Scenario Planning Exercises to Support Consideration of ARV-based HIV Prevention Strategies
In October 2014, the Local Government Association (LGA) People and Places Board commissioned RAND Europe to prepare nine case studies of places where LGA knew a pooled approach was being used. The objective was to describe the development of different initiatives and to comment on what appeared to be the enablers and barriers to progress. LGA also asked RAND Europe to make recommendations for what a 'public sector reform deal' – a series of 'asks' of government and 'offers' from places – might look like, based on the evidence from the nine initiatives.

The specific initiatives examined were put forward by the local authorities involved in the project, and cover different services including health and social care, skills and vocational training, regeneration, economic growth, troubled families and the management of public assets. In the time available, RAND Europe was not able to carry out full evaluations of the initiatives, and was asked not to place undue burden on participating bodies. This, and limitations on the availability of quantitative and financial data where projects were at any early stage, restricted our analysis of impact.

To undertake the project, RAND Europe gathered evidence from a number of sources. The team conducted a review of the relevant literature on community budgets, pooling and public service reform prior to the next phase of the research. After examining documents relating to each case study, the team conducted interviews with key representatives involved in the initiatives. The interviews took place between mid-November 2014 and early January 2015. A workshop with representatives from all nine places and the LGA was held in January 2015 to discuss emerging findings. This evidence base has enabled us to draw conclusions on general lessons about the factors that appear to be influencing collaborative working, but not comment in detail on the effectiveness of individual initiatives.

We would like to thank Laura Caton and Piali DasGupta of the Local Government Association for facilitating the project, and all those staff in different agencies who agreed to be interviewed or attended our workshop.
Mapping Pathways Toolkit

Scenario Planning Exercises to Support Consideration of ARV-based HIV Prevention Strategies

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Background on the Mapping Pathways project

Launched in 2011, Mapping Pathways continues to provide and refine a multi-layered synthesis of the evidence base for antiretroviral (ARV)-based prevention strategies to tackle the HIV epidemic. Through community-based research conducted in the United States, India, and South Africa, Mapping Pathways provided a synthesized, research-driven, community-led, and collaborative understanding of the emerging evidence base for the possible adoption of ARV-based prevention strategies. The findings of our first report1 “Developing evidence-based, people-centered strategies for the use of antiretrovirals as prevention” underline the broad, often divergent nature of evidence and views related to the viability of ARV-based prevention strategies, varying within and across the three countries.

Three key challenges were noted that must be addressed in order to maximize the prevention potential of ARV drugs.

First, structural issues such as proximity to appropriate health care and other social determinants of health are as important as individual-level behaviors.

Second, more information about implementation is needed by policymakers, funders and prevention programmers in order to determine what mix of ARV-based prevention strategies, if any, are appropriate.

The third challenge is to adapt ARV-based prevention strategies for local contexts, as reflected in the report’s foreword by Archbishop Desmond Tutu, who wrote: “All science is local”.

In 2013, the Mapping Pathways team, with support from the Gilead Foundation, conducted three United States-focused “knowledge exchange” scenario development workshops in San Francisco, California; Atlanta, Georgia; and Washington, DC. The aim of the workshops was to build upon the foundation of our report, “Developing evidence-based, people-centred strategies for the use of antiretrovirals as prevention”, and develop scenarios pertaining to the implementation of ARV-based prevention in the year 2025.

Participants envisioned an array of positive, negative, and neutral scenario outcomes. After completion of the three workshops, the Mapping Pathways team analyzed the notes, aggregated and synthesized the different factors, issues, drivers, and scenario components, both within individual workshops and across them. The team noted common themes and ideas, as well as differences, and formed the basis for a “Mapping Pathways” scenario for the future, informed by the ideas and concepts generated by the workshop participants.

The workshop report “Community-driven strategies for the use of antiretrovirals as prevention: United States Workshop Report”2 aims to stimulate new ideas and thinking amongst local, national, and global communities engaged in HIV prevention and was disseminated widely. Information dissemination and educational engagement are at the heart of all Mapping Pathways efforts.

