

Around 2,100 young people become newly infected with HIV every day. Youth are also the fastest growing population in the world at the moment, with some of the fastest growth in countries that are most affected by HIV. Youth have always been a population that are hard to engage. They move from being early adolescents to young adults over the space of just a few years – with their needs changing fast during this short timespan. There is an urgent need to provide them with useful life skills that are relevant at the different stages of adolescence.

AIDS

IS THE LEADING CAUSE OF DEATH AMONG ADOLESCENTS IN SUB-SAHARAN AFRICA

75% OF NEW INFECTIONS AMONG ADOLESCENTS IN SUB-SAHARAN AFRICA ARE IN GIRLS

As we look forward, effort and funds need to be allocated to where they are needed most, discriminatory policies and legislation must be removed, and civil society and community responses strengthened. We must increase our investment in prevention and be prepared to tackle the root causes, such as gender inequality, if we are to reach the goal of ending AIDS by 2030. We need to embrace the UNAIDS life cycle approach and ensure proportionate allocations of resources and effort to each stage if we are to see the first AIDS-free generation.
10.6 million total reach during 2016

**Key**
- Avert.org
  (Countries with more than 100,000 visits)
- Avert NGO partners
  (People reached through project activities)

2016 statistics
AVERT’S GLOBAL REACH

- TURKEY 131,300
- PAKISTAN 143,600
- INDIA 1.93M
- MALAYSIA 104,600
- PHILIPPINES 212,000
- AUSTRALIA 228,000
- KENYA 486,000
- LESOTHO 7,600 | 3,850
- MALAWI 12,700 | 34,400
- UNITED ARAB EMIRATES 158,400

AVERT’S STRATEGIC PLAN 2017–2021
OUR STRATEGIC FRAMEWORK

Our desired change is to ensure people have the knowledge and freedom to live healthy lives and make choices to protect themselves and others from HIV in an environment free from stigma.

We believe by focusing our efforts on four strategic responses we can make the biggest contribution to achieving this.

RESPONSE 1: PROMOTE KNOWLEDGE AND EDUCATION ON HIV

WHY: Because relevant, good quality, up-to-date, unbiased, evidence-based, easily accessible information on HIV is empowering, a right for all, and can change lives.

HOW: Through the delivery of Avert.org and other public and professional-facing digital content and channels.

RESULT 1: Knowledgeable people are making informed choices.

OUR PRIORITIES

Increase meaningful user content journeys on Avert.org

Evidence abounds that millions of people around the world still lack a clear understanding of the risks of HIV and the basics of HIV prevention and treatment. As more people around the world gain affordable access to the internet, increasingly through their phones, there are significant opportunities to increase awareness and understanding of health issues by reaching those who currently don’t know about HIV with accurate, reliable, evidence-based and engaging information. Online access – particularly through phones – also provides privacy benefits for those accessing information on HIV, which is still a virus surrounded by stigma. Avert.org will seek to provide content and influence user journeys to help people from around the world find the information they need, and turn this into knowledge that can ultimately equip them to make better health and life choices that protect them from HIV. While Avert.org cannot alone bring about or evaluate behaviour change, it will aim to understand, develop, and increase the active learning journeys users take through the site that provide a stepping stone to empowered choice.

Increase user engagement with content on Avert.org and social channels.

User engagement with content on Avert’s digital and social channels is an important way to support understanding and help turn information into useful knowledge. Different ways to engage with, share with and learn from each other through social media and Avert.org are also providing valuable new ways of building up social capital and developing positive social norms. Avert will work to maximise the potential of these channels to inspire, influence and inform.

“Thanks so much. This has inspired and motivated me to move forward in life.”

Helen
Increase visitors to Avert.org and social channels from target hardest-hit countries in sub-Saharan Africa including South Africa, Nigeria, Kenya, Uganda, Zambia and Zimbabwe.

