



# ***Global Strategies for HIV Prevention***

Celebrating 10 Years of HIV Prevention and Care

## **Annual Report 2009**

(Sept 1, 2008 to Aug 31, 2009)



This year we celebrate the 10th anniversary of the founding of Global Strategies for HIV Prevention. For me personally, it is the 28th year engaged in the HIV epidemic.

*“No one wants to be infected with a lethal virus - the tragedy is that HIV is completely preventable.”*

Looking back to 1981 when the epidemic was first described, I can still picture the face of the infant who was the first reported case of blood transfusion AIDS. In a very real sense, that child and I advocated together to blood banks around the world to develop safe blood supplies. The faces of the two sisters who had acquired HIV from their mothers and were the first children to be described with AIDS also remain as vivid memories in the battle for equal access for safe and effective drugs for children.

By 1998 significant scientific and clinical progress had been made in resource rich countries. All means of preventing HIV were defined, more drugs are available to treat HIV than any other viral infection, HIV-infected individuals are living longer and healthier lives and the number of HIV infected infants in the United States plummeted to fewer than 100 as a result of treatment of HIV-infected mothers.

Global Strategies for HIV Prevention was founded to the address he issues of justice and equity in the worldwide HIV epidemic. Advances in HIV care and treatment were not reaching those in resource poor countries. HIV infection was increasing more rapidly in women than in men and the virus was being transmitted to 1, 600 babies born each day. Treatment was fewer than 5% of those who are infected and fewer than 5% of HIV-infected pregnant women. Injustice and inequity dominated the world's worst infectious disease epidemic as the face of the epidemic seemed almost invisible to the developed world.

It is our task to do all that we can to put a face on the HIV epidemic in the majority world and to remind as many as possible that this epidemic is too much about mothers and children who are unable to protect or advocate for themselves. No one wants to be infected with a lethal virus - the tragedy is that HIV is completely preventable. We endeavor to make that known. We seek to educate and to provide HIV prevention and care in regions of the world that are neglected by other organizations and to remind all those who will listen that every life is precious.

Your volunteerism and financial support has helped us achieve concrete and measurable objectives that you will read about in this report. It is my hope and prayer that many more will see beyond the numbers of the epidemic, look into the faces of the widows and the orphans who need help, and see that there is hope to keep them from ever getting HIV.

Sincerely,



Arthur J Ammann MD  
President



# Comments from Fiscal Year 2009

## Major Accomplishments and Future Goals

- Since our Founding:
  - 30+ workshops and conference in 14 countries since our founding
  - 5,500+ health care workers trained in HIV testing and prevention.
- 2008
  - 1,000 Post-exposure Prophylaxis (PEP) kits provided to Panzi Hospital in Democratic Republic of Congo
  - \$75,000 raised through Hope Walks to support programs for orphans and vulnerable children
  - Several repeated Hope Walks events
    - California
      - Berkeley, Sacramento, Davis
    - Minnesota
      - Minneapolis
  - New Hope Walks events
    - Brea, California
    - Morristown, New Jersey
    - Nashville, Tennessee

## About Global Strategies for HIV Prevention

*Our mission is to implement international strategies to prevent HIV infection and care for those affected by HIV by means of strategic alliances with those who share in a compassion for alleviating the suffering of women and children.*

