The Impact of HIV/AIDS on Development, with Special Focus on Africa

Presentation by Rev. Msgr. Robert J. Vitillo

Special Advisor on HIV and AIDS

Caritas Internationalis

at Development Aid and Cooperation 2008 Conference

Sponsored by Caritas Slovakia

Bratislava, 09 October 2008

Please allow me to begin by expressing my appreciation for your kind invitation to join you today and to reflect with you on the serious development challenges posed by the pandemic of HIV to our sisters and brothers in Africa. Let us not deceive ourselves, however, into thinking that we can rest assured and comfortable in the delusion that those of us living in Europe or in other high-income parts of the world will remain somehow protected from these challenges. In view of the rapid and unrelenting trends of globalization, the world indeed is becoming a "global village". Thus each and every citizen of this "village" must share the suffering of those most directly affected by the HIV pandemic, must make every effort to mitigate its tragic impact, and must participate in serious efforts to prevent its further spread.

In order to appreciate this urgent situation, however, we first must gain an overview of its dimensions. Thus let us review the latest estimates reported by UNAIDS, the joint, co-sponsored structure of the United Nations that is charged with mobilizing and coordinating the global response to HIV and AIDS.

Dimensions of the Global Pandemic[1]

In 2007, the estimated global number of persons living with HIV was 33 million; this represents a reduction of 16% when compared with the estimates published by UNAIDS in 2006.

The most significant reason for this reduction was the intensive exercise to assess the HIV epidemic in India, which resulted in a major revision of that country's estimates. Important revisions of estimates, elsewhere, particularly in sub-Saharan Africa, also contributed to this decrease. Moreover, in both Kenya and Zimbabwe, there was increasing evidence of a reduction in new infections, which, in part, is due to a reduction in risky behaviors.

Epidemiologists also report that the number of annual new HIV infections has decreased. Globally, HIV incidence (the number of new HIV infections per year) peaked in the late 1990s, when some 3 million new infections occurred each year. In 2007, some 2.7 million new infections were estimated to have occurred. This reduction in HIV incidence is thought to reflect natural trends in the epidemic as well as the success of some prevention programmes which have led to behaviour change to avoid risk of HIV transmission and/or infection.

In 2007, the number of deaths due to AIDS-related illnesses was estimated to be 2 million. Decline in deaths due to AIDS during the past two years is partly attributable to scaling up of anti-retroviral treatment services,

Thus, if we dare to label it as such, we have a bit of "good news" with regard to current global dimensions of the pandemic. However, before "striking up the band" too quickly, let us return to the micro level and survey the impact of HIV in terms of loss, suffering, and incapacitation of HIV-positive persons, and of their loved ones and fellow citizens in local communities, all as a result of this pandemic. Every day, more than 7400 persons become infected with HIV and more than 5700 persons die from AIDS-related illnesses. Such infections and deaths mainly are due to inadequate

[1] Unless otherwise specified, the statistics and estimations in this presentation are taken from *AIDS Epidemic Update: December 2007*, and *Report on the Global AIDS Epidemic 2008,* Geneva, Switzerland: UNAIDS.

access to HIV prevention and anti-retroviral treatment, as well as to a failure to change behaviours that put oneself or others at risk of HIV infection. The HIV pandemic remains the most serious of infectious disease challenges to public health.

Given the particular focus of this conference as well as the tragic fact that sub-Saharan Africa has been and continues to be the epicenter of this pandemic, let us look even more carefully at the epidemiological situation in this region. Southern Africa continues to bear a disproportionate share of the global burden of HIV: 35% of HIV infections and 38% of AIDS deaths in 2007 occurred in that sub-region. Regrettably, sub-Saharan Africa is "home" to 67% of all people living with HIV. Most epidemics in sub-Saharan Africa appear to have stabilized, although often at very high levels, particularly in southern Africa. In a growing number of countries, however, adult HIV prevalence appears to be falling. For the region as a whole, women are disproportionately affected in comparison with men; this striking difference is especially true among young people.

Perhaps some of the statements made by world leaders during the 2008 High Level Session on AIDS[2] can best summarize the trends and concerns that I have cited. Mr. Srgjan Kerim, President of the UN General Assembly, maintained, "The failure to make sufficient progress in our response to HIV/AIDS profoundly impacts all aspects of human development." During that same meeting, Dr. Peter Piot, Executive Director of UNAIDS, addressed the claims that the present and potential impact of HIV has been exaggerated. In Dr. Piot's view, pretending that AIDS "has been fixed", that there was already enough money being devoted to the fight against it, or that it is not a heterosexual pandemic, is a recipe for condemning millions of people to death. He appealed to the international community to back up its commitments by first scaling up access to health and health care and, secondly, to devote more resources to research and development of new lifesaving drugs and treatment methods.

