

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 2014

Presented at the GC-AAIM Board Meeting
GC-Headquarters – Silver Spring - MD
October 5, 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 territories of 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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"Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me."

Jesus Christ - Matthew 25:40 - NIV

"Our mission is to build a better world. To leave no one behind. To stand for the poorest and the most vulnerable in the name of global peace and social justice."

Ban Ki-moon United Nations Secretary-General

1 – INTRODUCTION

During the last 1 years, the Seventh-day Adventist Church has followed the HIV epidemic with special interest. Since its creation, Adventist AIDS International Ministry (AAIM) has produced reports every six months, has held bi-annual board meetings, and has followed and monitored the events.

Since the first AAIM board in October 7, 2002, twenty-five consecutive and uninterrupted meetings have taken place.

Together, we have closely followed the developments and the news of one of the most devastating epidemics the world ever suffered.

In the year 2002, at the time of the creation of this ministry, people were dying from AIDS in great numbers, when ARVs were not available in Africa. We remember visiting many of those people and confirming with our own eyes the terrible impact AIDS had on families and communities.

At that time, our Pastors had to officiate at several funerals each week.

Then, we heard that "there is not one family in Africa that has not suffered the loss of a relative to AIDS." This was difficult to believe, but apparently it was true, and even today, we are sad to admit that about 1,2 million people died from AIDS in 2012.

We have navigated together the turbulent waters of this epidemic, trying to prevent the infection and at the same time educate and assist as many people as possible. Of course it has not been easy, because the natural reaction of human beings is denial, discrimination and rejection.

Even today, it is hard for many to admit that he or she is HIV positive. And even more so, to share the bad news with others.

This medical condition, like no other, has a direct relationship with the most intimate aspects of the life of individuals. Morality, family and work play an important role in it, and are all compromised when someone discloses the HIV status.

Despite all these things, we have witnessed year after year, the progress to contain the epidemic and to bring to "safe land" those who were already touched by the virus.

Thank God, new medicines have been produced and better protocols of treatment introduced, which dramatically changed the outcome in recent years.

Today, those under treatment are protected from a certain and painful death. People are not dying from AIDS like before. Not anymore!

The lack of access to health, education and information does not allow the improvement of the human condition in many parts of the world.

AAIM continues to pray and act in favor of these people. The disadvantaged, the widows, the orphans, the elderly, the infected in general, and of course the affected.

This new report will help update on the most recent and relevant news on the field of HIV and AIDS, and on the work AAIM does.

We hope you will enjoy reading this report.

2 – NEWS ON HIV/AIDS

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

2.1 Global HIV/AIDS Situation

In 2012 (latest data available), there were approximately 35.3 million people living with HIV in the world, from which 25 million people were living with HIV in the sub-Saharan Africa region. This number represents nearly 70 percent of the global total. In the same year, there were an estimated 1.6 million new HIV infections and 1.2 million AIDS-related deaths.¹

HIV prevalence in selected countries across sub-Saharan Africa in 2012

Country	HIV Prevalence %
Southern Africa:	
South Africa	17.9
Botswana	23
Swaziland	26.5
West Africa:	
Senegal	0.5
Cameroon	4.5
Nigeria	3.1
East Africa:	
Kenya	6.1
Uganda	7.2
Tanzania	5.1

¹ UNAIDS - ' Global Report 2013' - Accessed August 2014

Global HIV/AIDS Facts and Trends

- Young people under age 25 represent half of all new HIV infection cases.
- Ten million people ages 15-24 are living with HIV/AIDS.
- Every minute, five young people are infected with HIV.

According to the assessment done by the US Mission in Geneva, “deaths from HIV/AIDS have declined, and new infections of the deadly virus have decreased while the dissemination of treatment is on a steadily upward trend.

There is more than 50 percent decrease in new HIV infections across 25 countries. The reductions in new infections were even more notable in some of those sub-Saharan African countries where the disease seemed unrelenting a decade ago. Malawi reduced new infections by 73 percent; Botswana, 68 percent; and Namibia, 58 percent.

An estimated 6.8 million people are eligible for treatment and do not have access, according to the UNAIDS calculations. Of the 34 million people living with HIV, about half do not know they carry the virus, and therefore may still be likely to pass the virus to others. Creating greater access to testing and treatment can further help to contain the pandemic. Medical evidence shows that people under treatment are far less likely to convey the virus to partners.”²

2.2 Advances in HIV/AIDS Therapy

The news coming from the annual Conference on Retroviruses and Opportunistic Infections (CROI) that was held in Boston, US from 3-6 March 2014, are very promising.

In the area of pre-exposure prophylaxis for at high risk populations, the drug Tenofovir together with other ARVs have proven to be very effective. The current challenge for this type of treatment is adherence, and that is why the scientists are experimenting with long acting injectable ARVs, like the Glaxo-Smith-Kline (GSK)-744LA medication.³

Regarding vaccine development, several broadly neutralizing antibodies have been identified and some have even been shown to be effective in preventing, treating or curing infection in monkeys. The next step is to assess what effect these antibodies would have in the human body.

Molecular Therapy for HIV - There is also great expectation in the findings of gene modification approaches to treating HIV. This new technology has great potential.

An article was published on March 2014 in the *New England Journal of Medicine* with the title “Can gene therapy cure HIV?” (by Susan Young Rojahn). Engineering a patient’s own immune cells to resist HIV could eliminate the need for lifelong antiretroviral therapies.

² <http://iipdigital.usembassy.gov/st/english/article/012/11/20121121139011.html#ixzz2DKuhZWvV> - Accessed August 2014

³ <http://www.unaids.org/en/resources/presscentre/featurestories/2014/march/20140310salim/> - Accessed September 2014

“The immune cells of HIV patients can be genetically engineered to resist infection, say researchers. In a small study in humans, scientists report that by creating a beneficial mutation in T cells, they may be able to nearly cure patients of HIV.

