



Quarterly Update

Spring 2002



Photo by Gideon Mendel/Network/SABA. Dorika Gabriel is carrying her thirty-year-old son Joseph, who has had AIDS for ten years, outside their house near Mwanza in northwest Tanzania, June 1997.

Dear Friends,

We are immensely grateful for your commitment to slowing the spread of HIV/AIDS in Africa. Your support of GAIA has helped us greatly in reaching rural people who typically have no services except those provided by religious organizations. This quarterly newsletter is a report to you of our activities during the first three months of 2002. We hope you feel proud of what you have accomplished through us.

The GAIA trustees have decided to narrow our program focus to, (1) follow-up support in the form of small grants to village-level projects in the countries which grew out of our training sessions; (2) a major workshop in Ethiopia, likely to take place in the fall; and (3) an increasing commitment to one country in particular, Malawi, as the center of our continuing interest. More about all this inside.

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SMALL GRANTS

South Africa

We recently contributed to the work of the (Roman Catholic) Sisters of the Good Shepherd in the Hebron and Madidi areas of South Africa. They care for girls and women suffering from HIV/AIDS. The Sisters operate 2 medical clinics treating women and children living with AIDS. They also run pre-schools in this area and train women in income generating activities, and train volunteers to help people in rural areas too sick to travel to clinics.

Malawi

We also sent sufficient funds to a medical clinic attached to an orphanage in Lilongwe to enable the purchase of over 500 HIV test kits. The need for the kits became evident when during a visit we discovered that people wishing to be tested could not afford the tests. People who decide to be tested tend to be brave and committed to practices lowering the risks of becoming infected or of infecting others. Such people deserve our support.

Kenya

GAIA has recently supported 24 AIDS orphans in Kenya. The children are cared for by a self-help group of Kenyan women living with HIV/AIDS. They hope to keep the children in the productive side of society, which will be more likely if they remain in school. This in turn requires funds for school uniforms, fees, and food.

Ethiopia

We are in the process of planning a major training workshop in Ethiopia, a country of approximately 63 million people, and fewer than 1500 doctors (1 physician for every 40,000 people.)

Ethiopia ranks just behind South Africa and India in the number of HIV infections, making it third in the world. 3,200,000 Ethiopians are living with HIV/AIDS, according to the country's health ministry, and 1,000,000 children and youth are AIDS orphans, with 250,000 children under five years of age living with HIV. We hope to get underway there in the fall of this year.

We are cementing partnerships with in-country entities, including "Life in Abundance" (Florence Muindi M.D.,) People to People (Enawgaw Mehari, M.D.,) Archbishop Paulos, Patriarch of the Ethiopian Orthodox Church, and the United Religions Initiative's Ethiopia interfaith office.

Malawi

ON MARCH 11, IN A UNANIMOUS DECISION our Board of Trustees decided to change our policy of supporting a range of programs in sub-Saharan African countries to one of concentrating our resources and funding in Malawi. This would allow us to learn in depth about the country and its people and to develop deep relationships that would engender trust and full cooperation across cultural and religious barriers. We have planned to use public health methodologies to define the present state of HIV/AIDS in the country in order to evaluate the effectiveness of our programs at later specified dates. In short order, GAIA would know more about Malawi than any outside organization, and from this position of strength we could affiliate with other organizations that want to be involved there as well. Successful programs will serve as models for similar regional approaches to this almost overwhelming problem with its devastating impact in many parts of the world.

Why Malawi? One reason is its relatively small size but high population density. We can reach many people without having to cover large amounts of terrain. This is a landlocked country of 10 million people in south central Africa. With 95 people per square kilometer, it ranks third among African countries in population density.

Another factor is the high proportion of young people in Malawi's population. Slightly less than half the country's population is in the 15 to 49 year old range, and reaching this age group at the height of their reproductive years is crucial to slowing the spread of AIDS. In early 2001 UNAIDS reported that 8% of Malawians are living with HIV/AIDS, and by August we were told by a government official that HIV prevalence among 15 to 49 year olds is 15.4%. Front line clinicians with whom we met said the official estimate was way too low. The same clinicians confirm government reports that girls in the 15 to 24 age range are 6 times more likely to be infected than boys the same age, and that 46% of new infections occur in this age group.

The country's official language is English, and its indigenous languages are dialects of the Bantu language group.

