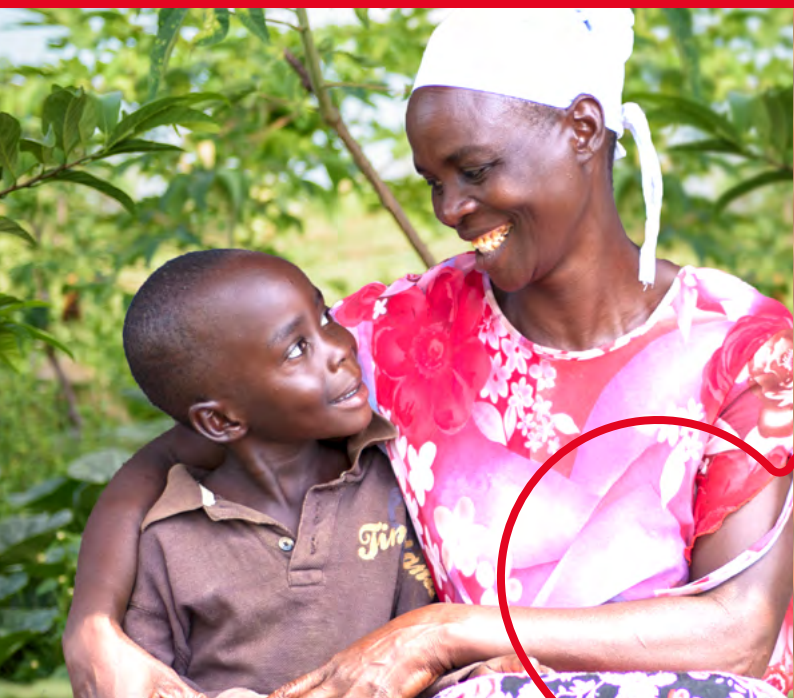


For all that is love

ANNUAL REPORT 2023



Foreword

2023 was a year of highlights and challenges for the national and international HIV and STI response. We celebrated important successes, such as the decision on the new PrEP scheme by Minister Kuipers as well as such a sharp decline in the number of new HIV infections in the Netherlands that the goal of zero new HIV infections is now truly within reach here. Moreover, an influential international report showed that our joint efforts have led to greater availability of HIV medication, a decrease in new HIV infections, improved maternal and child health; and better access to sexual health and rights information for young people.

However, amid these triumphs, 2023 was marked by developments that are a cause for concern. Globally, we saw a further decline in democracy and an increase in conflict and intolerance. From repressive measures against the LGBT community in Russia to anti-gay legislation in Uganda, the fight for equality and freedom remains urgent.

The Netherlands is no exception, where the elections were won by a party which is known for statements and policy proposals that exclude people and threaten fundamental human rights. This result is expected to have direct consequences for our work and the people to whom we are committed. Nevertheless, we draw hope from the support for personal and sexual freedom, which continues to grow in the Netherlands. We therefore end this foreword with a final thought that motivates us every day: we too can meet these challenges, because this is exactly why our organisation was founded. Not for the easy things, but for what really matters. We were founded to tackle injustice and inequality and make seemingly impossible things happen. Together, we believe in a positive future characterised by sex positivity, international solidarity and gender equality.

As we look to the year ahead, we may be faced with challenges, but also opportunities to continue our mission. Let us remain committed to justice and equality, because our mission is worth fighting for. Together and for all that is love!



Mark Vermeulen
Director
Aidsfonds – Soa Aids Nederland



Lucas Vos
Chairman of supervisory board
Aidsfonds – Soa Aids Nederland

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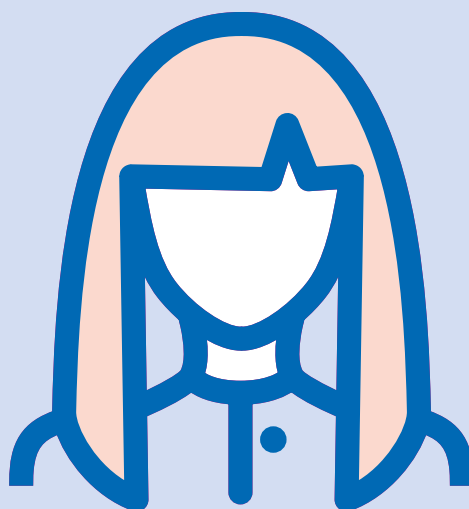
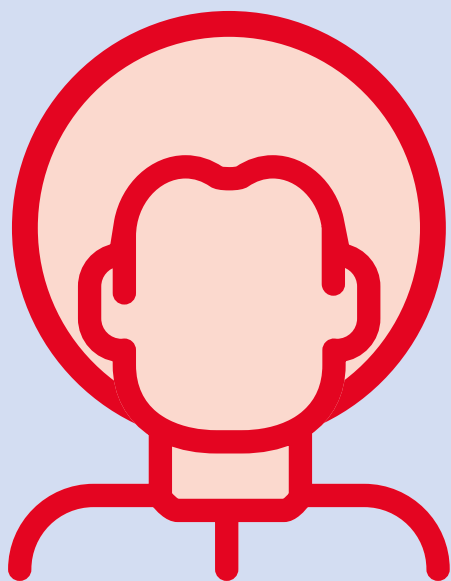
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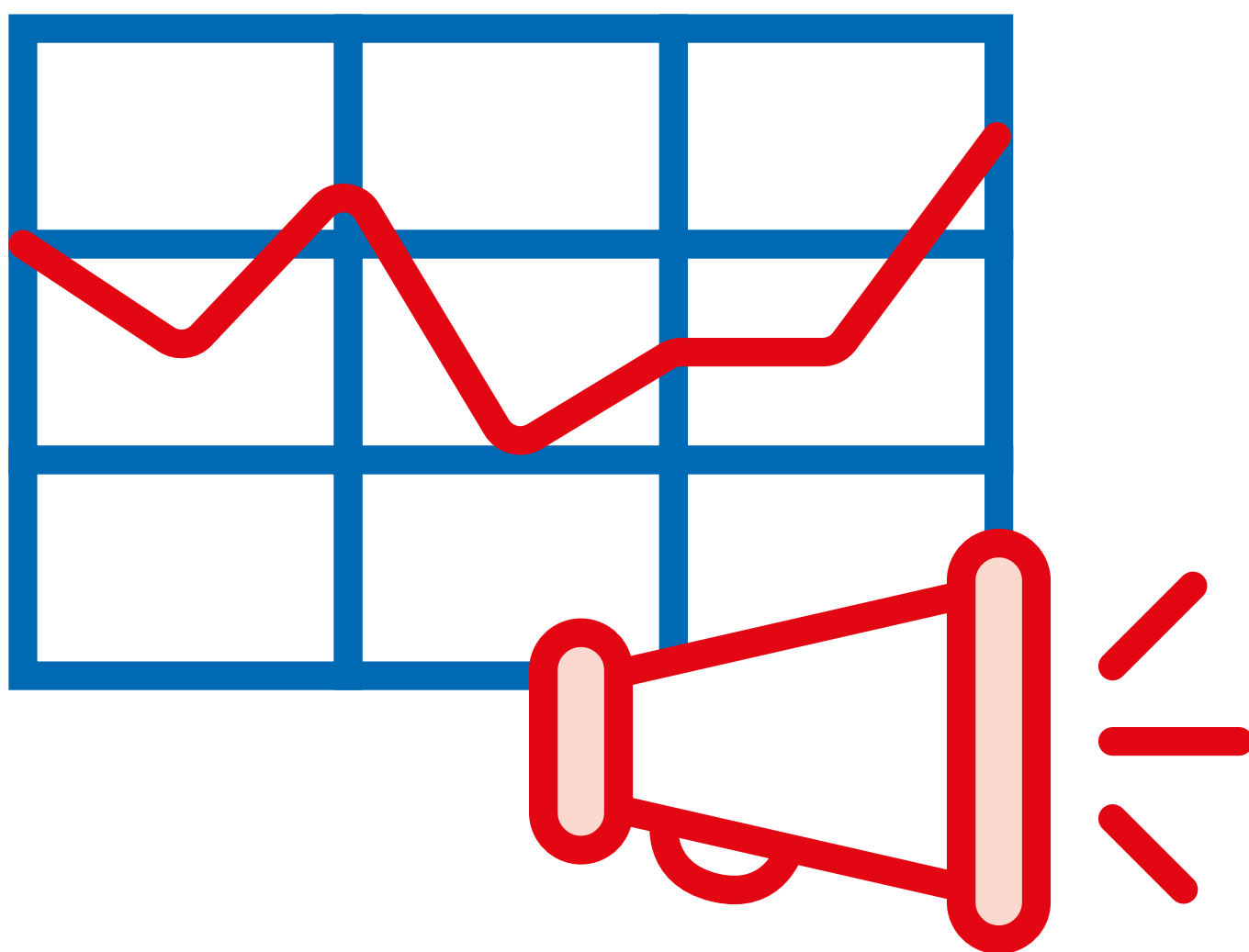
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A. MANAGEMENT REPORT



1. Targets and results



1.1. The mission of Aidsfonds – Soa Aids Nederland

We strive for a world where there are no longer any deaths from AIDS and where people enjoy good sexual health. A world in which everyone can love freely and without fear. We do this by working together with the people who are hit hardest by HIV, STIs, discrimination and exclusion. We strengthen their voice and support them with information, knowledge and funding. For all that is love.

Everyone has the right to proper prevention, treatment and care. No matter who you love, who you have sex with, how old you are, what colour your skin is, whether you are male, female, trans person or non-binary. This belief is at the heart of our strategy.

The facts

HIV in the world

No one has to die of AIDS anymore, but still someone dies of AIDS every minute in the world. This is completely unnecessary because there have been life-saving drugs for more than 25 years. Last year, another 1.3 million people were newly infected with HIV. More than 630,000 people died from the effects of AIDS, which is only a fraction less than the year before. With the drugs and science available today, these deaths are unnecessary because they are entirely preventable. Of all the people in the world living with HIV, now 39 million people, 75% are receiving treatment. Still some 10 million people are not reached with life-saving drugs. This past year there was some progress after years of stagnation. Positive results in the fight against HIV and AIDS can be seen especially in southern Africa¹, while in large parts of the world things are really going in the wrong direction. HIV is increasing sharply in Eastern Europe and Central Asia², where Russia has the fastest-growing HIV epidemic in the world. The HIV epidemic is spreading in the Middle East and North Africa

and in some countries in Latin America. It is now threatening to do so again in some countries in West and Central Africa.

Over the past year, a large number of countries introduced discriminatory legislation. Homosexuality is currently a criminal offence in 65 countries, and can be punishable by death in seven of them. In those countries, violence against people at risk of HIV is increasing at an alarming rate. These are countries where conservative leaders, often acting on religious grounds, do not recognise the rights of LGBTI persons, among them are those most at risk of HIV.

¹ By 2022, there were an estimated 160,000 new HIV infections in South Africa and 45,000 AIDS-related deaths, including 2,100 children. Together with implementing partner organisations, we are implementing several projects in southern Africa. One successful example is KidzAlive@Home. An innovative approach to improving identification, testing, treatment and retention in children's care with HIV in South Africa. More than 5,000 children were tested between 2019 and 2022. The approach has now been recognised by the South African government.

² This region is experiencing the sharpest increase in the number of new HIV infections in the world (49% increase since 2010) and a continued rise in AIDS-related deaths (46% increase since 2010). Since the beginning of the Russian invasion of Ukraine in 2022, we have set up the Emergency Fund with the aim of ensuring uninterrupted services and safety for people living with HIV and vulnerable to HIV. We have now helped nearly 50,000 people.

Discrimination against people, gender inequality and the prohibition and punishment by law of one's sexual orientation are the main reasons why in an increasing number of countries the HIV epidemic is again increasing rather than decreasing. International research has found that HIV is five times more common in countries with anti-gay laws. And where people are actually persecuted and punished because of their sexual orientation HIV is even 12 more common. The introduction of discriminatory legislation makes an explosive increase of HIV inevitable.

The Netherlands has contributed internationally to reducing the burden of HIV/AIDS

In 2023, the results of an evaluation of the Netherlands' policy on sexual and reproductive health and rights (SRHR) – including HIV/AIDS – were released. The evaluation was done by IOB and focused on the period 2012-2022. IOB concluded that the Netherlands contributed to improvements in sexual and reproductive health care (SRHR) and a reduction in the burden of HIV/AIDS in low and lower-middle-income countries. Dutch support for SRHR has contributed to improved SRHR outcomes through improved access to reproductive and health commodities.

HIV in the Netherlands

The Netherlands is well on its way. Research showed earlier this year that Amsterdam is approaching zero new HIV infections. It was estimated that in 2022 only nine people in Amsterdam contracted HIV: a 95% drop since 2010. Unfortunately, the drop in the number of new HIV infections in the rest of the Netherlands is significantly less than in Amsterdam. Too many people who were diagnosed with HIV were not familiar with the prevention drug PrEP. Last year, 21 people still died from the direct consequences of AIDS. It is therefore important that the factors that made the approach in Amsterdam such a success are

applied everywhere: good cooperation between GPs, GGDs, hospitals and those at risk of HIV, supported by additional investments from the municipality. Because, to actually become the first country in the world with 0 new HIV infections, especially a local and regional approach to HIV is needed. Too many opportunities currently remain unused to end HIV.

In 2022, 393 new HIV diagnoses were registered. This is 67% fewer than in 2010, but the rate of decline has been levelling off in recent years. Of those who received their diagnosis in the 2020-2022 period, almost half (48%) entered care late. This means that the virus may have already caused a lot of damage. A third of these people had to be hospitalised as a result and 16 of them died as a result of AIDS. Hospitalisation and death due to HIV is preventable, if only the HIV infection is found in time. This requires, among other things, that the stigma on HIV be reduced, as this prevents people from taking an HIV test.

The number of HIV diagnoses among men who have sex with men is falling faster than among other groups. The HIV prevention drug PrEP plays a major role in this. Of the people within this group who received their diagnosis in the past 5 years, a significant proportion did not know about the prevention drug, or did not have access to it. By increasing PrEP awareness, we can prevent more HIV infections. In addition, the national PrEP scheme, announced from mid-2024, should ensure that everyone who is eligible can also use PrEP. That is the only way to bring the whole of the Netherlands to zero new HIV infections faster.

Number of HIV infections in Amsterdam historically low

Since 2010, the number of HIV infections in Amsterdam has decreased by 95%, with the capital city approaching 0 new infections. In 2022, partly due to our lobbying for HIV prevention pill PrEP, only an estimated 9 people in Amsterdam contracted HIV. Amsterdam has shown that it can be done, now the rest of the world!

Our working approach

Together with courageous activists, communities, healthcare providers, scientists, individual/private donors and other funders, we work towards accessible HIV and STI care for all. We always work evidence-based: based on the best available knowledge and experience from science, healthcare providers and communities. Standing up for human rights is our greatest motivation in this. We do this in three roles:

- As **advocates**, we work with communities and amplify their voices to motivate governments, scientists and donors to improve the health and rights of communities. We fulfil this role both in the Netherlands and internationally.
- As **experts**, we work evidence-based and provide the public and professionals with reliable information. We build on existing knowledge and experience of communities, scientists, healthcare providers and the general public. We fulfil this role mainly in the Netherlands. We apply national knowledge internationally, for instance in reducing new HIV infections.
- As a **committed fundraiser & donor**, we invest in cutting-edge research and innovative approaches that put communities at the centre. We believe that no decision should be made in the HIV and AIDS response without people living with HIV themselves having a voice to influence policy. Inequality can only be overcome by helping people living with HIV to make themselves heard meaningfully. We play this role especially internationally.

1.2. Our Theory of Change

Together with people living with HIV, groups at higher risk of HIV and STIs, healthcare providers, donors and supporters, scientists and other collaboration partners, we developed a Theory of Change. With this model, we describe how we want to achieve our three dream goals as an organisation and increase our impact.

These are our three dream goals:

1. No one dies of AIDS anymore and no new HIV infections

2. Sexual health and rights for all

3. Cure available for all people living with HIV

The Theory of Change also explains how we work towards our dream goals. To this end, we follow four paths to change, which we call pathways: the pathway to Equal Rights, Sexual Health and Rights, Funding and Support, and Cure. For each pathway, we have named which concrete results (outcomes) we want to achieve as an organisation in the period 2022-2025. With these outcomes, we contribute specifically to the three dream goals toward which we are working in the longer term.

Through 11 organisational indicators (figure below), we monitor the extent to which we achieve the set results. To do this, information is collected annually (indicators 1-7) or every two years (indicators 8-11) from within the organisation. This relates to the activities and results achieved across all our projects, which collectively contribute to achieving the stated outcomes in the Theory of Change. In it, we visualise the results of the work carried out directly by our organisation and the work done by communities and other stakeholders with resources funded by us.

Organisation Indicators

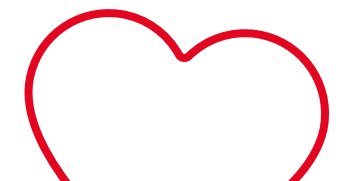
OUR PATHWAY TO:

Equal Rights	Sexual Health & Rights	Funding & Support	Finding a Cure
1.2.1 The percentage of our direct investments per goal, per outcome, per focus country and per community.	1.2.4 The number of policy and legislative changes related to the HIV and STI response through our support.	1.2.7 The amount of funding that we raise for community-led responses and inclusive HIV cure research.	1.2.10 The percentage of cure research that is inclusive for communities.
1.2.2 The number of organisations influencing decision-making in the STI and HIV response through our support.	1.2.5 The number of community members that are accessing prevention, testing and treatment in relation to HIV, STIs and sexual health through our support	1.2.8 The percentage of our projects that we develop with communities and diverse stakeholders.	1.2.11 The percentage of cure research supported by us that is ground-breaking.
1.2.3 The number of organisations demonstrating increased collaboration or coalition-building to advocate through our support.	1.2.6 The number of stakeholders with increased knowledge and experience on providing accessible prevention, testing and treatment for communities.	1.2.9 The percentage of our direct investments that we have decided on with communities.	

To complement the organisational indicators, we create organisational stories (change stories). These are stories about changes that were achieved with contributions from several projects within the organisation. Together, these figures and stories form an important building block of the annual report.

In 2024, we will conduct a mid-term review of the multi-year strategy. Our main focus is to learn from this and to uncover possible adjustments needed to our work to achieve our goals as effectively as possible. In addition, of course, we would also like to have a good understanding of results we have achieved so far. The results of this evaluation will be shared in the 2024 annual report.

Our Theory of Change: turning dreams into reality



MISSION

We strive for a world where people no longer die from AIDS and where everyone enjoys their full sexual health and is free to love fearlessly. We do this together with the people who are most affected by HIV and STIs because of discrimination and exclusion. We strengthen their voice and we support with information, knowledge and financing. For all that is love!

DREAM GOALS

1 No one dies of AIDS and no new HIV infections

2 Sexual health and rights for all

3 Cure available for all people living with HIV

OUTCOMES (2022-2025)

Capacitated communities influence the reduction of intersecting inequalities, gender injustices, stigma & discrimination and criminalisation

Increasingly capacitated communities are working in coalitions in increasingly open civic space.

