Dear Friends,

I am writing from southern Malawi, where I can feel the ground shifting. I am happy to report that the audacious goal set by UNAIDS a couple of years ago – 90% of people living with HIV know their status; 90% of those are on treatment; and 90% of those are virally suppressed, or noninfectious – appears to be actually on the horizon for areas where we work. Provided that we don’t lose our focus, we are on schedule to reach the 90-90-90 target by 2020, which will break the epidemic for good within a decade. There’s even talk of aiming higher – 95-95-95 – to end the epidemic even sooner and more definitively! The ground is shifting indeed.

Last year at this time, the primary focus where we work was on the first 90: getting people tested. Through our programs in the region we have made great progress, which correlates to the latest data showing that many parts of Malawi already have achieved the first 90! It is therefore becoming increasingly difficult to identify the remaining people in need of testing (a happy problem!). And our programs are becoming more targeted to do just that. Impressively, national progress has also been made in the second two 90s, which are both at 80% or better! As a result, while we continue to search for the remaining undetected cases among key populations – especially men and youth – we are redoubling efforts toward the second two 90s (linkage-to-care and adherence).

In addition, core programs like our Nursing Scholars Program, which contributes significantly to Malawi’s healthcare workforce – 500 new nurses and counting! – and the Mobile Clinics, which brought critical health care to more than 275,000 villagers last year, continue to improve access to health care for those living off-the-grid. See opposite page for more about the context where we work and the amazing staff that makes it possible.

Make no mistake: the need for our services is as high as ever, but the payoff never greater. Once unthinkable milestones are on the horizon and it is an exciting time indeed! As you read, I trust that you will share my optimism, but also see your own role in making this progress possible. That elderly woman said “zikomo kwambiri” not just to me, but to all of you.

Todd Schafer
GAIA Executive Director

Three Gaps on the Path to Viral Suppression for Malawi’s 1 million People Living with HIV

<table>
<thead>
<tr>
<th>TESTING GAP</th>
<th>TREATMENT GAP</th>
<th>VIRAL SUPPRESSION GAP</th>
<th>VIRALLY SUPPRESSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>6%</td>
<td>19%</td>
<td>8%</td>
<td>67%</td>
</tr>
</tbody>
</table>

People living with HIV who do not know their status and are not on treatment
People living with HIV who know their status but are not on treatment
People living with HIV on treatment who are not virally suppressed
People living with HIV on treatment who are virally suppressed

The elderly woman who visited the Mobile Clinic stop said “zikomo kwambiri” not just to me, but to all of you.
IN MALAWI WHERE GAIA WORKS, 1 IN 6 ADULTS ARE LIVING WITH HIV...

84% of the population live in rural areas, most a 1+ hour walk to nearest health facility

60% of nursing positions are vacant

58% of deaths due to treatable, preventable conditions

BUT WE HAVE A PLAN TO BREAK THE AIDS EPIDEMIC BY 2020...

1.1m IMPROVING ACCESS TO CARE
GAIA’s 8 Mobile Health Clinics provide care to a population of 1.1 million within an hour’s walk of their homes

8% BUILDING HEALTHCARE CAPACITY
8% of Malawi’s nursing workforce sponsored by GAIA’s Nursing Scholars Program

40k REACHING THOSE AT HIGHEST RISK
40,000 youth provided with HIV prevention education and school support

AND WE HAVE THE STAFF TO MAKE IT HAPPEN...

GAIA Malawi Staff:*

100% ARE MALAWIAN

60% ARE WOMEN

25% ARE NURSES

*GAIA currently employs 66 Malawi-based staff
Mobile Clinic Program Turns 10!