---

[2] "Secretary-General Highlights Important Progress Made Towards Universal HIV/AIDS" and "Prevention, Treatment, As General Assembly Opens Two-Day High-Level Meeting" United Nations , Sixty-second General Assembly, Plenary, 102nd, 103rd & 104th Meetings (AM, PM & Night), http://www.un.org/News/Press/docs/2008/ga10719.doc.htm

Caritas Internationalis

The Social and Economic Impact of HIV – A Study in Contrast vis-à-vis the Millennium Development Goals

Even a brief review of the social and economic impact of HIV leads one to raise serious questions about the ability of the global human family to accomplish, by the year 2015, the urgent and necessary Development Goals established by the world's leaders at the beginning of this 3rd Millennium. Let us now examine some of these challenges in the context of the MDGs:

Millennium Development Goal 1: ***Eradicate extreme poverty and hunger -***

While poor individuals and households are not necessarily more likely to become infected with HIV, the impact of HIV infection is often magnified in conditions of poverty. For example, for the poorest households in India, the financial burden associated with HIV represents 82% of annual income, while the comparable burden for the wealthiest families is slightly more than 20%. Studies in the United Republic of Tanzania found that people living with HIV typically experience more than a dozen episodes of illness before dying, with an average of 12 months of deteriorating health in the year before death. An analysis of data from Botswana found that HIV results in a decline in per capita household income of 10%, with average income losses almost twice as high for households in the lowest income level.

HIV also poses a threat to accomplishing another objective set out in MDG 1 – to reduce by one-half the situation of world hunger. In Rwanda, a death in a rural household is associated with an 18% decline in average household bean production.[3]

The exacerbation of poverty in families affected by HIV often is caused by the loss of productive life years among its wage-earning members. In countries with high HIV prevalence, life expectancy at birth has fallen, sometimes dramatically. In southern Africa, average life expectancy at birth is estimated to have declined to

---

[3] "Strengthening the Response to HIV/AIDS – Helping Make the MDGs a Reality," *IAVI Insights*: Policy Brief X: August 2008, p. 2.

levels last seen in the 1950s; it is now below 50 years for the sub-region as a whole. By contrast, the comparatively smaller HIV epidemics in Western Europe and Asia have scarcely affected life expectancy trends in those regions.

Millennium Development Goal 2: ***Achieve Universal Primary Education***

According to a survey done in 56 countries, orphans are 12% less likely to attend school than are non-orphans. UNAIDS reports that, in 10 countries where 5% or more of adults are living with HIV, a mere 15% of orphans are receiving some form of assistance, such as medical care, school assistance, financial support, or psychological services. Stigma may discourage households from registering affected children in national support programmes. In some countries, support for children affected by the epidemic is largely shouldered by under-financed civil society groups, with little government support.

If we do not make significant progress in achieving Universal Access to Care, Support, and Treatment, for both adults and children living with or affected by HIV, we can expect additional increases in the AIDS orphan population.

In sub-Saharan Africa, nearly 12 million children under age 18 have lost one or both parents to HIV. In Botswana and Zambia, an estimated 20% of children under 17 are orphans, with most orphaned as a result of HIV. Zimbabwe reports that 24% of its children (ages 0–17) have lost one or both parents to HIV.

Longitudinal household data from Kenya indicate that the number of hours children are in school each week increases by 20% within six months of initiation of antiretroviral medications by an adult member of the same household.

Millennium Development Goal 3: ***Promote Gender Equality and Empower Women***

Women represent more than 60% of people living with HIV in sub-Saharan

Africa; in that same region, HIV prevalence is significantly higher among adolescent African girls than among African boys. In addition to being more physiologically and socially vulnerable to infection, women disproportionately suffer the negative effects of this epidemic. As the primary caregivers in Africa and other regions, women have seen their household and community burdens grow as a result of HIV, and this situation often compromises their health and their ability to generate income. UNAIDS reports that, in Botswana and Swaziland, women who lack sufficient food are 70% less likely to feel that they have personal control in sexual relationships, 50% more likely to engage in inter-generational sexual relationships, and 80% more likely to trade sexual "favours" for survival. Women who are widowed as a result of HIV often risk being ostracized, losing their property, and becoming destitute. Women who have been victimized by violence are up to three times more vulnerable to becoming HIV-infected.

