

“Although the problem of AIDS clearly calls for a medical response, the problem goes deeper... which demands a global response from the Church.”

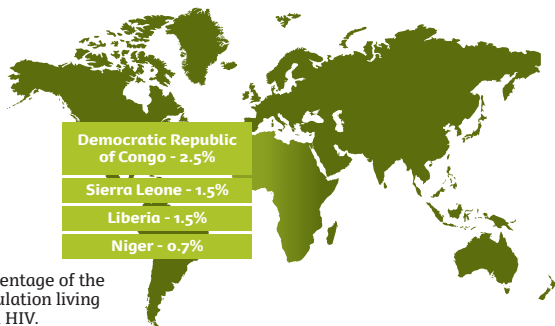


West Africa & Great Lakes

Democratic Republic of Congo

Jules is CAFOD's Advocacy Programme Officer in DRC and part of our multi country HIV team. The focus of CAFOD's work in DRC is on peace building, improving people's livelihoods and ensuring the mining industry works to support the local communities. In this context, HIV and AIDS is an issue that cannot be ignored. The use of rape as a weapon of war has led to an increase of HIV among women. Also there is usually a high concentration of people living with HIV working in and around the mines. The majority of people with HIV are without treatment in Democratic Republic of Congo.

Jules is working with our partners on integrating HIV into other projects. Often the challenges can be similar in other countries, even though the context may be different. For example CAFOD's HIV work in Colombia also works with the mining industry and so CAFOD's HIV team can share their experiences and the lessons from their work.



Percentage of the population living with HIV.



www.cafod.org.uk/Campaign/Get-clued-up/HIV-and-AIDS

All statistics are from UN - 2012 UNGASS Reports | November 2012
Photos credited to Annie Bungeerth, Bridget Burrows and Simon Rawles

Printed on 100% recycled paper



Why, Where and How
CAFOD is working
on HIV and AIDS

CAFOD's Response to HIV and AIDS

“HIV and AIDS is still a global concern and we are redoubling efforts to ensure universal access to HIV prevention, treatment, care and support and to eliminate mother to child transmission of HIV.”





CAFOD has prioritised HIV since the start of the epidemic because our faith calls us to walk alongside those most affected by poverty and injustice. People infected and affected by HIV suffer from both physical ailments, stigma and prejudice. Our faith requires that we respond to HIV through our CAFOD values of compassion and solidarity. We recognise the dignity of the human being which is not based on what a person does, rather on who they are created in the image and likeness of God.

Why HIV?

HIV and AIDS has been a critical challenge for the world since the 1980s, with about 30 million people having died because of AIDS. The virus not only infects individuals, but also affects families, communities and countries through diminishing the workforce and increasing the burden of care. Medical advances have extended life expectancy, improved quality of life and reduced numbers of new infections, but much remains to be done to address the social issues such as stigma, taboo and misinformation. Today more people than ever (32.4 million) are living with HIV, but only half of the people who need treatment are actually receiving it.

What has our faith got to do with it?

Faith based organisations can exacerbate the problem of HIV by failing to talk about or provide full and accurate information, potentially leading people to hide their status due to fear of stigmatisation. But, Faith organisations are often the best at responding to HIV due to:

- The outreach they provide of high quality services and standards of care and values
- The spiritual mandate they have to provide emotional and spiritual support
- The influence that Faith leaders can have on changing attitudes and behavioural practices in communities and with governments
- The long term commitment of Faith communities to work on HIV long after the project funds have dried up, ensuring high impact and sustainability.

Why CAFOD?

Despite a tremendous initial response to HIV, it is now being forgotten. For CAFOD it remains a priority. CAFOD has long been recognised as a leader in the HIV sector and has been there since the outbreak of the epidemic, working with local partners and leading on strategic programme responses and theological reflections on HIV.

