

## AIDS is Not Over... But It Could Be.

Since its founding in 2000, GAIA has been dedicated to community-based responses to HIV/AIDS in rural Malawi, and our grassroots approach has resulted in strong bonds of trust. Throughout our history, GAIA's programs have helped reduce the burden of HIV in the country, with the annual rate of new infections decreasing by 60%, AIDS-related deaths decreasing by 65%, and life expectancy rising from 42 to 58.5 years. Represented in those numbers are many children who grew up with healthy parents, attended school and stayed HIV-free, in part thanks to GAIA.

**Today, GAIA and partners are at a historic moment, with the end of AIDS both possible and near.**

To get there, we are focused on achieving the UNAIDS 90-90-90 HIV treatment targets: 90% of all people living with HIV know their status, 90% of those receive treatment, and 90% on treatment achieve viral suppression. In doing so, by 2020 we can tip the epidemic to its breaking point. The UNAIDS strategy relies on the notion of "treatment as prevention," made possible by the availability of HIV medicines and a "test and treat" policy (start on antiretrovirals [ART] immediately at diagnosis)

enacted in Malawi in September 2016. With redoubled efforts, GAIA is committed to meeting that deadline... even at the "far end of the road" in Mulanje District, where our work is focused.

While GAIA is guided by this strategy, we remain true to our grassroots heritage that includes Malawian-led program development that is culturally sensitive and appropriate for the local context. **A key example is our cornerstone Villages Program, recently redesigned as Targeted Community Programs in response to the changing face of the epidemic.**

The new GAIA program will serve 100 villages with many of the same elements, such as orphan care and education, especially among girls, but it will have a new strategic focus on people at highest risk of HIV, including youth, orphans and men (see sidebar below).

GAIA is proud of its support from all types of donors, small and large, religious organizations, foundations and government. The tie that binds us all is the belief that the most vulnerable deserve access to lifesaving care and treatment and to live to see the dawn of an AIDS-free generation.

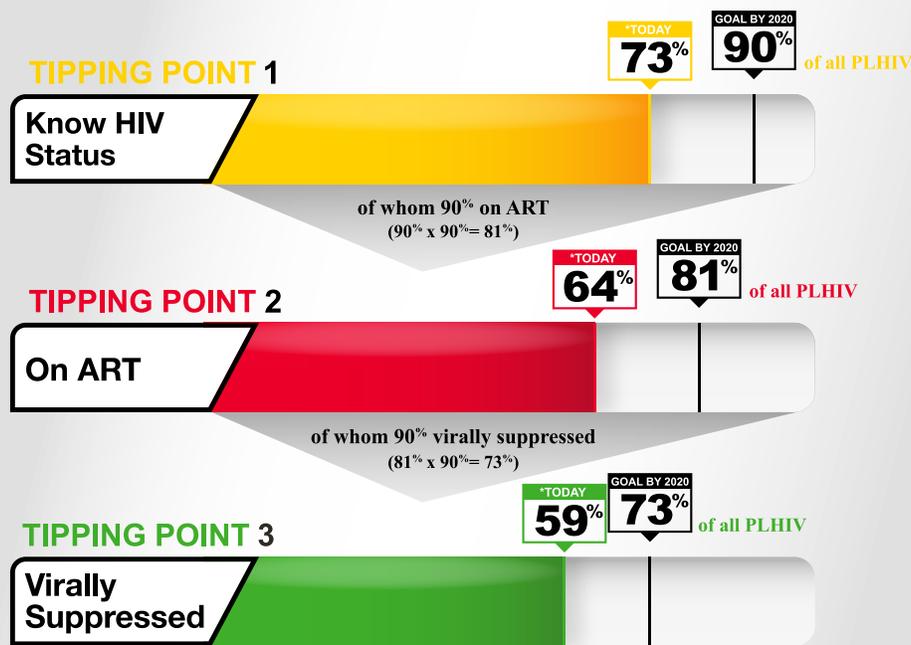


**Give to GAIA**  
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**Help End AIDS**  
[www.thegaia.org](http://www.thegaia.org)

