

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 2013 - MARCH 2014

Presented at the GC-AAIM Board Meeting
GC-Headquarters – Silver Spring - MD
April 6, 2014

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. AAIM also provides support to other world divisions.

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!

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1 – INTRODUCTION

“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.”¹

Without a doubt, it is a fact that people are living longer and infecting less thanks to the HAART (Highly Active Anti Retro-Viral Therapy or Combination of three ARVs), which arrived to the USA and European markets in 1995 and became popular in Africa in 2003.

Issues of money and greed, big pharmaceutical interests, personal gains, ignorance, politics, social pressures, and more, have delayed the treatment of thousands and also jeopardized programs of HIV prevention and assistance.

Today, major financial donors and agencies are withdrawing their assistance for HIV prevention programs. These actions may have an impact on the number of HIV infections in the future.

Thank God, the HIV/AIDS Programs in our Churches are not dependent on external funding. However we need to extend our assistance to the AAIM Coordinators who live in countries being affected by the current situation and trends.

The realities of the world we live in in 2014 are amazingly complex and make of HIV/AIDS an always changing matter of concern. Let’s not forget that the virus is also constantly mutating and creating resistance, which adds to the complexity of the situation.

In the meanwhile, medical research is making huge progress toward more effective treatments (see following pages).

We are confident that in spite of all the obstacles, and as a result of the combined effort of International Organizations like the WHO and UNAIDS, the International Research Community and Faith Organizations, more and more people will continue to be spared from this scourge, and one day a way will be found to eliminate the virus.

This year, from the 20th to the 25th July 2014, the 20th International AIDS Society Conference will take place in Melbourne, Australia, with the participation of more than 20,000 people from 177 countries. This event will represent a tremendous opportunity to share new discoveries in this field.

We hope you will enjoy reading the following pages of this report.

2.1 GLOBAL SITUATION AND TRENDS

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

“Since the beginning of the epidemic, almost 75 million people have been infected with the HIV virus and about 36 million people have died of AIDS.

Globally, 35.3 million [32.2–38.8 million] people were living with HIV at the end of 2012. An estimated 0.8% of adults aged 15–49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions.

¹ 2013 UNAIDS Report on the Global AIDS Epidemic

Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults living with HIV and accounting for 71% of the people living with HIV worldwide."²

People living with HIV/AIDS
35.3 million
(Worldwide in 2012)

2.2 ADVANCES IN HIV/AIDS THERAPY³

*Excerpt from an Interview with **Professor Sharon Lewin**, Australian Scientist, Director of the Infectious Diseases Unit at the Alfred Hospital; Professor of Medicine, Department of Medicine, Monash University; Co-head of the Centre for Virology, Burnet Institute, Melbourne, Australia and Co-chair of the XX International AIDS Conference (AIDS 2014 - Melbourne, Australia - July 20-25, 2014).*

History of HIV/AIDS therapy

"The anti-HIV drugs, also known as anti-retroviral therapy, came about in the mid '90's. These involved using at least 3 different drugs together. These therapies lead to a dramatic change for patients with HIV infection. Patients literally got off their death beds with these medications. Up until the mid '90's HIV diagnosis was a universal death sentence; but once the anti-HIV drugs became available, HIV became a chronic disease.

What is the reason why we can't cure the HIV virus?

The current drugs stop the virus from infecting new cells, but the problem is that HIV can hide in certain cells and establish something called a latent infection. This type of infection occurs when a virus enters into a cell and enters the patient's DNA. It then effectively goes to sleep there and hides; however, it can come out at any time.

When the virus is hiding, or in the so-called latent state, the drugs can't act on that virus and the immune system does not see the infected cell.

What research has been done into trying to overcome this problem?

There are two ways you can get rid of the latent, or sleeping, virus. One way is to wake it up and get the virus to start coming out of the cell. Once it comes out of the cell it becomes visible to the immune system and visible to the drugs. We're looking at ways to wake up that virus in the laboratory using a model we developed. The other way is to look at ways to stop the virus getting into the DNA, i.e. to stop latency from occurring.

² World Health Organization - Global Health Observatory - www.who.int/gho/hiv/en - Accessed March 2014

³ International AIDS Society - March 24, 2014 - Medical News Interview with Professor Sharon Lewin - <http://www.news-medical.net/news/20120807/Advances-in-HIVAIDS-therapy-and-the-International-AIDS-Conference-an-interview-with-Professor-Sharon-Lewin.aspx> - Accessed March 2014

We are looking at the different pathways the virus uses to get into resting T-cells. We're also looking at which parts of the host cell the virus uses to get inside the resting cell and hide there.

We are looking at a range of different drugs and how effective they are at waking the virus up – either alone or in combination. The long-term goal is to test some of these in clinical trials.

What other research is currently being done on HIV/AIDS?