Our pathway to EQUAL RIGHTS

Increased access and uptake of more effective prevention-, treatment- and care options

Increased collaboration among communities, professionals and governments to develop innovative solutions in relation to HIV, STIs and sexual health.

Our pathway to SEXUAL HEALTH AND RIGHTS

Communities increasingly access quality and sex-positive health and rights education on HIV and STIs

Other funders involve communities in funding decisions

Communities co-decide on our funding decisions

Our pathway to FUNDING AND SUPPORT

Support is mobilized among other funders and governments for community-led responses and inclusive HIV cure research.

We raise and we fund community solutions and inclusive HIV cure research

Groundbreaking cure research with community ownership is funded and put into use

Communities are involved in and educated on HIV cure research

Our pathway to FINDING A CURE

ROLES

We collectively work with communities. We do this in three roles:

As an **advocate**, we raise our voice and join others to move governments, scientists, and funders to improve the rights and health of communities and scale up innovative solutions.

As an **expert**, we work evidence-based and we built on the knowledge and experiences of communities, health professionals and the public to increase their knowledge and agency.

As an **involved fundraiser & funder**, we support inclusive HIV cure research and innovative community solutions.

To do all this, we connect communities, supporters, health professionals, governments, scientists, funders. In all our efforts, we focus on the difference we can make on the life of an individual and on reducing inequalities in society.

About this model

Together with communities, caregivers, donors, scientists and other collaborative partners, we have developed this Theory of Change. This model describes our three dream goals and how we as an organisation contribute to them. We build on the Sustainable Development Goals of the United Nations, the strategy of UNAIDS and the National Action Plan on STIs, HIV and Sexual Health.

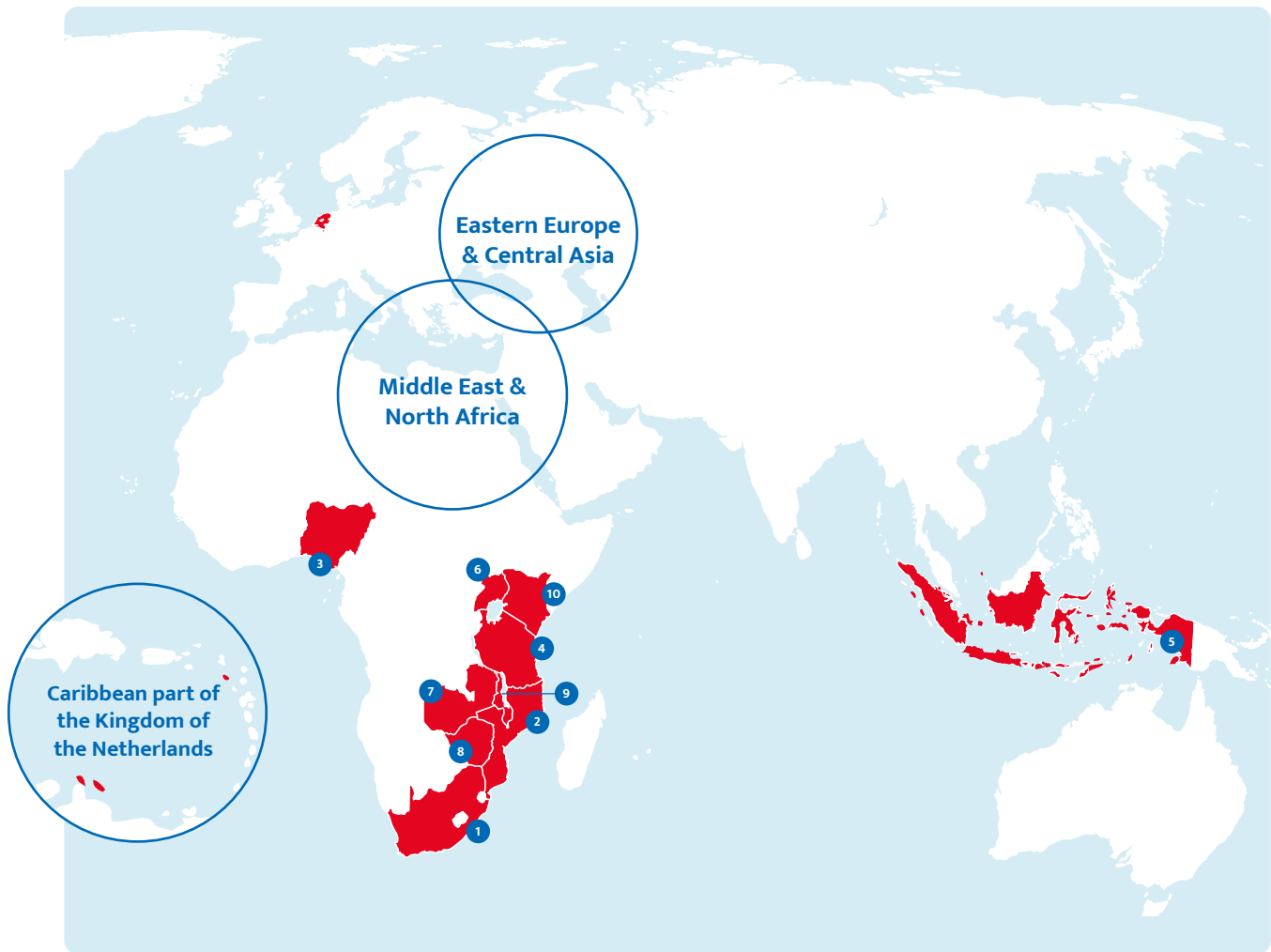
What we mean by communities

By communities we mean organisations, members of a community, target groups or individuals. The focus is on people living with HIV and groups at higher risk of HIV and STIs, such as sex workers, LGBT people, people who use drugs, children, young women, girls and their male partners, young people, people living in poverty, people in prisons and migrants.

Focus countries en regions

In addition to our in the Netherlands, we focus on countries below because they are most affected by HIV. We also focus on the two regions of the world where the HIV epidemic continues to grow rapidly:

Eastern Europe & Central Asia and Middle East & North Africa. We are currently exploring what is needed in the Caribbean part of the Kingdom of the Netherlands.



- 1 South Africa
- 2 Mozambique
- 3 Nigeria

- 4 Tanzania
- 5 Indonesia
- 6 Uganda
- 7 Zambia

- 8 Zimbabwe
- 9 Malawi
- 10 Kenya

1.3. Our figures: 2023 in short

Data plays an increasingly important role in everything we do. Consistently measuring, daring to adapt and using this to underpin our approach is essential to increasing our impact. This is why we report on progress towards our goals in the annual

report, on the results we are achieving and on what we have learned and adapted. A selection of key figures from 2023 are highlighted below to provide insight into this. These key figures follow from our organisational indicators.

Our result

6,133,690

people from communities in the Netherlands and other focus countries had access to HIV, STI and sexual health services

Among others:



3,077,981
young people had access to information and support



129,920
sex workers were given access to information, health and testing services



85,747
children were reached with HIV prevention, testing and support services



35,000
refugees (living) with HIV and people who are vulnerable to HIV infections in Ukraine, Poland and Slovakia received life-saving medication and care



1,300
newcomers in the Netherlands were given access to information, health and testing services



5,951
Professionals in the Netherlands increased their expertise to provide accessible services



49
Policy and legislative changes took place worldwide to promote equal rights

Our funding:

€ 52.5 million
of total income

132,000 donors

Our spending:

€ 44.6 million
spent on the objectives

€ 3.2 million
spent on management and administration

€ 3.4 million
spent on fundraising

€ 0.1 million
other financial charges

OUR ORGANISATION

- 1 office in the Netherlands
- 118 FTE employees
- 35 FTE carries out national projects
- 34 FTE works internationally
- 32 FTE focuses on fundraising and communications
- 17 FTE supports the work from HR and other internal services

OUR PROJECTS

- We worked with 129 implementing partner organisations
- We implemented 152 organisational projects and supported 202 partner projects
- We did this in the Netherlands and in 10 other focus countries
- We worked in two regions where the HIV epidemic continues to grow rapidly

1.4. Our results in 2023

Results contributing to dream goal 1:

NO ONE DIES MORE FROM AIDS AND NO NEW HIV INFECTIONS

We have all the tools to ensure that people living with HIV can live long and healthy lives. Inequality, stigma, criminalisation and discrimination stand in the way of access to

good prevention, treatment and care. We are working hard to remove these barriers. We will only achieve this by working intensively with the people most affected. In the Netherlands as well as abroad. Together with communities, governments, scientists, individual/private donors and funders, we want to ensure that there are no new HIV infections and no one dies of AIDS anymore.

Impact story:

Our approach to equal collaboration and decision-making with communities

Introduction

As outlined in our Theory of Change, collaboration with communities as equals is central to all our work. We are working toward three key outcomes during the 2022-2025 period:

- Communities co-decide on funding
- Other donors also work with communities
- Other donors and governments support community with equity approaches and inclusive research

These outcomes are part of our pathway to Funding and Support. The activities and results we discuss contribute to achieving these outcomes.

The problem we want to solve

Meaningful community participation can be defined as people's involvement in projects, alliances and decision-making about solutions to challenges that affect their lives. Community members or organizations are involved because they know best what they need. By communities, we mean people living with HIV and groups at high risk for HIV and STIs. The people hardest hit by stigma, discrimination and criminalization are often the most vulnerable to HIV and STIs, yet their voices and expertise are often ignored. We want their voices to be heard when programs are designed, funding decisions made, evaluations conducted and recommendations made.

The organization's approach

Community participation has always been part of the DNA of Aidsfonds – Soa Aids Nederland.

“Nothing about us without us” was and is a guiding principle in program development. It contributes greatly to movement building, project ownership, empowerment, trust between partners and to achieving our goals of ending HIV. As a result to community participation and co-decision become a priority in our four-year strategy which was developed with many stakeholders and community members in 2021. We developed a vision document on co-decision making and equitable partnership. We then deployed capacity to introduce community participation across the organization as the basis of our approach. This involves co-creation of projects, co-decision making on project funding and shifting fund management to grantmakers in the countries where we work.

The changes we realized

In 2022, we took our “community's first” approach a step further and began embedding participatory principles in key organizational procedures. We referred to Robert Carr Fund (RCF) as inspiration. Our organization is the administrator of RCF. RCF is the world's leading international fund dedicated to funding regional and global networks led by and involving and serving inadequately served populations (ISPs). RCF is also a grantmaker with years of experience in participatory grantmaking processes and approaches. At RCF, the international steering committee consists of donors and communities who make funding decisions together. In 2023, we developed this further, in part by giving communities a central role in decision-making. One of the methods we use for this is Participatory Grantmaking (PGM).

This means that responsibility for decision-making regarding grantmaking to organizations no longer lies with us but shifts to representatives of communities. In this way, lived experience and knowledge of the context contributes to more informed decision-making.

Some examples of changes in 2023:

- **Aidsfonds – Soa Aids Nederland** has installed an advisory panel. This panel consists of nine members: five community members, two health professionals and two scientists. They will advise the Board on tactical and operational issues, fund allocation and new funding and collaboration opportunities. The advisory panel represents the communities we work with in the Netherlands and in our international focus regions. An advisory panel for our pediatric HIV work has also been installed. This panel consists of five dedicated members with a wealth of experience. The main task of this panel is to advise our project team on pediatric HIV strategies, models and funding mechanisms, and to participate in the decision-making process for funding.
- **The Love Alliance**, an international partnership of community-led organizations, has been working with the participatory grantmaking (PGM) approach since its inception. This means that responsibility has been given to representatives of the sex work, people that use drugs and LGBTI communities for decision-making regarding grant making to organizations in Zimbabwe, Mozambique and South Africa. A committee consisting of representatives from the communities in these countries reviewed grant applications and submitted its decision which was then adopted by our organization. In 2023, the Love Alliance supported 240 organizations in 10 countries and almost 70 percent of funding

went directly to communities. Our organization transferred responsibility for regional grants in 2023 to one of our implementing partner organizations in South Africa, which is now also using PGM for the first time and has continued with its pre-existing committee. Working with regional grantmakers, the Love Alliance plan to award € 38.8 million through participatory grantmaking by 2025 to support community organizations in their work to break down barriers faced by key populations.

- The right information and services in the right place, at the right time, delivered by the right digital solution or person to meet the specific needs of young people. That is at the core of the Stepped Care model. Our organization has successfully built the Stepped Care model in the Netherlands. Meanwhile, the youth brand Sense supports 3.9 million young people in the Netherlands every year. In 2023, this effective approach was applied in Indonesia, Kenya, Mozambique and South Africa.

“The Love Alliance is rooted in community responses. In everything that we do we put the community at the center of the response. They are able to make their own decisions in terms of areas of prioritization in HIV and sexual and reproductive health. What is also exciting about the consortium and the work that we do is that we are making sure that we do not leave groups behind that are usually excluded in the response.”

Samuel Matsikure, Teamleader
Key Populations at Aidsfonds –
Soa Aids Nederland



Photo: Love Alliance, Aidsfonds

Selection of results by work of our organisation

We developed a podcast about our Communities First approach

With the podcast *Communities First*, Aidsfonds and the Robert Carr Fund take a deep dive into how we can put communities in the driver's seat of change. Together with inspiring activists and community leaders and other funders, we talk about the "why" of *communities first*, strong examples and methods to shift power on HIV, health, rights and beyond. We also delve into how funders can shift from conventional to community-based approaches, and all the opportunities and challenges that arise from that. [Communities First podcast | Podcast on Spotify](#) The story above contains concrete examples for how we put this approach into practice every day.

We created a new database for sex workers on municipal regulations

April saw the launch of a database where sex workers can look up the rules surrounding their work in any Dutch municipality. Because there are so many different rules, there is much uncertainty about how sex workers can safely and legally be able to do their jobs. Currently, the underlying assumption of the policy is that strict rules on sex work will curb violence and human trafficking. However, several international studies show that the opposite is true and that only recognition of labour rights will make it safer for sex workers to do their work. At least the new database now provides insight into existing regulations and was created with support from the Ministry of Social Affairs and Employment. [Database sekswerk geeft inzicht in gemeentelijke regels \(soaids.nl\)](#)

We launched the first sexual health website for young people on Saba

There is a clear picture of the HIV epidemic on the three islands of Aruba, Bonaire and Curaçao for the first time. Over the past four years, data was collected and insights gained during the SPIRIT study, conducted by the hospitals on the three islands in cooperation with the University Medical Centre Utrecht. Despite access to testing and treatment, the number of new HIV diagnoses is increasing again in

the Caribbean, while in the Netherlands it is rapidly decreasing. Due to the taboo around HIV, knowledge about HIV is limited and testing is being for a possible infection is often delayed out of fear and shame.

[Stigma around HIV inhibits fight against epidemic on Caribbean islands | Soa Aids Nederland](#) As a result, the launch of the first sexual health website for young people on Saba, another island in the Caribbean, was particularly important and relevant. The website was built by Public Health Entity in Saba in collaboration with Soa Aids Nederland. Based on the successful Dutch example Sense.info. [Everything you want to know about sex. Now also on Saba. | Soa Aids Nederland](#)

We presented your signature in The Hague

In May, President Museveni of Uganda signed off on a new anti-gay law. The number of countries with such laws is growing. In these countries, the number of gay men living with HIV is five times higher than in countries without such laws. That is why we started a petition. **As many as 82,833 donors and other concerned Dutch people signed our petition. All these people called on the members of the House of Representatives to continue to stand up for LGBTIQ+ people worldwide and to financially support their struggle. We offered these signatures in The Hague.** [We offered your signature in The Hague | Aidsfonds](#)

Selection of results made possible by contribution from Aidsfonds – Soa Aids Nederland

Thanks in part to our lobbying, PrEP will be available to more people from August 2024

PrEP care will become available to more people at GGDs from 1 August 2024. In doing so, they will also collaborate more with GPs. Unlike under the current scheme, the HIV prevention medication itself will be entirely at the user's own expense. We, as well as all the parties we have been working with for years and who are equally committed to improving the availability of PrEP, welcome the minister's proposal. However, fully paying for the medication yourself can be a problem for people with low incomes. We therefore consider it crucial that PrEP care and medication

be reimbursed through health insurance as soon as possible and excluded from the deductible. We will continue to work toward this in 2024. [HIV prevention pill PrEP available to more people from August 2024, pills for own account | Aidsfonds | Aidsfonds](#)

Thanks in part to our contribution, a unique collaboration around children's projects was launched

A unique child-friendly approach in South Africa ensures that children understand what the HIV virus does and can follow treatment with confidence. This allows them to grow up healthy without ambiguity and fear of stigma. The organisation we fund in South Africa has been working according to this methodology for some time. We like to facilitate and encourage exchange of projects and methods. It is therefore wonderful that the organisation we fund in Nigeria is now going to test this approach in a number of districts. Both South Africa and Nigeria cooperate with national and regional government agencies. [Unique cooperation children's projects South Africa and Nigeria | Aidsfonds](#)

Thanks in part to our advice, a new round of vaccination against mpox has begun

A new round of vaccination against mpox (formerly monkeypox) started in 2023. Gay and bi men and trans persons who have not been vaccinated before and who know they are at higher risk of an mpox infection could make an appointment with their GGD. The vaccination is important to prevent infections and spread of the mpox virus as much as possible. Soa Aids Nederland recommended a continuation of the vaccinations because the first round of vaccination did not reach all gay and bisexual men at risk of mpox. Partly in response, the minister of health gave the green light for a new vaccination round. Soa Aids Nederland campaigned through Man to Man to draw attention to this free vaccination and provide people with evidence-based information. [New vaccination round and campaign mpox | Soa Aids Nederland](#)

Thanks in part to our funding, there is LGBTIQ+ friendly HIV care for young people in Indonesia

LGBTIQ+ young people are often discriminated against and criminalised. In response to that a project focus on AIDS control was initiated in three Indonesian cities. By 2023, 100 HIV service points were made youth- and LGBTIQ+-friendly. This important work will continue in 2024. aidsfonds.org/project/indonesia-healthy-cities-with-pride/

Aidsfonds receives 2.25 million euros from Dutch Postcode Lottery

We are more than happy with the donation of 2.25 million. Thanks to the lottery contribution, we can really make a difference, precisely in the places where our help is needed most. Where stigma and discriminatory legislation threaten the safety of entire groups of people and where people are excluded from HIV education and care. We are therefore enormously grateful to the lottery and all its participants. [2.25 million euros to fight AIDS thanks to Postcode Lottery | Aidsfonds](#)

Results contributing to dream goal 2:

SEXUAL HEALTH AND RIGHTS FOR ALL

Sex and STIs are of all the ages. Every day, hundreds of people in the Netherlands contract an STI. Many of them do not feel free to talk about it or to seek help, resulting in unnecessary suffering, illness and discomfort. Normalising STIs

and countering stigma is at least as important as detecting and treating infections. This way, people feel freer to discuss their problems, can enjoy sex and get the information and help they need. That is why we make an extra effort for target groups and communities that have less access to prevention, care and treatment. We are exploring how to apply expertise built up in the Netherlands internationally.

