

**AAIM EXECUTIVE DIRECTOR'S REPORT  
to the AAIM BOARD on the 9th of October 2017  
at the General Conference Office  
Silver Spring, Maryland**

It is with a deep sense of gratitude to the AAIM Board for giving me the opportunity to serve as Executive Director of this compassionate ministry, that this report of activities covering the period from April 15- September 20, 2017 is given

**JOINT HEALTH AND HIV ADVISORY**

These meetings are essential to set the goal for the next 5 years. Except for the one done at the West Central Africa Division (WAD), all were done at the Union levels together with the respective Health and HIV coordinators of each Division. The objectives of the HIV advisories are as follows:

1. Come up with goals, objectives, plans for the next five years;
2. Assess needs and possible AAIM projects;
3. Receive reports from the unions, the conferences (includes missions, fields, associations) and from the various health institutions;
4. Evaluate past performances;
5. Come up with effective reporting and monitoring systems;
6. Consultations and recommendations on how to better implement programs and projects;
7. Updates on HIV information; and
8. Pray together and recommit our lives for God's service.

**1. EAST SAHEL UNION MISSION (ESUM)**

The Health and HIV Advisory was done at the Union office in Lome, Togo together with Dr Andre Ndaa the WAD Health and HIV Director. There are five countries under this Union with its respective church organizational structure and the HIV country profile:

| <b>Country</b> | <b>Church Structure</b> | <b>Population</b> | <b>HIV Prevalence</b> | <b>HIV Incidence</b> |
|----------------|-------------------------|-------------------|-----------------------|----------------------|
| Niger          | Mission Station         | 19.7 M            | 0.5%                  | 49,000               |
| Benin          | Mission                 | 10.8 M            | 1.1%                  | 69,000               |
| Burkina Faso   | Mission                 | 19.0 M            | 0.8%                  | 95,000               |
| Ivory Coast    | Conference              | 23.9 M            | 3.2%                  | 460,000              |
| Togo           | Conference              | 7.5 M             | 2.4%                  | 110,000              |

Participants included 4 out the five Health and HIV Coordinators, Ps Assienin Salomon- ESUM President, Ps Simon Djossou- Executive Secretary and Komlah Claude Apedoh- CFO. The meeting was arranged by Dr Kuviti Awuti- ESUM Health and HIV Coordinator who is a volunteer and works as a pharmacist. The entire sabbath day was spent in Nyekonapcoe church in Lome for awareness, promotions and motivations on Health and HIV programs. This local church committed to engage in at least one HIV activity

**2. WAD HEALTH AND HIV ADVISORY**

This was done in Abidjan, Ivory Coast together with the GC Health Ministries Team. In attendance were the health and HIV union directors, the 3 WAD officers and other division staff members. The meeting

was organized by Dr Andre Ndaa- WAD Health and HIV Coordinator. The following are the major WAD countries with its respective HIV profile:

| <b>COUNTRY</b>          | <b>INCIDENCE</b> | <b>PREVALENCE</b> |
|-------------------------|------------------|-------------------|
| Nigeria                 | 3,500,000        | 3.1%              |
| Cameroon                | 620,000          | 5.4%              |
| Ivory Coast             | 460,000          | 3.2%              |
| Ghana                   | 270,000          | 1.6%              |
| Chad                    | 170,000          | 2.0%              |
| Central Africa Republic | 120,000          | 3.7%              |
| Togo                    | 110,000          | 2.4%              |
| Sierra Leone            | 51,000           | 1.3%              |
| Gabon                   | 47,000           | 3.8%              |
| Equatorial Guinea       | 27,000           | 4.9%              |
| Liberia                 | 30,000           | 1.1%              |

### **3. JOINT HEALTH AND HIV ADVISORY OF THE NORTH TANZANIA UNION CONFERENCES AND THE SOUTH TANZANIA UNION MISSION**

This was done in Dar Es Salaam at the newly erected headquarters (2014) of the STUM organized by Dr Ruth Eyembe- STUM Health and HIV Coordinator.

Tanzania is ranked number 5 in the incidence with 1.4 million HIV positive cases with a prevalence of 5%.

Here are some of the HIV activities:

1. Heri Hospital & 24 RHC-Dispensaries are doing HCT (VCT), PMTCT and ARV.
2. A new hospital is coming up the Mwanza Adventist Medical Center.
3. HIV Counseling and Testing are done (HCT) during TMI & evangelism campaigns.
4. Awareness & education seminars
5. The ADRA sponsored HIV Training of Trainers (TOT) Counseling program in 2004-2014 stopped when funding ended.

