

# ***Seventh-day Adventist Church***

## **AAIM** **Adventist AIDS International Ministry** (GC-HIV/AIDS Africa Office)

*A Ministry of Hope, Love, and Compassion*

### **REPORT OF ACTIVITIES OCTOBER 2012 - MARCH 2013**

Presented at the GC-AAIM Board Meeting  
GC-Headquarters – Silver Spring - MD  
April 9, 2013

**AAIM - Adventist AIDS International Ministry**  
(GC-HIV/AIDS Africa Office)

**AAIM's IDENTITY STATEMENT**

*The Adventist AIDS International Ministry (AAIM) is an international ministry of the Seventh-day Adventist Church, that brings hope, love, compassionate care and support to the people touched by the HIV epidemic. It serves the territory of the sub-Saharan Africa and the Indian-Ocean.*

**AAIM's MISSION STATEMENT**

*To coordinate actions and resources, to bring comfort, healing and hope to people infected and/or affected by HIV/AIDS, share a message of education and prevention to the general population, and present a united front in order to accomplish what our Lord Jesus Christ has commissioned each of us to do in Matthew 25:35-36 and 28:19-20.*

**AAIM's VISION STATEMENT**

*We are creating "Centers of Hope and Healing" through our network of churches, medical and educational institutions, and church members. We are mobilizing our congregations through church based support groups. We are bringing practical solutions to those infected and affected by HIV and AIDS. We are applying the practical Gospel of Jesus Christ, field by field, church by church, person by person, on a one-to-one basis. We are committed to the social responsibility of our church. We are helping create a new generation of parents and children, free of AIDS!*

## **Summary of Contents**

### **AAIM's Statements of Identity, Mission and Vision - p2**

1. **Introduction** - p3-4
2. **1. Update on HIV/AIDS** - p5
2. **2. Global HIV and AIDS Estimates** - p5-6
2. **3. Latest News on HIV/AIDS**
  - Functionally Cured HIV+ Patients - p7
2. **4. Violence Against Women and HIV/AIDS** - p7
  - Women's Physical Security Global Rankings - p8
2. **5. Progress in Treatment** - p8
  - Estimated Number of People Needing ARTs - p9
  - Definitions of ARV & ART - p9
2. **6. A Step closer to an HIV vaccine** - p9
3. **Assessment Among Church and Community Members** - p10
4. **Adventist Church Response** - p11
  1. *Democratic Republic of Congo* - AAIM is expanding its work in the capital of Kinshasa, and the provinces of Katanga and Kasai - p11
  2. *Program for the Pathfinders* -The preparation of a new Program on HIV/AIDS is in progress- p11
  3. *South Africa* - Association of Adventists Living with HIV/AIDS - p11
  4. *Madagascar (1)* - Pilot experience - HIV/AIDS through Youth Alive - Joint program - Visit to the Director of the Madagascar National AIDS Office - p12
  5. *Translation of AAIM Materials* - In progress - p13
  6. *Film "Starting Over"* - Translation and French Sub-Titles - p13
  7. *Tri-Divisional Advisory Nairobi-Kenya* - Booking of accommodation and organization of services for the AAIM - Meeting with HIV/AIDS Coordinator and People Living with HIV - p13
  8. *Media Production* - New Audiovisual Materials - p14
  9. *Lesotho Grandmothers' Training Center* - Recruiting more grandmothers - Helping the Orphans - p14
  10. *Nairobi, Kenya* - Purchasing of Materials for the AAIM Tri-Divisional Advisory 2013 - Meeting with HIV/AIDS-King'eero - Assessment on HIV/AIDS - p14
  11. *Cameroon* - Implementing AAIM Programs - Visiting Government & HIV Positive People - p15
  12. *Madagascar (2)*- Training of Facilitators - Joint Program AAIM+Youth Alive Site #1 & AAIM Printed Material and DVDs for SID/Madagascar
  13. *Collaboration of AAIM with IAD-HM*
  14. *Research Project with Loma Linda University School of Public Health*
5. **Conclusion** - p
6. **Annex:**
  - AAIM On-going Programs in Africa - p
  - AAIM Country HIV/AIDS Coordinators - p
  - List of countries and major cities reached by AAIM - p

## **1 – INTRODUCTION**

*HIV and AIDS continue to be a devastating health crisis, specially for the countries under the poverty line<sup>1</sup>, where access to health services and treatments is more difficult.*

*If we look at infection, HIV/AIDS does not regard level of education, social or financial status, however, if we look at treatment, and since the beginning of this problem, wealthier people received better treatments and lived longer. Also, wealthier countries delivered better health services and treatments.*

*Social inequality and gender discrimination has added to the complexity of this epidemic.*

*The virus continues to infect thousands of people every day, and the majority, don't even know they are infected... Each day, nearly 7,000 people contract HIV, approximately 300 every hour, and almost 5,000 people die everyday from AIDS in the world. However, HIV/AIDS is not often in the news.*

<sup>1</sup> New international poverty line is living on less than \$1.25 a day - <http://www.worldbank.org/en/topic/poverty> - Accessed March 2013

*It is really unfortunate that poorer countries and populations have to suffer from a partially blind perception of the facts. The media seems to ignore the reality of the epidemic, these days.*

*It is clear that there has been great progress in the fight against HIV and AIDS, but it is also clear that not everybody benefits from it, and still there are millions of people suffering the impact.*

❖ *There are certainly better treatments, but they are not accessible to all...*

❖ *There is a much better understanding of the virus and the disease, but millions of people are not aware of it...*

❖ *The youth are increasingly becoming a target of the epidemic in a time when their sexual behavior represents a greater challenge, as values and principles continue deteriorating in a difficult world. Today, the youth seems to be more vulnerable to the epidemic than before...*

❖ *Although many consider HIV/AIDS a problem of the poor, today, even lawyers and teachers are contracting it...*

*Thirty years after..., time has passed and maybe HIV/AIDS is not on the news every single day like before, but let us remember that still thousands of people are suffering because of the epidemic, people newly infected, people dying, widows, orphans, grandmothers losing their children and having to take care of 5 or 10 grandchildren, and more...*

