SPECIAL REPORT

Faith-based Responses to the Global HIV Pandemic: Exceptional Engagement in a Major Public Health Emergency

R. J. Vitillo

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Abstract The HIV pandemic is an "exceptional" public health emergency requiring an "exceptional" response from all sectors of society, including that of the faith communities. While significant progress has been made with provision of life-prolonging and life-enhancing combination anti-retroviral therapy to those who need it, even in low-and middle-income countries, the annual HIV incidence far outstrips the reduction in HIV-related morbidity and morality in such places. The action of faith-based organisations in this field is often misunderstood and under-valued. The article attempts to demonstrate the key contribution by people of faith to the global HIV pandemic response. Special attention is paid to the work of the Catholic Church in this field in view of its vast infrastructure of education, healthcare, development and social service activities and of its exemplary efforts to coordinate an effective HIV response from global to grassroots levels. Independent evaluations and statistical data regarding the level and quality of faith-based engagement in this field are presented in order to demonstrate the basic premise of the article – i.e., that faith-based organisations are lending exceptional energy, expertise, and experience in order to achieve the commitment of the international commitment to advance universal access to HIV prevention, treatment, care and support.

Keywords Faith-based organisations responding to HIV/AIDS · Religious response to HIV/AIDS · HIV prevention, treatment, care and support · "Exceptionalism" of HIV/AIDS · Faith-based organisations advancing Universal Access to HIV prevention, treatment, care and support

R. J. Vitillo (✉)
Special Adviser on HIV and AIDS
Caritas Internationalis
Geneva, Switzerland
e-mail: bobvitillo@cs.com

The Dimensions and "Exceptionalism" of the HIV Pandemic

Why should people of faith be so concerned about the global pandemic of HIV/AIDS? It certainly is true that no human situation can be considered "outside the realm" of faith-based communities and organisations as they share their teachings and put into action their determination to contribute to the common good. Compassionate, non-judgmental care for those living with and affected by HIV makes people of faith and others of good will all the more sensitive to other human tragedies. On the other hand, at this particular time in history, the situation of the HIV pandemic requires special attention by people of faith, since so many others in our world prefer to deny its impact or to "blame its victims".

In a speech given, in 2005, at the London School of Economics, Dr. Peter Piot, former Executive Director of UNAIDS, noted the "severity and longevity of … impact" of the HIV pandemic as well as the "special challenges it poses to public action", including the following:

- "…in country after country, the tipping point is being reached … after which AIDS no longer remains concentrated in so-called 'hot spots' but becomes a generalised explosion across the entire population";
- "By 2006, eleven Sub-Saharan countries will have lost more than every 10th person in their labour force to AIDS – and, by 2010, five countries in this region will have lost more than every fifth person in their labour force" [1].

A cursory review of current epidemiological data [2] might lead one to an incorrect conclusion that the present state of the HIV pandemic does not demand the same level of urgency and concern as it has in the past. Indeed, estimates of the global number of persons living with HIV at the end of 2007 (33 million) represented a reduction of 16% when compared with those 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 peaked in the late 1990s, when some three 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 that has 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 two 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 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.

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 subregion. Regrettably, Sub-Saharan Africa is "home" to 67% of all people living with HIV. Most epidemics in Sub-Saharan Africa appear to have stabilised, although often at very high levels, particularly in Southern Africa. For this region as a whole, women are disproportionately affected in comparison to men; this striking difference is especially true among young people.

These particularly disturbing trends and concerns were aptly summarised in statements made by world leaders during the 2008 High Level Session on AIDS, held at United Nations Headquarters in New York. 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" [3]. During that same meeting, Dr. Peter Piot addressed the claims that the present and potential impact of HIV has been exaggerated. In his 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, first, by scaling up access to health and health care and, secondly, by devoting more resources to research and development of new lifesaving drugs and treatment methods.

The exceptional drivers and impact of the HIV pandemic require an exceptional response, in conformity to that described on World AIDS Day 2008 by Dr. Margaret Chan, Director-General of the World Health Organisation:

> AIDS is the most challenging and probably the most devastating infectious disease humanity has ever had to face. And humanity has faced this disease, in equally unprecedented ways. The international community has rallied at levels ranging from grass-roots movements to heads of state, from faith-based organisations and philanthropists to research institutions, academia, and industry [4].

