I’ve been accused recently of sunny optimism around the future of the AIDS epidemic. I’m happy to hear it, as it’s a new development. My first encounters with AIDS in Africa date back more than 30 years: they were terrifying, and always sad. GAIA’s early work focused on the lessening of suffering and upholding dignity in death... It was too far a reach to even hope for a break in the epidemic.

But today I am clearly guilty of (cautious) optimism.

UNAIDS declared more than a year ago that with the proper investments in the right places by 2020, we can achieve 90-90-90 HIV treatment targets (see box below), a global “tipping point” in the epidemic. GAIA heeded that call, and doubled down on our investments in testing and treatment strategies in the locations in Malawi farthest off the grid. Our article in January’s edition of AIDS shared our exciting results at reaching one of the last bastions of resistance: men. While the tipping point remains in the distance, I can see that the epidemic is clearly leaning towards extinction.

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  Getting to Zero and the End of AIDS

By year end, an article in Science magazine provided third-party verification that change is in the air in Malawi with broad evidence of “stunning progress”: More than 2 out of 3 HIV-infected Malawians are now “virally suppressed,” meaning that they are not only thriving despite their infection, but also that they will not pass the virus to others. That is how you break an epidemic.

The key will be to leverage our momentum into permanent change. On World AIDS Day (December 1), PEPFAR and The Elizabeth Taylor AIDS Foundation (ETAF) announced a partnership, with GAIA as lead implementer, to achieve the 90-90-90 tipping point in the Mulanje District of Malawi. By saturating this remote, hardest-hit-of-districts with testing campaigns and buttressing the capacity of locally-available treatment facilities, we will find those remaining undiagnosed, and link them to care. By so doing, progress and momentum will morph into a sustainable new reality, a world with no new infections and decreasing deaths from AIDS.

Make no mistake: the possibility before us didn’t appear out of thin air. It is because of our prior investments, made possible by your gifts. For these we are grateful and proud. But the likelihood of success will be determined by the resources we are able to bring to bear in this final push.

And succeed we will. The cost of failure is simply unthinkable.

Optimistic? Guilty as charged.

Todd Schafer  
GAIA President & CEO
Targeted Outreach to Achieve 90-90-90

Two years after announcing the goal to achieve the UNAIDS 90-90-90 global treatment targets (90% of people living with HIV (PLHIV) know their status, 90% of PLHIV who know their status are on treatment, and 90% on treatment are virally suppressed) by 2020 and to end the AIDS epidemic by 2030, Malawi has seen great progress nationwide. Seventy-three percent of PLHIV know their status, 89% of PLHIV are on treatment, and 91% of those on treatment are virally suppressed.

But with this encouraging news is also concern. Women are reaching these targets faster than men, and youth age 15-24 now have the highest new infection rate. Responding to this reality, GAIA is targeting men and youth through special weekend testing events, door-to-door (DtD) home-based testing, and community-based nurse HIV follow-up care, addressing those who have historically been hardest to reach. Through weekend events, we tested 2,555 individuals with an astonishingly high rate of two males to each female tested. Youth outreach efforts educated 4,000 and tested 1,373 through the 11-week GAIA SKILLZ program in partnership with Grassroot Soccer. The DtD program achieved a 99% acceptance rate, testing 10,154 people in need in 53 villages.

Our HIV follow-up coordinator program links newly diagnosed patients and those fallen out of care with support to achieve adherence to treatment. It is a model for achieving the 90-90-90 targets, with 91% of clients aware of their HIV status, 96% of those who were eligible for treatment in 2016 on ART, and 96% adherent to their ART medication regimens.

Not only are these programs addressing a critical need and helping to achieve UNAIDS’ goals, but they have also been recognized internationally for their success (see “International AIDS Conference” article on page 11).

ETAF-PEPFAR announce a partnership on World AIDS Day 2016

On December 1, PEPFAR and The Elizabeth Taylor AIDS Foundation (ETAF), with GAIA as their primary implementing partner, announced a two million dollar partnership to achieve 90-90-90 in Mulanje as a global model. Mulanje is one of the highest prevalence, hardest-to-reach areas in Malawi. Proving that 90-90-90 is achievable there demonstrates that it is possible anywhere and that the AIDS epidemic can be ended by 2030.
After 13 years and 180 total villages served, GAIA helped Malawi drop the rate of new infections by 60% to 33,000 annually and deaths by 65% to 27,000 annually. Access to treatment and care has increased from less than 20% to 69%. While incredible gains against the disease have been made, the face of the epidemic is changing, with the majority of new infections among adolescents and young women age 15-24. There remain 530,000 children under age 18 who have been orphaned due to HIV.