**Focus on Youth, Orphans and Men**  
*While the adult male demographic continues to harbor the greatest number of undiagnosed cases, the majority of new HIV infections are occurring among youth, especially females, many of whom are orphans. In response, GAIA is supporting the education of 750 orphans and vulnerable children. GAIA is also improving gender equity in schooling and empowering girls, who are at three times higher risk of HIV infection than their male peers. Men are a priority group, as their testing rates continue to lag behind women –18% fewer men have ever been tested for HIV – increasing the likelihood of onward transmission and AIDS-related death.*

# COUNTDOWN TO 2020

BREAKING THE AIDS EPIDEMIC



\*Malawi Population-Based HIV Impact Assessment

UNAIDS has set global targets to diagnose 90% of HIV-positive individuals, treat 90% of diagnosed individuals with antiretrovirals [ART], and suppress viral replication among 90% of treated individuals (rendering them non-infectious). This works out to a population-level target of 73% of all people living with HIV (PLHIV) virally suppressed. GAIA's programs aim to get there in southern, rural Malawi.

## 1 Tipping Point 1: KNOW HIV STATUS

We need to find those who are HIV-positive. For GAIA, that means finding ways of reaching those who live in remote areas far from care.



**Door-to-Door (DtD) testing:** In 2017, GAIA is going DtD to provide confidential HIV testing, counseling and referral in the privacy of villagers' homes. This approach overcomes stigma by normalizing HIV testing. Our June article in *Public Health Action* showed that DtD is useful in testing hard-to-reach groups, like men and youth: 77% of men were being tested for the first time. Based on the success of the pilot study, GAIA plans to implement DtD throughout Mulanje.

In March, GAIA Malawi staff was honored to host **US Ambassador to Malawi, Virginia E. Palmer** (pictured above), who visited Mulanje to observe GAIA's DtD HIV Testing program, as well as the GAIA Elizabeth Taylor Mobile Health Clinics. Ambassador Palmer walked with the GAIA team to several households in one of the most remote villages, witnessing first-hand the team's interaction with the residents and the DtD testing process.

### Special testing events for youth and men:

In addition, GAIA holds **special pop-up testing events** for youth and men. While the majority of PLHIV in Africa are women, men are far more likely to remain undiagnosed, transmit the infection, and die of AIDS-related causes. Why? In general, men access the healthcare system less often; health facilities are considered female spaces, and so men wait much longer, often until they are sick, to get tested. In 2017, GAIA has held 27 special events, testing 1,890 individuals of whom 1,170 were youth (0-24). Of the 720 people tested age 25+, 490 (68%) were men. Through these special events, 43 people were found HIV-positive and linked to care.

## 2 Tipping Point 2: LINK TO ART



**We need to link people living with HIV to treatment.** To address critical shortages, GAIA's Nursing Scholars Program is providing training and deployment of 30 ART nurses to understaffed Mulanje District health centers. The influx of patients created by the new "test and treat" policy has increased the burden on already-strained health facilities. This extension of GAIA's Nursing Scholars Program provides training and certification in the current Ministry of Health Guidelines for the Clinical Management of HIV in Children and Adults. The 30 nurses reached their posts in August, significantly increasing the healthcare workforce in Mulanje and enabling much-needed expansions in frequency and sites of ART initiation and delivery throughout the area. Training, certification and deployment of the 30 ART nurses was made possible by an expanded grant from The Elizabeth Taylor AIDS Foundation. (Pictured left are GAIA Nursing Scholars who will receive ART training and certification, along with other hospital colleagues, and Crystal Zehetner (fourth from right), part of the ETAF delegation that recently traveled to Malawi to see the progress).

