

Caritas Australia's Policy on HIV and AIDS

Executive Summary

The Catholic Church provides approximately one quarter of the care to persons living with the Human Immunodeficiency Virus (HIV) throughout the world, thus making it the largest provider of such non-governmental care and support and a world leader in this field.¹

As the international development agency of the Catholic Church in Australia, Caritas Australia seeks to integrate HIV and AIDS work throughout its activities. Caritas Australia takes an integral human development approach to its work on HIV and AIDS.

Caritas Australia is concerned by the HIV and AIDS epidemics it witnesses throughout its work. Of particular concern are the generalised infections – where HIV is widely dispersed throughout a country at prevalence rates exceeding 2%. This is the case throughout southern and eastern Africa. Other countries and areas within countries see similarly high concentrations of HIV among particular groups, such as in Cambodia, India, Myanmar and Papua New Guinea, as well as the Indonesian province of West Papua.

In the early years, most people living with HIV had little hope of living beyond one or two years after diagnosis. Today, antiretroviral treatment (ART) medicines are more accessible and affordable, offering greater hope to people living with HIV and encouraging more people to seek testing and to stay healthy. Though significant progress has been made, many poor and marginalised people living with HIV in both developing and high-income countries lack adequate access to essential medicines and health services.

Caritas Australia believes that comprehensive behaviour change is crucial to preventing the transmission of HIV. Behaviours that drive sexual transmission of HIV include multiple sexual partners, predatory or abusive sexual behaviour by men and women's disempowerment within their intimate relationships.

A comprehensive approach to HIV seeks to ensure that a range of activities are implemented within communities. These include: raising awareness; prevention through

¹ Statement of the Holy See at the United Nations General Assembly Special Session on AIDS, 2 June 2006, delivered by His Excellency Lozano Baragan, President of the Pontifical Council for Health Pastoral Care.

comprehensive behaviour change; voluntary testing and counselling; treatment, care, home-based care and support; fighting stigma and discrimination; and advocacy. These activities need not be undertaken by a single agency and will usually require cooperation with multiple organisations.

Caritas Australia does not fund the supply, distribution or promotion of condoms and follows the principles set out in the Catholic Health Australia Code of Ethical Standards.² Accordingly, when opportunities to collaborate and share resources allow Caritas to extend our mission, to witness ethical commitments, to promote the common good and to champion responsible stewardship of limited resources, we may work alongside agencies that follow different ethical guidelines.³ Here we are careful to ensure that any foreseeable harm of such cooperation is minimised.⁴

Caritas Australia seeks to encourage Church leadership and action in response to the HIV pandemic. Church leaders have a significant capacity to influence community perceptions, effectively fight stigma and discrimination, advocate for change, promote right relationship, and mobilise the resources of the Church.

National strategies are crucial for effective work. Caritas Australia seeks to cooperate with governments, inter-governmental agencies, non-government organisations and other churches. Differences of approach or ideology should not prevent cooperation.

HIV is more than a health problem. Caritas Australia's integral human development approach recognises that both individual and social factors are at work, both in the causes of HIV transmission and in the solutions to this global pandemic. Integral human development, for example by increasing levels of education, enables people to make informed decisions and take their own path to a full and healthy life. The approach is crucial for halting the spread of HIV and mitigating its effects. "The defence of life also entails the elimination of ignorance through literacy programmes and quality education that embraces the whole person. Throughout her history, the Catholic Church has shown particular concern for education." – Pope Benedict XVI, 2011⁵

² Catholic Health Australia Code of Ethical Standards - # 8
http://www.cha.org.au/research_policy/eth_stan/ethstan.pdf

³ Catholic Health Australia Code of Ethical Standards - # 8.1

⁴ Catholic Health Australia Code of Ethical Standards - # 8.13

⁵ Post-Synodal Apostolic Exhortation AFRICAE MUNUS of His Holiness Pope Benedict XVI to the Bishops, Clergy, Consecrated Persons and the Lay Faithful on the Church in Africa in service to Reconciliation, Justice and Peace [74]

http://www.vatican.va/holy_father/benedict_xvi/apost_exhortations/documents/hf_ben-xvi_exh_20111119_africae-munus_en.html

Caritas Australia's Policy on HIV and AIDS

"We express our solidarity with the people affected by HIV and AIDS, especially children, and we express our closeness to the many missionaries and health workers who work in silence. We pray for everyone, also for physicians and researchers. May every sick person, without exception, have access to the care he or she needs."