### Where We Work

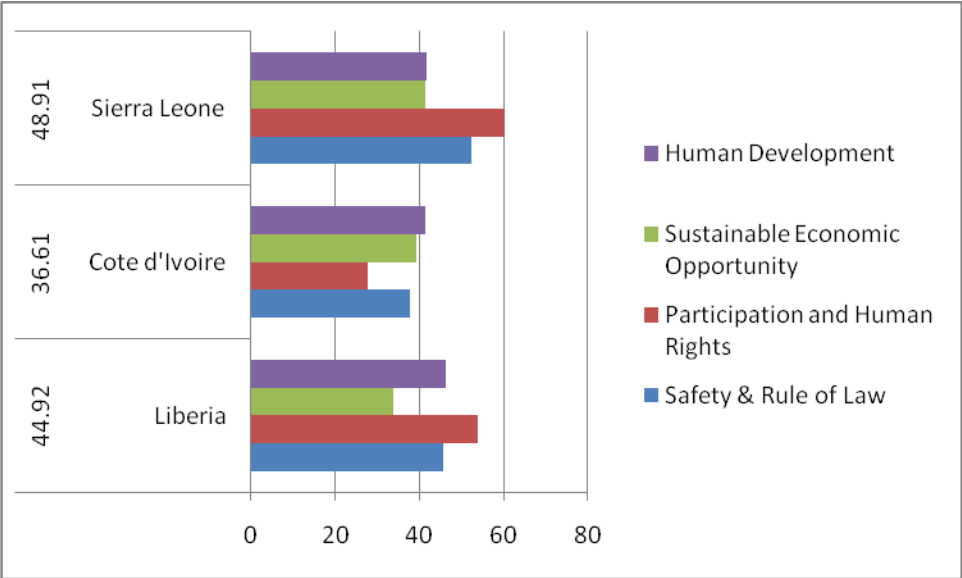
We focus on establishing model programs and provision of education and training in HIV Prevention in resource poor areas throughout the world. We support programs operated by non-governmental, community, or faith-based organizations which have been overlooked by or have difficulty accessing funds from large international organizations. We have invested most heavily in the following countries: Democratic Republic of Congo, Liberia, and the Central African Republic.

We also supported HIV programs for children, located in Cambodia, India, South Africa, and Uganda.

According to the 2007 Mo Ibrahim index which ranks governance quality of African countries, the countries where we work have the following rankings. Neighboring countries have been listed to provide context.

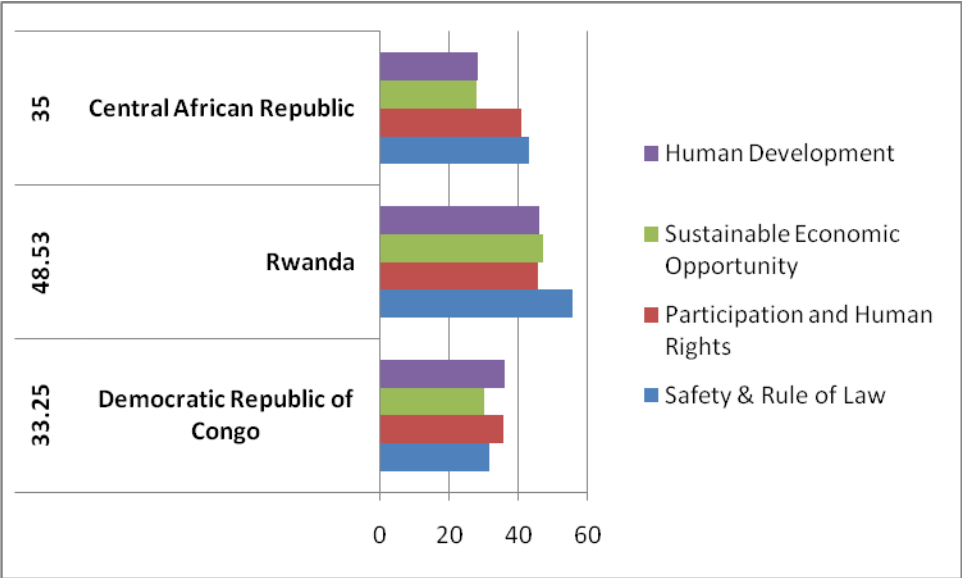
**Liberia**

(Neighboring countries: Sierra Leone and Cote d'Ivoire)



**Democratic Republic of Congo and Central African Republic**

(Neighboring country: Rwanda)





The countries where we funded projects in 2008 have varying degrees of HIV prevalence. The most recent figures compiled by the World Health Organization by country are listed below.

Country	HIV+ Children (2007)	HIV+ Ages 15+ (2007)	HIV+ Women (2001)	HIV+ Women (2007)	Male Prevalence (15-24 years) (2007)	Female Prevalence (15-24 years) (2007)	Orphans due to HIV (2007)
Cambodia	4,400	70,000	31,000	20,000	0.8	0.3	n/a
Central African Republic	14,000	140,000	80,000	91,000	1.1	5.5	72,000
Democratic Republic of Congo	37,000 to 52,000	360,000 to 450,000	170,000 to 220,000	210,000 to 270,000	0.1 - 0.4	0.7 to 1.2	270,000 to 380,000
India	n/a	2,300,000	1,00,000	880,000	0.3	0.3	n/a
Liberia	3100	32000	13000	19000	0.4	1.3	10,000 to 87,000
South Africa	280,000	5,400,000	2,700,000	3,200,000	4.0	12.7	1,400,000
Uganda	130,000	810,000	560,000	480,000	1.3	3.9	1,200,000

\*Estimates provided by World Health Organization Epidemiological fact sheets on HIV and AIDS, 2008 Update.