Impact story:

Our 'community data-driven' approach supports to provide evidence for our work

Introduction

Inequality, poverty, sexism, homo-, transphobia and discrimination reduce communities' access to appropriate care and treatment. These groups are often underrepresented in data. Which makes this poor starting point difficult to demonstrate. Together with communities, we want to strengthen this evidence base. Because communities themselves collect relevant data for this, this contributes directly to their lobby and position improvement. As outlined in our Theory of Change, in the period 2022-2025 we are working towards two key outcomes:

- Strengthened communities work together in a more open social space
- Strengthened communities affect reduction of multiple oppression and inequality through gender, injustice, stigma, discrimination and criminalization

These outcomes are part of our pathway to Equal Rights. The activities and outcomes we mention contribute to achieving these outcomes.

The problem we want to solve

Our organization has been working for the health and human rights of sex workers both nationally and internationally since 2004. An important part of our work is addressing stigma and violence against sex workers. In doing so, we apply the international guidelines on sexual health programs for sex workers: the Sex Worker Implementation Tool (SWIT), developed by the WHO. The SWIT endorses the holistic approach to programs for sex workers, in which addressing violence

should be part of interventions around STI and HIV control. The causal connection between violence and STIs and HIV is also evidence by several studies, such as The Lancet; when violence against sex workers is addressed, this leads to 25% less STIs and HIV. This is the case, sex workers will always choose their immediate safety over their health in violent situations.

In most countries, sex work is criminalized. This means it is prohibited by law and therefore punishable. This makes reducing violence against sex workers and ensuring proper prevention and care difficult. In the Netherlands, sex work is a legal profession. Overregulation of sex work is a growing problem. Excessive regulation makes it almost impossible for sex workers to comply with the rules. Sex workers who then still practice their profession thus work unlicensed by definition. This makes them more vulnerable to abuse, exploitation and violence: when they experience violence, they often do not dare to go to the police or social services.

Both in the Netherlands and internationally, there was a lack of reliable data to inform parties such as the police, local authorities, media and national policy makers about the need to change laws and policies to promote the rights and health of sex workers. This lack of evidence also made it difficult to develop good interventions. As a result, previous interventions did not focus on the problems central to the communities itself. By ensuring reliable data from and for sex workers, interventions are now being developed that focus on what is really needed.

The organization's approach

We started working with communities to close the existing data gap, systematically collecting data on human rights violations against sex workers. In this way, sex workers themselves have become meaningfully involved in doing these studies, and the resulting insights contribute directly to the positioning of their work. We believe that robust evidence on human rights violations that take place is crucial to working effectively to reduce violence against sex workers. For example, in 2015, the international Hands Off program launched a major study on sex workers and violence in five countries in southern Africa. Sex workers and partner organizations were involved in designing questionnaires and trained as interviewers. In the Netherlands, a large study was conducted on stigma and violence in 2019 and on corona and sex work in 2021. This was research in which sex workers are part of the research team as community researchers. Both in Southern Africa and the Netherlands, this has made a crucial difference in the development of programs by and for sex workers.

The changes we realized

In addition to building a database of evidence for and by sex workers, the first phase of Hands Off (2015-2019) led to several other groundbreaking results. One example is in South Africa. Research during that period showed that 71% of sex workers in South Africa have experienced police violence. The survey showed that 33% of sex workers had experienced sexual violence in the past 12 months. By being able to demonstrate these facts, the police successfully became an ally. Police training was developed on the rights and health situation of sex workers. In this way, the police have taken a direct role in reducing violence against sex workers. These strong results led to the extension of the Hands Off program. In the second phase (2020-2024), documenting human rights violations against sex workers has been further professionalized. An annual report is issued to bring violence against sex workers to the attention of policymakers and the media and to address it. In 2023, 2,466 human rights violations against sex workers were documented. Meanwhile, Mozambique's national police and religious leaders have also expressed interest in better monitoring violations and their follow-up.

In 2009, HOYMAS was founded, a community-based organization in Nairobi dedicated to promoting sexual health and rights for young gay men. With our support, HOYMAS launched the first-ever community-led health clinic in Kenya in 2016. By collecting and monitoring relevant data and evidence for this work, HOYMAS

was able to lobby the Global Fund (the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria) strongly in 2022. This led to a financial investment from the Global Fund. This made it possible in 2023 to scale up HOYMAS' successful approach and activities to other counties in Kenya. In the Netherlands, participatory research resulted in the establishment of the Sex Work Destigmatization Alliance (SWAD) in 2021. This is an alliance uniting a diverse group of (sex work-led) organizations. The SWAD represents an innovative approach that involves sex workers at all levels in the projects that revolve around them. Due to successful results, in 2023 the grant for SWAD was extended until the end of 2025. The 'Approach to Strengthening the Social and Legal Position of Sex Workers' was developed in collaboration with sex workers, interest groups, social workers and relevant ministries.

Ugly Mugs Netherlands was launched in 2022. Ugly Mugs is an online platform for safer sex work. Here, sex workers can warn each other about aggressive and dangerous clients. In 2023, the first figures were published. This showed that we were able to warn a sexworker 15,122 times, 1,657 clients were checked, and there were 112 reports of violence. The real need for this platform became apparent as a result of a survey conducted by Soa Aids Nederland together with PROUD (interest group for and by sex workers in the Netherlands) has done on stigma and violence among sex workers in the Netherlands. This research shows that 97% of sex workers in the Netherlands face violence. Only 21% of sex workers report violence.

2023 also saw important figures from the Complaints Desk come out. Sex workers can go to the Complaints Desk with all their questions and complaints. The desk was established two years ago because sex workers experienced discrimination and exclusion when they knocked on the door of various agencies. Over 200 complaints have been handled in the past 2 years. Recommendations were drafted and sent to police, municipalities, the financial sector and aid and health care providers. In this way, the data provided by the community contributes to improvements in policy and practice.

“It is, of course, bizarre to speak of a success, but we are happy that we can help many sex workers work more safely. Ugly Mugs Netherlands’ membership is growing daily and many of these sex workers report violence. The platform clearly meets a need.”

Iris de Munnik, Ugly Mugs

Sex workers
have lust...
for their rights!

Photo: Hands Off, Aidsfonds

Selection of results by work of our organisation

We teamed up with Rutgers to conduct large-scale research among young people in the Netherlands

‘Sex under 25’ is a large-scale study on the sexual health of young people aged 13 to 25. The study was conducted by Soa Aids Nederland and Rutgers in collaboration with RIVM, CBS and GGDs. Over ten thousand young people participated in the survey. The results are representative through the use of weighting. It showed that young people give their sex life an average of seven and are positive about how they experience sex. Eight in ten young people really enjoy sex and nine in ten young people felt good during sex with their last sexual partner. More and more young people are also positive about the visibility of homosexuality. Girls do experience less sexual pleasure and more experience of transgressive behaviour than boys. These and other research findings led to useful recommendations for the field in the Netherlands. [Results Research Sex Under 25 | Soa Aids Nederland](#)

We organised Digital Learning Weeks and more than 1800 healthcare professionals participated

Soa Aids Nederland Digital Learning Weeks took place again in March. The Digital Learning Weeks was organised by Soa Aids Nederland to give healthcare professionals in the Netherlands the opportunity to learn about sexual health, HIV and other STIs. During several workshops various topics were discussed. One of the most successful elearnings was about the ‘Sex Positive Approach.’ How could more dedicated focus on the positive aspects of sexuality do to help prevent unwanted outcomes? For example, the satisfaction and pleasure people experience during sex? Interesting e-learning for doctors’ assistants were also available, for example ‘STI care in general practice’. There were also four free webinars on, for example, ‘PrEP care’ and ‘Physical examination in case of a syphilis alert.’ 820 professionals participated in the e-learning and the webinars had 996 participants in total. All the material can be found via the Soa Aids Nederland Academy. [Free and accredited learning about chemsex, sex positivity, HPV and PrEP | Soa Aids Nederland](#)

We did a successful pilot around sexual health for vulnerable groups

Soa Aids Nederland worked with European partners in the SHIFT project on new ways to better reach people with barriers to healthcare and information about sexual health. As part of this, a pilot was conducted in the Netherlands in the Schilderswijk district of The Hague, where doctor's assistants, community sports coaches and Schilderswijk parents received training on how to engage with local residents about sexual health. The evaluation showed, among other things, that women in particular used the low-threshold, neighbourhood-oriented care. This pilot laid a nice foundation for future neighbourhood projects around sexual health and information for vulnerable target groups. [Low-threshold care and information on sexual health professionals | Soa Aids Nederland](#)

We raised a record amount in support of the global LGBTIQ+ community

With an appeal for solidarity with the global LGBTIQ+ community, Aidsfonds sailed through the Amsterdam canals during the Canal Parade. From the boat, drag queen Nicky Nicole drew attention to activists fighting for community rights and healthcare in their respective countries. With collecting boats, we raised money for the fight against AIDS. With scoop nets and QR codes, we asked the public along the shore to donate. With success: a record amount was raised this year of € 14,010. [Aidsfonds Pride boat asks support for lgbtiq+ activists worldwide | Aidsfonds](#)

Selection of results made possible by contribution from Aidsfonds – Soa Aids Nederland

With help from donors and Giro 555, we were able to continue supporting Ukrainians living with HIV

With support from our loyal donors as well as donations to Giro555, we supported Ukrainians living with HIV fleeing war. This remains very necessary. In Ukraine, Slovakia and Poland, local aid workers provided psychological help, access to medicines and basic necessities. They reached over 35,000 people living with HIV and those vulnerable to HIV infection with life-saving medication and care.

This happened in nine Ukrainian regions in the centre, south and east of the country, close to the military border, as well as in surrounding countries such as Poland and Slovakia. Over 2,300 teenagers living with HIV received tailored psychological support online. We also ensured that 1,000 young people in four Ukrainian regions received access to HIV prevention kits, including condoms and HIV testing. The assistance provided was not without its challenges. Delays and blockades at the border crossing hampered the supply of medication from the Netherlands. Therefore, we focused on larger and less frequent shipments and ensured local procurement as much as possible. In addition, the country struggled a lot with electricity and internet outages. Our local psychologists were regularly forced to divert to the homes of friends or relatives who have a generator. This allowed online consultations to continue as much as possible. [Aidsfonds helps Ukrainians living with HIV with support from Giro 555 | Aidsfonds](#)

With our support, a new project for teenage mothers has started in Uganda

Local partners in Uganda launched a new project with our support. The aim is to help thousands of young mothers and children with HIV or those vulnerable to HIV to find, test and, if necessary, treat them. So that they can have a healthy future. In the new project, called 'the Bloom project', special attention is paid to teenage mothers under 18 years of age. In that age, HIV transmission from mother to child is more common. The project was set up in co-creation with young mothers. Because they know best what is needed. In the project, concerned people in the community are mobilised and trained to find, test and coach the girls. In 2023, 65 support groups were already set up, where young mothers can go with any questions they may have, exchange experiences and ask for advice. [New project in Uganda for young mothers and their children | Aidsfonds](#)

With our support, an innovative app was developed for young people living with HIV

Far more often than adults, young people living with HIV stop treatment, out of shame or ignorance. With our support, an app was designed by our partner organisation in Malawi to help young people to stay mentally and physically healthy. In two districts in Malawi where many young people stopped their HIV treatment, the partner organisation started research: why did they stop? With these research results, the partner went to work with young people and care workers to develop a unique app: Thandizo, 'support' in the language Chichewa. Through the Thandizo app, young people receive help in groups and individually, giving them more knowledge and selfconfidence while consistently remaining on life-saving treatment. The number of young people who stopped their HIV treatment in the two districts fell by as much as eighty per cent since the introduction of the app: from 478 to 96 young people. At the same time, 89 youth returned to care. [Young people in Malawi keep up HIV treatment through innovative app | Aidsfonds](#)

With our support, four new projects focused on HIV in children started

We support local organisations working to end AIDSrelated deaths and new HIV infections in children. They do this through the Kids2Care model. This model was developed together with local organisations. In various countries this approach has proven to be a resounding success as a way of eliminating HIV transmission from mother to child and ensuring that every child living with HIV can live a healthy life. In July 2023, we launched a call for proposals to expand the Kids2Care model to other countries. Following this call, by the end of 2023, we were proud to announce 4 new organisations that we will support. They will apply the Kids2Care approach in Malawi, Tanzania, Zambia and Indonesia/West Papua. Results will be available by the end of 2025. [Aidsfonds Launch's 'Bringing Kids to Care' project in Malawi, Tanzania, Zambia, and Indonesia/West Pap-a - Aidsfonds | Ending AIDS Together](#)

Amsterdam Diner raises record amount of 1.3 million euros raised for AIDS fight

The 31st edition of the Amsterdam Diner raised 1.3 million euros. The proceeds went towards HIV response among women and girls in 2023, both in the Netherlands as well as abroad.

[Amsterdam Diner raises record 1.3 million for AIDS control | Aidsfonds](#)

Results contributing to dream goal 3:

GENEZING AVAILABLE TO ALL PEOPLE WITH HIV

Curing HIV means that people no longer need daily medication, no longer need hospital check-ups and the stigma around HIV disappears for them for

good. We firmly believe that curing HIV is possible, but it requires a lot of research and therefore time and money. We look forward to the day when everyone has access to a cure. That is why we are joining forces to find the funding needed. Together with top researchers, communities, other donors and anyone who wants to support the pursuit of a cure.

Impact story:

Our approach to maximizing the impact of funding

Introduction

By partnering with other funders of HIV cure research, we have leveraged our own resources to mobilize resources from other donors. This has strengthened our role as a leading HIV funder worldwide. We hope to reach our dream goal of finding an HIV cure even faster this way. As outlined in our Theory of Change, we are working toward two key outcomes during the period 2022-2025:

- Communities are informed and involved in pioneering scientific research to cure HIV
- Pioneering scientific research to cure HIV with community involvement is funded

These outcomes are part of our pathway to Cure. The activities and outcomes we mention contribute to achieving these outcomes.

The problem we want to solve

We often find that there is a scarcity of funding for community-led organizations or that funding does not quite match the needs of communities. In addition, there is often a lot of competition between both funders and organizations applying for funding. This is not only ineffective, but also hinders the impact we can have on our dream goals. This is why we have determined that we can have a greater and more meaningful impact if we pool our own limited resources with other funders for a more coordinated funding approach.

The organization's approach

To maximize the impact of our funding, we have positioned ourselves not as an "ask" party, but as a thought leader and peer among other donors. We take

the lead and set the agenda rather than following the priorities of others. We ask other funders to co-invest in our programs and demonstrate how we enable meaningful community participation in our funding decisions. In this way, we can leverage our own resources and use them more strategically while fostering collaboration among academics and among donors.

The changes we realized

We used this organizational approach for our dream goal of finding an HIV cure. Our approach was to bring together the highly competitive and fragmented academic research environment. To achieve this, we funded a collaborative project with the Dutch Organization for Scientific Research (NWO) and other stakeholders. This project was designed by several research teams with community involvement and a focus on turning research into practice.

In early 2023, we invited a group of researchers from different disciplines to a week-long sandpit workshop to facilitate innovative and impact-oriented ideas. The main outcome was a collaborative and interdisciplinary funding proposal for HIV cure research with a strong focus on impact. This proposal received € 5.9 million in funding from our organization and NWO; public and private partners contributed € 637,660 in co-funding. Going forward, we will use this approach to involve more researchers from low- and middle-income countries in such collaborations to ensure that we can achieve treatment that works for all people living with HIV.

In 2023, our organization also launched a new partnership with AVAC. This is an international

nonprofit that uses its independent voice and global partnerships to accelerate among other things the ethical and equitable development of HIV cures. Five young researchers will receive a \$10,000 grant for ten months to identify local needs and create solutions that advance HIV cure research in their local contexts.

The approach used in our work around HIV cure is derived from our work in the Eastern Europe and Central Asia region. With the active support of Funders Concerned About AIDS (FCAA), we approached several donors in this region in 2022 and brought them together in a space where we could strategize and share information, while making sure communities were also at that same table. When war broke out in Ukraine, the conversation quickly turned to how we as funders could collectively respond to the most pressing needs. Drawing on our expertise, existing networks and a fund that our organization was already managing in the region, other donors in the group decided to invest in an emergency fund that we led, responding to the needs of our community partners. By bringing our own funds to the table, we invited other stakeholders to follow our lead. In this way, we were able to ensure that the funds could flow as quickly as possible directly to the communities where they could make the most impact.

In 2023, we entered into a partnership with two experienced partners from the region. Based on the principle of participatory grantmaking, this partnership was able to provide more than 100 grants in Ukraine in 2023. This helped more than 42,000 people. Thirty-two percent of these people have HIV. A total of 28 grant applications from 10 countries in Central and Eastern Europe were approved to support organizations and community-led groups working on behalf of people vulnerable to HIV such as LGBTI individuals, sex workers and people who use drugs. Almost 4,000 people received support as a result, ranging from health and social issues to mental health and legal matters. Temporary accommodation, food assistance, employment support and medical assistance were also provided.

“Slowly but surely, we are getting closer and closer to cure for all. That is just a matter of time, money and perseverance.”

Remko van Leeuwen, Research Expert at Aidsfonds – Soa Aids Nederland



Photo: SPIRAL Onderzoek Aidsfonds

Selection of results by work of our organisation

We have launched new research aimed at HIV cure for all

HIV cure research is usually focused on the wealthy part of the world. Our organisation wants to make cures available to everyone. This is why the new SPIRAL research also focuses on cures for people from Africa. With an extra focus on women, as they are the most often affected worldwide. The project is a unique collaboration between biomedical researchers, social scientists and health economists from the Netherlands, South Africa, Zambia and Uganda. [Researchers different fields at work for HIV cure for all | Aidsfonds](#)

We have teamed up with Sidaction to announce a new round of grants for HIV cures

Our organisation has teamed up with Sidaction to announce the launch of a 2024 joint call for scientific proposals aimed at accelerating progress in HIV cure research. This unprecedented collaboration between the two organisations aims to mobilise researchers from France, the Netherlands and African countries around this crucial Global health theme. [Pre-announcement call for proposals: HIV cure and remissi-n-Aidsfonds | Ending AIDS Together](#)

We hosted two key panels at the NL4Cure Spring Symposium 2023

In late 2023, our organisation hosted two highly engaging 60-minute panel discussions as part of the NL4Cure Spring Symposium 2023. During the 2 webinars, we discussed how researchers, communities and other stakeholders from high-income countries can collaborate fairly with low- and middle-income countries in the interest of finding HIV treatment for all. [Panel Discussions: Advancing HIV Cure in Afri-a-Aidsfonds | Ending AIDS Together](#)

Selection of results made possible by contribution from Aidsfonds – Soa Aids Nederland

We co-funded pioneering research into curing HIV

Following a bone marrow transplant, a patient in Geneva currently has not had HIV visible in their blood for 20 months. This Geneva patient could become the sixth in the prominent line of five people with HIV who have already been declared cured by a bone marrow transplant. However, there is a caveat. The Geneva patient is receiving immunosuppressants, which are drugs that suppress the immune system's reactions. He receives these because the new stem cells show a violent reaction to one's own body. So HIV may also have been rendered invisible by those immunosuppressants. This cannot yet be ruled out. Therefore, the Geneva patient cannot yet be declared cured. The news was presented by the French Institute Pasteur and Geneva University Hospital, participating in international research on healing of HIV. Our organisation is co-funding this groundbreaking research. [Patient from Geneva 20 months without visible HIV | Aidsfonds](#)

We supported research on the impact of HIV on quality of life

Much research is being done on interventions to reduce the negative impact of HIV on people's lives. With support from our organisation, researcher Kim Romijnders and her team at the University Medical Centre Utrecht have looked at the impact – both positive and negative – of HIV on quality of life. Because if you know that, you also know what impact cures will have later on. [Research: Impact of HIV on quality of life | Aidsfonds](#)

We brought attention to 'Briljante Breinen' which was dedicated to HIV cure

The TV programme Briljante Breinen (Brilliant Brains) featured HIV researcher Anne Wensing in the summer of 2023. The Utrecht-based scientist, who made a global name for herself when it was announced in 2019 that she and her team had cured two people of HIV, talks about her motivation, her projects and the state of HIV cure, among other things. Our organisation invests in promising research, like Anne Wensing's. Thanks to the cooperation between

people living with HIV, researchers, HIV treatment specialists and nurses, a breakthrough is getting ever closer. [Researcher Anne Wensing on HIV cure in Brilliant Brains | Aidsfonds](#)

1.5. Selection of challenges and lessons learned in 2023

As an organisation, we believe it is important to celebrate both our successes and our learning moments. By regularly reflecting on our work, we gain timely insight into what adjustments may be needed. In this way, we maximise our impact and that of others. After all, what would the world be without guts, without accidental discoveries and without the opportunity to learn from what went wrong? In this annual report, we share three learning experiences from 2023.