Pope Francis, Message for World AIDS Day 2013

1. Caritas Australia's organisational strategy

Caritas Australia's theological and developmental approach to HIV and AIDS is built on the Catholic Church's teachings and the experiences of the communities most affected and their need for a long-term response. HIV and AIDS are not just development issues. Our attention to the divine strategy, manifest at its fullest in Jesus, emphasises the children, women and men most vulnerable to extreme poverty and injustice as the starting point for the renewal of the human community.

In the face of this challenge, we look to the story of Jesus' ministry, death and resurrection and see this re-enacted in the lives and relationships of those people affected by HIV. We find inspiration in the dedicated accompaniment we witness in those who care for people living with HIV and AIDS, as well as by the leadership and strength of advocates and partner agencies.

Caritas Australia is committed to addressing the HIV pandemic and its impacts on authentic community development throughout the world. We have an HIV and AIDS Working Group which brings cross-agency staff together to develop the policy and to guide programmatic work. This group adopts a holistic methodology that combines theological and developmental approaches to HIV, and works to build the capacity of staff and partners to respond to HIV and AIDS.

In order to build awareness, skills and understanding, Caritas Australia requires that the agency develops an annual organisational HIV and AIDS work plan. Development program staff members are expected to possess the skills to undertake substantive dialogue with our partners and to undertake the social analysis and advocacy.

Caritas Australia's policy in Australia and overseas requires a strong stance on non-discrimination. This includes an educational program that ensures all staff members understand and are prepared to support the agency's HIV and AIDS policy.

2. HIV and AIDS and integral human development work

HIV and AIDS is a global pandemic, affecting more than 35.3 million people worldwide in 2012.⁶ While primarily transmitted through certain types of sexual behavior, HIV and AIDS is also a direct result of poverty, poor nutrition and pre-existing health problems. It has social, political, economic and cultural impacts and threatens the effectiveness of development efforts in many countries, affecting hundreds of millions of people. This is both a humanitarian emergency and a long-term problem underpinned by poverty, violence and poor governance. Consequently, our response requires immediate action to protect the most vulnerable as well as ongoing developmental solutions.

Caritas Australia is particularly concerned about generalised infections – where HIV is widely dispersed throughout a country at prevalence rates exceeding 2%. This is the case throughout south-eastern Africa. In our region, some population groups in Cambodia, India, Myanmar and Papua New Guinea have prevalence rates above 2%. There are also smaller geographic units than countries that should be included in this category – Papua, for example. So far, only certain communities or groups of people (eg intravenous drug users or sex workers) across Asia are experiencing high prevalence rates of HIV.

In many parts of the world, health authorities have been slow to act. Some churches too have often been reluctant to become engaged with the problem. With the realisation that the HIV virus poses more challenges than most other infections and is clearly related to issues of justice, poverty, security and culture, faith-based organisations are taking on a central role. Church leadership is crucial to overcoming the severe ethical, religious and cultural constraints that millions of people experience. As a Catholic agency, Caritas Australia places its HIV and AIDS response squarely into a theological and developmental context which sees individuals and communities taking responsibility for their own and their dependents' lives. As an international aid agency, Caritas Australia adopts an integral human development approach that empowers individuals and communities to mitigate the effects and ultimately stop the spread of the HIV virus.

Background

The HIV virus was identified only in 1981 and has quickly spread to become one of world's deadliest human-to-human viruses of our time. First discovered in Africa, the continent still remains the most severely affected in per capita terms⁷.

