

Report of the SACBC AIDS Office
August 2006
Sr Alison Munro

PROGRAMMES

Prevention, Care and Support

- Prevention programmes , while having been stepped up (through eg Education for Life, Love Waits, and similar programmes) require major commitment at diocesan and parish level if real change is to be effected, and numbers of infections reduced. For the moment numbers of infections continue to rise.
- Care and support programmes remain the backbone of the Church's response to AIDS, demanding high levels of commitment on the part of those involved in the frontline. Most dioceses have established home based care programmes. Roughly 100 000 people of the 600 000 people in SA who would need to be on treatment are receiving it. Numbers of deaths are not abating in the big picture.
- The AIDS Office, CATHCA and CIE jointly are submitting a new proposal in the area of prevention to PEPFAR . If awarded the money would be available to support work in Botswana and South Africa. (Swaziland is not a PEPFAR targeted country). It is hoped to be able to commit some of the funding to catechetical programmes.
- The commitment of the South African Department of Health to prevention, with emphasis on the "A" and "B" rather than just the "C" is noted.

Orphans and Vulnerable Children

- Numbers of orphans and vulnerable children are increasing, many of them unnoticed and not provided with help. The estimate is that approximately 1 million children are orphaned and made vulnerable by AIDS in South Africa alone.
- Many projects need major help with training of caregivers to be able to provide the kinds of psycho-social support needed by children. It is not enough simply to provide food, even though this is often the entry point for many projects.
- A learning and sharing conference targeting the people involved in diocesan projects caring for children was held in Durban during June. Assistance was provided to participants around psycho-social and other means of support to children.
- The AIDS Office is working closely with National Department of Social Development on policy guidelines for work with OVC.
- Funding through Family Health International is supporting a number of projects, and it is hoped soon to have additional money committed by PEPFAR to scale up the numbers of children reached in other projects.

Treatment

- At the end of June approximately 7 000 people were receiving treatment at Catholic sites. The numbers will rise when the new PEPFAR allocation is received.
- Two sites of the original twenty PEPFAR have been closed, linked to poor performance and the financial management structures. Patients have been

transferred to neighbouring government facilities which have opened subsequent to the beginnings of the SACBC programme.

- PEPFAR will commit money to a new site in the diocese of Keimoes-Upington, and negotiations are underway re the possible opening of new sites in Kokstad and at Fickburg in the diocese of Bethlehem.
- Negotiations are underway with various government health authorities re the future of the programmes. It is hoped that the KZN authorities will take over the programme at Mariannahill now that the hospital has been accredited; that some facilities will have government provided drugs if they become down referral sites of specific government hospitals (eg Sinosiso in Durban) that patients in some facilities will become government patients over a period of time. Several models operate in this regard.
- New patients can be taken into the programme as stable patients are transferred to government or other facilities. It is acknowledged that both sites and patients are resistant in this regard, preferring not make the referrals.

Training, retreats, diocesan co-ordination

- Training for project staff is an ongoing concern of the SACBC AIDS Office, and people are offered training on site or elsewhere. Some of these people do move on which is a problematic on one level even if it can be said that the Church is helping to build various skills needed in the country.
- Individual projects and some diocesan co-ordinators make provision for the ongoing spiritual support of staff members involved at grass roots. Others need more help in this regard.
- A learning and sharing conference was held recently in Johannesburg for diocesan AIDS co-ordinators, helping participants better understand their role in assisting diocesan projects at various levels.
- Diocesan co-ordination re AIDS needs a lot of input from the AIDS Office if it is to benefit all concerned. Bishops (or their representatives) are urged to provide encouragement and support to those who are to assist them with what is happening and needs to be done at diocesan level.
- Co-ordinators and the diocesan committees assisting them are encouraged to assist in problem-solving, in identifying projects to be assisted, in accompanying projects which respond to the AIDS pandemic. Co-ordinators should not themselves be involved in the day to day running of individual projects.

FUNDING

Continued funding

- While funding has been received from traditional partners of the SACBC AIDS Office, it is noted that some of the grants will come to an end during 2006. New proposals will need to be submitted.
- CMMB has paid the last instalment of its original five year grant.