Millennium Development Goal 4: ***Reduce Child Mortality***

During the past decade, in 27 countries, there has been stagnation and even some reversal of progress made in reducing child mortality. The impact of HIV is thought to be responsible for this trend reversal. Once adults living with HIV obtain access to antiretroviral medications, the children living in those same households experience sharp improvements in their nutritional status. A recent study in Uganda found an 81% reduction in child mortality among uninfected children of adults on antiretroviral medications, as well as a 93% reduction in orphanhood.

Many children never reach school-age because they become infected with HIV, mostly through transmission of the infection from their mothers. Each year, approximately 400,000 children under thirteen years of age become newly infected with HIV. Services to prevent mother-to-child transmission rose from 14% in 2005 to 34% in 2007; this represents a significant level of improvement, but still is far short of the goal of 80% coverage, a goal that was established by world leaders.

Each year, some 300,000 children under 15 years of age die of HIV-related causes; many such deaths could have been prevented if the children had access to

available, safe, effective, and affordable child-friendly medications. Recent studies reveal that there has been a dramatic advance in treatment of pediatric HIV infection in higher-income countries, but **only 1% of the 2.1 million HIV-positive children live in these regions.** Better diagnosis and treatment is needed for pediatric HIV. Appropriate fixed-dose combinations and child-friendly formulations must be developed for efficient administration to HIV-infected infants and small children. Without antiretroviral treatment, half of HIV-infected infants die before they reach their second birthday.

Millennium Development Goal 6: ***Combat HIV/AIDS, malaria, and other diseases***

For people living with HIV, access to antiretroviral medications could mean the difference between life and death and between chronic and increasingly more debilitating infections and more years of self-sufficiency and ability to care and provide for one's children, elderly parents, and other dependents. Overall, antiretroviral treatment coverage rose by 42 per cent in 2007, reaching 3 million people in low- and middle-income countries, approximately 30 per cent of those in need. Despite the increased funding available for AIDS programs, much more money is necessary in order to reach the goal of Universal Access. At the 2008 High Level Session on AIDS convened by the United Nations General Assembly, Mr. Ban Ki-Moon, Secretary General, labeled as "unacceptable" the situation that twice as many people in the world need life-saving anti-retroviral medications than have access to them.[4]

Tuberculosis (TB) is the leading cause of illness and death among people living with HIV in Africa and a major cause of death in people living with HIV elsewhere. In some settings, TB is the cause of death for up to one-half of all AIDS patients. New multi-drug resistant strains of tuberculosis are being spread in the developing world, and they require longer, more costly treatment with the risk of

---

[4] "Secretary-General Highlights Important Progress Made Towards Universal HIV/AIDS" and "Prevention, Treatment, As General Assembly Opens Two-Day High-Level Meeting" United Nations , Sixty-second General Assembly, Plenary, 102nd, 103rd & 104th Meetings (AM, PM & Night), http://www.un.org/News/Press/docs/2008/ga10719.doc.htm

greater side effects. But no new vaccines, drugs or diagnostics to treat tuberculosis have been produced in 37 years. More research, financing, partnerships and a "two diseases, one response" approach is needed. Despite the existence of affordable treatments for tuberculosis, only 31 per cent of individuals living with both HIV and tuberculosis infection received both antiretroviral and anti-tuberculosis drugs in 2007. Fixed Dose Combinations also are needed to treat rapidly spreading TB infection among children already living with HIV.

Millennium Development Goal 7: ***Ensure Environmental Sustainability***

Target 10 of Goal 7 aims to decrease by one-half the proportion of people without access to safe drinking water and basic sanitation. People who must bathe in polluted water risk development of skin diseases which may cause open sores that could facilitate the entry of HIV into their bodies if and when they come into contact with the virus through sexual intercourse with infected partners. Without access to clean water, people living with HIV (and thus with compromised immune systems) risk development of diarrheal diseases and other infections that could shorten their lives; HIV-infected children are particularly vulnerable to such problems. People taking anti-retroviral medications need greater amounts of potable water. At present, too little attention is accorded to the link between water, sanitation, and HIV.

