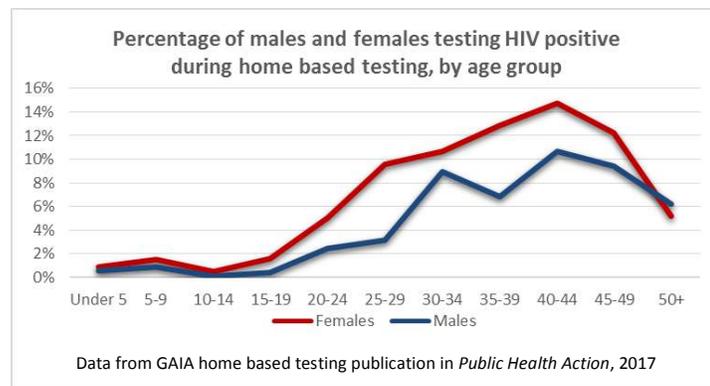


Targeted Community Programs

Since 2003, GAIA has trained local women to coordinate HIV prevention, home-based care for those living with HIV, and orphan care in 180 villages throughout southern rural Malawi (120 villages in Mulanje District and 60 villages across Zomba and Blantyre Districts), contributing to reductions in the burden of HIV in the country. In those 14 years, life expectancy in Malawi has risen from 42 to 58.5 years¹; the annual rate of new HIV infections decreased by 60%, from 84,000 to 33,000 cases, and annual AIDS-related deaths decreased by 65%, from 76,000 to 27,000.² In the communities where the “GAIA Villages” intervention operated, access to care and treatment increased by 41%, and comprehensive knowledge of HIV and prevention increased, with 20% more women able to properly identify how to prevent and treat the disease and 26% more women reporting having ever been tested for HIV.³ In addition, GAIA’s programs have improved quality of life and reduced the need for end-of-life home-based care.

While incredible gains have been made, the face of the epidemic is changing, with the majority of new infections occurring among youth, especially girls and young women.⁴ In 2014, 70% of all new HIV infections among 15-24 year olds occurred in females.⁵ Within GAIA villages, girls ages 15-19 were four times as likely as male peers to test HIV-positive and those ages 20-24 were twice as likely to test positive (see Figure 1). In addition, there remain 530,000 children under 18 who have been orphaned due to HIV, a slight increase from 2003.⁶ And rates of testing among men lag behind those of women –18% fewer men have ever been tested for HIV – placing men at higher risk of remaining undiagnosed and unknowingly transmitting the infection to sexual partners.

Figure 1



In response to the evolving HIV epidemic in Malawi, GAIA has refocused our village-based work for people at highest risk of HIV and AIDS, including: 1) HIV prevention among youth and other high-risk populations, including adolescent girls, orphans and men, 2) targeted, home-based HIV testing, and 3) rapid linkage to HIV treatment and adherence support for the newly diagnosed. GAIA’s Targeted Community Programs focuses on whole communities while prioritizing the most vulnerable and high-risk populations. Targeted Community Programs aims to maximize impact and drive progress toward the UNAIDS’ HIV treatment targets: 90% of all people living with HIV learn their status, 90% of those aware are on treatment, and 90% of those on treatment achieve viral suppression [non-infectious].⁷ In doing so, by 2020 we will tip the epidemic to its breaking point.

Specific outcomes we aim to achieve:

- **Outcome 1:** Prevention of HIV infection among adolescents and youth ages 15-24, especially girls who are at highest risk and orphans, through psychosocial and educational support
- **Outcome 2:** Early identification of HIV through targeted HIV testing services for high-risk populations
- **Outcome 3:** Initiation of treatment within two weeks of HIV diagnosis and referral for adherence support within one month of initiation of treatment

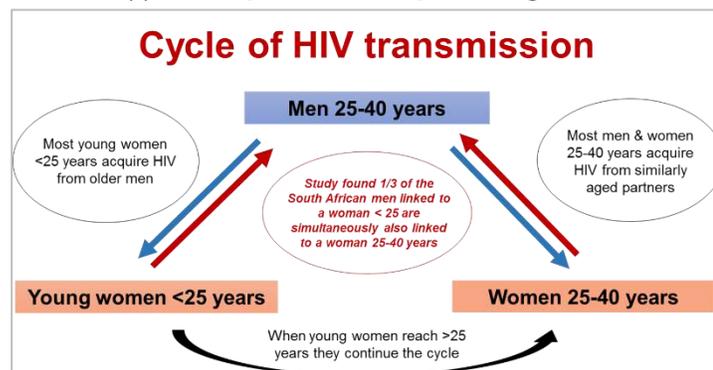


Figure 2. Females ages 15-24 are at increased risk for HIV as a result of having older male partners who themselves often have younger and same-aged partners concurrently.

¹ World health Organization 2015

² UNAIDS 2016

³ GAIA baseline and endline program surveys

⁴ Going door-to-door to reach men and young people with HIV testing services to achieve the 90-90-90 treatment targets, *Public Health Action*, 2017

⁵ UNAIDS World AIDS day report, 2014

⁶ UNAIDS 2016

⁷ 90-90-90 - An ambitious treatment target to help end the AIDS, UNAIDS 2014

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