<http://www.who.int/hiv/pub/epidemiology/pubfacts/en/>

There are significant challenges to working in resource poor countries:

- Procuring medications can be difficult and costly. Importation taxes can be cost prohibitive to providing the latest drug treatments available widely to other nations.
- Limited training opportunities exist nationally for mid-level healthcare workers in HIV Prevention and Treatment
- Identifying local partners and leaders can be difficult and requires ample time to investigate each new opportunity.
- Cultural perceptions about HIV infection, AIDs, HIV transmission, and its treatment can pose significant barriers to alleviating the problems associated with the disease and preventing its spread.
- Unstable government and the lack of rule of law facilitate a culture of unrest. Historical abuses by military, police, militia, and or rebel forces leave lasting sociological scars on the communities and individuals.
- Decreased educational opportunities leave a population debilitated when trying to survive a current conflict or rebuild post-conflict. This affects every facet of life from economic opportunity, to political processes, to developing and participating in a healthcare system.

# Global Strategies Programs

## Save a Life

Save a life is our rapid response for programs that care for HIV infected pregnant women located at faith-based and nongovernment clinics and hospitals that could save tens of thousands of infant's lives each year. An estimated 1,400 infants become infected with HIV each day worldwide. Eighty percent of HIV-infected pregnant women do not receive any drugs to prevent HIV infection of their infants, even though these drugs have been available for over a decade. One of these drugs, nevirapine, costs less than \$1 and can prevent HIV infection of 50% of infants born to HIV-infected mothers in the poorest areas of the world. Combination drugs while costing more, given during pregnancy and after delivery, are able to prevent over 95% of HIV infections. Rapid HIV tests, costing less than \$2, determine quickly whether an expectant mother is HIV positive.

Cotrimoxazole, an antibiotic costing less than \$6 per year, given every day, helps to prevent opportunistic infections, decreases episodes of malaria infection and keeps mothers and children healthier and living longer.

When HIV testing and provision of these drugs are coupled with resources to deliver them, they can significantly decrease the number of HIV-infected infants, saving millions of lives over the next decade.

Support for our Save a Life programs have come from a variety of sources including churches, faith-based organizations and individual donors. Donations that come from children are especially moving. With these donations we have been able to conduct workshops on prevention and care, provide treatment and care worldwide including some of the most resource poor areas of the world.

Since its inception Save a Life has reached over 70 hospitals and clinics throughout the world. We have provided nevirapine to over 85,000 HIV infected pregnant women and their infants and over 18,000 rapid HIV tests to identify pregnant women who are infected and need treatment. In addition, we have provided over 12 million doses of cotrimoxazole to HIV infected women.

*“ Our first patient already knew she was HIV-infected when she heard about the new program where she could get nevirapine. She took two minibus rides over three hours to find us. She delivered twins [...] and both baby girls are doing fine. [In the first two months we saw] 300 women. 98% accepted HIV testing with 21% HIV infected and all accepted nevirapine. ”*

*~ Doctor from a Global Strategies Prevention of Mother to Child Transmission Program*

HIV



Training of healthcare workers in prevention of HIV is integral to all our programs. Workshops are pivotal for strengthening health care, addressing the extreme shortage of trained health care workers, and for identifying promising leaders to develop sustainable programs in resource poor areas. Our vision is to train local health care workers who in turn train others, expanding beyond our reach to establish additional HIV prevention and care programs in underserved locations. In the past decade we have conducted over 30 workshops in 14 countries attended by more than 5,500 health care workers. As part of these training workshops we have also distributed CDs containing over 5,000 pages of relevant information. Our combined distribution of CDs and printed manuals has totaled more than 35,000 copies.

## HIV/AIDS Education and Training

### Central African Republic

The Central African Republic is a land-locked nation surrounded by Cameroon, Chad, Sudan, the Democratic Republic of the Congo and the Republic of the Congo. The Central African Republic is among the ten poorest countries in Africa. The population is estimated to be 4.4 million.

