

The Role of the Catholic Church in Meeting the Challenge of HIV/AIDS In Africa

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I am both honoured and humbled to address you today and feel especially privileged to join His Eminence Cardinal Napier at this podium. His presence among us offers an excellent opportunity to deepen our understanding of the challenges posed by the pandemic of HIV/AIDS both to the world and to the Church.

Having been recognized for only 20 years, HIV has already become one of the most formidable infectious agents confronting modern medicine, and is now greatest cause of death in Africa and the fourth greatest cause of death worldwide.¹

AIDS has hit Africa hardest of all. This continent is home to 70% of all adults and 80% of all children living with HIV. Last year 2.3 million Africans died as a result of AIDS and 3.4 million became HIV-infected. In 16 countries of Africa more than 1 adult in 10 between 15 and 49 years of age now is infected, and in 7 countries of southern Africa at least 1 adult in 5 is living with the virus.

In addition to the raw numbers, we must look at the social and economic impact of this pandemic. The demographic impact of AIDS is dramatic, with life expectancy already plummeting in the worst affected countries. In virtually any country where 15% or more of all adults are infected with HIV, at least 50% of boys who reach their fifteenth birthday

¹ Source: U.S. Bureau of the Census, International Database and unpublished tables; also *AIDS Epidemic Update*. UNAIDS, December 2001.

will go on to die of AIDS. As population structures change it is hard to predict what this will mean for society. One certainty is that a small number of young adults will have to support an ever-larger number of young and old people.

Before the onset of AIDS, approximately 2% of all children in developing countries were orphaned. By 1997, the proportion of children who before the age of 15 had lost either mother or both parents skyrocketed to 7% in many African countries, and in some cases reached 11%. To date the epidemic has left behind 13.2 million orphans, 95% of whom live in sub-Saharan Africa. Today in many African countries 20 to 25 per cent of all households foster orphans, and hundreds of thousands of households are headed by children under 15 years of age. These traditional child protection mechanisms are buckling under such great burdens, yet little attention has been paid to non-institutional alternatives such as non-relative adoptions.

AIDS reduces the number of healthy and experienced workers in their most productive years. Everywhere in Africa, the supply of teachers is being eroded and class size increased. In Zambia, for example, 1300 teachers died from AIDS-related illnesses during the first ten months of 1999. In just two decades, some seven million farmers in Africa have died of AIDS-related illnesses; thus farm labor productivity there has been reduced by approximately 50%. These losses coincide with the worst food shortages to be experienced in Southern African in more than a decade.²

Strategic Issues arising from the AIDS pandemic

Let us now examine some key issues arising from this pandemic as well as the present responses of the Catholic Church to these issues and the future challenges that still need to be addressed.

Inequitable access to economic resources

It might be argued that the most urgent issue arising from the pandemic of HIV/AIDS is the lack of distributive justice. The poorest, most marginalized and oppressed members of society are also most vulnerable to

² “Africa Faces a Dual Tragedy as Famine and AIDS Strike in Tandem,” UNAIDS Press Release, June 12, 2002, on occasion of World Food Summit, Rome, Italy.

the threat of HIV and the tragic consequences of AIDS. They are deprived of access to the preventive education, care, treatment, and support which they urgently need.

In his statement to the UN Special Session on HIV/AIDS, Archbishop Javier Lozano Barragan clearly stated the position of the Holy See in this regard:

An important factor contributing to the rapid spread of AIDS is the situation of extreme poverty experienced by a great part of humanity. Certainly a decisive factor in combating the disease is the promotion of social justice, in order to bring about a situation in which economic consideration would no longer serve as the sole criterion in an uncontrolled globalisation.³

Catholic institutions were among the first and the most effective to provide in-patient and home-based care to patients living with HIV disease, to establish blood safety programmes (especially in rural areas), and to arrange for the schooling and guidance of AIDS orphans who cannot be assisted in their extended families. In fact, the Vatican's Pontifical Council for Health Care estimates that 25% of all HIV/AIDS care throughout the world is sponsored by the Catholic Church. Many of the organizations sponsoring these services are directly linked to or receive support from the network of Caritas Internationalis, which consists of nationally-based, Catholic social development agencies present in 198 countries of the world, forty-four of which are in Africa. The "Africa Rising, Hope, and Healing" Campaign Catholic Relief Services is an excellent example of solidarity between the Church in the United States and the people of Africa. It includes millions of dollars of support for AIDS service and development programs to benefit those affected as well as engagement of U.S. Catholics in advocacy toward more just U.S. policies toward Africa, including debt relief and pharmaceutical trade policies. Similarly generous responses have been mounted by Catholic organizations in Canada, Europe, Australia, and New Zealand, and South-South experience exchanges also represent a vital element in the solidarity programs sponsored by Caritas Internationalis.

³ Archbishop Javier Lozano Barragan, intervention of the Holy See delegation to the UN Special Session on AIDS, New York, June 2001.

