

**AAIM EXECUTIVE DIRECTOR'S REPORT  
to the AAIM BOARD on the 7th of October 2019  
at the General Conference Office  
Silver Spring, Maryland**

Praise God for an exciting, action filled and rewarding second half of the year of AAIM's multiple activities. Through His mercies and grace, this report is rendered to the AAIM Board covering the period of April 1- September 30, 2019.

**CURRENT WORD WIDE HIV SITUATION**

**HIV STATISTICS**

Global HIV & AIDS statistics — 2019 fact sheet based on 2018:

- 37.9 million [32.7 million–44.0 million] people globally were living with HIV.
- 23.3 million [20.5 million–24.3 million] people were accessing antiretroviral therapy.
- 1.7 million [1.4 million–2.3 million] people became newly infected with HIV.
- 770 000 [570 000–1.1 million] people died from AIDS-related illnesses.
- 74.9 million [58.3 million–98.1 million] people have become infected with HIV since the start of the epidemic.
- 32.0 million [23.6 million–43.8 million] people have died from AIDS-related illnesses since the start of the epidemic.

**PROGRESS IN HIV TREATMENT AND POSSIBLE CURE**

**A. Once a month treatment**

One of the major setbacks in the HIV treatment is the taking of medications every day for the rest of a person's life. Many have defaulted due to drug intake fatigue, routine forgetfulness and faint resolve. A medication regimen addressing this issue could make it possible as an injectable drug once a month in the form of "dual injections of cabotegravir, an experimental integrase inhibitor, and the non-nucleoside reverse transcriptase inhibitor (NNRTI) rilpivirine. This combination have maintained viral suppression among treatment-experienced persons switching from a standard oral regimen and among previously untreated people after a short three-drug induction periods." The ATLAS study (Antiretroviral Therapy as Long-Acting Suppression) was reported in the Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle on March 4-7, 2019.

**B. HIV Cure Potential**

This angle has become a reality with the London and Berlin patients completely healed of HIV infection due to bone marrow transplants indicated for their primary life threatening disease of lymphoma and leukemia. This modality is very expensive and is not applicable to the general population. In addition, the patient on this method requires life long immune-suppressive medications which is basically the same as ART for life. A better approach which has succeeded in mice is the dual-punch approach using ART and gene editing called CRISPR.

The mutation in gene CCR5 would result in the removal of the docking system of the cell where the HIV enters to reproduce and infect the host. The circulating HIV are destroyed by ART and the ones that are

spared from the drugs can no longer enter and infect the cells. This has worked in mice but in humans, the study continues.

### **AAIM ACTIVITIES IN WEST-CENTRAL AFRICA DIVISION**

#### **A. Bertoua, Cameroon- Grandmothers Club**

The highly active Bertoua grandmothers continue to assist 72 orphans in their physical, spiritual and health needs. From the initial seed money granted by AAIM in 2016, the program continues to be strong and varied, addressing the needs of the community working hand in hand with the local church. This group also participated in a march stressing the Right of Children. These ladies also held an awareness program against stigma and discrimination. This group is a dynamo of activities.

#### **B. Accra, Ghana**

This visit was supposed to be in conjunction with the division wide Women's Ministries Convention on July 24-30, 2019. At the last minute, the women were not comfortable with the AAIM Director- a man – discussing issues on sexuality. They prefer a woman. This dilemma has not been encountered in the 2 African divisions. It was also an opportunity to address Asokore SDA College high school students on AAIM issues and programs. This contact has resulted in other high schools requesting AAIM through Esther Lartey to do talks on sexuality and HIV.

While in Accra, follow-up was made on the AWR and local radio program broadcasting the 32 AAIM HIV series and other related sexually transmitted diseases. This series has been developed by AAIM with the help of Esther Lartey.

#### **C. Abidjan, Ivory Coast- HIV and Health Training**

Maranatha is building churches and schools in Ivory Coast with Pastor Gilberto Araujo as head of the project. Pastor Araujo requested AAIM to do HIV and health training programs so that the churches constructed by Maranatha would be able to utilize the health message for individual members and the community. This way Maranatha is not only providing a physical structure but also making sure that the congregation remain strong in the faith and relevant to the community. AAIM is privileged to collaborate with Maranatha. All the preparations and financial expenditures were at Maranatha's expenses. Most of those who participated were the future elders of the churches to be erected by Maranatha. This training was done together with Dr Andre Ndaa- WAD Health Director and HIV Coordinator.

### **EAST CENTRAL AFRICA DIVISION**

#### **A. Kampala, Uganda**

Three days of Health and HIV program was done together with Dr Fesaha Tsegaye. This was organized by Pastor Samuel Kizito- Uganda Union Mission Health Director and HIV Coordinator. Contacts were made with ADRA Uganda Country Director Charles Aguilar, for possible collaboration. More than 60 participants from all parts of the country attended including the programs director of ADRA Uganda. Visit was done in Bunga SDA Church near Kampala. This church has a very vigorous community project for the youth involving income generating activities and youth empowerment. Skills taught include: production of liquid detergent, soap manufacturing, native basket weaving, tailoring, gardening, vegetable production and others.