*Only the very committed continue fighting this epidemic. Prevention and Treatment is where most of the effort should be invested, towards a new generation free of AIDS.*

*AAIM is not lowering its guard, but expanding its efforts of prevention to more churches and communities in new territories. As a church, we cannot afford to ignore the reality of HIV/AIDS.*

*And that's why in October 2012, the General Conference, together with a group of Divisions' Officers helped develop a new financial structure for AAIM, which we hope will help to reach further and better.*

*God is opening new doors and new opportunities for this Ministry. AAIM continues to be faithful to its mission according to Matthew 25:35-36, and we don't cease to repeat, "There is Hope for People Living with HIV and AIDS!"*

*We invite you to explore the following pages of this report, and trust you will enjoy the reading.*

*Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide*

SOURCE: WHO - <http://www.who.int/gho/hiv/en/> - Accessed March 2013

## **2.1 UPDATE ON HIV/AIDS IN THE WORLD**

This section serves to update the board members on the current status of the epidemic in the world and in Africa.

In this edition, a special emphasis is put on the global HIV/AIDS estimates, latest news on HIV/AIDS, violence against women (with a map on women's physical security), and progress in treatment.

All these items are accompanied by statistics, references and graphs, to facilitate the understanding of the epidemic today.

*At the end of 2011, 34.2 million people were living with HIV/AIDS, 3.3 million of them were under the age of 15.*

*More than two-thirds of new HIV infections are in sub-Saharan Africa*

## **2.2 GLOBAL HIV and AIDS ESTIMATES**

*"A new 'World AIDS Day report' published in Geneva, on November 20, 2012, by the Joint United Nations Programme on HIV/AIDS (UNAIDS), shows that unprecedented acceleration in the AIDS response is producing results for people. The report shows that a more than 50% reduction in the rate of new HIV infections has been achieved across 25 low and middle-income countries more than half in Africa, the region most affected by HIV.*

*UNAIDS reports a more than 50% drop in new HIV infections across 25 countries as countries approach the 1000 day deadline to achieve global AIDS targets.*

*In addition, the number of people with access to antiretroviral therapy increased by 63% in the last 24 months, AIDS-related deaths fell by more than 25% between 2005 and 2011 globally.*

*In some of the countries which have the highest HIV prevalence in the world, rates of new HIV infections have been cut dramatically since 2001; by 73% in Malawi, 71% in Botswana, 68% in Namibia, 58% in Zambia, 50% in Zimbabwe and 41% in South Africa and Swaziland.*

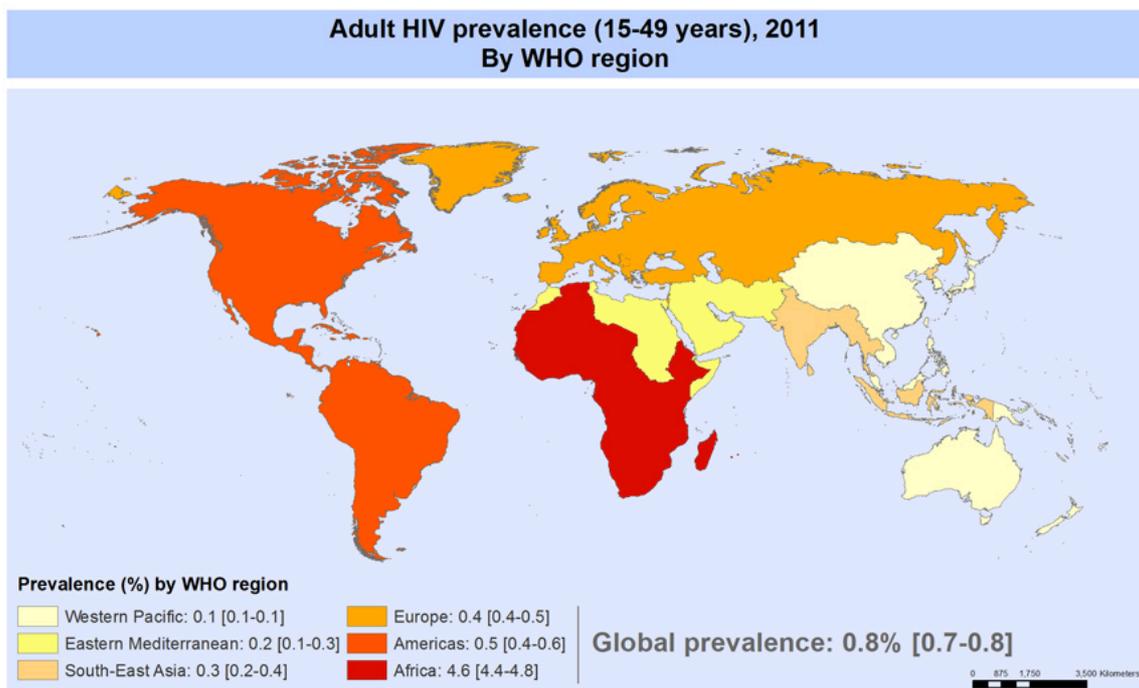
*In addition to welcome results in HIV prevention, sub-Saharan Africa has reduced AIDS-related deaths by one third in the last six years and increased the number of people on antiretroviral treatment by 59% in the last two years alone."<sup>2</sup>*

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<sup>2</sup> UNAIDS, November 2012, <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2012/november/20121120prresults> - Accessed March 2013

People living with HIV/AIDS in 2011 .....	34 million
Proportion of women living with HIV/AIDS .....	50%
Children living with HIV/AIDS in 2011 .....	3.3 million
People newly infected with HIV in 2011 .....	2.7 million
Children newly infected with HIV in 2011 .....	390,000
AIDS deaths in 2011 .....	1.7 million
Prevalence of HIV among adults aged 15-49 (%) .....	0.8% (2011 in the world)

(from the WHO Report 2011)



*In 2011, some 2.5 million people became newly infected, and 1.7 million died of AIDS, including 230,000 children*

### **2.3 LATEST NEWS ON HIV/AIDS** **(Or the importance of early treatment)**

#### a) HIV "Functionally Cured" Girl in Mississippi

For the first time, doctors are reporting that a child born with HIV and put on an unusually aggressive treatment regimen has been functionally cured of the infection.

