Seventh-day Adventist Church

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

A Ministry of Hope, Love, and Compassion

REPORT OF ACTIVITIES APRIL - SEPTEMBER 2013

Presented at the GC-AAIM Board Meeting
GC-Headquarters – Silver Spring - MD
October 7, 2013

AAIM - Adventist AIDS International Ministry

(GC-HIV/AIDS Africa Office)

The Adventist AIDS International Ministry *is an international organization endeavoring to educate and assist people touched by the HIV epidemic in the three African Divisions of the Seventh-day Adventist Church.*

The General Conference of Seventh-day Adventists is its senior organization.
AAIM works for:

- *East-Central Africa Division of Seventh-day Adventists*
- *Southern Africa-Indian Ocean Division of Seventh-day Adventists*
- *West-Central Africa Division of Seventh-day Adventists*

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

1 – INTRODUCTION

Important developments in the field of HIV/AIDS have been taking place during this year 2013. The long awaited modification of the WHO treatment guidelines marks a historic point for the life-saving Anti-Retro-Viral Therapy. In fact, the modification of the previous recommended CD4 level from 250 to 500 to start treatment, will allow access to a much greater number of people, and among other benefits, will decrease the number of HIV infections, opportunistic infections, and the number of deaths per year.

The ultimate desired goal for many, AAIM included, is treatment for all those infected with HIV, regardless of the CD4 count, but this new protocol opens new possibilities for the survival of millions and the improvement of the overall situation with HIV and AIDS.

We wish another important decision would be taken, and that is a recommended universal testing, which, combined with the new guidelines for treatment, would reduce the epidemic to much safer levels.

The current UNAIDS administration is working very hard with the participating governments to do a better surveillance and improve the data on the epidemic. UNAIDS is committed to reach the Millennium Development goals, and particularly # 6, which concerns specifically the eradication of HIV and AIDS.

Great progress has been made in the past five years. In the next International AIDS Society Meeting we will see some of the results.

Another important development this year was the largest Adventist All-Africa gathering on HIV/AIDS, which took place between the 9th and the 14th of September 2013, in Nairobi, Kenya. This important event integrated people and initiatives from all corners of Africa, expanding and solidifying the AAIM network.

With a lot of enthusiasm and new ideas, AAIM continues its “Journey of Hope”. We invite you to share our thankfulness to God, as we walk together through the pages of this report.

2 .1 UPDATE ON HIV/AIDS IN THE WORLD

The information on this section comes mainly from the 2013 UNAIDS Global Report. [1]

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 and trends, latest news on HIV/AIDS, and progress in treatment.

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

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[1] http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf - Accessed on September 18, 2013

2.2 LATEST NEWS ON HIV/AIDS from the UNAIDS Global Report 2013

- **Dramatic drop of 52% in global HIV infections**
- **New HIV infections continue to decline**
- **Stigma and discrimination remain high**
- **Sharp reductions in the number of children newly infected with HIV**
- **More people than ever are now receiving life-saving antiretroviral therapy**
- **New ART Guidelines**
- **Under the 2013 WHO Guidelines for ARTs, 28.3 million people were eligible in 2013, but only 34% received treatment**

According to the UNAIDS report "the annual number of new HIV infections continues to decline, with especially sharp reductions in the number of children newly infected with HIV. More people than ever are now receiving life-saving antiretroviral therapy, contributing to steady declines in the number of AIDS-related deaths and further buttressing efforts to prevent new infections.

Stigma and discrimination remain high in many parts of the world.

Globally, an estimated 35.3 (32.2–38.8) million people were living with HIV in 2012. An increase from previous years as more people are receiving the life-saving antiretroviral therapy. There were 2.3 (1.9–2.7) million new HIV infections globally, showing a 33% decline in the number of new infections from 3.4 (3.1–3.7) million in 2001. At the same time the number of AIDS deaths is also declining with 1.6 (1.4–1.9) million AIDS deaths in 2012, down from 2.3 (2.1–2.6) million in 2005."

As a result of sustained progress, the world has the potential to reach at least 90% of pregnant women living with HIV with antiretroviral interventions by 2015. Antiretroviral coverage among pregnant women living with HIV reached 62% in 2012, and the number of children newly infected with HIV in 2012 was 35% lower than in 2009.