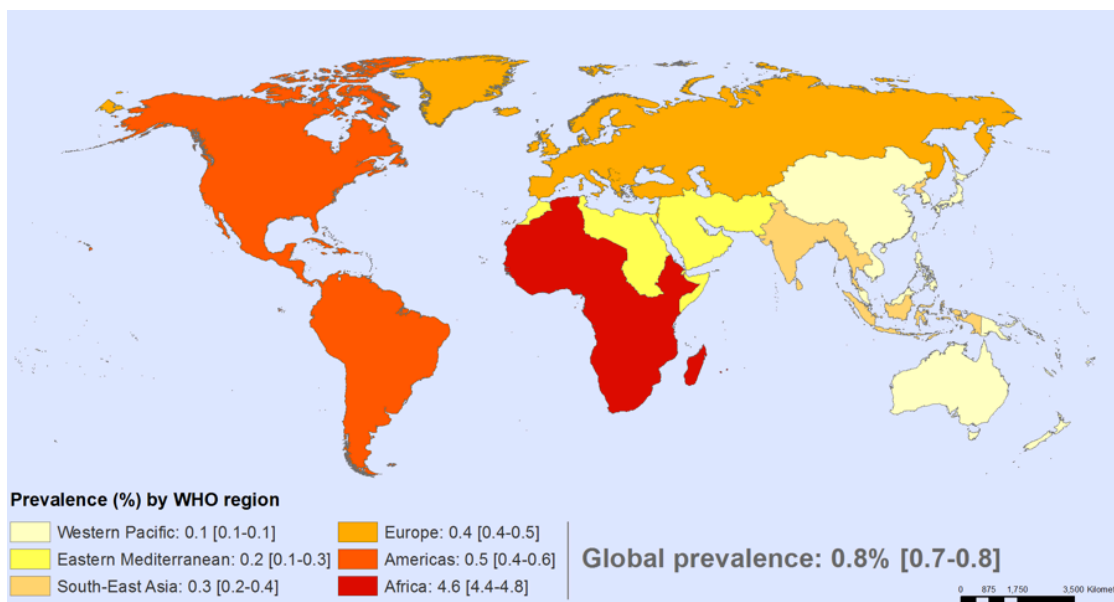
What we're doing is looking for a cure. There are two other main areas of scientific research. One is related to finding a vaccine.

The other main area is trying to understand why people's immune systems don't fully recover when you put them on treatment. People do well, i.e. their life expectancy almost returns to normal, but they are still at risk of other diseases, particularly those associated with aging.

Recent research has found that ARV Therapy reduces someone's infectiousness by 96%.

Today's scientific challenges are finding a **vaccine** and a **cure**. We really need both of these in order to see the end of AIDS.⁴

2.3 STATE OF THE HIV WORLD EPIDEMIC - World Health Organization Graph



Global HIV Prevalence 2013
0.8%

⁴ News Medical - Advances in HIV/AIDS therapy: Available at <http://www.news-medical.net/news/20120807/Advances-in-HIVAIDS-therapy-and-the-International-AIDS-Conference-an-interview-with-Professor-Sharon-Lewin.aspx> - Accessed March 2014

Statistics on HIV/AIDS	
35.3 million	People living with HIV/AIDS in the world
1.6 million	People died of AIDS-related illnesses worldwide in 2012
9.7 million	At the end of 2012, 9.7 million people had access to antiretroviral therapy.
<u>26 million</u>	Close to 26 million are eligible for antiretroviral therapy, <u>under WHO 2013 consolidated ARV guidelines.</u>

These are the latest important statistics on HIV/AIDS, specially related with survival, deaths and treatment. These numbers provide a clear idea of the current situation with the HIV epidemic and the potential to reach or get closer to the "ZERO HIV INFECTIONS" and "ZERO DEATHS FROM HIV/AIDS."

The World Health Organization 2013 Consolidated Guidelines for Anti Retro Viral Therapy, makes the majority of People Living With HIV, eligible for treatment.

If the financial resources are made available, this will represent a great advance in the fight against this epidemic, because people under treatment live longer and infect much less, see page #6 of this report.

2.4 Progress in Treatment - New hope for AIDS cure

Important discoveries have been recently published. One of the most interesting was the one from Australia about the hiding viruses. It reads:

"The infectious diseases unit at the Alfred Hospital in Melbourne, Australia, uncovered HIV's genetic hiding place and found a drug able to seek it out so that the deadly virus could be destroyed.

Traditional antiretroviral [ARV] medications have been able to stop the virus infecting cells, giving patients a greater life expectancy

But, the virus remained hiding in their deoxyribonucleic acid (DNA), unable to be found and treated so that patients would still have to undergo expensive lifelong ART

Seeking out the killer virus with doses of a highly toxic cancer drug was a huge step in curing the disease, once viewed as incurable

By using the cancer drug, Vorinostat, for two weeks, Lewin has been able to rouse sleeping HIV-infected cells so they can be detected.

The team of researchers was able to bring the virus to notice in 18 HIV patients in a trial that concluded in January 2013.

"It was a kind of shock-and-kill the virus," said Professor Sharon Ruth Lewin who reported the discovery."

The professor was hoping a new generation of drugs able to kick-start the immune system might now be able to kill the virus. There are more possibilities of getting rid of it by making it visible to drugs and visible to the immune system.

Dr. Lewin also said that the research will take a long time before we can make a final conclusion⁵

2.5 Decrease of Funds from PEPFAR and Global Fund (Reports from East Africa)

We have been told that PEPFAR and Global Fund have announced a reduction of funding for HIV Prevention Programs in some countries of East Africa.

This situation will present a big challenge, because our Coordinators may run out of funds very soon for HIV prevention programs.

2.6 AAIM Website Renovation

The AAIM Website has been renovated. The new layout and configuration was done with the assistance of "netAdventist" which is the official Adventist organization dealing with websites.

⁵ Sharon Ruth Lewin: "New hope for AIDS cure" by Rita A.Widiadana, The Jakarta Post, Bangkok 1 January 15 2014

*HIV/AIDS “A Journey of Hope”
AAIM Report of Activities - April 6, 2014*

The site is hosted by a secure, well known and reliable company and the AAIM e-mail has also changed its host and it is now secured. All these changes will help to communicate better.

AAIM Website has a new layout with more pages than before. It was done in earth colors. The website reflects the work AAIM does. Careful attention was given to gender and ethnic balance, as well as to the different age brackets.

It has six main pages at the top, which include among others: a Home Page, About Us, Contact Us, Disclaimer, and others.

The following are the main content pages:

1. *Mission and Vision*
2. *Centers of Hope and Healing*
3. *AAIM Chapters and Representatives*
4. *Adventist Network in Africa (Three Divisions' Web-sites)*
5. *Itineraries and Programs*
6. *Countries Reached (2003-2013)*
7. *News and Articles*
8. *UNAIDS - Latest Report 2013*
9. *2013 AAIM 6th Tri-Divisional Advisory - Presentations*
10. *Previous Newsletters*
11. *HIV/AIDS Important Links*
12. *HIV/AIDS Facts & Frequent Questions and Answers*
13. *AAIM Material*
14. *Reports of Activities*

There is a section dedicated to receive and answer prayer requests. It is currently working and the requests are prayed for by the AAIM Prayer Team.