South Africa, Nigeria, Kenya, Uganda, Zambia and Zimbabwe together have nearly 16 million people living with HIV – 43% of the global total. They also have stubbornly high new infection rates among young people despite a whole generation growing up with large scale HIV awareness campaigns. The growing use of mobile phones and increased access to the internet in these countries provides new opportunities for accessible, engaging content on HIV and sexual health to inform, educate and empower. Avert will make targeting and engaging with young people in these five countries a priority, increasing their numbers of visitors to Avert.org and the level of engagement on our social channels.

Increase reach among existing and new professional audiences including those in education, academia and civil society.

The HIV response is constantly changing but one consistent development of the past few years has been increased mainstreaming of HIV within wider services – both for people who are affected by HIV and within organisations that work on HIV. This has occurred at the same time as growing pressure on resources across all sectors. Avert has made significant investment in providing up-to-date, referenced information on Avert.org to support professionals working in and around the HIV response in civil society, academia, education, health and other areas. We will increase and deepen our understanding of and reach among these audiences to support efficiencies and reduce duplication across the sector, and to embed and normalise action on stigma and other barriers driving the epidemic.
RESPONSE 2: HARNESS INNOVATION TO REACH THOSE WHO NEED TO KNOW IN THE LOCATIONS THAT MATTER

WHY: Because sufficient gains are not being made in driving down new infections in the most at risk populations. Innovative use of new digital information channels and technologies offers new opportunities to reach these groups in the locations that matter.

HOW: Through existing and new partnerships with organisations working across digital health, innovation, key affected populations, and working in the hardest hit locations. We will collaborate on and develop new ways to use digital communications and new content that will address the gaps in their current knowledge or behaviours.

RESULT 2: Most at risk populations can access targeted HIV information.

OUR PRIORITIES

Develop new specific population level digital content.

Despite being global, the HIV pandemic is made up of many different epidemics based on particular population groups and locations – each surrounded by a complex web of cultural, social and political realities. This affects the way people understand, find out about, and respond to HIV. To complement our global education site, Avert will develop content tailored for a number of more specific target groups that are most at risk and who most need information and knowledge about HIV. These groups will include adolescent girls and young women in selected countries in sub-Saharan Africa, and gay men and other men who have sex with men in the USA, India and elsewhere as the needs arise.

Establish new partnership to reach most at risk young men who have sex with men.

Gay men and other men who have sex with men are 24 times more likely to have HIV than the general population. Their vulnerability is driven by a number of social, legal and structural factors relating to human rights, homophobia, ignorance and freedoms of expression and choice. Despite significant progress in driving down new infections through new prevention options and earlier testing, reaching this group in many countries has been a constant struggle. As HIV loses its visibility and is no longer seen as a threat, young gay men and other men who have sex with men are often lacking the knowledge they need to make informed sex and relationship choices. Avert will look to work with new digital partners who engage young gay men and other men who have sex with men in online social platforms. Our aim is to reach more young men with accessible and trustworthy information on HIV, in ways that will be more appealing and targeted to their needs.

INNOVATION

For Avert innovation is about generating ideas, and ways of implementing them, that can create positive change. This may be generating new ideas for familiar problems, or taking existing ideas from another sector to apply creatively in the HIV context. For us innovation is also not just about thinking differently, but also about thinking very deliberately about existing problems and unmet needs. Avert seeks to continuously improve and not to be constrained by the way things are currently done.
Establish new partnerships to reach young at risk populations – specifically young women – in high burden geographical areas.

In 2014, 3.9 million young people (10–24) were living with HIV and 62,000 young people (15–24) newly acquired HIV. AIDS is the leading cause of death amongst young people in sub-Saharan Africa, and the second leading cause globally. Young people are the only age group amongst which AIDS-related deaths are increasing. Girls account for 75% of new HIV infections among young people in sub-Saharan Africa. The factors that put these girls at such high risk, despite all the advances made across the epidemic, are well understood and intricately linked to entrenched gender inequalities, harmful gender norms, and structures of patriarchy that limit women and girls from reaching their full potential. Avert will be looking to collaborate with other organisations working in this area to make better use of digital spaces used by young people and provide them with engaging, vibrant content that informs and motivates them to engage in sexual health.