Researchers reported that they can use genome editing to re-create the rare mutations responsible for protecting about 1 percent of the population from the virus in infected patients. They reported that some of the patients receiving the genome-modifying treatment showed decreased viral loads during a temporary halt of their antiretroviral drugs. In one patient, the virus could no longer be detected in his blood.

Zinc-finger nucleases (ZFNs) are one of a few genome-editing tools that researchers use to create specific changes to the genomes of living organisms and cells.”⁴

Recently, the company Sangamo BioSciences (SGMO) introduced the Delta 32 mutation (a suppressor of CCR5 gene which is a co-receptor for HIV-1 entry into T cells therefore enabling HIV infection) using Zinc Finger Nuclease (ZFN). Their results were presented at the 51st Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) held in Chicago from September 17–20, 2011. Researchers at SGMO mutated CCR5 in CD4+ T cells and subsequently produced an HIV-resistant T-cell population.⁵

2.3 World Health Organization Report

The latest World Health Organization Report was published on July 2014, under the title: “The Gap Report.” It is an excellent piece of work, which defines “The Beginning of the End of the Epidemic,” and also targets “The 12 Populations that Should not be Left Behind. It actually emphasizes: “No One Left Behind.”⁶

This report can be found at: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf

After commenting on several African snapshots, it describes how the HIV epidemic can be stopped. It is followed by “Ending the HIV epidemic is possible.”

The report is both informative and motivating. It opens a window to the future of the epidemic and shares an optimistic, but at the same time possible outcome of the current situation with HIV and AIDS. Here is a summary description of it:

The new UNAIDS Report 2014 “Closing the Gap” starts by saying: “Ending the AIDS epidemic—four words that hold hope and promise. Four words that represent more than 30 years of devastation, struggle and loss.

The AIDS epidemic brought the world to its knees...

Activism and research led to one of the most effective global movements of this generation. Global commitment and clear goals paved the way for countries at the start of the AIDS response. Then resources, innovation and communities accelerated its progress.

So much that today we can say these words with confidence: ending the AIDS epidemic is possible.

⁴ MIT-Technology Review - <http://www.technologyreview.com/news/525286/can-gene-therapy-cure-hiv/> - Accessed August 2014

⁵ <http://www.nature.com/nbt/journal/v26/n7/abs/nbt1410.html> - Accessed August 2014

⁶ http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf - Accessed August 2014

There will be no ending AIDS without putting people first, without ensuring that people living with and affected by the epidemic are part of a new movement. Without a people-centered approach, we will not go far in the post-2015 era.

Even though we have seen new HIV infections drop by 38% since 2001, there were 2.1 million people newly infected in 2013. There are also 22 million people who are not accessing life-saving treatment.”

“No one left behind” is the leading idea, together with “putting people first through a people centered approach”. There is little concern about those who are already “on board” receiving treatment, but there are still millions who don’t know they are infected or who cannot access treatment...

According to UNAIDS, the 12 populations ‘left behind’ are:

1. People living with HIV
2. Adolescent girls and young women
3. Prisoners
4. Migrants
5. People who inject drugs
6. Sex workers
7. Gay men and other men who have sex with men (MSM)
8. Transgender people
9. Children and pregnant women living with HIV
10. Displaced persons
11. People with disabilities
12. People aged 50 years and older

According to the UNAIDS: “The world has witnessed extraordinary changes in the AIDS landscape. **There have been more achievements in the past five years than in the preceding 23 years.** There is evidence about what works and where the obstacles remain. More than ever before, there is hope that ending AIDS is possible.

The next five years will determine the following 15 years. If the world scales up by 2020, humanity will be able to end the epidemic by 2030.

The next five years will determine the following 15 years. If the world scales up treatment by 2020, humanity will be able to end the epidemic by 2030

Ending the AIDS epidemic means that the spread of HIV has been controlled or contained and that the impact of the virus in societies and in people’s lives has been marginalized and lessened thanks to significant declines in ill health, stigma, deaths and the number of orphans. It means increased life expectancy, unconditional acceptance of people’s diversity and rights and increased productivity and reduced costs as the impact diminishes.”⁷

⁷ UNAIDS The Gap Report, July 2014 - http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf - Accessed August 2014

HIV, the virus, will probably exist for a long time, but its impact can be neutralized by aggressively implementing existing HIV prevention and treatment options and strong community action to reduce stigma and discrimination.

3 – ADVENTIST CHURCH RESPONSE & ACTIVITIES APRIL TO SEPTEMBER 2014

MAY 2014

3.1 Mid-Year Meetings, May 2014

Once again, AAIM was present at the Divisions' Mid-Year Meetings, updating the Division Officers and Union Presidents about the HIV/AIDS situation in their respective territories.

AAIM alternates the visits to the divisions in order to keep each of them served and on course in matters of HIV and AIDS.

This time, the visits targeted the ECD Mid-Year Meeting and the SID EXCOM with presentations in each event, and distribution of printed material.

It was a good opportunity to personally interact with the leaders of the Unions, and interchange ideas on the HIV and AIDS situation and working strategies to prevent and reduce the impact among our church members and communities.

JUNE 2014

3.2 Audit AAIM Finstat of 31 December 2013, June 2014

From 18 to 24 June the GC-Auditing Service based in SID, performed an audit of the financial records of AAIM. This time, AAIM requested the audit and GCAS made arrangements for it.

All the documents were prepared by AAIM in advance, facilitating a smooth exercise. The audited financial statement is ready for this board meeting.