In the capital city of Bangui there is a French speaking seminary that serves primarily Francophone Africa. We were made aware of the opportunity to conduct a three-day conference with workshops on HIV, Women in the Church for over 300 seminarians, students, teachers, pastors and lay workers.

Presenters at the conference included:

- Dr. Arthur Ammann, Founder and President of Global Strategies
- Paul Tshihamba, Pastor Christ Presbyterian Church
- Sandy Davis, Pastor, Newport Beach



Three Speakers from HEAL Africa in Goma, Democratic Republic of Congo traveled 3 days by land and canoe to reach the conference including:

- Dr. William Bonane

- Pastor Jules Blwanzo Bolingo
- Julienne Chakuppewa, Home-based care worker

The conference was under the incredible leadership of Dr Nupanga Weanzana President of Bangui Evangelical School of Theology (BEST). Funds for the Conference and for the development of a training curriculum were provided by the Crowell Trust.

The purpose of the conference was to present scientifically and theologically sound education on HIV, Women and the Church. Women and children bear the greater burden of the HIV epidemic. Economically, culturally, politically and tragically, even religiously, women are selectively stigmatized, shunned, blamed and often refused the refuge offered by the Christian community that is freely offered to those who suffer from other diseases. Children, whether infected or not, are likely to become orphans, are frequently stigmatized or demonized, lose family and community support, and often lose all rights to their inheritance. The consequences are significant.

*“Children, whether infected or not, are likely to become orphans, frequently stigmatized or demonized, lose family and community support, and often lose all rights to their inheritance.*

*The consequences are significant.”*

*~Arthur Ammann, MD*

Increasingly, women turn to secular organizations for comfort and acceptance, young orphan boys are seized as fodder for militias seeking boy soldiers, orphan girls fall prey to the nefarious who seek ever younger girls to lure into the sex trade, and property rights of widow and orphans are consumed by the greedy.

The conference concluded with the presentation of the “Bangui declaration on the Importance of Christian communities in HIV Prevention, Treatment and Care” emphasizing, women and children. Copies of the Bangui Declaration in French and English are available.

- Topic: Le rôle des communautés chrétiens dans la prévention, le traitement et le soin du VIH/SIDA (Importance of Christian Communities in HIV Prevention Treatment and Care)
- Date: November 17 – 19, 2008
- Location: Faculté de Théologie Evangélique de Bangui (Bangui Evangelical School of Theology)

- Participants: 300 seminarians, local pastors and community officials
- Outcome: Bangui Declaration (see our website, [www.GlobalStrategies.org/BanguiDeclaration](http://www.GlobalStrategies.org/BanguiDeclaration))

## Partner Support

Partners who work with our other programs (Save a Life, Hope Walks, and Education and Training) often have very special and specific needs. Many lack resources to protect their health care workers from HIV infection, treat them if they are infected, or to provide them with much needed advanced education and training.

Partner Support was designed to support the local efforts of those with whom we work internationally. At times, opportunities are presented to respond to a unique need, which might otherwise be unmet by one of our other programs. Partner Support provides a flexible arm in our organization by which we can address



needs which are not easily categorized and supported through Save A Life, Hope Walks, or Education and Training.

### Children's AIDS Program

The Children's AIDS Program, based at HEAL Africa in Goma, Democratic Republic of Congo provides testing and treatment to children in and around Goma.

- Location: HEAL Africa Hospital - Goma, Democratic Republic of Congo
- Updated July 2009:
  - 604 children enrolled
  - 345 on antiretroviral medication
  - Salaries supported: 1 doctor, 2 nurses
  - Other support: nutrition, other medications, testing materials



### Post Exposure Prophylaxis

In November 2008, HEAL Africa reported a desperate need for post exposure prophylaxis (PEP) kits. By January 2009, Global Strategies connected with Harold Dick, who donated 1000 PEP kits, capable of saving 1000 rape victims from HIV infection, sexually transmitted infections and unwanted pregnancy. Amazingly, the kits were processed, cleared customs and delivered safely to Panzi Hospital, South Kivu Province, Bukavu, on April 5, 2009 with a surprise “border fee” of almost \$5000 paid by Harold Dick. Global Strategies developed a pilot study for administering the kits at the grassroots level with input from colleagues at Panzi Hospital and HEAL Africa.