The AAIM Web-site also has links to the AAIM-YouTube page, the AAIM-Facebook page, and the AAIM-Flickr page. All these pages can be visited but there are sections that are still under construction.

A Calendar of Events is posted and also a direct link with Hope Channel and BibleInfo.com for browsing Bible topics and most common questions.

AAIM has already received visitors from the following 38 countries:

Argentina	Canada	Germany	Mexico	Peru	United States
Australia	Congo DRC	Ghana	Moldova Rep.	Philippines	Zimbabwe
Benin	Cote d'Ivoire	Grenada	Mozambique	Russian Federation	Uganda
Brazil	Czech Rep.	India	Namibia	Rwanda	United Kingdom
Burkina Faso	Ethiopia	Kenya	Nigeria	Senegal	Zambia
Cameroon	European Un.	Liberia	Papua New Guinea	South Africa	Togo
Sweden	Tanzania				

**AAIM's outreach is expanding
to all the continents through
hundreds of visitors.**

AAIM's outreach is expanding to all the continents through hundreds of visitors.

We praise the name of the Lord for that!

3. ADVENTIST CHURCH RESPONSE

This section is dedicated to describing the main activities of AAIM in the three African Divisions during the period October 2013 - March 2014.

NOVEMBER 2013

3.1 Attendance of the Three Divisions' Year-End Meetings

3.1.1 WAD - End Year Meetings, Lagos-Nigeria - November 3 to 6, 2013

3.1.2 ECD - End Year Meetings, Nairobi-Kenya - November 6 to 10, 2013

3.1.3 SID - End Year Meetings, Pretoria, South Africa - November 11 to 12, 2013

Attending the three Divisions' Year-End Meetings was a unique and special opportunity to interact with the Divisions and Unions' Officers.

AAIM made thorough presentations at each of the meetings with updated information on the ministry and the HIV/AIDS epidemic in the continent, as well as current and future projects in the respective territories.

The AAIM Newsletter prepared to commemorate the International AIDS Day on the 1st of December was distributed among all the participants in English and French.

It was also a good opportunity to personally interact with the Divisions' Health Ministries Departmental Directors and HIV/AIDS Coordinators, in order to plan itineraries and projects for the year 2014.

Overall, it was a very successful itinerary which we believe will help to advance the work of AAIM.

3.2 Commemoration of the International AIDS Day
Special Program at the Eldorado Church in Soweto, South Africa

On the 23rd of November 2014, AAIM commemorated the International AIDS Day at Eldorado Church in Soweto.

It was a comprehensive program on HIV/AIDS during the first part of Sabbath morning, followed by a sermon on "Compassion."

The program included audiovisual presentations as well as printed and laminated materials for each of the church members present.

It was a good opportunity to remember and pray for those touched by the epidemic. AAIM sympathizes with all those infected and affected by HIV, and each year joins the millions of people around the world who also pause on that day to remember and pray.

Since its first identification almost three decades ago, the pandemic form HIV, has infected more than 60 million people and has killed 35 million people.

We would like to use this opportunity to express our appreciation to the Eldorado Church for their warm welcome and interest.

DECEMBER 2013

3.2 Rite of Passage, Ongata Rongai, Nairobi, KENYA
Visit and Presentation for the Youth - Boys and Girls

In December 2013, and while visiting ECD, we had the opportunity to participate in the program "Rite of Passage", mainly for adolescent boys, but also for girls.

Pastor John Macharia is in charge of the program, and AAIM has participated in sponsoring some of the expenses and this year, fully sponsored the expenses of one of the participants who is an orphan from HIV positive parents.

This program is very successful: it provides circumcision for boys in a medical facility with qualified personnel, followed by instruction for both boys and girls, which serves to avoid traditional circumcision practices, and female genital mutilation; both, a cause of irreparable health damage and many times even death. HIV/AIDS is closely associated with this traditional practice.

AAIM is very pleased to participate in this program. Dr. Oscar Giordano had the opportunity to address all the participating youth on issues of HIV/AIDS during a highly interactive session with more than 50 boys and girls present at this event.

3.3 Oloongurman (Maasailand), Nairobi, KENYA
Visit and program from November 28 to December 10, 2013

In 2004 AAIM started its work with the Maasai community in Kenya. First, was with a group of the Maasai tribe in Kisaju, Kajiado about two and a half hours away from Nairobi. Second,

was with another group of the Maasai tribe in Olongurman, in the Rift Valley, about four hours away from Nairobi.

The Maasai are about 500,000 people in number in Kenya, that remain very attached to their traditions and beliefs. They are distributed in several groups in various regions of the country and also in Tanzania, across the border.

The Maasai used to be a nomadic tribe, but more recently began establishing their families in rural areas. Their access to health centers is limited.

Their lifestyle is the same their ancestors practiced, and this includes nutrition, medical remedies, and customs in general - polygamy included.

HIV has entered the Maasai community. There is lack of knowledge about HIV prevention (e.g. many men and women don't know about condoms) and it has caused irreparable damage to families and youth. Polygamy has aggravated the whole situation.

Many years ago, the AAIM directors had the opportunity to interact with Maasai who lived in their Manatas (houses) where the ECD administrative complex in Advent Hill, Ongata Rongai stands today. Drs. Oscar and Eugenia Giordano performed medical care on some of the Maasai who used to live there. They also witnessed one of the first baptisms into the Adventist Church of some Maasai members of that group, in 1994.

This relationship opened many doors to AAIM, when ten years later, in 2004 the first AAIM-HIV/AIDS Seminar in the region was organized and a group of Maasai were invited. It was a great experience for them and for us.