At the time of the preparation of this report, the SID treasury is finalizing the last adjustments in the financial documents that will facilitate the presentation of the un-audited financial statement for the first part of 2014, to be presented to the board members on October 5, 2014.

JULY 2014



3.3 Evelyn Nkhethoa, Funeral of the Grandmothers' International Leader, July 3, 2014

The year 2014 brought very sad news to the AAIM family all over Africa - the death of our beloved Grandmothers Leader Evelyn Nkhethoa from Lesotho.

After a long fight with an incurable disease, she went to her rest. A great number of people deeply loved her and appreciated her commitment to help especially children, youth and orphans.

She was the engine behind many initiatives and projects to help her fellow grandmothers in Africa. Not only in Lesotho, her native country, but in Botswana and Kenya, where she traveled with AAIM to organize more Grandmothers' Support Groups and motivate the members there.

Evelyn will be greatly missed.

Evelyn personally contributed to the creation of the Emmanuel Grandmothers' Project in Leribe, Lesotho. With the support of the GC-Women's Ministries a training center was built and a piece of land was transformed into a small agricultural farm for income generating activities.

Her last official AAIM activity was her participation in the AAIM 6th Tri-Divisional Advisory that took place in Nairobi, Kenya in September 2013. Surrounded by the love of AAIM representatives from all over Africa, Evelyn shared her experiences and gave a great deal of encouragement for AAIM to carry on the work.

Her legacy will remain with all of us, as well as the memories of all the times we spent together. She had a passion for people touched by HIV and a great concern about the impact of the epidemic.

"She fought the good fight, she finished the race and kept the faith! A crown of righteousness is awaiting her, which the Lord will give her."

Just let all of us remember: "and not only for her, but also for all who have longed for His appearing." 2 Timothy 4:6-8

JULY 2014

3.4 2nd Global Health and Lifestyle Conference - HIV/AIDS Outbreak Session

The 2nd Global Health and Lifestyle Conference was the highlight of this quinquennium in matters of health, including HIV and AIDS and its relationship with Non-Communicable Diseases.

AAIM answered the call and organized an outbreak session with nine experts that delivered outstanding presentations on "HIV/AIDS and Non-Communicable Diseases (NCDs)."

The fact is that while the current Antiretroviral (ARV) therapies are enabling people with HIV to live increasingly longer lives, the risk of acquiring NCDs also increases with time.

In addition, ARVs themselves can make people more susceptible to NCDs than the rest of the population.

*HIV/AIDS “A Journey of Hope”
AAIM Report of Activities - October 5, 2014*

That is why today, it is imperative that instead of focusing exclusively on HIV, we integrate, diagnose and treat both HIV and NCDs simultaneously and in the same medical facility.

This will help to increase the level of prevention, treatment and survival of people living with HIV, who are exposed more and more to NCDs; at the same time decreasing the stigma associated with HIV.

Cutting edge, best practices on HIV care should promote and include the vision of service integration associated with lifelong lifestyle prevention.

A combined strategy is needed in surveillance and disease control. This breakout session explored the main NCDs associated with HIV, emphasizing the need to go to the next level of care for the HIV positive.

The program ran from Tuesday July 8 to Thursday July 10, 2014 at the University of Geneva, in Geneva, Switzerland.

The main presentations were followed by sessions of questions and answers as follows:

- 1 - HIV and Non-Communicable Diseases by Drs. Oscar and Eugenia Giordano
- 2 - HIV and Heart Disease - ARVs and Increased Risk of Myocardial Infarction by Dr. Jonathon Thorp
- 3 - HIV and Cancer - HIV and Cervical Cancer (Human Papilloma Virus) by Dr. Allan Handysides
- 4 - HIV and Diabetes - HIV and Increased Vulnerability to NCDs by Dr. Viriato Ferreira
- 5 - HIV and Mental Illness (I) - HIV and Depression by Dr. Jerrie Bezuidenhout
- 6 - HIV & Nutrition - For Lifelong Prevention Through Lifestyle Changes by Dr Fred Hardinge
- 7 - HIV and Mental Illness (II)
HIV & Violence against Women - Avoiding Lifelong Post-Traumatic Sequelae by Rachel Arrais
- 8 - HIV and Mental Illness (III) - Providing Services to Help Sex Workers and to Prevent Unwanted Female Genital Mutilation by Pr John Macharia and Counselor Gabriel Maina
- 9 - Integration of HIV and NCDs for Comprehensive Prevention and Care Services
HIV/AIDS and NCDs - The Vision of Service Integration by Drs. Oscar and Eugenia Giordano

The invitation to participate in this important world conference and the organization of the program was an enriching as well as an eye-opening experience which projected AAIM and its ministry to a higher level.

Non-Communicable Diseases are the current concern in Public Health, and while HIV has caught all the world's attention for the last 33 years, Non-Communicable Diseases have grown to very dangerous proportions threatening the health of millions of people and especially those infected with HIV.

Today, more than ever before, we need to switch our target to the combination of HIV/AIDS and NCDs prevention and control.

We can say that after this Conference, AAIM is better equipped and more efficient.

We thank and highly appreciate the organizers of the 2nd Global Health and Lifestyle Conference, and especially Dr. Peter Landless, for giving AAIM the opportunity to develop this program.

It was a great experience!

JULY 2014

3.5 International AIDS Society (IAS)* - Latest News

On behalf of AAIM we had the privilege to participate this year in the 20th International AIDS Conference (AIDS 2014) that was held from the 20-25 July 2014 at the Melbourne Convention and Exhibition Centre, in Melbourne, Australia.

***About the IAS**

The International AIDS Society (IAS) is the world's leading independent association of HIV professionals, with over 16,000 members from more than 177 countries working at all levels of the global response to AIDS. The IAS members include researchers from all disciplines, clinicians, public health and community practitioners on the frontlines of the epidemic, as well as policy and program planners.