New funding

- New funding has been received from Family Health International as part of a PEPFAR grant for work in Zambia, Namibia and South Africa for work with orphans and vulnerable children. The SACBC is the South African part of this grant. The grant was pending for some time, but some of the money has now been received.

- The AIDS Office in partnership with CMMB in South Africa has been notified by USAID in Pretoria that it will receive a two year grant for work with orphans and vulnerable children. The work will possibly begin in about July.
- Several SACBC agencies will submit a joint proposal to NRASD applying for a grant to cover work in a number of areas related to AIDS and social services. The money is South African government money, committed by the president to NRLF.

OTHER INFORMATION

- The SACBC AIDS Office did not participate in a SECAM conference in Nairobi scheduled for June. It had been postponed a number of times.
- Sr Alison represented the SACBC at a meeting of Caritas partners working in AIDS in Geneva. The meeting engaged with various UN agencies as well as ILO and WHO around better working relationships with the Church, and the availability of resource material (sometimes in the past not available to the Church).
- A delegation from the Zambian Bishops' Conference Health Desk spent a week in the AIDS Office and visiting various SACBC agencies to learn what they could about our structures.
- A German Bishops' Conference study tour around AIDS visited during Easter week, beginning in Cape Town, and ending in Johannesburg. Small groups also visited Bloemfontein, Kimberley, Durban/Mariannhill, and Rustenburg.
- The Catholic Jewish Relations International Symposium will be held in Cape Town in November and will look at AIDS and health care. Cardinal Kasper has invited a number of South African Catholics to participate.
- Sr Alison is one of several South Africans invited to an international conference of Catholic moral theologians to be held in Padua, Italy in July.
- A UNAIDS best practice study of the SACBC AIDS Office programme is currently underway, conducted by Fr Bob Vitillo of Caritas International in Geneva. Commissioned by CMMB, it is due for completion in September.

CMMB SA

- CMMB established a country office in South Africa towards the end of last year with Johan Viljoen as director. His major work is still in the SACBC ARV programme.
- CMMB SA has managed to access certain pharmaceutical supplies which have been shipped to some Catholic facilities in South Africa.
- The part time services of the financial officer of CMMB SA have been made available to the SACBC.

CRS Assessment

- CRS invited representatives of its key partners in South Africa (who included Sr Alison, Bishop Dowling, Fr Peter John Pearson and Fr Vincent Brennan) to participate in an assessment of its activities in Southern Africa and to make a recommendation as to its continued presence and activities in South Africa.
- The recommendations made include: a predominantly South African rather than expatriate staff; a few more in-country staff; assistance to local dioceses with attempting to access US and other funding for AIDS and Justice and Peace-related

work; support for diocesan and national initiatives rather than for small projects; close collaboration with relevant SACBC structures.

- There is a recognition that CRS private funding may diminish in the future, hence the need to access other funding. There is also a recognition that CRS operations in South Africa differ from those in other parts of the world, where eg more CRS staff are more directly involved in Church projects than is the case in South Africa

CHALLENGES

Sustainability

- Sustainability remains a critical concern since interventions of the AIDS Office are directly related to available funding.
- The final instalment of funding provided under the original CMMB five year grant has been paid to the SACBC. Future funding opportunities through CMMB are likely to be linked to the ability (of CMMB and /or CMMB and the SACBC) to leverage appropriate levels of funding from elsewhere.
- The PEPFAR funding of the SACBC treatment programme is now into its third year. Efforts are being made to transfer patients where this can happen into the SA government system sooner rather than later. It is likely that PEPFAR funding will continue beyond the five years. But that is not a given.

Financial management at project level

- Projects with poor financial and project management skills are on occasion the target of unscrupulous people who claim to want to help them. Some advisors have acted “fraudulently”, and the SACBC AIDS Office urges bishops (or their representatives), diocesan committees and diocesan co-ordinators to monitor projects carefully.
Some projects even at diocesan level will not be funded unless good financial systems are in place. A small number of projects have had funding withdrawn because of a clear lack of accountability.
- The AIDS Office has employed a financial compliance officer to assist individual projects with compliance issues. This will assist the SACBC with its own compliance regarding US government requirements.