The world is within reach of providing antiretroviral therapy to 15 million people by 2015. In 2012, 9.7 million people in low- and middle-income countries received antiretroviral therapy, representing 61% of all who were eligible under the 2010 World Health Organization (WHO) HIV treatment guidelines. However, under the 2013 WHO guidelines, the HIV treatment coverage in low- and middle-income countries represented only 34% (32-37%) of the 28.3 million people eligible in 2013. Antiretroviral therapy not only prevents AIDS-related illness and death: it also has the potential to significantly reduce the risk of HIV transmission and the spread of tuberculosis. From 1996 to 2012, antiretroviral therapy averted 6.3 million AIDS-related deaths worldwide, including 5.2 million deaths in low- and middle-income countries.

Gender inequalities and harmful gender norms continue to contribute to HIV-related vulnerability. As one manifestation of the role of gender issues in national epidemics, a recent review found that women who have experienced violence from an intimate partner are 50% more likely to be living with HIV. Nearly all countries (92%) that conducted mid- term reviews of their national AIDS response acknowledged the central importance of addressing gender inequalities.

HIV-related stigma and discrimination persist as major obstacles to an effective HIV response in all parts of the world, with national surveys finding that discriminatory treatment of people living with HIV remains common in multiple facets of life, including access to health care.

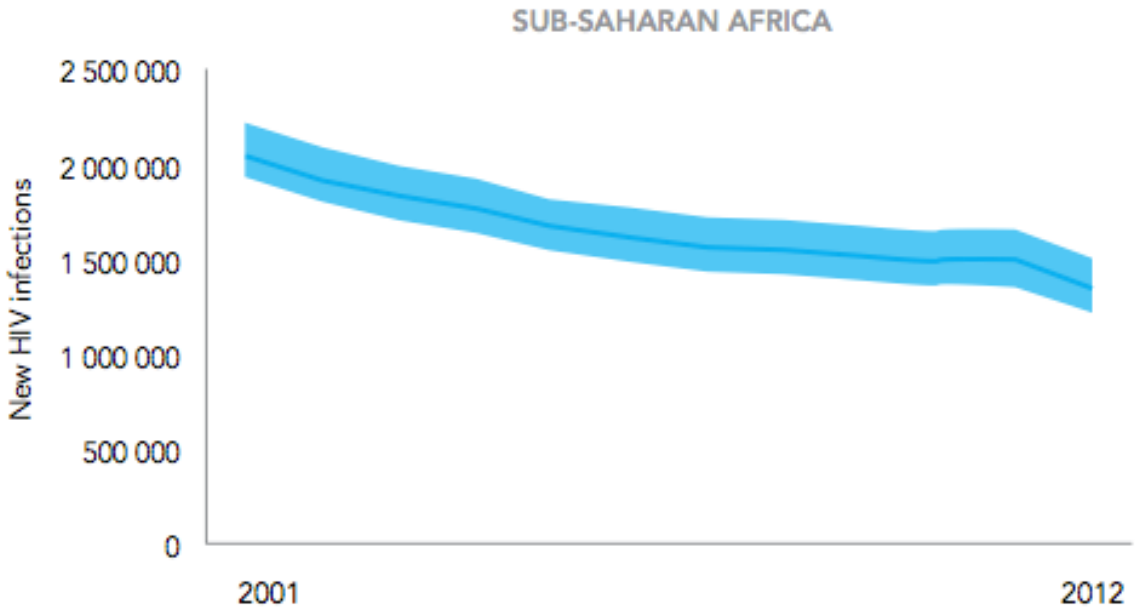
HIV prevention must remain the cornerstone of the HIV response.

Trends in Sexual HIV Transmission

The epidemic continues to disproportionately affect sub-Saharan Africa, home to 70% of all new HIV infections in 2012. However, since 2001, the annual number of new HIV infections among adults in sub-Saharan Africa has declined by 34%.