The ADRA HIV Training of Trainers Counselling Program started in 2003 with the following countries and the current status:

- Funding ended with program terminated: Tanzania and South Africa
- Funding ended with church continuing program: Zimbabwe, Rwanda and Kenya
- Ongoing funding: Malawi, Lesotho, Namibia and Swaziland.

### **4. NORTHERN NIGERIA UNION CONFERENCE**

This is the first Health and HIV Advisory for NNUC as it was recently organized in 2014. It has three Conferences: North East Nigeria Conference, North West Nigeria Conference and North Central Nigeria Conference. Although the NNUC is in Abuja, the Health and HIV Advisory the meeting was done in Jengre Hospital about 350 kms away so as to be able to also see the medical work there. It was in Jengre that the advent message first started in the area.

This is one of the well organized Health and HIV advisories considering the participants involved: all 3 Conference health and HIV coordinators, all 3 Conferences Ministerial Directors, the WAD Vice President and Family Life Director Dr H Bindas, the Union Ministerial Director and Union Executive Secretary Pastor Yohanna Harry plus more than 40 other participants. This was done through the persevering

efforts of Dr Chikwe Amaike, the Union Health and HIV coordinator and Jengre Hospital Medical Director. Participants recommended to do HIV Pastoral training and counseling course next year

The following are the HIV activities:

1. Jengre Hospital involved in HCT, PMTCT and more than 300 in ARV treatment. The hospital Has CD4 machine counter. The hospital is assisting PLWH.
2. Jos Hospital recently established in the capital city with 8 beds doing HCT, PMTCT and ARV.
3. Seven satellite clinics doing HCT and ARV treatment is referred to the hospital.

Sabbath was done in the Jengre Hospital church with the congregation briefed on the AAIM programs. The church members were encouraged to participate in establishing HIV support groups and the care of orphans. It was recommended that 5-10 church members or families can start with taking care of the needs of one orphan as a start. After seeing this idea working, more would be willing to participate.

After the Health and HIV meeting, an HIV support group based in the hospital was established. More than 15 persons attended with 5 HIV related orphans. Heading this PLWH support group is Mary Sunday as leader and Samuel Malike as assistant. Ajayi Ishaku Shaibu is the hospital contact person as he is the one in charge of the ARV program. Dr Amaike was informed of this program. Towards the end, some AAIM funds were given to the 5 orphans. This support group was also charged to take care of the orphans. A proposal will be submitted to AAIM on income generating activities.

There is a need to explore local donor funding in Nigeria. There are many committed members of the church who have the means to finance some AAIM programs/projects. The two massive churches in Jengre Hospital and Jengre Main are testimonies to this capacity. The current buildings where NNUC is temporarily housed costing about 9 million Nigeria Naira per a year in rental fees, are given free of charge by a prominent church member for a period of five years.

## **TRAINING, PROJECT SURVEYS, SUPERVISORY VISITS AND OTHER ACTIVITIES**

### **I. Mozambique Union Mission**

For its HIV country profile, Mozambique has a prevalence rate of 10.6% ranked as number 8 in the world with an incidence of 1.5 Million occupying the 4th place.

This was done in Quelimane in the Northern Mozambique Mission. Due to the current political instability in the country, this training was done specifically for the northern region. The current unrest made it difficult for participants from other parts to attend the meeting. In attendance were the President of NMM Pastor Henrique Manjate and the Executive Secretary Pastor Calavete Ossifo, the heads of the various ministries and local church pastors. Current HIV programs are very minimal comprising of HIV education-awareness programs and occasional HCT during evangelism campaigns. Mozambique has 2 health clinics with one at the Beira Seminary and the other in Munguluni in the north near the Malawi border. It cannot be ascertain what these two clinics are doing for HIV. Mrs Shunila Rana, a nurse by profession, was appointed as Health and HIV coordinator six months ago. With her coming into the picture, it is expected that the HIV programs are going to increase.

Immediately after the training, a trip was done to Mocuba about 130 kms north of Quelimane where the church in the area has an HIV support group. There were about 8 ladies and 2 men in the group who were eager to have an income generating project. Salima Rodriguez, an Adventist businessman offered to help in the buy and sell project. The PLWH group was also tasked to assist the 4 orphans whose parents died of HIV. They are taken cared of by Jobeda Morla their grandmother.