Still another factor is the overwhelming poverty, and thus the urgency of the need for help. The country's economy is heavily based in agriculture, with per capital annual income being reported between \$180 US and \$210 US. The life expectancy at birth, estimated in 1998, is 36.59 years; the literacy rate is 71.9% for men over age 15 but just 41.8 % for women the same ages. In 1997 its gross domestic product was only \$8.6 billion. Malawi has recently been ranked 151 out of 162 countries in the world in the United Nations Development Programme's 2001

will die of AIDS-related illnesses each year. They state that the orphan rate rises rapidly in Malawi, with many children infected with HIV. Mother-to-child HIV transmission is increasing apace. Many children living with HIV die before the age of 1, and the great majority before age 5.

Of major importance are the contacts we have with all religious groups in Malawi owing to our previous work there, and with the University of North Carolina Infectious Diseases personnel, who work continuously in the country. These contacts will allow us to build on work we have begun and to leverage our resources most effectively.

Though precise figures for religious identity remain elusive, approximately 55% of Malawians are Protestant, 20% are Roman Catholics, 15% are Muslim, and the remaining 10% African traditional. We will of course continue to work through these groups to help them develop village-level action plans for prevention and care.

The Honorable Justin Malewezi, Vice President of Malawi, is an extraordinary force for good in the struggle against HIV/AIDS. This is



Kalafong Hospital, Atteridgeville, South Africa. Photo by Gisele Wulfsohn.

Human Development Index. The World Food Programme estimates that 60% of the mostly rural population lives below the poverty level, failing to meet minimal nutritional needs. We read the Lilongwe Daily Times of August 8, 2001, reporting the "crisis proportions" of the impact of HIV/AIDS upon labor productivity in the country.

A Malawi focus makes sense to us because the country's National AIDS Commission reports that 70,000 people

a brief excerpt of a prayer he recently made at a government-religions conference: "Oh God, Oh Allah, Chiuta...Help us to accept the challenge of AIDS...Help us to offer courage to those in pain. Help us to embrace the dying as they flow into your unending love. Help us to console the bereaved and wipe away tears from their eyes. Help us to support all who spend themselves in care for the sick and the dying...God bless Malawi."

"God bless Malawi."





Global
AIDS
Interfaith
Alliance

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POSTAGE

GAIA's contributions to knowledge of HIV/AIDS in Africa

No small part of our mission is to make others aware of the AIDS catastrophe, and to encourage them to become involved. "Making a Dent in the Global AIDS Catastrophe," describing GAIA, appeared in the Singapore Nurse Journal Vol. 28, No. 4, pages 16 - 20 (2001.) Our work was also detailed in "HIV/AIDS Prevention and Care Training through African Religious Infrastructures," in the December 5, 2001 Global Issues — the Electronic Journal of International Information Programs of the U.S. State Department. Interested readers may find the second article in English at <http://usinfo.state.gov/journals/itgic/1201/ijge/ijge1201.htm> (with versions in French, Spanish, Portuguese and Russian also available.)

Recently GAIA chairman Charles Wilson and president William Rankin were honored to serve as guest editors of a special issue of the British Medical Journal, volume 324, appearing on January 26, 2002 and devoted to global voices on HIV/AIDS.

In addition to being distributed around the world in print form, the issue and/or various of its articles were widely distributed by such electronic journals as Afro-Nets, the Kaiser Daily HIV/AIDS Report, Aegis, and the CDC Prevention News.

The issue's introductory essay, co-authored by Gavin Yamey and William Rankin addresses some justice aspects of the international community's obligations to the world's poorest countries. Interested readers may find the issue on the web at <http://bmj.com/cgi/collection/AIDS>

Last but not least

People of all ages contact us in their search for volunteer assignments, or because they just want to help. We can't always accommodate them. But so many have seemed to sense something humane and humanizing about this work. At its center is a mystery concerning the people we meet - in Africa and, beginning with you, among all who care.

Religious leaders of all faiths have tried to pin down this mystery, and mostly failed. But it seems fair to say that it is somehow life-affirming, almost eternal - something glimpsed only imperfectly wherever people care, offer hospitality, show kindness, possess a commitment to relieve suffering, nurture hope even against the facts, and possess a sense of purpose. This is a fantastic, life-affirming adventure, and we are grateful for your joining in it.

Charles B. Wilson, Chairman
William W. Rankin, President