The GAIA Elizabeth Taylor Mobile Health Clinics were launched in rural Malawi in 2008 with foundational support from The Elizabeth Taylor AIDS Foundation (ETAF). The program was inspired by the successful deployment of mobile units to provide care to people living with HIV in the wake of Hurricane Katrina. After that success, Dame Elizabeth Taylor wondered why the same approach couldn’t be utilized to improve access for people in remote Sub-Saharan Africa. She asked, “If the people can’t get to the clinics, why can’t we bring the healthcare to the people?!” With her support, and careful planning by GAIA U.S. and Malawi staff, the mobile health clinics were born. The initial approach – that is still employed today – was to embed HIV testing and care among other basic healthcare services to avoid stigma. In the program’s first 10 years, the GAIA/ETAF program has brought care to more than one million vulnerable and disadvantaged people through 1.5 million visits.

Breaking the HIV Epidemic by 2020: Testing and Treating Men is a Key Strategy

To break the HIV epidemic in Malawi where we work, GAIA is focused on achieving the UNAIDS 90-90-90 HIV treatment targets [90% of people know their status; 90% of those are on treatment; and 90% of those adherent/non-infectious]. While Malawi has made great progress toward these goals, the majority of those who remain undiagnosed are men. Males have been harder to reach with HIV testing and counseling, because they access the health care system less often than women, and hospitals and clinics are perceived to be “female spaces.” As part of the PEPFAR-funded One Community Project, GAIA has leveraged its expertise and experience in increasing uptake of testing among men by making services convenient and male-friendly through weekend mobile clinics. Adopting the One Community health education approach, we teach HIV risk-reduction through consistent condom use, and we provide information about voluntary male medical circumcision, a proven protective factor in reducing HIV acquisition. We have maximized our efficiency in identifying those who are HIV positive by adopting One Community’s risk assessment strategy to identify individuals living in high-prevalence areas or working in high-risk professions. When an individual tests positive, we ask permission to contact their partners and children to offer testing. Through this approach, GAIA has tested hundreds of such contacts and achieved a high HIV+ yield rate, with 31% testing positive. When anyone tests positive at these clinics, they are linked to treatment and provided with follow-up care to ensure adherence (the second and third 90s).
In 2018, GAIA deepened its collaboration with the District Health Office (DHO) in Phalombe in order to expand healthcare to underserved rural areas with high HIV prevalence. In the new partnership, the Phalombe DHO contributes supplies and medicine and provides an additional nurse for the mobile clinic team under a cost-share arrangement. This enables GAIA to serve more clients more cost efficiently. In addition, this cost-share clinic -- the “Dr. Donald Thomas Family Mobile Health Clinic” -- is GAIA’s first nurse-led clinic. Otherwise, the program operates the same as always, providing testing for HIV, testing and treatment for malaria and sexually transmitted infections, care for respiratory and chronic conditions, as well as family planning and a range of health talks. This innovative, sustainable pilot has worked well with a high demand for services (153 patient visits per day, comparing favorably with our other clinics) and has decreased GAIA’s cost of operating the clinic by 25%. We plan to continue the arrangement in 2019 and explore opportunities to implement the model in other geographies. Importantly, this mobile health clinic has been funded by the “Friends of Don Thomas” who banded together to keep the Phalombe-based clinic operating after its original three-year funding was exhausted.

Gladys (a pseudonym), a widow and mother of six, had been a loyal volunteer for the GAIA/ETAF Mobile Health Clinics for eight years, where she regularly helped clinic staff by receiving clients and answering basic questions. When she abruptly stopped showing up on clinic days, GAIA staff became concerned by her absence. The team drove to her home and found she had taken very ill. She was tested and found positive for HIV, after which she was referred to a local hospital and administered treatment. Her health has since greatly improved. Gladys is now so healthy that she is able to continue her work as a volunteer for GAIA... a way to give back to the staff whom she credits with saving her life!
Steward Nursing Fellows Fill Gaps in Care

