

HIV and AIDS



Since the early 1980s, before the **human immunodeficiency virus** (HIV) had a name, Maryknoll missionaries have held people as they've died of **acquired immune deficiency syndrome** (AIDS), watched families lose hope, supported orphans and advocated in various ways for access to medicines. Much has changed over the years, yet Maryknoll missionaries continue to work in hospices and prevention programs, fight to obtain AIDS medicines for those who need them and struggle with how to make prevention real and effective. Maryknollers, committed to working with the poorest and most marginalized people around the world, cannot help but be impacted by the lives of people living with HIV. In walking with these people, they know that the policies of wealthy countries deeply and directly impact the lives of the people they see daily.

Our understanding of the "disease" has broadened from a public health concern to one which highlights major issues of social and economic injustice: poverty, stigma and discrimination, gender inequality, debt, racism, and unjust trade regulations. For this reason, the Maryknoll Office for Global Concerns has followed a number of policy initiatives that directly impact people living with and affected by HIV and AIDS including access to medicines, trade, funding for fighting the disease, and travel restrictions. Additionally, the AIDS pandemic brings to our attention groups of people who have traditionally been marginalized: people who use drugs, sex workers, transgendered, gay and lesbian persons, as well as migrant workers and persons living in prisons and conflict zones.

Today, scientists are pessimistic that there will be a vaccine against HIV, due to the ability of the virus to continually mutate and weaken the human immune system. While research continues, Maryknollers focus on U.S. policy issues that impact the global fight against AIDS and the people who live with or are impacted by the disease.

Catholic social tradition

Central themes from Catholic social tradition which address those living with or affected by HIV and AIDS include the sacredness and dignity of human life; solidarity; option for the poor; the right to participate in social, political and economic life; the rights and responsibilities of being a member of society; the dignity of work; and care for creation. Reflection on the struggle against HIV and AIDS in the light of these themes can be fruitful and encouraging. A list of excellent resources expounding on these themes is available at the end of this document.

I. Access to medicines

Antiretroviral medicines (ARVs) allow people with HIV to live healthily for longer, and enable them to raise their children and participate in their communities. However, only 20 out of every 100 persons who need ARVs can access them; and in sub-Saharan Africa, home to nearly two-thirds of all people living with HIV and/or AIDS, only 11 percent of those in need are receiving ARVs.

The first limiting factor is the expense. While some pharmaceutical companies have lowered prices considerably, ARVs are still out of reach of most people in developing countries. Generic drugs cost far less, but patent issues (see "VII. Trade and pharmaceuticals") pose obstacles for countries wishing to produce or import generics. Secondly, providing treatment requires diagnostic and monitoring technology which most public health programs cannot provide. Shortages of personnel and public funds prevent public health facilities from offering even the most basic health services, let alone enable them to provide ARVs.

Moreover, once a person begins ARV treatment, they must continue for the rest of their lives.

Stopping the treatment can result drug resistance; and resistant strains can then be transmitted to others. Therefore, access must be for a lifetime, not just a few doses.

When medications were first developed, there were some doubts that the complicated ARV treatments (several pills a day, several times a day with dietary conditions) could be administered in resource-poor countries. But today thousands of faith based and community based programs, administer ARVs safely and consistently.



Over time experts have realized that prevention and treatment go hand-in-hand. Without the availability of treatment few people wanted to know their HIV status. Testing positive meant certain death and possible stigmatization. As treatment becomes more widely accessible, more people opt for testing resulting in reduced fear of testing and less stigma in communities.

To begin winning the fight against AIDS diagnostic costs and ARV prices must come down. Treatment programs must be scaled up, more trained personnel is needed to make treatment available to people in rural and difficult to reach populations. Governments must live up to their promises and pharmaceutical companies must prioritize the needs of resource poor people around the world.

II. Treatment for children

Every day, nearly 2,000 children are infected with HIV. About 660,000 children need ARVs, but only 10 percent receive them. Almost half of all HIV infected children die before the age of 2. Available medicines to treat pediatric HIV cost four times adult the versions.