The team also travelled to Ishaka SDA Hospital about 5 hours drive west of Kampala. This hospital collaborates with USAID to provide HIV services. More than 5,000 patients are receiving ART through the hospital.

At the time of the AAIM visit, Doctor Blasius Ruguri, was invited to lay the cornerstone of the construction of a new dormitory and the inauguration of the Healthy Living Center.

In Kampala environs, there were 5 HIV positive women who previously belonged to another denomination. They left their former church as they are convinced that the Adventist has the true message. But with their HIV status, they were sad that the various SDA churches that they moved to, did not have a single AIDS program. Instead there was denial plus stigma and discrimination. These women then decided to form HIV support groups in the churches where they hold membership through the help of Pastor Kizito.

#### B. Juba, South Sudan

Due to the precarious political situation in South Sudan, the Health and HIV Advisory could only be done this year. Last October 2018, a peace agreement was signed between the two warring factions making it possible for AAIM and Dr Fesaha to visit the country. May the fragile peace situation be sustained for the work of the church to progress. There is so much to be done.

During the Advisory, there were more than 35 participants coming from the farthest part of the country. On sabbath, AAIM was given the opportunity to address the church in Juba on HIV related issues. HIV testing and counseling is done in the clinic. They had once a youth HIV prevention program funded by USAID but has now ended. In 2015 AAIM sponsored a literacy class but did not take off due to the unstable political situation.

#### C. Lubumbashi, DRC

Dr Robert Muhune, the President of the East Congo Union Mission invited AAIM to promote its programs and to do an evangelistic campaign. This resulted in about a hundred baptisms with some more interested individuals continuing to study the Bible. One of those baptized was a captain in the DRC army. He was in agonizing tears as he confessed the many lives he had killed as part of his duty. He was given assurance of God's forgiveness. He has found peace in his new life with Christ. One church member was responsible for 11 who were baptized. The meetings were broadcasted live and then several times replayed by radio. One Methodist pastor who listened to the daily program called the Union to invite the evangelist to address his congregation to hear the truths of the Bible. Follow-up is being done on this interest. Prior to the sermon, HIV lectures were given by Dr Patrick Sangwa- Union Health and HIV Director. HIV tests and health screenings were done on site. The French version of Human Sexuality was promoted as a means of generating income for PLWH and provide funding for HIV programs.

### **SOUTHERN AFRICA INDIAN OCEAN DIVISION**

#### A. Division wide Pathfinder Camporee

There were more than 7,000 participants in the division wide Pathfinder event held in Mopani, South Africa. AAIM had one plenary session and also 5 periods of workshop. Thanks to SID Pathfinder Director Busi Khumalo, for inviting AAIM to this program. The Pathfinder ages of 9-15 should be reached before this group is inducted on Satanic sexuality. This was done during the workshops. In the end of the workshop, participants were asked to make a pledge to be sexually pure and to be faithful in marriage. Almost all of those in the ages 9-14 accept the challenge. However, those ages 15 and above, many were hesitant to give a pledge to be chaste. This shows the need for AAIM to work on the ages younger than 15. At 15 years old and above, there is a big chance of indulging in sexual exploration. Studies in South Africa reveal the sad situation of children as young as 8 years old, are already initiated into sexual activities

#### B. Division wide Youth Alive Training Program

All the 12 different SID Unions were represented in this program with more than 200 participants.

Thanks to Dr Bangwato Sikwa- the SID Health Director, AAIM was one of the facilitators and resource speakers. Sexuality is one of the big issues fascinating to young people. Proper sexuality guidance should be taught to them as a means of HIV prevention. Negative risk behaviors like the use of drugs, alcohol, tobacco and others were addressed as factors contributing to HIV.

Last year in July, AAIM was requested by the Lesotho Conference to organize a Youth Alive Program as one of the ways youth can learn HIV prevention. During this training program, there were ADRA AFRO participants who were there to find out if Youth Alive programs can be used in their HIV prevention strategies. From that program, ADRA was convinced that YA has an important role in the fight against HIV. ADRA is particularly interested to implement the principles of YA in their Youth Empowerment and HIV Prevention Programs in Namibia, Swaziland Lesotho, Zambia and Mozambique. ADRA has requested the use of AAIM Training Manual as its resource material on HIV for these five countries.

AAIM contributed funds for this training program courtesy from the donations of ADRA and the GC Health Ministries.

