



AFRICA - RESPONDING TO HIV/AIDS

JUSTICE BRIEFING 15.



"They set out and went from village to village, proclaiming the good news and healing people everywhere.
Luke 9:5-7

Twenty two million people are living with HIV/AIDS in sub-Saharan Africa.

14.8 million African children have lost one or both parents to the Virus.

SIGNS OF HOPE

The Millennium Goal of halting and reversing the spread of HIV/Aids by 2015 will not be achieved. However, there are signs that the thirty year old pandemic has begun to stabilise.

According to UN AIDS major progress has been made in Africa, largely due to the rapid expansion of affordable ART or antiretroviral therapy which prevents deaths and greatly improves the quality of life experienced by those infected with the virus. **"For the first time change is happening at the heart of the epidemic.... In places where HIV was stealing away dreams, we now have hope."** "Epidemics in Ethiopia, Nigeria, South Africa, Zambia, and Zimbabwe have either stabilized or are showing signs of decline." An estimated 320,000 (or 20%) fewer people died of AIDS-related causes in 2009 than in 2004.

While there are signs of hope, for millions HIV still brings misery, suffering and death. The human, economic and social cost of HIV/AIDS is enormous. It continues to decimate families, communities and to undermine development in countries across Africa.

The UN estimates that, in Africa, nearly ten million HIV positive people still do not have access to the Antiretroviral medicines they need.

LESSONS LEARNED

In the last decade much has been learned about understanding, preventing and treating HIV/AIDS. In the next ten years using this learning will be at the heart of efforts to turn the tide in the fight against the virus.

We now know that infections can be drastically reduced through wider use of existing means that include drugs, education and better procedures. The prevention of mother to child infection is now possible in almost all cases. Commenting on the 80% success rate in preventing such transmission in Botswana and South Africa, Dr Paul De Lay of UN AIDS said: **"We're on the right track, we've shown what works and now we need to do more of it."**

The availability of combination medicines, i.e. single doses that contain a number of ART or Antiretroviral drugs has made treatment less complicated, easier to adhere to and therefore more successful. It has been learned that beginning treatment earlier than previously recommended helps prevent the contracting of ancillary diseases such Tuberculosis, the single largest cause of death among those living with HIV. Yet another sign of hope is that we now know that ART makes the transmission of HIV between partners 92% less likely. The World Health Organisation estimates that the number of people newly infected with HIV could be reduced by up to one million annually if its new guidelines to begin treatment earlier are implemented.

More effective procedures have also been learned. Better education programmes and the moving of HIV testing, counselling and treatment into communities away from central medical institutions have helped to increase awareness, prevent infections, and make treatment more effective and widely available. In South Africa, Kenya and Uganda research has shown that male circumcision reduces the risk of contracting HIV by sixty percent.

The hunt for a HIV vaccine is on-going. Clinical trials on over seventy possible vaccines have taken place with the best result a 31% lowering of the infection rate. While this was deemed not good enough it does give hope that a better vaccine will be found.



HIV/AIDS - A CHALLENGE TO FAITH AND JUSTICE The 2009 African Synod of Bishops, recognising the HIV/AIDS epidemic as a challenge to human development, committed to a response that goes beyond medicine or changes in human behaviour. The Church response must also include the related issues of gender, education, environment, employment, and poverty. Central to this response is the provision of pastoral care which includes access to medication, food, counselling and the care, without stigma or discrimination, to orphaned children, the bereaved and to those living with HIV.



Fr Michael Kelly SJ who has written much on the Church's response to the epidemic says, "HIV/AIDS highlights and magnifies the ethical implications of existing situations, such as widespread poverty or the unjust treatment and exploitation of women. In other cases, HIV/AIDS raises new issues with ethical dimensions, such as stigma and discrimination or access to antiretroviral drugs." In many circumstances, responding to these issues is about changing injustices that should not be; or at least making these situations better". In Africa Catholic Church agencies are providing a quarter of all HIV care services available. These work to change "what should not be" and to change the situation of those suffering from HIV by making it better.

Faith and justice demand pastoral responses that encompass love of neighbour, respect for human dignity and solidarity.