In above-cited statement, Dr. Chan acknowledged that faith-based organisations have made significant contributions to the global AIDS response. In the remainder of the article, this writer will examine those efforts in accord with the demanding but justifiable expectation placed on people of faith by Dr. Peter Piot:

> I hope for a day when every church engages in open dialogue on issues of sexuality and gender difference. I hope for a day when every synagogue will mobilize as advocates for a global response to fight AIDS, when every temple will fully welcome people living

> with HIV, when every mosque is a place where young people will learn about the facts of HIV and AIDS. When that will have happened, I am convinced that nothing will stop our success in the fight against AIDS [5].

Faith-Based Organisations: Key Actors in the Struggle Against AIDS

The crucial role played by faith-based organisations in such action often escapes notice or acknowledgement by other global protagonists in this field. Frequently, such organisations, and, in particular, the Catholic Church, are the objects of negative criticism and even derision with regard to their respective actions and reactions related to AIDS. Often late-comers to this field themselves, and, even more often, articulating ideologies that reject the contribution of faith communities to the overall common good, such activists accuse faith-based organisations of being obstacles to prevention, treatment, care and support to those living with and affected by HIV.

The fact is, however, that faith-based organisations were among the earliest social institutions to respond to this crisis – at local, national, regional, and global levels. The Ecumenical Advocacy Alliance, based in Geneva, Switzerland, focused this debate as follows:

> Religion is a key element of community organisation and social structures worldwide. Seventy percent of the world's people identify themselves as members of a faith community. Their faith shapes their perceptions of themselves and of others. It conditions how they respond to their neighbours. It affects how they interact with people living with HIV – the majority of whom are themselves members of a faith community [6].

This alliance identified the following faith-based capacities in response to AIDS: (1) faith-based organisations (FBOs) and communities are present literally everywhere people live their lives, with enormous outreach as well as "in-reach"; (2) their communication, networking, and leadership capacity represent a strong potential asset if used as part of a comprehensive response to HIV and AIDS, locally as well as nationally and globally; (3) FBOs are substantial partners in the delivery of care, treatment and support in most rural areas and the poorest neighbourhoods of the world; (4) many religious communities are also havens of refuge for people living with or affected by HIV and AIDS, both as places for positive living and for palliative care in the last phase of life; (5) multilateral stakeholders together with other international and national partners have increasingly realised that the contribution of faith-based communities and organisations and the work they do is essential for confronting a growing epidemic with a sustainable and efficient HIV and AIDS response [6].

In even more practical terms and through a desk review on the role assumed by faith-based organisations in HIV/AIDS Prevention and Impact Mitigation in Africa, experts at the Royal Tropical Institute, based in Amsterdam set the context for the faith-based response to HIV:

> In Africa, it is said that: 'Where there is a church, there are also a health post and a school.' Churches have a long history of providing health care and improving literacy. In turn, Islamic teaching emphasizes the health and well-being of society as much as that of the individual. FBOs in developing countries not only provide spiritual guidance for their followers, they are also often the primary providers of a variety of local health and social services. Situated within communities and building on relationships of trust and respect, FBOs also have the ability to influence the attitudes and behaviours of their fellow community members [7].

These positive views of faith-based engagement in HIV programs have been confirmed by the evidence-based findings of objective studies performed by organisations not directly related to religious organisations. In February 2007, the World Health Organisation released a report, undertaken with public health researchers based in the United States and in Africa, and entitled Appreciating assets: mapping, understanding, translating and engaging religious health assets in Zambia and Lesotho. The report estimated that between 30% and 70% of the health infrastructure in Africa is currently owned by faith-based organisations, but also concluded that there is often little cooperation between these organisations and mainstream public health programmes. Dr Kevin De Cock, Director of the WHO Department of HIV/AIDS commented on these findings as follows:

> Faith-based organisations are a vital part of civil society. Since they provide a substantial portion of care in developing countries, often reaching vulnerable populations living under adverse conditions, FBOs must be recognized as essential contributors towards universal access efforts [8].

During a consultation on faith-based responses to children and families living with and affected by HIV in Eastern and Southern Africa, held in Nairobi, in November 2007, Dr. Geoffrey Foster, well-known paediatric HIV specialist from Zimbabwe, offered further specification concerning the dimensions of such action in this field [9]. He noted that religion is "ubiquitous" in Africa and that it "forms the basis of Africa living; helps determine attitudes, perspectives and decision-making frameworks; and is at the root of the search for well-

being." Dr. Foster offered quantitative data to support his assertions: ninety-nine percent of Africa's 750 million people have a religious connection; there are two million churches, mosques, and traditional religious gatherings convening people in all parts of the African continent.