A Bay Area based think tank established and lead by Kerry Gough, Global Strategies general counsel, and Dr. Ammann was started to develop a model to combat gender based violence, a root cause of the HIV epidemic, and establish local legal advocacy support for survivors of rape.

In 2008, Global Strategies facilitated a new eastern DRC collaboration between Panzi Hospital in Bukavu and HEAL Africa in Goma. In April 2009 colleagues from both institutions agreed to meet in Goma to share experience, current practice and give input for a PEP pilot study to obtain data to make the case that an HIV prevention and care program in DRC that addresses GBV as a root cause of the epidemic is feasible and the need is greater than the assistance currently received.

PEP Pilot: Panzi Hospital was supplied with 1000 pep kits and PEP pilot protocol. Bay Area think tank established to address root cause of HIV epidemic in DRC, gender based violence.

Financial Support: The Robert James Frascino AIDS Foundation held benefit concerts March 20 and 21, 2009 and raised \$5000 for the PEP program.

Eastern DRC Collaboration: A new critical collaboration was established in Eastern DRC to efficiently deliver HIV Prevention and Care to the people of Eastern DRC.

## Prevention of Mother to Child Transmission

Our support for the Prevention of Mother to Child Transmission (PMTCT) program at HEAL Africa in Goma included more than \$24,000 for pre-testing counseling, testing, treatment and follow up visits, salary for medical personnel, and workshops.

From March through August 2009, the program received over 5300 pregnant women across 3 clinics. The bulk of the women visited our rural clinics in Kayna and Binza. During this time, 4953 women agreed to HIV testing, while only 559 partners agreed to HIV testing. Of the pregnant women who agreed to testing, 64 were found to be HIV infected. Of these, 41 women and 40 infants were administered nevirapine. All 64 mothers and 29 infants were given cotrimoxazole. A total of 16 infants were tested at 18 months, 15 of whom were not infected with HIV.



Dr. Bonane with an infant who received treatment from the PMTCT program and tested HIV negative at 18 months.

## Hope Quilts

Hope Quilts connects women quilters in the United States with women in the eastern Democratic Republic of Congo (DRC) who have suffered traumatic rape and extreme forms of physical and sexual violence. These abuses can result in fistula, a condition treated at HEAL Africa in DRC.

Fistulas require surgical repair. Infection as a result of the trauma is frequent and must be treated before surgery can proceed. Some women may have sexually transmitted



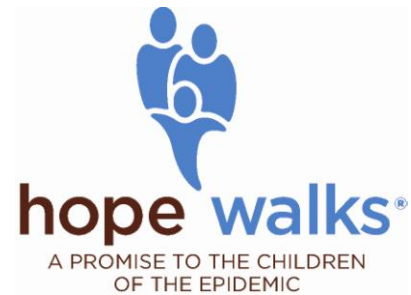
Quilts on display prior to their shipment to HEAL Africa.

infections if the fistula is a result of rape including syphilis, gonorrhea, and HIV. If the damage is severe surgeries may need to be repeated 2 to 3 times, extending hospital stays to more than 6 months.

With the support of Global Strategies for HIV Prevention, Hope Quilts was started in 2007 by Barbara Allen who leveraged the passion and skills of a small, but now rapidly growing, group of quilters. Over 200 Quilts have been provided to women with traumatic fistulas/VVF in Goma, Congo at Heal Africa Hospital. The quilts are a tangible gift to provide individual women with encouragement, comfort, and support.

## Hope Walks

Created in 2006, Hope Walks is dedicated to meeting the needs of orphans and vulnerable children affected by HIV, violence, or displacement in resource poor countries. The program educates children and their communities in the U.S. about challenges that orphans face and provides opportunity to raise funds to meet those challenges.