Equitable collaboration with partners and communities in practice

Our organisation strives to work equally with partners and communities. We do this by giving communities a central role in decision-making. One of the methods we use for this is Participatory Grantmaking. In 2021, we started applying this method within the Love Alliance partnership, where we gave responsibility to representatives of the sex work, drug user and LGBTI communities for decision making regarding grant making to organisations in Zimbabwe, Mozambique and South Africa. A committee consisting of representatives from communities in these countries reviewed grant applications and submitted its decision, which was then adopted by our organisation.

> For more information and examples, read our full organisational story on page 15 of this annual report.

In 2023, the approach was evaluated through a survey of committee members and grant recipients. Some respondents wrote how important responsibility for them was. For example, one of them wrote: 'We found the grant making very much empowering given the stigma and discrimination on priority populations'. Lived experience and knowledge of the context

contributed to better-informed decision-making. At the same time, there were also challenges. For example, implementing this method took additional time, which delayed implementation. Also, possibly bias played a bigger role due to greater personal connections of committee members to the region and it was advised to identify these even better. In addition, some committee members lacked experience in evaluating proposals. One of the recommendations from this evaluation was therefore to work with a committee for a longer period of time. In 2023, our organisation transferred its responsibility to one of the implementing partner organisations in South Africa, which is now also applying PGM for the first time and has continued with the already existing committee.

European insights usable in the Netherlands

In the European Regional Development Fund's SHIFT project, Soa Aids Nederland worked with several partners from England, Belgium and France. This more than four-year project focused on people over 45. A key aspect is to work on new ways to better help people with barriers to care and information about sexual health. In this context, a pilot was carried out in the Hague's Schilderswijk district in the Netherlands, where doctors' assistants, community sports coaches and Schilderswijk mothers received training on how to engage with local residents about sexual health.

The European grant for SHIFT has ended after more than four years. This also concludes the project in the Schilderswijk. This period was too short to measure whether we really made a change. Due to the corona pandemic and reliance on European partners, the pilot was shortened from 18 to 6 months. Moreover, due to covid-19, GP practices were overloaded which meant that doctor's assistants and GPs had little room to join in. This translated, among other things, into limited participation to training sessions by physician assistants.

Nevertheless, after six months, we can make some initial statements, based on an evaluation we commissioned from University of Chichester, one of SHIFT's partners. We have clear indications that women in particular did use the low-threshold, neighbourhood-based care. For example, the 'mothers with children' group: for them, it is very practical if

you can go to a community centre with a question or problem. You will be helped there or referred. Many left the sessions with important knowledge – for example, about different forms of contraception – and increased awareness regarding their sexual health. We were also able to discuss complaints that are not always perceived as problems. Think of complaints due to menopause.

Future projects, for example in a neighbourhood with a relatively high number of people living with HIV, may have similar added value if they focus on this low-threshold way of working in the neighbourhood. To measure results adequately it is crucial that there are sufficient financial resources and a longer lead time. The pilot in The Schilderswijk has laid a good foundation for future neighbourhood-focused projects around sexual health and information for vulnerable target groups.

Rising conservatism and our response

In the countries where we work, it has been alarming to see the damaging effects of rising conservatism and anti-equality movements on human rights protection for communities that are particularly vulnerable to HIV. These include young women and girls, sex workers, people who use drugs and LGBTI people. These trends impede equal access to HIV and sexual and reproductive health and rights services for these groups. It also exacerbates stigma and discrimination against them, leading to a higher risk of contracting HIV and other sexually transmitted infections. This affects their overall health and well-being.

Fake news, disinformation and information manipulation are major contributors to rising conservatism. A series of recent studies by Ohio State University show that political conservatives are not only more likely to be targeted by fake news but also more likely to believe that untrue news stories are accurate. The research shows that more appealing but false stories tend to support beliefs of conservatives, while viral news stories that are true tend to support beliefs of liberals.

We saw in 2023 what extraordinary courage and resilience there is among the brave individuals and organisations that continue to fight for human rights despite these developments and challenges. To effectively respond to the emergency in which communities find themselves, we evaluated our response mechanisms and scaled up our support to communities. We motivated other partners and funders to invest more in funding service delivery and advocacy in defiance of conservative decisions and legislation. This is crucial for organising a coordinated, community-led response and mitigating the detrimental impact of this human rights crisis on access to services and the right to health for all.

The Love Alliance has been working with communities in East, West and Southern Africa to research strategies of anti-gender groups to empower communities to counter the growing global anti-rights movement. Partner organisations developed joint advocacy strategies and used global and regional platforms such as Women Deliver and the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) to raise awareness, increase knowledge and exchange knowledge and tactics.

The election results in the Netherlands show that here, too, there is growing intolerance and exclusion. We have learned from international contexts that this can lead to an increasing normalisation of extreme and intolerant convictions, and that is a real reason for concern. It makes us more committed than ever to stand up and support communities in their fight against these ongoing attacks on their lives and well-being. We will continue to do so in 2024.

Thank you!

Every investment is of lasting significance. Whether it is pioneering research to cure HIV, tracking children living with HIV or supporting excluded groups. We want to support the broad Thank 132,000 donors in 2023 for their support and trust. Together, we will continue to make a difference.

1.6. Dealing with our stakeholders

Aidsfonds – Soa Aids Nederland is the marshal in the network of stakeholders in the HIV and STI response. The stakeholders enable us to do our work and thus achieve our objectives. On the one hand, we are funded by donors, sponsors, lotteries, governments and others who feel closely involved in our work and, on the other hand, ensure our collaboration partners, networks and others who receive a financial contribution ensure that the necessary work is carried out. We also cooperate with a range of organisations and participate in various umbrellas. In various ways, direction is given to dealing with our stakeholders.

We pay great attention to listening to and involving our donors in the HIV response. We have a donor panel to ensure that donors can have a say in our activities and communications in a structural way. We also conduct various surveys to measure, for example, the appreciation of our new donor magazine, the effect of our campaigns and the loyalty of our supporters.

Furthermore, it is possible to notify us of wishes, questions or complaints through our website, social media, by phone or by e-mail. We also have a complaints procedure. We attach great importance to transparency. We do this with sample projects that give a clear picture of spending and by communicating about bottlenecks, actions, results and milestones. Of course, the public will be informed via the website.

1.6.1. Codes of conduct

We work according to the codes of conduct of Samenwerkende Branche Organisations Filantropie, the Society of Fundraisers, the Dutch Dialogue Marketing Association (DDMA) and the industry association Goede Doelen Nederland. We hold the gold label of the DDMA Privacy Guarantee that ensures our marketing complies with applicable privacy regulations. Organisations holding the Guarantee are audited annually for compliance with legislation and self-regulation.

1.6.2. Privacy and data security

The organisation is constantly working on privacy and data security. Key parts of the organisation comply with the General Regulation Data protection. The organisational units that work with privacy-sensitive data, such as donor data, ehealth and online information, have been vetted by an external agency and adjusted where necessary. The classification of personal data in daily work was completed in 2020. At the parts where the greatest risks lie, analyses were carried out and plans of action drawn up. This work was continued in 2023. Security measures include technical security, system design and internal processes, and user awareness and culture. The organisation has a processing register. In 2023, we further intensified the security policy. Here, awareness was further raised by giving a presentation on cybersecurity after test phishing email were sent out. In 2023, no data breach was reported to the Personal Data Authority.

1.6.3. Meaningful involvement of people living with HIV

Our organisation subscribes to the principle of full involvement of people living with HIV in policymaking and implementation at all levels, known as MIPA (Meaningful Involvement of People living with HIV). Our director lives openly with HIV. There is a statutory secured seat on the supervisory board for a person who has support from organisations and networks of people living with HIV. Our advisory panel also includes representatives of people living with HIV. Employees living with HIV are consciously involved in developing programmes and activities related to living with HIV and combating HIV and other STIs. In addition, we strive for inclusion and diversity at all levels of the organisation.

1.6.4. National Congress STI * Hiv * Sex

Every year, Aidsfonds – Soa Aids Nederland organises, in close cooperation with the main cooperation partners and professionals the National Congress STI * HIV * Sex. Due to its interactive character, this congress not only provides a platform for the exchange of knowledge and experiences, but is also the occasion where the public debate among stakeholders on key issues in STI and AIDS response and sexual health takes place. The conference in 2023 took place at the Jaarbeurs in Utrecht. This was followed by a series of webinars, based on the original workshops, which attracted hundreds of participants.

1.6.5. Partner meetings

Once a year – and sometimes for smaller projects once every two years – we meet our international cooperation partners during the Aidsfonds' partner meetings. These meetings are organised in the regions where we work and serve to align and discuss key strategic themes, such as co-decision-making and scaling-up. With the Love Alliance, the annual partner meeting sets the programme's direction and determines the opportunity and need for financial impetus.

1.6.6. Memberships

Besides the sector association Goede Doelen Nederland (GDN) and the Dutch Dialogue Marketing Association (DDMA), our organisation is also a member of the association Samenwerkende Gezondheidsfondsen (SGF), association Partos, the Landelijk Overleg Thema-instituten (LOT) and Funders Concerned About AIDS (FCAA). In this way, we keep in touch and coordinate with fellow organisations and are nationally and internationally involved in current developments in our industry.

1.6.7. Corporate partnerships

Our organisation values sponsorship of our activities. Not only does additional funding allow additional efforts to be made, but it also gets the business community more closely involved in the fight against HIV and STIs. Our organisation sets as a requirement that sponsors cannot exercise substantive influence and also establishes this as a resolute condition in the sponsorship contracts. The organisation has "Guidelines for Business Partnerships" that apply to all forms of business partnerships. These are posted on our websites.

1.6.8. Accountability

We render account annually through an annual report according to the Fundraising Institutions Reporting Guideline (Guideline 650) of the Council for Annual Reporting. The organisation values being able to account to society in a broader historical perspective as well. With the National Archives concluded an agreement to transfer and preserve the archives.

1.6.9. CBF-recognition

The foundation has been recognised as a charity by the Central Bureau on Fundraising (CBF). This means that we have been positively assessed by the CBF on areas of governance, policy, fundraising, spending and reporting. Continuous improvement of the effectiveness and efficiency of spending and optimising the handling of volunteers are also part of the review. The re-assessment in 2023 resulted in a positive assessment again, without any comments or deviations.

1.6.10. Complaints, appeals and objection

The foundation has a general complaints procedure. For Aidsfonds, there is also an appeal procedure regarding the granting of financial contributions. Complaints and appeals that lead to a structural adjustment of working methods are evaluated in the following year.

Complaints procedure

The complaints procedure is a powerful tool in the organisation's quality system. The threshold has deliberately been kept very low so that interested parties can express their complaints easily – by phone, internet, email or letter. This does lead to a higher number of complaints, but mostly of a less serious nature. In principle, complaints are resolved where they arise. The number of complaints in 2023 was 233 complaints (in 2022: 215 and in 2021: 250).

There were complaints, but also many positive reactions about our communication of a fraud case with one of our partners in Kenya. As Aidsfonds, we work with partner organisations in the countries themselves to help people on the ground as best we can. In late 2022, we discovered irregularities in the accounts of one of these partners and a whistleblower came forward. The investigation we launched in response revealed that fraud had been committed. The amount involved was several tonnes, much of which came from our donors.

We immediately stopped working with this partner and are obviously doing all we can to get the money back. Together with our other partners in Kenya, we will make sure that people affected by this still get the help they need.

Complaints are taken into account in shaping followup actions, taking the donor's wishes as a starting point.

Profession

Aidsfonds has an appeals procedure regarding board decisions on applications for financial contributions and an independent appeals committee. The appeals committee considers appeals and any withdrawn appeals are also submitted for subsequent review. No appeals were received in 2023. Petitioners are always given the opportunity to submit their appeals with the board of directors before it is considered.

1.7. Future plans

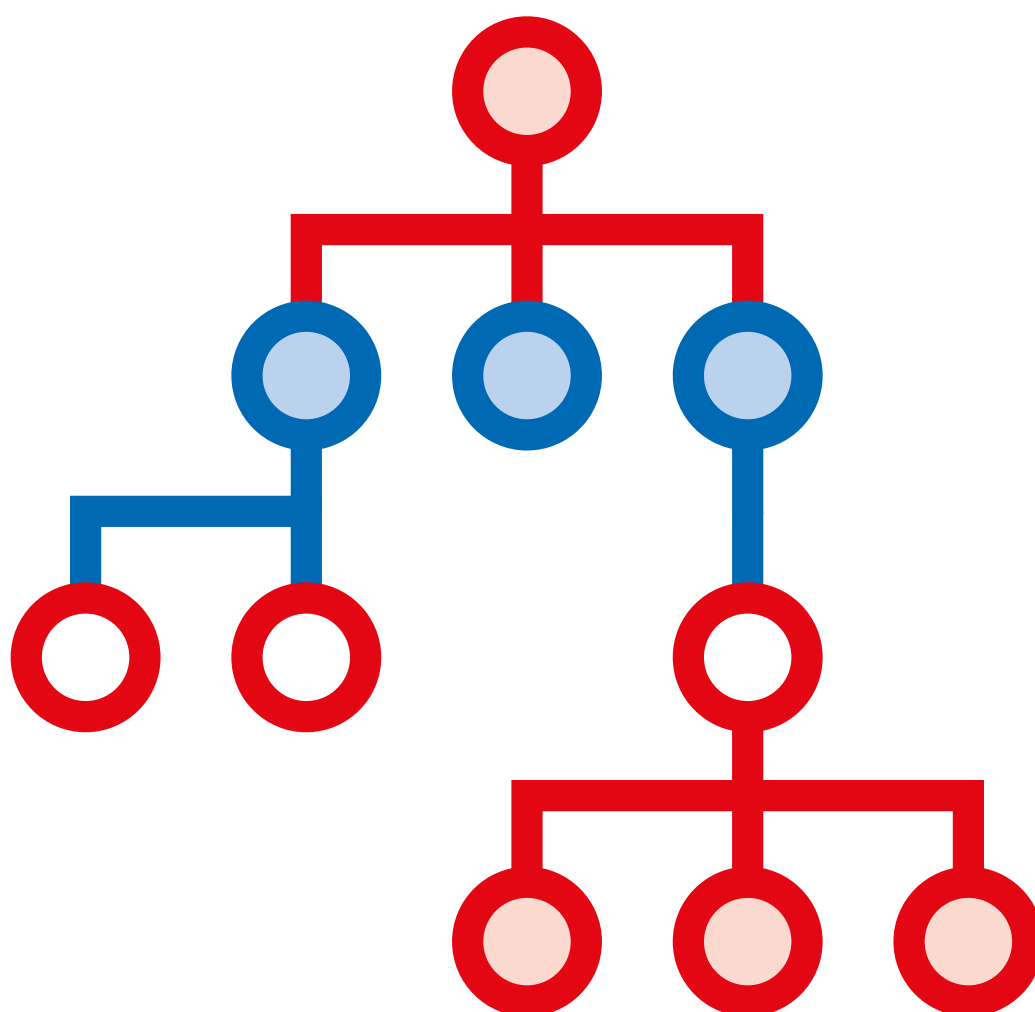
In our international work, we have multiple proven models that contribute to the prevention of HIV and AIDS-related deaths. In our efforts to scale up this work, we will have a clear focus on making the additional funding raised more accessible for communities. We will further invest in capacity development of organisations to facilitate co-decisionmaking on this funding. We see the human rights situation deteriorating in many countries, including for LGBTI people. In 2024, our advocacy focus will include supporting pushback against conservative anti-rights movement and advocating for integrating HIV and AIDS care into global health care.

In 2024, we will continue to work on the final steps towards zero new HIV infections in the Netherlands. These steps are the most difficult ones. We can accelerate this by wider access to PrEP. But also by better access to HIV testing and rapid treatment. Developments like corona and mpox have strengthened our link to infectious diseases. We will integrate a sex-positive approach into all our activities because we believe this is key to achieving better outcomes. This means enabling people to to enjoy sex without fear and on their own terms.

We also plan to explore new partnerships and create new funding opportunities. With the upcoming 'HIV Cure for All' grant call, we are bringing scientists from the HIV field together with scientists from less obvious fields of research. Because it is precisely this interdisciplinary collaboration that can lead to groundbreaking new insights on curing HIV. We will work on this together with stakeholders from the community of people living with HIV.

The 2024 budget is attached as Annex 1 to the 2023 financial statements. Total spending will increase to € 58.0 million from € 51.2 million realised in 2023.

2. Staff and organisation



2.1. Staff and organisation

Organisation

In 2022, the implementation of the new strategy 2022-2025 For the love of all loves started. No further adjustment took place in the organisation.

Social plan

The agreed rolling social plan from 1 January 2022 has been extended to 1 January 2025. The continuing social plan applies to one or more employees who are redeployed or made redundant as a result of a reorganisation.

Leadership

As part of leadership, we held six meetings with the organizational executives, including one two-day course. This marked a further step in the development of a more communal leadership style based on Servant Leadership. In 2023 the leadership executives continued to develop servant leadership knowledge and -skills, which also included staff through online training and peer review.

Travel safety

With the support of the Centre for Safety and Development and, following the approval of the workers council, the Safety & Security Management Framework was set up. In a series of workshops, international colleagues were briefed on the content.

The principle remains that all employees who travel internationally should have completed safety training and then also keep the knowledge up to date by attending refresher training courses. This continued in 2023. In 2023, there were 856 travel days (in 2022: 371 travel days).

HR department

Human Resources focuses on creating the most positive employee experience possible in all phases of the career that is passed through the organisation and contributes to creating the ideal organisation to achieve our goals and enjoy doing our work. In 2022, the Strategic HR Policy 2021-2024 was further implemented and we renewed the interview cycle, terms of employment, policy for personal growth and development and the recruitment & selection policy.