With specific regard to the scale of national-level engagement by faith-based organisations in health service delivery in Africa, Dr. Foster shared the following data:

- in Lesotho, 40% of health services is provided by 9 church-related hospitals and 75 health centers;
- in Zambia, 30% of such services is provided by 30 church-related hospitals and 66 rural health centers;
- in Kenya, 40% of health careis provided by 780 church-related health facilities.

This expert then proceeded to give an example, based on his private research, of the comprehensive approach to HIV service delivery by a programme operated by the Catholic diocese of Ndola, Zambia which:

- operates in 5 towns, 32 shanty compounds, covering a population of more than 400,000;
- involves 11 different agencies in providing home care to patients with chronic illness, including HIV/AIDS;
- engages 750 community volunteers;
- provides home-based care to 9,000 people during 2005;
- identified and serves 15,000 orphans;
- responds to the needs of an estimated 77% of chronically ill patients in the surrounding area.

Finally, Dr. Foster estimated a value of US $5 billion for the contribution of faith-based volunteers responding to the needs of people living with or affected by HIV in the so-called "AIDS belt" in Sub-Saharan Africa. Using what he labeled as "matchbox calculations", he arrived at this estimate by hypothesising that each of the one million congregations in this region has at least five volunteers working on AIDS-related activities, that each volunteer donates at least two hours per week (or 1/20 of full-timework) to such service provision, and that a value of US $20,000 per annum could be attached to such service, if it were done on a full-time basis.

In his introduction to the report of a key-informant study on "Faith in Action", conducted by the Catholic Medical Mission Board and the Global Health Council, His Grace Desmond M. Tutu, Archbishop Emeritus of the Anglican Church of the Province of South Africa, provided an excellent summary of the faith-based contribution to the global AIDS response:

> We are the agents of transformation, capable of turning the tide against the disease. Since the beginning of the pandemic, I have seen faith in action not only in South Africa, but worldwide. Before the important governmental and multilateral initiatives of today, it was often the faith community that provided support to those affected by and infected with HIV. Whether it be the provision of food, love, care and concern, the faith community has often been the first and last place to which those who feel the impact of HIV/AIDS have turned.
>
> There is an expression we use in South Africa called Ubuntu, loosely translated as 'a universal bond of sharing that connects all humanity' … You are my sisters and brothers, whether you consider yourself a Buddhist, Christian, Hindu, Jew, Muslim, or agnostic, and we must treat each other as such … We must stand shoulder to shoulder, heart to heart, in the fight against HIV/AIDS [10].

Among the key findings in the above-mentioned Faith in Action Report were the following:

FBOs are mitigating the impact of HIV/AIDS by:

- providing clinical, home-based care for Persons Living with AIDS (PLWAs);
- offering Spiritual/social support for the affected/infected;
- expanding access to antiretroviral (ARV) drugs [10].

FBOs Are Confronted with Lack of Equity between Burden Sharing and Access to Funds

Despite their excellent and documented record in the field of HIV service delivery, faith-based organisations do not seem to receive an equitable share of the resources designated to support HIV programming. The Global Fund to Fight AIDS, Tuberculosis and Malaria has mobilised $19.7 billion in firm pledges and approved funding of $10.7 billion for more than 520 programmes 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, is largely responsible for the increased access to antiretroviral and other life-saving treatment in developing countries. However, it has a rather poor record in supporting faith-based organisations. As of April 2008, only 5.4% of Global Fund resources have been granted to organisations related to churches or to other faith traditions [11]. Thus one could understand quite well the grassroots concern expressed by Cardinal Wilfred Napier, then-President of the Southern Africa Catholic Bishops' Conference:

> There is a great consciousness that we are a Church for service to the whole community … the Church could play a bigger role if more resources were made available. … [W]e need more resources [12].

In a similar vein, Pope Benedict XVI has insisted that the "rich tradition of the Catholic Church should be kept alive so that, through the exercise of charity to those who

are suffering" from illnesses such as HIV, and has called for the "fair distribution of resources for research and treatment, as well as the promotion of living standards which help to prevent the occurrence and limit the spread" of such illnesses [13].