Work with our NGO partners to look for innovative ideas to increase their reach and effectiveness.

Grassroots organisations remain the focal point and often only point of service provision for many communities highly affected by HIV. Avert works with a number of such organisations in Southern Africa and remains committed to ensuring they are able to benefit from new ideas, approaches and tools used across the epidemic and be supported to implement those that are most relevant to their local context and community. A key focus will be on improving our partners’ reach among young people – adolescent girls and sexual minorities in particular – and women of child-bearing age, using their cell phones and other approaches not fully exploited yet.
Reach vulnerable at risk young people.

Adolescents and young people continue to be disproportionately affected by HIV. Avert will continue to work with our partners to support them to deliver meaningful programmes that address the root causes of young people's vulnerability, especially that of girls, young men who have sex with men, and young transgender people – ensuring they are engaged at all stages of programme design, delivery and evaluation. As an example, Avert will continue to scale up the work of Phelisanang Bophelong (PB) our partner in Lesotho who are working to improve access to youth-friendly sexual and reproductive health services in Leribe District. Their life cycle approach is ensuring young people have the skills to make a healthy transition into adult life and to engage with the health services that are there to support them.

“We could not deliver on our Option B+ mandate without the partnership of Umunthu. They work as part of our team to deliver an essential service to the community right here in our clinic.”

Nurse-in-charge
Limbe Health Centre, Blantyre District, Malawi

Our Priorities

Promote combination prevention.

With nearly 2 million new infections occurring every year, primary prevention remains our highest priority. A critical need remains for us to look for the best way to get key messages across that build resilience, self-awareness and informed choice – and encourage regular HIV testing. While few countries have consistently applied a combination HIV prevention approach – providing a package of services including behavioural, biomedical and structural components to specific population groups – Avert will support our partners to deliver a combination of interventions that work for them at their local level and for the populations most in need. Central to this will be our ongoing support to ensure people have access to HIV testing and are aware of their status. In addition, Avert will scale up our work in Malawi where we have been supporting a local NGO to offer a comprehensive set of interventions that build knowledge, prevent new infections in adolescent girls, support women diagnosed with HIV in pregnancy to adhere to treatment post-delivery, and ensure their babies are followed up regularly for the first 24 months.

Reach vulnerable at risk young people.

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Support people living with HIV.

Early treatment and improved care and monitoring of people living with HIV have transformed social, economic and health outcomes for individuals, families and entire communities. However, many of the countries that Avert works in continue to have considerable logistical challenges that need to be addressed before the full benefits of treatment for all can be realised. People living with HIV continue to struggle with adherence, long distances to their local clinic, stock-outs, loss-to-follow-up, poor nutrition, and economic stresses. This means many are not fully virally suppressed and still struggling with ill health. Avert will continue to support the work of our NGO partners who are looking to address some of these barriers through interventions such as community treatment follow-up programmes, nutritional support and working with local treatment clinics to manage demand.

Build and share evidence of sustainable, relevant partners.

Over the last 20 years Avert has worked with local NGOs and faith-based organisations (FBOs), offering support to complement and strengthen their impact and reach in communities heavily affected by HIV and AIDS. Central to our partnership strategy is our flexibility. This ensures our support adds value to the often very complex working environments that small civil society organisations find themselves in. Our current partners are all closely involved with the local statutory service providers which we feel is central to the sustainability and value added to communities of the work they carry out. We will work with small community-level organisations that are providing essential support services and will promote and enable new ideas and innovation to be tested out and then taken to scale if successful. We will also ensure that impact is captured and well documented and shared at the national and regional level to champion the important role of civil society and increase its visibility.
RESPONSE 4: CHALLENGE LEGAL, CULTURAL, AND SOCIO-ECONOMIC BARRIERS HOLDING BACK THE HIV RESPONSE

WHY: Because despite the medical and scientific breakthroughs and tools to prevent and treat HIV, legal, cultural and socio-economic barriers continue to deny people their rights and fuel new infections.

HOW: Through partnership and effective engagement with key civil society networks and organisations, by sharing evidence and learning from our work on the ground, and by using our digital platforms to challenge and educate on critical drivers.