⁶ UNAIDS Report on the Global AIDS Epidemic 2013, Geneva Switzerland, September 2013, http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf

⁷ Sharp, PM; Hahn, BH (September 2011). "[Origins of HIV and the AIDS Pandemic](#)"

Since 2000, the United Nations Millennium Development Goals (MDGs) have had a major influence on international development and specifically the push to curb the spread of HIV and AIDS.

Globally, an estimated 35.3 (32.2–38.8) million people were living with HIV in 2012. This was an increase from previous years as more people are now receiving the life-saving antiretroviral therapy (ART) and are thus, living longer with the infection. Although people are now living longer with the virus, this does not mean that efforts to prevent transmissions have failed. There were 2.5 million new HIV infections globally in 2012, showing a 33% decline in the number of new yearly infections from 3.4 million in 2001. At the same time the number of AIDS related deaths is also declining with 1.6 million AIDS related deaths in 2012, down from 2.3 million in 2005.⁸

In Latin America approximately 1.5 million people are living with HIV or AIDS. Due to government support for the use of antiretroviral drugs, the mortality rate in Brazil has fallen 30% between 1995 and 1998.⁹ This experience offers great hope and highlights the significance of community-focused public health initiatives. Globally, as of December 2012, 9.7 million people in low-middle income earning countries were receiving ART, an increase of 1.6 million from the previous year.¹⁰ This figure meets two-thirds of the MDG targets and was only possible through the work of the Catholic Church and other NGO agencies. Caritas Internationalis estimates that its member organisations are offering financial support or technical assistance to Church-inspired HIV and AIDS programs in 116 countries.

Over the past ten years there has been considerable progress in the prevention and treatment of HIV and AIDS, but some countries have not experienced the same level of success as others. Sub-Saharan Africa has the largest number of people living with HIV, whereas the Caribbean has the highest rates of infection in the world at 4.5 percent.¹¹

HIV and AIDS has a profound impact on the poor. Where poverty is entrenched, where governments are weak or refuse to get involved, where issues of sexuality are taboo, and where populations have been dislocated by war, natural disaster and/or economic

⁸ UNAIDS Report on the Global AIDS Epidemic 2013, Geneva Switzerland, September 2013, http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf

⁹ World Health Organisation, Data on the size of the HIV/AIDS epidemic: Date by region, <http://apps.who.int/gho/data/node.main.619?lang=en>

¹⁰ World Health Organisation, Antiretroviral Therapy coverage among all age groups, Situational Analysis, last accessed July 2014, http://www.who.int/gho/hiv/epidemic_response/ART_text/en/

¹¹ UNAIDS; World AIDS Day Report 2012, Last accessed July 2014, http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/jc2434_worldaidsday_results_en.pdf

development, HIV and AIDS thrive. A developmental approach to HIV and AIDS emphasises the structural nature of infection. Levels of education achieved, for example, are key indicators of resistance to infection, and existing levels of sexually transmitted infections or poor nutrition enhance the spread of the virus.

Two phenomena

It is important to understand HIV and AIDS as two separate phenomena, which is why Caritas Australia will refer to them as such. Where treatment, good nutrition and high-level health services are available, HIV infection need not lead to AIDS, which is a terminal disease. There are now many thousands of individuals who have been able to maintain good levels of health and productive lives, while remaining HIV positive. Mother-to-child transmission can also be greatly reduced. Caritas Australia considers prevention of mother-to-child transmission a core component in its HIV and AIDS programming.

Viewing HIV and AIDS as separate phenomena is crucial for people who are HIV positive. In very poor countries, few people may have access to treatment yet the experience of those who receive medical care can give hope to everyone. Similarly, adequate care for those who have AIDS demonstrates to everyone that having AIDS does not necessarily mean dying alone, abandoned and in great pain. Pastoral care that addresses the spiritual needs of people living with HIV and AIDS represents another essential element of comprehensive care. Clergy, religious and lay leaders are particularly competent to provide such attention. The consequence of providing comprehensive care and treatment, apart from the direct benefit to those involved, gives hope to many more people and encourages them to access counselling and testing and to know their HIV status. Hence care and treatment are essential components of an effective prevention strategy. Testing and treatment should be available for all.