Pediatric research is lacking and ARV formulations for children are scarce. As a result, parents and caregivers attempt to divide adult pills, which can mean inaccurate dosing. Syrups needing refrigeration are available but can only be used for populations that have electricity. In some cases powders or crushed pills are given, but they require safe drinking water, which is not available in many communities. Fixed-dose combination drugs (more than one drug in one pill) are available for adults, but not for children. We know that pharmaceutical companies have the knowledge and capacity to solve this problem, but, since most of the children who need these medicines are in developing countries, there is little economic incentive for pharmaceutical companies to provide them.

Another related issue stems from the fact that nine out of 10 children living with HIV became infected at birth through mother-to-child transmission. In developed countries, this has been prevented in most cases by giving an inexpensive highly active antiretroviral therapy (HAART) to the mother during pregnancy and to the infant right after birth. However, in poor countries, Prevention of Mother to Child Transmission (PMCT) is not widely available. Neither HIV testing nor the medicines are easily available, so children often die.

III. The Global Fund for AIDS, TB and Malaria

The Global Fund (GFAMT) was established as a public-private partnership in 2002 to increase resources to fight AIDS, malaria and tuberculosis, working in partnership among governments, civil society, the private sector and affected communities. Tuberculosis and malaria are included in this program because both are frequently found to be co-infections with HIV; TB is the leading cause of death among HIV infected persons. The Global Fund does not implement programs on the ground, but disburses contributions from governments, foundations and businesses through grant programs, focusing on an integrated approach to prevention and treatment. To date, the Global Fund has committed US\$ 10.7 billion in 136 countries to support aggressive interventions against all three diseases.

For every dollar the U.S. contributes to the Global Fund, two dollars have been contributed by other countries, clearly multiplying the impact of U.S. contributions.

IV. Universal access and funding

In June 2001, the first time the United Nations ever held a high level meeting on a health issue, all member states signed the Declaration of Commitment, pledging to progressively provide the “highest attainable standard of treatment for HIV and AIDS,” including ARV therapy. Since then, governments, the United Nations system, bilateral donors, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and civil society have increasingly focused on treatment as a major focus of this commitment. Countries began creating national plans and strategies to meet the targets the Declaration set; in 2005, world leaders at the G8 Summit officially committed to ensure universal treatment access by 2010. This commitment was strengthened in December 2005, when the United Nations, through a General Assembly Resolution, requested UNAIDS and its co-sponsors to assist in “facilitating inclusive, country-driven processes for scaling up HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it.”

Political will and economic resources are essential to fulfilling these promises. Resource-poor countries, often struggling to pay off massive debt, are unable to strengthen health systems and infrastructure necessary to reach those in need of prevention, care and treatment programs, and the cost of diagnostics and medicines makes such scale up in program unattainable. Governments that can must be challenged to increase their contributions to the Global Fund and other funding mechanisms to combat AIDS. At the same time developed nations, including the U.S., and the World Bank must develop ways to cancel debt and prohibitive health care user fees so that within resource-poor families money can be freed up for children’s education (a major prevention factor for young children, especially girls) and for HIV treatment programs.

V. PEPFAR: The President’s Emergency Plan for AIDS Relief

In January 2003, President Bush asked and Congress approved \$15 billion over five years to fight AIDS in 15 focus countries in Africa, the Caribbean and Asia. Initially the main emphasis was on treatment and care for people living with AIDS and only 20 percent of the program’s funding went towards prevention efforts. The money also included funding for work with orphans and other vulnerable children as well as contributions to the Global Fund. Countries receiving PEPFAR funding saw a marked increase in the availability of medicines and treatments for people living with AIDS.

PEPFAR Reauthorization 2008: Based on the successes of the PEPFAR program members of Congress are considering authorizing \$50 billion over five years for HIV/AIDS, TB, and malaria efforts worldwide. House and Senate proposals include important funding that increases the effectiveness of the first PEPFAR program including providing support for health workforce and systems strengthening.