1 Available at: http://www.rand.org/pubs/research_reports/RR326.html
2 Available at: http://www.rand.org/pubs/research_reports/RR596.html
Purpose of this toolkit

A living document, the toolkit is designed for HIV community planners in the United States. The first draft of the toolkit was utilized with participants of the Mapping Pathways Train-the-Trainer Workshop held in Chicago, 11\textsuperscript{th}-12\textsuperscript{th} November 2014. Feedback from the 26 workshop participants, who represented the 13 cities hardest hit by the HIV epidemic in the United States,\textsuperscript{3} is incorporated into the current version of this document.

The toolkit provides a set of scenario planning exercises to help community stakeholders carefully consider the implementation ARV-based prevention strategies in their local contexts.

What is a scenario?

A scenario is a logical and consistent picture of the future that is credible and challenging to stakeholders. Scenarios are not technically predictions, but can provide insight into the future and possible courses of action that can be taken in the present. The analysis of scenarios enables us to identify and prepare for the potential implications of decisions made today.

The exercises are designed to support HIV planning processes, but could be adapted for other audiences and other subject matter. This toolkit is not intended to be prescriptive or definitive. It is intended to serve as a useful resource for planning committees by supporting discussions of current issues, challenges, and considerations of future opportunities.

It is important to always leave time to provide a brief, concise overview of ARV-based prevention strategies to ensure all HIV planning partners share the same understanding. We are in a period of dynamic advances in the science and some people will be following these updates closer than others. The Mapping Pathways team is happy to help with information and slides to conduct such an update.

The table below proposes some options for how these exercises can be used in combination for different types of HIV planning meetings you may conduct. Please refer to the boxes in each exercise sheet for more detail on suggested timings, group size and materials.

<table>
<thead>
<tr>
<th>Duration</th>
<th>Suggested exercises</th>
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<tbody>
<tr>
<td>1-2 hour workshop</td>
<td>• Generating PEST factors or Visioning exercise</td>
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<tr>
<td>Half-day workshop</td>
<td>• Generating PEST factors, Prioritizing PEST factors or Generating PEST factors, Attributing actors to factors or Scenario building</td>
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<tr>
<td>Full day workshop</td>
<td>• Generating PEST factors, Prioritizing PEST factors, Attributing actors to factors or Visioning exercise, Scenario building</td>
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<tr>
<td>Two day workshop</td>
<td>• Generating PEST factors, Prioritizing PEST factors, Attributing actors to factors, Visioning exercise, Scenario building</td>
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</tbody>
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\textsuperscript{3} These cities included Atlanta, Baltimore, Chicago, Dallas, Fort Lauderdale, Houston, Miami, Los Angeles, New York City, Philadelphia, San Francisco, San Juan (Puerto Rico) and Washington, DC.
A quick primer on antiretroviral-based prevention strategies

Antiretroviral drugs can be used in a number of ways to prevent HIV. While they are expanding our toolbox of prevention options, there are multifaceted challenges associated with these new prevention strategies related to access, cost, and implementation. Mapping Pathways briefly defines the four ARV-based prevention strategies as:

**Testing, linkage to care plus treatment (TLC+)** A number of studies have demonstrated that individuals on HIV treatment (ARV drugs), who have achieved an undetectable viral load and have no sexually transmitted infections, are very unlikely to transmit HIV to their partners. In fact, the risk of transmission in this context is reduced by 96%, and perhaps even higher. In this way, the HIV treatment that is keeping an HIV-positive individual healthy also has a significant prevention benefit. We call this strategy TLC+, but it is also commonly known as TasP (treatment as prevention.)

**Pre-exposure prophylaxis (PrEP)** Providing HIV-negative people with oral ARV drugs to be taken prior to potential exposure is called PrEP. As currently formulated, PrEP consists of taking a pill called Truvada (a combination of two drugs in one tablet) every day to prevent HIV. Truvada is also used for HIV treatment. The U.S. Food and Drug Administration approved Truvada for the use of prevention among high risk adults in 2012. The Centers for Disease Control and Prevention published PrEP guidance for clinicians in May of 2014. Future versions of PrEP may include other types of ARV drugs and long-term injectables.