Over the years the relationship has grown, and AAIM has visited their places to provide HIV Prevention, Care and Support, including many income generating activities. This relationship continues today, with an increasing interest on their part.

Hundreds of Maasai, men and women, were sensitized and have attended AAIM programs. AAIM also provided Voluntary Counseling and Testing to the Kisaju Community, in the past.

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Olongurman is a remote village in the Rift Valley, where there is an Adventist Church used by AAIM to organize the last HIV/AIDS Program from November 28 to December 10, 2013.

We believe the impact of the program was felt much further than the village where it was delivered. Several participants came from far-away places.

Pastor Joseph, a Maasai himself, and a group of Maasai church members helped to organize the logistics and run the meetings. Special thanks go to our Maasai friends and brothers in Christ: Godfrey, Daniel and Benson.

On Sabbath, December 7, Dr. Eugenia or Dr. Naipota, as the Maasai like to call her, told stories based on principles and values for a large group of children during the story time

before the sermon, which was preached for the adult congregation by Dr. Oscar or Dr. Saroni, as the Maasai also like to call him.

Several items (sewing machines, oven, etc.) were donated by AAIM to assure the continuity of the income generating activities, including food gardens. A donation also went for the improvement of the church. Assistance for education of children from HIV affected families was also provided.

Special instruction was given separately to men and women. Long sessions of questions and answers were organized during the seminar.

We thank our Lord Jesus Christ for this great opportunity and we pray He will multiply the fruits of this effort.

JANUARY 2014

3.3 Accra & Kumasi, GHANA

Accra Visits and Programs from January 26 to 27 & 30, 2014

The following itinerary was done in the company and guidance of Dr. Andre Ndaa, Health Ministries Director and HIV/AIDS Coordinator for the West-Central Africa Division (WAD), to whom we express our deepest appreciation for his assistance.

Visit to ADRA Ghana - Meeting with ADRA Director and Staff

- Arrival in Accra and visit to ADRA Ghana on Monday morning. Meeting with the ADRA Ghana staff led by the Country Director Dr. William Y.K. Brown. Staff: Patricia Agyeiwaa, Technical Supervisor; Paul Sono, Director of Program Planning and Development, Monitoring and Evaluation; and Phyllis Adwoa Kudolo, Project Manager - Global Fund.

We spent considerable time in the meeting, and it was a good opportunity to review and discuss the current situation of HIV/AIDS in Ghana, as well as past and current ADRA projects.

Included in the conversations were possible areas of interaction and support between AAIM and ADRA Ghana.

AAIM provided ADRA Ghana with AAIM-HIV/AIDS printed materials, laminated sheets, various programs as well as other useful AAIM tracts.

ADRA Ghana works with most at risk groups of the population, HIV prevention activities and stigma reduction.

Visit to Kumasi - Preparation of the Pastors Meeting

Kumasi Visits and Programs from January 28 to 29, 2014

- Kumasi is the capital city of the Ashanti region, a very important and historical centre for Ghana. It is here where Adventism started in Ghana. The first Adventist Missionaries arrived in Kumasi. In 1914, W. H. Lewis, the first president of Gold Coast mission travelled to Kumasi. This city has a large number of Adventists and Adventist Institutions.

AAIM already worked in Kumasi in 2004, when Dr. George Sanz, WAD Health Ministries Director at that time, organized an itinerary for us through West Africa.

On that occasion, it was AAIM that started the conversation on prevention and on the "Adventist Official Statement on HIV/AIDS and the use of condoms."

Upon arrival at the airport, we met Pastor Ambrose K. Waahu and Pastor Daniel Owueu Kwaku, who took us to the new building of the North Ghana Union Mission. We also had the opportunity to visit the Central Ghana Conference and got to know the Pastors in their respective offices, in preparation for the meeting that was scheduled for the following day.

Later on, we also visited the South Central Ghana Conference with Pastor Gabriel Kwate.

All these visits helped us to familiarize ourselves with the people we needed to interact with later in our program in Ghana, and thank God it worked.

Program at Patriensa SDA Senior High School

- In the afternoon, we had the opportunity to visit Patriensa SDA Senior High School in Konongo, which is located 70 kilometers away from downtown Kumasi, and addressed 350 students. Following the presentation on HIV/AIDS, there was an intense question and answer session, which we believe helped the students to better understand the subject and equip themselves to avoid becoming infected.

Visit to Kwadaso SDA Hospital and HIV/AIDS Medical Clinic

- On the next day, we visited the Kwadasu HIV/AIDS Medical Clinic dedicated exclusively to treating HIV positive people. Located in the same complex where the church has its administrative offices, together with the Adventist hospital and the School of Nursing, we found a very organized and effective HIV clinic, with approximately 80 patients in the waiting area and consultation rooms (with a total of 247 clients -patients registered for HIV/AIDS Clinical Care).

The clinic has a section where ARVs (Antiretroviral Drugs) are supplied to the patients. The stock of medicines available, we were told, is enough at the moment to satisfy the current demand. The possibility of stocks running out, is foreseen in the future as international organizations are withdrawing their funding.

The counseling and testing rooms were very busy, but we were given the opportunity to briefly interact with the staff who helped us understand the dynamics of their program.

We visited with the Medical Director of the Kwadasu Adventist Hospital, Dr. Agyman Boateng, who kindly explained about the operations and the HIV/AIDS section.

We had the opportunity to address all the patients and personnel gathered at the HIV clinic, encourage them, and share a moment of prayer with them.

Presentation on HIV/AIDS for Pastors and Administrative Staff

- Our next activity happened very close to the clinic, at the Nursing School where a group of 25 Pastors of the Central Ghana Conference and staff personnel gathered in one of the classrooms.

This was a great opportunity to train and equip the pastors on issues of HIV and AIDS. Questions and Answers followed in a very friendly atmosphere. The participants were given printed material on HIV/AIDS and on How to Organize Your Church for Social Service and Support to help control the epidemic and its devastating effects.