To address this new reality, GAIA piloted the Girls Empowerment Project in 2016 to provide correct and comprehensive sexual and reproductive health information for girls.

When GAIA Villages was created in 2003, life expectancy in Malawi was only 42 years. The national adult HIV prevalence was 14%, with 84,000 new HIV infections and 76,000 AIDS deaths annually. Only 28,000 Malawians were on antiretroviral therapy and 520,000 children had been orphaned. The HIV virus was spreading quickly due to poverty, poor knowledge of the disease, and inadequate access to prevention, care and treatment. GAIA developed the GAIA Villages Program, a grassroots, women-led, community-based response to AIDS. The stipend and training village women received to provide home-based care for the ill, orphan care, and health outreach empowered them socially and economically to become agents of change in their communities.

In November 2016, the program exited a group of 20 villages, known as Mulanje C, in Traditional Authority county, Nkanda, Mulanje, after three years of service. This village group is home to 24,400 people who were served by 74 GAIA Community Caregivers. Monthly, the Caregivers made more than 3,000 door-to-door counseling visits and educated 6,500 individuals through health talks. More than 700 orphans were supported with hygiene and school supplies, and 79 were supported with secondary school scholarships.

After 13 years and 180 total villages served, GAIA helped Malawi drop the rate of new infections by 60% to 33,000 annually and deaths by 65% to 27,000 annually. Access to treatment and care has increased from less than 20% to 69%. While incredible gains against the disease have been made, the face of the epidemic is changing, with the majority of new infections among adolescents and young women age 15-24. There remain 530,000 children under age 18 who have been orphaned due to HIV.

This program brought together girls aged 8-24, their parents, counselors who conduct coming-of-age ceremonies, and village leaders to promote girls’ health, encourage school attendance and empower females. Through this program, GAIA trained 1,660 adolescent girls, 40 chiefs, and 37 counselors. The program returned 116 girls to primary or secondary school and provided tuition, school materials and hygiene supplies, including menstrual kits to help girls stay in school during their periods.

GAIA also continued its partnership with Grassroot Soccer in 2016, graduating roughly 3,500 youth from GAIA SKILLZ – educating youth about HIV and malaria prevention – and SKILLZ GIRL – educating female youth about sexual and reproductive health and HIV.

GAIA will exit its final group of 20 villages, Mulanje D, in March 2017, and will be transitioning our efforts against the disease from community-wide awareness campaigns and home-based hospice care to areas of increasing local need. GAIA’s retooled community programs will focus on HIV prevention among youth, especially girls who are most at risk, and on-going care and treatment through our mobile health clinic program.
The Statistics Have Names and Faces

As GAIA Trustees, we are encouraged to visit Malawi and witness the organization’s programs live and in-person. It’s an act of good governance, transparency, and accountability. It’s also heart-breaking and inspiring.

This summer we traveled to southern Malawi and attached names and faces to the wonderful statistics of hope and progress in the HIV battle (new HIV infections are down; AIDS deaths are down; the number of orphans is declining), and to the sobering data suggesting that the challenge remains daunting (about a quarter of all cases of HIV remain untreated) and the suffering is real.

When we met a young boy, Promise, orphaned by AIDS and disabled by polio in Matipwiri Village, however, statistics were far from our minds. What we experienced instead was the granular impact of GAIA: Promise had been outfitted with a customized wheelchair that would allow his grandmother (and caregiver) to deliver him to school for the first time. His smile was infectious — and his newfound mobility, life-changing!

We found that stories like Promise’s were not mere anecdotes, but the strands of GAIA’s web of cost-effective and sustainable programming. As Board members, the experience satisfied both our hearts and our minds.

We’ll never look at a financial report or program dashboard in quite the same way.

Ruth Thurmond Scott and Christine Simpson Brent
GAIA Trustees

Creating Brighter Futures through Education

Dziko is an orphan who finished 8th grade last year and has begun secondary school. A big achievement! Only a quarter of girls in rural Malawi are able to complete primary school. Educating girls has a ripple effect, including a lowered risk for HIV infection and a brighter economic future for girls themselves and their families.

GAIA has supported Dziko to stay in school by providing school supplies, hygiene items, and encouragement from village-based female health workers and mentors (GAIA Caregivers).