The battle against AIDS ought to be everyone's battle.. I ask pastoral workers to bring to their brothers and sisters affected by AIDS all possible material, moral and spiritual comfort. I urgently ask the world's scientists and political leaders, moved by the love and respect due to every human person, to use every means available in order to put an end to this scourge." *Pope John Paul II, Ecclesia in Africa, 1995*

A CHRISTIAN RESPONSE

In Shinyanga Diocese, Tanzania, Our Lady of Apostles (OLA) Sisters have been involved in responding to HIV/ AIDS since 1991.

Back then those who were HIV positive had little hope of survival and no hope of treatment. Twenty years later in 2011, two OLA managed Dispensaries in the Diocese have vibrant prevention programmes, testing facilities, care and treatment programmes, support groups for those living with HIV and home based care coordinated in the communities. Many HIV positive people now have long and fulfilling lives.

Stigma is a major challenge for those living with HIV/AIDS. In 2008 the Sisters opened Bethany Medical Centre in Fada N'Gourma, Burkina Faso. This has been described, by the local Bishop Mgr. Paul Ouedraogo, as being *"an expression of the compassion of the Church towards the sick, particularly to those marginalised by HIV/AIDS"*. In the Centre stigma is challenged by Sisters and Staff who do their best to be the compassionate face of Jesus. Bethany is nationally recognized as a centre designated to respond to HIV/AIDS.

Also in 2008, the OLA Sisters opened a mission in Botswana, a country with one of the highest HIV prevalence rates in the world. Here work with HIV/AIDS patients, their children and families is a priority. The Sisters run a pre-School with a high percentage of AIDS Orphans enrolled. They also have a social and health project dealing with HIV/AIDS challenges at community level. The Sisters work hard to ensure a community approach to combat the virus: government officials, local chiefs, councillors and Church leaders are included. Many support groups have been established, some giving skills training to generate income for Families.



ABC: An Approach to Prevention

In the late 80's new HIV infections began to decline in Uganda due to the introduction of the "ABC approach" aimed at changing sexual behaviour. Strong leadership involving State, Church and NGO's promoted this effective public education campaign.

The ABC programme aims at prevention and is focused on informing young people by addressing the behavior, attitudes, and culture that spread the disease. Uganda opted for Abstinence and Fidelity, and allowed quiet promotion of the condom. This became known as the "ABC" approach. In the Church programme, the "c" for condom was replaced with "c" for character formation, and later community involvement.

One of the many ways in which the Catholic Church contributes to the struggle against HIV/AIDS in Africa is through continued education. Based on the ABC model a programme called 'Education for life - a behaviour change' programme became widely used in the prevention of/and fight against HIV/AIDS. This was developed by Sr. Kay Lawlor, Medical Missionaries of Mary and Sr Miriam Duggan, Franciscan Missionaries both based in Uganda at the time. This programme came out of a deep belief in the Person and in their capacity to change.

THE FUTURE - BLOCKS TO PROGRESS

Over the next decade providing ART to the millions who need it, together with measures to prevent transmission, will be the main strategies aimed at progressively reducing the HIV/AIDS pandemic to more manageable proportions. New drugs and more effective combination medicines will also help while research for the so far elusive vaccine will also continue.

However all of these measures depend on the continued investment of the resources needed to fund them. These are in doubt. **Just as the knowledge, medicines and methods needed to turn the tide are becoming known, the means to provide them may be blocked.** In the current economic crisis the political will and financial commitment of wealthier nations to the eradication of the pandemic is weakening. Without funding healthcare providers and governments in Africa will not be able to maintain existing service levels and have no chance of meeting the new WHO treatment recommendations. Antiretroviral treatment and prevention Programmes in Africa will not continue never mind expand.

Another worrying development are the trade protection policies that the US and European Union (EU) are attempting to adopt. As a result pressure is being brought to bear on India's pharmaceutical industries to abide by patent regulations. If successful this would prevent the production of cheap generic versions of new ART medicines that will be needed as older drugs become less effective. Medicines sans Frontiers described these developments as **"a double blow that may mean the difference between turning back the tide of HIV and watching the pandemic grow."**

Added to this new EU legislation aimed at protecting intellectual property rights may, in affect, class legally produced generic drugs as counterfeit leading to their seizure by customs and also the prosecution of agencies and organisations who buy, ship or use them.

In response to these dangers NGO's and faith based organisations have called for the world community to meet their funding responsibilities and for the US and EU to cease efforts that will prevent the availability of affordable ART medicines. It is only by continuing the effort to expand care, prevention and services to victims of HIV/AIDS that the progress of the pandemic can be reversed.