Core to this policy is the premise that we can only achieve our goals if all colleagues enjoy their work, can achieve their goals, can use their talents, can develop themselves and with attention to diversity and inclusion. We want to achieve this by continuing to work on our ideal organisation in the coming years:

Cooperate

Aidsfonds – Soa Aids Nederland is a diverse and inclusive organisation where we work together on the basis of interesting goals and clear roles. In doing so, we have a high degree of ownership and flexibility that allow us to change and prioritise our work. We work together in various projects within which we make and comply with clear agreements. We do this by communicating and addressing each other in a connecting way. From project leaders and managers we

can expect that they listen, are transparent in their considerations, give space to make mistakes and dare to make decisions. All this makes us enjoy our work and deliver quality. This is how we contribute together to a world where no one dies of AIDS anymore and where people are sexually healthy.

Staff composition

- In 2023, we employed an average of 141 staff (2022: 153). Converted to full time employment, this averaged 117.8 FTEs (2022: 121.4 FTEs).
- Of all employees, 33% had full employment of 36 hours per week (2022: 28%) and 67% worked parttime.
- The average tenure at 31 December 2023 was 8.3 years (2022: 9.2) and the average age is 45 years (2022: 45). In 2023, 9 employees moved on to a different role or changed positions (2022: 5.2%).
- Attrition in 2023 was 16% (2022: 21%) of the average number of employees.

Employment conditions

For salaries, we follow the salary scales of central government. From 1 April 2023, salaries of civil servants in the central government were increased by 3.0 per cent and this increase was applied.

The other terms of employment are derived from the Collective Labour Agreement for Nursing, Care Homes, Homecare and Youth Health Care (CAO VVT), which runs until 2023.

There is a budget for education and training available of 2 per cent of the wage bill. This budget was spent on individual and collective education, training and coaching.

FanScan

This year, we conducted the FanScan again and received a 90% response rate. We conducted the Fan Scan for the first time in 2022. The outcome of the Fan Scan is that we were voted Best Place to Work for the second time.

The Best Workplace Hallmark means that, as an employer, we achieve a response rate of at least 60% in the employee survey and that employees rate their job as a whole with at least a 7.5. An average score on 'job as a whole' of 7.6 will receive one star, a 7.8 two stars and an 8 three stars.

In 2022, we achieved the hallmark for the first time with a response rate of 88% and employees rated their jobs with an average of 7.9 = 2 stars. And in 2023, we achieved the hallmark again and this time with a 90% response rate and employees rating their jobs a whopping 8.3 = three stars. It is unique for an employer to receive a hallmark in its first year of participation. We are therefore enormously proud of this.

Volunteers

Aidsfonds loves having volunteers who invest their time in our causes. We have a volunteer policy, where the rights and obligations of volunteers are clearly outlined. In total, around 25 volunteers were available in 2023 to commit to events and a single volunteer in the office.

ISO 9001-Partos certification

Our organisation is ISO 9001-Partos-certified, fulfilling the international quality standard with the sector-specific application of ISO 9001 developed by industry association Partos. The ISO standard pays attention to current quality themes such as context analysis, managing opportunities and risks, application of relevant laws and regulations and knowledge management. Our organisation has been certified against the new standard requirements since 2017. In 2023, an ISO 9001 recertification audit took place in November and our certificate has been successfully extended until the end of 2026.

Integrity policy

Aidsfonds – Soa Aids Nederland has a code of conduct for board and all employees: "Integrity policy, Codes of conduct and procedures for good employer and employee relations". This policy contains a number of preventive as well as corrective rules of conduct. In order to maintain the concepts of integrity and moral judgement among employees, the "Moral Judgement" training is offered.

Some 70 employees have now attended the training. We also have an external confidential advisor and a whistle-blowing policy, so employees are free to report wrongdoing among colleagues. No reports of wrongdoing were received in 2023.

Trustee

For situations in which an employee wishes to discuss a matter with someone other than a colleague, a manager or HR, there is the option of talking to the external confidential advisor. Discussions with the confidential advisor take place outside the organisation, on neutral territory. There is no substantive feedback to the organisation. The confidential advisor was consulted twice in 2023 (it was once in 2022).

Diversity and Inclusion

In the HIV and STI field, we know better than anyone else that racism, discrimination and violence make a substantial difference to access to information, prevention and care. Attention to racism and discrimination has increased around the world and also in the Netherlands. As an organisation, we consider diversity and inclusion an important part of our work. Within the organisation, we develop appropriate (HR) policies on diversity and inclusion, we monitor how we are doing as an organisation on these themes, we train employees and create an open culture where there is room to talk to each other.

A three-year Diversity and Inclusion Work Plan was developed in 2023. Implementation in 2023 led to the results and impact below:

- Employee satisfaction survey shows that questions around diversity and inclusion scored higher in 2023 than in 2022. The survey clearly indicates that the past two years' focus on diversity and inclusion is paying off, employees see the organisation as more diverse and inclusive. Positive points from this survey include the new HR policy, UNITED, the training sessions and the fact that all kinds of issues around diversity and inclusion are open for discussion.
- New HR policy on making workforce more diverse has been finalised and rolled out.

- A specific arrangement for transition leave has been added in the leave regulations. This new arrangement is in line with the advice of transgender network Netherlands: 33 weeks of transition leave can be taken within a period of 10 years. In 2024, we will also identify the need for other forms of leave. We will also identify the specific needs within our work and organisation of other specific target groups.
- There have been two sessions for executives on the aforementioned new HR rules.
- UNITED baseline survey in 2022, which focused on diversity and inclusion, found that employees should receive more training on various components of diversity and inclusion. This involved an external consultant. 56 employees attended the microaggression and bystander effect workshop. This training was a continuation of the basic diversity and inclusion training. In 2024, the managers will be trained to implement the lessons learned in the teams and the remaining employees will have the opportunity to attend the training.
- Our ambition to work bilingually (Dutch and English) has been realised. We continuously offer language training, and all official documents and practical communications are bilingual. Our intranet has also been bilingual since 2023.

Sustainability

In terms of sustainability, the organisation focuses on the focus areas: minimising environmental impact and energy costs building, transport and organisational processes, choosing partners and suppliers who treat people and the environment responsibly and care for the well-being of our employees. We started tracking our CO2 emissions from our air travel in 2023 and are taking a conscious approach.

The current accommodation invites better cooperation and transparency, as we are now in an uncluttered office.

In 2023, there were 856 travel days (in 2022: 371 travel days).

2.2. Governance and supervision

Aidsfonds – Soa Aids Nederland is a foundation governed by the board of directors. The supervisory board supervises the board and has final responsibility for determining or approving plans. The works council represents employee interests.

2.2.1. Board of supervision

The Supervisory Board fulfils the statutory supervisory role. It critically monitors the foundation and its results and must approve plans and accounts. The Supervisory Board appoints the external auditor, who reports to the Supervisory Board and the Executive Board. From its advisory role, the Supervisory Board actively thinks along with the Board of Directors about important, strategic questions of the organisation.

The supervisory board met five times in 2023. One of these meetings took place during the board's annual face-to-face meeting. This was held in Amsterdam in 2023. During this meeting, the members of the supervisory board visited a number of partners and projects in order support the work and get to know the organisation further.

Key issues in 2023

Among the issues considered by the board in 2023 were the annual accounts and annual report, the 2024 work plan and budget, diversity and inclusion, the implementation of the organisational strategy and the periodic reports on integrity and antifraud.

On 13 June 2023, the financial statements and annual report were approved by the SB after positive advice from the audit committee and the impact committee.

On 11 December 2023, the 2024 work plan and budget were approved by the SB after positive advice from the audit committee and the impact committee.

Profile

The organisation's regulations stipulate that the supervisory board includes expertise from the following sectors of society should be present

1. business, 2. Dutch politics and governance, 3. human rights, 4. public health, 5. sexual health, 6. communication and media, 7. fundraising and marketing and 8. diversity, gender and inclusion.

In addition, it is stipulated that the following 'lived experiences' must be represented in the Council: at least one member is openly living with HIV and has the trust of (organisations/networks) of people living with HIV, at least one member is under the age of 30, at least two members are from the Netherlands and at least two members are from the regions where the organisation operates.

Committees

The supervisory board is assisted by three committees that advise the board: the audit committee, in charge of financial portfolio, the remuneration committee in charge of personnel matters for the supervisory board and the employer role for the board of directors and, finally, the impact committee in charge of the quality and impact portfolio.

Composition of supervisory board

Members of the supervisory board are appointed for a period of four years, ending on 1 July when the 4-year term expires. A member can be reappointed one time for a period of four more years.

There were no changes in the composition of the supervisory board in 2023. Mieke Baltus had to temporarily resign her duties due to illness. Lucas Vos again assumed the role of chairman.

The composition of the Supervisory Board is in line with the commitment to diversity and meets the criteria set out in the Regulations for 'lived experiences'.

Expertise promotion

For the members of the board, there is the possibility to make use of expertise promotion in the field of supervisory activities. In addition, the board has chosen to periodically organise a self-evaluation, supported in this by an independent expert. Field visits are also organised. In 2023, field visits were made to organisations in the Netherlands.

Composition supervisory board per 31 December 2023

Name	Profile of the seat	Appointed	Term	End of term
Mieke Baltus	Chairperson Chairperson remuneration committee <i>Mieke Baltus was in the period of April 2023 till the end of the year temporarily unavailable due to inability</i>	16-05-2022	1	01-07-2026
Harriet Birungi	Member remuneration committee	14-09-2022	1	01-07-2027
Leonard Bukenya	Member audit committee	17-09-2019	1	01-07-2024
Mmabatho Motsamai	Member impact committee	14-09-2022	1	01-07-2027
Lucas Vos	Chairperson audit committee Interim chairperson from April 2023 till the end of the year	24-04-2019	2	01-07-2027
Anna Zakowicz	Member impact committee Support of the (organisations of) PLHIV	21-10-2015	2	01-07-2024

Reimbursement policy

Members of the supervisory board perform their duties unpaid with the possibility of reasonable compensation for expenses incurred and work performed. In addition, according to CBF Recognition, members may claim non-excessive attendance fees. In FY2023, per diems were paid to members, who were travelling for our organisation. No attendance fees were paid.

Main and ancillary positions 2023

Lucas Vos is President at Stolt Tanker Trading BV. He was a member of the Senate of the States General for the VVD from 18 January 2022 to 13 June 2023.

Mieke Baltus is mayor of the municipality of Lelystad and a member of the General Assembly of the Amsterdam Metropolitan Region. In addition to official ancillary positions she is chairman of KNRM Lelystad, member of the Lelystad Airport steering committee, member of the Editorial committee NGB and of the advisory committee Festival Sunsation.

Harriet Birungi is vice-president International Programs Division of Population Council Inc. Other positions: member of the Ethics Advisory Board, Children's Investment Fund Foundation (CIFF); member

of the WHO/ Geneva Scientific and Technical Advisory Group, Department of Sexual and Reproductive Health and Research; member of the Abortion Research Panel, International Union for the Scientific Study of Population (IUSSP).

Leonard Bukenya is a partner at Aimforthemoon. He has also been a member of the supervisory board of the Stichting Kunstmuseum Flevoland since September 2021.

Mmabatho Motsamai is knowledge management and communications lead for Gender Justice, Programme Strategy & Innovation at CARE, and an advisor and founder at The Afrolutionist. She is also a board member of the ITU Generation Connect Visionaries Board.

Anna Zakowicz is Deputy Bureau Chief and Director of Programmes at the AIDS Healthcare Foundation, European Bureau. Other positions: Member of the WHO Treatment Reference Group (TRG) in Europe, board member of Together Against HIV (Estonia) and board member of the Linda Clinic, Estonia.

2.2.2. Board of governance

The board of directors manages the foundation and is accountable to the supervisory board. Core tasks are: strategic policy, overall coordination and external representation. It is also responsible for substantive and financial/administrative quality control and personnel policy.

Board of directors

Since 1 December 2018, the board has been formed by Mark Vermeulen.

Evaluation

The remuneration committee evaluates and assesses the board annually. This is done according to the supervisory board's adopted system from 2019.

Ancillary positions 2023

Mark Vermeulen is a board member of the Public Health Lottery Actions Foundation and a board member of Funders Concerned About AIDS (FCAA).

Management remuneration

On the advice of the remuneration committee, the supervisory board adopted the remuneration policy, the level of executive remuneration and the level of other remuneration components. The policy is updated periodically. The last review was in May 2016. Another review will take place in 2024 to check the timeliness of the BSD score.

In determining remuneration policy and setting remuneration, we follow the 'Regulations on remuneration of directors of charities for boards and supervisory boards'.

The scheme gives a maximum standard for annual income using weighting criteria. Job weighting was done by the external agency Leeuwendaal using the ODRP job evaluation system. This resulted in a so-called BSD score of 465 points with a maximum annual income of € 152,661 (1 FTE/12 months). For Mark Vermeulen, the actual annual income of the Management Board relevant for the test, against the applicable maximum, was € 124,114 (1 FTE). This remuneration remained within the applicable maximum.

For Mark Vermeulen, annual income, taxed allowances/additions, employer's pension contribution, pension compensation and other term remuneration remained, at € 153,386, within the maximum annual amount of € 184,033 set out in the scheme.

2.2.3. Works council

The Works Council (Dutch abbreviation: OR) represents all employees and consults with the Executive Board on organisational policy and staff interests. In 2023, the OR consisted of Haitske van Asten, Dieuwke Bosmans (secretary), Wouter Huijser, Nathaniel Miller (chairman), Jan Perdaems, Thirza Stewart and Marvin de Vos. This year, the Works Council worked closely with HR in developing the policy for working abroad, the composition of the Academy and the new Recruitment and Selection Policy. Diversity and inclusion are specific area of focus for the OR in this. From this perspective, we also questioned the inclusiveness of the, mandatory, Safety and Security training for many colleagues. In response, the HR team is looking for alternative providers.

2023 covered a host of other topics. For instance, the OR provided input on the follow-up of the employee satisfaction survey and the move from two floors to one in the office, the clarity of the internal complaints procedure was discussed, and the OR advised on the appointment and recruitment of new supervisory board members and the appointment of the prevention officer.

The Works Council is pleased with the good, constructive cooperation with the Executive Board and the HR team. Together we make and keep Aidsfonds – Soa Aids Nederland a healthy and pleasant workplace for everyone.

Finance, risks and implementation



3.1. Effectiveness and efficiency

The foundation works with successive multi-year strategic policy plans. These set out the purpose for which fundraising resources are intended, how much money is needed for each purpose and in what form the resources will be used.

A work plan with budget is drawn up annually, setting out the intended results for each objective. The organisation records the cost percentages for target spending, recruitment and for management and administration. The realisation is portrayed in quarterly reports, annual reports and eventually published in the annual report.

Its primary goal is to achieve its objectives to the best of its ability and to raise the necessary funds to do so. Obviously, it is necessary to build up a reserve to ensure the continuity of the organisation, in accordance with the Reserves Directive Good Charities of Charities Netherlands. The organisation manages its funds in a no-risk approach manner; no investments are used.

The organisation works continuously to optimise the use of resources so that effective and efficient work is done to achieve the objective. A project management system ensures systematic monitoring and evaluation. There is a management information system with quarterly and annual reports. Since 2016, we have been contributing to IATI (International Aid Transparency Initiative). This has made information even easier to access, understand and use.

The organisation has a risk analysis, which has established that the funds set aside for the continuity of the organisation (continuity reserve

and other reserves) are sufficient. The organisation is permanently alert to risks in order to respond appropriately. In addition, risk analyses are made for all subsidy relationships and an organisation-wide risk management system has been implemented. For further explanation on the use of financial instruments, see also the financial statements.

3.2. Finance

Expenditure on the objectives is allocated on the basis of directly attributable project costs and the execution costs of the own organisation by means of timesheets. In timesheet accounting, hours are linked to the integral cost rate per employee.

The preparation of the financial statements requires the Executive Board to make judgements, estimates and assumptions that affect the application of policies and the reported values of assets and liabilities, and of income and expenses. Actual outcomes may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to estimates are recognised in the period in which the estimate is revised and in future periods affected by the revision.

3.2.1. Income

Total income was € 52.5 million in 2023. This is € 2.2 million less than in 2022 and € 2.7 million more than budgeted. The increase compared to the budget is mainly due to higher fundraising income and higher income within the programmes.

Income from private donations remained the same at € 11.4 million in 2023, but was € 1.3 million higher than budgeted. Income from donations and gifts remained the same as 2022 and amounted to € 8.7 million. Income from inheritances increased compared to the budget by € 1.1 million. In a multi-year perspective, income from inheritances shows a slight upward trend. Income from donations shows a slight upward trend. Income from inheritances is unpredictable and can vary significantly from year to year. Income from lotteries amounts to € 3.5 million, which is € 0.4 million lower than in 2022 and € 0.1 million higher than budgeted.

Income from other not-for-profit organisations fell from € 4.7 million in 2022 to € 1.7 million by 2023. We received donations from, among others, Cooperating Aid Organisations (giro 555), Amsterdam Dinner Foundation, Bill & Melinda Gates Foundation New Venture Fund, GGD GHOR, Global Fund and Elsevier Foundation.

3.2.2. Spending on objectives

In 2023 we spent € 44.6 million on our goals and targets. This is € 3.2 million less than in 2022 and € 2.4 million less than budgeted. This underspending is caused by better control over spending and by (temporarily) stopping financial contributions with some partners.

Spending on objective 1 “No one dies of AIDS and no new HIV infections” is € 0.5 million lower than budgeted and decreased from € 27.7 million budgeted to € 27.2 million realised.

Goal 2 “Sexual health and rights for all” spending was € 0.5 million below budget: € 17.1 million budgeted and € 16.6 million spent.

For Goal 3 “Cure available to all people living with HIV”, the budget was € 2.2 million and the spending was € 0.9 million. In 2021, we partnered with NWO for € 3 million to fund Scientific Research. These charges are entirely included in the 2021 charges. This is the reason we have lower expenses in 2022 and 2023.

3.2.3 Other expenditure

We were very careful with our spending on fundraising in 2023. A change in the allocation of percentages to objectives resulted in an increase in fundraising costs. Compared to the budget this amounts to € 0.4 million. Total fundraising expenditures have remained virtually unchanged compared to actual 2022.

Where we had insufficient confidence in the yield of certain campaigns, we decided to do things differently or not do them at all. In the long term, we assume that benefits will remain under pressure, and that recruitment methods that made enough money in the past may not do so in the future.

Management and administration costs increased slightly by € 0.1 million and amounted to € 3.2 million in 2023 against budgeted € 3.1 million. The percentage of management and administration costs decreased compared to 2022 from 6.4% to 6.2% in 2023. The percentage is above the desired range of 3% to 6%. The aim is to keep the percentage within this range.

3.2.4. Results and reserves

The result was € 1.3 million positive, while a negative result of € 3.2 million had been budgeted. This is due to the fact that income was higher from private individuals with € 1.3 million and the grants from governments was € 1.2 million higher compared to the budget. Expenses were lower by € 2.3 million due in particular to lower spending on objectives.