### C. Botswana National Day of Prayer for HIV AIDS

September 1 was designated by the country of Botswana as the National Day of Prayer for HIV AIDS. BOCAIP or the Botswana Christian AIDS Intervention Program was established in 1996 with government recognition and funding as an organization where all religious bodies can coordinate their various activities against HIV AIDS. The Botswana government recognized the necessity and effectivity of collaborating with religious organization in combating HIV. As a recognition of the various HIV AIDS programs by the SDA church in Botswana, the church was honored to be the organizing committee for the National Prayer. In addition, the church's position on Abstinence against the HIV pandemic was also cited as one of the main reasons for its selection. The Honorable Nonofu Molehfi- Minister of Presidential Affairs and Governance was the main guest speaker. Dr Kenaope Kenaope- President of Botswana Union Conference gave the devotional centering on the healing of Naaman. The AAIM Executive Director was given the task to deal with two important issues: the claim by some religious leaders of having found a cure for HIV and the importance of taking HIV medications. With BOCAIP firmly believing the Holy Bible as the guidelines in the HIV battle, any response to those two issues had to be based on the Word of God. For the first item, the healing of the ten lepers by Jesus found in Luke 17:11-19 was used. After performing the miracle, Jesus told the lepers to show themselves to the priest to confirm the healing. Jesus did not disregard the authorities on diseases which during His time were the priests-doctor. Similarly, any claim of cure or healing has to be confirmed by a medical doctor rather than by self-proclamation. On the second item, the feeding of the 5,000 with 5 loaves and 2 fish by Jesus affirms the use of medication. Jesus did not need the 2 fish and 5 loaves to perform the miracle. He could have spoken the word just like when He spoke let there be light in creation, and the food would appear from nowhere. Instead He chose to use human means. Similarly, God is able to perform HIV healing with a word or touch. But in this case, He is using the HIV medications to cure people. Persons with HIV should take medications regularly and for life unless a new medical guideline is found.

## **OTHER AAIM ACTIVITIES**

### A. Third World Conference on Health and Lifestyle

It was a great privilege for AAIM to be given a workshop slot in this prestigious world-wide health conference in Loma Linda. Thanks to Dr Peter Landless who made this participation possible. In conjunction with the conference theme: Your Brain, Your Body, AAIM presented on the HIV Brain Sprain. There were 4 speakers: Dr Fesaha Tsegaye- HIV Infection and the Brain, Dr Bangwato Sikwa- HIV Associated Substances Affecting the Brain, Dr Fred Harding- HIV Nutrition and Dr Zeno Charles Marcel- Abstinence as HIV Abatement Strategy.

One of those who attended the AAIM workshop was Dr Mahammud M. Sheek-Hussien an Associate Professor in the Institute of Public Health United Arab Emirates University. This connection may perhaps expand the AAIM programs to country.

#### B. Collaboration with Special Needs Ministry

Right after the Third World Conference on Health and Lifestyle, the GC had the Special Needs Ministry one day meeting. One of the target groups of this ministry is the Vulnerable Orphans and Widows. Contact was made with the SNM Larry Evans during the meetings to work together in taking care of this neglected and marginalized group.

#### C. Children's Ministry

Dr Mfuno is working on a video providing information and creating interest on HIV prevention in children. There was a SID wide Children Ministries Conference in Victoria Falls in the last week of August. AAIM was invited to be the resource speakers but could not be present as it was the same time as the SID Youth Alive in Botswana.

#### D. Transfer of AAIM Office and Residence

The SID is encouraging its employees to invest in a personal house and not wait until retirement for this to be done. As a result, it came up with an attractive and employee favorable Home Owners Policy motivating many of its workers to purchase their own houses during their active employment. This has resulted in some SID houses empty without any occupants. Realizing the vacancies in the division owned houses, AAIM through the help of Daisy Orion negotiated for a minimum ten year contract of lease and a monthly rent fee deemed fair for both parties. The advantageous reasons for such a move are: support from SID on IT issues/SunPlus accounting system, petty cash replenishment needs the co-signature of Michael Muchula one of the Financial Officers of SID for proper control and the proximity to many of the embassies in Pretoria. To our amazement and surprise, the SID officers agreed to the tenure of 10 years without any monthly charges except that AAIM takes care of the house maintenance. SID graciously waived the monthly rent out of the largeness of their hearts with the reason that AAIM is a GC institution just like the SID. This magnanimous generosity is joyfully welcome and immensely appreciated. The monthly savings of ZAR 15,000 for both office and house rents in the previous AAIM business location can now be channeled to our various charitable activities. AAIM is truly grateful to the SID officers for making the transfer hugely beneficial to AAIM and to the Llaguno family.

Special thanks to the Adventist Professional Health and Humanitarian Services (APHHS) that made the house at Bryanston available for AAIM use at a much discounted monthly rent since 2011. Also for this year, APHHS continues to fund AAIM projects with another donation of ZAR 250,000 or USD 17,000.00.

This is the new address of AAIM Office:

#### **Physical Location**

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October 1, 2019