Special Focus on the Catholic Church-Related Actions in the HIV Pandemic

Given the long history and extensive infrastructure of the Catholic Church in providing health services, humanitarian assistance, development activities, social services, education, and pastoral care at global, national, and local levels, this writer deemed it expedient to include, in this article, a particular focus on activities in response to the HIV pandemic sponsored by this particular faith community. The focus is not meant to exclude or devalue the response of other faith-based organisations active in this field but simply is offered as an example of the wide range of faith-based responses to those living with or affected by HIV.

The Vatican's Pontifical Council for Health Pastoral Care estimates that more than 25% of all HIV and AIDS care throughout the world is sponsored by the Catholic Church [14]. Especially in developing countries, Church-sponsored health services often are the only such programmes to reach out beyond the capital cities into the rural areas, where the health and social needs of the local residents are truly overwhelming. In places where elevated rates of HIV infection can be noted, the church-sponsored hospitals face many new burdens. There is a greater demand for medical care from younger persons who previously did not require such services. This situation has led to conditions of over-crowding in the hospitals, to a shortage of basic medicines, and to a postponement of care for non-HIV-infected persons.

In response to these conditions, many church-related hospitals developed mobile home care programmes that dispatch staff and trained volunteers to assist families with care for their AIDS-sick members in their own homes. The volunteers do not require sophisticated training; frequently, they are catechists, village health workers, or local parishioners. Words could never adequately portray the dedication of such team workers or the gratitude that is reflected in the eyes of those assisted and of their loved ones.

A full range of services helps HIV-infected people live in the most healthy and positive way possible. Specialised counselling programs enable them to deal with the emotional impact of learning about HIV infection and making appropriate plans to inform loved ones and to change life patterns in order to maintain good health and positive relationships. "Drop-in" centers and "self help" groups facilitate sharing of concerns and experiences among those living with or otherwise affected by HIV. Home visits, meal preparation, and delivery and transportation services assist those with declining health to accomplish practical, everyday tasks and to maintain themselves as long as possible in active family and community life. Support groups have been formed for care-givers and for the bereaved; respite programs make it possible for care-givers to renew and strengthen themselves.

The AIDS Office of the Southern Africa Catholic Bishops' Conference: Example in Cross-Sectoral Collaboration

The Southern African Catholic Bishops' Conference (SACBC) stands out as an excellent example of cross-sectoral collaboration among Catholic and other faith-based efforts responding to AIDS, with the government's Department of Health, and with a wide range of Catholic, bilateral, and multi-lateral funders. During the apartheid regime in South Africa, the Catholic Church there lost most of its identifiably "Catholic" hospitals. It then moved into sponsorship of community-based health care with a system of clinics and other facilities that were present where the poorest people are living. These facilities were among the first to respond to the needs of people living with HIV and AIDS – long before a national, governmental programme had been developed. At the present time, there is significant positive collaboration among these Catholic facilities, other programmes sponsored by various faith communities, and both governmental and private health care systems.

The AIDS Office of the SACBC was established to help build capacity and promote fund-raising and coordination among Church-related AIDS programmes in its usual catchment area of South Africa, Swaziland, and Botswana. It also established a partnership arrangement with Church-related programmes in Lesotho and Namibia. As the Catholic Church organised and expanded its response to the burgeoning HIV epidemic in this five-country region, it was assisted through a partnership arrangement with the USA-based Catholic Medical Mission Board and with the Bristol-Myers Squibb Foundation in an initiative called "Choose to Care" [12]. This funding initially underwrote HIV prevention, care and support programming in some 140 sites. Of the original programmes, some twenty now serve as ART sites, receiving USA-government PEPFAR funding through both Catholic Relief Services and the Catholic Medical Mission Board, and are delivering and monitoring life-

saving and life-enhancing medications for approximately 18,000 people by the end of March 2009 [15].

In 2003, the co-sponsors of the Choose to Care Initiative engaged the Department of Sociology at the University of Pretoria to serve as an independent evaluator of the overall initiative as well as of the 61 projects participating in this programme at that particular time. The following summary conclusion was drawn by the evaluators:

> … [D]uring the recent past, as the effects of HIV/AIDS within the congregations and communities of the Church have become progressively more evident, the Catholic Church has emerged as an increasingly central role-player in a range of initiatives to combat the pandemic [16].