Strategies

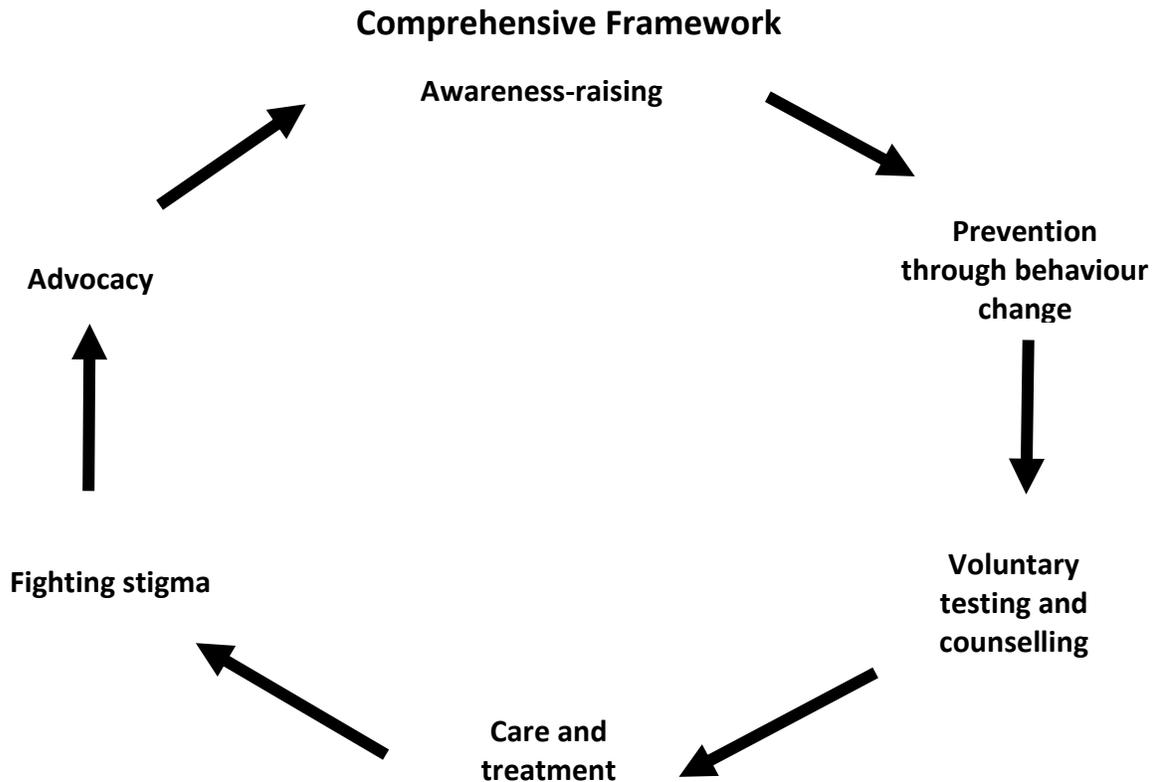
Due to the complexity and pervasiveness of the threat, HIV and AIDS must be countered in a strategic way. The following points are relevant.

- Governments must develop, implement and monitor national strategies in order to fulfil their duty to ensure their citizens' right to health. Caritas Australia coordinates our programs to complement national strategies. Acknowledging that HIV and AIDS cannot be effectively addressed in isolation, Governments should develop comprehensive, evidence-based and community-centric strategies to address social and individual factors in the problem and in the solutions. Caritas Australia seeks to cooperate with Governments to include a Catholic integral human development perspective into national strategies.