Program at Kenyase Seventh-day Secondary School

- The same day in the afternoon, we went 60 kilometers away from Kumasi, to the Kenyase Seventh-day Secondary School, which is completely owned and managed by the Church, and has approximately 900 students.

It was a great experience, with probably one of the largest student audiences we have ever had during the duration of this ministry.

God gave us the opportunity to address a very large group of students at the very moment they needed it the most, at the age when sexual behaviors become prevailing and personal experience is not enough.

Accompanied by Pastor Emmanuel Achaempong, Health Ministries Director and HIV/AIDS Coordinator for the South Ghana Conference and Pr. Gabriel Kofi Kwateng HMD South Central Ghana Conference, we organized the various presentations and a Question and Answer session at the end of the program.

Both Pastors Emmanuel and Gabriel, understand AAIM well because they attended the last AAIM Convention in Nairobi, during September 2013 (AAIM 6th. Tri-Divisional Advisory on HIV/AIDS)

A comprehensive and provocative series of presentations on HIV/AIDS and its practical implications in the life of the youth, was delivered to that large audience.

The attentiveness and high interest of the students was commendable. Our level of satisfaction couldn't be higher. The visit was really worthwhile. Praise the Lord!

The attentiveness and high interest of the students was commendable. Our level of satisfaction couldn't be higher. The visit was really worthwhile. Praise the Lord!

Return to Accra - Visit to the Ghana Union Conference - End of our visit to Ghana

- We returned to Accra, where we had the opportunity to visit the Union and meet with the officers. We spent a good time with Pastor Adama Larmie, who is very interested in HIV/AIDS and other health issues. Also present was Pastor Ambrose K. Waahu, Health Ministries Director. The Union Secretary, Pastor Kwame Boakye Kwanin, also joined the meeting.

The Union officers were very supportive, sending a delegation of five members to the AAIM 6th.Tri-Divisional Advisory on HIV/AIDS that took place in Nairobi, Kenya last September.

Towards the end of the meeting, Pastor Larmie committed himself to support any action from this ministry in order to decrease the impact of the epidemic in his territory.

The Adventist Church in Ghana has been very active, especially through ADRA Ghana, in the fight against HIV and AIDS. AAIM distributed printed and DVD materials during all the visits.

We have great hope that, through the training of the five delegates during the AAIM Advisory in Nairobi, and the programs implemented in the various places we visited during this itinerary, the Adventist Church in Ghana will be better positioned to face the epidemic and prevent HIV infections among our church members, youth and communities.

***The Adventist Church in Ghana
will be better positioned to face
the epidemic and prevent HIV
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communities...***

3.4 Lome, TOGO

Lome Visits and Programs from January 30 to February 4, 2014

The visit to Lome was done in the company and guidance of Dr. Andre Ndaa, Health Ministries Director and HIV/AIDS Coordinator for the West-Central Africa Division (WAD) and Dr. Messan Awute Komivi, HMD and HIV/AIDS Coordinator for the Sahel Union. We would like to use this opportunity to thank both of them for their dedication to make this itinerary a success.

The trip to Lome from Accra was done by road. Our brothers from Ghana took us to the border, and Dr. Awute picked us up on the Togo side. We arrived on Friday afternoon.

Worship at Amadahome Church and HIV/AIDS Program at Maranatha Church

- On Sabbath morning we attended Worship at Amadahome Church.
- In the afternoon, we went to the Maranatha Church, which is a big Church, where the administrative office of the Togo Adventist Mission is also located.

From 15:00 hr to 18:00 hr, an HIV/AIDS Program was organized, with the presence of a large number of Pastors, Church Elders, Health Ministries Directors, Members and Visitors. Many churches were represented in the audience.

A Question and Answer session was scheduled at the end of the program.

Visit to the Togo Adventist Mission and Officers

- On Monday 3rd of February, we visited the offices of the Togo Mission in the morning. We met with the President, Pastor Amegan Komlan, the Secretary, Pastor Eric Messanvi and the Treasurer, Pastor Claude Apedom. It was a good meeting and the officers were pleased with the AAIM programs being implemented in their territory.

Visit to the East Sahel Union and Officers

- Later on the same day, we visited the newly organized Eastern Sahel Union and met with the officers: President, Pastor Salomon Assienin, Secretary Pastor Selom Sessou, and Treasurer Mr. Agabus Bello.

During the course of the conversation, we expressed the need of appointing an HIV/AIDS Coordinator for the Union. Currently, the Health Ministries Director is helping in that capacity.

We were told that the current situation of the Union is very difficult, to the point that one person has four or five departments. We also noticed that there is still an attitude of denial from some administrators who believe that HIV/AIDS is not such a big problem. Therefore they see no need to have a person for that.

It seems that the best option for Sahel Union at the moment is to leave HIV/AIDS with the Health Ministries Director, Dr. Awute. He is a young and energetic Christian Professional, very consecrated to God, who has also participated in the AAIM 6th. Tri-Divisional Advisory on HIV/AIDS, held in Nairobi in September 2013.

Visit to ADRA Togo

- On Monday the 3rd of February in the afternoon we visited ADRA Togo, and were welcomed by the Director, Mrs. Leiza Augsburg and Mr Adenyo Komla, the HIV/AIDS Projects Coordinator, together with the rest of the ADRA staff.

ADRA Togo is very involved in HIV/AIDS programs at the community level. They have several years' experience and also a good reputation in the NGO community.

We left printed material and DVDs from AAIM, and committed to keep an open communication to interchange news and ideas.

We left the meeting with great satisfaction for the good work ADRA Togo is doing on HIV/AIDS at the community level.

Devotional at the East Sahel Union

- On the morning of Tuesday February 4, I had the privilege to share the devotional for the Union personnel, and to interact with all the members of the staff.