## II. NORTHERN ZAMBIA UNION CONFERENCE

Zambia when it comes to HIV profile is number 7 in prevalence of 12.4% and number 6 in incidence with 1.2 million cases.

These are the following HIV activities:

1. Three hospitals doing HCT, ARV, PMCTC, male medical circumcision, condom distribution by prescriptions and treatment of AIDS complications
2. Eleven health centers doing HCT, some doing ARV, AIDS complication treatment and condom distribution by prescription
3. PLWH support groups
4. HCT during some of the camp meetings and other church public evangelism programs.

Meetings were done first in Ndola and then in Kitwe where the NZUC headquarters is located. The main purpose of these two meetings was to dialogue with the local pastors in partnership with John Snow, Incorporated (JSI), a non-governmental organization contracted by US-AID to deliver HIV and maternal-child health programs. JSI is working with religious organizations using the churches as bases for the implementation of their programs as the government health institutions are not adequate to deliver these very important services. Since this would involve the local church, it was very important to sell the idea to the church pastors as they are the implementers. This dialogue was made possible through Adventist church members Namushi Mutoya and Pule Mudende who are working with John Snow Incorporated. As they saw JSI approaching the Roman Catholic and Pentecostal churches, they asked the projects director of JSI if the SDA church could also be included. This resulted in these consultation meetings. JSI initially talked with Dr Mwati Mweene (NZUC) who saw the possible impact this program can make. She in turn brought the concept to the three NZUC officers who are also in favor of the program. JSI needs to accomplish certain goals agreed with US-AID by 2020 which they think can be achieved using the local churches.

Here are the broad terms of this possible collaboration:

### Role of the local church

1. Allow the use of the facilities and come up with costs of utilities
2. Provide volunteers
3. Present this collaboration to the church board for consideration

### Role of John Snow Incorporated

1. May put up pre-fabricated structure
2. May give stipend to the key volunteers
3. Pay for water, electricity and other related expenses
4. Training of church volunteers
5. Respect the principles of operation of the church.

### Services JSI is wanting to offer through the church

1. Voluntary male medical circumcision
2. HIV testing and counseling
3. ART and PMTCT
4. Family planning and sexual reproductive health
5. Provide menstrual pads
6. Cervical cancer screening
7. Oral rehydration therapy
8. Nutrition supplements

Many of the church pastors and district leaders are amenable to have this collaboration implemented. Some have even commented that this should have been done yesterday. Despite all the enthusiasm on this partnership there were some issues of concern needing to be addressed:

1. The personnel from JSI should be aware of standards of the church like non use of tobacco, prohibition of alcohol wearing of jewelry, decency in dressing, prohibition of foul language and others.
2. Facility maintenance and depreciation.
3. Respect the sanctity of the sabbath hours.

### **III. SOUTHERN ZAMBIA UNION CONFERENCE**

The same proposal by JSI was also extended to SZUC during their training. The reception from SZUC was not so warm as that of the NZUC as most of the participants are Health and HIV coordinators from the different conferences and local church.

There were two significant parts of this training worth mentioning. One was the appearance of Lulu Haangala Wood, an Adventist and the UNAIDS ambassador of goodwill to Zambia. She mentioned her particular HIV interest in the disproportionate infection of women compared to men and the emerging new HIV infections of 1 out of 4 affecting young persons. Mrs Wood offered her services to any HIV church programs. The other participant is Dr Thembe Musvosvi from ADRA Zambia who gave is willing to collaborate with HIV income generating programs. She suggested the use of Black Australorp chickens for poultry that can weigh as much as 6.5 kg for roosters and 5 kg for hens. Also this type of fowl can produce eggs every day and are not difficult to breed. They can eat assorted food like the table left-overs. Another suggestion is to have plastic storage bins which are air tight for harvested beans, legumes, and grains. This storage method is able to keep grains for a period of 2 year or even more without any chemical use.

This meeting was professionally organized by Dr Mutinta Chifulya, who is the wife of Dr Chitalu Chifulya, Zambia Health Ministries Director.

At the end of the SZUC meeting, a speaking arrangement was done at the Mulusi campmeeting where AAIM and its programs were promoted. Two church pastors committed themselves to do at least one HIV program in their respective church.