RESULT 4: Knowledgeable people are challenging barriers and changing norms.

OUR PRIORITIES

Tackle HIV Stigma.

HIV-related stigma and discrimination remains one of the hardest barriers to overcome. This is despite the bravery shown by people living with HIV over the last 30 years who have spoken publically, the ground swell of support from activists, celebrities, the media, and governments, and the incredible progress made on HIV. HIV-related stigma stops people from taking actions to prevent HIV, from testing, from taking treatment, from talking, from sharing, from feeling confident, and from taking control. This is holding back progress. Avert will maximise the reach it has through its website, social channels and partnerships to continue to educate people and challenge stigma and other barriers. We will run digital campaigns to inform, educate and change minds – both among our public and professional audiences. We will gather stories showing the damaging effects stigma has on the lives of people living with HIV and use them to engage people online. We will ensure stigma reduction is a central component of all our partner programmes.

Reduce gender inequality.

Women – particularly adolescent girls and young women – continue to be disproportionately affected by HIV. Worldwide, women constitute more than half of all people living with HIV, while in sub-Saharan Africa young women and adolescent girls are nearly three times as likely as men of the same age group to be living with HIV. Avert will work with our partners to challenge the damaging gender norms that make women and girls more vulnerable to HIV. We will proactively seek opportunities to introduce new projects and programmes that directly target women and girls to give them a voice and ensure equal access to sexual and reproductive health services and rights.

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Challenge homophobia that undermines access to HIV services.

Homosexuality remains illegal in 75 countries around the world. Even in countries where homosexuality is legal, the HIV and AIDS epidemic has always been closely linked with negative attitudes towards lesbian, gay, bisexual and transgender (LGBT) people, especially men who have sex with men – a group that is particularly affected by HIV. In many countries – from the USA to Uganda – homophobia, stigma and discrimination prevent LGBT people from accessing relevant HIV information and from HIV prevention, testing, treatment and care services. Avert will use its existing digital channels, as well as new partnerships, to challenge the barriers that put these groups at risk and undermine their health rights.

Engage and share.

The barriers driving the HIV epidemic do not just affect HIV but many of the wider aspirations and aims of the SDGs. As one of many small organisations making a valued contribution to these complex issues, Avert will maximise the existing position and engagement it has in some of the countries where it is most vital to bring about change.

We will continue to look for new ways to ensure that we are addressing barriers such as gender inequality, access to education, and access to services in the best way we can. We will look to increase our engagement with a number of key civil society networks to share the impact and evidence of what is working, especially around engaging new audiences in HIV information and education.
OUR THEORY OF CHANGE

Response 1:
PROMOTE KNOWLEDGE AND EDUCATION ON HIV

Response 2:
HARNESS INNOVATION TO REACH THOSE THAT NEED TO KNOW

Response 3:
SUPPORT CIVIL SOCIETY RESPONSES THAT INFORM AND EMPOWER

Response 4:
CHALLENGE STIGMA AND OTHER BARRIERS

Civil society delivers effective programmes and demonstrates their value.

Most at risk populations can access targeted HIV information.

Knowledgeable people are making informed choices.

Stigma and other barriers are fuelling HIV.

The HIV response is not innovative enough.

Quality information empowers and changes lives.

Digital channels.

Partnerships for innovation.

It works!

Ok, I get it now!

Thanks for including me.

Know your status.

Understand your choices.

It works!

Thanks for including me.
**Desired Change:**
People have the knowledge and freedom to live healthy lives and make choices to protect themselves and others from **HIV** in an environment free of stigma.

**Response 1:** Promote knowledge and education on HIV.

**Response 2:** Harness innovation to reach those that need to know.

**Response 3:** Support civil society responses that inform and empower.

**Response 4:** Challenge stigma and other barriers.

Civil society is best placed to reach the most affected populations.

**Grassroots Support**

**Engage, Challenge & Share Evidence**

Civil society delivers effective programmes and demonstrates their value.

