





Countdown to 2020

Dear Friends,

You've heard me talk often about UNAIDS 90-90-90 HIV targets as a real and immediate approach to ending the AIDS epidemic globally. GAIA's work has confirmed that achieving these goals is possible -- even in the most challenging settings like remote, rural southern Africa. In fact, with site visits last year from the US Ambassador to Malawi and UNAIDS, GAIA's programs have become a model for how to reach high-risk populations with testing and treatment.

But the window of opportunity is finite.

According to UNAIDS, without scale-up, the AIDS epidemic will continue to outrun the response, increasing the long-term need for HIV treatment and increasing future costs. In other words, **if we don't act now to achieve 90-90-90 by 2020 — we risk the epidemic springing back even stronger.**

In Washington, funding for the President's Emergency Plan for AIDS Relief (PEPFAR) is uncertain. Proposed cuts could lead to the "first global increase in new HIV infections since 1995, with nearly 200,000 additional HIV infections in the first year," according to a ONE

Campaign report released in December. This is precisely the wrong time to ease off the gas in our efforts. It is time to surge.



An ambitious treatment target to help end the AIDS epidemic

By 2020 90% Living with HIV diagnosed
90% Diagnosed on treatment
90% On treatment virally suppressed

By 2030 The end of the epidemic

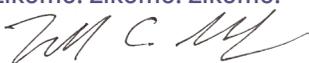
GAIA's new short film — *AIDS Isn't over... but it could be* -- reveals the elements of this historic and urgent push to end the epidemic in our lifetime. At the end, a series of thriving HIV+ Africans stare solemnly (or sometimes: smilingly) into the camera and say "Zikomo." "Thank you." It's a powerful moment in the film, and a heartwarming reminder of why we do this work.

But who exactly are they thanking? GAIA staff? Sure, on the most direct level, as the GAIA staff person is the one who urged them to seek health care, tested and counseled them, linked them to treatment, and provided follow-up care until they were stable. But behind the scenes? How about The Global Fund and PEPFAR that bought the test kits, and life-sustaining medications (ARVs) that made our interventions possible? Definitely.

Staff and commodities are only possible, however, when donors make their deployment possible.

Please take the time to watch or rewatch the film (at www.thegaia.org) and appreciate that the people featured are talking to YOU. As the international HIV community pushes toward a victory, more than ever it is your contributions that will make the difference in achieving 90-90-90 where we work and ending the deadliest epidemic in human history.

Zikomo. Zikomo. Zikomo!


Todd Schafer
GAIA President & CEO

GAIA'S APPROACH TO ENDING AIDS IN RURAL HIV HOTSPOTS

MOBILE HEALTH CLINICS

PROVIDING ACCESS TO CARE

- ✓ 35 weekly mobile clinic stops
- ✓ Follow-up nurses ensure linkage to treatment/retention in care
- ✓ Health education talks

NURSING SCHOLARS

BUILDING HEALTHCARE CAPACITY

- ✓ Wrap-around support enables disadvantaged young women to attend nursing school
- ✓ Bridge to public sector employment and alumni network
- ✓ Grants program for improvements in services

IMPROVE
Community Health
and Productivity

ACHIEVE
90-90-90
BY 2020 &
BREAK
THE
AIDS EPIDEMIC

INCREASE
Capacity & Quality of
Healthcare System

DECREASE
Incidence of HIV

TARGETED COMMUNITY PROGRAMS

REACHING THOSE AT HIGHEST RISK

- ^ Orphan care and education, with a focus on girls
- ^ HIV and sexual and reproductive health education for youth
- ^ Home-based HIV testing
- ^ Male-targeted HIV testing

Linking the most at-risk to HIV prevention, testing and care



GAIA door-to-door testing destigmatizes HIV services.