- Caritas Australia believes that comprehensive behaviour change is crucial to stopping the spread of HIV. Principally, strategies must address the key behaviours that cause the virus to spread: multiple sexual partners, predatory or abusive sexual behaviour by men, and women’s disempowerment within their intimate relationships. To achieve this, comprehensive behaviour change activities should empower women, fight stigma, provide accurate information, provide access to care, provide voluntary testing and treatment, and encourage values-based sex education, counselling and advice.
- While behaviour change is often characterised as a matter of individual conscience or moral decision-making, Caritas Australia sees individual behavior within a social context. Risky behaviours are both individually and socially formed. Strategies should, therefore, address the social dimension of individual behaviour. Accomplishing comprehensive behaviour change is not straightforward and gradual progress is often achieved along a continuum. Strategies should work towards risk-free behaviour, and support individuals to achieve religious, cultural and personal maturity in the long term.
- Caritas Australia seeks to assist local Churches in the fight against HIV. Church moral authority and leadership is an important tool in the fight against stigmatisation and the promotion of right relationships. Through its health and education systems, there is enormous scope for concerted action against HIV and AIDS
- Everyone must receive accurate information about the virus. Successful programs aim to bring HIV out into the open, to overcome prejudice and stigma, and to build people’s confidence to seek testing and medical help. Open discussion, analysis and awareness help people to make decisions about their lives within their own cultural and religious context.

3. HIV and AIDS work – a comprehensive framework

To fight HIV and AIDS, Caritas Australia seeks to ensure that a community has the following activities in place: awareness raising; prevention through comprehensive behaviour change; voluntary testing and counselling; care and treatment; fighting stigma; and advocacy. These activities need not be undertaken by a single organisation but can be the result of numerous and diverse efforts. Each of Caritas Australia’s projects must be developed in consideration of other agencies’ programs to ensure that a full complement of activities is implemented within communities.



Awareness raising – Being aware of the problem is the first step to countering infection. An effective educational approach must build on local understandings of health and sexual life. Simply presenting western concepts to non-western peoples is unlikely to be effective. It is crucial, however, that all information is scientifically accurate. Individuals and communities can, and will, make their own decisions about how that will counter the virus. They do this through assessing information and analysing their situation. Their level of education is crucial to doing this. Awareness-raising requires a strong and respectful understanding of the local community context.

Prevention – Comprehensive behaviour change at the individual level is crucial to long term solutions to HIV and AIDS. This includes reducing the number of sex partners, postponing the age of first sexual activity, maintaining mutually faithful relationships and having access to accurate information about how HIV is spread. Abstinence before, and faithfulness within, marriage are core teachings for prevention.

Caritas Australia programs should encourage behaviour change through integral human development processes. Traditional Caritas programs, such as animation,¹² are well placed to provide accurate information to people, building skills and awareness so that they can make their own decisions about how best to avoid infection.

¹² An awareness-raising technique based on the teachings of Paulo Freire

Caritas Australia should coordinate their work with national strategies and the activities of other civil society organisations. There are many paths to a world free of HIV. No single organisation has the resources to offer a comprehensive solution.

Voluntary testing and counselling – Knowing one’s HIV status is crucial to staying healthy and preventing further infection. Testing facilities must preserve clients’ right to privacy as well as assist clients’ psychological well-being through non-discrimination and positive attitudes. Testing should be voluntary as efforts to compel testing tend to create reluctance amongst those who need it most. And considerable assistance and medical counselling must be available for any person who receives information about a positive test result. Information and counselling must be provided in a way that offers hope and supports people to take action for their health, livelihood and wellbeing.

Care and Treatment – Caritas Australia supports the provision of care to People Living With HIV and AIDS (PLWHAs). Care is provided not only to relieve direct human suffering but to demonstrate that people who are HIV positive, or who suffer from AIDS, can find care and support. Adequate care is crucial to overcoming the fear of AIDS, which perpetuates stigma and discrimination. Caritas Australia supports care through ART in individual programs and as part of a national strategy. The use of ART is likely to be expensive, and is usually beyond the resources of civil society organisations. As such, ART programming is primarily a governmental responsibility and should be provided through a national plan of action with national standards of use.

Care can be provided in the home and creates an opportunity to engage the help of people who are HIV positive. Nutritional support, counselling and advice may also be required for the families involved. Access to adequate care should be viewed as a human right. Income generation programs for carers as well as infected and affected families can be an important way to for improve quality of life.