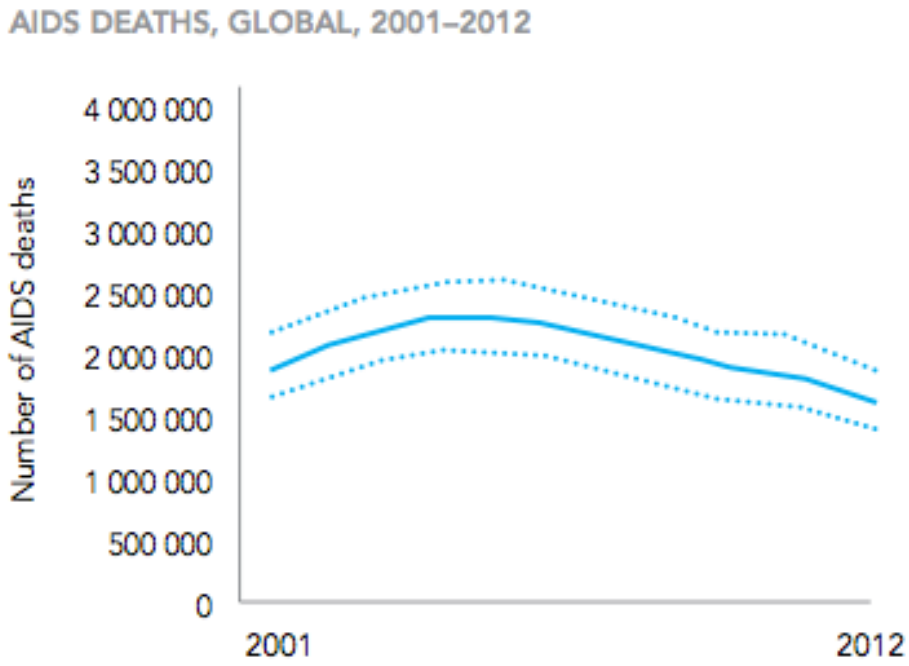
2 .3 STATE OF THE EPIDEMIC - Current trends and graphs

Graph on the number of new infections in the sub-Saharan Africa (2001-2012)

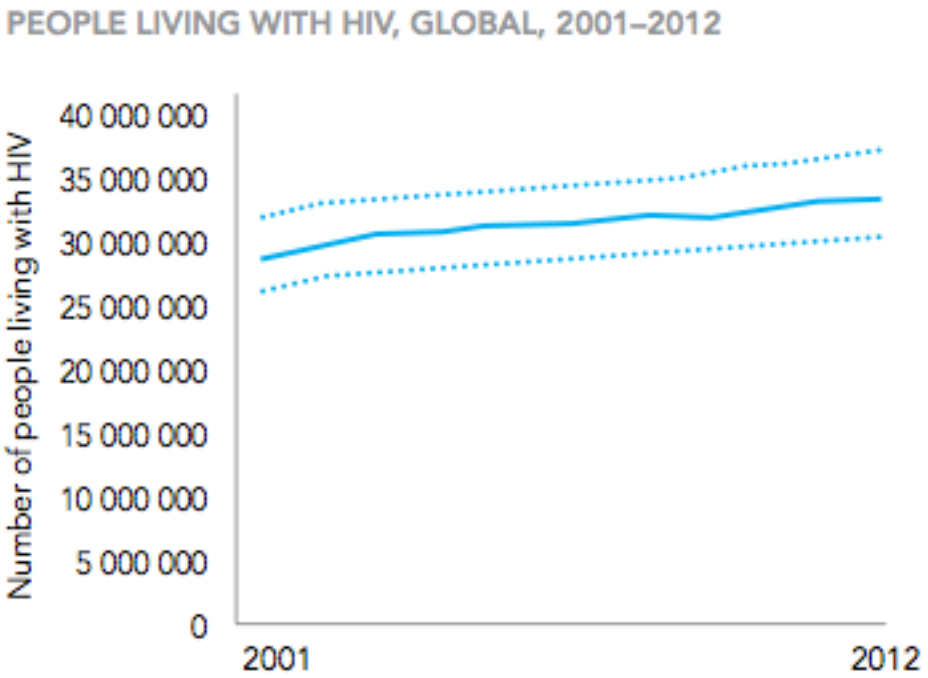


This graph follows the same global trend on new infections

Graph on the number of deaths, global (2001-2012)



Graph on the number of people living with HIV, global (2001-2012)