Now 2 years old, the Mississippi girl has only trace amounts of HIV in her bloodstream and has been able to keep the virus that causes AIDS in check without the help of medication

#### b) HIV "Functionally Cured" In 14 Adults Treated Early

"A new study shows that 14 HIV-infected adults appear to be "functionally cured", that is they still carry small, barely detectable reservoirs of the human immunodeficiency virus but their bodies are preventing them from rising to a point where they cause symptoms, despite stopping treatment.

Researchers believe the key to achieving this remarkable result may be to start treatment as early as possible after infection.

First author Asier Sáez-Cirión of Institut Pasteur, Paris, and colleagues, report the result of following the 14 patients, known as the VISCONTI cohort, in a research paper published online in PLoS Pathogens on 14 March.

The researchers started monitoring the 14 adults when they received antiretroviral drugs, which was within 10 weeks of becoming infected with HIV. The patients stopped treatment, on average, about three years later (the drugs were withdrawn under medical supervision).

So far, say the researchers, the patients have been able to keep viral loads in check for a median of 7.5 years without further drug treatment.

One of the reasons HIV has proved to be so difficult to deal with, is that after an acute infection, the virus sets up reservoirs in host cells that allow it to hide and return. Even after years of treatment, once the drugs are withdrawn, most patients see the infection return."<sup>3</sup>

### **2.4 VIOLENCE AGAINST WOMEN AND HIV/AIDS**

The UNAIDS Executive Director, Dr. Michel Sidibé declared that: *"Ending violence against women is critical to ending AIDS"*.

According to the UNAIDS, up to 7 in every 10 women globally suffer violence from men in their lifetime.

*It is much harder, and often impossible for women to negotiate for safer sex if they live in an environment of violence or fear of violence, and this may lead to HIV infection.*

Women who live with HIV are frequently much more vulnerable to violence, which can be an obstacle to getting the HIV care and treatment they desperately need.

***50% of all people infected with HIV are women***  
***A young woman is infected with HIV every minute of the day<sup>4</sup>***

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<sup>3</sup> RESEARCH ARTICLE - Post-Treatment HIV-1 Controllers with a Long-Term Virological Remission after the Interruption of Early Initiated Antiretroviral Therapy ANRS VISCONTI Study - <http://www.plospathogens.org/article/info%3Adoi%2F10.1371%2Fjournal.ppat.1003211> - Published: March 14, 2013 - Accessed March 2013

<sup>4</sup> UNAIDS - 8 June 2012 - <http://www.unaids.org/en/resources/infographics/20120608gendereveryminute/> - Accessed March 2013



Darker areas represent lower levels of physical security for women

## **2.5 PROGRESS IN TREATMENT**

Despite all the challenges that the HIV epidemic presents, today we are closer to the Millennium Development Goals (MDG #6) proposed by the World Health Organization to combat HIV/AIDS, malaria and other diseases:

- 1) Target MDG-6A. By 2015, to have halted and begun to reverse the spread of HIV/AIDS
- 2) Target MDG-6B. To achieve universal access to treatment for HIV/AIDS for all those who need it.

More than 8 million people in low- and middle-income countries were receiving antiretroviral therapy at the end of 2011.

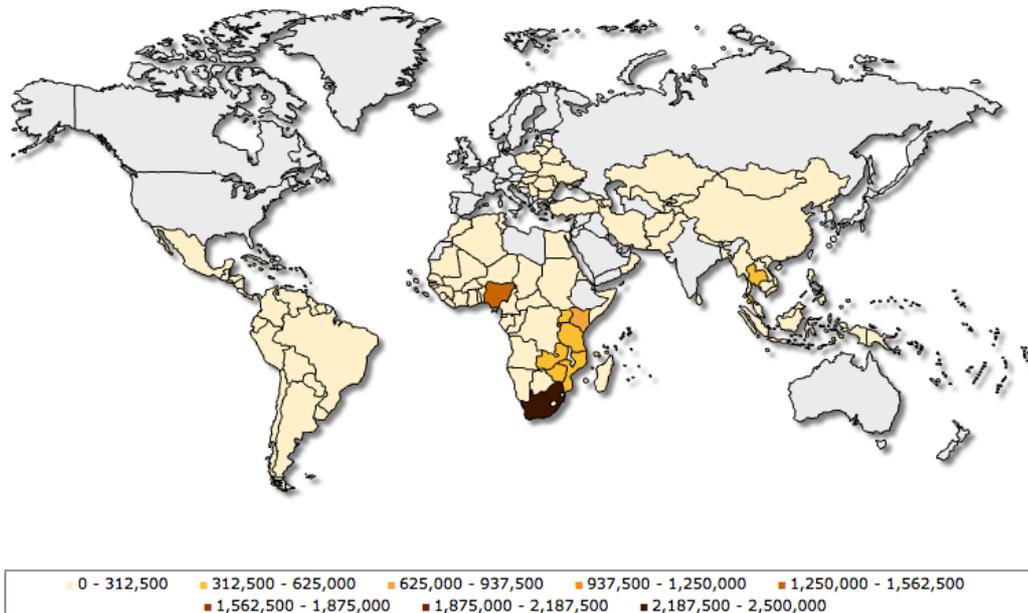
### **DEFINITIONS:**

**Antiretroviral (ARV) Drugs:** Drugs that inhibit the replication of HIV. When antiretroviral drugs are given in combination, HIV replication and immune deterioration can be delayed, and survival and quality of life improved.