Capacity issues

- As much and as often as personnel are trained at project level, some of them move on, and the process needs again to begin.
- Increasingly accredited training is required if people expect to receive recognition or remuneration for their work.

Pastoral and Spiritual Support

- Bishops are urged to encourage clergy to be involved in the pastoral and spiritual support of parishioners and others affected by AIDS.
- Some dioceses have requested workshops/training targeted specifically at clergy to assist them in dealing with difficult pastoral situations.
- The Church itself needs to break the silence it maintains in the face of AIDS, and to address real problems of stigma and discrimination

STAFF

- Director: Sr Alison Munro
- OVC: Richard Montsho, Sr Francis Krige, Zanele Gule

- ARV: Sammy Isaacs, Malebo Mmaponyane (assisted by Johan Viljoen from CMMB)
- Prevention, care and support: Anthony Ambrose (also deputy director), Emmanuel Modikwane, Hector Rakhetsi
- Finance and administration: Keith Glass, Ntombifuthi Ntsalaze, Theresa Bossert and Dineo Monyepao

Appendix One
Diocesan Co-Ordination
Sr Alison Munro,OP
May 2006

Our Catholic Church Structure

- The Southern African Catholic Bishops' Conference has its headquarters in Pretoria.
- The territory of the SACBC is in three countries, South Africa, Swaziland and Botswana, covering 29 dioceses
- Each diocese needs its own structures responding to AIDS in collaboration with diocesan co-ordinators , diocesan /parish AIDS committees/ Parish pastoral councils
- Must work with other people of good will, NGOs, other churches, government departments

Scripture: there are different kinds of service

“There are different kinds of gifts, but the same Spirit. There different kinds of service, but the same Lord. There are different kinds of working, but the same God works all of them in all people. Now to each one the manifestation of the Spirit is given for the common good. All these are the work of one and the same Spirit, and he gives them to each one, just as he determines. (1 Cor 12:4- 11)

The Catholic Church is Us

- Sometimes seen by people as the pope and the bishops
- Is also us, the ordinary people of God
- Is hierarchical and also local, not one without the other
- Is doing an enormous amount to respond to AIDS
- Could be doing still more to respond to AIDS
- Has been involved in the education and care of people from its very beginnings

Scripture: Come you who are blessed

- “Then the King will say to those on his right, ‘Come you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in. I needed

clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.” (Mt 25: 34-36)

Sharing in the Mission of Jesus and of the Church

- The Second Vatican Council reminds us of our calling to share in the mission of Jesus and the Church
- By virtue of our baptism we are called to holiness and to share the good news with others
- We all share in the priesthood of Jesus
- Our work has the kingdom of God as its goal
- Our work is for the sake of others, not simply for what we can get out of it. You also should wash one another’s feet

Scripture: I have set you an example

- “Now that I, your Lord and Teacher, have washed your feet, you also should wash one another’s feet. I have set you an example that you should do as I have done for you.” Jn 13: 14-15)

Our work to address AIDS

- Needs to focus far more on **prevention**, ultimately the key to turning the epidemic round
- Is in a large measure **a response to those who are sick**
- Makes increasing provision for **orphans and vulnerable children**
- Must continue to lobby for access to **treatment**
- Is about the **spiritual and pastoral care** of all people

Scripture: Choose seven men from among you

“It would not be right for us to neglect the ministry of the word of God in order to wait on tables. Brothers, choose seven men from among you who are known to be full of the Spirit and wisdom. We will turn this responsibility over to them, and will give our attention to prayer and the ministry of the word.” (Acts 6: 2-4)

Scripture

AIDS in our Region

- South Africa remains the country with the highest number of people infected by AIDS in the world
- Swaziland and Botswana are the two most affected countries population-wise, around 40% of the population.
- Rates of infection have not yet begun to drop
- Numbers of people becoming infected, and numbers of people dying continue to rise

The Social Teaching of the Church

- “The Church’s social doctrine has the same dignity and authority as her moral teaching.”