### Hope Walks Minneapolis 2008

- Second Hope Walks event
- 400 participants
- \$23,550 raised
- Funds supported the HEAL Africa Pediatric Mercy Fund/Children's AIDS Program –Democratic Republic of Congo

### Hope Walks Sacramento 2008

- Second Hope Walks event
- 700 participants
- \$17,360 raised
- Funds dispersed equally between:
  - HEAL Africa Pediatric Mercy Fund –Democratic Republic of Congo
  - Empowering Lives International Bukavu School – Democratic Republic of Congo
  - Agape International Missions – Cambodia

### Hope Walks Davis 2008

- Second Hope Walks event
- 250 participants
- \$6620 raised
- Funds supported Sahaya International – India

### Hope Walks East Bay 2008

- Third Hope Walks event
- 450 participants
- \$39250 raised
- Funds supported:
  - 75% Children of Grace – Uganda
  - 25% Hope Feeds: Lotoba – Democratic Republic of Congo



### Hope Walks Brea 2008

- 150 participants
- \$9400 raised
- Funds supported:
  - 75% Empowering Lives International Bukavu School – Democratic Republic of Congo
  - 25% Botshabelo – South Africa

### Hope Walks Nashville 2009

- Developed through partnership with the National Youth Leadership Council's annual Service Learning Conference
- 132 participants
- \$850 raised
- Funds supported Hope Feeds Liberia - Liberia

### Hope Walks Morristown 2009

- 105 participants
- \$8400 raised
- Funds supported the Foundation for Peace - Dominican Republic



## Hope Walks Minneapolis 2009

- Third Hope Walks event
- 475 participants
- \$14,250 raised
- Funds supported the HEAL Africa Pediatric Mercy Fund/Children's AIDS Program –Democratic Republic of Congo

## Hope Feeds

Hope Feeds, founded in 2008 addresses pediatric and maternal malnutrition in vulnerable populations. Hope Feeds is establishing a model of ready-to-use therapeutic food production to meet the needs of acute and chronic malnutrition.

The mission of Hope Feeds is to provide locally produced, nutrient-dense food to promote optimal health, growth and development in vulnerable pediatric and maternal populations in resource poor countries. Directed by Marian Roan, MPH, RD and Nanci Sebeniecher, Hope Feeds works to enable local communities, hospitals and churches to save the lives of children who would otherwise die of HIV/AIDS by making a formulated peanut butter based nutrition supplement. Hope Feeds programs target HIV positive children because the life-saving antiretrovirals drugs are nearly impossible to take without food. Not only does a supplement allow these children to take vital treatments, but simply by becoming better nourished the disease progression slows.

### **Hope Feeds 2008-2009 Highlights**

- Implemented and evaluated the pilot nutrition supplement production program in Goma, Democratic Republic of Congo.
- Conducted a nutrition supplement production feasibility study in Monrovia, Liberia
- Presented at outreach, education and fundraising Hope Walks events in Berkeley, CA and Marin, CA
- Pursued partnerships and networking with other organizations addressing child malnutrition and hunger.





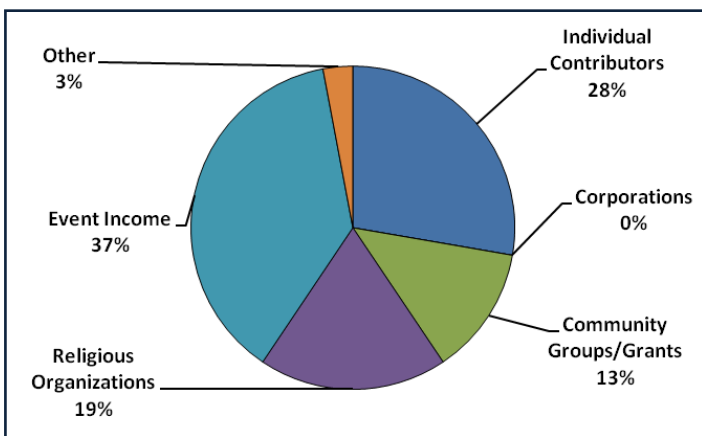
# Finances

## Fiscal Year 2009

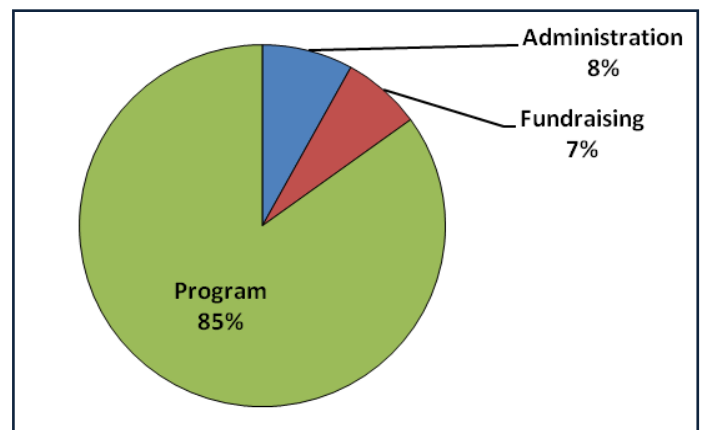
(Ending August 31, 2009)