**Antiretroviral Therapy (ART):** Refers to a range of treatments that includes antiretroviral (ARV) medications. The drugs that are used in the treatment of HIV, a retrovirus, are designed to interfere with the virus' ability to replicate itself and, therefore, slow the progression of the disease. ART consists of the use of at least three antiretroviral drugs to maximally suppress HIV, the virus, and stop or slow the progression of HIV disease.

*According to the UNAIDS, the world is nearly on track to having 15 million people living with HIV on antiretroviral treatment by 2015*

**Estimated Number of People Needing Antiretroviral Therapy**  
Data from most recent year available  
(Go to [Table](#) or [Notes and Sources](#) below)



## **2.6 APRIL 2013 - A STEP CLOSER TO AN HIV VACCINE**

*From the article: "Researchers see antibody evolve against HIV - Study could aid development of more effective vaccines" - By Erika Check Hayden<sup>5</sup>*

"For the first time, scientists have tracked in a patient the evolution of a potent immune molecule that recognises many different HIV viruses.

By revealing how these molecules — called broadly neutralising antibodies — develop, the research could inform efforts to make vaccines that elicit similar antibodies that can protect people from becoming infected with HIV.

The researchers, led by Barton Haynes of Duke University School of Medicine in Durham, North Carolina, found that broadly neutralising antibodies developed only after the population of viruses in the patient had diversified — something that had been suspected of occurring in patients, but had not actually been observed. The team reports its findings on Nature's website today"

Medical News Today, added that "a team led by scientists from the Duke Human Vaccine Institute, and the NIH Vaccine Research Center say they have charted a new route that may help develop a vaccine which boosts an individual's ability to destroy HIV. They published their findings in the journal Nature (April 2013 issue).

Barton F. Haynes, M.D., John Mascola, M.D. and team studied an HIV-infected patient, whose immune system attacked the virus, allowing them to describe the co-evolution of the antibodies.

HIV has proven especially difficult in inducing an antibody response, making it very hard to develop a vaccine. As soon as HIV antibodies are produced, the virus changes rapidly to avoid them.

The team used a new form of technology that can detect infection early on and track the body's immune system."<sup>6</sup>

<sup>5</sup> Nature - 3 April 2013 - International Weekly Journal of Science - <http://www.nature.com/news/researchers-see-antibody-evolve-against-hiv-1.12720> - Accessed April 2013

<sup>6</sup> Medical News Today - Researchers A Step Closer To Making HIV Vaccine - <http://www.medicalnewstoday.com/articles/258647.php> - Accessed April 2013

### **3. ASSESSMENT AMONG CHURCH AND COMMUNITY MEMBERS** (in the 3 divisions)

During the last quarter of 2012 and the first quarter 2013, AAIM conducted focus group assessments on the perception of HIV/AIDS by church members and community participants in the three sub-Saharan Divisions. The following are some of the most remarkable comments:

#### **From SID**

- There is still stigma in our churches
- People in the church know about HIV/AIDS
- People go for testing
- The message has passed through, “what is left is our culture”
- Pastors are not interested on HIV/AIDS, they are busy with their own programs, and HIV/AIDS is excluded
- Some of the HIV positive people stop their treatments
- There are many new infections among the youth, which require extra help for them
- FINAL QUESTION: What can be done in addition to what has already been done?
- ANSWERS: The Youth should have their own support groups. Target Pathfinders

#### **From ECD**

- There is stigma in our churches
- Minimum commitment from the leadership
- Outside the Church there are organizations that give support
- Married couples are getting infected (unfaithfulness, etc.)
- Governments are giving lots of condoms
- The fear that was there, is not there anymore because ARVs are available...
- People go for testing
- Youth and children need extra help on HIV/AIDS in the Adventist Church
- FINAL QUESTION: What can be done in addition to what has already been done?
- ANSWERS: Train Pastors, Support Grandmothers, and Fight Stigma by providing support to stigmatized

#### **From WAD**

- There is sensitization on HIV/AIDS among the population
- Many people believe in witch-craft medicine and traditional healers
- There is a lot of stigmatization in our churches
- There is shame...! Members are dying...
- The problem in the church is not accepting that we are people like anybody else
- There is need of more education and information in our churches. Only religious books. Human Sexuality and HIV/AIDS are still taboo in our churches
- Our members have not been trained to go for testing (in a pastors' meeting it was impossible to test even one of the pastors...)
- HIV/AIDS is still a taboo
- Some of the church members and pastors believe that having HIV is the consequence of sin
- Some of our pastors send sick people to the traditional healers...
- Sometimes people are asked by the pastors to stop the treatment
- FINAL QUESTION: What can be done in addition to what has already been done?
- ANSWERS: The church needs to educate its members and break the barriers of silence and taboos. Parents need to talk about human sexuality and HIV/AIDS with their children.

#### **4. ADVENTIST CHURCH RESPONSE**

This section is dedicated to describe the main activities of AAIM in the three African Divisions between October 2012 and March 2013.

##### **OCTOBER-NOVEMBER 2012**

#### **4.1 Democratic Republic of Congo - AAIM is expanding its work in the capital of Kinshasa, and the provinces of Katanga and Kasai**

God is opening new doors for AAIM in the Republic of Congo. The latest reports from the AAIM Coordinator, Dr. Jean Marie Badinanyi Makenga, informed that during February 2013, more than 650 people attended programs in the churches of Kananga II, Kananga Center and Nganza.

Among the main subjects discussed during the seminars were: Stigmatization, Rejection, Isolation, and Refusal of Work for people living with HIV.

The Kasai Central Field is receiving a strong impact and a high level of sensitization on HIV/AIDS. Hundreds of people are receiving the message of HIV prevention.

Some time ago, AAIM sent the French version of its Training Manual electronically to the Congo, as well as "HIV/AIDS - A Journey of Hope" #1 & #2, which cover a complete description of the disease and how to prevent it. Material on how to organize the church to fight HIV/AIDS was also included.

During May 2013, AAIM will visit Kinshasa in order to give support and reinforce the good work being done by Dr. Badinanyi.