Every year, we form earmarked reserves and earmarked funds for revenues that are specifically labelled and have not yet been spent, or have only been partially spent. Spending these funds in subsequent years results in a negative result, which is then covered again from these earmarked reserves and earmarked funds. This was also the case in 2023. After all agreed additions and withdrawals, the balance stands at € 1.3 million.

€ 0.9 million was withdrawn from earmarked reserves, € 0.1 million was added to earmarked funds and € 2.2 million was added to Other Reserves.

3.2.5. Currency risk

Aidsfonds receives various currencies (euro; dollar; British pounds and Norwegian kroner). These currencies are valued in euros. Monetary assets and liabilities in foreign currencies are translated into the presentation currency at the exchange rate as at the balance sheet date. Exchange differences arising from settlement and conversion are credited or debited to the statement of income and expenses. There are no non-monetary assets in foreign currency.

3.2.6. Key figures

Of the total expenses, we spent 87.2% directly on the objectives. The spending percentage relative to total income was 85.1%.

The key figure cost percentage own fundraising has been dropped since 2017 due to the new income classification and the new set-up for fundraising costs. Instead, the key figure of fundraising costs as a percentage of total fundraising income was given. In 2023, this was 6.4% and in 2022: 5.9%.

The management and administration cost rate is 6.2% and was 6.4% in 2022. The organisation uses 3-6% of total expenses as the norm for management and administration costs.

The solvency ratio as at 31 December 2023: 28.0% (31 December 2022: 31.7%) and the liquidity ratio is 1.4 as of 31 December 2023 (31 December 2022 1.4). These ratios are sufficient to ensure continuity in the short and long term.

3.2.7. Future

The 2024 budget is included as Annex 1 in the 2023 financial statements. Total income for 2024 is budgeted at € 55.0 million, an increase of € 2.5 million compared to 2023. Spending on objectives will increase to € 50.7 million compared to € 44.6 million realised in 2023.

We cautiously estimate the same income from inheritances in 2024, keeping the budget the same as in 2023. Our awareness-raising activities focus predominantly on putting HIV/AIDS back higher on the agenda and making people aware of the urgency.

A three-year contract has been signed for 2022-2025 with donors to the Robert Carr Fund (RCF).

Budgeted costs for management and administration are higher than the realisation in 2023 due to one-off charges in 2024.

3.3. Implementation

No organisation operates without risk. However, we do strive to minimise the risk of not achieving our objectives. In 2023, our risk appetite was discussed and a ranking was indicated from averse, limited, cautious, flexible to open. Employees have clear guidance on how to handle risks. We have named our risks, identified preventive and corrective measures and (partially) implemented, both at organisational level and within our projects. With this, we aim to enable ourselves to take strategic risks where necessary to achieve our objectives and, within this, to take as many mitigating measures as possible to avoid risks reduce.

3.3.1. Risk management

A total of nine strategic risks have been identified at organisational level, each of which has an owner and is regularly discussed and refined. From these risks, the following three main ones are risks identified:

- **Conservatism.** Nationally and internationally, we see increased conservatism. Risk appetite is limited. The organisation is responsible for the safety of its staff. To mitigate security risk, travel security training is mandatory for international travel before employees travel with our organisation.
- **Integrity and fraud.** Risk appetite is prudent. Given the nature of the organisation, this is necessary. To mitigate this risk, an integrity and fraud guideline has been established. This makes it clear what steps should be taken from suspicion of integrity violation or fraud. This guideline has been widely communicated within the organisation. Zero tolerance is the starting point here.
- **Cybersecurity.** Risk appetite is limited. In 2023, we worked on security awareness and several phishing tests were conducted. Security training was also conducted by all staff and freelancers monitored. Further measures will be taken in 2024 to raise awareness and make systems more secure.

In addition to these strategic risks, we also analysed the operational risks within our organisation.

This showed that our internal control is designed to reduce our risks as much as possible and thus generally have already taken adequate mitigating measures. However, some risks will always be challenging and there we have taken a close look at what we can additionally improve there. In this, we also see ourselves as a learning organisation and risk-thinking is therefore something that is not separate from our work but included in it.

Risk management is an integral part of the project system called Project-based Creation. Discussion of key risks is part of the periodic reports.

3.3.2. Our benefits

We are constantly at risk of receiving less benefits than anticipated, or of not receiving them until later. This is closely monitored. We only transfer money to partners after it has been received by us. We are also constantly exploring new options for setting up and funding our organisation and our projects differently.

3.3.3. Our staff

Besides our financial resources, employees are the organisation's capital. We are committed to a good match between tasks and talents, so that our employees reach their full potential. To facilitate this, we have translated this objective into a strategic HR policy plan within which an 'employee journey' has been created to get from start to end to provide optimal support to the organisation and employees. We pay close attention to internal communication and keep our employees well informed. We also discuss vacancies in the organisation at MT level, looking for the best, internal or external, solution.

We see investing in training and development and, in doing so, setting priorities that are in the best interests of the organisation and individual employees as part of being able to contribute to a best possible match and job happiness of our employees. In addition, 2023 also focused on

developing servant leadership, both for managers and employees themselves. Working from home has become an important part of our way of working. This has made us more aware that being and staying healthy at work continues to require attention. An example is facilitating a good home office and guiding employees in this with care and attention.

3.3.4. Our strategy

In 2021, the strategy with Theory of Change was adopted for the period 2022-2025 “For all that is love” with the mission:

We strive for a world where no one dies of AIDS anymore and where people are sexually healthy. So that everyone can love freely and without fear. We do this together with the people who are affected most by HIV, STIs, discrimination and exclusion. We amplify their voices and support them with information, knowledge and funding. For all that is love!

In doing so, the following three dream goals were set:

- **Goal 1:** No one dies of AIDS and no new HIV infections;
- **Goal 2:** Sexual health and rights for all;
- **Goal 3:** Cure available to all people with HIV.

> **To strategy:** [/aidsfonds.nl/wat-doen-wij/strategie/](https://aidsfonds.nl/wat-doen-wij/strategie/)

3.3.5. Our partners

We carefully select the organisations we support financially. We choose to support groups or networks of groups vulnerable to HIV and STIs. In many countries, these are the very groups that are discriminated against and marginalised. Support for these groups is therefore very important. The organisations of these vulnerable target groups are not always mature or strong, and this brings risks. We accept a certain amount of risk in these alliances because they are indispensable for achieving our goals.

With our years of experience in providing financial contributions and programme support, we have a lot of knowledge and experience to identify and tackle mismanagement and fraud as early as possible. In close cooperation with the relevant partner, we make timely adjustments where necessary and in serious fraud cases, we engage an independent auditor to determine whether fraud or mismanagement actually occurred. Sometimes the financial records turn out to be correct, but the organisation's financial capacity is very weak and the financial system used is inadequate. We then help these organisations to improve their financial records. When we see that organisations are unable to achieve sound financial records themselves we look for other opportunities in the countries themselves by, for example, engaging a host to do the administration for them or guide them on sound financial management and strengthen their capacity. With this, we can still work with less experienced partners essential to achieving our goals.

In a single case, where there is actual fraud or mismanagement, we recover the amount and, if relevant, file a report. We follow a zero-tolerance policy in this regard.

3.3.6. Integrity policy

The organisation has an “Integrity Violations Policy”, which covers our external relations. In 2023, we began to review this policy to ensure that we are adequately prepared in the future as well for the prevention, detection and follow-up of possible integrity violations. This should result in a renewed integrated integrity policy for all forms of possible violations, both in our own organisation and with our partners.

In addition to the integrity policy, there are codes of conduct to prevent human trafficking and child exploitation. Staff attend training courses to make effective use of these tools. In recent years, we have not discovered any cases or received any reports of exploitation, human trafficking, child labour or sexual misconduct.

Five new potential integrity violations of a financial nature were identified in 2023. In a number of cases reported by whistleblowers, and in a number of cases spotted during regular audits of reports by partners. In four cases, investigations revealed no irregularities. In one case, the investigation continues. In addition, three ongoing cases from previous years where integrity violations of a financial nature have been identified were closed in 2023. We seek to recover the resulting damages from those responsible.

3.3.7. Our target groups

We work a lot with groups that are vulnerable and at risk, such as LGBTI people in countries where homosexuality is a crime, or sex workers, which is criminalised in many countries. This means we need to protect the identity of our target groups and partners. At the same time, we want to be transparent. A tricky balance. From 2016, we will publish all our activities according to the IATI standard on the internet. To protect vulnerable people, we work with guidelines that define what information can and cannot become public.

3.3.8. Our organisation

We are ISO 9001 2015-Partos (version 2018) -certified and work according to internally agreed ISO procedures to ensure the quality of our work and address risks. In 2020, the certificate was renewed for a period of three years.

The organisation complies with all laws and regulations applicable in the Netherlands.

Continuity

There is no material uncertainty about the organisation’s ability to continue its operations. The current liquidity available to the organisation is sufficient to meet its obligations and fund its ongoing operations.

Effective and efficient use of resources is central to financial policy. It is also necessary to maintain assets to ensure the continuity of the organisation. This concerns both staff and organisational obligations and the need to continue financial contributions to third parties.

For the Aidsfonds brand, the size of the reserve was determined again in 2022 on the basis of a risk inventory. This inventory was discussed with the audit committee and the systematics for the amount of the continuity reserve were unambiguously defined. Based on this risk inventory the continuity reserve was leveled. This means that in 2023 the continuity reserve will total € 3,500,000. For the Soa Aids Nederland brand, the continuity reserve was formed by the equalisation reserve of up to 10 per cent of annual costs allowed by the grantor, RIVM. In 2023, there was been a withdrawal of € 10,000, bringing the reserve to € 232,000.

3.3.9. Events after balance sheet date

There are no events after the balance sheet date.

4. Statutory and other data



Legal form

The Stichting Aidsfonds – Soa Aids Nederland has its seat in the municipality of Amsterdam. The foundation works from one shared vision, mission and strategy and communicates this through the Aidsfonds and Soa Aids Nederland brands.

Statutory objectives

The foundation's statutory objectives are:

- Encouraging and increasing the size and quality of the Dutch contribution to:
 1. the national and international fight against HIV/AIDS and other STIs and
 2. the support and care of people living with HIV/AIDS or another STI;
- Continuing and further developing the objectives of the foundations from which the foundation originated: Stichting Aids Fonds – Soa Aids Nederland, Stichting STOP AIDS NOW! and Stichting Aidsfonds – Soa Aids Nederland (formerly Stichting Aids Fonds – STOP AIDS NOW! – Soa Aids Nederland);
- and furthermore everything that is directly or indirectly related to or may be conducive to the foregoing.

The foundation seeks to achieve its objectives by, among other things:

- advocacy: further develop and promote the implementation of national and international AIDS and STI policies;
- fundraising: develop and implement fundraising activities to finance concrete activities in the field of the national and international fight against HIV/AIDS and other STIs;
- fund spending: provide financial support for activities of organisations in the field of HIV/AIDS and/or STI-related care, prevention and research;
- education: promoting the involvement of Dutch society with people with

- HIV/AIDS and other sexually transmitted infections and its policies through such means as training, counselling and organizing meetings;
- implementation: developing and implementing programs aimed at the public, or specific groups within them, professionals and governments.

Chamber of Commerce registration

The Stichting Aidsfonds – Soa Aids Nederland is registered with the Chamber of Commerce and Industry for Amsterdam under number 41207989.

Ranking Succession Act 1956

The Stichting Aidsfonds – Soa Aids Nederland is designated by the Inspector of Taxes as an Institution for General Benefit (ANBI), as referred to in article 24, paragraph 4 of the Successiewet 1956 (RSIN 008649273).

Affiliated Foundations

The Stichting Aidsfonds – Soa Aids Nederland is the non-natural director of the René Klijn Foundation registered with the Chamber of Commerce and Factories for Amsterdam under number 41212271 (RSIN: 802226188) and of the Stichting NAMENProject Nederland registered with the Chamber of Commerce and Factories for Amsterdam under number 41213531. The NAMENProject Netherlands Foundation is designated by the Inspector of Taxes as an Institution for General Benefit (ANBI), as referred to in article 24, paragraph 4 of the Successiewet 1956 (RSIN 814423255).

Contact

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B. FINANCIAL STATEMENT



Balance sheet as at December 31, 2023 (after appropriation of result)

(in euros x 1,000)	Notes	December 31, 2023	December 31, 2022
Assets			
Fixed assets			
Intangible fixed assets	1	254	318
Tangible fixed assets	2	547	535
		801	853
Current assets			
Accounts receivable and other receivables	3	7,309	7,817
Cash and cash equivalents	4	34,365	24,513
		41,674	32,329
Total assets		42,475	33,182
Liabilities			
Reserves and funds			
<i>Reserves</i>			
Continuity reserve	5	3,500	3,500
Designated reserves	6	644	1,556
Other reserve	7	5,403	3,229
		9,547	8,285
<i>Funds</i>			
Designated funds	8	2,351	2,263
		11,898	10,548
Provisions	9	21	48
Debts			
Non-current liabilities	10	1,219	2,061
Current liabilities	11	29,337	20,525
		30,566	22,586
Total liabilities		42,475	33,182

Statement of income and expenditure for 2023

(in euros x 1,000)		Actual 2023	Budget 2023	Actual 2022
Income				
Income from private individuals	12	11,427	10,131	11,405
Income from companies	13	2,366	1,888	787
Income from lottery organisations	14	3,542	3,431	3,972
Grants from governments	15	33,265	32,156	33,743
Income from other not-for-profit organisations	16	1,756	1,988	4,715
Total income raised		52,356	49,594	54,622
Other income	17	104	206	106
Total income		52,460	49,800	54,728
Expenditure				
Spent on objectives				
2022-1. No one dies of AIDS and no new HIV infections	18	27,178	27,679	29,346
2022-2. Sexual health and rights for all	19	16,607	17,062	17,884
2022-3. Cure available for all people living with HIV	20	806	2,226	618
		44,645	46,967	47,848
Fundraising costs	21	3,366	2,985	3,247
Management and administration costs	22	3,180	3,092	3,466
Total expenditure		51,191	53,044	54,562
Balance of income and expenditure before financial income and expenditures		1,269	-3,244	166
Balance of financial income and expenditure	23	80	-	-100
Balance of income and expenditure		1,349	-3,244	66
Appropriation of result				
Addition to/withdrawal from:				
- continuity reserve		-	-	107
- designated reserves		-912	-	-1,222
- other reserve		2,173	-3,244	-652
- designated funds		88	-	1,834
		1,349	-3,244	66

Cash flow statement for 2023

(in euros x 1,000)		2023	2022
Cash flow from operational activities			
Balance of income and expenditure		1,349	66
Movement legal reserve not via result			-
Movement earmarked funds not via result	8		-
Adjustments for:			
. Depreciation (in)tangible assets	1	247	288
. Mutation Provision	9	-27	48
. Mutation in long-term project commitments	10	-842	67
. Changes in work capital			
. Change in receivables, prepayments and accrued income	3	495	4,749
. Mutation in debtors		13	-122
. Mutation in taxes	11	-10	-85
. Change in other liabilities, accruals and deferred income		-8,822	-10,089
Total		10,047	-5,077
Cash flow from investment activities			
		-	-
Adjustments for:			
Investments in intangible assets	2	-157	-
Divestments in (in)tangible assets		5	-
Investments in intangible assets	1	-43	-288
Total		-195	-288
Movements in cash and cash equivalents		9,852	-5,364
Position of cash and cash equivalents as at 1 January	4	24,513	29,877
Position of cash and cash equivalents as at 31 December	4	34,365	24,513
		9,852	-5,364

The cash flow statement is determined using the indirect method.
The investment activities relate to the tangible and the intangible fixed assets.
The numbering refers to the notes to the balance sheet as at 31 December 2023.

Explanation of accounting principles

Translation

This is a translated version of the Dutch financial statement. In case of inconsistencies between the Dutch and the English version the Dutch version prevails.

Registered address

Aidsfonds – Soa Aids Nederland has its registered office at Condensatorweg 54 in Amsterdam. The foundation is listed in the commercial register under Chamber of Commerce number 41207989.

Activities

A multi-year strategic plan has been put together for the period 2022-2025 "For all that is love". We are working on the following strategic objectives:

1. No one dies of AIDS and no new HIV infections
2. Sexual health and rights for all
3. Cure available for all people living with HIV

The expenditure on the objectives is divided over these three strategic objectives.

General

The financial statements have been prepared in accordance with Dutch Accounting Standard for Fundraising Organisations (RJ 650). The principles applied for the valuation of assets and liabilities and the determination of the result are based on historic costs (acquisition or manufacturing cost). The balance sheet has been drawn up after appropriation of the result. References are included in the balance sheet, the statement of income and expenditure, and the cash flow statement. These references refer to the explanatory notes.

Comparison with previous year

The accounting principles for valuation and determination of results have remained unchanged compared to the previous year.

Group companies

There are two other foundations of which Aidsfonds – Soa Aids Nederland is the board. These are the following foundations:

- René Klijn Foundation in Amsterdam with the objective of administering the legacy of the music rights of René Klijn and the board is Aidsfonds – Soa Aids Nederland.
- Stichting NAMENProject Nederland in Amsterdam with the objective of providing commemoration for people who have died from HIV and AIDS and the board is Aidsfonds – Soa Aids Nederland.

Exemption from consolidation

The aforementioned group companies are not consolidated with Aidsfonds – Soa Aids Nederland given the negligible interest (in accordance with art. 2:407 of Book 2 of the Dutch Civil Code).

Use of estimates

The preparation of the financial statements requires the Executive Board to make judgments – as well as estimates and assumptions – that affect the application of accounting policies and the reported value of assets and liabilities, and income and expenditure. Actual results may differ from these estimates. The estimates and underlying assumptions are continuously assessed. Revisions to estimates are included in the period in which the estimate is revised and in the future periods affected by the revision.

Currency

The financial statements have been drawn up in euros; this is the presentation currency of Aidsfonds – Soa Aids Nederland. The foundation has two functional currencies; euros and dollars. For practical reasons, the average rate of 2022 is used to translate the conversion of income and expense items of the dollars, based on Dutch GAAP art. 122.303. Monetary assets and liabilities in foreign currency are converted into the presentation currency at the exchange rate on the balance sheet date. The exchange differences resulting from processing and translation are credited or debited to the statement of income and expenditure. There are no non-monetary assets in foreign currency.

Going concern

These financial statements have been prepared on the assumption of going concern. The current liquidity over which the foundation disposes of is sufficient to fulfill its obligations and to finance its ongoing activities.

Principles for the valuation of assets and liabilities

Unless otherwise stated, assets and liabilities are included at acquisition price. Fixed assets are valued at purchase value, minus linear depreciation based on the estimated economic life of the asset.

(In)tangible fixed assets

(In)tangible fixed assets are included in the balance sheet when it is probable that the foundation will be entitled to the future benefits of that asset and the costs of that asset can be determined reliably.

Impairment of fixed assets

The foundation assesses at each balance sheet date whether there are indications that a fixed asset may be subject to impairment. If such indications exist, the realisable value of the asset is determined. If it is not possible to determine the realizable value of the individual asset, the realizable value of the cash-generating unit to which the asset belongs is determined. Impairment exists where the book value of an asset exceeds the realisable value; the realisable value is the higher of the net realisable value and the value in use. Impairment is processed directly as an expense in the statement of income and expenditure, while simultaneously reducing the book value of the relevant asset.