On this occasion, the number of participants to the conference was approximately 14,000, including 2,260 from Australia and 4,260 from the Asia-Pacific region. 172 countries were represented.

Unfortunately, there was a sad note just at the beginning of the conference. The International AIDS Society confirmed the devastating news that at least six delegates traveling to the 20th International AIDS Conference (AIDS 2014) in Melbourne, Australia, including former IAS President Professor Joep Lange, a pioneer of AIDS treatment research and former International AIDS Society president, as well as his wife and fellow health professional Jacqueline van Tongeren who were heading to the event, were on board the Malaysian Airlines flight MH 17 that was shot down by rebels over Ukraine, killing all 298 people on board. Their plane was flying from Amsterdam to Kuala Lumpur. At the time of his death, WHO spokeswoman Fadela Chaib said: "We have lost a wonderful person and a great professional. Our hearts are broken. We are all in shock."⁸



Professor Joep Lange

Please, look into the Annex for the excerpts from the Official Daily Press Releases on the most relevant issues considered at the sessions.

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Note: It appears that through the past 4 to 6 years, the IAS has progressively taken a very clear direction in regard to the support of the lesbian, gay, bisexual, and transgender (LGBT) social movement which represents a clear political ideology and social movement that advocates for the full acceptance of (LGBT). During the sessions, we noticed that a good number of the support personnel were gay. Chris Beyrer, the new IAS president, is the first openly gay president. Changes in policies and programs are being influenced in countries and institutions by this community. Dealing with this subject is a very delicate situation which requires lots of wisdom and prayer. Recently our church organized a special program about homosexuals in Cape Town. The problem of HIV/AIDS is closely related to the homosexual community.

⁸ From 'The Independent'- Newspaper Edition Aug 26, 2014

AUGUST 2014

3.6 HIV/AIDS Prevention Program, Kisaju, Kenya - August 2014

AAIM has dedicated much effort to help under-served communities in Africa like the Maasai tribe.

As part of that work, AAIM has developed a very good relationship with the Maasai tribe in Kenya and is currently working with them at three sites. This population group has a high prevalence of HIV, in part due to the current practice of polygamy and the low level of medical services (poor access and poor services).

Today, men and women in separate groups open up and willingly convey their concerns and questions to AAIM, allowing our interventions in order to help them. They have received training on HIV Prevention, Care and Impact Mitigation.

A new HIV/AIDS prevention program was delivered during a camp meeting for several churches from the region. There was enough confidentiality and freedom to ask questions of all types.

This experience was highly satisfactory. In the men’s group the subject of female genital mutilation received special attention and much discussion. Among the women, great concern was put on gynecological cancer and early diagnosis.

We would like to commend Godfrey Sane Korio and Patrick Ole Risancho for their help with the implementation of this program. They were there full time to assist in anything needed to make this program a success. God bless you both!!!

AUGUST 2014

3.7 HIV/AIDS Desk at EKUC, April-August 2014

The good news is that after 10 long years of waiting, the opportunity finally arrived and an HIV/AIDS Desk was organized in the East Kenya Union Conference (EKUC) with full support from the administration.

The EKUC is one of the largest church regions in the East Central Africa Division, with a large population living with HIV and AIDS. Its territory consists of: Eastern Kenya, and Somalia; comprising the Central Kenya, Central Rift Valley, Nyamira, and South Kenya Conferences; and the Kenya Coast Field.

According to the GC-Office of Archives, Statistics and Research, this Union has 2,300 churches with 398,267 members.⁹

The national HIV prevalence in Kenya is 6.1%, with pockets of population with higher prevalence such as along the shores of Lake Victoria, with an HIV prevalence of 27% – the highest in the country . HIV prevalence in Nairobi is 9%; 11% among women and 7.1% among men.

The needs are huge, and having a Coordinator in charge of this office will help alleviate the situation.

Gabriel Maina Gathungo has been appointed for this office and among other activities he has already sent the “30 Messages of Hope and Healing” on HIV/AIDS to all the Union conferences in East Kenya (Central Union Conference, Kenya Coast Conference, Nyamira Conference, Central Rift Valley Conference, and South Kenya Conference).

Gabriel has already recorded HIV and AIDS TV Programs with Angaza Television where he has shared what AAIM is doing in Africa, and most particularly in Kenya.

⁹ <http://www.adventistyearbook.org/ViewAdmField.aspx?AdmFieldID=EAKU> - Accessed August 2014

*HIV/AIDS “A Journey of Hope”
AAIM Report of Activities - October 5, 2014*

Gabriel has sensitized all the department directors of the Union and has elaborated plans to mainstream HIV and AIDS through their programs.

We congratulate Gabriel, and pray that God will abundantly bless him in this new responsibility.

We had meetings with the Union President, Pastor Jonathan Maangi and the Treasurer Dan Agwena for the planning of this desk.

This is a good opportunity to give thanks to Pastor Maangi, who has given full support to the creation of an HIV/AIDS Desk at the Union. We really value his vision and determination. We have great hope that from now on this ministry will be able to reach and help many people in Kenya. Praise the Lord...!!!

SEPTEMBER 2014

3.8 SAU 2nd Pastoral Training on Mental & Emotional Health Program.

Emotional State of People Living with HIV/AIDS by AAIM

AAIM was invited to participate in the Southern Africa Union program: “2nd Pastoral Training on Mental & Emotional Health” that took place at the union’s auditorium in Bloemfontein, South Africa.

With the presence of Pastors from all over the union’s territory, representing several conferences, it was a unique opportunity to address the Pastors on issues of HIV and AIDS, especially in the field of mental illnesses.

HIV and AIDS have a strong relationship with mental illness, which manifest itself in all the phases of the disease, even from the very moment that the person is diagnosed.