I told the story of Edmond, an HIV positive man who invited Jesus into his heart just three days before he died.

It is a true story of compassion about those members of the support group that identified Edmond and allowed us to approach him and to be part of that wonderful experience.

The story ends saying that "Edmond was not physically cured, but was spiritually healed."

AAIM's ultimate goal, is to bring Jesus to the lives of those infected and affected by the HIV epidemic.

***"Edmond was not physically cured,
but was spiritually healed."***

Visit to the PNLS "Programme National de Lutte Contre le SIDA" or AIDS National Program - Coordination Office

- Dr. Awute requested and obtained an appointment with the National Coordinator at the AIDS National Program Office, Dr. Singo-Tokofai A. Assetina.

We felt very welcomed in her office, and had the opportunity of being updated on the HIV/AIDS situation in Togo from a highly trusted source.

Dr. Assetina shared with us the latest HIV prevalence for Lome and the different provinces of Togo. She also commented on the strategies her office is implementing to fight the epidemic.

Dr. Assetina expressed concern on the high-risk groups, specially in the more densely populated areas, as well as the transportation corridors between Ivory Coast and Ghana on the Western side and Benin and Nigeria on the Eastern side of Togo. Truck drivers are well known carriers of HIV, and prostitution at the borders is also a matter of concern. The South to North Togo corridor also has pockets of high HIV prevalence.

It was a very important meeting that helped us better understand the HIV situation in the country. We left the doors open for future interaction.

Before leaving, we gave to Dr. Assetina a set of AAIM materials, which she received with appreciation.

HIV/AIDS Presentation at the "School of Evangelism" Program at the Sahel Union Auditorium

- It was a great opportunity to have representatives from the whole Union attending the School of Evangelism Program at the Sahel Union.

We were invited to address the participants on issues related with the HIV epidemic.

In the afternoon of Tuesday February 4, we shared a comprehensive presentation on the most important aspects of HIV and AIDS.

The presentation was followed with interest by the participants who actively interacted throughout the question and answer segment of the program.

Visit to the CNLS "Conseil National de la Lutte contre le Sida" or AIDS National Council

- The CNLS is the Permanent Secretariat that works on issues related to HIV and AIDS in Togo, and is directly attached to the Office of the President of the Republic.

We were received by Professor Vincent P. Pitche, National Coordinator of all HIV activities in the country.

It was an important and informative meeting which helped to make known to the government the efforts the Adventist church is doing on behalf of those touched by the epidemic in their country.

We left Togo with the feeling that we just touched the "tip of the iceberg" because we are aware of the extension of the Eastern Sahel Mission -, and Togo is just one of the five countries that make up this newly organized territory, plus the Western Sahel Mission with another six countries.

***We left Togo with the
feeling that we just
touched
the "tip of the iceberg"...***

- In spite of the great challenges of the West Africa Region, AAIM continues its effort to bring Hope and Save Lives in the name of Jesus Christ. Each person that this Ministry touches, makes a big difference in the eyes of Jesus, and that is enough motivation to keep us going!

FEBRUARY 2014

3.5 Caprivi, Namibia

Visits and programs from 19-23 February 2014

Our target region for this itinerary was the Namibia's Caprivi Strip. Located in Northeastern Namibia, it looks like a panhandle that extends several hundred kilometers to the east, separating Botswana from Zambia. The Caprivi Strip provides Namibia with access to the Zambezi River.

A brief history quote on this region says "The Caprivi Strip is named for German Chancellor Leo von Caprivi, who made the panhandle part of German South-West Africa to provide Germany access to Africa's eastern coast."⁶

The Caprivi strip is where we find the highest concentration of Adventists in the whole country of Namibia. Unfortunately, it is also one of the regions of highest HIV prevalence in the world.

The Caprivi Strip is where we find the highest concentration of Adventists in the whole country of Namibia. Unfortunately, it is also one of the regions of highest HIV prevalence of in the world.

We arrived to Kasane airport from Johannesburg. The area where the airport is located is close to Africa's 'Four Corners', where four countries almost meet (Namibia, Botswana, Zambia and Zimbabwe). Our destination, Katima Mulilo, is the biggest town on the Namibian side.

The fact that this region shares borders with those four countries, all of them with high HIV prevalences, in addition to migrating populations that constantly cross borders, make this region very vulnerable to HIV, and Katima Mulilo in particular is a town with a 25 to 40% HIV prevalence.

We were welcomed at the airport by Pastor Luxon Matomola, Associate Director of the Katima Mulilo Adventist Mission. We traveled together with Dr. Jun Negre, Health Ministries Director and HIV/AIDS Coordinator of the Southern Africa Union (SAU). Dr. Martha Shamena, Health Ministries Director for the Namibia Conference joined us later on Friday.

With an initial attendance of approximately 45 people, the audience progressively increased to completely fill up the Katima Central Church on Sabbath, and was supplemented by a big tent pitched outside the church, in order to fit everybody in.

The program started with registration on Wednesday afternoon, and then consisted of two full days of program on HIV/AIDS, plus the Sabbath program with a Children's Story Time and Song Service, followed by the Divine Service. The HIV/AIDS Program continued in the afternoon and included the projection of the film "Lazarus Effect" followed by a debate.

⁶ From: 10 Most Unusual Borders - <http://geography.about.com/od/politicalgeography/a/10borders.htm> - Accessed March 2014

There was distribution of printed and laminated AAIM materials for each of the participants. A strong emphasis was put on the organization of Church Based Support Groups, with practical sessions, where the participants simulated the organization of groups and established strategies to reach the people in need. We believe that this exercise will produce abundant fruits.

On Friday 21st of February, we had the opportunity to participate in a radio program exclusively dedicated to AAIM and the HIV/AIDS Workshop that was taking place. We were interviewed by the NBC Silozi Radio Service on the different aspects of HIV/AIDS and the Adventist Church response for a full hour through the main radio station in the region.