Through our many generous supporters, Global Strategies for HIV Prevention generated \$564,000 in revenue. In compliance with best practices for non-profit financial management, 85% of this revenue was allocated to programs (\$479,400), 8% to administrative costs (\$45,120) and 7% to support fundraising efforts (\$39,480).

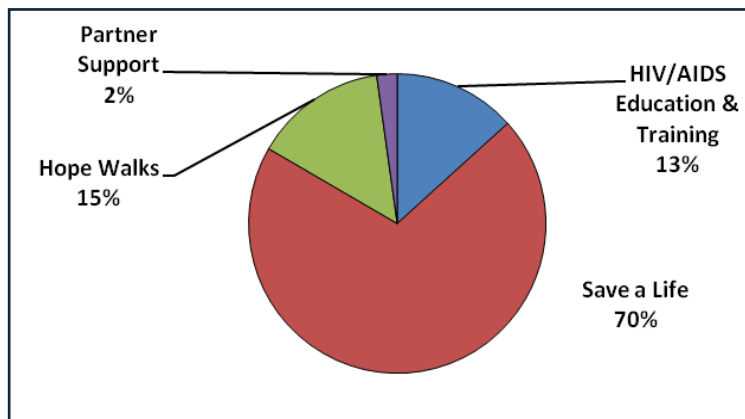
### Income



### Expense



### Program Expenses

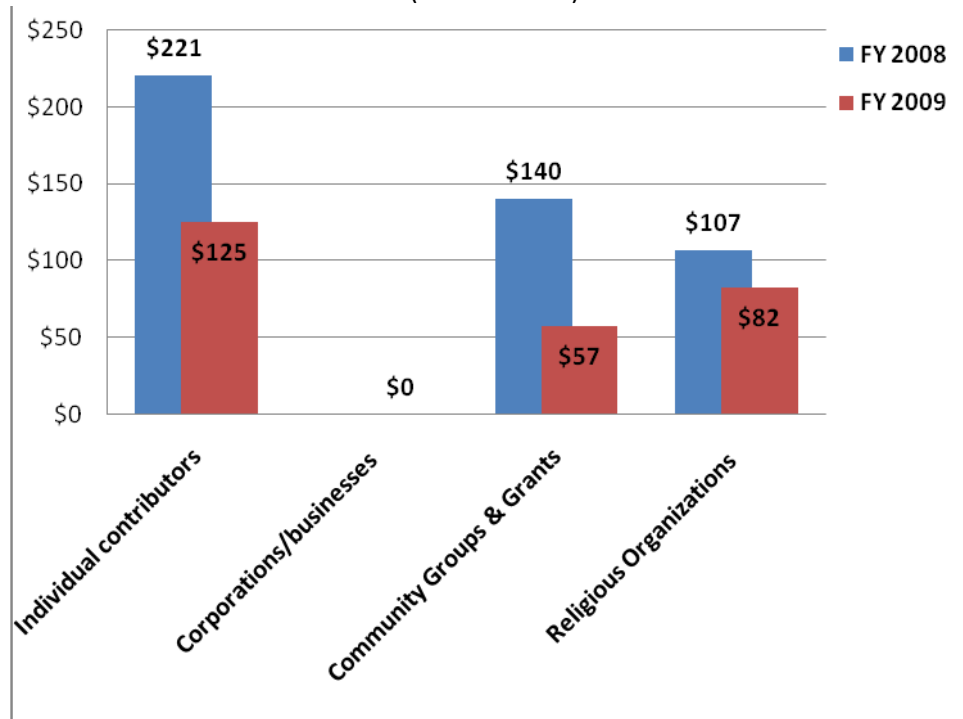


## Historical Comparison

### Income Comparison

FY08 and FY09

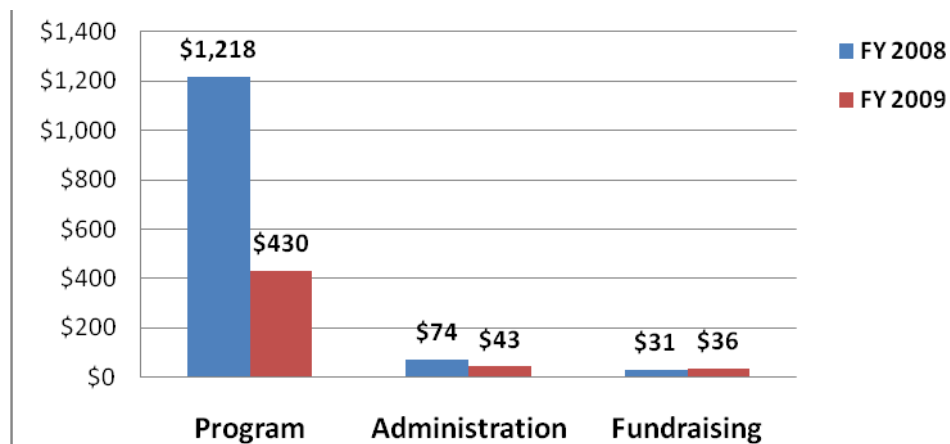
(in thousands)



### Expenses Comparison

FY08 and FY09

(in thousands)



# Organizational Structure

## Board of Directors

Our Board of Directors meets bi-annually to govern the organization through planning and policy development and financial oversight. The Board of Directors brings together various backgrounds and professional skills which diversifies the board, increasing discussion and well-rounded governance.

### Executive Board Members

Morgan Davis, Chairman  
Newport Beach, CA

Gretchen Miller, Treasurer  
Truckee, CA

Marilyn Ammann, Secretary  
San Rafael, CA

### Board of Directors

Tom Cowley, PhD  
Tiburon, CA

Ken Culver, MD  
Mendham, NJ

Ed Kagi  
Houston, TX

Ed Middendorf  
Tiburon, CA

Haynes “Chip” Sheppard, PhD  
Richmond, CA

Nanci Sebeniecher  
Baltimore, MD

Paul B. Tshihamba, M. Div  
Edina, MN

## Scientific Advisory Committee

Yunzhen Cao MD  
Chinese Academy  
China

David Ho MD  
Aaron Diamond AIDS  
USA

Grace John Stewart MD  
University of Washington  