The evaluators also pointed out another advantage of the Catholic Church undertaking a comprehensive response to the HIV/AIDS epidemic - i.e., its extensive, well-established network among congregations throughout Southern Africa, including some in the most isolated and under-developed communities in the region.

In a subsequent assessment of SACBC accomplishments in scaling up the response to AIDS in the five-country region benefitting from SACBC coordination, independent evaluator Tessa Marcus of the National Research Foundation in Pretoria, South Africa, offered the following summary:

- procurement or assistance with the provision of funding to help projects meet their objectives;
- education and training in order to develop project and stakeholder capacity and skills in the areas of their work;
- networking to encourage sharing of experiences and resources;
- information provision and sharing in order to ensure that projects and programmes keep up to date with developments in their specific areas as well as in the larger policy environment;
- creating a platform for innovative thinking and strategic planning [17].

Other Efforts at Catholic Church-Based Responses to AIDS

Among Catholic Church-related structures, SACBC has not been alone in its commitment to address the needs of people living with HIV. The Catholic Bishops' Conference of India (CBCI), in collaboration with several other national Catholic organisations, offers capacity-building, strategic planning services and management assistance to some 137 Catholic HIV/AIDS Centres in the country. Moreover, with support of the Global Fund to Fight AIDS, TB, and Malaria, the CBCI is establishing some 45 new Community Care Centres in the most rural and isolated areas of the country. Certainly, it was with such efforts in mind that, in April 2007, at the launch of the National Catholic Coalition for Health and HIV/AIDS in India, Ms. Sujata Rao, Director of the National AIDS Coordinating Office, proclaimed to the assembled group of Catholic bishops, clergy, religious, and lay professionals, "You are our star players. You are doing wonderful services in the fight against AIDS. HIV affected people respond to drugs much better when they get love and care [18].

The Catholic Committee on Health Promotion of Thailand, mandated by the Catholic bishops of the country to become active in response to the pandemic, was aware of its limited capacity within a minority faith community in Thailand. The Committee decided, therefore, to branch out far beyond the sphere of Catholic Church action and influence, and has built essential partnerships with, among others, Buddhist and Muslim groups, with government offices, and with schools and private enterprise. This has made it possible for the Catholic Church in Thailand, for example, to participate in an inter-faith sub-grant from the Global Fund, to provide HIV prevention education to factory and construction site workers, and to set aside one Sunday each year for HIV-oriented reflection and prayer in the local parishes. Similar inter-faith education and health care initiatives are being pursued in Vietnam, by the Archdiocese of Ho Chi Minh City AIDS Pastoral Care Programme and by the Congregation of the Daughters of Mary Immaculate, based in Hue.

Since 1987, Caritas Internationalis, as the global confederation of 165 national Catholic humanitarian assistance, development and social service organisations operating some 200 countries and territories of the world, has maintained its priority commitment to promote effective and equitable HIV responses in all parts of the world. The Confederation has been active in promoting a coordinated Catholic Church-based response to the pandemic within its own membership and with sister organisations by building capacity among Church workers engaged in such services and by advocating, on global, national and local levels, for just policies toward people living with and affected by HIV. On International Women's Day, 8 March 2009, Caritas launched an advocacy campaign to promote greater access to HIV and TB Testing and Treatment for Children living with these infections and for better uptake of programmes designed to prevent mother-to-child transmission of HIV. This Campaign, entitled HAART for Children [19], is promoting actions to be taken by faith- and community-based organisations, including a letter-writing initiative by children them-

selves, to insist that governments, private industry (especially pharmaceutical and medical technology companies), universities, and research institutes allocate the funds and expertise needed to develop HIV and TB testing and treatment that is adapted for use with children, most especially in low-income and rural settings.

In collaboration with UNAIDS, Caritas Internationalis, and Georgetown University (Washington, D.C., USA), the Unions of Superiors General of Religious Orders of Priests, Brothers, and Sisters conducted a mapping exercise to evaluate the scale of efforts being made by religious orders engaged in HIV/AIDS activities and to assess the challenges faced by their members as they strive to be more responsive to such needs. Some 446 respondents detailed the HIVAIDS services being sponsored by their respective institutes:

- information/education activities reached a total of 3,925,304 individuals, with a mean number of nearly 15,000 beneficiaries for each responding organisation;
- care and support services reached 348,169 individuals. These services included nutrition, palliative care, home-, hospital-, and clinic-based care, alternative medicine-based care;
- antiretroviral treatment services were reported to have been delivered to 90,154 individuals during the 12 months prior to the survey [20].