- “The Church shows her concern for human life in society. Social doctrine has the task of proclamation, but also of denunciation.”
- “Everyone has the right to enjoy the conditions of social life that are brought about by the quest for the common good.”

The Church at the Service of the World

- “The Gospel encounters the problems of people on their journey through history.”
- “The Church journeys along the roads of history together with all of humanity. She is called to serve the world.”
- “The Church’s social doctrine is an integral part of her evangelizing ministry.”

The Church and Human Dignity

- “Dignity of the human person: in all dimensions, personal and social, spiritual and corporeal, historical and transcendent.”
- “The Church sees in every person the living image of God himself”.
- “We need to respect the dignity of children.”
- “All social values are inherent in the dignity of the human person”.

Our striving for the Common Good

- “We are called to love our neighbour as ourselves and to persevere in this conduct because we are all really responsible for everyone.”
- “The principle of the common good stems from the dignity, unity and equality of all people.
- ““Social charity makes us love the common good.” (Paul VI).

Our Preferential Option for the Poor

- “The Church’s social doctrine requires that ownership of goods be equally accessible to all.”
- “The preferential option for the poor is affirmed”.
- “The Church’s love for the poor is inspired by the Gospel of the Beatitudes, by the poverty of Jesus and by his attention to the poor”

“Our prayer is always full of hope” SECAM, DAKAR 2003, PLAN OF ACTION

In solidarity with you, we commit ourselves to:

1. Utilise and increase the human, material, and financial resources dedicated to address the situation of HIV and AIDS in our communities, and to identify focal points in parishes, dioceses, and national Episcopal conferences in order to assist with gathering information and development of programme strategies. continental level in the struggle against the pandemic.
2. Make sure that the health services of the Church, the social services and the educational institutions respond appropriately to the needs of those who are ill with AIDS.
3. Focus on the particular vulnerability of girls and the heavy burden on women in the context of the HIV pandemic in Africa

4. Advocate vigorously for access to treatment for those who are prevented from obtaining it through poverty and structural injustices.
5. Involve those who are knowledgeable about traditional medicines and other natural remedies in research into means of struggling against AIDS.

Faithful to our Gospel convictions, with you we commit ourselves to:

1. Collaborate with other Christian confessions and with people of other faiths working in their respective communities to support those affected and infected by HIV/AIDS.
2. Promote closer partnerships with civil society, the business sector, governments, the United Nations, international and intergovernmental agencies, and particularly with organisations of people living with HIV and AIDS, in order to increase the capacity for care and support, without diluting our evangelical convictions.

Facing the serious threat of AIDS, with you we are committed to:

1. Promote changes of mentality, attitude and behaviour necessary for confronting the challenge of the pandemic.
2. Work tirelessly to eradicate stigma and discrimination and to challenge any social, religious, cultural and political norms and practices which perpetuate such stigma and discrimination.
3. Play a major role in eradicating the damaging myths of stigma and discrimination by facilitating Voluntary Counselling and Testing (VCT) so that those who are infected might benefit from the care and support they need. This will also help better to control mother-to-child transmission.
4. Advocate with government at all levels and with inter-governmental organizations to establish policy priorities that adequately support those affected by HIV and AIDS, that provide access to care and treatment and a life of dignity for people living with HIV and AIDS, and that implement the commitments made at various inter-governmental meetings.

In shared responsibility with you, we commit ourselves to:

1. Develop educational programmes which integrate the theme of HIV/AIDS in theology and religious formation. These programmes will also include moral principles and practical skills for promoting healthy relationships and a well-integrated sexuality.
2. Promote and deepen theological reflection on the virtues of compassion, love, healing, reconciliation, and hope, all of which are capable of confronting the judgement, shame, and fear that so often are associated with HIV and AIDS.

3. Organize workshops at the regional, national, diocesan and parish levels in order to increase accurate knowledge and sensitivity around all HIV and AIDS-related issues relevant to our Church.
4. Encourage people living with HIV/AIDS or affected by it to become actively involved, in our local communities, as resource persons in the struggle against the pandemic.