### **IV. ZIMBABWE UNION CONFERENCE**

Zimbabwe is ranked number 5 in the HIV pandemic both prevalence of 16.7% and the incidence of 1.4 million.

This among the tops when it comes to comprehensive and many HIV programs with the following:

1. Sixteen rural health centers and clinics doing HCT, ARV, male medical circumcision, PMTCT and treatment of AIDS complications
2. Awareness, education and prevention programs
3. Multiple Support Groups
4. Health expositions done together with HCT
5. Various income generating activities
6. Orphans support
7. Collaboration with NAC, World Vision and other organizations
8. Mainstream of HIV in the various church ministries.

ZUC had a union wide Family Life program in Kwekwe attended by the leadership of the Union, the six conferences and pastors. AAIM was given the opportunity to address this group. It was a blessing to be able to reach the entire ZUC church leadership during this event. With all the Health and HIV coordinators present, it was also another occasion to do follow-ups on the progress made on the AAIM strategic goals for the quinquennium. AAIM is very well supported by Pr Micah Choga- ZUC President and headed by Dr Douglas Mutanga ZUC Health and HIV coordinator.

The training program was followed up by visitations of HIV support group

1. Lower Gwelo support group requesting for assistance in their income generating activities. They want to start a poultry project and then branched to fish farming. The group composed of more than 20 women and 6 men have already erected a brick shelter for the chickens. AAIM gave USD 600 for the start of the poultry project
2. Pumula church support group in Bulawayo- They support HIV positive individuals and about 70 orphans through their gardening-farming IGA. There is about 2 hectares of land in the church property but it is very dependent on rain water. They have submitted a project proposal for the installation of a bore hole centrifugal pump and water tank for regular water supply that will help to yield a better harvest of maize and beans as cash crop. Vegetables are for the group's consumption.

## **V. LESOTHO YOUTH ALIVE**

The HIV prevalence rate of Lesotho is 25% at number 3 position with an estimated incidence of 330,00 as of 2016.

In Lesotho, the church medical institutions are making major contributions in the fight against HIV AIDS. Maluti Hospital together with its 7 rural health centers are doing HCT, ARV and treatment of complications. Maluti is an HIV treatment referral hospital having PCR viral load counter, CD4 machine, diagnosis of tuberculosis using GeneXpect PCR and other basic tests.

In view of the vulnerability of young people of HIV and youth as one of the priority groups for the AAIM strategic plans, Youth Alive was conducted in Lesotho. This program was done in collaboration with ADRA Lesotho TOT program who arranged most of the funding logistics and AAIM conducting the whole program. The center person in this program is Ms Phofolo Kamohelo ADRA TOT Program director. She deserves a gigantic commendation to be able to pull this event with the short period of time and the meager financial resources. There were about 32 who participated in the facilitator's training program and the remaining 110 for the actual event. One of the main sponsors is UNICEF Lesotho, the organization that supported the meals. This sponsorship shows that UNICEF believes in the significance of this program reducing at risk behavior in young people which includes HIV AIDS.

At the end of the Youth Alive program, three young people decided to be baptized.

Consultations Meeting for Malawi Youth Alive- During the one week event, Dr Zivayi Nengomashi and Betty Bagada of ADRA AFRO were in attendance to see how the program works and how this program can be done in other ADRA TOT countries like Malawi. Busi Khumahlo- SID Youth Director and Dr Bangwato Sikwa- SID Health Director together with the ADRA AFRO visitors agreed to do Youth Alive Malawi. This is possible as the director of the Defense Force in Malawi is asking help from the church to do some programs for the children/youth that would help them stay away from drugs, alcohol and other negative risk behaviors. If all go well, Malawi Youth Alive will take place in August 2018.

Giordanos Gigantic Impact- The trip to Lesotho gave opportunity to see the powerful impact of Oscar and Eugenia Giordano on the HIV pandemic. Remnants of his influence are still alive in the following persons

1. Mpoloken Lenyatsa- The Giordanos identified her as a child orphaned by AIDS acting as the head of her family with one younger brother and sister. She is now first year nursing student at Maluti Hospital School of Nursing. Without any money, she went to the General Secretary of the school Ponahalo Lehloenya who decided to enroll her with the faith that God will provide. Mrs Lehloenya had experienced similar situations in the past and she is sure God will do the same. She knew about Mpolokeng so she did not hesitate to enroll her. The cost is about ZAR 26,000 for the first semester with AAIM making a contribution. For the second semester and onwards, Mrs Loehlenya sent word on the 25<sup>th</sup> of September, that the Lesotho Government approved the bursary of Mpolokeng. Praise God!

