



11th April 2011 – Position Paper on: **Global Health and HIV and AIDS**

1. Introduction

The Association Comunità Papa Giovanni XXIII is an international spiritual family of Faithful of Pontifical Right accredited to ECOSOC in 2006 with a special consultative status. Present in 27 countries and on five continents, the Association is on the forefront in the fight against AIDS and promotion of better health, especially in Zambia, the United Republic of Tanzania and Kenya.

The members of the Association share directly their lives with the least in society, and are committed to removing the causes of injustice, poverty and marginalisation.

This paper reflects the position of the Association Comunità Papa Giovanni XXIII on the matters of global health and, more specifically, on the HIV and AIDS epidemic.

2. Current Status of Global Health

Health, intended not merely as absence of disease, but as a state of physical, mental and social well-being, is a recognised universal human right¹. The right to health for all is affirmed in numerous international declarations and conventions. Health is at the core of the Millennium Development Goals since Goal 4, 5, and 6² are specifically focusing on it while all the others have health-related aspects.

¹ Declaration of Human Rights Art. 25.

² MDG 4: reduce child mortality; MDG 5: improve maternal health; MDG 6: combat HIV and AIDS, malaria and other diseases.

Nevertheless, this right is still denied to the vast majority of the world's population, especially in low and middle income countries.

Globally, an estimated 129 million children suffer from undernutrition³. Maternal mortality rate is still extremely high especially in Africa but also in the other developing countries. Approximately half of the world's population is at risk of contracting malaria. Tuberculosis is killing someone every 20 seconds and the emerging multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB), coupled with a growing number of people co-infected with TB and HIV are making the TB pandemic more threatening and deadly.

Out of the estimated 14.6 million people HIV infected in developing countries who need treatment now, only 5.3 million receive anti-retroviral drugs⁴. Too many people, adults and children, are dying in the world of diseases that are preventable and curable often for no reason other than their poverty, a lack of access to adequate and affordable health services or access to weak health systems, poor water and sanitation, poor housing conditions, etc.

Non-communicable and chronic diseases are on the rise because of unhealthy life conditions and lifestyles and also because of the climate changes occurring in the world.

Too many people, children and adults, die in the world because of conflicts and wars.

The gap in life expectancy between rich and poor countries is enormous and intolerable. Health inequities are increasing both within and between countries. These inequities are not inevitable; they are the dramatic consequences of distributive injustice and policy failure worldwide. The current model of development, based on market liberalization and commercial globalization, has clearly failed to deliver health for all.

In low and middle-income countries the health situation has even worsened for the vast majority of the poor. The food crises, the global financial crisis, the threat of climate change are elements that risk jeopardizing the achievements of the Millennium Development Goals and making the global health situation worse.

Hence, we call upon all the Governments, especially those of developed countries, to clearly commit to:

- xiii** Keeping the promise to release within the year 2010 0.51% of GDP (Gross Domestic Product), as an intermediate step to reach the 0.7% in 2015 that was promised to achieve the Millennium Developments Goals;

³ UNICEF ChildInfo: Monitoring the Situation of Children and Women, www.childinfo.org.

⁴ WHO HIV and AIDS Data: Antiretroviral Therapy in Low- and Middle-Income Countries by Region, December 2009, <http://www.who.int/hiv/topics/treatment/data/en/index2.html>.

- xxii** Focusing on reforming global governance (especially the criteria of representation and voting in the Bretton Woods institutions by introducing the criterion *one country-one vote*) to enhance inclusiveness, equality of voice, transparency and accountability;
- xxii** Reinstalling the role of State in providing basic services essential to health;
- xxii** Increasing health and social welfare budgets by reducing military expenses;
- xxii** Total cancellation of the foreign debt for those countries that are unable to pay it back and are stranded by the debt obligations;
- xxii** Taking urgent and concrete measures to address climate change and environmental degradation as these issues are crucial for better global health;
- xxii** Implementing fully the right to health for all children as stated in Article. 24 of the Convention on the Rights of the Child (CRC).

3. Social Determinants of Health

The Association Comunità Papa Giovanni XXIII warmly welcomes the outcomes of the sixty-second World Health Assembly, especially resolution WHA 62/12 on *Primary Health Care, including health system strengthening* and resolution WHA 62/14 on *Reducing health inequities through action on the social determinants of health*. The work of the Commission on Social Determinants of Health has brought scientific evidence-based knowledge to what our health professionals committed to serve the underprivileged in developing countries have affirmed for decades: the fact that social injustice is killing people on a grand scale; that health and illness follow a social gradient: the lower the socio-economic position, the worse the health; and that true action for improving and assuring health for all must reduce the disparity between rich and poor individuals, rich and poor countries and redistribute fairly the power, the money and resources in our world. Hence, we call upon the States to clearly commit to:

- xxii** Addressing the social determinants of health (poverty, food security, education, gender issues, conflicts, etc...) since these are crucial for achieving global public health;

- xviii** Investing in research on social determinants of health to provide more evidence-based knowledge on how such determinants influence population health and health equity;
- xviii** Elaborating health policies, programmes and projects based on a human rights health-development approach and primary health care priorities.