Overview of global HIV/AIDS statistics for the last 10 years

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
People living with HIV	**29.4 million** [27.2-32.1 million]	**30.2 million** [28-32.8 million]	**30.8 million** [28.6-33.1 million]	**31.2 million** [29-33.4 million]	**31.5 million** [29.4-33.6 million]	**31.8 million** [29.6 - 33.8 million]	**32.1 million** [29.9-34 million]	**32.5 million** [30.2-34.3 million]	**32.9 million** [30.5-34.8 million]	**33.5 million** [31-35.4 million]	**34.0 million** [31.4-35.9 million]
New HIV infections (Total)	**3.2 million** [2.9-3.4 million]	**3.1 million** [2.8-3.3 million]	**3 million** [2.8-3.2 million]	**2.9 million** [2.7-3.1 million]	**2.8 million** [2.6-3.0 million]	**2.8 million** [2.6-3.0 million]	**2.7 million** [2.5-2.9 million]	**2.7 million** [2.4-2.9 million]	**2.6 million** [2.3-2.9 million]	**2.6 million** [2.3-2.8 million]	**2.5 million** [2.2-2.8 million]
New HIV infections (adults)	**2.6 million** [2.4-2.8 million]	**2.5 million** [2.3-2.7 million]	**2.4 million** [2.2-2.6 million]	**2.4 million** [2.2-2.5 million]	**2.3 million** [2.1-2.5 million]	**2.3 million** [2.1-2.5 million]	**2.3 million** [2-2.4 million]	**2.2 million** [2.0-2.4 million]	**2.2 million** [2.0-2.4 million]	**2.2 million** [1.9-2.5 million]	**2.2 million** [1.9-2.4 million]
New infections (children)	**550 000** [500 000–640 000]	**560 000** [510 000–650 000]	**560 000** [510 000–650 000]	**550 000** [500 000–630 000]	**540 000** [490 000–620 000]	**520 000** [470 000–590 000]	**490 000** [440 000–550 000]	**460 000** [410 000–520 000]	**430 000** [370 000–490 000]	**370 000** [320 000–430 000]	**330 000** [280 000–390 000]
AIDS-related deaths	**1.9 million** [1.7-2.2 million]	**2 million** [1.9-2.3 million]	**2.2 million** [2-2.5 million]	**2.3 million** [2.1-2.6 million]	**2.3 million** [2.1-2.6 million]	**2.3 million** [2.1-2.5 million]	**2.2 million** [2.-2.4 million]	**2.1million** [1.9-2.3 million]	**1. 9 million** [1.8-2.2 million]	**1.8million** [1.6-2.0 million]	**1.7 million** [1.5–1.9 million]

2.4 2013 WHO new Guidelines for ARV therapy

- WHO issues new HIV recommendations calling for earlier treatment

"*Earlier, safer and simpler antiretroviral therapy can push the HIV epidemic into irreversible decline*

News release

30 JUNE 2013 | GENEVA - New HIV treatment guidelines by WHO recommend offering antiretroviral therapy (ART) earlier. Recent evidence indicates that earlier ART will help people with HIV to live longer, healthier lives, and substantially reduce the risk of transmitting HIV to others. The move could avert an additional 3 million deaths and prevent 3.5 million more new HIV infections between now and 2025.

Call to initiate treatment at 500 CD4 cells/mm³ or less

The new recommendations encourage all countries to initiate treatment in adults living with HIV when their CD4 cell count falls to 500 cells/mm³ or less – when their immune systems are still strong. The previous WHO recommendation, set in 2010, was to offer treatment at 350 CD4 cells/mm³ or less. 90% of all countries have adopted the 2010 recommendation. A few, such as Algeria, Argentina and Brazil, are already offering treatment at 500 cells/mm3.

WHO has based its recommendation on evidence that treating people with HIV earlier, with safe, affordable, and easier-to-manage medicines can both keep them healthy and lower the amount of virus in the blood, which reduces the risk of passing it to someone else. If countries can integrate these changes within their national HIV policies, and back them up with the necessary resources, they will see significant health benefits at the public health and individual level, the report notes.

Further recommendations

The new recommendations also include providing antiretroviral therapy - irrespective of their CD4 count - to all children with HIV under 5 years of age, all pregnant and breastfeeding women with HIV, and to all HIV-positive partners where one partner in the relationship is uninfected. The Organization continues to recommend that all people with HIV with active tuberculosis or with hepatitis B disease receive antiretroviral therapy."[2]

[2] http://www.who.int/mediacentre/news/releases/2013/new_hiv_recommendations_20130630/en/

3. ADVENTIST CHURCH RESPONSE

This section is dedicated to describe the main activities of AAIM in the three African Divisions between May and September 2013.

MAY 2013

3.1 ***Democratic Republic of Congo - KINSHASA*** *- AAIM is expanding its work to Kinshasa, the capital of Congo. Visits and programs between 15-22 May, 2013*

Following the last AAIM Board Meeting in April, a visit to Kinshasa, the capital of Congo, took place. This is the third major city visited by AAIM in Congo, together with Lubumbashi and Goma.

Dr Fesaha Tsegaye, ECD-HMD, Dr. Oscar Giordano and Dr. Eugenia Giordano made up the AAIM team that visited Kinshasa.