Financial instruments

Aidsfonds – Soa Aids Nederland does not use complex financial instruments. Financial instruments only include receivables, cash and cash equivalents, creditors and other payables. They are recognised at fair value upon initial inclusion. After initial inclusion, financial instruments are valued in the manner described below. The fair value approximates the book value.

The interest and cash flow risks are extremely limited. The Foundation has no interest-bearing non-current liabilities. The credit risks are extremely limited as well. All cash and cash equivalents are held by 'systemic banks' in the Netherlands.

Accounts receivables and other receivables

Receivables are valued at the fair value of the consideration at initial processing. After initial processing, the receivables are valued at the amortized cost.

Cash and cash equivalents

Cash and cash equivalents consist of cash and bank balances with a term of less than twelve months. Cash and cash equivalents are valued at nominal value.

Reserves and funds

The limited possibility to use the designated reserves has been determined by the Executive Board and does not constitute an obligation; the Executive Board may elevator this restriction itself. Designated funds are the resources obtained with a specific purpose designated by third parties

Provisions

Provisions are recognized for legally enforceable or constructive obligations that exist at the balance sheet date, where it is likely that an outflow of resources is necessary, and the scope can be reliably estimated. The provisions are valued at the best estimate of the amounts needed to settle the liabilities on the balance sheet date. Provisions are stated at the nominal value of the expenditure expected to be necessary to settle the liabilities, unless stated otherwise.

Debts

Non-current liabilities are stated at fair value at initial processing. Current liabilities are stated at nominal value at initial processing.

Transaction costs that can be directly allocated to the acquisition of the debts are included in the valuation at initial processing. If necessary, debts are valued after initial processing at amortised cost, i.e. the amount received taking into account premium or discount and after deduction of transaction costs. The difference between the determined book value and the final redemption value is recognized as interest expense in the statement of income and expenditure on the basis of the effective interest during the estimated term of the debts.

Principles for determining the result

General

The result is determined as the difference between the realisable value of the performances rendered and the costs and other expenses for the year. The proceeds from transactions are recognized in the year in which they were realized. Income for which no compensation is provided are recognised at the time of receipt or previous unconditional commitment.

Grants received

Grants received are recognized as income in the statement of income and expenditure in the year in which the subsidized costs were incurred.

Valuation of legacies

Legacy income is recognized in the financial year in which the amount can be reliably determined. Based on the stage reached in the processing of the legacy, a reliable estimate is made of the final amounts of the legacy.

Lottery organisations

Revenue of the lottery organisations are allocated to the year they relate to.

Cost allocation

Costs are allocated to the objective, fundraising, and management and administration costs based on the following standards:

- costs that can be directly allocated are allocated directly;
- the indirect costs of our own organisation are allocated by means of the timesheet linked to an integral hourly rate.

Financial contributions to third parties

Grants are credited to the statement of income and expenditure in the year in which the subsidized costs were incurred or in which the revenues were foregone or the operating deficit occurred. Deferred income (short-term as well as long-term) will be included under accruals and deferred income.

Aidsfonds – Soa Aids Nederland grants out of funds received from donors (fundraising proceeds) and from lottery organisations. Grants granted are included as costs in the statement of income and expenditure at the time the subsidy obligation is entered into, provided that the foundation has actually received the funds intended for this purpose from donors, lottery organisations and other financiers. In practice, this means that subsidy obligations are only entered into if there is sufficient certainty that the necessary funds will be received from donors and lottery organisations.

Vested grants are directly charged in full to the year in which they become unconditional. The provisional grants are reported in the year in which this subsidy is spent.

In its role as Fund Manager of the Robert Carr Civil Society Network Fund (RCF), Aidsfonds – Soa Aids Nederland makes financial contributions to international networks. On the basis of financial commitments from the funders (donors) of RCF, the foundation enters into provisional obligations with subsidy recipients, subject to the actual receipt of the financial resources from the funders. The obligations entered into towards the subsidy recipients are, therefore, not recognized as costs until the financial resources have been received from the RCF funders.

Financial transfers from government-funded international programmes

Aidsfonds – Soa Aids Nederland carries out a number of multi-year international programs that are fully or largely financed by governments, including the strategic partnerships with the Ministry of Foreign Affairs. To that end, multi-year agreements regarding objectives and financing have been made between Aidsfonds – Soa Aids Nederland and the relevant governments. For purposes of implementation of these programmes, the foundation concludes multi-year contracts with cooperation partners, including agreements regarding financial transfers from Aidsfonds – Soa Aids Nederland to these partners. These financial transfers are included as costs in the statement of income and expenditure at such time as actual advance funding by Aidsfonds – Soa Aids Nederland to the partner organisations takes place and advance funding has been arranged by the relevant government to Aidsfonds – Soa Aids Nederland.

Indirect costs of our own organisation

Indirect costs of our own organisation include personnel costs, housing costs, office and general costs, including depreciation and amortisation. The allocation of indirect costs of our own organisation among the programs and projects takes place on the basis of the actual hours recorded on the relevant programs and projects.

Employee benefits

Employee benefits (wages, social security contributions, etc.) are not stated in a separate line in the statement of income and expenditure. These costs are included in other parts of the statement of income and expenditure. For a further specification, please refer to the Notes to cost allocation in the financial statements. Wages, salaries and social security contributions are processed in the statement of income and expenditure pursuant to the terms of employment to the extent payable to employees or the tax authorities.

The pension scheme of Aidsfonds – Soa Aids Nederland is administered by Pensioenfonds Zorg en Welzijn. The contributions are recognised as personnel costs as soon as they are due. Prepaid contributions are included as prepayments if this leads to a refund or a reduction in future payments. Contributions not yet paid are included in the balance sheet as a liability. There are no liabilities other than the contribution payments.

Management and administration costs

Management and administration costs are the costs incurred by the organisation for purposes of (internal) management and administration, which are not allocated to the objective of fundraising. Goede Doelen Nederland has drawn up recommendations for the allocation of these costs. Aidsfonds – Soa Aids Nederland follows these recommendations and has included the following components in the management and administration item:

- Management: indirect costs of the directors and managers, to the extent not implemented directly for purposes of the objective, in accordance with the timesheets.
- Operational management: indirect costs of the Services team (facility management, events organisation), to the extent not implemented directly for purposes of the objective, in accordance with the timesheets.
- Finances/controlling: in accordance with the timesheets.

The organisation strives to limit the cost of management and administration to between 3% and 6% of the total costs. The indirect costs of the Human Resources, Automation, Documentation and Quality & Learning departments are allocated to fundraising, in proportion to the staffing of each department.

Rental and/or lease contracts

There may be rental and/or lease contracts under which a large part of the advantages and disadvantages associated with ownership do not lie with the organisation. These contracts are recognised as rental or operational leasing. Rental and lease payments are processed on a linear basis, taking into account reimbursements received from the lessor, in the statement of income and expenditure over the term of the contract.

Financial income and expenditure

Interest income and expenditure

Interest income and expenditure are processed on an accrual basis, taking into account the effective interest rate of the relevant assets and liabilities.

Notes to the cash flow statement

The cash flow statement has been prepared using the indirect method. The funds in the cash flow statement consist of the cash and cash equivalents. Cash flows in foreign currency have been translated at an estimated average exchange rate. Interest income and expenditure are included under the cash flow from operating activities.

Notes to the balance sheet as at December 31, 2023

(in euros x 1,000)

1 Intangible fixed assets

Movements in the intangible fixed assets are as follows:

	Software
Acquisition value	722
Cumulative depreciation	404
Book value as at 1 January	318
Investments	43
Divestments	-
Depreciation	107
Transactions	-64
Book value as at December 31	254

Investments in 2023 consist the transition of the entire company to working in other office automation software.

2 Tangible fixed assets

Movements in the tangible fixed assets are as follows:

	Equipment	Inventory	Hardware	Total
Acquisition value	954	5	145	1,104
Cumulative depreciation	429	2	138	569
Book value as at January 1	525	3	7	535
Investments	149	7	-	156
Divestments	-	-	5	5
Depreciation	137	2	1	141
Transactions	12	5	-6	12
Book value as at December 31	538	8	1	547

	Equipment and inventory	Software	Hardware
Depreciation periods:	7 years	5 years	3 years

Tangible and intangible assets relate exclusively to assets intended for business operations. In 2019, the Aidsfonds – Soa Aids Netherlands moved to rental premises on the Condensatorweg. The renovation and furnishing of the new rental building have been capitalized as an investment. Aidsfonds received a rent incentive from the landlord for this. At each balance sheet date, the Aidsfonds – Soa Aids Nederland Foundation assesses whether there are indications that a fixed asset may be subject to impairment. If such indications are present, the recoverable amount of the asset is determined. The foundation has determined that there is no impairment at the balance sheet date.

3 Receivables

	31-12-2023	31-12-2022
Lottery organisations	2,513	2,542
Legacies and bequests	3,346	2,696
Project grants receivable	311	1,099
Accounts receivable	252	265
Prepaid expenses	199	419
Prepaid financial contributions	640	700
UWV	-	39
Other	48	56
	7,309	7,817

Receivables are due for less than one year. Receivables from legacies and bequests are partly long-term in nature. Due to external factors, it is not possible to make a reliable estimate of the maturity of such receivables. Most of the outstanding receivables from legacies and bequests are expected to be received within 0-3 years. The prepaid financial contribution item was lower at the end of 2023 than at the end of 2022 and related mainly to Robert Carr Fund. The grant already received in 2022 and prepaid to partners was spent in 2023.

4 Cash and cash equivalents

	31-12-2023	31-12-2022
ING accounts (incl. US dollar account Robert Carr Fund)	13,888	15,946
ING savings accounts	5,234	5,197
ABN AMRO accounts	12,000	-
ABN AMRO savings accounts	238	344
Cash	3,000	3,000
	5	25
	34,365	24,513

The management of financial resources is risk-averse. Minimising risk means that when saving and/or investing, the principal amount must be kept to a minimum and the risks must be spread. The financial resources are not invested in equities, corporate bonds, government bonds or real estate. Only bank accounts, savings accounts and deposits are used. For reasons of risk-spreading, the funds are placed with at least two banks. When choosing a bank, we weigh up the returns, risks and responsible banking.

The US dollar balance of the Robert Carr Fund has been converted to euro in the financial statements using the exchange rate as of the balance sheet date. All cash and cash equivalents are freely withdrawable.

Reserves

	Balance as at 1 January	Additions	With- drawals	Balance as at 31 December
Continuity reserve	3,500	-	-	3,500
Designated reserves	1,556	75	987	644
Other reserves	3,229	2,174	-	5,403
2023	8,285	2,249	987	9,547
2022	10,052	107	1,874	8,285

5 Continuity reserve

	Balance as at 1 January	Additions	With- drawals	Balance as at 31 December
2023	3,500	-	-	3,500
2022	3,393	107	-	3,500

Effective and efficient use of the resources is central to the financial policy. In addition, it is necessary to maintain capital in order to guarantee the continuity of the organisation. This relates to both the obligations towards personnel and organisation and the need to continue the financial obligations towards third parties. Based on the developments in 2023, the size of the reserve will once again be determined for the Aidsfonds brand on the basis of a risk assessment. In 2023, the level of the continuity reserve was determined on the basis of a risk inventory. On this basis the continuity reserve to a total of € 3.5 million is sufficient to cover the identified risks.

For the Soa Aids Nederland brand, an equalisation reserve of a maximum of 10 per cent of the annual costs is allowed by the subsidy giver, the RIVM. This is included as an earmarked fund, see also item 8 of these notes.

The continuity reserve may – in accordance with the 'Guidelines Financial Management of Charities' outlined by 'Goede Doelen Nederland' and included in the CBF regulations – amount to a maximum of 1.5 times the costs of the operating organisation (indirect costs + purchases and acquisitions for fundraising): € 16 million times 1.5. The current continuity reserve falls well within that maximum.

6 Designated reserves

	Balance as at 1 January	Additions	With- drawals	Balance as at 31 December
Provision of financial contributions and grants	1,360	75	884	551
Awarded projects STOP AIDS NOW! within the framework of the Investment Fund	196	-	103	93
2023	1,556	75	987	644
2022	2,778	-	1,221	1,556

The above earmarked reserves are not subject to any obligation. The limited spending capacity has been designated by the executive board.

Provision of financial contributions and grants

The executive board has created this earmarked reserve for various spending purposes for a total amount of € 0,6 million.

STOP AIDS NOW! Investment Fund and awarded projects

When the Aidsfonds and the STOP AIDS NOW! brands were merged into the Aidsfonds, the STOP AIDS NOW! Investment Fund was converted into earmarked reserves for projects aimed at youths and young women in developing countries. A total of € 1.7 million was allocated to the following projects: TAFU (Uganda – now TAFU2), FTT4000 (Zimbabwe – formerly TAFZ), and HE Kenya (formerly Victoria Lake project). The Linking & Learning project (a project linking all children's projects in the various countries) was added in 2019. In 2020, for Uganda and Zimbabwe, amounts of € 0.3 million and € 0.5 million respectively, were added to the reserves. As of 31 December 2023, the total available balance remaining for these projects is € 0.1 million.

7 Other reserve

	Balance as at 1 January	Additions	With- drawals	Balance as at 31 December
2023	3,229	2,174	-	5,403
2022	3,881	-	652	3,229

The addition to the other reserve is the balance of freely disposable resources not yet earmarked.

8 Designated funds

	Balance as at 1 January	Additions	With- drawals	Balance as at 31 December
VWS/RIVM equalisation reserve	242	33	63	232
Curacao Plons Fund	7	7	-	14
Project in Indonesia	100	-	34	66
LGBT projects	164	10	174	-
SAN research orphans	1,134	-	249	885
Inuka	185	-	185	-
Research Erasmus Zambia	151	-	151	-
Research HIV	109	8	-	117
HIV Cure Academy	75	-	70	5
(District) research	33	-	17	16
Xandi Buijs Fund Foundation	25	1	21	5
Elsevier Foundation	-	64	55	9
ADF 2023	-	733	206	527
Fundresearch	-	450	-	450
Others	39	20	34	25
2023	2,263	1,347	1,259	2,351
2022	430	2,232	390	2,263

The limited spending capacity of the funds has been designated by third parties.

VWS/RIVM equalisation reserve

The equalization reserve relates to funds from the institutional subsidy for Soa Aids Nederland programs that have not yet been spent. This intended to compensate for the differences between actual costs incurred and subsidy amounts. The equalization reserve is that can be used to make good deficits in one year out of surpluses in another year.

Project Curacao Plons Fund

The earmarked fund is formed from earmarked donations for the benefit of projects in Curacao. Spending takes place in consultation with the donors.

Project in Indonesia

This earmarked fund was formed from earmarked bequests, with the destination focused on projects in Indonesia.

LGBT projects

This earmarked fund was formed from earmarked bequests, where the destination should be focused on the LGBT community.

SAN research orphans

This earmarked fund was formed from earmarked bequests, where the destination is for orphans of parents, who died of AIDS.

Inuka

This earmarked fund was formed from earmarked bequests, with the destination being for the Inuka project.

Research Erasmus Zambia

This earmarked fund was formed from earmarked bequests, with the destination being for research in Zambia.

Research HIV

This earmarked fund was formed from earmarked bequests, with the destination being for the research on HIV.

HIV Cure Academy

This earmarked fund was formed from earmarked bequests, with the destination being for an academy set-up to benefit research on HIV.

(District) research

This earmarked fund was formed from earmarked bequests, the destination being for the creation of a neighborhood survey. Xandi Buijs

Xandi Buijs Fund Foundation

This earmarked fund is formed from earmarked gift, where the destination will be established in cooperation with the foundation.

Elsevier Foundation

The earmarked fund was formed from earmarked gift from the Elsevier Foundation, with the destination being for the Marlo project.

ADF 2023

The ADF earmarked funds were formed from donations from the Amsterdam Dinner Foundation. The following earmarked have been determined: Curacao Plons Fund (€ 50,000); AFEW for Ukraine in the Netherlands (€ 20,000); Kids to care Mozambique (€ 213,000). Most is spend in 2023; HIV Alliance for Ukraine and Women for migrants (€ 150,000) and Data Research on women (€ 300,000).

Fund research

This earmarked fund was formed from earmarked bequest with the destination Research.

Other earmarked funds

The other earmarked funds are segregated funds that have earmarks with more limited spending options added by third parties. These limited spending options were added in response to earmarks upon receipt of inheritances/legacies and in response to earmarked donations.

9 Provisions

	31-12-2023	31-12-2022
Balance as at January 1, 2023	48	-
Additions	-	48
	48	-
Withdrawals	-	-
Released	27	-
Balance as at December 31, 2023	21	48

As of December 31, 2023, a provision for long-term sick employees has been established for those employees who are long-term sick and who are not expected to return to regular employment, in the amount of the remaining salary costs of illness up to a maximum of 24 months.

10 Non-current liabilities

	31-12-2023	31-12-2022
Committed financial contributions 2-5 years	1,219	2,061
	1,219	2,061

Non-current liabilities include liabilities for a term exceeding one year.

No commitments have been entered into for a period exceeding 5 years. There are no material contractual provisions that affect the amount, timing or degree of certainty of future cash flows.

The financial contribution commitments relate to multi-year projects, in particular (scientific) research.

11 Current liabilities

	31-12-2023	31-12-2022
Committed financial contributions and grants	4,222	7,923
Grants received in advance	22,878	10,529
Creditors	648	548
Personnel expenses	403	816
Taxes – Wage tax	-	24
Taxes – VAT	135	101
Pension contributions	129	131
Other liabilities and accruals	922	454
	29,337	20,525

Current liabilities include liabilities for a term of less than one year.

The decrease in current liabilities is mainly due to prepaid grants received regarding the Robert Carr Fund and the Love Alliance programme in 2023.

Personnel expenses include all related liabilities, including social security contributions, reserves for holiday pay and holidays.

Grants received in advance

Robert Carr Fund	4,110	5,577
Love Alliance	15,140	2,964
To Russia with love	-	300
ViiV Breakthrough	607	442
Hands Off!-Project	941	169
EU	-	359
SWAD	131	331
Giro555 – Ukraine	-	255
Gilead	1,617	-
BMGF	286	-
Other projects	46	132
	22,878	10,529

In 2023, grants were received in advance from the Ministry of Foreign Trade and Development Cooperation for Love Alliance and Robert Carr Fund. For the latter, grants were also received in advance from NORAD, and the Bill & Melinda Gates Foundation. These grants will be spent in 2024. At the end of 2018, a financial contribution of € 2,050,000 was received from the Nationale Postcode loterij for To Russia With Love programme, of which € 1,750,455 has been spent up to and including 2022. In 2023, the remaining of € 299,545 has been spent and recognized as income.