With seed funding from the Steward Family Foundation, through ETAF, GAIA has been supporting newly graduated nurses with short term fellowships in Mulanje District since mid-2017. The fellowship positions support Malawi’s Ministry of Health by: 1) deploying nurse graduates to vacant positions, which the government cannot fill because of health care funding shortages, and 2) enabling the district to simultaneously meet the increased demand for HIV services due to the “Test and Treat” policy enacted in late 2016, giving all people testing HIV positive immediate access to antiretroviral therapy. Also, importantly, the fellowship gives young nursing graduates valuable work experience, making them more competitive for a government deployment. The seed funding allows for 30 funded positions with GAIA Nursing Scholar graduates rotating out, as they find permanent positions within the Ministry of Health system nationwide. From the start of the program in mid-2017 through the end of 2018, 19 of the original 30 fellows have found full-time, permanent employment and have been replaced by new nursing scholar graduate fellows.

GAIA Welcomes Its Second Nursing Student Cohort in Liberia

In August, GAIA welcomed its second cohort of five female nursing scholars to Mother Pattern College of Health Sciences in Monrovia, Liberia. These scholars will join our first cohort of eight scholars who graduated in 2017, and were licensed and deployed to health facilities around Liberia in 2018. These scholars are helping to address the critical gap in health workers in Liberia where, similar to Malawi, there is less than one nurse for every 1,000 people.

One of GAIA’s Steward Fellows on the job at Mulanje Mission Hospital.

GAIA ACHIEVEMENTS

<table>
<thead>
<tr>
<th>89</th>
<th>95%</th>
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<tbody>
<tr>
<td>NURSES CURRENTLY IN SCHOOL</td>
<td>SCHOLARS SUCCESSFULLY COMPLETING PUBLIC SECTOR SERVICE COMMITMENT</td>
</tr>
<tr>
<td>448</td>
<td>81%</td>
</tr>
<tr>
<td>SCHOLARS GRADUATED SINCE PROGRAM INCEPTION</td>
<td>FEMALE SCHOLARS</td>
</tr>
<tr>
<td>99%</td>
<td>63%</td>
</tr>
<tr>
<td>SCHOLARS ATTAINING LICENSURE</td>
<td>ORPHAN SCHOLARS</td>
</tr>
</tbody>
</table>
Dear Donor,

I was a girl with no hope for the future. As of now I’m able to attend university and provide for my basic needs thanks to GAIA. Thank you for everything and providing for my needs hence brightening my future. I’m now a girl with hope. I can see the sun shining.

God bless GAIA.

Sincerely,
TRIPHONIA MASALA
Third-year Student
Kamuzu College of Nursing

Q&A WITH TRIPHONIA

1. What was your favorite part of the last academic year?
My favorite part of the last academic year was management. I really liked evaluating the quality of care rendered to our patients and the fact of bringing about change in the allocated ward. I really learned a lot that most of our hospitals and respective wards are not being managed as per protocols and standard.

2. How do you plan to serve the public?
I’m really ready to serve the public with passion by putting myself in their shoes. I will try to provide quality care, despite the shortage of resources and staff in Malawi.

3. How do you see yourself in Nursing and Midwifery in the next 4 years?
I can see myself becoming the best nurse at a national level once I get on the ground. That’s my desire.

4. How has your life changed since you started the studies and joined GAIA’s Nursing Scholars Program?
Nursing has been the best profession ever. I’m enjoying the passion developed in me, the privilege of bringing light to the darkness and hope to the hopeless. Above all, I’m really grateful for being one of the GAIA Scholars and I shall testify to this wherever I go in whatever I do. I can’t take this for granted no matter what. Thank you!
Preventing New HIV Infections Among Youth: Another Key to Ending the Epidemic

In Malawi, more than one-third of new HIV infections occur in youth, especially girls and young women, due to low condom use, sexual violence, cultural practices like initiation ceremonies, and poverty that drives transactional sex and early marriage. Our youth-focused programs use the power of soccer, games and song, as well as girls camps and clubs, to increase awareness and agency around HIV, malaria and sexual and reproductive health. At a recent GAIA/Grassroot Soccer Youth Friendly Health Services Open Day, more than 1,000 young people attended to watch a soccer match, participate in educational games and get tested for HIV.