Overview of the HIV epidemic in Congo and its impact on our Church: The Democratic Republic of Congo (DRC) is one of the most populous and vast countries in sub-Saharan Africa, with a population of over 60 million. This country presents a generalized epidemic with a prevalence of 1.1% with an ART coverage of 31% only. The government estimates that 481,500 people live with the virus.[3]

According to the international NGO Medecins Sans Frontiers, the number of HIV-positive people in DRC is currently estimated at more than one million, 350,000 of whom could benefit from ARV treatment. However, only 44,000 are receiving treatment at this time. This represents a 15 percent ARV coverage rate, one of the lowest in the world (of all African countries, only Somalia and Sudan have similar rates).

PEPFAR estimates a 4.3 % HIV prevalence among pregnant women attending antenatal care (ANC)[4]
The Kinshasa PNLMS informed AAIM of a 3% current and official HIV prevalence in Kinshasa.

It is very challenging to gather accurate information in a country with so much socio-political instability, but in fact Congo is severely affected by the epidemic, and also the Adventist church members, several of them identified during AAIM's visit in June.

For all these reasons we consider that the AAIM visit was timely and very helpful for our local church there.

Main activities of AAIM in Kinshasa: they could be listed as follows,

1) Visiting with Union Officers and the AAIM Coordinator

During this visit we had the opportunity to meet with Pastor Ambroise Fumakwa Mfumu, West Congo Union Mission (WCUM) President, together with the Treasurer, Elder Samuel Landu Kinkela and the Secretary Elder Alphonse Kabeya Nsaka. Dr Jean Marie Badinanye Makenga was also present during the meetings. The current situation of HIV/AIDS was discussed as well as church strategies of Prevention, Care and Support.

2) **Sermon at "L'Eglise de l'Agombe**

We spent a wonderful Sabbath at L'Agombe Church, sharing the word of God, and interacting with fellow church members, followed by a fellowship dinner. This was a good opportunity to learn more about the status of HIV/AIDS in the church as well as current needs.

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[3] http://www.unaids.org/en/regionscountries/countries/democraticrepublicofthecongo/

[4] http://www.pepfar.gov/documents/organization/145717.pdf

3) Seminar on HIV/AIDS for Pastors and Church Members

On Sunday, a seminar on HIV/AIDS and STIs took place on the premises of WCUM. It was conducted by Doctors Oscar and Eugenia Giordano. With full attendance, the seminar touched the main aspects of the epidemic, high risk groups and HIV prevention, followed by a very intense session of questions and answers.

At the end of this program, it was clear that there is a great need for HIV/AIDS education, assistance and interventions in this territory.

4) Visiting HIV positive members

Visiting people living with HIV and AIDS is part of each of AAIM's trips to the fields. This time, we visited church members infected and or affected by the epidemic. It was very touching to learn how close the epidemic has impacted our church and its members. We arrived to Adventist homes where we found even young members infected. Again, we felt that much work is required to protect our family in Christ.

5) Meeting with the Union Departments:

On Monday the 20th of May, we had meetings with three of the departments most concerned with HIV and AIDS.

Meeting with the Union MIFEM

The first meeting was with the team from MIFEM. The need for HIV positive women willing to openly witness their experience with HIV and AIDS, was emphasized, as well as how stigma impacts their lives. Next, the need to organize Associations of Adventist People Living with HIV/AIDS (AAPLHA), was addressed, as well as the possibility of sending a delegation to the upcoming 2014 AAPLHA Convention in South Africa (Organized by the office of the SID-AAIM Coordinator, Mrs Rhoda Nthani and AAIM)

Meeting with the Youth Ministries Department.

The second meeting was with the Youth Ministries Department and Dr. Badinanyi (AAIM Coordinator - Kinshasa). The information received was that many people do not believe in AIDS as a disease, but as an action of witchcraft. It was also shocking to know that more and more young people live together without getting married and that the message of Abstinence doesn't go through, altogether increasing the risk of infections. Dr. Badinanyi did sensitization campaigns among the Youth and also visits to the Bacala prison, where one inmate will get baptized.
AAIM left materials on HIV/AIDS and "Youth HIV-Prevention Program." Dr Badinanyi has received a copy of the film "Starting Over" with French sub-titles, which can be duplicated and used as a powerful tool to persuade the Youth to avoid risky behaviors that lead to HIV infections.

Education Department and National Education Coordination.