One of the highlights of this program was the testimony of a church member, Sister Brenda, who publicly disclosed that she is HIV positive, and then, the answer to the call of ten HIV positive church members after Dr. Negre ended his sermon during the Sabbath service in front of more than 350 church members from several Adventist churches in the region.

That same Sabbath, towards the end of the afternoon, we gathered again with all the HIV positive members and invited them to organize themselves in an Association of Adventists HIV Positive, to which they responded favorably. Immediately after, they elected their own officers and Sister Brenda was elected President, and they also elected a Secretary and a Treasurer

We believe that by the Grace of God, the environment was conducive for all those people to disclose their status. This unique experience is rarely seen in our churches in Africa. Praise the Lord!

***This unique experience is
rarely seen in our
churches in Africa.
Praise the Lord!***

The whole program ended with a closing ceremony and the handling of certificates of attendance for each of the participants.

Nobody really anticipated the great success of this visit to Caprivi, and the favorable reaction of the numerous church members that attended the sessions. The implications of this occasion are yet to be seen in the future of our church in that region. HIV/AIDS is not anymore a taboo in our churches in the Katima Mulilo region. Praise God!

MARCH 2014

3.6 Olgumi, Maasailand, Nairobi, Kenya Visit on the 27th of March 2014

- The Olgumi Adventist School is located in a small village in the Southern part of the Rift Valley, approximately three hours away from Nairobi. This school serves a large group of youth coming from that region. A good number of the students are from Maasai families.

Godfrey Sane Korio is one of the teachers. For many years Godfrey has worked with AAIM, and knowing that this ministry is sensitive to the youth, specially in what concerns HIV prevention, he invited us to visit the school. Some time ago, AAIM contributed financially to establish food gardens and other income generating activities.

This was a visit to get better acquainted with this project and see how we can serve that region and the youth that attend the school, better.

This school received some help from the government, but the construction was left unfinished and the students still lack proper facilities in which to study.

We pray that God will specially bless this institution and help the administrators overcome the many challenges they face. We thank Godfrey for giving us the opportunity to extend some help to that school.

3.7 Addis Ababa ,ETHIOPIA (Federal Democratic Republic of Ethiopia) Visits and programs from 28 February to 12 March, 2014

- ***Overview of the HIV Epidemic in Ethiopia***

Ethiopia is the tenth largest country in Africa, and the second most populated country in the continent, with 91,73 million people - situated in the horn of Africa⁷. The five most populated countries in Africa are: Nigeria (173m), Ethiopia (91.73m), Egypt (82m), Democratic Republic of Congo (67m), and South Africa (53m).⁸

According to the UNAIDS “Country Progress Report on HIV/AIDS Response, 2012,” “Ethiopia is among the countries most affected by the HIV epidemic. With an estimated adult prevalence of 1.5%, it has a large number of people living with HIV (approximately 800,000); and about 1 million AIDS orphans.” The average life expectancy is 51 years for males and 53 years for females.⁹

”The predominant strain in Ethiopia is HIV-1 subtype C, predominantly spread through unprotected heterosexual intercourse.”²

AAIM visited Ethiopia for the first time in November 2004. It was among the first countries visited by AAIM since its office was organized. It is in this country were AAIM has one of the longest-standing projects of Income Generating Activities for HIV positive people and evangelism.

We are glad to report that great progress in the fight of HIV and AIDS has been made since 2004. At that time the national HIV prevalence was 12.56% and today is 1.5% (in the capital Addis Ababa is 5.2%, and in Gambella in the West-Ethiopia region is 6.5% to 9%).¹⁰

⁷ The World Bank - <http://www.worldbank.org/en/country/ethiopia> - Accessed March 3, 2014

⁸ World Population Review - <http://worldpopulationreview.com/continents/africa-population> - Accessed March 3, 2014

⁹ UNAIDS “Country Progress Report on HIV/AIDS Response, 2012

¹⁰ Resource Center of the Ethiopia Federal HIV/AIDS Prevention and Control Office (HAPCO)

According to the 2012 Country Progress Report on HIV/AIDS Response, the HIV prevalence in specific population-groups is the following:

Male daily laborers 29.3%
Waitresses 28.6%
Commercial Sex Workers - is currently of 24%³
Truckers 20.8%

Visiting AIDS Government Institutions and Officers

- **Visit to the Addis Ababa Regional Health Office for HIV Prevention and Control, Ministry of Health**

On Monday March 4, during the visits to the government offices in charge of the HIV/AIDS programs in the country, we had the opportunity to meet with Mrs. Hannah at the Addis Ababa Regional Health Office for HIV Prevention and Control, who kindly explained to us that they coordinate the more than 200 VCTs and Anti-Natal Care Clinics in Addis Ababa. They also have 83 facilities for the distribution of ARTs.

According to the information collected from this office, in Addis Ababa, the capital of Ethiopia there are approximately 50,000 people under ARV treatment, and in the whole country there are approximately 350,000 people receiving the treatment.

It seems that Ethiopia is not experiencing any interruption of their ARVs supplies at the moment. This country has recently adopted the new WHO guidelines for treatment, with 500 CD4 count level as indication for treatment, as well as making it available for all HIV positive pregnant women, patients with a history of an AIDS-defining illness -and all TB patients. The authorities are fully aware that this will significantly increase the number of people using ARVs in the country.

- **Visit to the Resource Center of the Federal HIV/AIDS Prevention and Control Office (HAPCO)**

We met with Mr. Gashaw Mengistu, Country Representative of the John Hopkins School of Public Health, and Director of the Center for Communication Programs which includes HIV Prevention, Radio and TV Programs for Prevention.

Visiting HIV positive members

- On Monday afternoon, we visited Mrs. Genet Zeleke at her home. She is in charge of the Kotebe Sewing Workshop Center supported by AAIM, at Kotebe Adventist Church.