Off-balance sheet liabilities

	Total	< 1 year	2-5 years	> 5 years
Lease of real estate (business operations)	1,737	370	1,287	80
Rental of printers/copiers	61	12	49	-
Lease laptops	168	45	123	-
Multi-year financial liabilities	1,966	427	1,459	80
As at 31 December 2023	1,966	427	1,459	80

The foundation has been located in an office building on Condensatorweg in Amsterdam since 2019. The lease runs for a term of 5 years until 31 March 2024. The 5-year period is continued in 2024 for 5 years up and till March 31, 2029 with less m2. The rental price (including advance on service charges), after indexation, amounts to € 322,000 per year from April 1, 2024. A bank guarantee has been issued for the lease on Condensatorweg for the amount of € 102,341.

Since December 25, 2023, the foundation has had a new rental agreement with a supplier of printers and copiers for a term of 5 years.

As of April 1, 2022, we switched to laptops for all employees. These are leased and the current one-year contract has been extended for five years until March 31, 2028.

During the financial year, the state of income and expenditure included:

Total	
Lease of real estate	558,586
Rental of printers/copiers	61,533
Total	620,119

Post-balance sheet date events

There have not been any subsequent events with additional information on the actual situation as at balance sheet date.

Notes to the statement of income and expenditure for 2023

(in euros x 1,000)

	Actual 2023	Budget 2023	Actual 2022
12 Income from private individuals			
Donations and gifts	8,675	8,481	8,645
Legacies	2,752	1,650	2,760
Total	11,427	10,131	11,405

The result from legacies is higher than budgeted. This explains the higher income from private individuals. The legacies are higher than budgeted, mainly because the average revenue per legacy is much higher than budgeted, while the number of legacies is less than budgeted.

13 Income from companies			
Earmarked income for projects Aidsfonds	2,365	1,888	785
Income for various Soa Aids Nederland projects	1	-	2
	2,366	1,888	787

In 2023, a total of € 3,178,000 was received from Gilead Sciences Inc. An amount of € 1,549,000 was spent in 2023 and has been recognized as income in 2023. Leaving a balance for 2024 of € 1,629,000.

The remaining balance of the projects of Aidsfonds was related to ViiV Healthcare Grant BT Partnership. At the end of 2022 this was an amount of € 422,000. In 2023 an amount of € 977,000 was received and € 812,000 was spent. This resulted in an amount of € 607,000 for ViiV Healthcare in 2024.

In addition to Gilead and ViiV Healthcare an amount of € 5,000 was also received.

14 Income from lottery organisation			
VriendenLoterij earmarked Aidsfonds	520	585	585
Nationale Postcode loterij Aidsfonds	2,250	2,250	2,250
Nationale Postcode loterij Aidsfonds (projects)	300	266	637
Nationale Postcode loterij	2,550	2,516	2,887
Stichting Loterijacties Volksgezondheid (SLV)	472	330	500
Total from lottery organisations	3,542	3,431	3,972

The regular contribution from the Nationale Postcode loterij is € 2,250,000. In addition, there is an extra contribution to the 'To Russia with love' project. There is a contract with the NPL that the Aidsfonds is beneficial for the period 2021-2025.

	Actual 2023	Budget 2023	Actual 2022
15 Grants from governments			
RIVM institutional subsidy	4,518	3,707	4,238
Ministry of Foreign Affairs	17,687	17,738	11,161
Robert Carr civil society Networks Fund	9,860	9,179	16,788
Other government grants national	1,200	1,531	1,556
	33,265	32,155	33,743

The (government) grants received in 2023 from the Minister of Foreign Affairs and the government organisations that finance RCF are of a multi-annual nature and have therefore not yet been definitively determined. The RIVM institutional subsidy 2022 has now been determined. The RIVM institutional subsidy 2023 will be determined in 2024. For the other government grants National 2023 will be determined in 2024. An amount of € 124,000 from grants from RIVM consists of staff secondment income at RIVM.

The Robert Carr Fund (RCF) is funded by the following governments:

	Actual 2023	Budget 2023	Actual 2022
RCF income in 2023 in EUR:	USD x 1,000	EUR x 1,000	EUR x 1,000
Norwegian Agency for Development Cooperation (NORAD)	\$ 1,508	1,396	1,512
Foreign, Commonwealth and Development Office (FCDO)	\$ 3,737	3,458	4,816
Minister for Foreign Trade and Development Cooperation		1,500	2,250
WHO / UNAIDS / PEPFAR	\$ 4,126	3,817	1,315
Bill & Melinda Gates Foundation	-	-	946
Received in 2023		10,171	10,839

The exact receipts in 2023 of the RCF from the above governments are as follows: NORAD \$1,508,452, FCDO \$3,737,460, Minister of Foreign Trade and Development Cooperation € 1,500,000 and WHO/ UNAIDS/ PEPFAR \$4,125,413. These are receipts for multi-year programs, some of these receipts in 2023 have been recorded as advance revenue for 2024. In addition, receipts from 2022 have been recognized as revenue in 2023. As a result, the total receipts of € 10,171,000 differ from the recognized revenue of € 9,860,000.

16 Income from other not-for-profit organisations			
Bill & Melinda Gates Foundation	-	890	2,839
SHO	293	301	644
Amsterdam Dinner Foundation	733	550	571
New Venture Fund	150	129	232
GGD GHOR	272	118	215
St Xandi Buijs	-	-	100
The Global Fund to Fight AIDS, Tuberculosis and Malaria	41	-	71
Elsevier Foundation	64	-	-
Other income from various organisations	203	-	44
	1,756	1,988	4,715

	Actual 2023	Budget 2023	Actual 2022
17 Other income			
Information material	5	-	3
Income Heartgallery	1	15	8
Training, workshops, conference and other	98	191	95
	104	206	106

The income from information material and income from training, workshops and conference relate to national activities.

In 2022, a new multi-year strategy "For all that is love" was adopted for the period 2022-2025. In it, three dream goals were defined:

18 Objective 1. No one dies of AIDS and no new HIV infections			
Financial contributions to third parties	18,141	19,006	20,929
Direct costs	3,915	3,717	3,523
Indirect costs of our own organisation	5,122	4,956	4,894
	27,178	27,679	29,346
19 Objective 2. Sexual health and rights for all			
Financial contributions to third parties	10,302	11,032	11,952
Direct costs	2,259	2,195	2,210
Indirect costs of our own organisation	4,046	3,835	3,722
	16,607	17,062	17,844
20 Objective 3. Cure available for all people living with HIV			
Financial contributions to third parties	445	1,514	247
Direct costs	116	432	79
Indirect costs of our own organisation	299	280	292
	860	2,226	618

In 2021 there was an additional call for the years 2022 and 2023, together with NWO for € 3 million. Research expenditures were accounted for in 2021 expenditures. As a result, this expenditure is lower than budgeted. After correcting this item, the expenses would come to € 2,360,000 and be in line with budget.

	Actual 2023	Budget 2023	Actual 2022
22 Fundraising costs			
Direct costs	2,099	2,044	1,860
Indirect costs of our own organisation	1,267	941	1,388
	3,366	2,985	3,248

This concerns activities in the field of marketing focused on fundraising. The increase of the costs compared to the budget relates entirely to the change in the allocation and not to the absolute expenses incurred for fundraising.

Below is the ratio of the fundraising costs as a percentage of the total funds raised:

Total income	52,460	49,800	54,728
Fundraising costs	3,366	2,985	3,248
Ratio of fundraising costs	6,4%	6,0%	5,9%

The organisation strives to limit the fundraising costs below 7% of the total income. The higher than budgeted recruiting costs are not the result of an overrun in expenses, but the result of a different (actual than budgeted) distribution of expenses among the various spending categories.

23 Management and administration costs			
Indirect costs of our own organisation	3,180	3,092	3,466

Management and administration ratio

Below is the ratio of management and administration costs as a percentage of the total expenditure:

Total expenditure	51,191	53,044	54,563
Management and administration costs	3,180	3,092	3,466
Management and administration ratio	6,2%	5,8%	6,4%

The organisation strives to limit the Management and administration costs between 3-6% of the total income. The cost of management and administration came out higher than budgeted because not all price increases of internal costs (due to inflation) were passed on in the hourly rate financed by external grants. The goal remains to keep the rate below 6%.

24 Balance of financial income and expenditure			
Interest	81		-52
Unrealised calculation differences	-		-52
Unrealised exchange differences	-1		5
	80		-99

Executive remuneration

Name	Mark Vermeulen
Function	Board of Directors
Employment	
Nature of the agreement (term)	indefinite
	1-1-2023
	31-12-2023
Hours per week	36
Part-time percentage	100%
Remuneration 2023 (euros)	
Annual Income	
Gross wage/salary	106,182
Individual budget (IKB)	17,932
Variable annual income	-
Total annual income	124,114
SV charges (wg part)	12,249
Taxable allowances/additions	-
Pension expense (wg part)	17,022
Pension compensation	-
Other long-term benefits	-
Termination of employment benefits	-
Total remuneration 2023	153,386
Total remuneration 2022	143,058

The actual annual income of the Management Board relevant for the test, against the applicable maximum, was € 124,114 (1 FTE) for the Management Board. The annual income, taxed allowances/additions, the employer's pension contribution, pension compensation and other long-term remuneration remained within the maximum amount of € 184,033 per year for the Management Board at € 153,386.

Please refer to Chapter 2 of the annual report for an explanation of the executive compensation policy. The BSD score of this function is set on 465 points.

Explanation of burden distribution

(in euros x 1,000)

Specification and distribution of costs by destination

	Objective			Fundraising costs	Management and administration	Total 2023	Budgeted 2023	Total 2022
	1. No one dies anymore from AIDS and no new HIV infections	2. Sexual health and rights for everyone	3. Healing available for all people living with HIV					
Grants and contributions	18,141	10,302	445	-	-	28,888	31,552	33,077
Purchases and acquisitions	3,915	2,259	116	2,099	-	8,390	8,389	7,723
Personnel costs 1)	4,260	3,364	249	1,054	2,215	11,141	10,858	10,706
Housing Costs	305	241	18	75	158	797	708	747
Office and general expenses	558	441	33	138	290	1,459	1,113	1,412
Results FB	-	-	-	-	517	517	424	897
Totaal	27,179	16,607	861	3,366	3,180	51,193	53,044	54,562
Implementation costs	5,122	4,046	299	1,267	2,663	13,397	12,679	13,762

In addition to salary costs, the personnel costs item includes training costs, hiring of non-salaried personnel and costs to recruit new employees. A wage increase was implemented in 2023 in accordance with the salary trend in the central government. The pension plan is an average pay plan. As of January 1, 2023, PFZW pension benefits are indexed by 6.0%. The December 2023 policy coverage ratio is 112.0%.

Result FB item is charged directly to earnings and not allocated to targets. This relates in particular to costs for external hiring on hard-to-fill vacancies in Marketing & Communications Department and Management & Services Department and higher IT-costs.

Total audit fees for 2023 amount to € 276,797. An amount of € 265,372 relates to BDO, an amount of € 11,424 relates to Deloitte. The charges were taken when the work was performed.

Accounting fees	2023	2022
Audit of financial statements	130	114
Other audit work	145	140
Other services	2	-
	277	254

	Objective			Fundraising costs	Management and administration	Total 2023	Budgeted 2023	Total 2022
	1. No one dies anymore from AIDS and no new HIV infections	2. Sexual health and rights for everyone	3. Healing available for all people living with HIV					
Personnel costs								
Wages and salaries	3,296	2,603	193	815	1,713	8,620	8,256	7,349
Employee Insurance	447	353	26	110	232	1,168	1,023	1,178
Pension Insurance	348	275	20	86	181	910	1,227	899
Other personnel costs	169	134	10	42	88	443	352	1,280
Total personnel costs	4,260	3,364	249	1,054	2,215	11,141	10,858	10,706
Result FB - coverage deficit						430		792
press.charges via hours								
						11,571	10,858	11,498

Employees in fte.

in 2023	45.1	35.6	2.6	11.1	23.4	117.8	118.5	121.4
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In 2023, five employees working outside the Netherlands were employed by the Aidsfonds – Soa Aids Nederland. In addition, there were employees working abroad through hosting agreements or other hiring.

Other Information

Adoption and approval of financial statements

The Supervisory Board of Stichting Aids Fonds – Soa Aids Nederland approved the 2023 financial statements at its meeting on June 17, 2024.

Profit appropriation

The result is distributed according to the result distribution included in the 2023 Statement of Income and Expenditure under Result appropriation.

C. AUDITOR'S REPORT



Independent auditor's report

To: the Managing Board and the Supervisory Board of Stichting Aidsfonds - Soa Aids Nederland

A. Report on the audit of the financial statements 2023 included in the annual report

Our opinion

We have audited the financial statements 2023 of Stichting Aidsfonds - Soa Aids Nederland, based in Amsterdam.

In our opinion, the financial statements give a true and fair view of the financial position of Stichting Aidsfonds - Soa Aids Nederland as at 31 December 2023 and of its result for 2023 in accordance with the Dutch Accounting Standards Board 650 Fundraising organizations (RJ650).

The financial statements comprise:

1. the balance sheet as at 31 December 2023;
2. the profit and loss account for 2023; and
3. the notes comprising of a summary of the accounting policies and other explanatory information.

Basis for our opinion

We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing. Our responsibilities under those standards are further described in the 'Our responsibilities for the audit of the financial statements' section of our report.

We are independent of Stichting Aidsfonds - Soa Aids Nederland in accordance with the "Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten" (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in the Netherlands. Furthermore, we have complied with the "Verordening gedrags- en beroepsregels accountants" (VGBA, Dutch Code of Ethics).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

B. Report on the other information included in the annual report

In addition to the financial statements and our auditor's report thereon, the annual report contains other information, that consists of:

- ▶ the management report;
- ▶ other information.

Based on the following procedures performed, we conclude that the other information is consistent with the financial statements and does not contain material misstatements.

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing these procedures, we comply with the requirements of the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements.

The Managing Board is responsible for the preparation of the other information, including the management report in accordance with RJ 650.

C. Description of responsibilities regarding the financial statements

Responsibilities of the Managing Board and the Supervisory Board for the financial statements

The Managing Board is responsible for the preparation and fair presentation of the financial statements in accordance with the RJ 650 Fundraising organizations of the Dutch Accounting Standards Board. Furthermore, the Managing Board is responsible for such internal control as the Managing Board determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, the Managing Board is responsible for assessing the foundation's ability to continue as a going concern. Based on the financial reporting framework mentioned, the Managing Board should prepare the financial statements using the going concern basis of accounting, unless the Managing Board either intends to liquidate the foundation or to cease operations, or has no realistic alternative but to do so. The Managing Board should disclose events and circumstances that may cast significant doubt on the foundation's ability to continue as a going concern in the financial statements.

The Supervisory Board is responsible for overseeing the foundation's financial reporting process.

Our responsibilities for the audit of the financial statements

Our objective is to plan and perform the audit engagement in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion.

Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

We have exercised professional judgement and have maintained professional scepticism throughout the audit, in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements. Our audit included among others:

- ▶ Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- ▶ Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the foundation's internal control.
- ▶ Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Managing Board.
- ▶ Concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern.
- ▶ Evaluating the overall presentation, structure and content of the financial statements, including the disclosures.
- ▶ Evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.



We communicate with the Supervisory Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

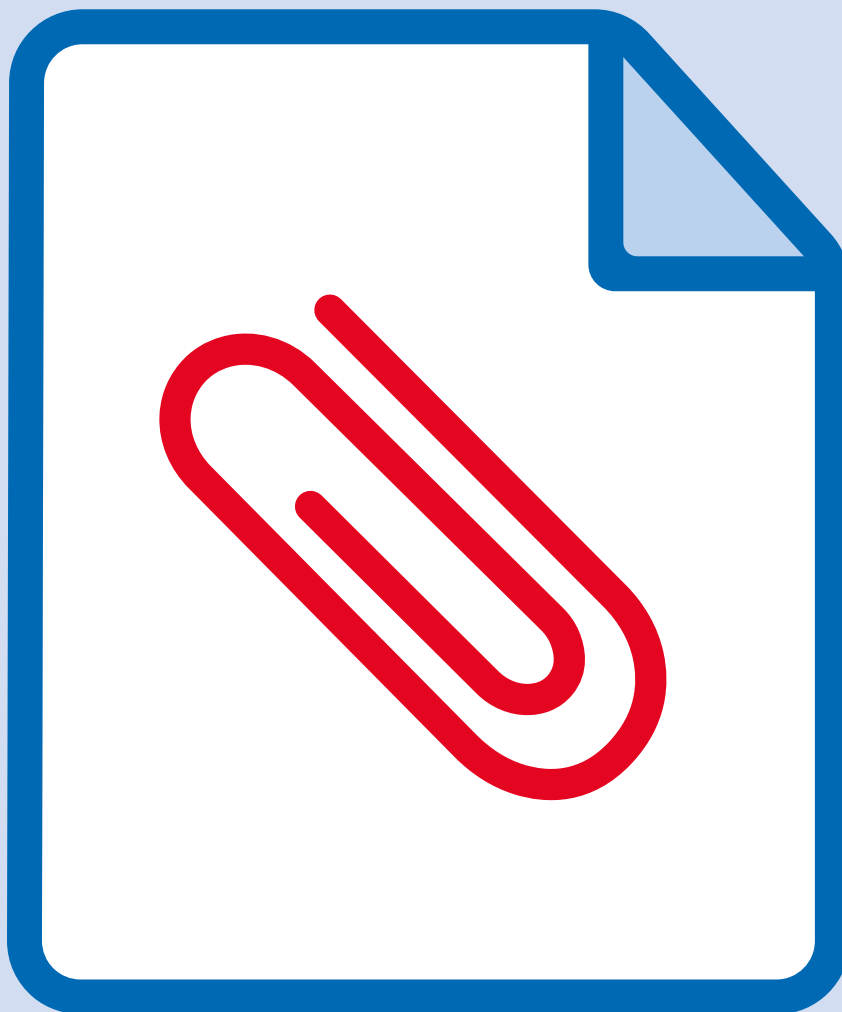
Amstelveen, 24 juni 2024

For and on behalf of BDO Audit & Assurance B.V.,

Original Dutch version has been signed by

R.E. Roodhart-Zandee RA

D. APPENDIXES



Appendix Budget for 2024

(in euros x 1,000)

	Budget 2024	Actual 2023	Actual 2022
Income			
Income from private individuals	10.770	11.427	11.405
Income from companies	2.536	2.366	787
Income from lottery organisations	3.135	3.542	3.972
Grants from governments	36.620	33.265	33.743
Income from other not-for-profit organisations	1.909	1.756	4,715
Total acquired income	54.970	52.536	54.622
Other Income	10	104	106
Total income	54.980	52.460	54.728
Expenditures			
Spent on objectives			
1. No one dies of Aids and no new HIV infections	33.257	27.178	29.346
2. Sexual health and human rights for all	15.645	16.607	17.884
3.Cure available for all people living with HIV	1.764	860	618
Spent on objectives	50.666	44.645	47.848
Cost of fundraising	3.587	3.366	3.249
Management and administration	3.701	3.180	3.466
Total expenditures	57.954	51.191	54.564
Balance before financial income and expenditures	-2.924	1.269	164
Balance of financial income and expenses	-	80	-100
Balance of income and expenditures	-2.974	1.349	64
Management and administration costs (of total expenditures)	6,4%	6,2%	6,4%
Spent on objective (of total income)	92,2%	85,1%	87,4%
Spent on objective (of total expenses)	87,4%	87,2%	87,7%