During this meeting, we learned about the 2,000 Adventist schools in Congo, with 13,167 teachers and professors, for 292,135 students that populate our educational institutions (of which128,631 are girls). We also learned that HIV/AIDS is not a subject receiving priority and is not well taught in our schools in Congo.

The Adventist educational system in Congo, is managed from a Coordination Office at the Union level, and the whole network is easily accessible to pass information and create awareness.

"The problem is the training of the main people responsible at all levels of the church educational system" said Pastor Luc Bazeyi Kiabala, Director of the Education Department of WCUM.

Human Sexuality, from a Christian-Adventist perspective, is missing in the schools' curriculums.

Therefore, the possibility of organizing a comprehensive AAIM program of training of trainers for delegates from all the regions of Congo, was discussed, to equip our educational institutions with knowledge and tools to prevent HIV infections among our Youth. May 2014 was indicated as a possible date for this program.

6) Visiting AIDS Government Institutions and Officers

PNLMS - "Programme Nationale de Lutte Multisectorielle contre le SIDA" was the first Governmental office that we visited in Kinshasa. Dr Badinanyi presented the official registration of AAIM as an NGO, which will help the operations of AAIM in the region.

We were informed that there is a current 3% HIV prevalence in Kinshasa, and that the 2012 estimate of 1.7% was not correct.

The Director gave us the latest official PNLMS publications which were kept by Dr. Badinanyi for AAIM local use.

PNLS - "Plan National de Lutte Contre le SIDA" was the second Governmental institution visited by AAIM. Dr. Theodore Assani Salubezya welcomed us to his office and also received from Dr. Badinanyi the official registration of AAIM as an NGO.

Dr. Salubezya informed us that the cost of HIV Testing Kits is about US $ 150 for 100 tests, which may facilitate Voluntary Counseling and Testing Campaigns organized by the Church.

7) Planning of future activities

These series of meetings and visits were followed by a final visit to the Union Officers to report our activities and future programs in WCUM.

We believe it was a very successful visit to Kinshasa, and we are looking forward to a follow-up and a more extensive visit next year.

JUNE 2013

3.2 ***GC Auditing Service*** *- AAIM's Auditing of the December 31, 2012 Financial Statement took place from the 17th to the 21st of June, 2013 - "Clean Report"*

During the period of 17-21 June, 2013, the annual Audit of the previous AAIM financial exercise ending December 31, 2012, took place. AAIM strives to keep its financial books in order and all its administrative responsibilities up to date. Year after year, AAIM has managed to expand its outreach despite major financial constraints and tight budgetary margins. AAIM has been audited each year during the ten years of its existence.

Once again this year, the audit was done, and AAIM was given a "clean report", which means, no observations were done on its financial operations.

A copy of the audited financial statement was sent to the board members by the GC-Auditing Service and it has also been made available to the board members during this meeting.

JULY 2013

3.4 ***GC-YOUTH WORLD CONGRESS - Pretoria, South Africa*** *- AAIM's Seminars on HIV/ AIDS and Sexually Transmitted Diseases in both English and Spanish - From the 8th to the 13th July, 2013*

A long time ago AAIM was invited to participate in the GC-Youth World Congress "Impact SA" in Pretoria, South Africa. With an attendance of more than 3,000 youth, it was a wonderful opportunity to pass on skills for HIV prevention.

Two seminars, one in English and one in Spanish were delivered to two different groups. Very good interaction took place in both programs, and many questions and answers followed. We also had personal consultations with youth concerned about this problem.

Audiovisual presentations completed the program for the participants who came from several countries around the world.

AAIM materials were distributed to all the participants. In particular, the "Youth HIV Prevention Program" was greatly appreciated by the youth.

AUGUST 2013

3.5 ***AAIM 6th Tri-Divisional Advisory*** *- Final Preparation and Coordination of the event - From the 11th to the 30th August, 2013*

This period of time was used for the final preparation of the Advisory. Among other things done we counted:

1) Finalizing main program and printing
2) Multiplying printed material for all participants
3) Coordinating arrivals and departures of participants
4) Coordinating transportation and accommodation
5) Working on final list of participants
6) Production of AAIM T-Shirts and Caps
7) Design and production of AAIM pins
8) Design and making of the AAIM award for Dr. Handysides
9) Preparation and printing of 70 certificates of attendance and 14 "Pioneers" Certificates and awards.
10) Coordination of Media Recoding and Video Production.
11) Preparation of final e-mailing list
12) Arrangements for transportation of 9 pieces of luggage with the materials, banner and stand alone posters.