**Post-exposure prophylaxis (PEP)** PEP is the provision of ARVs to HIV-negative people within 72 hours of a potential HIV exposure. This involves taking three antiretroviral medications that are started after someone is potentially exposed to HIV. Exposure could be through unprotected intercourse, syringe sharing, or exposure in a healthcare setting. Generally two types of PEP are discussed: occupational PEP is the use of the prevention strategy for healthcare workers or others exposed as a result of their occupation; while non-occupational PEP (nPEP) is the use of the strategy for people exposed sexually or through injection drug-taking behaviors, outside the healthcare setting.

**Vaginal and rectal ARV-based microbicides** Microbicides, which are still in the research and development phase, are agents applied in the vagina or rectum that could provide protection against HIV. Current research is investigating ARV-based gels and rings. Other mechanisms of action – other than ARVs – have been tried in the past, and future microbicide studies may also include agents that are not ARVs. Microbicides are not currently available outside the confines of clinical trials, but this could change in the coming years. Because we could have a microbicide product in the near-term (2016 is feasible), it is important to consider this modality when thinking broadly about ARV-based prevention strategies.
Exercise 1: Generating PEST factors

What is the exercise?

This exercise is used to identify the Political & Legal (P), Economic (E), Social & Cultural (S), and Technological & Scientific (T) contextual issues around an intervention. PEST is an analytical tool for identifying and categorizing basic trends and information, which could influence the future.

The exercise provides a useful way to quickly brainstorm PEST factors important to the group within a confined timeframe.

This first step is to brainstorm as many Political, Economic, Social and Technological factors affecting ARV-based prevention strategies in your context as possible. Remember to consider all interventions—PrEP, PEP, TLC+, and microbicides, even though microbicides remain the research and development phases.

How should you do it?

1. Split participants into four breakout groups, ideally made up of 5 to 7 individuals.
2. Define PEST factors (factors influencing implementation of ARV-based prevention strategies, see above).
3. Assign each group a PEST factor letter and give them 5-10 minutes to identify factors, using Appendix 1.
4. Invite participants to write down as many factors as possible on their flip chart paper.
5. Rotate groups to a different letter so each group spends 5-10 minutes adding to the next group’s list.
6. Upon completing the factors list for each letter, regroup and ask participants to present their lists to the whole group. Determine if there are overlapping factors and clarify any ambiguous factors.
7. Consider the following discussion questions in respect to the list of factors:
   o How do the factors identified apply to your local context?
   o Are any of the factors less applicable in your local context?
   o Are there any factors that are missing? (Factors identified in “Community-driven strategies for the use of antiretrovirals as prevention: United States Workshop Report” can offer further examples/inspiration)

Exercise
Generating PEST factors

Purpose of the exercise
To identify and categorize basic trends and information which are driving change in the future of ARV-based prevention strategies

Participants
A number of participants that can split into 4 groups so that each group can do a PEST letter

Tools and supplies
Appendix 1: PEST worksheet
Flip chart paper for each group
Markers

Time
45-60 minutes

Tips for facilitators
It is important to encourage participants to be as specific as possible when generating factors. This will help with subsequent exercises.
Exercise 2: Identifying enabling and inhibiting factors

**What is the exercise?**

This exercise builds on the list of PEST factors by organizing the factors into those that will enable ARV-based prevention strategies to be successful and those factors that may inhibit them.

This exercise can help you to think about the factors in a different way and allow you to begin grouping similar or related factors together. It can also help generate additional factors.

**How should you do it?**

1. Split participants into four breakout groups (these can be the same groups as the previous exercise).
2. Assign each group a letter and ask participants to familiarize themselves with the factors.
3. Ask breakout group participants to organize factors into enablers and inhibitors.
4. After 15 minutes, regroup and discuss the following:
   - Do you have more enablers or inhibitors?
   - Are there enabling factors that have an opposite which would inhibit implementation?
   - Are there inhibiting factors that have an opposite which would enable implementation?
   - Are there factors that neither enable nor inhibit ARV-based prevention strategies?
   - Are there factors that both enable and inhibit ARV-based prevention strategies?

**Purpose of the exercise**

To identify and categorize the PEST factors into enablers and inhibitors

**Participants**

A number of participants that can split into 4 groups so that each group can do a PEST letter

**Tools and supplies**

Appendix 1: PEST worksheet

**Time**

30 minutes

**Tips for facilitators**

Discussions on enablers and inhibitors may come out during Exercise 1 – use the questions in step 5 to prompt participants to think of more factors.
Exercise 3: Prioritizing PEST factors

What is the exercise?