A Special Focus on Girls

Keeping girls in school is a proven protective factor against HIV. Yet, in rural, remote Mulanje District, Malawi where GAIA works, only 3.5% of women have completed secondary school. GAIA has long supported girls (and boys) in school with financial aid and supplies. In recent years, however, we are continuing to see high rates of school dropout, especially among girls around the age of puberty. With the aim of improving school retention, we are enhancing programmatic support. In 2018, GAIA launched a new partnership with Sentebale, the charity founded by The Duke of Sussex (Prince Harry) and Prince Seeiso of Lesotho, to implement Mawa Girls, which equips secondary school girls with HIV prevention and sexual and reproductive health messages, helps girls create their vision for a healthy future, and requires parental involvement. (Mawa means “tomorrow” in Chichewa, Malawi’s local language.) The program includes clubs and camps for girls, led by trained Mawa Mentors, female teachers and community volunteers. In 2018, we developed a curriculum, trained 27 Mawa Mentors, and served 360 girls through three club sessions.

GAIA ACHIEVEMENTS

- 6,723 villagers tested in the community
- 905 youth tested during youth events
- 800 orphans supported in school
- 4,155 youth served through Grassroot Soccer youth clubs

During GAIA’s recent Youth Friendly Health Services Open Day, school classrooms were converted to safe spaces for youth to seek HIV testing and counseling.
TARGETED COMMUNITY PROGRAMS

Targeting Hard-to-Reach Populations with Community-Based HIV Testing and Education

As Malawi gets closer to achieving the first 90 (testing) of the UNAIDS 90-90-90 HIV targets, the country’s national HIV program is shifting from universal testing approaches to more targeted ones. The aim is to find those few remaining people unknowingly living with HIV and to ensure they are linked to treatment. To support these efforts, GAIA is providing community-based HIV services, including 1) testing, using a standard risk assessment to identify those at highest risk of HIV, and 2) conducting HIV prevention education to ensure those who are HIV negative stay that way. Together with The Elizabeth Taylor AIDS Foundation and with funding from the Clara Lionel Foundation, we have trained female secondary school graduates (pictured above) in HIV testing and counseling; these young women will provide key support to this important initiative, conducting testing, ensuring those who test positive are linked to lifesaving care and treatment, as well as provide prevention education.

IMPLEMENTATION RESEARCH

GAIA program data shows that monetary support alone is insufficient to keep girls in school and buffer them from the many factors that lead to dropout, including transactional sex, gender based violence, early marriage and pregnancy. With that, GAIA and the University of Washington conducted a formative evaluation led by Kristin Nash, Elizabeth Geoffroy and Ellen Schell, et al., to better understand messaging that adolescent girls receive regarding sexual and reproductive health (SRH), and identify potential solutions to improve outcomes for girls. The article -- “Our girls need to see a path to the future” -- perspectives on sexual and reproductive health information among adolescent girls, guardians, and initiation counselors in Mulanje district, Malawi” was published in the journal Reproductive Health (Jan. 25, 2019). The 2018 Malawi census shows a 35% increase in population since 2008 and potential for the population to double by 2050, posing immense challenges to development efforts. Malawi’s adolescent birth rate is 31% and one-third of all new HIV infections are among 15-24 year olds, making youth SRH an important focus in the country. GAIA’s implementation research contributes to the literature on this important topic and will enable us to better serve adolescent girls and young women.
CHARLIE WILSON TRIBUTE
Last year we mourned the loss of Dr. Charles Byron Wilson, GAIA’s co-founder who died on February 24, 2018. Charlie was a brilliant, world-renowned brain surgeon who served as chair of the University of California San Francisco’s Department of Neurological Surgery for nearly 30 years. Charlie co-founded GAIA in 2000 with his good friend and pastor, Bill Rankin, and served as Chair of GAIA’s board of trustees for six years. Charlie will be remembered for his exemplary board leadership and encouragement of GAIA in its fledgling years.