#### **4.2 Program for the Pathfinders -The preparation of a new Program on HIV/AIDS is in progress**

AAIM is working in collaboration with the GC-Youth Department to finish a new curriculum on HIV/AIDS for the Pathfinders. The work is at an advanced stage.

This material includes description of HIV/AIDS and Sexually Transmitted Infections in the form of representations and drama (simulated real life situations).

Mentorship, relationships, self-esteem, respect, integrity and dignity are some of the main components, together with a more practical and realistic view of the problem.

A draft was already submitted to the Youth Department for review and comments.

##### **DECEMBER 2012**

#### **4.3 South Africa - Association of Adventists Living with HIV/AIDS**

The Trans Orange Conference of the Seventh-day Adventist Church in South Africa (TOC), has taken a big step forward in the fight against HIV/AIDS and its associated Stigma, with the organization of a large HIV/AIDS Convention and the launching of their first Association of Adventists living with HIV and AIDS.

This event took place on the 1st. of December 2012 in Henley on Klip, 45 Km. from Johannesburg, South Africa.

The commemoration of the International AIDS Day, offered the perfect frame for this gathering which included the TOC officers, Pastors, HIV/AIDS Coordinators and a large number of church members.

The creation of this Association of Adventists Living with HIV and AIDS will help to eliminate the stigma that HIV positive members suffer in our churches. It will give an opportunity to voice their concerns and become totally integrated to the life of the church.

After the existing one in Kenya, this is the second officially organized Association under the auspices of AAIM.

#### **4.4 Madagascar (1) - Pilot experience - HIV/AIDS through Youth Alive - Joint program - Visit to the Director of the Madagascar National AIDS Office**

Towards the end of last year, AAIM received a request from IOUM - Indian Ocean Union Mission to help organize a comprehensive and strong HIV/AIDS program channeled through the "Youth Alive" (YA), a well known Positive Peer Prevention Risky Behaviors Program, using funds made available by ADRA Madagascar.

In December 2012 AAIM helped with the writing of the proposal and the budget, which was then submitted to the IOUM President, Pastor Aniel Barbe and the ADRA-Madagascar Director, Mr. Peter Delhove.

This work was done By Dr. Oscar Giordano, in collaboration with Mrs. Rhoda Nthani (SID-HIV/AIDS Coordinator), Dr. Razaka Andriamandimboisa (IOUM-HIV/AIDS National Coordinator), and Mrs. Harivololona Rajaonarison (IOUM Associate Treasurer). After consideration and several adjustments, ADRA authorized the proposal, and funds were made available to start on March 1 to 3, 2013.

The Youth Alive Program has been very successful, and targets several risky behaviors and problems and includes a workshop on HIV/AIDS. This time, through this proposal the intention is to put a very strong emphasis on HIV/AIDS and STIs (Sexually Transmitted Infections). The GC-Health Ministries Associate Director and International Youth Alive Expert, Dr. Kathleen Kuntaraf was constantly consulted during the process of the writing of the proposal.

This is the first time such a joint-program will take place in Africa, and particularly in Madagascar, where a YA took place in Antananarivo in 2003. This time the new program will be implemented in 6 sites all over the big island.

The Malagasy population is comprised by 55% of young people, a rich group of human resources, which needs to be taken care of if the country is to succeed in the future.

A 2009 survey done on 3,543 youths found an HIV prevalence rate of 0,34% in youths who were less than 20 years of age whereas the national prevalence for adults is 0.2% .

The UNFPA (United Nations Population Fund) also reports that 17.6% of young women had had sex before the age of 15 and only 9.1% of young men of the same category had. Furthermore, one out of three adolescents had had an undesired pregnancy<sup>1</sup>

At the same time, and according to USAID, Madagascar has one of the highest rates of STIs in the world, meaning that a large portion of the population has increased vulnerability to HIV/AIDS<sup>7</sup>.

We had the opportunity to visit Dr. Razafindrafito Hajarijaona, Executive Secretary of the Madagascar National Office against AIDS or "Comite National de Lutte Contre le SIDA", and invite him to the Official opening of the IOUM-HIV/AIDS w/Youth Alive Program in March 2013. This important contact will open doors for this Ministry.

This is going to be a pilot program, and, if proven effective in the prevention of HIV, may be taken to other countries in Africa.

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<sup>7</sup> USAID - Madagascar - [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/africa/madagascar.html](http://www.usaid.gov/our_work/global_health/aids/Countries/africa/madagascar.html) - Accessed on Nov/2012

#### **4.5 Translation of AAIM Materials - In progress**

Since its beginnings, AAIM has developed its materials in English and then translated them to French, Portuguese, and some African languages. Today, with the intensification of AAIM's work in the West Central Africa Division (WAD), as well as ECD and SID, materials in French have become indispensable.

For this reason, AAIM started an ambitious project of translating all its materials, including films and TV productions, firstly into French, Portuguese and then into local languages as the need appears.

AAIM intends to have as much material translated as possible for the upcoming Tri-Divisional Advisory on HIV/AIDS in September 2013. So far, the materials being translated are:

1. The translation of the AAIM Training Manual is done and the update is in progress.
2. The Doctor Speaks - 14 Episodes/Mini-dramas on HIV/AIDS - Translation into French completed. Sub-titles in French in progress. Translation into Malagasy in progress.
3. 30 Messages of Hope and Healing - Translation into French completed. Sub-titles in progress. Translation into Malagasy in progress.
4. 30 Messages of Hope and Healing - Translation into Portuguese by the SID translation department under the coordination of Mrs. Rhoda Nthani, SID HIV/AIDS Coordinator. This material will be used very soon in Mozambique.

#### **4.6 Film "Starting Over" - Translation and French Sub-Titles**

"Starting Over with Christ", the very successful 58 minute film on HIV/AIDS, which AAIM has used and distributed all over Africa in the past nine years, was translated into French, and sub-titles in the same language were completed at the Adventist Media Center in Madagascar. This new version is ready for distribution.

Thanks to the procurement efforts of Loma Linda University, AAIM obtained in 2004 the rights for distribution and use of the film from Gospel Communications International.