The face of the HIV epidemic in Malawi has evolved, with the majority of new infections occurring in youth, especially girls and young women. Still, rates of HIV testing among men lag behind those of women, placing men at higher risk of remaining undiagnosed and unknowingly transmitting the infection, as well as increasing their risk of AIDS-related death. In addition, there remain 530,000 children under 18 who have been orphaned due to HIV. To respond to these changes, GAIA developed **Targeted Community Programs**, which retains the rural community focus of GAIA Villages, while prioritizing populations -- like youth, orphans and men -- most at risk for HIV.

GAIA ACHIEVEMENTS

7,503

VILLAGERS
TESTED VIA
DOOR-TO-DOOR

2,453

MEN TESTED
DURING MEN'S
EVENTS

506

YOUTH TESTED
DURING YOUTH
EVENTS

6,300

YOUTH SERVED
THROUGH GRASSROOT
SOCCER YOUTH CLUBS

597

ORPHANS
SUPPORTED
IN SCHOOL



REACHING GIRLS AND YOUTH

In 2017, GAIA expanded services for youth, with a special focus on girls, through its partnership with Grassroot Soccer (GRS) and continued support of orphan education. GAIA implements GRS' sports-based curricula — SKILLZ and SKILLZ Girl — and in 2017, engaged more than 6,300 youth (including 4,300 girls) with HIV, malaria and sexual and reproductive health

BREAKING THE CYCLE:

Females ages 15-24 are experiencing the highest rate of new HIV infections due to lack of HIV prevention knowledge, low condom use, sexual violence, early marriage, and transactional sex with multiple, often older male partners

education. GAIA tested 506 youth for HIV, referring those testing positive to treatment and ensuring, during the critical first three months of care, that each one initiated ART and understood the importance of life-long adherence to medication.

Also in 2017, GAIA supported 597 orphans in grades 6-12, and 29 post-secondary vocational students (who learned skills like welding and tailoring) to improve school completion rates and education, a known protective factor against HIV infection.

REACHING MEN

Men access health care less often than women. This fact, along with the perception that hospitals and clinics are “female spaces,” creates barriers to HIV testing and results in men remaining undiagnosed. To reach men, GAIA has created male-focused testing events with inviting spaces for them to be tested alone or with their partners. In 2017, GAIA tested 2,453 individuals, hailing from more than 300 remote, rural villages at 36 weekend male-targeted testing events. Seventy-eight percent of those tested were men, and more than one-third of those men had never before been tested. Through this program, we are reaching men who may not otherwise access HIV testing services.

HOME-BASED TESTING

GAIA's Door-to-Door testing program has proven effective in reaching hard-to-find groups like youth and men. Since 2015, GAIA has brought HIV testing to more than 23,000 in the privacy of their own homes, including many who otherwise have been unwilling to be tested. Our team of six testing counselors and one managing nurse is small but mighty. In 2017, GAIA tested 7,503 people, finding and linking 182 HIV positive individuals to much-needed treatment and care. The largest number of people being tested through the program are those aged 15-24, a key demographic in the fight against HIV. Programs for youth that are offered in convenient settings/times and in compassionate ways are desperately needed. GAIA's door-to-door strategy addresses both, starting from a point of respect and expertise.

IMPLEMENTATION RESEARCH

The effectiveness of Door-to-Door testing was described in “Going door-to-door to reach men and young people with HIV testing services to achieve the 90-90-90 treatment targets,” a June 2017 publication in *Public Health Action* co-authored by GAIA staff Beth Geoffroy and Ellen Schell, Joyce Jere and Nelson Khozomba. An accompanying editorial encouraged others to take up our strategy and ensure that all those newly found positive have access to treatment and follow-up care if we are to achieve 90-90-90.

Our male-focused testing events were informed by dissertation research conducted by Amy Rankin-Williams. The results of her study “How can male rates of HIV testing be increased? Recommendations from a mixed methods study in southern Malawi” were published in the November 2017 issue of *International Health* in an article co-authored by Geoffroy and Schell.

Building healthcare capacity and empowering young women



GAIA's first cohort of Liberian scholar graduates.