JAY LEVY TRIP TO MALAWI
In April, Dr. Jay Levy – UCSF researcher, long-time GAIA supporter, and co-discoverer of the AIDS virus 35 years ago – and his wife Sharon visited GAIA’s programs in Malawi. During the trip, Jay was a featured speaker at a Malawi College of Medicine event, where he gave a “state of the virus” update and held court with reporters, generating more than a dozen print and broadcast news stories.

2018 GLOBAL CITIZEN AWARD HONOREES
May 10 in San Francisco, the award was presented to GAIA President Emeritus, The Rev. William Rankin and Dr. Sally Rankin, in recognition of Bill’s passion for justice and visionary guidance as GAIA’s founder and CEO for 11 years, and Sally’s long-time support of GAIA as a research luminary and partner, and her support in the creation of GAIA’s Nursing Scholars Program.

October 14 in Pacific Palisades, CA, GAIA recognized The Rev. Cannon David Miller who, as Rector of St. Matthew’s Episcopal Church, inspired his congregation to make GAIA a focus of their annual giving. The Miller Endowment for Outreach at St. Matthew’s has funded renovation and construction at the GAIA office in Malawi, as well as the purchase of the “Jocelyn Cortese Mobile Health Clinic.”

GAIA ON THE INTERNATIONAL STAGE
In June, GAIA Malawi’s Country Director Joyce Jere travelled to Vienna, Austria to attend the Life Ball, a high profile AIDS charity event, with Elizabeth Taylor AIDS Foundation Ambassador Paris Jackson to jointly accept the LIFE+ Award in recognition of mobile clinic operations in Mulanje.

In July, Nelson Khozomba, Programs Manager, and Beth Geoffroy, Director of International Programs, attended the International AIDS Conference in Amsterdam. Beth gave a podium presentation on GAIA’s work to improve male HIV testing uptake and Nelson made two poster presentations: one on youth HIV prevention work with Grassroot Soccer and another on GAIA follow-up coordinators connecting HIV+ people to treatment and care.

In November, Joyce travelled to Nairobi, Kenya to attend Strategic Innovation for Community Health, a leadership program supported by INSEAD and Johnson & Johnson, bringing together primary healthcare leaders across Sub-Saharan Africa for a week-long intensive training.

At the end of November, Joyce travelled to the US State Department in Washington, DC, to participate in a PEPFAR Faith Based Organization Technical Summit. Representatives from African NGOs and faith-based organizations presented their work targeting key populations to achieve HIV epidemic control.

On World AIDS Day, December 1, GAIA and its programs to increase HIV testing among men were featured in the UNAIDS 2018 report titled “Knowledge is Power,” an influential communique with global reach highlighting impactful approaches to ending the epidemic. Go to www.thegaia.org to see the full report and feature on GAIA (page 52).
Financial Overview

INCOME 2018

**INSTITUTIONAL GIVING**
- 1% Other
- 6% Religious Orgs.
- 49% Grants

**INDIVIDUAL GIVING**
- 30% Individuals & Families
- 14% Special Events

EXPENSES 2018

- 16% Fundraising & Administration
- 84% Programs

In 2018, GAIA's cash-basis income totaled $3,197,500 and expenses totaled $3,096,500 (unaudited). GAIA has an annual accrual basis independent audit each fiscal year. The 2018 audit report will be available at www.thegaia.org later in 2019.

2018 GAIA Staff & Trustees

**MALAWI LEAD STAFF**
- Joyce Jere (Country Director)
- Nelson Khozomba (Program Manager)
- Adalireni Manyungwa Nkhata (Finance & Administration Manager)

*GAIA currently employs 63 additional Malawi-based staff*

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We are thankful to the many GAIA Trustees, Staff, and Volunteers in the U.S. and Malawi that have provided us with the beautiful photos throughout this Annual Report. Zikomo!