Millennium Development Goal 8: ***Develop a Global Partnership for Development***

Through the creation of the Inter-governmental Working Group on Public Health, Innovation and Intellectual Property, the World Health Organization is promoting the formulation of an Action Plan to achieve two of the targets in MDG8 – "in cooperation with pharmaceutical companies, [to] provide access to affordable essential drugs in developing countries" and "in cooperation with the private sector, [to] "make available the benefits of new technologies – especially information and communications technologies". Regrettably, progress with the formulation of such an action plan has advanced quite slowly.

A "Gap Analysis" on reaching the MDGs makes the following observations in

this regard:

> World Health Organization (WHO) estimates show that public sector availability of essential medicines covers only one third of needs, while private sector availability covers about two thirds. The prices people pay for lowest-priced generic medicines vary from 2.5 to 6.5 times the IRPs [International Reference Prices] in the public and private sectors, respectively. The fact that some developing countries have better availability and lower prices shows that access to quality, assured, affordable essential medicines can be improved through stronger partnership among governments, pharmaceutical companies and civil society, including consumers. [5]

Due to the development of the Global Fund to Fight AIDS, TB, and Malaria, UNITAID, the US President's Emergency Programme for AIDS Relief, and other multi- and bi-lateral initiatives, some progress has been made in developing a global partnership in response to the HIV pandemic. Funding for HIV-related activities in low- and middle-income countries reached $10 billion in 2007 -- a tenfold increase in less than a decade. In such countries, per capita domestic spending on HIV more than doubled between 2005 and 2007. As of April 2008, the Global Fund mobilized $19.7 billion in firm pledges and approved funding of $10.7 billion for more than 520 programs in 136 low and middle-income countries. It is the largest fund of this kind and, together with the U.S. Government's PEPFAR Program, can take much credit for increased access to anti-retroviral and other life-saving treatment in developing countries.

Most regrettably, in the field of HIV service delivery, these newly-found global resources do not seem to flow, on an equitable basis, to faith-based organizations. A specific case in point is the Global Fund which has a rather poor record in supporting faith-based organizations. As of April 2008, only 5.4% of Global

---

[5] *Delivering on the Global Partnership for Achieving the Millennium Development Goals,* MDG Gap Task Force Report, 2008, United Nations, New York.

Fund resources have been granted to organizations related to churches or to other faith traditions.[6] This paltry amount stands in stark contrast to the finding released by the World Health Organization, in February 2007, that between 30% and 70% of the health infrastructure in Africa is currently owned by faith-based organizations[7].

Despite the increased funding available for AIDS programs, much more money is necessary in order to reach the goal of Universal Access. Low HIV testing rates reduce the impact of HIV treatment, because individuals who are diagnosed late in the course of infection have a poorer prognosis. A number of countries, however, are successfully implementing strategies to increase knowledge of HIV sero-status. For every two people who begin antiretroviral treatment, five other people are newly infected.

Response of Caritas Internationalis to the HIV Pandemic

I would find it quite difficult to conclude this presentation without mentioning the specific commitment and experience of Caritas Internationalis in the global response to HIV and AIDS. Caritas Internationalis is a confederation of 162 Catholic relief, development and social service organisations working to build a better world, especially for the poor and oppressed, in more than 200 countries and territories of the world. In most cases, these Caritas organisations are part of the Catholic Bishops' Conference structures in their respective countries.

Caritas works without regard to creed, race, gender, or ethnicity, and is one of the world's largest humanitarian service networks. The Caritas mandate includes integral development, emergency relief, advocacy, peace building, respect for human rights and support for proper stewardship of the planet's environment and resources.

---

[6] As reported by Dr. Christoph Benn, Director of External Relations for the Global Fund, at Sub-Saharan Africa Workshop to Scale up the involvement of Faith-based Organizations in the Global Fund, Dar Es Salaam, Tanzania, 16-18 April 2008

[7] www.who.int/mediacentre/news/notes/2007/np05/en/

Caritas Internationalis

At its General Assembly of 1987, the confederation of Caritas Internationalis identified the situation of HIV and AIDS as a concern for prioritized reflection and action in its quadrennial Work Plan. At each subsequent General Assembly, the Confederation has continued to accord to this pandemic urgent attention, commitment, and action. Caritas action in this field is focused in three core functions:

Advocacy

Communication

Capacity Building

Advocacy

Caritas advocacy work seeks to change policies and mobilize public opinion on issues that hamper the integral human development of those living with or affected by this pandemic. Through efforts at global, regional, national, and local levels, Caritas member organizations confront injustice and inequalities in access to care, support, and treatment for those living with or affected by the virus and encourage the elimination of the broader social, economic, cultural and gender-related factors that facilitate the spread of the infection. A particular focus of this advocacy is on women and children who often confront special barriers in gaining access to such services as prevention of mother-to-child transmission and to medicines that are appropriate for paediatric use. Through its accreditation and working relationships with the United Nations Specialized Agencies, Caritas Internationalis, together with members of the Catholic HIV and AIDS Network (CHAN), participates in meetings and organizes key events to assist people at grassroots level to raise their voices in search of a more equitable and just response to the pandemic.

Communication

Caritas Internationalis disseminates, to internal and external audiences, relevant information about HIV and on the Catholic Church response to the pandemic. It presents the “good news” about how Caritas is responding to women, children and men living with HIV, and how it is doing so in partnership with UN agencies, with other Catholic, faith-based, and non-governmental organizations, as well as with governments. Such communication efforts promote a coordinated and integrated Church-based response to the pandemic. They also are meant to call attention on aid effectiveness with respect to HIV response needs and to the aid gap experienced by faith-based organizations.

One example of such materials is the Best Practice Book, prepared by the Caritas Internationalis Special Advisor on AIDS and published by UNAIDS, which records the outstanding service of the Catholic Church in Southern Africa to those living with or affected by AIDS in this region. By the end of January 2008, the Southern Africa Catholic Bishops' Conference (SACBC) was operating twenty centres providing anti-retroviral treatment (ARVs) to 14,500 patients as well as treatment of tuberculosis and other opportunistic infections. With the help of the U.S. government's PEPFAR programme, SACBC is the second largest provider of anti-retroviral treatment in South Africa. More than 140 locally based services that are in partnership with SACBC, through parishes, dioceses, and religious orders, provide additional care and support to families affected by HIV, especially to orphans and vulnerable children (OVC).

Another such example is a Best Practice book on the Catholic Church response in India. The Catholic Bishops' Conference of India, in collaboration with several other national Catholic organizations, offers capacity-building, strategic planning services and management assistance to some 137 Catholic HIV/AIDS Centres in the country. In addition, with support of the Global Fund to Fight AIDS, TB, and Malaria, the Catholic Bishops' Conference of India is establishing some 45 new Community Care Centres in the most rural and isolated areas of the country.

Capacity Building

The Caritas Confederation facilitates structured opportunities for exchange of knowledge and mutual learning on HIV and AIDS within the Confederation and among other key stakeholders. It develops manuals and training material and organizes courses on HIV and AIDS for Caritas workers, clergy, religious and other Catholic Church workers. The Caritas Internationalis Training Manual on AIDS is now in its third edition and has been translated from the original English into several other languages and adapted for use in various cultures and communities.

Conclusion

Despite the noble intentions and bold development goals articulated by the world's leaders at the beginning of the third millennium, the HIV pandemic continues to place significant obstacles to the achievement of these plans. The impact of this pandemic, at both *micro* and *macro* levels, causes incalculable human suffering and loss and threatens the social and economic infrastructure of the human family.

Taking into account such challenges, I wish to congratulate Caritas Slovakia, as well as all the governmental structures and civil society organizations with which it has partnered, for its efforts to communicate the urgency of this situation and to promote more vigorous and effective cooperation and aid for those countries and populations most affected. A truly effective response to AIDS requires the collaboration of all forces in society – government, private enterprise, civil society, and faith-based organizations.

I will conclude by citing the deep concern of His Holiness Pope Benedict XVI expressed on the occasion of receiving the credentials of the Ambassador of Lesotho to the Holy See:

> The scourge of AIDS, which afflicts so many millions in the African Continent, has brought untold suffering … Please be assured of the deep concern of the Catholic Church to do all it can to bring relief to those affected by this cruel disease, and also to their families. In the faces of the sick and the dying, Christians recognize the face of Christ, and it is he whom we serve when we offer help and consolation to the afflicted (cf. Mt 25: 31-40). [8]

[8] Address Of His Holiness Benedict XVI, to Dr. Makase Nyaphisi, Ambassador Of The Kingdom Of Lesotho To The Holy See, 14 December 2006. Libreria Vaticana Editrice.