Fighting stigma – Discrimination against PLWHAs discourages testing and prevention. Church personnel and agencies should leverage their status and influence to fight stigma in all possible ways. Directly involving PLWHAs in all facets of society and the Church’s life can help achieve this.¹³

Advocacy – HIV and AIDS is a complex phenomenon combining social, political, economic and health issues in a context of fear and ignorance. Effective advocacy seeks to advance the rights of PLWHAs and pursues greater global, national and community resources to fight the epidemics. Effective advocacy encourages social leadership and creates greater understanding and organisation within local communities.

¹³ Post-Synodal Apostolic Exhortation AFRICAE MUNUS of His Holiness Pope Benedict XVI to the Bishops, Clergy, Consecrated Persons and the Lay Faithful on the Church in Africa in service to Reconciliation, Justice and Peace [74]

http://www.vatican.va/holy_father/benedict_xvi/apost_exhortations/documents/hf_ben-xvi_exh_20111119_africae-munus_en.html

At the national level, advocacy should promote effective national action plans. At the global level, it should pursue adequate resources for the development of affordable medical treatments as well as for communities' efforts to fight HIV and AIDS at the local level.

Advocacy should also be directed towards ensuring equitable relations between women and men. In many countries, women are extremely vulnerable due to their status in family and public life, and traditional gender roles which position women as socially and economically dependent on men. Given the fact that many married women find themselves at high risk of infection, advocacy strategies should empower women to make decisions about their own lives, particularly where they are subject to male sexual dominance.

Effective advocacy which breaks the connection between HIV and AIDS gives hope to people who are HIV positive or contemplating getting tested. Rights-based advocacy – supporting the rights of HIV positive people to adequate care, treatment and non-discrimination – leads to better long-term outcomes for those who are infected and affected.

Caritas Australia may have a role to play in supporting and resourcing the efforts of the local Church. In many developing countries, the Church operates substantial institutions for education and health, which have much to offer but may require assistance. Perhaps the greatest advantage is the Church's high standing on moral issues and its leadership for the interests of the poor. Church leaders should be encouraged to enter national debate about HIV and AIDS, using their position of leadership to promote behaviour change and to ensure that accurate information is provided to all people.

Prevention

Consistent and sustained behaviour change is part of a complex and long-term process and is rarely achieved quickly. Caritas Australia recognises that sometimes the scale and prevalence of HIV infection is such that it may constitute a public health emergency requiring immediate response and urgent measures. Caritas Australia recognises that condoms are at best, a short-term strategy. They are not likely to provide effective long-term solutions that necessarily require comprehensive behaviour change. The following points are relevant.

- Caritas Australia does not support programs that give false or misleading information about prevention. Caritas Australia promotes and supports scientifically accurate information about the prevention and transmission of HIV and AIDS.
- Caritas Australia actively supports on-going theological and moral reflection on the implications of HIV prevention and response.

- Caritas Australia does not fund the supply, distribution or promotion of condoms. Caritas Australia follows the principles set out in the Catholic Health Australia Code of Ethical Standards.¹⁴ Accordingly, when opportunities to collaborate and share resources allow Caritas Australia to extend our mission, to witness ethical commitments, to promote the common good and to champion responsible stewardship of limited resources, we may work alongside agencies that follow different ethical guidelines.¹⁵ In doing so, Caritas Australia clearly maintains the view that condoms alone can never stop HIV, and we are careful to ensure that any foreseeable harms of our cooperation are minimised.¹⁶
- Caritas Australia recognises that condom use has been incorporated into a comprehensive prevention program of some organisations and governments.
- Caritas Australia asks all partners working in the area of HIV prevention to give individuals full information about all means of HIV prevention and to ensure that this advice is scientifically correct. A person must be able to make informed decisions about preventing HIV transmission that are consistent with their religious convictions and based on their knowledge and understanding of the risks of their individual situation.

4. Integration of HIV and AIDS into Caritas Australia programs

As HIV and AIDS are global phenomena, every community has a HIV context and requires a HIV analysis as part of any integral human development program. Mainstreaming HIV perspectives into all of Caritas Australia's program work does not necessarily require dramatic change to existing activities. Integral human development initiatives assist prevention by enabling individuals and communities to make informed choices about their future. These include:

- The need for regular dialogue with partners on HIV and AIDS. This may lead to educational work with the partner and perhaps to the creation of new programs and policies at the partner level.