This film shows all the facets of HIV and AIDS. It is the true story of the son of a pastor who contracts HIV. The film has brought to tears and reflection thousands of people where AAIM has presented it. Today it is being made available to French-speaking people. It has also been translated into Malagasy to be used in the new project.

AAIM is exploring the possibility to add voice-overs in other languages to the film.

The translation work mentioned in the item 4.6 and 4.7, about translation of materials took full speed during February and March, when several of the tasks were finished. Brother Andrianarivelo Rajaofera Rinna Daniel was instrumental for the translations English-French and French-Malagasy, while the IOUM Media Center put their technical skills to add the sub-titles. Thank you!

#### **4.7 Tri-Divisional Advisory Nairobi-Kenya - Booking of accommodation and organization of services for the AAIM - Meeting with HIV/AIDS Coordinator and People Living with HIV.**

The time for the Tri-Divisional Advisory in September 2013, is fast approaching. The list of participants has been sent by the three divisions, and the estimate is for about 60 participants.

With the collaboration of Dr. Fesaha Tsegaye, ECD Health Ministries Director, it was possible to choose and order the conference bags for the participants. Other supplies are being ordered in South Africa.

The booking of rooms at ECD-Headquarters in Ongata Rongai, and the meals services reservation have been completed for this occasion.

We are very grateful to the ECD Officers and its administration for the support given to AAIM for the organization of this event.

JANUARY 2013

#### ***4.8 Media Production - New Audiovisual Materials***

AAIM worked with the SID Media Center in order to retrieve two series recorded some time ago, but never published. This led to the preparation of two DVDs:

- 1) "The Doctor Speaks" - The English version of this series covering the main subjects on HIV/AIDS was never organized for DVD use. This required a menu and a selection process to facilitate the viewer choices. The work was finished in March this year. Sub-titles in French will follow this process.
- 2) "24 Messages of Hope and Healing" - Professionally-acted video-clips being broadcasted by Hope Chanel International over the past five years.

This new project includes the use of these series in schools, churches, evangelistic events, etc.

FEBRUARY

#### ***4.9 Lesotho Grandmothers' Training Center - Recruiting more grandmothers - Helping the Orphans***

How many grandchildren do you have under your care? was our question to a group of grandmothers during a meeting at their training center in Lesotho.

To our amazement, each grandmother said five, ten, eight, ten... and so on. It is hard to believe how the grandmothers have to face the challenges of everyday life, helping to support the lives of their grandchildren, plus other orphans from the community with their meager resources.

AAIM is helping a group of grandmothers to develop a piece of land authorized for its use by the Lesotho Conference, on the premises of Emmanuel Adventist School in Leribe, in the Northern part of Lesotho.

The first phase of the Training Center is built and was officially inaugurated (see the October 2012 AAIM Report of Activities), and the field is being cultivated. Most recently, the land was fenced to avoid animals from the surrounding region entering and damaging the crops.

The purpose of this project is to give a comprehensive training to the orphans, to produce food, and to provide the grandmothers with an income to keep taking care of their orphans.

#### ***4.10 Nairobi, Kenya - Purchasing of Materials for the AAIM Tri-Divisional Advisory 2013 - Meeting with HIV/AIDS-King'eero - Assessment on HIV/AIDS.***

Arrangements were made in Nairobi for the printing of the conference bags and the payment of the balance for the supplies.

During this visit, we met with Gabriel Maina Gathungu, AAIM-HIV/AIDS Coordinator for the King'eero Church Project in Nairobi. Plans were laid to invite the Tri-Divisional Advisory's participants to make a visit to the project in September.

During a meeting with Mrs. Jessica Nyaribo it was agreed that she will assure the recording of events and meetings during the conferences in September.

Jessica Nyaribo worked very closely with AAIM during the 5th. Tri-Divisional Advisory in 2009.

**4.11 Cameroon - Implementing AAIM Programs - Visiting Government & HIV Positive People**

From February 19 to 22 Doctors Oscar and Eugenia Giordano visited Cameroon. They were welcomed and accompanied by the WAD-Health Ministries Director Dr. André Ndaa during their visits in the field.

The first activity was to meet with the Officers of the Central Africa Union Mission, Pastor Valère Assambe - President, and Pastor Jean Bone - Treasurer (the secretary was on a mission), and also Dr. Antoine Mahele, Union Health Ministries Director. It was a good opportunity to plan future activities in their fields.

We also met with Dr. Assam Assam Jean Paul, who came from Douala, and is associated to AAIM as Central Africa Union HIV/AIDS Coordinator. It was a great opportunity for planning future activities and to make a visit to Dr. Etienne Mvondo, Director of the "Comite National de Lutte contre le SIDA" or Cameroon National Office against AIDS.

Dr. Mvondo, who is very well acquainted with the denominational work in his country, commented on the role of the churches and, among other things, said: "There is not the mobilization expected from the Churches", and added: "The different denominations are not capitalizing sufficiently on the great opportunity they have because of the epidemic."

He also mentioned the difficulties they face to obtain anti-retroviral drugs and fear that there could be a shortage this year.

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Important meetings were held during this trip:

1. With the Women Ministries and Lay Members, at the Church in the Union premises (besides the Dental Clinic). This meeting served to sensitize all the WM-Union leaders on issues of HIV/AIDS. HIV/AIDS materials in French were distributed among the participants.
2. With Pastors, Union Staff, and Lay Members at the Union Conference Room, which presented a great opportunity to expose AAIM's Action Plan and answer questions of concern about the epidemic.
3. A Separate meeting took place at the Dental Clinic premises with Dr. Ndaa, Dr. Mahele, Dr. Assam Assam, and Doctors Oscar and Eugenia Giordano. Aspects of AAIM's work were discussed and materials shared with the Directors. Important plans were laid for future actions.
4. Meeting with staff of the Union Adventist World Radio Office, to broadcast the "24 Messages of Hope and Healing on HIV/AIDS" to their large audience in Cameroon.

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Among the main objectives of AAIM is the work of Church Based Support Groups.