Achieving 90-90-90 requires trained, compassionate healthcare professionals. Graduates of GAIA's Nursing Scholars Program (NSP) strengthen the local health care system and its response to public health crises, including the HIV epidemic. They are the HIV testers, ART providers, and stigma fighters on the ground working with communities.

GAIA CELEBRATES FIRST GROUP OF GRADUATES IN LIBERIA

In August, GAIA graduated its first cohort of Nursing Scholars outside of Malawi. This Liberian cohort of students attended Mother Pattern College of Health Sciences. These Scholars will help to rebuild the workforce of Liberia, which lost about 8% of healthcare workers during the Ebola Outbreak in 2014. Our graduates will take their licensing exams in early 2018 and fill nursing vacancies where they are most needed throughout the country. GAIA is excited to announce a second cohort of Liberian Nursing Scholars to be inaugurated in 2018 with funding from The PIMCO Foundation.

LAUNCH OF THE GAIA THELMA STEWARD NURSING FELLOWS

In accordance with best practices and WHO recommendations, in 2016 Malawi enacted a "Treat All" policy – meaning HIV+ individuals are started on antiretroviral therapy (ART) at the time of diagnosis – and a backlog of thousands of HIV+ patients suddenly became eligible for treatment. This welcome policy change encourages early treatment initiation, preserving the patient's immune system, improving the chances for a long and healthy life, and reducing the risk of onward transmission. It also underscores the urgent need for healthcare workers trained in ART initiation and management.

At the same time the policy was enacted, GAIA found that recent NSP graduates were being delayed in deployment to Ministry of Health (MoH) postings because of government funding constraints. With generous funding from The Elizabeth Taylor AIDS Foundation, made possible by The Steward Family Foundation, GAIA worked with the District Health Office on a plan to temporarily employ graduates and

GAIA ACHIEVEMENTS

73
NURSES
CURRENTLY
IN SCHOOL

427
SCHOLARS
GRADUATED
SINCE
PROGRAM
INCEPTION

99%
SCHOLARS
ATTAINING
LICENSURE

95%
SCHOLARS
SUCCESSFULLY
COMPLETING
PUBLIC SECTOR
SERVICE
COMMITMENT

81%
FEMALE
SCHOLARS

63%
ORPHAN
SCHOLARS

support the 90-90-90 efforts in Mulanje district. The result is the Thelma Steward Nursing Fellows Program that, in 2017, provided 30 recent graduates with MoH certification in HIV testing, initiation and management of ART, as well as one- to two-year deployments in understaffed ART clinics. In this way, Thelma Steward Fellows both gain direct experience and help meet an urgent need.

GAIA NURSING GRADUATES COMPETE FOR GRANT AWARDS

For the past two years, GAIA has offered competitive grant awards annually to graduated Scholars committed to new ideas to improve patient care in the workplace. A winning 2017 project focused on prevention of cervical cancer (CC). HIV increases the risk of a woman developing CC five-fold, and Malawi has the highest rate of CC in the world. The grant will fund staff training at the Scholar's worksite to identify pre-cancerous cells on the cervix through an effective, inexpensive and simple-to-perform visual inspection of the cervix with acetic acid (VIA) or "vinegar test." When pre-cancerous lesions are identified, a battery-powered thermocoagulation device, especially appropriate for use in limited-resource settings, is used to remove such cells in the same appointment.



Graduating class at Kamuzu College of Nursing, Malawi.