Dziko now has her sights on finishing secondary school, and attending university. She dreams of becoming a nurse like those she met at the nearby GAIA Mobile Health Clinic.

In 2016, GAIA:

- supported 1,934 orphans with school and hygiene supplies
- provided 203 secondary school scholarships
2016 was a record year for the GAIA Elizabeth Taylor Mobile Health Clinics: We provided our one millionth clinic visit since the program began in 2008. GAIA operates seven clinics covering two districts in southern Malawi, providing free HIV services and basic primary health care to a population of more than 900,000 people, and working in coordination with the government to fill gaps in access to health services.

In 2016

- **1m** One millionth mobile clinic visit (since 2008)
- **269,000** mobile clinic visits (an annual record)
- **7,509** HIV tests
- **4,946** family planning visits

**Achieving 1,000,000 Client Visits**
GAIA Elizabeth Taylor Mobile Clinics, 2008-2016

Village crowd greets GAIA’s Country Director Joyce Jere (above in nurses’ uniform) at a mobile clinic stop.
Filling a Critical Gap

2016 was a record year for the GAIA Elizabeth Taylor Mobile Health Clinics for another reason – malaria care – highlighting the critical gap-filling role that GAIA plays in rural healthcare access. Flooding and a mild winter in 2015 led to the worst malaria season since GAIA launched mobile clinic services in 2008. With government facilities overtaxed and under-resourced, GAIA mobile clinics supplemented the response. Malaria treatments at the seven GAIA clinics were up 85% this year over 2014 and 2015. We treated an unprecedented 74,657 cases program-wide. While this lifesaving treatment is estimated to have saved hundreds of lives, primarily among children under age five, the best way to prevent deaths from malaria is to prevent infection in the first place.

To prevent 2017 from becoming another devastating year for malaria, GAIA supported the government in a mass bed net distribution campaign. In July/August and November/December 2016, prior to the rainy season, through the mobile clinics and door-to-door visits in the hardest hit areas, GAIA distributed an additional 4,700 bed nets to the most vulnerable populations, including 133 to students in the first grade at the Namunda Government Primary School in Southern Mulanje and 500 to Grassroot Soccer/

GAIA SKILLZ (an HIV and malaria prevention program) participants in Northern Mulanje.

Each clinic visit to test and treat malaria costs roughly $4. Bed nets offer a cost-effective prevention measure, and are the primary driver behind a 60% drop in malaria deaths in Malawi since 2000.

In Memorium: David Gilmour, a Champion for GAIA

It is with great sorrow that we announce the 2016 passing of long-time GAIA friend and trustee, David Gilmour.

David first joined GAIA’s board in 2006 and served as a trustee through 2012, rejoining in 2015 after selling his successful business, Paradise Foods.

David was generous to GAIA in so many ways. He lent his time, expertise and support serving on GAIA’s Development Committee and chairing GAIA’s 10th Anniversary Celebration at the Fairmont Hotel in San Francisco in 2010. He provided countless in-kind donations from Paradise Foods at gatherings and local events and held in-store raffles to raise awareness and funds for GAIA’s programs.

When we asked David why he chose to support GAIA, he said that it was because of “the efficiency and effectiveness he sees in a reasonably small and reasonably young organization.” He declared that “this is a place where I want to put my time, money, and resources.”

We have dedicated a mobile health clinic stop to David in Manyamba, a village served by GAIA’s Muloza Clinic every Wednesday. The plaque at the stop reads:

“This stop of the GAIA Elizabeth Taylor Mobile Health Clinic is established in honor of David Gilmour, a dedicated member of GAIA’s U.S. Board of Trustees, who has encouraged many to join him in supporting GAIA’s work. His loyalty and generosity to GAIA are honored here.”

David’s legacy reaches across continents. We give thanks for his life very well lived.
In 2016, GAIA successfully wrapped up its six year agreement with USAID. Under the agreement GAIA graduated 318 new nurses, and provided continuing education for more than 700 in-service nurses. GAIA expanded the schools with which it works under the agreement to include Holy Family College of Nursing based in one of GAIA’s rural priority districts, Phalombe.

Melanie Perera, RN, NP, the Deputy Chief of Party for the USAID project, travelled to Malawi in April to facilitate professional development workshops and to attend the graduation of 77 nurses educated at Holy Family College of Nursing. The program has been funded jointly by USAID and gifts to GAIA’s Major Gifts Campaign: “The Campaign to Strengthen Healthcare and Save Lives.” These GAIA Scholars have committed to work in remote, understaffed health centers nationwide, providing the first line of care for the majority of Malawians who live in rural areas (80% of the population).