This exercise is to identify and rank factors in order of importance according to which are going to play the most important roles on the pathway to effectiveness of ARV-based prevention strategies.

In order to develop useful scenarios, it is worthwhile to identify PEST factors that are most relevant (and/or easiest to change) in your local context. Once you have a list of prioritized factors you can begin to assess their likelihood and help identify factors to focus on for future scenario development. A more detailed assessment of factor likelihood can also help to identify which ones we should use to develop future scenarios.

How should you do it?

1. Stick up all four flip charts with the lists of PEST factors in each corner of the room
2. Give participants 12 stickers (3 stickers each of 4 different colors – each color will represent one of the 4 factors)
3. Ask participants to walk around the room and place their stickers by their top 3 factors for each PEST letter
4. When deciding which factors to prioritize, ask people to think about which of the factors are more relevant for their context and consider:
   - Why are the prioritized factors important?
   - Why might some prioritized factors be more important for certain ARV-based prevention strategies compared to others?
   - Which factors are dependent on each other?
5. After 30 minutes bring everyone together and present which factors have been prioritized.
   - Which factors have been prioritized by the most people?
   - Which factors were not chosen by anybody?
   - Why were some factors not prioritized?
   - Are there any factors that should be prioritized that weren’t during the exercise?
   - Are there points of agreement/disagreement?
Exercise 4: Attributing actors to factors

What is the exercise?

This exercise further contextualizes the list of PEST factors by considering which groups or individuals are associated with and/or can influence each factor. Attributing actors that are associated with each factor allows participants to think about who would be able to influence that factor in your local context.

The exercise allows participants to discuss the factors in an applied manner – considering all the stakeholders involved in that factor, accessibility of each stakeholder group, and who the “agents of change” or “gate-keepers” to influence a particular factor are. This exercise will also allow for a more nuanced understanding of each factor and help create a thoughtful, detailed set of future scenarios.

This exercise can either be used prior to developing scenarios or in thinking through actions associated with a particular scenario.

How should you do it?

1. Ask participants to brainstorm a list of stakeholders, and to write each down on a post-it note.
2. After 5-10 minutes ask participants to stick their post-its on the wall, clustering any that are similar.
3. Split participants into four breakout groups, assigning each group a letter and giving them a list of PEST factors.
4. Using the sheet in Appendix 4, ask participants to list the actors that have an influence/interest in each factor.
5. After 20 minutes ask each group to present their outcomes and highlight:
   - Identification of any new actors;
   - Differences between influence and interest with each actor.
Exercise 5: Visioning exercise

What is the exercise?
The exercise is a simple ‘warm-up’ tool that can be used as an ice-breaker or to get creative juices flowing for the scenario building work.

How should you do it?
1. Use magazines and newspapers to get people talking about what they think and hope the world will be like in 2025.
2. You can change the question as needed depending on your circumstance, but for the purposes of this exercise try to keep the vision broad and not necessarily specific to HIV/AIDS or prevention strategies. For example:
   - What will your city look like in 2025?
   - What are the major trends we will see in 2025?
   - How might healthcare have changed by 2025?
   - What might be the impact of novel and emerging technology?
3. Ask individuals to cut out pictures, words, and images that speak to them in terms of the broad visioning question you have posed.
4. Place a number of large flip chart sheets on a wall in the front of the room, and ask individuals to stick their images on the paper.
5. Ask each individual (or ask for volunteers if time is short) to talk about the words, pictures, and images they posted on the wall and how they fit into the question posed.
Exercise 6: Scenario building

What is the exercise?

The exercise is designed to allow you to think freely, with the sky as the limit, about three future scenarios set in the year 2025 (one optimistic, one pessimistic, and one mixed) which might result if we implement ARV-based prevention. These three outcomes will be developed, using the work you have already done on the PEST factors and actors.

Ask participants to imagine the year 2025 for each outcome:

- For the optimistic outcome, it is 2025 and ARV-based prevention strategies have been implemented successfully, resulting in lower HIV incidence.
- For the pessimistic outcome, it is 2025 and ARV-based prevention strategies have been implemented, but HIV incidence has risen.
- For the mixed outcome, ARV-based prevention strategies have been implemented, but there is no noticeable change in the overall impact of the HIV epidemic.

