Strategic Plan 2021-2025

Accelerating Impact
Our Vision

A world where health outcomes are not determined by who you are or where you live.

Our Mission

GAIA strengthens healthcare in underserved African communities.

Improving health at the far end of the road.

Across sub-Saharan Africa, the majority of people live in rural areas and often endure a day-long walk to the nearest health facility. Lack of access to healthcare puts millions of lives at risk, especially the rural poor who suffer from a high prevalence of preventable and treatable diseases like HIV, malaria and tuberculosis. In Malawi, 68% of the population live in extreme poverty; this rate is even higher in rural areas. Poverty contributes to poor health outcomes, low life expectancy, adolescent pregnancy, and rapid population growth, out-pacing economic development.

The Malawi Ministry of Health and Population is working towards universal health coverage, but 83% of the country’s 15 million residents live in rural areas, and nearly one quarter live at least 5 kilometers from the nearest fixed facility—a distance they usually walk, as they can’t afford transportation. In addition, Malawi faces a chronic shortage of healthcare workers, with 62% of nursing positions in public facilities vacant, greatly affecting accessibility and quality of care in a country with an already fragile health system.

Despite these challenges, complicated further by the COVID-19 crisis, Malawi has made extraordinary progress on a number of health fronts, most notably in the battle against HIV. In 2015, UNAIDS issued a global call to achieve “90-90-90” by 2020—90% of people living with HIV (PLHIV) aware of their status; 90% of these individuals on treatment; 90% on treatment achieving viral suppression—which would put the world on pace to end the AIDS epidemic by 2030. In July 2020, Malawi was one of only ten African countries to achieve the UNAIDS targets, and immediately raised the bar with a goal of achieving 95-95-95 by 2025. Despite this laudable milestone, demographic data reveals key gaps in the progress against HIV globally as well as in Malawi, with children, rural populations, and other vulnerable groups lagging behind in testing and treatment. Furthermore, while Malawi has recently experienced an increase in life expectancy (helped by the rapid roll-out of HIV antiretroviral therapy) and a decrease in maternal and infant mortality, these successes could be dwarfed by the challenges posed by a predicted doubling of the population in the next 20 years.

GAIA aligns its work with the United Nations Sustainable Development Goals and the Malawi Ministry of Health’s strategic priorities (Health Sector Strategic Plan II and National Community Health Strategy, 2017-2022). GAIA works with local governments and implementation partners to move towards Universal Health Coverage of quality, equitable, and affordable healthcare to improve the population’s health status.

Over the next five years, GAIA will leverage the credibility, connections, and capacity that we’ve built over our first 20 years to accelerate our programmatic impact both today and tomorrow.
GAIA: Improving Health at the Far End of the Road

GAIA believes that everyone deserves access to quality healthcare, no matter where they live or who they are. In partnership with government and local communities, we strengthen health systems by filling gaps in the healthcare grid now and increasing capacity for the long term.

We provide **community-based health services** and health education to under-served populations in rural communities, while providing **health workforce development** and promoting equitable deployment of frontline providers.

**Community-based healthcare**

Improving health now

Where fixed health facilities are limited, chronic conditions are on the rise, and infectious diseases require timely, flexible responses, GAIA brings healthcare to the community. Mobile outreach services are proven to effectively fill gaps in the existing healthcare grid and can shift priorities as needs and context change.

- **GAIA’s mobile clinics** provide basic primary healthcare to meet the needs of the local community where gaps in health infrastructure exist.
- **Our village-based outreach programs** focus on health education, disease prevention, and proactive healthcare in the communities surrounding mobile clinic sites.
- **GAIA provides sexual reproductive health services** that are **youth friendly** and help limit HIV transmission through our community-based HIV testing services and follow-up care.

**Health workforce development**

Increasing capacity for the future

In response to chronic need and limited government resources for health, GAIA builds long-term health infrastructure by funding the next generation of frontline healthcare workers. Working with the Ministry of Health and Population and partnering with local universities, GAIA supports the education and deployment of needed health worker cadres.