In addition, GAIA graduated 21 diploma nurses, 213 bachelor’s nurses and seven master’s level nurses who will work at health centers, district hospitals and nurse training institutions. The program was recognized at the International AIDS conference (for the second time on this prominent global stage) for its ability to graduate nurses on time and ensure that public sector service commitments are upheld by graduates.

Melanie Perera with Bertha Muhapateya at the Holy Family College of Nursing graduation in April.

Thokozani Bitoni (holding certificate), one of GAIA’s Holy Family College of Nursing scholars, graduated with distinction, the highest academic honor, and is presented with the award.

481 nursing scholars supported

Melanie Perera, RN, NP, the Deputy Chief of Party for the USAID project, travelled to Malawi in April to facilitate professional development workshops and to attend the graduation of 77 nurses educated at Holy Family College of Nursing. The program
GAIA Nurse Scholar Graduates at Mulanje Mission Hospital

GAIA Country Director Joyce Jere visited a group of dedicated GAIA Nursing Scholars who are making a difference at Mulanje Mission Hospital. The Scholars shared stories of those who inspired them to become nurses: supportive teachers and strong female role models who believed in them. GAIA commends these young women for their hard work and accomplishments... and for giving back to their communities by improving patient care, supporting family members to stay in school, and acting as role models for the next generation of young women in Malawi.

GAIA currently is supporting 116 GAIA Nursing Scholars who are at university working toward graduation. We thank all who help make their dreams possible.

GAIA Small Grants Competition Fosters Nurse Leadership

Malawi’s Technical Working Group, a panel of GAIA’s program staff who provide evaluation and input on program implementation and improvement, designed and launched a small grant program in 2016 to provide funding to one GAIA Nursing Scholar with a winning idea to improve clinical care at her current job site. This year’s winner, Mirriam Makuta, received $1,000 to introduce Kangaroo Mother Care—nursing care for pre-term and low-birth-weight newborns—at her community hospital. Mirriam and her colleagues used the funds to transform a part of the nursery into a Kangaroo Mother Care Unit.

Location of GAIA Nursing Scholars Deployed and Working in Malawi

Total Number of Deployed Scholars: 242

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Southern</td>
<td>138</td>
<td></td>
</tr>
</tbody>
</table>

Northern Region Scholars: 29

- Chitipa: 1
- Karonga: 3
- Rumphi: 2
- Mzimba: 22
- Nkhata Bay: 1

Central Region Scholars: 75

- Mangochi: 2
- Machinga: 5
- Blantyre: 37
- Mulanje: 22
- Thyolo: 8
- Chikwawa: 8
- Nsanje: 9

Southern Region Scholars: 138

- Lilongwe: 41
- Dedza: 4
- Machinga: 5
- Balaka: 3
- Zomba: 18
- Neno: 3
- Mnawanza: 1
- Phalombe: 14
- Chiradzulu: 8
- Nkhotakhota: 2
- Mzimba: 22
- Thyolo: 8
- Chikwawa: 8
- Nsanje: 9

GAIA Country Director Joyce Jere with a group of dedicated GAIA Nursing Scholars at Mulanje Mission Hospital.

GAIA Country Director Joyce Jere with grant winner Mirriam Makuta (middle), hospital administration staff, and a new mother benefiting from the unit.
**GAIA Donors, Partners and Friends in the Field**

**Namunda Primary School Completed**

This year saw the completion of the Mulanje Government Primary School in Namunda Village, funded by The Hamels Foundation in a project managed by GAIA. The school consists of four classroom blocks housing a total of 16 classrooms as well as 12 teachers’ houses, an administration block and a library. With a capacity of 640 children, the school serves children in grades 1-8. An open air kitchen staffed by volunteers works with partner organization Mary’s Meals to provide a nourishing porridge meal each day for the children. In September, the school welcomed a visit from The Hamels Foundation as well as Joy Mistele, former GAIA trustee, a long-time supporter of both GAIA and the The Hamels Foundation.