The subject is very relevant for the Pastors who deal with a great number of people on a weekly basis, offering a unique opportunity to identify the first signs of a mental disease and refer the person for specialized treatment. It is the Pastor's duty not to be judgmental, and also to offer spiritual encouragement and upliftment for their state of depression. They may be the first one that stands between a despairing patient and suicide.

The program was at times challenging. Some pastors in the audience expressed their concerns because they, themselves have unresolved issues regarding people living with HIV and/or AIDS.

Probably, under the influence of traditional beliefs and stigma, it becomes difficult, even for a pastor, to show complete acceptance and love for someone who is HIV positive. This matter needs more elaboration and a better outcome.

And that is why we found this program to be very effective, because it offered a rare but unique opportunity to interact with pastors in a protected environment.

We want to thank Dr. Jun Negre, Health and Family Ministries Director at SAU, for inviting us to be part of this event!

SEPTEMBER 2014

3.9 University of the Free State.

HIV/AIDS Program for University Students in Bloemfontein

It was an extraordinary experience! A long awaited event which finally materialized, was the encounter of AAIM with Adventist university students in Bloemfontein.

The venue couldn't have been better! At the university in an amphitheater-shaped classroom with projector and sound, and an exceptional group of students from many different branches of studies. Young men and women in their early twenties that meet in that same place every Sabbath to worship our Lord Jesus Christ. A beautiful group!

And because of that, we felt a greater responsibility to protect them from HIV in the secular environment which is the university!

The program rolled-out very nicely. Having broken the barriers in the beginning, the communication improved progressively, and towards the end, the students wanted to start a support group to work in the community.

The program consisted in an overview of HIV/AIDS and the current situation in the world and in Africa, with a special focus on South-Africa.

Mrs Rhoda Nthani took a part of the program with the theme: "Stigma." She also led the students in the debate on the film "Lazarus Effect," which describes the important problem of stigma and discrimination.

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!

3.10 WAD - Progress Reports from Cameroon and Ghana
Combined prevention of HIV and Ebola

In spite of the present challenges in West Africa, the AAIM work continues to progress.

The AAIM coordinators carry-on the work with dedication, trying to help as much as possible the populations at risk.

Pr Gabriel Kofi Kwateng reports from Kumasi, Ghana about the work of HIV awareness at several camp-meetings that took place from August until September. Five districts were present with a total of 4,500 people that were exposed to the messages.

Apart from this, Pr. Gabriel reports about several senior high schools that he visited, Patriensa, Kenyase, Bekwai and Ntonso, in the Ashanti region. The students received instruction on HIV Prevention. Lecturers and students were very happy and contribute much to the lectures. This is an ongoing program and we expect more good news in the future at the occasion of the AIDS International Day.

HIV/AIDS "A Journey of Hope"
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Elder Mevack Landry, reports from Cameroon on the several programs that are taking place in his territory.

The East Cameroun Mission hosted a 4 days health Conference, which included HIV/AIDS. They put an emphasis on Nutrition for People Living with HIV/AIDS. According to the report, "more than 100 participants came from all over the region."

This event was followed by the sharing of messages on lifestyle and prevention of HIV/AIDS and Ebola virus infection. The churches of Bertoua and Batouri benefited from this program.

A VCT tested 236 individuals for HIV, out of which four needed confirmation tests.

Twelve support groups of People Living with HIV/AIDS were organized and registered.

The visit to Batouri helped to train 23 church members on health work for the fight against HIV and the Ebola virus. He is also organizing support groups and fighting stigma.

These successful programs are contributing a great deal of awareness among populations at risk for both, HIV and Ebola. This is the first time that HIV and Ebola are combined under the umbrella of AAIM activities of prevention.

We hope and pray that the number of AAIM interventions will continue to increase in WAD.

As the International AIDS Day approaches, AAIM continues to communicate and motivate its coordinators in order to impact as many people as possible.

3.11 HIV/AIDS Denialism is still alive and strong...

We would like to share with you an experience we had in Bloemfontein just a few weeks ago. It was during the program we held at the University of Free State.

After we presented the first part of the program, a young woman raised her hand and said that she doesn't believe in HIV/AIDS, nor in the Anti Retro Viral drugs (ARVs)...

That was a surprising and very shocking statement, especially after we had talked about the virus and projected clear pictures of it... Later we learned that she had arrived late, after that part of the presentation.

Anyway, we tried to explain to her that our belief in the virus was science-based, but she persisted in saying she didn't believe based on experiences with relatives. We decided to invite her to talk afterwards, which we did.

After everybody left the classroom, she stayed together with a friend, and Eugenia and I started a conversation. She was not a student, but came to visit friends and relatives who attend the University. She is in her early twenties and lives in Kwa-Zulu Natal. Her story was about a man that we later learned was her father who was HIV positive and died, but his wife was negative as well as his child with that woman.

Then, she told us about an uncle who was taking ARV treatment until she recommended that he stop it, which he did...

She attributed the problem to witchcraft...

At a certain point during our conversation we felt a very strong barrier which didn't allow us to make any progress, so we proposed to pray together (she is a practicing Adventist), which she accepted with thanks.

Unfortunately, this is a typical case of denialism associated with absolute ignorance, which drives many people not to comply with medical recommendations and reject life-saving treatments. Very sad...!!!

Background to the problem:

"HIV/AIDS denialism is the belief, contradicted by conclusive medical and scientific evidence, that human immunodeficiency virus (HIV) does not cause acquired immune deficiency syndrome (AIDS). Some denialists reject the existence of HIV, while others accept that HIV exists but say that it is a harmless passenger virus and not the cause of AIDS. Insofar as denialists acknowledge AIDS as a real disease, they attribute it to some combination of sexual behavior, recreational drugs, malnutrition, poor sanitation, hemophilia, or the effects of the drugs used to treat HIV infection.