¹⁴ Catholic Health Australia Code of Ethical Standards - # 8
http://www.cha.org.au/research_policy/eth_stan/ethstan.pdf

¹⁵ Catholic Health Australia Code of Ethical Standards - # 8.1

¹⁶ Catholic Health Australia Code of Ethical Standards - # 8.13

- A stronger focus on understanding and helping the local Church in its efforts to fight HIV and AIDS.
- Encouraging the participation of people living with HIV and AIDS (PLWHAs) in all our programs.
- Ensuring that all information provided in education and awareness-raising activities is accurate.

HIV and AIDS must figure in social analysis and in the assessment of projects, as well as their monitoring and evaluation. Such social analysis should include:

- identifying risky behaviour and vulnerability
- identifying PLWHAs
- identifying local area infection rates
- understanding cultural constraints
- assessment of national action plans and areas for possible cooperation
- meaningful consultation with local Catholic health and education institutions
- consultation with civil society organisations already working in this area.

Broader efforts to address HIV and AIDS should also place projects that have a strong HIV component into a larger, national context. This may require additional research, consultation with national AIDS authorities and organisations, and the creation of new indicators.

Caritas Australia recognises that HIV and AIDS may impact directly on our partner organisations. Partners need a strategy, not only for their own work with their communities, but within their organisation. Factors for consideration include:

- flexible work arrangements for carers and people affected by HIV and AIDS
- possible workplace medical treatment, including the provision of ART to PLWHAs and their immediate family
- ending discriminatory practices
- creating an educational process for all staff
- policy development.

Caritas Australia seeks to ensure that solutions are locally designed and implemented.

Humanitarian response

Emergency situations increase the vulnerability to infection and reduce local support systems. Consequently, people are more at risk of infection and HIV is more likely to lead to AIDS. Emergency responses must account for this complexity in order to

adequately safeguard people's lives, livelihoods and dignity. Analysis of the local HIV and AIDS situation needs to accompany any planning for an emergency response.

HIV and AIDS may also be a contributing factor to food and economic insecurity, leading to an increased number of disasters requiring relief. This aspect may require an advocacy and developmental response aimed at identifying critical situations and preventing emergencies before they happen.

Caritas Australia's Public Statements

HIV and AIDS is a vexed subject and one that is easily misrepresented. Great care is needed in any public statements that would normally be made only by the Chief Executive Officer or designated spokesperson. Many staff members will need to engage in dialogue with partners or participate in discussions on this subject. It is important that a coherent policy position and a knowledgeable exchange ensues. The following elements are crucial in any coherent policy:

- HIV and AIDS are complex issues with many dimensions, including the social, political, economic and medical. Isolating any one component is likely to be misleading. There is no simple solution.
- Caritas Australia advocates comprehensive behaviour change in order to reduce infection rates.
- HIV and AIDS are not a punishment from God. No-one "deserves to get AIDS". Overcoming hysteria and fear is crucial to stopping transmission of the virus and upholding the dignity of people living with, or affected by, HIV and AIDS.
- HIV and AIDS are not homosexual diseases. The driving factor in the global epidemics is heterosexual contact.
- HIV and AIDS require comprehensive action from the international community and an effective national strategy in each country.
- HIV and AIDS are both causes and consequences of poverty.
- Accurate information is crucial if people are to be empowered to prevent infection. Caritas Australia does not support the provision of misleading or scientifically inaccurate information.

- Caritas Australia cooperates with national AIDS strategies.
- Caritas Australia encourages full and active participation in its programs for PLWHAs.
- Caritas Australia does not fund the supply, distribution or promotion of condoms.

Approved by Caritas Australia's National Council in June 2005, after review by the ACBC Committee for Doctrine and Morals and the Bishops Commission for Justice, Development, Ecology and Peace.

Updated by Caritas Australia in 2014.