Blue skies thinking can generate some ‘big’ ideas, and it is useful to allow people to think broadly, creatively and free from constraints about current barriers. The aim is to develop a coherent narrative about how you got to the three different outcomes.

How should you do it?

1. Split participants into breakout groups (at least 3 groups).
2. Each group will create optimistic, pessimistic and mixed scenarios and identify at least four PEST factors they think are most relevant to each scenario (using Appendix 5).
3. Encourage participants to utilize the PEST factors they prioritized in the earlier sessions and use them for the scenario development.
4. Encourage participants to utilize their list of actors.
5. For each factor, think about the following questions when developing your scenario:
o How were factors successfully addressed? What makes success possible?
o If a factor was not successfully addressed, what goes wrong? What doesn't happen?
o What does “success” look like in this scenario for the factor?
o What does “less than success” look like in this scenario for the factor?

6. Each scenario (optimistic, pessimistic, mixed) needs to be named and a short story should be created to help explain the different outcomes. Naming each scenario helps telegraph the most important points of the story quickly, and helps the participants organize their thoughts.

7. Repeat the process for the other two scenarios and then present back to the group when completed. Each group will share 3 stories – optimistic, pessimistic, and mixed. Each story will have a title, and will note the various factors and actors that came into play.

Tips for facilitators
This exercise can be challenging for some participants as it can be quite abstract. While giving parameters can make it easier to organize thoughts, we recommend not giving parameters as it allows for more opportunities to explore, think creatively and broadly. Feeling confused and frustrated here is normal. The overarching goal is to get participants thinking about potential future scenarios so they may look at the current state of affairs in their context and consider what needs to happen to maximize optimistic impacts and minimize pessimistic, mixed impacts.
Appendix 1: PEST factor worksheet

A Political, Economic, Social and Technological (PEST) analysis (also known as “STEEP” or “PESTLE”) is a commonly used tool for identifying and categorizing basic trends and information about a range of different contextual issues which will influence any future situation. PEST analysis is usually used as a method for analyzing the macro environment in which a business is situated to understand market growth or decline.

In the context of ARV-based prevention strategies it helps us analyses the main external factors and drivers that could impact on their effectiveness. The process aims to produce an exhaustive list of the types of factors one might need to think about when considering a new strategy/intervention. It also provides a useful way to quickly brainstorm the drivers and factors important to the group within a confined timeframe.

The table below presents a template for analyzing the Political, Economic, Social and Technological factors communities need to consider in order to implement ARV-based prevention strategies in the US. Beside each overarching factor box are a number of broad categories which can be used to prompt ideas on the factors involved and should help in generating specific examples.

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5 [http://www.cipd.co.uk/hr-resources/factsheets/pestele-analysis.aspx](http://www.cipd.co.uk/hr-resources/factsheets/pestele-analysis.aspx)
<table>
<thead>
<tr>
<th>Factor examples</th>
<th>Political</th>
<th>Technological</th>
<th>Factor examples</th>
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<tbody>
<tr>
<td>Current legislation</td>
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<td>Technology development</td>
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<td>Future legislation</td>
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<td>Scientific research</td>
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<td>International legislation</td>
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<td></td>
<td>Research funding</td>
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<tr>
<td>Regulatory bodies and processes</td>
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<td>Social media</td>
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<td>Government policies</td>
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<td></td>
<td>Associated/dependent technologies</td>
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<td>Change in government</td>
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<td>Replacement technology/solutions</td>
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<td>Political will</td>
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<td></td>
<td>Maturity of technology</td>
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<td>Funding, grants and initiatives</td>
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<td>Information and communications</td>
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<td>Local/State/National pressure-groups</td>
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<td>Consumer delivery</td>
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<tr>
<td>International pressure-groups</td>
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<td>mechanisms/technology</td>
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<td>Ecological/environment</td>
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<td>Technology legislation</td>
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<td>Factor examples</td>
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<td>Innovation potential</td>
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<td>Attitudes and opinions</td>
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<td>Technology access, licensing, patents</td>
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<td>Media views</td>
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<td>Global communications</td>
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<td>Law changes affecting social factors</td>
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<td>Major events and influences</td>
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<td>Access and trends</td>
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<td>Ethnic/religious/cultural factors</td>
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<td>Ethical issues</td>
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<td>Lifestyle trends</td>
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<td>Demographics</td>
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<td>Local/State/National Economy</td>
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<td>Private Sector</td>
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<td>Insurance</td>
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<td>Industry factors</td>
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<td>Distribution trends</td>
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<td>Demand/Supply of ARVs</td>
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Appendix 2 Actors-to-factors worksheet