CAFOD's focus has always been on:

1. Care and Support
2. Prevention
3. Advocacy

HIV Timeline

■ CAFOD ■ Globally

First reports from CAFOD staff and partners of 'slim disease' affecting communities and CAFOD funded project staff

First CAFOD HIV post created



89 HIV and AIDS projects in 18 countries. CAFOD is asked to be the lead agency for HIV on behalf of CARITAS Internationalis

Kofi Anan declared that the "HIV and AIDS crisis is not about a few foreign countries far away. This is a threat to an entire civilisation. This unprecedented crisis requires an unprecedented response..."



CAFOD Multi-country HIV team established



CAFOD presents work on Care & Support at the Vienna International AIDS Conference

CAFOD starts up the Stigma Reduction Initiative, involving networks of people living with HIV and Faith leaders to help reduce stigma surrounding the virus

1981
1985
1986
1987
1990
1991
1996
1997
1999
2003
2004
2005
2007
2010
2011
2012

First documented cases of what would later be identified as AIDS

HIV is made a priority development concern for CAFOD

The first drugs for HIV are developed

Around eight million people living with HIV worldwide

Newer, more effective, drugs for treating AIDS are developed

Around 22 million people living with HIV worldwide



The '3 by 5' campaign is launched. Aiming to have three million people on treatment by 2005

CAFOD presented a paper on its approach to HIV prevention at the International AIDS Conference in Bangkok

Around 33 million people living with HIV worldwide



Trials showing that early initiation of HIV treatment can hugely reduce the transmission of HIV in couples where one partner is HIV positive and the other is not



“before, I had to walk even further for water. My health suffered. I became thin and weak.”



Southern Africa

THE FACTS

- Southern Africa is the region most affected by HIV and AIDS in the world
- The percentage of people living with HIV ranges from 11 per cent in Malawi to 26 per cent in Swaziland
- The majority of new infections are in the 20-29 year group
- The most at risk groups are married women, people with disabilities and fishing communities
- The majority of CAFOD's HIV work is in this region. CAFOD has worked here for over 20 years
- CAFOD supports 15 partner organisations working with people living with HIV across Malawi, Zambia, Zimbabwe and Mozambique

Zambia

Winifreda Malilave, 38, is HIV positive. She has benefitted from being part of a CAFOD funded garden which helped her recover from an illness caused by HIV. For HIV drugs to work properly it is important to eat well. Selling produce from the garden has also provided extra income for Winifreda and her family. This is extremely important as being HIV positive often involves extra costs: *“The medication is free but our problem is how to get it – it’s a long walk for us. Sometimes we sell a chicken to pay for the bus and come back to the house on foot.”*

A CAFOD funded water borehole also means Winifreda and her family can access clean water much more easily: *“before, I had to walk even further for water. My health suffered. I became thin and weak.”*

Family means everything to Winifreda and she thanks God every day for blessing her with children. She doesn't want HIV to be a secret or something to fear – she wants her children to be able to talk about HIV openly and know how to avoid it.



Percentage of the population living with HIV.

“I was very happy and relieved when I realised my baby was HIV free.”



East Africa

THE FACTS

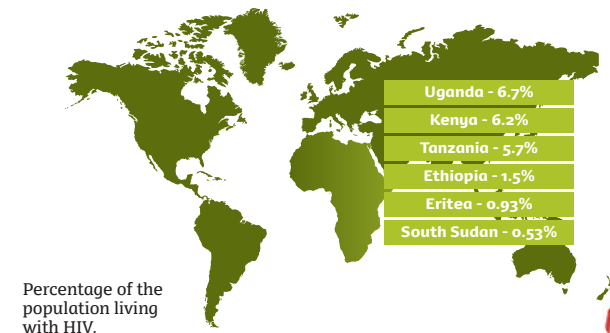
- East Africa has a high percentage of people living with HIV, reaching 6.7 per cent in Uganda.
- 1.2 million people in Ethiopia are living with HIV and there are 1 million children orphaned because of AIDS
- The greatest proportion of people living with HIV live in the urban areas
- CAFOD's first HIV work was in Uganda in 1986. CAFOD is currently working in 6 countries and supports 20 partners in the region

Ethiopia

Mihret Mehari is a 32 year old HIV positive woman living in Ethiopia. As part of a CAFOD funded project she receives advice about taking her HIV treatment, support from other members of the community and information on HIV. Mihret had been doing well until she learnt that she was pregnant, but following advice and counseling from the project, she learnt that it was possible for her to prevent transmission of HIV to her child and subsequently gave birth to a baby girl, Dagmawit.