Finally, as Pastors of the Church Family of God in Africa in a time of AIDS, we want to:

1. Train clergy, religious, and committed laity to accompany people living with and affected by HIV and AIDS with prayer and spiritual counselling.
2. Provide doctrinal, spiritual and social formation, and the best possible professional training, for those willing to become involved in caring for and accompanying those who are living with and affected by HIV/AIDS.
3. Welcome people living with HIV and AIDS in a warm, non-judgemental and compassionate manner in our churches and ensure them a “place at the table of the Lord.”
4. Provide the sacraments and sacramentals, as appropriate and requested, to Catholics living with the virus.
5. Put into action the challenge addressed by our Holy Father Pope John Paul II to the Church in our continent through his Apostolic Exhortation, *Ecclesia in Africa*:

**Appendix Two
OVC, Learning and Sharing, June 2006
Sr Alison Munro
SACBC AIDS Office**

“The battle against AIDS ought to be everyone's battle. Echoing the voice of the Synod Fathers, I too 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.” (John Paul II, *Ecclesia in Africa*)

Our Catholic Church Structure

- The Southern African Catholic Bishops’ Conference has its headquarters in Pretoria.
- The territory of the SACBC is in three countries, South Africa, Swaziland and Botswana, covering 29 dioceses.
- Each diocese needs its own structures responding to AIDS in collaboration with diocesan co-ordinators , diocesan /parish AIDS committees/ parish pastoral councils.

- The Catholic Church is us, the ordinary people of God, not just the pope and the bishops.
- Is doing an enormous amount to respond to AIDS, and is called to more.
- Has been involved in the education and care of people from its very beginnings.
- The challenge: to work increasingly with other people of good will, NGOs, other churches, government departments.

What Scripture says

- “Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these.” (Mt 19: 14)
- “Whoever welcomes a little child like this in my name welcomes me. But if anyone causes one of these little ones who believe in me to sin, it would be better for him to have a large millstone hung round his neck and to be drowned in the depths of the sea.” (Mt 18; 5-6)
- “Do not take advantage of a widow or an orphan. If you do and they cry out to me, I will certainly hear their cry.” (Ex 22:22,23)

The Social Teaching of the Church inspires us

- “The Church shows her concern for human life in society.
- “Everyone has the right to enjoy the conditions of social life that are brought about by the quest for the common good.”
- “The Church sees in every person the living image of God himself”.
- “We need to respect the dignity of children.”
- “All social values are inherent in the dignity of the human person”.
- “The Church’s love for the poor is inspired by the Gospel of the Beatitudes, by the poverty of Jesus and by his attention to the poor”
- The challenge: “We are called to love our neighbour as ourselves and to persevere in this conduct because we are all really responsible for everyone.”

The Church’s Concern for Children

- The family has a completely original and irreplaceable role in raising children.
- Parents are the first educators of their children.
- In the education of children, the role of the father and that of the mother are equally necessary.
- Parents have a particular responsibility in the area of sexual education
- The rights of children must be legally protected within juridical systems.
- The situation of a vast number of the world’s children is far from being satisfactory.
- The challenge: how to create family environments for children orphaned and made vulnerable by AIDS.

Our Church Response to OVC

- Commitment to orphans, widows, aliens/foreigners as a biblical injunction is clearly a call to the Church in every age, not least to our own.
- Home based care begun by parishes/dioceses and religious congregations is often the first place in which OVC are identified. Schools identifying increasing numbers of OVC.
- Our work is for the sake of others, not simply for what we can get out of it.

- Challenge: needing to focus far more on prevention, ultimately the key to turning the epidemic round
- The challenge: the spiritual and pastoral care of people.

OVC Programmes

- Long term commitment to OVC is not easy; it's easier to run a five day workshop on prevention than to be committed for the long haul.
- Programmes in the Church often begin as feeding schemes, but must evolve into comprehensive responses if children are to be assisted beyond the basics, and if programmes themselves are to be sustainable in the long term.
- It's not easy to move beyond the basic security needs type of intervention to eg more psycho-social and pastoral support types of intervention if skills, resources and commitment to other people's children are not present.
- People in society often open their hearts to individual children in one kind of need or another. Greater numbers of vulnerable children are more difficult to deal with.
- Some parishes providing a comprehensive response to families within their own borders, or to families in neighbouring parishes.
- A real challenge is that of making the good services that are available on a small scale to the greatest number of beneficiaries, i.e. scaling up the numbers of children being reached.