Sister Genet is the instructor and evangelist for that project. This project was created nine years ago, in 2005. This project is the longest standing project AAIM has in Africa.

Several people were baptized through this project as well as many have acquired skills for income-generating activities.

Sister Genet is herself an HIV positive person. She has been following ARV treatment for several years and we were very glad to see her in good health.

3.8 Kisaju, Maasailand, Nairobi, Kenya

Visit on the 11th of March 2014

This was a follow-up visit to a group with whom AAIM has a long history of collaboration and working together. During this visit we sensed that there is a strong desire to give continuity to all the income-generating activities that AAIM started in the past.

We are currently planning on how to provide help for sustainable projects that will provide skills as well as income. Availability of water continues to be a challenge, which delays the implementation of our projects.

Each of AAIM's projects is attached to HIV/AIDS instruction and prevention programs and materials. We thank Godfrey Sane Korio for his help and support!

3.9 King'eero, Kikuyoland, Nairobi, Kenya - March 2014

Visit on the 12th of March 2014

This was also a follow-up visit. The King'eero Church Training Center is well and functioning.

We had the opportunity to witness the many support groups and projects that are going on there. On that Wednesday morning we found:

1. *A Community Meeting*
2. *A Grandmothers Support Group doing bead-work (sponsored by AAIM)*
3. *Food distribution for Adults and Orphans*
4. *The Bakery at full production*
5. *The Yogurt Factory on-going*
6. *An Adult Support Group at work*
7. *Class on "Food Production for sale"*

AAIM is planning to assist King'eero with improvements to the training center. Conversations have been initiated in that sense.

Brother Gabriel Maina and Brother John Kibe are in charge of this project. We congratulate both of them for the great work they are doing and for helping AAIM accomplish its mission.

APRIL 2014

3.10 Leribe, Lesotho

Visit on the 1st of April 2014

This was a follow-up visit in the company of a team from the Women's Ministry from the GC, SID and SAU, who support the work of this Ministry in regard to Grandmothers and Orphans.

Sisters Heather-Dawn Small, Zodwa Kunene, and Caroline Chola, all Women's Ministries Directors at the different levels of the church came together with Doctors Eugenia and Oscar Giordano to Emmanuel Adventist School in Leribe, Lesotho, to visit the Grandmothers Club Project.

The GC Women's Ministries have donated funds towards this project and this was a long due visit. We were very glad to welcome the delegation from GC, SID and SAU.

Sister Evelyn Nkethoa, who is the International Grandmothers Club Leader is undergoing chemotherapy treatment and was unable to be personally at the site, but has been in constant communication over the phone, helping to organize the event and giving instructions for a successful visit.

Grandmothers from the region were present, as well as church and school officers.

We pray and hope that Evelyn will recover soon and continue leading this project.

Thank you to Women Ministries, and specially to sister Heather-Down Small and their staff for her support to AAIM!

6 - CONCLUSION

This is the Report of Activities on a new six months period. One of many that we have already walked through with this Ministry in the last 12 years, since the HIV/AIDS Africa Office was voted into existence at the General Conference EXCOM in May 2002.

Time goes so fast, and when we review all AAIM activities for this semester, we confirm once again that the Lord's blessings don't cease to multiply!

This is a new opportunity to praise the name of the Lord! What a privilege we have!

Do we realize that we are directly witnessing the works of God in favor of His people? And this is not just regular people, but people infected or affected by one of the worst epidemics in the history of humanity.

And we are very glad that our Church, the Seventh-day Adventist Church has taken an active role in the fight against HIV/AIDS, providing HIV Prevention, Care and Support!

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

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

And in a very special way, we thank and praise the precious 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 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)

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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)¹¹
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

¹¹ Between parenthesis are written the Adventist Universities already visited to present the AAIM HIV/AIDS Curriculum.

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2. Antsirabe (Zurcher)
13. Mauritius - Vacoas-Phoenix
14. Malawi
 1. Blantyre
 2. Lilongwe
15. Mozambique
 1. Maputo
 2. Quelimane
16. Namibia
 1. Windohek
 2. Katima Mulilo
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)
 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.

TESTIMONIES

From Addis Ababa, Ethiopia (HIV/AIDS Seminar - February 2014)

- *"I have been blessed during these 3 days, really, I have gotten more than I expected. God is blessing you, and I thank God that He blessed you and also blessed me through your ministry. Thank You for your ministry!"*
- *"Both of your teaching, was very good. I am blessed and got more new information about HIV. I thank you very much. I think your service is just like Jesus' service. You continue your teaching and healing up to Jesus' Second coming. God bless you!"*
- *"First of all we have had a very good time. I want to pass my thanks to almighty God. Next to God I want to thank those trainers we had all through the training. They were awesome. They have explained and trained us so effectively. Their explanation on each section was clear and simple to understand. They were very friendly to all members in the group. They gave us a real love!"*

From Katima Mulilo, Namibia (HIV/AIDS Seminar - February 2014)

- *"Presentations - very inspiring. Support group presentation and HIV, very educational, reviving and transforming. Awakes church members and strengthens compassionate love for one another, and lifts up the name of Jesus in SDA Church movement."*
- *"It was good and understandable. Everything was leading me to the cross of Jesus. I've learned a lot about all the teaching. The lessons have taught me to be compassionate to every one as Jesus had done to the blind man. You did a great job, it was so wonderful to have you here. Both of you Doctors were excellent."*
- *"The facilitators were very good, knowing the subject by heart. • Very good at encouraging members to participate • encouraged all participants to ask questions and get answers"*
- *"On my own evaluation about the facilitators - they have done a great job - well done, they have talked to us about Support Groups, and how we can help ourselves to fight the war on poverty and against the stigma of HIV/AIDS. Job well done."*
- *"The program was organized systematically, chronologically in such a way that, every presentation was connected to the other. The teaching aids all supported the presentations. The program was well documented and people were informed."*