**Bringing Messages of Hope through Music**

GAIA played musical matchmaker twice during 2016, bringing accomplished American professional musicians inside the walls of Malawi’s maximum security prison to connect with the inmates and guards of the 2016 Grammy-nominated Zomba Prison Project. In January, GAIA’s CEO accompanied Tyler Hubbard (of the award-winning country duo, the Florida-Georgia Line) and his wife Hayley inside the prison, where the musicians swapped acoustic versions of their songs (generator power was out at the prison) and Tyler coached them on the extraordinary platform that their nomination offered. Singing and playing inside the concrete walls of the band room, the sweet, harmonic voices of the Band shared messages of HIV prevention and stigma. Clearly moved by the experience, Tyler and Hayley committed to upgrade the band’s instruments, a promise they soon fulfilled. The Hubbards were equally moved and inspired on their subsequent visit to observe GAIA mobile health clinics bringing life-saving care and treatments to the far end of the road.

In July, the visit by The Elizabeth Taylor AIDS Foundation brought another opportunity for musical exchange, as the group included Ms. Taylor’s grandson, Rhys Tivey, a professional trumpeter. Back in the band room, this time with the gold-embossed Emmy Nomination tacked to the wall and playing on new instruments with upgraded sound equipment (thanks to the Hubbards!), Rhys joined the band in rocking renditions of two of their favorite songs. Band members spoke glowingly about what the visits had meant to them, and how they hoped to continue spreading music and health messages upon their release from prison. Since our visits, the Band has been profiled on the TV news program 60 Minutes.
Bay Area Spring Fundraiser
Thank you to all our guests and sponsors who contributed to a successful spring event.

On Friday, May 6, GAIA held its annual Bay Area fundraiser at San Francisco landmark, Fort Mason, raising $250,000 to directly support programs in Malawi. The evening honored GAIA Medical Advisory Board member Jay A. Levy, MD, (photographed above) with the GAIA Global Citizen Award for his co-discovery of the HIV virus in 1983, his dedication during the past three decades to efforts to understand the mechanisms of the virus and develop the science that undergirds anti-retroviral therapies, and his legacy of support of GAIA.

International AIDS Conference

In July, GAIA was well represented at the International AIDS conference in Durban, South Africa. Country director Joyce Jere participated in a symposium about reaching men and youth with HIV testing services. Programs manager Nelson Khozomba presented data from our HIV follow-up nurse coordinator program and Chimwemwe Mwangonde presented the impact of our nursing scholarship program on Malawi’s public health sector. Our efforts to reach men for HIV testing were also presented at the Consortium for Universities in Global Health, held in San Francisco.
Q&A with Nelson Khozomba, GAIA’s new Malawi Programs Manager

Nelson Khozomba joined GAIA as the Malawi Programs Manager in January 2016, filling a newly created position to aid the Malawi Country Director in direct oversight of all GAIA programs, help us forge new and strengthen existing partnerships with the Malawi Ministry of Health and other NGOs working in Malawi, and continue to improve the quality and focus of GAIA programs to achieve the end of AIDS. Below are Nelson’s thoughts about his first year with GAIA:

**What drew you to the Programs Manager position with GAIA and how was your transition?**

After many years of clinical work and teaching, I wanted a challenging job that would enable me to combine both my clinical and management skills. After just a quick research of the organization, I admired the GAIA programs. I then realized that most of the key responsibilities matched with my skills and professional experience and I was determined to join GAIA.

The orientation process was well planned and enabled me to take one step at a time while getting connected with staff at all levels. I received huge support from the GAIA family both in Malawi and the US and that made the transition very easy.

**How does your background as a nurse and previous experience in nursing prepare you for this job?**

My clinical and teaching skills enabled me to quickly fit into GAIA’s programs. I have worked in community settings, taught at a nursing college, and also worked in clinical settings and these are similar to programs being implemented by GAIA.

**What has been the most challenging part of your job in the first year?**

Mainly, it is limited integration of services by implementing partners. An example is lack of coordination in sharing lists of beneficiaries getting support from other implementing partners during the hunger crisis in 2016-2017 growing season to ensure we are reaching everyone, not providing double to some and none to others.

**What has been your most rewarding experience in 2016?**

There is a lot worth mentioning, but mainly joining the GAIA team and making a poster presentation at the International AIDS Conference in Durban, South Africa in 2016 was outstanding. It enabled us to share our work with the world and learn from best practices of other organizations through their presentations.