2. Grandmother Lydia Matsora- She continues to provide day care for 10 orphans in her home reminiscent of the work initially done by Evelyn Nkethoa. The grandmothers club concept was initiated by the Giordanos.

3. Alfred Thotholo- He used to be the HIV AIDS Lesotho Conference coordinator. He is no longer working for the church but he now head LENEPWHA (Lesotho Network of People Living with HIV/AIDS) which takes care of about 3,000 PLWH with a donor budget of ZAR 8 million a year. He initially received his HIV training with the Giordanos.

## **VI. ACTIVITIES IN SOUTH AFRICA**

This country is number 1 with its incidence of 7.5 million and number 4 in the prevalence rank of 19.4%.

Northern Conference Training done in the Soweto area in Johannesburg to sensitize our churches on the need to get involved in AAIM programs and projects. With 7.5 million people infected with about 3.1 million orphans there should be no shortage of what the church can do. At the end of the one day meeting, the more than 70 participants of NC committed to do something concrete in their churches. There was HCT in the premises. Connie Penniken, the Northern Conference Health and HIV coordinator is following up this commitment.

Several churches were visited in the Johannesburg area to promote AAIM projects/programs. Two of these churches have now functional support group as a start and may come up with income generating activities for the communities:

1. Roodeport Church- Contact person is Constance Ndolovu who is heading the support group and also helped to create 2 others for the community. At present, members are still afraid to come up in the open due to stigma and discrimination. In this church there are at least 20 HIV infected members but only 2 have come up in the open.

2. Rivonia-Turffontein churches. Rivonia is doing feeding programs and an intermittent counseling program under Alfred Maqata. A support group has also been formed in Turffontein through the assistance of Dumisani Nkhomo who has come up in the open on his status.

## **VII EAST CONGO UNION MISSION IN LUBUMBASHI**

Invitation to go to ECUM came through the Union President Dr Robert Muhune. The assignment was to do health and HIV lectures during the day time and in the evening due a revival or mini-evangelism

meeting. Attendees to the morning sessions were about 8 medical doctors some of whom are working in our clinic. They were challenged to do HIV programs. At the end of the evangelistic series 26 decided for baptism. There was also HCT on Friday morning, the last day for the morning health-HIV session with more than 40 people coming up for the test.

It was also an opportunity to interact with one support group who are eager to come up with an income generating project. There was one HIV positive person who related his story on how his friends and family did not want to do anything with him after he revealed his status. He even lost his job.

DRC has 450,000 HIV cases down from a record number of 1.2 Million in 2011. It has a prevalence of 1%.

HIV activities at present are very limited. The two clinics in Lubumbashi are doing HCT and ARV in conjunction with the government. HCT is sporadically done in some church meetings.

### **VIII. GAUTENG 2018 SHARING HOPE AND HEALING LAUNCH**

This is an aggressive soul winning program by the SID in the Gauteng area. August 12, 2017 was the big sabbath launch date to make church members aware of this life saving event. AAIM joined forces with the SID Health-HIV ministries, the Trans-Orange Conference and the Northern Conference in having a booth which was strategically located at the center of the display hall. The booth served to:

1. Hand out AAIM HIV materials
2. Gave church members access to the resource materials for the Gauteng 2018
3. Made various contacts with those interested to utilize AAIM materials and programs
4. Received invitations for promotion of AAIM in churches including HIV programs in schools
5. Encourage members to form support groups in their churches.

AAIM through the two conferences in Gauteng plans to utilize these events for HIV awareness-education programs as well as HCT in participating venues.

### **IX. PARTICIPATION IN THE SID HEALTH SERIES RECORDING THIS IS MY HEALTH.**

Dr Bangwato Sikwa came up with a 13 series on various health topics to be recorded for the Hope Channel. AAIM was invited to have two episodes. The first episode was done together with Ruben Katamedze. He mentioned that he was at the point of death when he started ARVs. He was 3 months in the ICU but God spared his life. He intends to use every opportunity to tell people to get tested and start treatment. The second episode was with Constance Ndlovu on how the church helped her with her HIV status. She also promoted churches to have PLWH support groups.