VI. Travel restrictions

Currently, persons living with HIV are denied access to the United States, except under certain conditions. Under current regulations, a person living with HIV can seek a “waiver” to the ban, allowing her/him to visit for up to 30 days; however, there are no guidelines for how these waivers are given, and the visitor’s passport is permanently stamped indicating his/her HIV status. Speaking for Physicians for Human Rights, Pat Daoust, MSN, RN states, “There are no valid public health grounds for the restrictions, which were originally established during the late 1980s by the Reagan administration.”

Members of Congress are now working on ways to examine public health aspects of the U.S. travel restrictions against people with HIV; UNAIDS has set up an international task team to put the issue of HIV-related travel restrictions (both short-term and long-term) on international and national agendas and move towards their elimination in all countries who currently have such a ban.

VII. Trade and pharmaceuticals

The World Trade Organization (WTO) was formed on January 1, 1995. It regulates trade between member countries, settles trade disputes between nations, and acts as a forum at which governments negotiate trade agreements. The WTO has 146 member countries. One of the responsibilities of the WTO is to ensure the protection of ideas created by people (through patents) and it does this under what is known as Trade Related Aspects of Intellectual Property Rights (TRIPS).

In the area of medicines, the patent system encourages pharmaceutical companies to introduce new drugs and share their research with others. Only patent holders are permitted to market products under patent for a set number of years. This ensures the patent holder a return on his or her research and development of the product and encourages large pharmaceutical firms to continue to research and develop new drugs. Under the WTO countries are asked to observe intellectual property and patent laws.

Countries that have been hardest hit by the HIV/AIDS pandemic, particularly African nations, have called for an examination of the tension between the intellectual property regime and the need for widely accessible and affordable medicines to address the global health crisis that AIDS is creating. However, pharmaceutical companies, with support from some industrialized countries, argue that the patent system is essential because it enables them use their profits for research and development. They maintain that in this way they promote public health.

At the WTO Ministerial meeting at Doha in November 2001, WTO members passed a Ministerial Declaration which stated that TRIPS "can and should be interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all." Under the TRIPS Agreement, countries have absolute rights to issue a compulsory license to authorize imports of generic products, and can import the totality of the product to be put on the market pursuant to the compulsory license. But bilateral and regional agreements between these countries and the U.S. and other developed nations are often increasing patent protections or slowing down a country's ability to make generic medicines through other intellectual property related measures.

There is no way to Universal Access by 2010 if trade agreements continue to restrict countries' ability to provide people with affordable medications when they have the political will to do so.

VIII. AIDS in the United States

Though only a few Maryknollers are working with people living with AIDS in the U.S., it is crucial that we acknowledge the struggle of people in the U.S. living with HIV as well. Although African Americans are only 13 percent of the population, they account for almost 50 percent of the one million people in the U.S. living with HIV. Seven out of 10 youth diagnosed with HIV are black, and AIDS is the leading cause of death among young African American women, while the incidence among Latinos/as and migrants is on the rise. Poor access to health prevention and care services for African Americans and Latinos/as add to an age-old mistrust of the health care system in general. Lack of information, prevention programs and services for people who use drugs may be contributing factors.

While overall incidence has decreased considerably since the 1980s, there are still 40,000 new infections per year, a number that has not changed in the past 10 years. Also, counseling and testing remain crucial factors for diagnosis and treatment, but 25 out of 100 persons infected do not know it.

What we can do in an election year:

Familiarize ourselves with our elected officials' positions on crucial HIV legislation. Communicate with elected officials about how important these issues are to voters. Continue the conversation about what should be done with our representative and or senators.