4. HIV and AIDS Pandemic

AIDS is among the greatest development and security issues facing the world today. An estimated 33.3 million people worldwide were living with HIV as of December 2009⁵. AIDS has killed more than 25 million people since it was first recognised in 1981.

Antiretroviral coverage reached as of November 2009, 5.2 million people in low- and middle-income countries, approximately 36 per cent of those in need⁶. Moreover, despite the existence of affordable treatments for tuberculosis, only 31 per cent of people with HIV/TB co-infection received both antiretroviral and anti-TB drugs in 2007.

Sub-Saharan Africa is the most affected region, where AIDS remains the leading cause of death: globally, 34 per cent of people living with HIV in 2009 resided in the 10 countries in southern Africa; 31 per cent of new HIV infections in the same year occurred in these 10 countries, as did 34 per cent of all AIDS-related death. About 40 per cent of all adult women with HIV live in southern Africa⁷.

Although the rate of new HIV infections has fallen globally, the number of people newly infected has increased in a number of countries, including China, Indonesia, Russia and Ukraine, in North America, and in several countries of the European Union and Central Asia. The number of new infections has yet to fall in some of the most heavily affected countries, such as Lesotho, Swaziland and South Africa. Moreover, even where infection levels have stabilized or declined, the dimensions of the epidemic remain alarming especially in sub-Saharan Africa, where HIV remains one of the greatest threats to development.

⁵ UNAIDS Global Report 2010.

⁶ WHO HIV and AIDS Data: Antiretroviral Therapy in Low- and Middle-Income Countries by Region, December 2009, <http://www.who.int/hiv/topics/treatment/data/en/index2.html>.

⁷ UNAIDS Global Report 2010.

Gender equality

Worldwide, women represent half of all HIV infections among adults, but 40 per cent of all infected women are in sub-Saharan Africa. Not only are women the most infected by HIV and AIDS, they are also broadly the most affected in terms of physical, moral, spiritual, social burdens created by the devastating impact of the HIV epidemic.

In some developing countries, women are still subjected to property-grabbing at the death of their spouse; female children and young girls are still sexually abused because of the wrong belief that having sex with a virgin can cure AIDS; grandmothers are still called to care for numerous grandchildren because Highly Active Antiretroviral Therapy (HAART) is not yet reaching all the eligible AIDS patients who need drugs now; and young girls are dropping out of school to look after their sick parents and their young siblings.

There is need to further strengthen the framework for women, girls and gender equality by creating enabling environments for upholding women's human rights and addressing the needs of women living with HIV, by implementing sexual and reproductive health programmes and combating violence against women.

Disbursement of funds

While recognising the progress made in recent years in developing countries towards universal access to prevention, treatment, care and support made possible by funding from international donors⁸ and national political leadership, the goal of universal access and of the MDG 6 are still far away from being achieved. Too much money is spent in administration, travelling and luxury accommodation for experts, overlapping and duplicating meetings and conferences, while little funds remain to strengthen community-based initiatives and/or reach directly the beneficiaries.

More and better-used funds are needed to fight HIV and AIDS.

Strengthening of Health Systems

Shortage of health workers because of "brain drain" is one of the most serious barriers in developing countries to achieving universal access to basic health care and to Antiretroviral Treatment (ART). Strengthening of health systems and better policies to retain health workers in order to deliver proper care are badly needed. Inclusion in the

⁸ 24th Meeting of the UNAIDS Programme Coordinating Board, Geneva 22-24 June 2009, agenda item 7.

public health systems of other cadres like community health workers etc. may be an option.

The vicious circle of AIDS and Poverty

Nowadays, it is undeniable that the devastating impact of AIDS in the most affected countries is intricately related to the vicious circle of AIDS and poverty. AIDS produces more poverty and poverty greatly contributes to the spread of HIV. The Association Comunità Papa Giovanni XXIII elaborated years ago on this issue the so-called “tree model” which highlights the above-mentioned vicious circle. In this model, the trunk is the transmission of HIV and AIDS, the branches are the immediate effects of the pandemic (for example: TB epidemic; orphans; poverty; violation of human rights), and the leaves represents the secondary effects, such as discrimination, vulnerability of women, street children, violence, and deterioration of health and social services. Advocating for a long-term passage from the current profit society to a “non-profit society” based on international solidarity and on strong values, it will be possible to transform the immediate and secondary effects into new branches and leaves to transform AIDS in a chronic sickness to deal with.