Using the list or PEST factors, list all the stakeholders that have an influence/interest in that factor. Also consider the extent to which they are accessible.

<table>
<thead>
<tr>
<th>PEST factor</th>
<th>Associated actors in your context</th>
<th>Accessibility (High/Medium/Low)</th>
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<tbody>
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</table>
Appendix 3 Scenario worksheet

Step 1: Identify at least four PEST factors your group thinks are most relevant to this scenario. These will form the basis (the ‘building blocks’) of this scenario. These can a combination of factors from your discussions yesterday.

1. _____________________________________________________
2. _____________________________________________________
3. _____________________________________________________
4. _____________________________________________________

Step 2: Using one PEST factor at a time, consider how the factor will influence this scenario. Does it help contribute to a successful outcome? Does it lead to unsuccessful outcomes?

<table>
<thead>
<tr>
<th>How does the PEST factor influence?</th>
<th>Actions - How did we get there? What strategies were most influential?</th>
<th>Actors - Who was involved?</th>
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<tbody>
<tr>
<td>Positively? Negatively?</td>
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<td>4.</td>
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</table>
Step 3: Give your scenario a name and create the narrative below or on a sheet of flip chart paper. Creativity in presenting back to the group is encouraged!

Scenario Title: __________________________________________________________

Scenario Narrative, addressing the following questions: What is the mix of ARV strategies? (PrEP, PEP, Treatment as Prevention, Microbicides) How does each factor play into the scenario? How do the factors intersect? Why have we reached different effectiveness levels?
**About AIDS Foundation of Chicago**

The mission of the AIDS Foundation of Chicago (AFC) is to lead the fight against HIV/AIDS and improve the lives of people affected by the epidemic. Founded in 1985 by community activists and physicians, AFC is a local, state, national, and global leader in the fight against HIV/AIDS. AFC collaborates with community organizations to develop and improve HIV/AIDS services; fund and coordinate prevention, care, housing, and advocacy projects; and champion effective, compassionate HIV/AIDS policy. For more than a decade, AFC has been at the forefront of advocacy and educational efforts—at local, national, and international levels of engagement—supporting the development of new HIV prevention technologies, including PrEP, vaginal and rectal microbicides, vaccines, and treatment as prevention. AFC co-founded and acts as secretariat of IRMA (International Rectal Microbicide Advocates), which focuses on rectal microbicide research and advocacy to support the prevention needs of the men, women, and transgender individuals who engage in anal intercourse. Now in its ninth year, IRMA is a network of nearly 1,200 advocates, scientists, policy makers and funders from every continent committed to advancing rectal microbicide research and development activities. The network also actively engages in the full range of new HIV prevention technology research.

**About RAND Europe**

RAND is a non-profit institution that helps improve policy and decision-making through undertaking objective, balanced, and relevant research and analysis, sharing the insights and information widely, working in partnership with its clients and working collaboratively with others. RAND has extensive experience in the practicalities of conducting rigorous qualitative and quantitative research, managing projects on time and on budget, adhering to high quality standards, and working responsively with its clients while retaining the required integrity and independence of operation. With six offices worldwide, RAND’s vision and expertise are global and its intellectual reserves are also deep and broad. Of the approximately 1,600 people working at RAND, most have obtained advanced degrees and represent nearly every academic field and profession. RAND has extensive experience in HIV policy analysis, innovation and technology policy and capacity building in areas of biomedical research, among others. Led out of its European offices in Cambridge, RAND has been the primary research partner on the Mapping Pathways project since its inception, allowing AFC to tap into 20 years of experience and studies in areas such as the determinants of HIV-related knowledge and behaviors, socio-economic outcomes of ART, and the role of community-based institutions in prevention, treatment and care.