“I was told to bring my child to hospital for a checkup, when she was one and half years old. That was the longest one and half years of my life. I was very happy and relieved when I realised my baby was HIV free.”

Mihret now plans to take a loan from the CAFOD funded project to start a small business to support herself and her family.



Percentage of the population living with HIV.

“Before SCC came people here didn't know much about HIV and AIDS.”



Asia

Cambodia

Savoeun, 35, is HIV positive and receives support from CAFOD's partner Salvation Centre Cambodia (SCC).

Stigma and discrimination remain a huge challenge in the fight against HIV, and this is an area where CAFOD partners can make a big difference. *“Before SCC came people here didn't know much about HIV and AIDS. They discriminated against me. They didn't want to buy goods from me or come to my house. But now they have the knowledge and there is less stigma.”* Savoeun also receives very practical help from SCC. She has to go to her nearest hospital to get her HIV treatment every three months and the project provides transportation for her.

“Before SCC came to help I found it very difficult to get my HIV treatment. I had to sell our rice to get enough money to go to the hospital.”



Percentage of the population living with HIV.

“It's nice to share our knowledge with other teenagers who right now don't know much about HIV.”



Central & South America

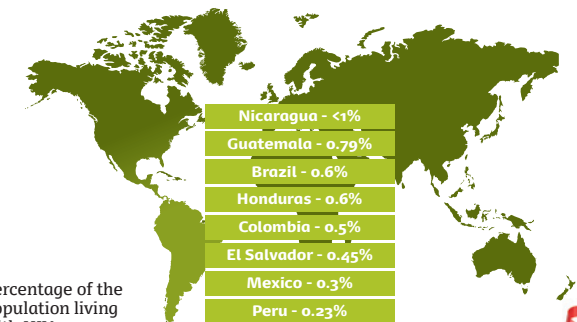
Peru

Our partner organisation in Peru is working with young people to help them know how to lessen the risk of HIV. They believe the best way of doing this is to listen to and be guided by the young people themselves.

Lucía, 16, is from the 'Among Friends' project in Lima, one of six youth groups that we are working with in Peru. They work together to lobby the local authorities to make changes to school education, local health services and government policy so that more young people are fully aware of the risk of HIV.

“This year we asked our mayoral candidates to commit to taking forward our recommendations on youth education and healthcare. We are now monitoring how the elected mayor does this.”

“We also teach other young people what we have learned. It's nice to share our knowledge with other teenagers who right now don't know much about HIV.”



Percentage of the population living with HIV.

THE FACTS

- The HIV epidemic has stabilised in many countries across the region
- Considerable progress has been made, with increasing numbers of people on treatment who are therefore living longer
- Access to services has reduced mother to child transmission of HIV
- There is a high risk of contracting HIV among injecting drug users, men who have sex with men and sex workers
- CAFOD has worked in the region since 1993 and currently works with 10 partners across Myanmar and Cambodia on HIV

THE FACTS

- The HIV epidemics of Central and South America haven't changed in recent years
- Between 1.3 and 1.9 million people are living with HIV and AIDS in the region
- Access to treatment has led to an increase in the number of people living longer with HIV, due to the drugs they can now take
- Men who have sex with men are at the greatest risk of contracting HIV
- CAFOD has been working in the region for over 30 years and is currently supporting 13 partner organisations working on HIV and AIDS across 9 countries on HIV work