HIV and AIDS Prevention

The focus on prevention remains paramount in the fight against HIV and AIDS. In spite of extensive investment on preventive messages and campaigns, the impact on reducing the spread of HIV infection has not been as expected. Focusing on behavioural change through promotion of abstinence before marriage and fidelity in marriage or ABCD⁹ approaches or singular promotion of condoms and safe sex is not enough. The root causes of vulnerability to certain risk behaviours must be addressed. The vicious circle of AIDS and poverty must be taken into account. Hence, there is need to broaden the prevention perspective.

HIV/TB Co-infection

An estimated 37% of tuberculosis cases worldwide remain un-notified and receive no treatment or inappropriate treatment. An estimated half a million cases globally present multi-drug resistance. Tuberculosis is often associated to HIV infection and is the leading

⁹ Abstinence, Be faithful, if not able use Condom to avoid Death.

cause of death in PLWAs (People Living with AIDS). There is urgent need to invest in research for development of new diagnostics, medicines and vaccines.

Pediatric AIDS

HIV infection in children is often difficult to diagnose on clinical grounds only and the progression of the disease goes much faster than in adults. Without treatment, approximately 20% of sero-positive children die or develop AIDS within one year. In industrialised countries, most children are diagnosed at birth with PCR (Polymerase Chain Reaction), a very expensive test, and placed on ART before they are 3 months old. In developing countries where the majority of HIV children are living, PCR is rarely available and affordable. Hence, there is the need to have cheap and accurate diagnostic tools that can allow early detection of the virus in infants. More research is needed in this field. Adherence to ART is also a major challenge for children and infants. Many anti-retroviral drugs taste bad or have a strange texture and have to be taken different times in a day. WHO and international experts call on pharmaceutical companies to develop more child-friendly fixed dose combination (FDC) formulations.

5. Intellectual Property Rights (TRIPs)

The production of quality generic drugs has proven to be a way to significantly reduce prices of essential drugs for people in developing countries who need them most. The international patent regime as designed by Trade Related Aspects of Intellectual Property Rights (TRIPs) remains the greatest obstacle to productions of generic essential medicines that could save millions of lives. This obstacle needs to be removed as soon as possible.

6. Commitments and General Advocacy

The Association Comunità Papa Giovanni XXIII is committed to caring for the people infected and affected by HIV and AIDS (PLWAs, orphans and vulnerable children, street kids, widows/ers) by:

- xiii** Welcoming people living with HIV and AIDS (children and adults) in family-homes, therapeutic communities, families;

- xxii** Promoting support groups of PLWAs;
- xxii** Running projects for orphans and vulnerable children (OVCs) (Rainbow Model of Care, Cicetekelo Youth Project etc.);
- xxii** Running health-development and ART projects (Kenya, Tanzania, Zambia);
- xxii** Networking with other international NGOs (e.g. CHAN, the Catholic AIDS Network).

The sharing of life with AIDS victims, especially in Sub-Sahara Africa, urges the members of the Association to advocate for:

- xxii** The fight against the HIV epidemic to be put as a top and transversal priority in the agenda of international dialogue and decision-making process;
- xxii** The commitment of States to guarantee universal access to ART and to recent scientific achievements on care and prevention;
- xxii** Broadening the concept of HIV and AIDS prevention taking into account the vicious circle of AIDS and poverty and addressing the social determinants that contribute to the spreading of HIV infection;
- xxii** Exercising pressure on pharmaceutical companies and laboratory equipment manufacturers to produce child friendly fixed-dose combination formulations and diagnostic tools for early detection and treatment of HIV and AIDS and tuberculosis;
- xxii** Closely monitoring disbursement of funds at global and national level;
- xxii** Strengthening national health systems and taking measures expeditiously to confront the brain drain phenomenon;
- xxii** Removing the barriers created by trade-related aspects of intellectual property rights (TRIPs) for production of generic life-saving essential drugs;
- xxii** Mainstreaming gender equality at all levels and promoting empowerment of women and their access to better healthcare.