SEPTEMBER 2013

3.6 ***AAIM 6th Tri-Divisional Advisory*** *- Largest Adventist all Africa Convention on HIV/AIDS - From the 9th to the 14th September, 2013*

This long awaited program took place in September, with the presence of 70 participants from the three divisions.

It is important to remark that besides ECD and SID, WAD also sent a strong delegation of 11 participants. Another important delegation came from EAU (East Africa Union), which covers the whole of Kenya.

These two delegations from WAD and EAU participated in AAIM meetings for the first time. Therefore, now, AAIM has a presence in these large territories both with a high prevalence of HIV.

The program was made up of Devotionals, Key-note presentations, plenary sessions, workshops, reports of activities, and three daily prayer sessions, preceded by a news update on the main subjects for prayer.

During the first day, Monday September 9, Dr. Fesaha welcomed the participants in the name of ECD and opened the meetings. He then welcomed Dr. Oscar Giordano, who introduced Pastor Blasious Ruguri, ECD President who welcomed all the GC participants. This was followed by Pastor Geoffrey Mbwana's devotional on compassion. Pastor Mbwana is the current chairman of the GC-AAIM Board.

Then, Dr Allan Handysides delivered the key-note speech on "HIV/AIDS, A Journey of Hope Through the Perfect Storm"

This was followed by presentations by the other members of the GC-Health Ministries Team, Dr. Peter Landless, Dr. Fred Hardinge and Dr. Kathleen Kuntaraf.

A special invitee from the Kenya Government, Dr. Mary Getui honored the AAIM session with her presence. Dr. Getui is the chairperson of the National AIDS Control Council (NAAC) in Kenya. Her presentation was on "Current Situation of HIV/AIDS in Africa and in Kenya."

On Wednesday October 11, the whole group was taken to the King'eero Church AAIM Project in Kikuyo-land. During the morning, the participants were exposed to a great variety of projects including income generating activities and church based support groups.

On Friday morning the closing ceremony with certificates of attendance and Pioneers' certificates for the AAIM members with longest standing in the Ministry, took place.

It was a very successful meeting which is expected to expand AAIM's outreach in Africa and an active mainstreaming of HIV prevention in many fields.

3.7 ***Adventist News Network - ANN -*** *Article on AAIM - "Decade after HIV/AIDS ministry launched, major reduction of stigma, increased support" - Published by ANN on September 30, 2013*

Oliver Ansel captured the main segments of the Advisory and presented a thorough description of the program. Several pictures accompanied the article. This article can be accessed at: http://news.adventist.org/archive/articles/2013/09/30/decade-after-hiv-aids-ministry-launched-major-reduction-of-stigma-increased

6 – ***CONCLUSION***

Quoting from our previous report, we say that “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! We don’t have any doubt this was His Ministry from the beginning! A Ministry of Hope, Love and Compassion.”

AAIM thanks its partners in Ministry, the General Conference, the GC-Health Ministries Department, East-Central Africa Division, Southern Africa Indian-Ocean Division,
and the 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 facilitates the majority of the country programs.

We thank and praise the name of Jesus Christ!

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 60 HIV/AIDS Coordinators and Associates organized by Division and Unions/Conferences/Fields. Please, keep them in your prayers.

Eastern-Central African Division (ECD)

Division HIV/AIDS Coordinator: Dr. Fesaha Tsegaye

1.Burundi	Bujumbura	Dr. Alvin Rocero (w/HM)
2.DRC	Kinshasa -	Dr. Badinanyi (HIV/AIDS only)
3.DRC	NECAT -	Mrs. Safi Bakano (HIV/AIDS only)
4.DRC	NECAT -	Mrs. Eve Musema
5.DRC	Lubumbashi -	Dr. Denise Kikuka Kaluhala (w/HM)
6.Ethiopia Union	Addis-Ababa	Ms. Gelane Kumera (w/HM)
7.Kenya	East Africa Union -	Mr. Daniel Tirop (w/HM)
8.Kenya	King'eero -	Mr. Gabriel Maina (HIV/AIDS only)
9.Kenya	King'eero -	Mr. John Kibe (HIV/AIDS only)
10.Kenya	Maasailand -	Mr. Solomon Lenana (HIV/AIDS only)
11.Kenya	Maasailand -	Mr. Godfrey Korio (HIV/AIDS only)
12.Kenya	Maasailand -	Mr. Joseph Kindi - (Olorgurman) (HIV/AIDS only)
13.Kenya	Nairobi	Mrs. Jessica Nyaribo (HIV/AIDS only)
14.Kenya	Nairobi	Pr. Jacob Laichena
15.Kenya	Nairobi -	Dr. Mark Mwathi (w/HM)
16.Kenya	Nairobi	Ms. Janet Oyende (HIV/AIDS only)
17.Kenya	Nairobi	Pr. John Macharia (HIV/AIDS & Rite of Passage)
18.Kenya	Nairobi	Pr. Douglas Nyandoro (HIV/AIDS & Rite of Passage)