Treatment of children

- Children on treatment are going back to school, not dying; homes formerly taking care of dying children having to rethink their response.
- But treatment is not by far reaching everyone who needs it, and many children are not being brought for treatment. Approximately 8% of the people on treatment in our programme are children. Most are not of school going age.
- The challenge: how to get more children on treatment, and in time.

Psychosocial and Educational Support

- Work re life-skills in primary schools addresses all children, not only OVC, throughout the Catholic schools network
- Educational access programmes are supported by both donor funding and donations from private individuals.
- Schools also identify orphans, who are supported in various programmes, which include psychosocial support, continued educational access, food security, housing.
- Psychosocial support being scaled up, including memory boxes, play/art therapy
- The challenge: to continue providing age appropriate services

Fostering, Adoption, Social Security

- Obtaining official documentation (birth certificates/ identity documents/parents' death certificates) to access social grants for OVC in South Africa is undertaken by Church projects; the increased uptake points to both increased numbers of OVC and an improvement by the Department of Social Development in delivery of services.

- The process of fostering and adopting of children can be long and drawn out because of the legal processes involved. Projects which have their own dedicated social workers score around the statutory work involved.
- Children fall through the cracks a second time when eg foster parents use grants for cell phone airtime or for liquor or for the needs of their own families.
- The challenge: ensuring that those in need receive resources for which they qualify.

What child care workers in SACBC OVC Projects believe

- “Our objective is to bring life to these children so that they can live like other children;
- We aim to give children hope, love, a chance to play, and to interact without discrimination;
- The objective is to make the lives of orphans and vulnerable children a fulfilling and enjoyable experience;
- We want to alleviate hunger and address the need for care;
- Our objective is to look after the well being of the whole child – spiritually, emotionally and psycho-socially;
- We want to restore children’s dignity, humanity and trust and (help them) continue with their education;
- We care for HIV positive people and their families;
- We work with people living with AIDS (PLWAs) and orphans and vulnerable children (OVCs) to bring quality of life, to remove the focus on death and (to help them) turn to life;
- Our objective is to provide professional and holistic care for the homeless and destitute in the Johannesburg inner city.”

Project Representatives in Tessa Marcus: To Live a Decent Life

Some of the lessons learned thus far

- Children’s needs not sufficiently being met across the board; many children fall through the cracks even within supposedly safe environments of eg foster care.
- Refugee children bear an additional burden; they do not eg qualify for social grants.
- Not enough being done collectively to address the problems comprehensively; there is still too much fragmentation in everyone’s response, whether Church or government or NGO.
- Training for caregivers needs constantly to be done to include new caregivers and to address volunteer attrition. Caregivers need carefully to be screened.
- Specialised care is needed for caregivers who suffer burnout and whose level of commitment can be under stress.
- There is an expectation that the Church be a provider of care, but we don’t always have sufficient care built in for those who provide the service.
- Institutional care within Church institutions is often excellent, but not reaching the numbers of children that need to be served. The level and quality of care in institutions needs somehow to be replicated in non-institutional care.
- Child-headed households are an option, and can work if they are supported by caregivers on a daily basis.

- Grants and birth certificates reaching communities, though not without problems as cases of fraud attest.
- The Church cannot work alone since it doesn't have all the resources, skills, answers. We need to work collectively, collaboratively with whoever is there, even unlikely partners.
- Caregivers and child care workers need skills training
- The challenge: in all of this, it isn't business as usual.

Our Southern African situation

- We experience a drop in life expectancy, with many adults not able to raise their own children.
- South Africa's children are vulnerable to rape and abuse in a very violent society.
- Sometimes the traditional cultural net of extended family and/or local community is in place, sometimes not.
- The backbone of the Church's response to AIDS is home based care from which has arisen both the care of orphans and vulnerable children, and ARV treatment of both adults and children.
- The challenge: meeting the needs of the rising in numbers of children orphaned and made vulnerable by AIDS across the region.