“OUR DREAM”

by Loveness Kagwira, GAIA Scholar

Our hearts beat whenever we
 saw our models
 We imagined how it feels
 But this just remained a dream
 All because of lack
 Still we worked hard
 Aiming for the best
 To change our lives for the
 better tomorrow
 Until this far we have reached
 Still our dreams were hanging
 Waiting for someone to lift
 them up

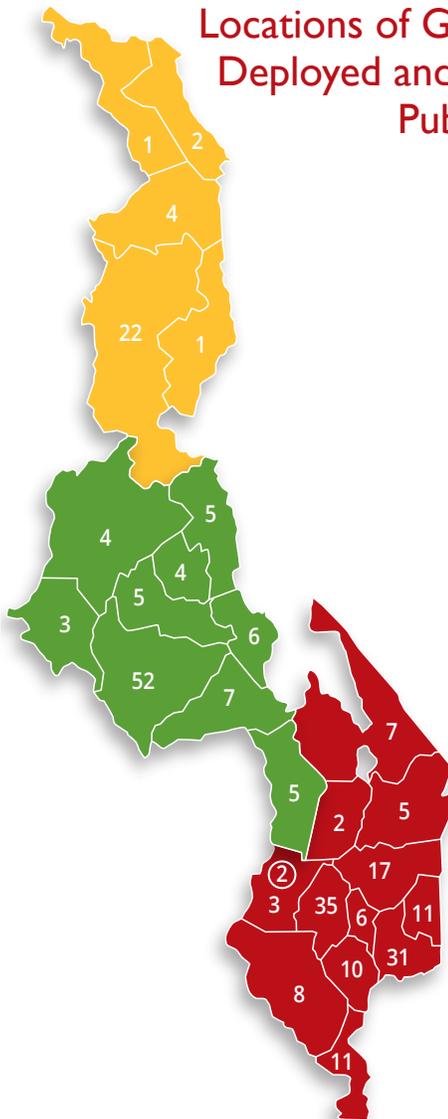
There comes GAIA
 Lifting the dreams up
 Saving them from falling down
 Raising our dreams high
 Now we are in good hands
 Our future has been brightened
 Now we say thank you
 For being the savior of the day
 Indeed, you have made our
 lives better

Being one of GAIA Scholars
 We just say thank you
 Indeed, a friend in need is a
 friend indeed



About the Scholar - Loveness was born in 1998 and comes from Dowa district, in Malawi's central region. She lost her father as a young girl, and was raised by her mother who earns a living selling roadside commodities.

Locations of GAIA Nursing Scholars Deployed and Working in Malawi's Public Sector



Chitipa	1
Karonga	2
Rumphi	4
Mzimba	22
Nkhata Bay	1

Northern Region Scholars: **30**

Nkhotakhota	5
Kasungu	4
Ntchitsi	4
Dowa	5
Mchinji	3
Salima	6
Lilongwe	52
Dedza	7
Ntcheu	5

Central Region Scholars: **91**

Mangochi	7
Machinga	5
Balaka	2
Zomba	17
Neno	2
Mwanza	3
Phalombe	11
Chiradzulu	6
Blantyre	35
Mulanje	31
Thyolo	10
Chikwawa	8
Nsanje	11

Southern Region Scholars: **148**

Delivering Life-Saving Medicine and Care



GAIA nurse oversees mobile clinic pharmacy.

The GAIA Elizabeth Taylor Mobile Health Clinics (MHCs) bring HIV care and services to those living in remote, rural areas. They promote uptake and destigmatize HIV services by integrating them with free basic care and educating the community via health talks. In coordination with the Ministry of Health, GAIA clinics fill critical gaps in services so every villager is within an hour's walk of quality healthcare.

In 2017, GAIA again saw record-breaking demand for malaria testing and treatment in the first half of the year. Our ability to treat clients on the spot, and transport the most severe cases in a GAIA ambulance to the district hospital for urgent care saved lives (see [Chisomo's Story](#) opposite page).