The Catholic Church in the Midst of the Seemingly Never-Ending HIV Prevention Debate

Rather than focus on a narrow or mechanistic view of HIV prevention education, the Catholic Church continues to promote and encourage sexual relationships that are based upon mutual respect for God-given dignity and mutual responsibility within the context of a permanent and faithful marital relationship between one man and one woman. Many AIDS educators and activists find it difficult to accept the Church's focus on the deeper realities of life and love; they have preferred to engage in the search for a "quick fix" in HIV prevention. Thus the international community has seen billions of dollars spent on promotion of so-called "100% condom use" programmes with outright rejection and fear of the words "abstinence" and "fidelity". It also observes harm reduction programmes for injecting drug users without any effort to connect such drug users to treatment programs. For example, this writer recently visited a harm reduction project in Cambodia where street children are supplied with clean needles but the staff there was adamant that outright discouragement from using drugs should not be communicated to these children.

Curiously enough, some HIV prevention experts from the secular field have recognised the impossibility of success with such "quick fixes. Dr. Edward C. Green, of the Harvard University School of Public Health, insists that AIDS experts consistently and intentionally have ignored the scientific evidence that behavior change, rather than condom use, has checked the spread of HIV. He claims that the resistance to inclusion of abstinence and fidelity in HIV prevention messaging is due to the "financial self-interest of contractors and grantees that benefit from the multi-billion dollar global AIDS industry." He recognises that the Catholic Church and some other faith-based organisations have an advantage in promoting the behavior changes necessary to stop the spread of HIV, since "these behaviors conform to the moral, ethical, and scriptural positions and teachings of virtually all religions." He passionately affirms that "If AIDS prevention is to be based on evidence rather than consensus, ideology, or bias, then fidelity and abstinence programs, in that order, need to be front and center in AIDS prevention programs for general populations" [21].

"What you do for the least of my brothers and sisters, you do for me (Mt. 25:40)": Faith-based Responses to HIV and AIDS

Blessed Mother Teresa of Calcutta once said, "A person … [living] with HIV/AIDS is Jesus among us. How can we say 'no' to Him?" When HIV first became known, it was just such motivation, or similar values in the case of non-Christians, that made countless people of faith put aside their fears and questions in order to open up hospital wards, social service stations, and local communities to those who appeared at their doorsteps, sick, desperate, and dying as well as to their survivors who were shocked at the force and intensity of this yet-to-be-identified illness that took their loved ones so abruptly and mercilessly.

That motivation persists to this very day and makes religious believers ever more determined to lend their exceptional energy, expertise, and experience in order to achieve Universal Access to HIV prevention, treatment, care and support for all who need it. Thus we can maintain our hope that the vision of the late Pope John Paul II will one day become a reality:

> 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 [22].

Sommario *La pandemia legata all'HIV rappresenta una "particolare" emergenza di salute pubblica che richiede*

un "particolare" intervento di tutti i settori della società, compreso quello delle comunità religiose. Mentre sono stati fatti significativi progressi nel disporre, anche in paesi a medio e basso reddito, di combinazioni di farmaci antiretrovirali per il prolungamento ed il miglioramento della vita, in questi paesi l'incidenza annuale dell'HIV supera di gran lunga la riduzione in termini di complicanze e mortalità legati alla malattia. In questo campo, l'intervento delle organizzazioni a sfondo religioso è spesso malinterpretato e sottovalutato. L'articolo ha lo scopo di dimostrare il contributo fondamentale delle organizzazioni a sfondo religioso in risposta alla pandemia dell'HIV. Un'attenzione particolare viene posta alla Chiesa Cattolica con le sue numerose infrastrutture dedicate all'educazione, alla salute, allo sviluppo e alle attività di servizio sociale oltre che il suo esemplare tentativo di dare una risposta concreta ad un'emergenza come quella dell'HIV a tutti i livelli, da quello globale a quello locale. Sono inoltre presentati singole valutazioni e dati statistici riguardanti il livello e la qualità dell'impegno delle organizzazioni a sfondo religioso a dimostrare una premessa basilare di questo articolo: la competenza ad alto livello, l'esperienza consolidata ed l'energia prestati dalle organizzazioni a sfondo religioso, al fine di migliorare la prevenzione, il trattamento, il sostegno e la cura dell'HIV.

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