Appendix Three
Address to German Bishops' Conference Delegates
Sr Alison Munro, OP
AIDS: A challenge to the Church

The SACBC AIDS Office

- Co-ordinates the work of the Catholic Church around AIDS in South Africa, Swaziland and Botswana (the SACBC territory), and has some response in Lesotho
- Supports diocesan and parish projects around prevention, care of the sick and dying, orphan care and treatment
- Urges the spiritual and pastoral support of people affected by AIDS
- Promotes advocacy around care for children and access to treatment

Some background information

- Botswana and Swaziland: highest rates of infection in the world, about 40% of the adult population
- South Africa: highest number of infections, 6,2 to 6,7 million people
- The ratio of women to men infected is higher for women who are more vulnerable from a younger age
- Some countries beginning perhaps to see a slowing down of infection and prevalence rates, even Zimbabwe
- But numbers of AIDS-related deaths rising and numbers of orphans and children affected by AIDS rising
- All classes and races affected by AIDS, but the poor less able to cope with the consequences of sickness

- HIV: Human Immunodeficiency Virus causes AIDS: Acquired Immune Deficiency Syndrome,
- Various clinical symptoms and sicknesses make up the syndrome, eg tuberculosis, some pneumonias, some cancers. TB very common in Southern Africa
- Other sexually transmitted diseases (STDs) are not always sufficiently recognized as co-factors in the spread of HIV
- AIDS isn't caused by poverty, but often exacerbates poverty
- Our particular socio-economic context in a post-apartheid South Africa is the context in which HIV is readily transmitted between people.

Sexuality issues

- Cultural norms and practices, eg wife inheritance, dry sex, polygamy, and also the breakdown in cultural norms, often make it difficult to talk about issues related to sexuality. Sexuality issues are often taboo
- Sometimes marriage is not the place where one is safe.
- First sexual intercourse needs to be delayed as long as possible because of the particular vulnerability to HIV infection of teenage girls. The age of sexual debut can be as early as 11 years old.
- Gender inequality makes girls and women more vulnerable to infection than men
- HIV is largely sexually transmitted, though it can be transmitted by blood transfusions, and through sharing of needles in intravenous drug use.
- What we do know is how little we know about sexual practices between couples, within cultures, and in society

Stigma, denial, discrimination

- Linked to cultural and religious taboos around death, sex, and linked to issues of shame and guilt: stigma, denial and discrimination need to be challenged, in the Church as well as in society
- Confidentiality issues often confused with unhealthy secrecy/silence, and people keep silent when it would be more healthy for them to confide in someone they can trust
- Stigma: an attitude towards people who are seen somehow as deserving of what happens to them. So eg God is seen as punishing someone
- Discrimination: an action against people who may find themselves shunned, excluded. We experience homophobia rather than inclusion and welcome
- Denialism is prevalent and problematic: eg, AIDS is not serious, can be explained away, can be cured, isn't caused by HIV, can be dealt with by eating a balanced diet, doesn't exist, is the result of witchcraft

Legal and ethical concerns

- Testing for employment is illegal in South Africa and dismissal of HIV+ employees is considered an unfair labour practice. It continues to happen.
- Workplace issues are sometimes better addressed in larger companies where policies exist than they are in smaller ones or in the informal sector
- Social grants are linked to advocacy issues in South Africa: people who need social assistance are entitled to it by law
- The Children's Bill in South Africa attempts to address inequities and inconsistencies still existing in current legislation

- Ethical issues point to the grey areas where one person's rights may infringe on those of another, eg my right to treatment may affect my unborn baby; or I have a right not to declare my HIV status, but I still expect someone else to be available for me

Prevention

- Ultimately prevention is key if the epidemic is to be halted. But we are not winning the battle. Rates of infection largely continue to rise.
- Often the Church's voice is not heard because it's message isn't what people want to hear, abstinence before marriage, chastity and fidelity within marriage
- Messages of our modern society value the now moment, instant gratification . We experience a breakdown of cultural and religious values in our post-apartheid society.
- Condom messages whether pro or against have largely been unhelpful because they have been one-sided and dishonest, making claims that are often not true.
- Fundamentalist values sometimes focus only on personal sin and wrong-doing seen as a cause of infection rather than on looking at structural injustices in society that need to be rooted out
- Life-skills programmes, some of them abstinence –based, are sometimes seen as unrealistic in the ideals they promote, given the real situations in which young people live