GAIA's Follow-up Coordinators work in tandem with the MHCs, and conduct home visits to

clients newly diagnosed with HIV. These nurses travel on motorbikes to remote villages to see each patient a minimum of three times after diagnosis, first making sure the patient has attended an antiretroviral therapy (ART) clinic for treatment initiation, and then assuring the patient is adherent and stable on ART. Additional visits are provided as necessary and all clients are re-visited after six months. In 2017, our Follow-up Coordinator client results are exceeding the 90-90-90 targets: 98% of clients know their HIV status, 92% of HIV+ clients are on treatment and 99% of those on treatment are adherent (verified by checking medication refills and doses taken each month). Follow-up Coordinators work with clients to overcome many barriers to starting and staying on treatment. By being in the home, they can also provide testing for partners and family members, including children at risk.

GAIA ACHIEVEMENTS

7

MOBILE CLINICS
IN OPERATION

264,826
TOTAL CLIENT VISITS
FOR ILLNESS

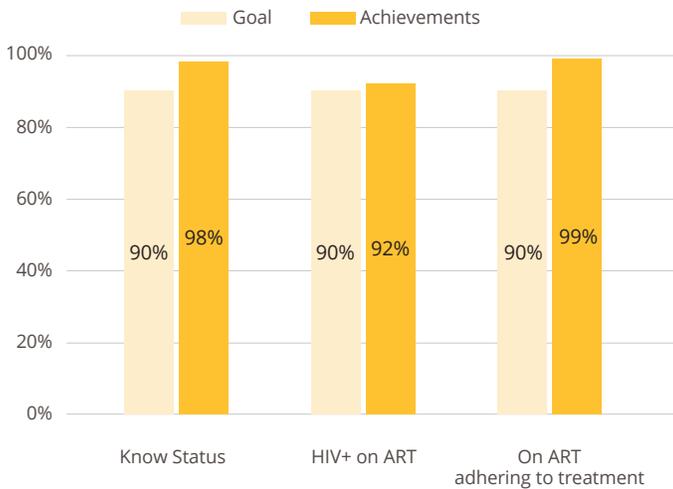
8,165
CLIENTS TESTED FOR HIV
(INCLUDING MEN'S EVENTS)

5%
TESTING HIV+

59,204
CLIENTS TREATED
FOR MALARIA



Follow-up Clients' Achievement Towards 90-90-90



Mobile Health Clinics Saving Lives

William and Sarah (pseudonyms), a married couple, came to the GAIA mobile clinic several times, with a variety of illnesses. Staff suggested they be tested for HIV. Both were positive, but at the time, the “treat all” policy was not in place and they were not yet eligible for ART. Staff started them on the standard therapy of antibiotics to prevent opportunistic infections and they were connected with a GAIA Follow-up Coordinator. Their health improved. When the “treat all” policy was in place a few months later, the Follow-up Coordinator informed them right away and encouraged them to begin ART. The coordinator holds the couple up as a model—they attend the ART clinic each month to get refills and checkups and are unwaveringly supportive of one another. Importantly, they convince others to get tested and, if positive, to begin and adhere to ART.



CHISOMO'S STORY:

A mother brought her two-year-old son Chisomo (a pseudonym) to the mobile clinic after three days of fever and vomiting. Upon assessment, the child was convulsing, unconscious, and had a high temperature. The Malaria Rapid Diagnostic test came back with a positive result. After initial treatment and nursing care, the decision was made to refer Chisomo to higher level care for management of the condition and possible tests, and he was driven to Mulanje District Hospital by a GAIA mobile ambulance. After three days, Chisomo was followed up at the hospital and his general condition was fair. At the next visit a few days later, he had greatly improved. His mother appreciated a job well done by the GAIA team. Chisomo is now back to being a healthy, active two-year-old.



▼ **GAIA Advocates for PEPFAR Funding**

With public funding for HIV/AIDS under threat, GAIA convened an interfaith group of religious leaders to resist cuts proposed by the U.S. Administration. GAIA's co-founder, The Rev Dr. Bill Rankin, penned an open letter to Congress signed by 57 religious leaders from Muslim, Jewish, Episcopalian, Presbyterian, Methodist, Baptist, Catholic and Unitarian Universalist traditions. The letter points out that ending AIDS is within reach, due largely to PEPFAR, and that cutting funding now could spark a resurgence of infections and AIDS-related deaths around the world. A huge thanks to all who signed on and shared the letter with your elected representative and on social media!