- **GAIA’s Nursing Scholarship Program** provides wrap-around support for economically disadvantaged nursing students so that high quality health workers are trained and immediately licensed. Scholarships, clinical supplies, psychosocial support, a monthly stipend, and a post-graduation service commitment ensures students can complete their studies on time and will be retained in the local health workforce.
- To ensure equitable human resources for health throughout the region, we work with governments to **deploy new health workers**, providing yearlong fellowships to bridge the gap between graduation, licensure, and deployment to permanent positions.
- At the community level, GAIA provides **in service training and certification** for rural clinic staff and community-based health workers.
Throughout our 20-year history, GAIA has decreased deaths due to preventable and treatable conditions and improved lives in remote, rural communities. Two million+ mobile clinic visits and targeted community outreach efforts resulted in:

**Our Impact**

With GAIA’s Support, the number of HIV+ people on life-saving antiretroviral therapy (ART) in Malawi **more than tripled** and AIDS-related deaths **decreased by almost 60%** since 2010. And malaria deaths in children were **cut in half** between 2006 and 2015. In the districts where GAIA works closely with the District Health Offices (DHOs) to provide outreach health services, the number of people enrolled in ART has **increased by two thirds** since 2015, and the percentage of those who are virally suppressed (non-infectious) has **increased by 50%**. Working with the DHOs, GAIA has been a key partner in Malawi’s success in achieving the bold 90-90-90 targets for ending the AIDS epidemic.

**Our Work**

- HIV tests conducted, with a decrease in positive results from 23% (2008) to 4% (2020) as those testing positive are connected to and retained in treatment, halting onward transmission.
- 460,000 & 90,000 malaria and pneumonia cases treated, respectively, both key drivers of under-five mortality.
- 79,000 sexual and reproductive health consultations, enabling safe birth spacing and improving maternal, neonatal, and women’s health.
- 35,000 orphans and vulnerable children provided with education and psychosocial support, reducing school dropout, HIV risk, and adolescent pregnancy and marriage.
- 500 nurses graduated and deployed. GAIA health worker graduates comprise 10% of all nurses working in Malawi’s public health sector and employed nationwide.
- 24 peer-reviewed journal articles disseminating knowledge of what works in remote and rural, high disease-prevalent areas, informing discourse among the global health community.

**GAIA’s Theory of Change**

Our theory is that if rural communities have access to easily available and acceptable healthcare of high quality, and we create an enabling environment for people to utilize those services, they can optimize their health and thrive. See GAIA’s Monitoring, Evaluation, Research, and Learning Strategy to learn more.

- People in rural communities **thrive**, living healthier and more productive lives
- Morbidity and mortality due to preventable and treatable conditions are **reduced**
- Health literacy improves
- Preventative and health seeking behaviors increase
- Health systems are strengthened
- Rural communities have access to quality healthcare that is **accepted locally**
- Young people, especially women, are **empowered** socio-economically
- The availability of qualified health workers increases

GAIA provides **community-based healthcare** through
1. Community outreach and education
2. Mobile health clinics

GAIA provides **health worker training support** through
1. Pre-service and in-service health worker training
2. Deployment support for health workers

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History and Structure

In 2000, Episcopal priest Bill Rankin and renowned neurosurgeon Dr. Charlie Wilson founded GAIA to increase health equity globally and to bring life-saving HIV treatment to the countries most impacted by the AIDS epidemic. Throughout our history, GAIA has expanded our services to provide compassionate, client-centered healthcare to meet immediate needs while strengthening Malawi’s healthcare workforce for the long-term.

In 2007, GAIA Malawi was formally established as an independent, but closely aligned, entity to the U.S. organization. With its own self-selected Board of Directors and a 100% Malawian staff, GAIA Malawi works closely with GAIA U.S. to design and execute cost-effective program responses to the evolving health needs of Malawi’s rural poor. All program interventions are developed with key input from the communities served and executed in partnership with the Government of Malawi, Ministry of Health and local and international NGOs.

Our Guiding Principles

**Health equity.** All people, regardless of circumstances, deserve access to quality care.

**Empathetic care.** Our work is human centered, focusing on the client, not merely preventing or treating the illness. Our staff and frontline health workers serve clients with complex healthcare needs. Our programs are specifically designed to be inclusive and to destigmatize care, meeting clients where they are, literally and figuratively.

**Local leadership.** GAIA believes local leaders with on-the-ground experience are best placed to design and implement our evidence-based programs. GAIA Malawi’s team is 100% Malawian.

**Community-driven.** Program effectiveness and sustainability require the direct involvement of those GAIA serves in both planning and program implementation. Through years of delivering on program promises and addressing needs identified by the community, GAIA has earned the trust of the local residents and their leaders.

**Impact-driven.** Programs must be evidenced-based, accountable, and provable. We rigorously test our initiatives and promote the replication of successful models, to ensure the broadest possible impact.

**Integrity and transparency.** GAIA is accountable to its clients and partners and delivers on its promise to use resources efficiently.

**Sustainable, adaptable solutions.** GAIA provides healthcare that will meet the evolving needs of the population and be sustained for the long term. Our community partners keep a pulse on what is working well, and what is not, so we can adapt quickly to the changing health landscape and context in which we work.