### **X. RECORDING OF HIV SERMON FOR AIDS SABBATH on November 24, 2017.**

This was done last August 2, 2017. The recorded sermon will be distributed to all union HIV coordinators for use on the AIDS designated sabbath which is on November 24, 2017. The sermons for the subsequent AIDS sabbath for 2018-2020 is still going to be developed.

## **CURRENT LISTING OF AAIM PROJECTS**

The following are the list of ongoing HIV programs and projects:



1. Tuition fee assistance to orphans- Mpoloken Lenyatsa (Lesotho), Alice Alalo (Nairobi), Lydia Mukantwari (Kigali) and Keren Mukoma Mweze (Kinshasa)
2. Rwanda- Gazanze group under Esperanza Mbanzabigwi involved in IGA gardening & basket making and food production
3. Kenya- Masai goat raising, Kingeero hallow block production under ICPA and Tazama Juu Uishi
4. Nigeria- Formation of support group in Jengre coming up with a IGA proposal and orphans support
5. Cameroon- Bertoua grandmothers' club, IGA and orphan support which resulted in 2 baptisms
6. Goma, DRC- Sewing project, retailing, buy and sell and poultry
7. Zimbabwe- Poultry for a start and to embark on fish farming
8. South Africa- formation of support groups in two churches and will come up with IGA.
9. Swaziland- chain link fence production, sewing and gardening
10. Botswana- Youth mentorship and orphan day care support
11. Malawi- IGA sewing
12. Collaboration with ADRA TOT HIV Program in Lesotho, Swaziland, Malawi and Namibia
13. Mozambique- Mocuba support group buy and sell and Jobeda Morla HIV orphans assistance
13. On temporary hold due to unstable political situations- Eritrea, South Sudan and Somalia
14. Namibia- income generating project still on hold pending the creation of 2 conferences in preparation for the establishment of Namibia Union.

### **LIST OF DONORS**

Thank you to the following donors that have made the AAIM possible together with its various projects- programs.

GC OF SDA and GC Health Ministries  
 ECD, WAD and SID  
 ICPA- International Commission for Prevention of Alcoholism & Drug Dependencies  
 Vista Clinic  
 Adventist Professionals Health & Humanitarian Services  
 Loma Linda University  
 Triadelphia Church  
 Individual Donors

### **FUTURE ACTIVITIES**

These are some of the future activities intended to be accomplished for 2018.

1. Continue with AAIM NPO Registration in South Africa
2. Update and revise Training Manual
3. Conduct the 4th Tri-Division AAIM Conference in Nairobi in April 2018
4. Youth Alive programs in WAD and ECD in conjunction with the GC Health Ministries
5. Youth Alive Malawi with collaboration with ADRA Malawi and Malawi Defense Force
6. WAD Health & HIV Pastoral Seminar in the different Unions
7. Local printing of the Human Sexuality Book and distribute to all HIV coordinators
8. Development of sermon materials for AIDS sabbath programs for 2018-2020
9. Visitations and supervisions of AAIM projects.

### **GRATITUDE TO THE THREE DIVISIONS HIV COORDINATORS**

The work of AAIM has been made easier due to the cooperation of the three Division HIV coordinators: Dr Fesaha Tsegaye of ECD, Dr Andre Ndaa of WAD and Mrs Rhoda Nthani of SID. It is a sad occasion to see Rhoda leave SID since her husband Goodwell has accepted a call to serve in ADRA International. Rhoda has broadened the AAIM programs in SID, set up a system for identification and joint funding of identified projects and has touched the lives of many by her gentle ways. It is sincerely hoped, that SID will immediately appoint a replacement. At the meantime, Dr Bangwato Sikwa takes over this loaded responsibility.

### **TRIBUTE TO THE MEMORY OF DR URBAN NEGRE**

September 20, 2017 was one of those sad days for AAIM due to the premature passing away of Dr Urban “Jun” Negre, the Southern Africa Union Conference HIV coordinator. Jun is fondly remembered as a person easy to work with, humble, willing to go the third mile, great team spirit, always eager to learn, fervid in the work of the Lord, persistent evangelist, dedicated husband, loving father and a gracious leader. His departure is a great loss to AAIM, to his co-laborers, his friends and most of all to his beloved family. AAIM bids him farewell with the hope of seeing him at the time of the great resurrection morning.



Alexis Llaguno  
AAIM Executive Director  
September 20, 2017