▲ **World Premiere – “AIDS isn’t over... But it could be”**

In honor of World AIDS Day and to raise awareness of our role in achieving 90-90-90 in HIV hotspots in rural, southern Africa, GAIA premiered its new film “AIDS Isn’t Over...But It Could Be” on December 1. The film, shot pro-bono in Malawi in September by Sandy Puc’ Productions, gives voice to those living with HIV, and details how GAIA is making strides towards 90-90-90. Please honor the many affected by HIV/AIDS by devoting 11 minutes to watch the film at www.thegaia.org. We know you’ll be inspired by the difference we’re making together.

2017 Global Citizen Honorees

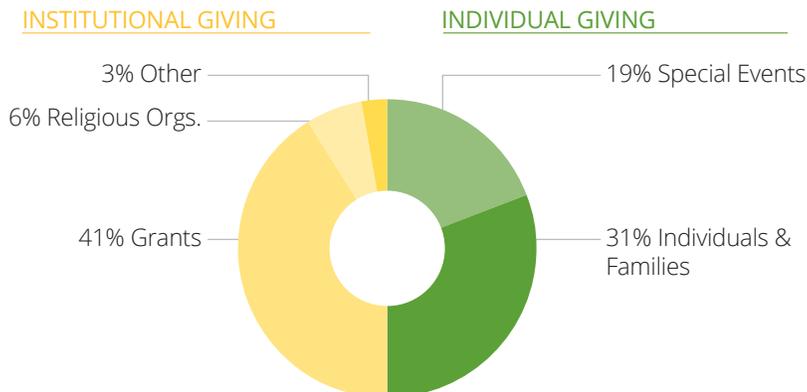
The GAIA Global Citizen Award recognizes exceptional individuals and institutions that have made extraordinary contributions to GAIA and global efforts to reduce glaring health disparities.

This year, GAIA presented individual Global Citizen Awards to **Bob McCaskill**, GAIA Trustee and Board Finance Chair, 2010-2018, and **Dinny Joffe** (in memoriam), GAIA Trustee 2008-2014.

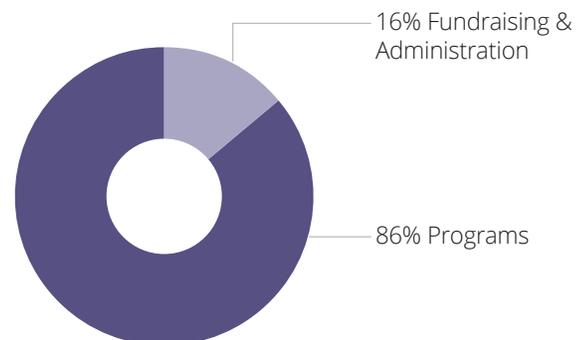
Institutional awards this year went to **The Hamels Foundation**, long-time partner to GAIA in education and health initiatives, and **The Miner Foundation** and **Justine Miner**, key supporter of the nursing program and mobile clinics.

Financial Overview

Income 2017



Expenses 2017



In 2017, GAIA’s cash-basis income (after restricted transfers) totaled \$2,680,000 and expenses totaled \$2,680,000 (unaudited). GAIA has an annual accrual basis independent audit each fiscal year. The 2017 audit report will be available at www.gaia.org later in 2018.

GAIA STAFF & TRUSTEES

2018 Staff & Trustees

Malawi Lead Staff

Joyce Jere
Country Director

Nelson Khozomba
Programs Manager

Adalireni Manyungwa Nkhata
Finance & Administration Manager

**GAIA currently employs 60
additional Malawi-based staff*

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Ellen Schell
International Programs Director

Mark Conley-Buchsieb
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Beth Geoffroy
Monitoring & Evaluation Manager

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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!