Strong leadership has been shown by the Catholic Church in advocacy for access to treatment (both basic medicines and anti-retroviral therapies) to benefit those living in developing countries, most especially in Africa. In his statement to the 2001 World Health Assembly, Archbishop Javier Lozano Barragan, President of the Vatican's Pontifical Council on Health Care, made the following appeal:

It is necessary to expand the list of generic medicines destined for the majority of the worldwide population, and to promote national legislation and international agreements in order to counter the monopoly of a few pharmaceutical industries and thus bring down prices, in particular, of products destined for developing countries. Finally, it would be necessary to promote agreements for the proper transfer of health-care technology to these countries.

The bishops of Southern Africa have played a key role in pressuring the South African government to re-consider its resistance to making anti-retroviral therapies available in order to prevent mother-to-child transmission of HIV. The Catholic Medical Mission Board, based in New York, has succeeded in negotiating with pharmaceutical companies to make such medications available *gratis* or at very low cost. Its "Born to Live" Initiative is facilitating the implementation of prevention programs in Southern Africa that include voluntary testing and counseling for pregnant women, administration of nevirapine to the mother during labor and to the newborn within 72 hours of birth, antibiotic therapy, as well as encouragement of 24 weeks of exclusive breast-feeding by the mother, and longer-term nutritional alternatives for the child.

In August 2001, Caritas Internationalis convened religious, development and health professionals, mainly from developing countries, to articulate guidelines for the responsible use of anti-retroviral therapies as they become more available in those parts of the world. Particular concerns were raised regarding continuity and sustainability of such programs, involvement of locally-affected people in the formulation of protocols, and the need to avoid discrimination in outreach to potential beneficiaries.

Power inequities

A second major HIV/AIDS issue is rooted in the imbalance of power in social, economic, and gender relations. One egregious manifestation of power inequity can be found in the oppression that men are allowed to exert over women, the manifestations of which include the following:

- Poverty all too often forces women and children to enter into prostitution to support themselves and their families, and in some circumstances families will even sell their children into prostitution in order to pay off debts or to advance the family's financial security.
- Sexual violence in many societies can be a contributing factor to the spread of HIV. In Kenya, a nation-wide study of 12- to 24-year old women found that one in four is forced into intercourse as a first sexual experience. In South Africa, an estimated 370,000 women are raped every year.⁴

In an attempt to discourage gender inequity, the Southern African Catholic Bishops' Conference issued the following admonition to young men:

Respect girls and young women and relate to them without making sexual demands of them. St. Paul says, "God wills you all to be holy. He wants you to keep away from sexual immorality" (1 Thessalonians 4, 3).⁵

In his message to the 1995 United Nations Fourth World Conference on the Concerns of Women, held in Beijing, Pope John Paul II committed "the 300,000 social, educational and caring institutions of the Catholic Church to give priority to women and young girls, especially the poorest."⁶ In many developing countries, the Church is among the few institutions that extend education, social, and health services to women and girls. Such services are vitally needed to curb the further dissemination of HIV.

⁴ Catholic Relief Services, Interim Standards and Approaches for CRS HIV/AIDS Programs in Africa, February 16, 2001, p. 5.

⁵ *A Message of Hope to the People of God from the Catholic Bishops of South Africa, Botswana, and Swaziland*. July 30, 2001.

⁶ Pope John Paul II, Message to the Coordinator of the World Conference on Women, Beijing, August 1995.

Stigmatization and marginalization

An almost instinctive reaction to HIV disease has been that of discrimination against and stigmatization of HIV-infected people. Attempts to "cast out" those affected by the disease - from villages, hospitals, and educational institutions - have occurred in virtually all parts of the world. Sadly, some priests and ministers have refused pastoral care and church burial to the HIV-infected. Many governments at one time or another have enacted policies of forced isolation and restriction of travel by HIV-infected persons, while others have tolerated, and even encouraged, violence toward such individuals.

This discriminatory behaviour tends to create fear and secretive activity, even among those who already have basic knowledge about the pandemic. Studies in Côte d'Ivoire and South Africa show that, in places with extremely high HIV prevalence, women refused HIV testing or did not return for their results. In southern Africa, a study on needle stick injuries in primary health care clinics found that nurses did not report the injuries because they did not want to be tested for HIV. In one study on home-care projects, fewer than 1 in 10 people who were caring for an HIV-infected patient at home acknowledged that their relative was suffering from the effects of this virus.⁷

The bishops of Southern Africa leave no room for any possibility of stigmatisation or marginalisation based on the false premise that God has "willed" AIDS for sinful individuals:

AIDS must never be considered as a punishment from God. He wants us to be healthy and not to die from AIDS. It is for us a sign of the times challenging all people to inner transformation and to the following of Christ in his ministry of healing, mercy and love.⁸

⁷ UNAIDS Report, 2000.

⁸ *A Message of Hope to the People of God from the Catholic Bishops of South Africa, Botswana, and Swaziland*. July 30, 2001.