**What are you most excited to work towards in 2017?**

Putting all program work plans together and overseeing timely implementation of such activities. Managing programs is all about getting results based on the set plans while ensuring that efficiency and effectiveness are maintained.
Financial Overview

**Income 2016**

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td>40%</td>
</tr>
<tr>
<td>Individual Giving</td>
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<tr>
<td>Religious Orgs.</td>
<td>4%</td>
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<tr>
<td>Foundations</td>
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<tr>
<td>Other</td>
<td>12%</td>
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</table>

**Expenses 2016**

<table>
<thead>
<tr>
<th>Category</th>
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</thead>
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<td>Institutional Giving</td>
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<tr>
<td>Individual Giving</td>
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</tr>
<tr>
<td>Religious Orgs.</td>
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<tr>
<td>Foundations</td>
<td>36%</td>
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<tr>
<td>Administration</td>
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</tr>
<tr>
<td>Fundraising</td>
<td>8%</td>
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<tr>
<td>Special Events</td>
<td>8%</td>
</tr>
</tbody>
</table>

In 2016, GAIA’s cash-basis income (after restricted transfers) totaled $3,138,000 and expenses totaled $3,138,000 (unaudited). GAIA has an annual accrual basis independent audit each fiscal year. The 2016 audit report will be available online later in 2017.

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### GAIA Accomplishments 2016

**GAIA Villages Program**

<table>
<thead>
<tr>
<th>Community Development</th>
<th>GAIA Villages in operation</th>
<th>40</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Community Caregivers working in villages</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>Youth served through youth clubs</td>
<td>3,994</td>
</tr>
<tr>
<td></td>
<td>Bed nets distributed</td>
<td>4,688</td>
</tr>
</tbody>
</table>

| Orphan Care            | Orphans supported | 1,934 |
|                        | Orphans assisted with secondary school tuitions | 203 |

| HIV Prevention         | Villagers referred for provider initiated HIV testing | 1,322 |
|                        | % of those referred testing HIV+ | 17% |
|                        | Villagers tested by voluntary Door-to-Door HIV testing | 10,154 |
|                        | % testing HIV+ | 4% |
|                        | Villagers reached with HIV prevention messages | 50,000 |

| Home Based Care (HBC)  | Clients under care | 361 |
|                        | Clients discharged or transferred | 186 |
|                        | Clients provided with end-of-life care (deaths) | 39 |
|                        | Client continuing in care | 136 |

**GAIA Elizabeth Taylor Mobile Health Clinics**

<table>
<thead>
<tr>
<th>Mobile clinics in operation</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total client visits for illness</td>
<td>269,232</td>
</tr>
<tr>
<td>Client visits for child/infant growth monitoring</td>
<td>11,805</td>
</tr>
<tr>
<td>Clients tested for HIV (includes special testing events)</td>
<td>15,210</td>
</tr>
<tr>
<td>% testing HIV+</td>
<td>6%</td>
</tr>
<tr>
<td>Clients treated for malaria</td>
<td>74,657</td>
</tr>
</tbody>
</table>

**Nursing Scholarship Program**

| Scholars in school, year end (including 33 newly added) | 92 |
| Nursing Scholars graduated since program inception, year end | 389 |
2017 Staff & Trustees

Malawi Staff
Joyce Jere
Country Director
Nelson Khozomba
Programs Manager
Adalireni Manyungwa Nkhata
Finance & Administration Manager
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Stella Banda
Nancy Banda Tsala
Edna Bolokonya
Caroline Bonogwe
Jayson Bvalani
Alice Bvumbwe
Focus Chakondwa
Owen Chibilwya
Moses Chilikuntima
Thandiwe Chimwaza
Mary Ching’anda
Gladys Chirimba
Daniel Chirombo
Mercy Chirwa
Ellen Chisali
Austen Gondwa
Geoison Goru
Winnie Gunde
Deborah Gwemba
Chikondi Gwengwe
Bernadetta Juma
Kondwani Kanjelo
Elias Kaunde
William Kutengule
Gladys Lameck
Harold Lameck
Gaven Machinga
Teleza Mangame
Esnat Nseula
Doreen Mbewe
Yamiko Mhone
Owen Mitochi
Catherine Moses
Gladys Mphanda
Mary Mtchera
Lonely Mtemang’ombe
Stella Mulaphi
Ester Munyawa
Anna Mviha
Chimwemwe Mwangonde
Violet Mwapasa
Quandia Ng’onga
Elizabeth Nkamamira
Eunice Nsunga
Lucy Ntokanya
Fatuma Phiri
Mphetso Phiri
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James Selemani
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Wilfred Zinyongo
Madalitso Zisiyana

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Beth Geoffroy
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Edie Heller
Finance Manager
Kristin Nash
Program Officer & Grants Manager
Ninon Pallavicini
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Professor of Medicine, UCSF
A. Eugene Washington
Chancellor, School of Medicine, Duke Univ.

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!