

Strategic Use of Antiretroviral Medicines for Treatment and Prevention of HIV

Oral Statement under item 4 – Strategic Use of Antiretroviral Medicines for Treatment and Prevention of HIV, submitted by Caritas Internationalis (International Confederation of Catholic Charities), Association Community Pope John XXIII, Caritas Australia, Edmund Rice International, International Catholic Child Bureau, Medical Mission Institute Würzburg – Catholic Advisory Organization for International Health, and Trócaire.

Caritas Internationalis¹ delivers this statement in collaboration with the following co-signing organizations: Association Community Pope John XXIII, Caritas Australia, Edmund Rice International, International Catholic Child Bureau, Medical Mission Institute Würzburg – Catholic Advisory Organization for International Health, and Trócaire.

With regard to the report “Strategic Use of Antiretroviral Medicines for Treatment and Prevention of HIV” presented before the Programme Coordinating Board of UNAIDS, we would like to affirm, in particular, that *“antiretroviral therapy is first and foremost about safeguarding the fundamental Human Rights to life and to health of people living with HIV”*², and *“[...] is about transformation of communities and societies by restoring health, dignity and respect of people affected by AIDS.”*³

Moreover, we note with much concern that *“children and adolescents represent the only population among whom AIDS-related deaths are increasing”*⁴, in particular due to lack of antiretroviral child-friendly fixed-dose combinations specifically adapted for resources-limited settings.

Perhaps, an even more fundamental problem is the persistent lack of adequate financing for both prevention and treatment programmes. In fact, flat-lining budgets and funding cuts lead to backtracking of progress made, and translate into millions of unnecessary deaths.

Global statistics on HIV incidence and prevalence continue to demonstrate the need for an intensive treatment response for people living with HIV worldwide. Of the 35.3 million people living with HIV⁵, 25.8 million are sufficiently immuno-compromised enough to require antiretroviral treatment⁶. The fact that 9.7 million people now have access to treatment represents a remarkable achievement⁷. However, a 62 percent treatment gap still exists, showing the need for further scale-up of treatment. Moreover, above and beyond antiretroviral treatment, there is a need for a more comprehensive and sustained response to HIV and AIDS.

Catholic Church-related organizations have been engaged in such a comprehensive response since the early 1980s. For example, member organizations of Caritas Internationalis currently sponsor or support HIV programming in at least 114 countries. Moreover, eleven of the largest organizations within the Catholic HIV and AIDS Network (CHAN) collectively spent 135 million US dollars on HIV and AIDS in 2013 worldwide. While these represent just a fraction of the

¹ Caritas Internationalis is a Confederation of 164 national member organisations present in 200 States and territories of the world. They are engaged in humanitarian assistance, social and health services, integral human development, and advocacy, with particular attention to the most rural and marginalized populations.

² Strategic Use of Antiretroviral Medicines for Treatment and Prevention of HIV, UNAIDS/PCB(33)/13.18, paragraph 4.

³ *Ibidem*, paragraph 5.

⁴ *Ibidem*, paragraph 67.

⁵ UNAIDS Report on the Global AIDS Epidemic 2013.

⁶ Global Update on HIV Treatment 2013: Results, Impact and Opportunities, WHO Report in Partnership with UNICEF and UNAIDS.

⁷ *Ibidem*.

overall Catholic response, during 2010, CHAN members alone served 90,000 clients on ART, 25,500 pregnant women through PMTCT, 120,000 HIV-positive clients in home-based and palliative care, 314,000 clients in voluntary counseling and testing, 52,000 orphans and vulnerable children, and 5.5 million people through prevention initiatives.

Surveys conducted by both the Catholic HIV and AIDS Network⁸ and the Ecumenical Advocacy Alliance⁹ showed that most faith-based organizations have been experiencing funding shifts since the end of 2009. The impact ranges from patients being forced off treatment, to agencies being unable to enroll new patients in treatment programmes, to staff layoffs and reduced programme outreach.

For example, since 2007, the Nsambya Home Care Programme in Kampala, Uganda, a Catholic community-based organization providing home-based and palliative care to 11,000 clients, ART to 5,000, voluntary testing, HIV prevention, and care and support to orphans and vulnerable children, has experienced a cut in nearly 75% of its total funding. Trained staff has been laid off, and medication and supply inventory is now held to a bare minimum. As a result, in the past few years Nsambya has been unable to enroll new clients on ART unless people already on treatment pass away, nor are they able scale up services to meet the demands of people in need of treatment but not already enrolled in ART programmes.

The need for uninterrupted and dependable sources of funding is critical for an effective and strategic HIV and AIDS response. Many organizations have no guarantee of funding beyond the current fiscal year, and equally worrying, many have experienced significant delays in promised funding. This uncertainty makes the implementation of services extremely difficult while, simultaneously, donors demand greater efficiency.

Moreover, wider care and support remains equally as critical as ART, but regrettably has not received the attention that was promised by its inclusion in the universal access. Although it is considered the third pillar of Universal Access, care and support is scarcely accounted for in formal, funded national AIDS responses or policy-making. At the global level, HIV care and support is not listed as a priority for many international institutions and donors. Therefore the work of community and family caregivers and home-based care organizations has remained largely invisible and inadequately supported.

In order to facilitate an effective and strategic use of antiretroviral medicines for treatment and prevention of HIV, we ask governments, UNAIDS, and other relevant stakeholders to fully respect and fulfill their commitments to HIV and AIDS treatment, care and support. We call on them to maintain long-term funding commitments; to provide comprehensive and integrated programming for adults and children living with or vulnerable to HIV infection; to build, strengthen and sustain human resource capacity; and, in particular, to improve support for infected and affected children.

Thank you.

⁸ Keeping Commitments for HIV and AIDS: Access for All to Prevention, Treatment, Care and Support, A Position Paper from the Catholic HIV and AIDS Network (CHAN), May 2011.

⁹ Assessing the Impact of the Flat-Lining of Treatment Funding on HIV-Related Services Delivered by Faith-Based Organizations, Ecumenical Advocacy Alliance, 2010.