The visit to Josephine, an HIV Positive woman who lives in a poor neighborhood in the outskirts of Yaounde, revealed the extraordinary work some of our dedicated members are doing. Josephine received us in her home, and shared her story with us. Sister Engoulou, an active member of an AAIM Support Group, lead us to Mrs. Josephine's house. Josephine's life has dramatically changed after the visit of Sister Engoulou, who helped her to get tested and later to obtain treatment. Today, she lives a normal life.

We had a warm reception and the environment was conducive to reflection, comfort and prayer with Mrs. Josephine, who is a widow with children. We shared words of encouragement and faith. We promised to visit her again in the future.

MARCH

**4.12 Madagascar (2)- Training of Facilitators - Joint Program AAIM+Youth Alive Site #1 & AAIM Printed Material and DVDs for SID/Madagascar**

From March 1 to 3, 2013, Phase # 1 of the "IOUM HIV/AIDS Project with Youth Alive" took place in "Espace Le Lion d'Or", Anosy Avaratra, in Antananarivo.

With an attendance of more than 50 participants and speakers, with representatives coming from all regions of Madagascar, and more specifically from the six sites where the following program will take place.

The main purpose of this gathering was to train the facilitators that will conduct the programs in the provinces, starting with Antananarivo. The remaining five sites will be: Diego-Suarez (Antsiranana), Toliara, Mahajanga, Tamatave (Toamasina), and Morondava.

At the official opening on Friday March 1, we were honored by the presence of Dr. Razafindrafito Hajarijaona, Executive Secretary of the Madagascar National Office against AIDS.

The program was conducted by the Union President, Pastor Aniel Barbe, with the collaboration of Dr. Kathleen Kuntaraf, GC-Health Ministries Associate Director and Youth Alive international expert, Dr. Oscar Giordano and Dr. Eugenia Giordano from the Adventist AIDS International Ministry (AAIM), Mrs. Rhoda Nthani, AAIM-SID-HIV/AIDS Coordinator, and Dr. Razaka, Andriamandimbisoa, AAIM-Madagascar-HIV/AIDS Coordinator.

It was a very successful program that paved the way to start the next phase with a full program in Antananarivo, between the 1-7 April 2013. AAIM prepared laminated sheets on HIV/AIDS and DVDs for all the participants, and Power Point presentations for plenary and workshop sessions to facilitate the following event in April.

**4.13 Collaboration of AAIM with IAD-HM**

We received an invitation from the Inter-America Division to collaborate with the IAD-Health Summit, from 20-22 March 2013, with two workshops on HIV/AIDS in English and Spanish, for the Inter-American and Caribbean countries, many of them with significant numbers of HIV positive people.

It was a good opportunity to extend AAIM's assistance and share its materials with that division. IAD took charge of all expenses. In the past years AAIM has shared materials with the thirteen world divisions, and collaborated with NAD and IAD.

This experience helps to broaden the understanding of the problem around the world.

**4.14 Research Project with Loma Linda University School of Public Health**

Today, HIV/AIDS is not considered a death sentence anymore. Modern antiretroviral treatments have improved the quality and length of life for those carrying the virus, especially after the introduction of HAART in the mid-90's.<sup>8</sup>

The ARV treatment is for life, and sometimes people stop it, which is very unfortunate, because the virus will start replicating again with a risk of becoming resistant to the treatment.

The reasons for stopping the treatment are not the same for everybody. Some attribute this decision to the fact that ARVs make you feel better, and you believe you are "cured". Others refer to being depressed because of taking so many medicines everyday of their lives. We also need to remember that for some it is the adverse side effects that prompt the decision.

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<sup>8</sup> HAART is the acronym for Highly Active Anti-Retroviral Therapy. It is the combination of three ARV medicines in one pill.

ARVs are provided for free in the majority of the countries, therefore, financial reasons are not usually the cause.

In any case, we need to better understand the mechanisms and the process leading to this decision, because if we know that, and are able to identify the problem in the early stages, we will be able to counsel and help many more people, including HIV positive church members who sit with us in our churches every week and do not share their concerns because of stigma.

AAIM, already held meetings with Dr. Tricia Penniecock, Dean, Loma Linda University School of Public Health (LLU-SPH), and with Dr. Pramil N. Singh, Director, Health Research Center (LLU-SPH), to explore the possibility of conducting research on the subject of "Why People Stop Taking Anti-Retro Viral Treatments?"

## **FUTURE EVENTS**

JULY 2013

**Adventist World Youth Congress** - AAIM was invited to address the Youth on issues concerning HIV/AIDS

SEPTEMBER 2013

**6th AAIM Tri-Divisional Advisory** - Planning is in progress for the AAIM 2013 Tri-Divisional Advisory in Nairobi between 9-14 September 2013. Please, take note of this event.

All Board members are invited to participate in this event!!!

Please, contact us for accommodation arrangements.

## **6. CONCLUSION**

In reviewing the past six months, we are amazed at how our Lord and Savior Jesus-Christ has led this Ministry. "Many programs, in many countries, to help many people!" could be the title for this report, but we prefer to call it: "Glory and Praise be to God!"

Once again, God has delivered what from the beginning seemed impossible! Yes, this was the word everybody around us was repeating ten years ago: "Impossible" to deal with HIV and AIDS. And today we can say: this is not true, if it is part of God's plan, and we don't have any doubt this was His Ministry from the beginning! A Ministry of Hope, Love and Compassion.

We encourage all who have supported this ministry all these years, to persevere and continue fighting this epidemic. Today, we are closer to the day that HIV and AIDS will not be a subject of great concern for the world anymore, but one more of the many diseases that medical science can control and maybe sometime in the future, even find a cure.

Once again, AAIM thanks its partners in Ministry, the General Conference, the GC-Health Ministries Department, East-Central Africa Division, Southern Africa Indian-Ocean Division, and West-Central Africa Division, ADRA International and Loma Linda University for their constant encouragement and support.