The scientific consensus is that the evidence showing HIV to be the cause of AIDS is conclusive and that AIDS-denialist claims are pseudoscience based on conspiracy theories, faulty reasoning, cherry picking, and misrepresentation of mainly outdated scientific data. With the rejection of these arguments by the scientific community, AIDS-denialist material is now targeted at less scientifically sophisticated audiences and spread mainly through the Internet.

Despite its lack of scientific acceptance, HIV/AIDS denialism has had a significant political impact, especially in South Africa under the presidency of Thabo Mbeki. Scientists and physicians have raised alarm at the human cost of HIV/AIDS denialism, which discourages HIV-positive people from using ARVs.

Mbeki loyalists confronted former President Nelson Mandela in 2002 when Mandela questioned the government's AIDS policy, and Mbeki attacked Malegapuru Makgoba, one of South Africa's leading scientists, as a racist defender of "Western science" for opposing HIV/AIDS denialism.

In early 2005, former South African president Nelson Mandela announced that his son had died of complications of AIDS. Mandela's public announcement was seen as both an effort to combat the stigma associated with AIDS, and as a "political statement designed to force the President [Mbeki] out of his denial."¹⁰

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Unfortunately, this is not an isolated case, but one that reminded us of the people we find everywhere we go, who still do not believe in HIV...

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EBOLA EPIDEMIC

Note: we deeply regret to announce that due to the Ebola epidemic in West Africa, and because of special recommendations and warnings from the General Conference we had to cancel an itinerary to Ivory Coast and Gabon from the 8th to the 14th of September.

We pray and hope that this epidemic will be contained and controlled soon, so no more people will become infected with the deadly virus.

As soon as it is possible, we will try to make up for these unforeseen circumstances.

¹⁰ http://en.wikipedia.org/wiki/HIV/AIDS_denialism - Accessed August 2014

6 - CONCLUSION

HIV/AIDS continues to be a very challenging subject, medically, socially, spiritually and more...

Sometimes it seems that there is no solution to this problem, but then we pause and remember where we are coming from, and also how God has brought us this far, and we desist from giving up.

2004 - 2014 AAIM's Ten Years of Commitment as a testimony of God's power and goodness!

Under His inspiration and guidance AAIM has grown from a simple dream to a reality.

But we also realize that there is still much work to be done, as long as HIV will exist and human behavior will remain more or less of the same nature.

The only solution to all this, is Jesus Christ, and Him alone...!!!

For now, we continue doing as much as we can as we await the soon coming of our Savior.

May our Lord abundantly bless this Ministry and all those who directly or indirectly support it.

As it is our custom, 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. Our profound recognition goes to the APHHS - Adventist Professional Health and Humanitarian Services for their continuous support.

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 -	M. Gabriel Maina & Mr. Daniel Tirop (w/HM)
6.Kenya	King'eero -	Mr. Gabriel Maina (HIV/AIDS only)
7.Kenya	Maasailand -	Mr Godfrey Korio & Mr. Solomon Lenana (HIV/AIDS only)
8.Rwanda	Kigali	Dr. Marc Habeniza (w/HM)
9.Tanzania	Arusha	Dr. Shango Kingu (w/HM)
10.Uganda Union	Kampala	Pr. Samuel Kizito (w/HM)
	Burundi - Not appointed	
	South Sudan - Not appointed	

Southern Africa Indian-Ocean Division (SID)

Division HIV/AIDS Coordinator: Mrs. Rhoda Nthani

11. Angola	North Union	Mr. Helder Correia Dos Santos (HIV/AIDS only)
12. Angola	South West Union	Mr. Tomas Isaac (HIV/AIDS only)
13. Botswana		Mr. Phillimon Armando (HIV/AIDS only)
14. Indian Ocean Union		Dr. Razaka Andriamanandibisoa (HIV/AIDS only)
15. Malawi		Pr. Dennis Matekenya
16. Mozambique		Mrs. Shunila Rana
17. Sao Tome e Principe		Mr. Francisco Bonfin
18. Southern Africa Union		Dr. Jun Negre
19. Zambia		Mercy Sitenge Ulaya
20. Zimbabwe		Pr. Innocent Gwizo

West-Central African Division (WAD)

Division HIV/AIDS Coordinator: Dr. Andre Ndaa

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

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

3) LIST OF COUNTRIES AND MAJOR CITIES REACHED BY AAIM

By alphabetical order (Update March 2013)

1. Angola
 1. Luanda
 2. Huambo
2. Burundi - Bujumbura
3. Botswana - Gabarone
4. Cameroon
 1. Yaounde
 2. Douala
 3. Nanga Eboko (Cosendai)¹¹
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

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

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10. Kenya
 1. Nairobi
 2. Eldoret (AUEA-Baraton)
 3. Kajiado-Oloongurman
11. Lesotho
 1. Maseru
 2. Leribe
 3. Maluti
 4. Mohalishoek
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
 1. Windhoek
 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)

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!”*

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- *"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 everyone 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."*

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Excerpts from Official Daily Press Releases on the most relevant issues considered at the International AIDS Society sessions.

Day #1 - Tributes paid to lost colleagues aboard flight MH 17

Sunday, 20 July, 2014 (Melbourne, Australia) Tributes were paid tonight at the opening session of the 20th International AIDS Conference to the six delegates who lost their lives aboard flight MH17.