Harborview Medical Center  
Kenya/USA

Richard Marlink MD  
Elizabeth Glaser Pediatric AIDS  
Harvard AIDS Institute  
Botswana/USA

Eddie Perez MD  
CENISMI  
Dominican Republic

Daniel Robbins MD  
Kapnek Trust  
Zimbabwe/USA

NM Samuel PhD  
Dr. MGR Medical University  
India

# Partners

## Cambodia

Agape International Missions

[www.aim4asia.org](http://www.aim4asia.org)

## India

Sahaya International

[www.sahaya.org](http://www.sahaya.org)

## South Africa

Botshabelo

<http://www.botshabelo.co.za/>

## Democratic Republic of Congo

HEAL Africa Hospital

<http://healafrika.org/cms/>

## Liberia

Hope Feeds

[www.hopefeeds.org](http://www.hopefeeds.org)

## Uganda

Children of Grace

<http://www.children-of-grace.org/>

Hope Feeds

[www.hopefeeds.org](http://www.hopefeeds.org)

Saint Joseph's Catholic Hospital

<http://perso.wanadoo.es/acvelasco/>

Empowering Lives International

<http://empowerlives.org/>

## Nigeria

Hope Feeds

[www.hopefeeds.org](http://www.hopefeeds.org)

Panzi Hospital

<http://www.panzihospitalbukavu.org/>

# Major Contributors

First Presbyterian Church of Berkeley

First Presbyterian Church of Fort Collins

Christ Presbyterian Church

Africa Education Initiative (NEF)

Robert James Frascino AIDS Foundation

Friedland Foundation

Catholic Medical Missions Board

Upper Room

Twin Lakes Church

Skyland Community Church

First Presbyterian Church of Boulder

West End United Methodist Church

The Crowell Trust

John M. Lloyd Foundation

Winifred Stevens Foundation

Los Altos Rotary AIDS Project

Stephen Lewis Foundation