In order to prevent any additional discriminatory behavior among church workers, Caritas Internationalis has sponsored, in collaboration with local Church officials, HIV/AIDS training for Church-related workers at the regional, national, and local levels. A special consultation on HIV/AIDS was held for theologians in Southern Africa in 1998; many theologians in attendance at that time have encouraged further reflection and study among their students.

Preventing the sexual transmission of HIV

When scientists proposed that the correct use of a good-quality, latex condom could reduce the risk of HIV transmission during sexual intercourse, a great deal of public interest was generated in promoting this means of protection. Unfortunately, many early preventive education efforts focused almost exclusively on this technique and falsely portrayed it as “100% guaranteed safe sex”. They failed to mention that the most effective means to prevent sexual transmission of HIV is abstinence before marriage and sexual fidelity between uninfected partners within marriage – an approach that has long-standing resonance within the teaching and tradition of the Catholic Church.

The results of a United Nations study released on June 22, 2002 call into serious question the effectiveness of condom promotion campaigns. Some 5000 households surveyed in Africa, Asia, and Latin America reported substantial knowledge about the existence of HIV but little sense of vulnerability. In fact, two-thirds of female respondents and eight out of ten male respondents expressed the belief that they “were either at no risk at all or at small risk” of contracting HIV. Many of these respondents lived in countries with a 20% HIV prevalence rate. Moreover, fewer than 8% of women and between 15-25% of men reported that they were using condoms in their sexual relationships, even those which are extra-marital.⁹ Perhaps the time has come to invest more money and creative energy in promoting abstinence and fidelity to halt the further spread of the disease.

The strong and public questions raised by the Church regarding the wholesale promotion of condom use have led to a perception among AIDS

⁹ United Nations Report, “HIV/AIDS: Awareness and Behavior,” as reported in *New York Times*, June 23, 2002

educators, some governments, many health care professionals, and the media that the Catholic Church is obstructing HIV/AIDS prevention efforts and is therefore a "promoter of death".

The fact is that the Catholic Church sponsors some excellent educational programs designed to prevent the sexual transmission of HIV. Two examples of these are the Anti-AIDS clubs established throughout Africa to help young people learn the facts about HIV, become familiar with serving those already affected by the disease, and commit themselves to avoid behaviors that will make them vulnerable to the infection. In Uganda, the "Education for Life" Series was developed by a Roman Catholic religious sister and later was adopted by the government and many other organizations as a model for sexual and HIV/AIDS education throughout Africa. The most consistent message of such education programs is that sexual activity is should restricted to faithful marriages and abstinence can and should be practiced outside marriage.

When one considers the Catholic Church's engagement in the issue of HIV prevention education, two levels of intervention should be distinguished. In the first area, the Church operates in the *external* or *public forum* in order to communicate the fundamental values and truths that it holds. This activity is the special responsibility of bishops who are aided in this task by theologians.

Through its ministers and pastoral agents, the Church also assists believers, at the level of the *internal forum*, to discern the right or wrong of activities in which they engage, by examining their conscience which has been formed and informed by both the *formal teaching* of the Church and one's particular relationship with God. In the International Conference on AIDS and Religion, held in Dakar, Senegal, in 1996, Bishop Theodore Adrien Saar, President of the Bishops' Conference of Senegal, presented this double imperative as follows: "We too preach the gospel, but we try above all to form consciences..."

The Bishops of Southern Africa appealed to similar principles when they considered the situation of HIV-discordant married couples:

There are couples where one of the parties is living with HIV/AIDS. In these cases there is the real danger that the healthy partner may contract this killer disease. The Church

accepts that everyone has the right to defend one's life against mortal danger. This would include using the appropriate means and course of action.

Similarly where one spouse is infected with HIV/AIDS they must listen to their consciences. They are the only ones who can choose the appropriate means, in order to defend themselves against the infection. Decisions of such an intimate nature should be made by both husband and wife as equal and loving partners.¹⁰

Conclusion

In closing, I would like to share some insights that I have discerned with regard to the role of the Church in responding to HIV/AIDS. These insights have come from years of accompanying those who feel the heaviest burden of the disease with the least access to care and treatment, especially among our HIV-affected sisters and brothers in Africa:

1. True to its evangelizing mission, the Church, its people and its ministers are called to respond with unconditional love, non judgmental care and pastoral support to those who live with AIDS, to defend their rights and dignity, and to protect and foster the global common good by combating the advance of the pandemic and by offering the support of the Church in effective prevention activities.

2. Given the scale and prevalence of AIDS in Africa and in other locations, the Church must recognize that urgent measures of treatment, care, social and economic development, defense of human rights, advocacy to eliminate unjust structures, and promotion of risk reduction strategies are required as necessary components in the Church's response to this public health emergency.

3. The Church is committed to uphold and promote the values embodied in its teaching of sexual abstinence before marriage and fidelity within it. At the same time it must be recognised that cultural shifts and

¹⁰ *Ibid.*

individual behaviour change require a long-term process which rarely can be achieved quickly. The Church is needed to join forces with public authorities in order to insure that such long-term changes are included as constitutive dimensions of any risk-reduction campaign.