A one minute global moment of remembrance was held in their honor with eleven former, present and future Presidents of the International AIDS Society onstage together with representatives from those organizations who lost colleagues, the World Health Organization, AIDS Fonds, Stop AIDS Now, The Female Health Company, the Amsterdam Institute for Global Health and Development and members of the Dutch HIV research community

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Professor Françoise Barré-Sinoussi, Nobel Prize in Physiology or Medicine 2008 recipient and AIDS 2014 International Chair, President of the International AIDS Society (IAS) and Director of Retroviral Infections Unit at the Institut Pasteur in Paris told delegates attending the opening session on Sunday night: "One-third of people living with HIV, who need treatment now have access to it." "Nevertheless, these remarkable achievements are still not enough, 22 million people still do not have access to treatment. The official AIDS 2014 theme reminds us that we need to **step up the pace** and redouble our efforts. Too many countries are still struggling to address their HIV epidemic with their most vulnerable people consistently being left behind".

Day #2 - HIV Cure, HIV Co-Infection and HIV Laws Feature on Day 2 of AIDS 2014

Monday, 21 July, 2014 On the second day, Prof. Barré-Sinoussi went on to say: "The tremendous scale-up of HIV programs has begun to reverse the spread of HIV.

According to the new UNAIDS report released a few days ago, nearly 14 million people living with HIV in low and middle-income countries are now being treated. Millions of lives are saved. But this is far from being enough and we still have plenty to do. Let's show the world that neither brutality nor hatred can stop us. Let's join our forces to build a better future for all."

Prof. Sharon Lewin said the focus of efforts for an HIV cure was currently on developing treatments leading to remission. She said the latest research and findings were significant in that "they have shown us that we can wake up the virus reservoir and make enough of the virus to leave the cell, making it visible to an immune response."

Day #3

Tuesday, 22 July, 2014 - Decriminalization, Prevention, Human Rights

Delegates to AIDS 2014, the 20th International AIDS Conference, were told today that decriminalization of illicit drug use is a key measure for ending HIV transmission around the world.

One of the key sessions discussed the impact of drug policies on people who inject drugs, the spread of HIV and the co-morbidities of tuberculosis and hepatitis. During this session Global Drug Commissioner, Sir Richard Branson, who joined by video link, said the global war on drugs had failed both in terms of drug and public health outcomes, particularly in relation to HIV and hepatitis C, and that the time has come to replace the criminalization and punishment of drug users with treatment and health care.

"Drug policy reform should not be seen in isolation," Sir Richard Branson said. "It has the potential to affect change in other areas such as the world's chronically overcrowded penal system or of reducing the negative impact of policing on some communities.

"Globally, we're using too much money and far too many precious resources on incarceration when we should be spending this money on education, vocational training, and in the case of drug users, on treatment, proper medical care and re-entry."

Day #4

Wednesday, 23 July, 2014 - Breaking Religious Taboos, the Injustices of HIV and Tackling Stigma and Discrimination - Bill Clinton Addresses the Delegates

"Put Patient's Health First to Improve Outcomes and Program Efficiency"

Former President Bill Clinton founder of the Clinton Foundation and 42nd President of the United States has told delegates at AIDS 2014, that finding more economically efficient ways to respond to HIV is vital to saving lives and preventing the spread of the virus.

Mr Clinton, who advocates globally for health security through the Clinton Health Access Initiative (CHAI), made the comments at the conference in Melbourne today as he reflected on the progress made so far in overcoming the HIV epidemic, as well as the challenges that lie ahead.

He also said that meeting global HIV prevention and support targets is possible within the “existing funding envelope”, but only if resources are used more effectively. “The development of super-efficient systems can help us achieve the 90 / 90 / 90 goals,” Mr Clinton said, referring to the UNAIDS 2020 targets of 90% of people with HIV knowing their status, 90% of people with HIV receiving antiretroviral treatment and 90% of people on treatment having an undetectable viral load.

Mr Clinton said one of the biggest challenges is delivering care to patients in a better way in rural and remote areas. “How can we reduce the distance they travel to the clinics, the time they wait, the money they spend? How can we launch programs to ensure they feel supported in their communities without the stigma that makes people still, after all these years, drop out of care,” Mr Clinton said.

Mr Clinton said ending mother to child transmission of HIV, and supporting children with HIV is another challenge – as well as a tremendous opportunity for sustaining progress in the response to HIV. “Almost 50% of all new pediatric infections occur during the breastfeeding period. So keeping these women in care until the end of the breast-feeding period is the single most important thing we can do to achieve an AIDS-free generation.”

Mr Clinton indicated that the AIDS 2014 gathering was more of a movement than a conference, and encouraged delegates and those involved with HIV around the world to step up the pace and continue to make in-roads in the global response to HIV. He also paid his respects to the victims of MH17 including the six delegates due to attend AIDS 2014. He said the delegates who died, through their work for the global HIV response “gave their entire lives to the proposition that our common humanity matters a hell of a lot more than our differences.”

In the afternoon there was a symposium on how religious faiths can work to overcome sexual taboos that have negatively contributed to the HIV epidemic.

Day #5

Thursday, 24 July, 2014 - Fast-Tracking the Global HIV Response - Sir Bob Geldof Says the ‘Last Mile’ of the HIV Epidemic Must Be Funded

Sir Bob Geldof, the renowned anti-poverty campaigner, has told delegates at AIDS 2014, that the “preposterous reluctance” of governments to fund HIV programs in developing countries is “disgraceful”, especially as the journey to the end of the HIV epidemic is “in the last mile”.

Geldof said that the HIV epidemic in low income countries is “inextricably linked” to poverty, and he strongly criticized wealthy nations for reneging on foreign aid commitments.

The theme of the conference today was ‘making the long term short term’, and today’s activities began with plenary presentations about fast-tracking the global HIV response. Issues discussed included accelerating the development of an HIV vaccine (Antonio Lanzavecchia of Switzerland), advancing the development of HIV prevention technologies (Kenneth Mayer of the US), and improving research about and engagement with transgender people and men who have sex with men (Beatriz Grinsztejn of Brasil, and Laurindo Garcia of the Philippines).