7. Working with and through the United Nations

The Association Comunità Papa Giovanni XXIII is accredited with Special Consultative Status to the Economic and Social Council of the United Nations Organization since 2006, and in April 2009 it opened an APG23 Representation to the United Nations in Geneva. The Association participated to numerous events, such as meetings of the Human Right Council, the Universal Periodic Review, the WHO Assembly, the ECOSOC High Level Segment and Annual Ministerial Review, the UNAIDS Programme Coordinating Board, and the Committee of the Rights of the Child in order to advocate for new policies directed to assure the respect of human rights for all. The AGP23 Representatives met and are still meeting several officers of Governments, the United Nations, the World Health Organization, and UNAIDS, and thanks to this network it was able to organize or be involved in several health-related meetings, such as:

- xxiii** *The Equal Sharing of Responsibilities Between Women and Men, Including Care-Giving in the Context of HIV and AIDS (53rd Commission on the Status of Women – 2-13 March 2009, New York, USA), Written Statement E/CN.6/2009/NGO/1;*
- xxiii** *Implementing Internationally Agreed Goals and Commitments on Global Health (Economic and Social Council 2009 High Level Segment – 6-9 July 2009, Geneva, Switzerland), Written Statement E/2009/NGO/6 entitled Member States to Take Up Their Responsibilities;*
- xxiii** *Celebration of the 20th Anniversary of the Adoption of the Convention on the Rights of the Child (Committee on the Rights of the Child – 8-9 October 2009, Geneva, Switzerland), co-signature of the Caritas Internationalis Written Statement entitled States Parties Obligations Related to Child's Right to Health;*
- xxiii** *Borders and Public Health (Economic Social Council and Institute of International Sociology – 15-16 May 2009, Gorizia, Italy), presentation entitled The Interventions of the Association Comunità Papa Giovanni XXIII in the Fight Against HIV and AIDS in Zambia, Africa;*

- xxiii** *Scoping Meeting for the Development of Guidelines on Nutritional/Food Support to Improve Health Status Among TB Patients* (World Health Organization – 2-4 November 2009, Geneva, Switzerland);
- xxiii** 13th Regular Session of the Human Rights Council (1-26 March 2010, Geneva, Switzerland), joint-Written Statement promoted by APG23 entitled *Access to Medicines for Children Living With HIV and HIV/TB co-Infection*;
- xxiii** 14th Regular Session of the Human Rights Council (31 May-18 June 2010, Geneva, Switzerland), joint-Oral Statement promoted by APG23 entitled *Right to Health: Better Access to Testing and Treatment for HIV-Positive Children*;
- xxiii** 14th Regular Session of the Human Rights Council (31 May-18 June 2010, Geneva, Switzerland), Parallel Event entitled *Right to Health: Better Access to Testing and Treatment for HIV-Positive Children* organized by APG23 and co-sponsored by Caritas Internationalis and the Permanent Representations of Italy and of the Holy See to United Nations in Geneva to share the APG23 best practices on this matter in dialogue with representatives of the World Health Organizations, UNAIDS, The Global Fund, and UNITAID;
- xxiii** *Expert Consultation on Access to Medicines as a Fundamental Component of the Right to Health* (United Nations Human Rights Council – 11 October 2010, Geneva, Switzerland), joint-Oral Statement with Caritas Internationalis entitled *Access to Medicines for Children Living With HIV and HIV/TB co-Infection*;
- xxiii** *Falsified and Substandard Medicines: Current Challenges and Long-Term Solutions – A Public Health Perspective* (India-Brazil-South Africa Informal Working Group – 15 October 2010, Geneva, Switzerland);
- xxiii** *Consultation To Review Progress on HIV and Human Rights in the Context of Efforts Towards Universal Access to Prevention, Treatment, Care, and Support* (United Nations Human Rights Council – 25 October 2010, Geneva, Switzerland), joint-Oral Statement with Caritas Internationalis;
- xxiii** 16th Regular Session of the Human Rights Council (28 February-25 March 2011, Geneva, Switzerland), joint-Written and Oral Statement entitled

Greater Access to Testing and Treatment for Children Living with HIV/AIDS – Comments on the Report of the Secretary General “The Protection of Human Rights in the Context of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)” promoted by APG23 and co-sponsored by Caritas Internationalis (International Confederation of Catholic Charities), the International Catholic Child Bureau, the International Institute of Mary Our Help of the Salesians of Don Bosco, and the International Volunteerism Organization of Women, Education and Development.

During the above-mentioned meetings, the Association Comunità Papa Giovanni XXIII advocated for:

- xxiii** Innovative financing mechanisms aimed to promote research and development of paediatric testing and medicines and to provide increased access to medicines to people living in developing countries on a sustainable and predictable basis and at affordable prices;
- xxiii** Efforts to ensure that Trade-Related Intellectual Property Agreements (TRIPs) do not constitute obstacles for access to medicines;
- xxiii** Negotiations with the pharmaceutical industries to make necessary paediatric medicines locally available at the lowest cost possible;
- xxiii** Measures to increase food security in children as part of a comprehensive response to HIV and AIDS;
- xxiii** The development of National HIV and AIDS Strategic Plans which focus on the Prevention of Mother-to-Child Transmission (PMTCT) and on diagnosis and treatment of infants and children living with HIV and HIV/TB co-infection.