## 3 Tipping Point 3: ACHIEVE VIRAL SUPPRESSION

**We need to monitor and support treatment adherence until PLHIV achieve viral suppression.** Follow-up Coordinators (F/Cs) play a critical role on the GAIA mobile health clinics, traveling by motorbike and by foot, from the clinics to communities to support clients in their homes and ensure that those on HIV treatment are adherent and continue to improve. To destigmatize care, F/Cs visit a variety of patients with complex needs; for those who are also HIV-positive, F/Cs focus on treatment initiation and adherence, as well as helping clients overcome challenges to staying healthy. The support is making a difference... Of 262 HIV-positive clients being cared for by F/Cs, at the end of June 2017: 98% knew their HIV status; 89% of those were on ART; and 96% of those were adherent to their regimen (a proxy for viral suppression). [It's important to note that F/Cs are also helping with Tipping Point 2, by encouraging and supporting clients onto treatment, and Tipping Point 1, by offering in-home HIV testing to others in follow-up clients' households.]



## Follow-Up Coordinators in Action



Orphaned 8-year-old Chikosi (a pseudonym) struggled with frequent sickness that often kept him out of school. When his aunt took him to the GAIA mobile clinic for malaria treatment, she listened to the health talk that day on HIV/AIDS. She learned that frequent fevers and sickness could be more than malaria, and decided to have Chikosi tested for HIV. The boy's HIV-positive diagnosis was concerning because the family did not know how to care for him. The GAIA clinic assigned F/C Lucy to provide regular home visits to help the family start Chikosi on ART and support him until he had stabilized. After three visits, Chikosi's health had improved greatly and he was back in school. With counsel from Lucy, the family felt confident in managing side effects and providing a diet that would complement regular medication. Lucy is happy to see Chikosi adjusting well, and glad that GAIA was able to set him on a healthy trajectory. GAIA has provided HIV follow-up care to 262 clients in the first half of 2017. We expect to serve 400 this year.

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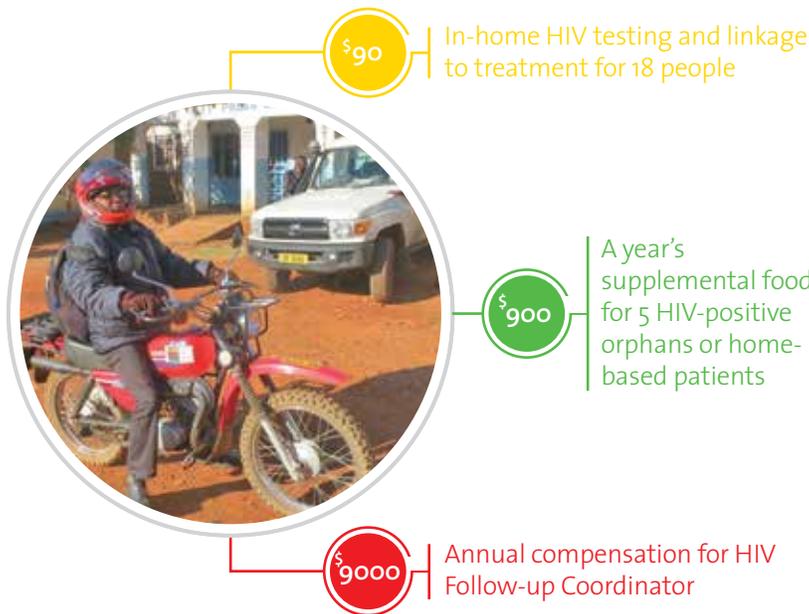
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**AIDS is not over... but it could be. And you can make the difference.**

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# Help GAIA End AIDS

Your investment in GAIA's core programs moves villages toward 90-90-90. Your donation funds services like:



## UNAIDS Fast-track Team Studies GAIA programs



Pictured above: GAIA Country Director Joyce Jere, in blue, and Clinical Officer Mphatso Phiri, left, with the UNAIDS team at a GAIA mobile clinic stop.

GAIA and The Elizabeth Taylor AIDS Foundation (ETAF) were invited to present our work to achieve the UNAIDS 90-90-90 targets to the UNAIDS Fast-track team in Geneva, Switzerland in June 2017. Beth Geoffroy, GAIA's Monitoring and Evaluation Manager, and Joel Goldman, ETAF's Managing Director, shared our holistic approach that starts with innovative testing solutions to find those who are living with HIV and get them onto treatment. Later, the UNAIDS Fast-track Malawi team visited GAIA's programs in Mulanje to learn from our model.