AAIM thanks its generous donors for their financial support,  
which facilitate the majority of the country programs,

We thank our Lord Jesus Christ for His love and His guidance!

## **ANNEX**

### **1) AAIM On-going Programs in Africa:**

**1. Centers of Hope & Healing** - Each Church a Health Center for the Community - Church Based Support Groups

**2. Giving Hope to the Hopeless** - Home Based Care, Income Generating Activities, Sewing Workshops & other Skills Development Activities, Food Gardens.

**3. Caring for the Vulnerable Children** - Orphans Care, Feeding Programs, Clothing and Shoes Distribution.

**4. Caring for the Youth** - Special Programs for the Youth, Resilience Development & Prevention of Risky Behaviors

**5. Caring for the Care-Givers** - HIV/AIDS Education and Support for the Grandmothers & Grandfathers' Clubs

### **2) AAIM COUNTRY HIV/AIDS COORDINATORS (Update)**

Extensive networks of HIV/AIDS Coordinators have been organized in the three divisions. The AAIM Coordinators and lay members who participate in the Church Based Support Groups are working on the front-lines of the epidemic. We highly appreciate and value their dedication and commitment to help those infected and affected by the epidemic.

The following is the list of the 24 HIV/AIDS Coordinators organized by Division and Union/Countries. Please, keep them in your prayers.

#### **Eastern-Central African Division (ECD)**

Division HIV/AIDS Coordinator: Dr. Fesaha Tsegaye

1.DRC	Kinshasa -	Dr. Badinanyi (HIV/AIDS only)
2.DRC	NECAT -	Mrs. Safi Bakano (HIV/AIDS only)
3.DRC	Lubumbashi -	Dr. Denise Kikuka Kaluhala (w/HM)
4.Ethiopia Union	Addis-Ababa	Ms. Gelane Kumera (w/HM)
5.Kenya	East Africa Union -	Mr. Daniel Tirop (w/HM)
6.Kenya	King'eero -	Mr. Gabriel Maina (HIV/AIDS only)
7.Kenya	Maasailand -	Mr. Solomon Lenana (HIV/AIDS only)
8.Rwanda	Kigali	Dr. Marc Habeniza (w/HM)
9.Tanzania	Arusha	Dr. Shango Kingu (w/HM)
10.Uganda Union	Kampala	Pr. Samuel Kizito (w/HM)
	Burundi -	Not appointed
	South Sudan -	Not appointed

#### **Southern Africa Indian-Ocean Division (SID)**

Division HIV/AIDS Coordinator: Mrs. Rhoda Nthani

11.Angola	North Union	Mr. Helder Correia Dos Santos (HIV/AIDS only)
12.Angola	South West Union	Mr. Tomas Isaac (HIV/AIDS only)
13.Botswana		Mr. Phillimon Armando (HIV/AIDS only)
14.Indian Ocean Union		Dr. Razaka Andriamanandibisoa (HIV/AIDS only)
15.Malawi		Pr. Dennis Matekenya
16.Mozambique		Mrs. Shunila Rana

17.Sao Tome e Principe	Mr. Francisco Bonfin
18.Southern Africa Union	Dr. Jun Negre
19.Zambia	Mercy Sitenge Ulaya
20.Zimbabwe	Pr. Innocent Gwizo

### **West-Central African Division (WAD)**

Division HIV/AIDS Coordinator: Dr. Andre Ndaa

21. Central Africa Union Mission	Dr Assam Assam Jean Paul
22. Sahel Union Mission	Dr Awute Gilles (w/HM)
23. North-western Nigeria Union Mission	Dr John Sotunsa (w/HM)
24. West Africa Union Mission	Mrs Jemimah Wennie (w/HM) and Pastor Amos B. Horace

Ghana Union Conference - Not appointed  
Eastern Nigeria Union Mission - Not appointed

### **3) LIST OF COUNTRIES AND MAJOR CITIES REACHED BY AAIM**

**By alphabetical order (Update March 2013)**

1. Angola
  1. Luanda
  2. Huambo
2. Burundi - Bujumbura
3. Botswana - Gabarone
4. Cameroon
  1. Yaounde
  2. Douala
  3. Nanga Eboko (Cosendai)<sup>9</sup>
5. Democratic Republic of Congo
  1. Kinshasa
  2. Lubumbashi
  3. Goma
6. Ethiopia
  1. Addis-Ababa
  2. Gimbe
  3. Mekele
7. Gabon - Libreville
8. Ghana
  1. Accra (Valley View)
  2. Kumasi
9. Ivory Coast - Abidjan
10. Kenya
  1. Nairobi
  2. Eldoret (AUEA-Baraton)
  3. Kajiado-Oloongurman
11. Lesotho
  1. Maseru
  2. Leribe
  3. Maluti
  4. Mohalishek
12. Madagascar
  1. Antananarivo
  2. Antsirabe (Zurcher)
13. Mauritius - Vacoas-Phoenix
14. Malawi
  1. Blantyre
  2. Lilongwe
15. Mozambique
  1. Maputo
  2. Quelimane
16. Namibia - Windohek
17. Nigeria
  1. Lagos

55 Major cities in 25 countries  
where AAIM implemented programs  
on HIV/AIDS from 2004 to 2012

<sup>9</sup> Between parenthesis are written the Adventist Universities already visited to present the AAIM HIV/AIDS Curriculum.

*AAIM Report of Activities - April 2013*

2. Ile-Ife
3. Babcock (Babcock)
18. Rwanda
  1. Kigali (AUCA)
  2. Kibuye
19. South Africa
  1. Johannesburg
  2. Bloemfontein
  3. Durban
  4. Cape Town (Helderberg)
  5. East London (Bethel College)
  6. George
  7. Limpopo
  8. Pretoria
20. Swaziland
  1. Manzini
  2. Mbabane
21. Tanzania
  1. Arusha
  2. Musoma
22. Togo - Lome
23. Uganda
  1. Kampala (Bugema)
  2. Entebbe
24. Zambia - Lusaka
25. Zimbabwe
  1. Harare
  2. Bulawayo (Solusi)