19.Rwanda	Kigali	Dr. Marc Habineza (w/HM)
20.South Sudan		Mrs. Dorine Okech (HIV/AIDS only)
21.Tanzania	Arusha	Dr. Livingstone Kingu (w/HM)
22.Uganda Union	Kampala	Pr. Samuel Kizito (w/HM)
23.Kenya	Nairobi	Mrs. Sheila Owino (AAPLHA)
24.Kenya	Nairobi	Mrs. Alice Alolo (AAPLHA)
25.Kenya	Nairobi	Mr. Henry Ombasa (AAPLHA)
26.Kenya	Nairobi	Mrs.Jackeline Ondogo (AAPLHA)
27.Kenya	Nairobi	Mrs. Joyce Mweni (AAPLHA)
28.Kenya	South Kenya Conf.	Davison Obonyo Kiriobas
29.Kenya	Kenya Lake Conf.	Esther Obuya
30.Kenya	Nyamira Conf	Stephen Ogega
31.Kenya	Ranen Conference	Pr Duncan Okoth Wawo
32.Kenya	Western Kenya Conf.	Mrs Elvina Ongesa
33.Kenya	Central Nyanza Field	Vincent Osumba Opudo

Southern Africa Indian-Ocean Division (SID)

Division HIV/AIDS Coordinator: Mrs. Rhoda Nthani

34.Angola	North Union	Mr. Helder Correia Dos Santos (HIV/AIDS only)
35.Angola	South West Union	Mr. Tomas Isaac (HIV/AIDS only)
36.Angola		Mr. Menezez Kondi (HIV/AIDS only)
37.Botswana		Mr. Keneetswe B Setlhare (HIV/AIDS only)
38.Indian Ocean Union		Dr. Razaka Andriamanandibisoa (HIV/AIDS only)
39.Lesotho		Mrs. Evelyn Nkhethoa (Grandmothers and Orphans)
40.Malawi		Pr. Dennis Matekenya (HIV/AIDS only)
41.Mozambique		Mrs. Shunila Rana (HIV/AIDS only)
42.Sao Tome e Principe		Mr. Francisco Bonfim (HIV/AIDS only)
43.South Africa		Mrs. Sebopeng Euginia Keebine (HIV/AIDS only)
44.Southern Africa Union		Dr. Jun Negre (HM, FM & (HIV/AIDS)
45.Zambia		Dr. Mutinta Mudenda (HIV/AIDS)
46.Zimbabwe		Pr. Innocent Gwizo (HM & HIV/AIDS)

West-Central African Division (WAD)

Division HIV/AIDS Coordinator: Dr. Andre Ndaa

47.Central Africa Union Mission	Dr Assam Assam Jean Paul (Cameroon)
48.Central Africa Union Mission	Mevak Landry (Cameroon)
49.Central Africa Union Mission	Dr. Antoine Mahele (Cameroon)
50.Ghana Union	Emmanuel Achaempong
51.Ghana	Bernard Biyebe Yebe
52.Ghana	Pr Gabriel Kofi Kwateng
53.Ghana	Pr. Ansah D.K. Owusu
54.Ghana	Margaret Peasah Ampnsah
55.Ghana	Pr. Ambrose K. Waahu
56.Sahel Union Mission	Dr Messan Awute Komivi (w/HM)
57.North-western Nigeria Union Mission	Dr John Sotunsa (w/HM)
58.West Africa Union Mission	Mrs Jemimah Wennie (w/HM) and Pastor Amos B. Horace

AAIM Office (Johannesburg)

59. Belle Capellar - AAIM Administrative Assistant
60. Angeles Giordano - AAIM Volunteer

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)[5]
5. Democratic Republic of Congo
    1. Kinshasa
    2. Lubumbashi
    3. Goma
6. Ethiopia
    1. Addis-Ababa
    2. Gimbie
    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
    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)

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[5] Between parenthesis are written the Adventist Universities already visited to present the AAIM HIV/AIDS Curriculum.

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)

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.