Care of the sick

- Care and support is at the forefront of the Church's response, one that calls on care-givers to be in it for the long haul, and beyond the call of duty.
- Religious women and Catholic nurses spearhead the Church's response to AIDS on our continent. Take them out of the equation, and the Church's response to AIDS would largely collapse.
- Women bear the burden of the AIDS pandemic, caring for their own sick family members as well as for neighbours.
- Most people who need treatment are not receiving it and are dying untreated.
- Care-givers carry the stresses of coping with so much sickness and dying. Some care facilities have an average rate of more than one death per day, and most people who are dying are young.
- Traditional African healing alongside (sometimes in conflict with) western forms of healing
- Clinical, social, spiritual dimensions of care: this is not a medical problem alone or a development problem alone
- Spiritual, pastoral care for those infected and affected by AIDS, as well as for those who minister to them
- Prayer, spirituality, healing: people are hungry for the word of God. The healing mission of the Church and of Jesus continues to challenge individual people and whole communities today.

Care for children

- Care for the sick is often extended to become care for children and families affected by AIDS

- Children in child-headed households need support, as do those in day care or in residential care
- Psycho-social support for children takes care and support beyond the basic need for food, clothing housing. Basic security needs are often addressed more readily than are needs for psycho-social support.
- The care of orphans and widows is seen as something the Church feels called to.
- Children are cared for by family members, in adoptive families, in various kinds of child care facilities. Traditional security nets and social systems are not coping. Many children fall through the cracks.

Treatment, a sign of hope

- People receiving treatment are given hope, go back to work, care for their own children. Children can go to school.
- Use of *Nevirapine* at the time of delivery of a baby cuts the rate of HIV transmission considerably. Decisions around breast-feeding need to be made since the baby could become vulnerable again to infection. The biggest controversy in this whole area: the baby may not be infected, but the mother often remains untreated
- There are about 7000 people on treatment through the Church's programme, of a total of about 100 000 in South Africa.
- About 600 000 people of the roughly 6 million infected people qualify for treatment, but are not accessing it for various reasons.
- Adherence to treatment regimes is a major challenge since people need to be on treatment for the rest of their lives. Drug-resistance can develop
- Drugs have become more widely available over the past couple of years, but long term there are limited options. Costs are still prohibitive for many people.
- Treatment is not a cure, but mitigation/slowing down of the progression of the virus. Not readily available across Africa yet, but slowly becoming available
Treatment is life-long in the absence of a cure
- There are side-effects, and not all people can be helped
- Research continues in the drug arena, as well as for a vaccine: a slow process

Catholic tradition

- Jn 8 and Jn 9 are key texts about non judgement and about trying to understand that the individual cannot bear the brunt of the ills of society
- Catholic Social Teaching also provides a blueprint: we know we are called to work for the common good, promote the option for the poor, and value the dignity of the human person
- "Deus caritas est" speaks of the works of mercy of the Church

Challenges to the Church, to the priesthood and religious life, to theology

- Catholics infected like anyone else, including clergy and religious; are we welcoming or judgemental?
- Accepting HIV+ candidates, caring for community members who have AIDS, being present to family members who are ill
- Dealing with ethical issues (use of condoms, particular aspects of treatment) rather than hiding behind Church teaching
- Training of novices, seminarians, theological education programmes

- Some theological, pastoral and spiritual issues we need to engage with. How we preach a loving God, involve men in the response to AIDS, support the work of the grassroots Church, train the young including novices and seminarians, run our theological programmes?
- How do we break the silence, bring hope and healing through the sacraments, visit the sick and dying, comfort the bereaved, catechise the young?
- SECAM 2003 document, Our prayer is full of hope, outlines a plan of action for the Church in Africa. We have a long way to go.