**Collective impact.** No organization can reach ambitious goals alone. GAIA harnesses the power of partnerships with local and national governments, local and international non-governmental organizations, and Malawi- and US-based institutions to solve the greatest health problems in the areas in which we work.
Strategic Plan 2021-2025

Over the next five years, GAIA will leverage the credibility, connections, and capacity that we’ve built over our first 20 years, accelerating our program impact, both today and tomorrow.

We will double the number of Malawians receiving Community-Based Services in the short term. We will double the number of GAIA Nursing Graduates working in health facilities nationwide, altering the health infrastructure for millions of Malawians for the long term.

GAIA aligns its programmatic goals and objectives with the 3rd United Nations Sustainable Development Goal (SDG): Good Health and Well-Being by committing to the following bold SDG targets by 2030:

- End the epidemics of AIDS, tuberculosis, malaria and other neglected communicable diseases;
- Reduce by one-third the premature mortality from non-communicable diseases through prevention and treatment;
- Ensure the universal access to sexual and reproductive healthcare services, including for family planning, information and education;
- Achieve universal health coverage and access to essential healthcare services, and
- Increase the recruitment, deployment, training and retention of healthcare workers.

Programmatic Goals and Objectives

Goal 1: Empower vulnerable individuals and communities to optimize their health in rural sub-Saharan Africa

Objective 1: Improve health literacy and promote healthy behaviors related to life-threatening communicable and non-communicable disease and sexual and reproductive health for 2 million Malawians.

2025 Targets:

- Achieve 95-95-95 HIV treatment targets for men, women, and children
- Reduce malaria case volume by 25%
- Reduce incidence of uncontrolled blood pressure by 30% and hypertension client volume by 50%
- Increase demand for sexual reproductive health services by 50%

Goal 2: Strengthen the capacity of the health system to ensure universal health coverage where we work

Objective 2a: Increase availability of high quality, community-based healthcare for low-resourced rural populations across 6 southern districts of Malawi.

2025 Targets:

- Improve coverage of essential health services in new service areas by 50%
- 100% of clients in GAIA service areas have access to healthcare within 3km of their homes
- 95% of clients found HIV positive are linked to and sustained on treatment
- Eliminate unmet need for sexual and reproductive health services
- 50% increase in service utilization among men

Objective 2b: Increase the availability of qualified health workers, specifically nurses, employed at government health facilities nationwide.

2025 Targets:

- Double the number of GAIA supported annual graduates of health worker training programs
- 90% of GAIA health worker training program graduates are employed within 12 months of licensure
- 95% of GAIA graduates are retained in the health sector for at least 4 years beyond graduation
- Support the government’s goal to increase public sector nursing staffing levels by 50%
Organizational Goals and Objectives

To increase our impact between 2021 and 2025, GAIA will build upon its already strong infrastructure towards the following organizational goals:

1. **Foster the independent sustainability** of GAIA Malawi. GAIA US will provide technical assistance to increase direct funding and local support for GAIA Malawi. The foundation of our work is supporting GAIA Malawi leaders to build local capacity. Our locally-led Malawi team has been extremely successful, not only building the capacity for the long-term workforce, but independently winning large awards to support the organization’s mission.

2. **Enhance and expand partnerships** with governments and other NGOs to increase reach and impact. GAIA will seek to scale programs with and through existing government health and educational infrastructure.

3. **Build the staff and organizational capacity** required to reach organizational goals. GAIA will hire additional staff in finance, communications, and monitoring and evaluation to ensure that we maintain quality and integrity as the organization grows.

4. **Strengthen organizational systems** to increase reach and impact. Harmonize financial accounting systems between entities, align information management and security procedures with industry best practices, and digitize all program-level data.

5. **Diversify funding and increase fundraising capacity to match programmatic expansion.** GAIA will more than double its 2020 budget, via steady growth in donation income—individuals, families, religious organizations, and events—along with a sharp increase in foundation and institutional grants and contracts. The primary growth opportunity is in institutional funding—such as USAID and The Global Fund—directly to GAIA Malawi, requiring expanded technical assistance from GAIA US, specifically in proposal development, donor reporting, and expanded finance capacity. Overall, we strive to grow multi-year institutional funding three-fold over the next five years, while simultaneously increasing flexible unrestricted donation income by 50% through improved marketing and communication systems.

6. **Expand our footprint.** Scale outreach health services throughout Malawi, and redouble our efforts to support health worker training and deployment within Malawi, Liberia, and other sub-Saharan African countries to improve density and distribution of local healthcare workers.

**Geographic Focus**

GAIA partners with the local governments and Ministries of Health to determine priority services and sites, to share costs, and to ensure we adapt to changing local needs and emerging challenges.

While building on our track record of success and critical relationships across Malawi, as resources and opportunities permit, GAIA will seek new partnerships within Malawi and additional sub-Saharan African countries to improve access to healthcare in rural areas and build the health workforce.