Knowledgeable people are challenging barriers and changing norms.

Know your status.
Understand your choices.

It works!
Thanks for including me.

Ok, I get it now!
As a small, focused NGO, Avert has the benefit of being flexible, nimble and approachable in our work. Over the 30 years we have been responding to HIV, we have used our funds and expertise to contribute to the HIV epidemic where we could most add value. We have a history of trying new approaches and ideas, speaking out when others will not or cannot, and basing our work on evidence of what does and does not work. We have been and remain firmly rooted in the belief that everyone has the right to health and the right to equal access to HIV prevention, treatment and support services.

**OUR CROSS-CUTTING LENSES**

As part of our new strategy we have identified a number of lenses that we will apply across how we view, approach and deliver our strategic directions – at risk adolescents, HIV-related stigma and discrimination, community voices, digital health, and integrating HIV into the wider health, rights and development agenda. By appraising and reflecting on our plans and actions through these lenses we feel we can achieve wider impact on the most critical issues.

**A KNOWLEDGE AND LEARNING ORGANISATION**

As an organisation committed to empowering people through knowledge, ensuring that we ourselves embed knowledge and learning in all we do is key to our approach and to the success and impact of our work. We will continue to put the required resources into our internal and external knowledge systems, and prioritise learning from and sharing with others across the sector and beyond, so we ensure we are best able to deliver the change we seek.
MONITORING AND EVALUATING OUR SUCCESS

Key to the successful implementation of our strategy will be effective and ongoing monitoring of our efforts, and evaluation of them against our Theory of Change’s four Response Results, our Desired Change, and a set of more detailed indicators in development for each Response Priority.

Targets and indicators for our priority areas will include both quantitative and qualitative elements. These will draw on comprehensive analytics to review and understand users and user journeys through our digital channels, as well as the use of user surveys and quizzes, feedback from user testing, and other user-generated comments. We will work with our local NGO partners to support their efforts to gather meaningful output and outcome data, including significant change stories to sit alongside the quantitative data of numbers reached.

We will build on the rich data gathered to-date, ensure we are sharing important results, and continue to look outside and across the sector to benefit from new ideas and efficiencies in monitoring and evaluating our work and our contributions to the wider HIV response.

ORGANISATION EFFICIENCY AND SUSTAINABILITY

We are committed to ensuring we are a vibrant, effective and efficient organisation that is fit for purpose. Our small committed workforce is the life blood of our success and we will continue to invest in our staff and nurture talent. We will continue to bring efficiencies to our operations and develop our governance to ensure transparency and compliance.

Having benefited greatly from an expendable endowment given to Avert by its founding Directors, we have now reached a stage where it is vital for our growth and development that we diversify our funding base and benefit from the skills and knowledge sitting within the wider donor community. A considered and achievable fundraising strategy will support the delivery of our four-year plan. We will establish new partnerships and business development opportunities to support the growth of our work which will also allow us to benefit from technical expertise and new ideas.
OUR VALUES

EVIDENCE-BASED
We are an independent charity with no political or religious agenda. We are committed to providing quality information on HIV – based on sound evidence – which can save lives and improve the global response.

RESPONSIVE
We are responsive to changing trends in the HIV epidemic and in technology to ensure our digital information and education offering and our partners’ work remains relevant.

INNOVATIVE
We understand the power of new approaches, information channels and technologies to support change and will promote innovation to reach those who need to know across all we do.

TRUSTWORTHY
We have more than 30 years of experience providing quality information on the HIV epidemic that individuals know is correct and current. We have developed relationships based on trust with our international partners to help advance their work and impact.

COMMITTED
As long as there is a need Avert will endeavour to make a valuable contribution to the prevention of HIV and the ending of AIDS.
TRUSTEES
Dr Simon Forrest
Lynne Slowey
Sebastian Dunn
Emily Hughes
Louis Pattichi
Gemma Wood

NGO PARTNERS
Umunthu Foundation, Malawi
Sisonke, South Africa
Phelisanang Bophelong (PB), Lesotho
Bwafwano Integrated Services Organisation, Zambia

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