Glossary of acronyms



AIDS	Acquired immunodeficiency syndrome
ARVs/ART	Antiretroviral drugs/antiretroviral treatment
ARV	Antiretroviral
CBO	Community based organization
CSW	Commercial sex worker
FBO	Faith based organization
FTA	Free trade agreement
G8	Group of Eight countries (Canada, France, Germany, Italy, Japan, Russia, the UK and the U.S.)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
INGO	International non governmental organization
MDG	Millennium Development Goals
MSM	Men who have sex with men
NGO	Non governmental organization
OI	Opportunistic infection
OVC	Orphans and other vulnerable children
PE	Peer educator
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission (of HIV)
PUD	People who use drugs
STD	Sexually transmitted disease
STI	Sexually transmitted infection
SW	Sex worker
TRIPS	Trade-related aspects of intellectual property rights
UNAIDS	Joint United Nations program on HIV/AIDS
VCT	Voluntary counseling and testing
WHO	World Health Organization
WTO	World Trade Organization

Resources on HIV/AIDS

Global responses:

- **United Nations UN Special Session on HIV/AIDS (UNGASS), June 2001.** The first time the United Nations has held a high level meeting on a health issue, resulting in a Declaration of Commitment (DoC) setting goals and timelines for national responses and signed by all 194 member states. <http://www.ua2010.org/en/UNGASS>
- **UNAIDS, the Joint UN Programme on HIV/AIDS,** brings together the efforts and resources of ten UN organizations in the AIDS response to help the world prevent new HIV infections, care for people living with HIV, and mitigate the impact of the epidemic. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. <http://www.unaids.org>.
- **Millennium Development Goals, agreed on in September 2000 to be reached by 2015.** Of the eight goals, #6 is to "Combat HIV and AIDS and other diseases - Have halted by 2015 and begun to reverse the spread of HIV/AIDS." <http://www.un.org/millenniumgoals>.
- **PEPFAR (2003) and the Global Fund (2002)**
- **The Gates Foundation:** <http://www.gatesfoundation.org>
- **The Clinton Foundation:** <http://www.ClintonFoundation.org>

Websites

Catholic social tradition

National Catholic AIDS Network	http://www.ncan.org
Center of Concern's Education for Justice	http://www.educationforjustice.org/
Just Peace	http://www.justpeace.org/
NETWORK	http://www.networklobby.org/
Office for Social Justice of St. Paul/ Minneapolis	http://www.osjspm.org/major_themes.aspx

Access to medicines

Global AIDS Alliance	http://www.globalaidsalliance.org
Interfaith Center for Corporate Responsibility	http://www.iccr.org
Doctors without Borders	http://www.Doctorswithoutborders.org
Oxfam America	http://www.oxfamamerica.org

Treatment for children

Ecumenical Advocacy Alliance	http://www.e-alliance.ch/hivaids.jsp
Global AIDS Alliance	http://www.globalaidsalliance.org
Doctors without Borders	http://www.doctorswithoutborders.org

The Global Fund

The Global Fund
AVERT

<http://www.Theglobalfund.org>

<http://www.avert.org/global-fund.htm>

Universal access and funding

World Health Organization
Keep the Promise
Jubilee USA (AIDS and debt)

<http://www.who.int/hiv/universalaccess2010/en/>

<http://www.ua2010.org>

<http://www.jubileeusa.org>

PEPFAR articles

Maryknoll Global Concerns office
PEPFAR
AVERT
HealthGap

<http://www.maryknollogc.org/social/hiv-aids.htm>

<http://www.pepfar.gov>

<http://www.avert.org/pepfar.htm>

<http://www.healthgap.org/camp/pepfar.html>

Trade

Essential Action
Ecumenical Advocacy Alliance

<http://www.essentialaction.org/access>

<http://www.e-alliance.ch/>

Travel restrictions

UNAIDS
Kaisernetwork (daily reports)
Ecumenical AIDS Alliance

<http://www.unaids.org>

<http://www.kaisernetwork.org>

<http://www.e-alliance.ch/media/media-6998.pdf>

AIDS in the United States

Kaiser Family Foundation
Gay Men's Health Crisis (GMHC)
'08 Stop AIDS Campaign

<http://www.kaisernetowrk.org>

<http://www.gmhc.org>

<http://www.08stopaids.org>

Scientific and epidemiological information:

HIV InSite (University of California San Francisco): <http://hivinsite.ucsf.edu>
Global Health Reporting: <http://www.globalhealthreporting.org>
Kaiser Family Foundation: <http://www.kff.org/hiv/aids/global.cfm>
World Health Organization: http://www.who.int/topics/hiv_infections/en