The escalating HIV epidemic in Eastern Europe and Central Asia was explored in a special session featuring representatives from Russia, Lithuania and Moldova. The panel considered the regions intersecting epidemics of HIV, injecting drug use, hepatitis C and tuberculosis, as well as solutions to issues such as poor access to treatment and the marginalisation and criminalisation of men who have sex with men and people who inject drugs.

Also this morning was a symposium on the worrying trends of HIV transmission and co-infection in prisons, where HIV prevalence is up to 50 times higher than the general population.

Day #6

Friday, 25 July, 2014 - AIDS 2014 Ends with Calls for Uniting HIV, Global Health and Human Rights

AIDS 2014, the 20th International AIDS Conference ended in Melbourne, Australia with a chorus of international figures calling on governments and organizations to step up the pace in terms of delivering universal access to treatment, care and prevention, not only for HIV but for other health issues as well.

At the event's closing ceremony this afternoon, the outgoing president of the International AIDS Society (IAS) and Co-Chair of AIDS 2014 Prof. Françoise Barré-Sinoussi once again honored the delegates who were killed in the MH17 disaster and called on the world to unite to improve global health. "I strongly believe that we must further increase our collaboration with other major international health movements because our objective is to build a better future for all. This is what global health is about. The mobilization against AIDS is also a strong driver to advance other areas such as human rights. There will be no end of AIDS without ensuring respect and dignity of all people, equity in access to health services and social justice."

The local Co-Chair of the conference, Australia's Prof. Sharon Lewin, also called for increased support and cooperation. "This week, we have heard of all the great progress but that there is still much work to be done. In order for us to change an epidemic to low level infection, we need an individualized approach to address key hot spots; we need a strong focus on specific geographic areas and key affected populations that continue to experience the highest numbers of infections. We need to recognize that one size will not fit all in our response. Now more than ever we need an increase in funding to do it. Now is not the time to slacken the pace."

The incoming IAS President, Chris Beyrer (MD, MPH Director Center for Public Health and Human Rights at Johns Hopkins Bloomberg School of Public Health), said two of the biggest challenges facing the global HIV response were the lack of access to effective treatments for people for millions around the world, and a new wave of discriminatory laws and policies which are excluding people from treatment and care. "I am the first openly gay person to lead the IAS, and as a man who buried too many friends and lovers before we had effective treatment, let me pledge that inclusion for all who need and want HIV services will be a fundamental focus of my leadership."

At the closing session, world leaders, researchers, activists and policymakers applaud global progress in the HIV response and urged to address stigma and discrimination.

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Preparation for the International AIDS Day 1st December 2014

World AIDS Day, observed on 1 December every year, is dedicated to raising awareness of the AIDS pandemic caused by the spread of HIV infection. Government and health officials, non-governmental organizations and individuals around the world observe the day, often with education on AIDS prevention and control.

World AIDS Day is one of eight official global public health campaigns marked by the World Health Organization (WHO), along with World Health Day, World Blood Donor Day, World Immunization Week, World Tuberculosis Day, World No Tobacco Day, World Malaria Day and World Hepatitis Day.

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As of 2013, AIDS has killed more than 36 million people worldwide (1981-2012), and an estimated 35.3 million people are living with HIV, making it one of the most important global public health issues in recorded history. Despite recent improved access to antiretroviral treatment in many regions of the world, the AIDS epidemic claims an estimated 2 million lives each year, of which about 270,000 are children.

Each year the world focuses on a specific theme. The World AIDS Day Theme for 2014 is “Getting to Zero.”

The International AIDS Day was instituted 26 years ago, in 1988. The themes are not limited to a single day but are used year-round in international efforts to highlight HIV/AIDS awareness within the context of other major global events.

For the 2014 commemoration, AAIM has requested its network of HIV/AIDS Coordinators to present their plans, which we summarize as follows:

- Public march in town (invite town officers to join you)
- Seminar on Psycho-Social Health with Bible verses that support
- Session of testimonies by people HIV+ on advantages of ARVs
- Followed by the film “Lazarus Effect”
- HIV testing and counseling in churches and schools in your area
- Share red ribbons in the church and community
- To share the clips or printed material on “30 Messages of Hope and Healing”
- To project the film “Starting Over” or some of the clips “The Dr. Speaks”
- Organize Conferences or Round Tables on HIV/AIDS
- Visit Orphanages and take gifts to support the orphans
- Visit schools in the area and give a talk on HIV Prevention
- Sermons on HIV/AIDS, compassion, love, acceptance, stigma, etc.
- Organize a contest on the best poster about HIV/AIDS
- Honor an AIDS leader in your community
- Gather people who are HIV-positive and/or the family members, friends, and survivors of people with AIDS, and pray for each other
- Make resources on HIV and AIDS available at your church
- With young people, plan and present a program with a focus on healthy lifestyle choices.
- Set up a debate about HIV and AIDS. Sample topics could include: (1) It’s been said that people are either infected or affected by AIDS. How does AIDS affect you? (2) Do you agree or disagree that each person has a responsibility for others in the global family? (“I am [not] my brother’s keeper.”)
- AIDS education encourages [discourages] sexual activity? - debate
- Organize a creative writing or poster competition for young people on the topic of HIV or AIDS, healthy lifestyle choices, etc.
- We care..., Do you? Invite people interested in joining HIV prevention programs for the youth.
- And many more...! - Your creativity counts!

Where possible, and especially in West Africa, consider combining the message of HIV prevention with Ebola awareness and prevention!

This information has been published in the AAIM website and also e-shared with all our Coordinators and Associates in Africa!