



**SYMPOSIUM OF CATHOLIC BISHOPS CONFERENCE AFRICA
AND MADAGASCAR – SECAM
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Statement by

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Distinguished Cardinals, Archbishops and Bishops
Distinguished members of the Catholic Churches in Africa

It is a true privilege for UNAIDS to have been invited to this meeting and an honour for me personally to be here with you today. Once again, the Catholic Church in Africa is demonstrating a genuine engagement in and commitment to the cause of fighting the HIV/AIDS epidemic and its impact.

Two years ago, the SECAM Secretaries meeting in South Africa said that *“Religious leaders must be proactive in demanding access to care, treatment and a life of dignity for people living with HIV/AIDS”*. A number of priorities were established: deepen theological reflections around HIV/AIDS and the expanded role of the religious ethos of compassion and solidarity keeping human rights and dignity at the centre; rejecting stigma and discrimination of people living with HIV/AIDS; and addressing the growing impact of the epidemic on women and children, so often fuelled by gender inequality and lack of social justice.

It is a sign of hope that we are meeting in Senegal, one of the few countries who have successfully kept the epidemic under control. This has been done through early, determined and consistent action on prevention by both government and civil society. In its response, Senegal recognized that the virus needs to be tackled where it first took hold – among people who are both vulnerable and susceptible to infection, among them sex workers. The right of all people to access prevention, care, support and treatment has been granted to groups and individuals who in most societies are ostracized and rejected. Faith-based

organizations have since time immemorial been renowned for precisely this – reaching out to the socially marginalized and advocating for a caring society. The struggle against HIV/AIDS needs this social strength, this social leadership and this pursuance of human dignity for all.

Later this month, another ground-breaking Conference will take place in an African country who has successfully demonstrated that it is possible to turn back the spread of HIV/AIDS. Uganda is the host of the 2003 Conference of people living with HIV/AIDS. This is a country whose social openness in addressing all aspects of HIV/AIDS have guided the way to success, including public dialogue on the intimacy of sex relations and the need for young people to know about responsible sexual behaviour. In a decade, Uganda has been able to reduce the prevalence of HIV/AIDS from around 15 percent to 5 percent and this figure continues to decline.

Getting the HIV epidemic under control is not a technical problem – it is fundamentally about social trust and for the young people to have confidence in the future – it is about social cohesion and community neighbourhood. Faith-based communities with their core values of togetherness, across geographical boundaries and social differences, are important pillars of a society successfully dealing with this deadly virus.

In June 2001, the UN General Assembly met for the first time to discuss HIV/AIDS. The concrete outcome of this meeting was a Declaration of Commitment on HIV/AIDS, in which the important role of faith-based organisations is especially

noted. When people living with HIV/AIDS gather in Kampala in a few weeks, they will have noted the first review of progress in implementing the Declaration of Commitment on HIV/AIDS. The progress report compiled by UNAIDS shows that:

- HIV prevention coverage is still extremely low. Voluntary Counselling and Testing (VCT) remains available only to one in nine persons in developing countries;
- Less than one in 20 pregnant women have access to services to prevent mother-to-child transmission (MTCT);
- Few countries have introduced legal frameworks to prevent discrimination of people living with HIV/AIDS, especially for vulnerable groups;
- Few countries have implemented effective measures to address human rights violations associated with HIV/AIDS;
- Many countries lack policies that ensure women's equal access to critical prevention and care services;
- Few countries have shown the capacity to undertake socio-economic impact assessment of HIV/AIDS;
- There is a disturbingly low level of basic knowledge about HIV/AIDS in highly vulnerable populations;
- In Africa so far, only Botswana, Cameroon, Nigeria and Uganda have made serious efforts to increase the coverage of anti-retroviral treatment through the public and private sectors
- Too few countries have national policies in place to provide essential support to children orphaned or made vulnerable by HIV/AIDS.

These are not encouraging news in face of an epidemic that kills 8.500 people each day, 6.500 of whom live in Africa and that produces 14.000 new infections every day, 9.500 of which occur in Africa.

However, there is also good news, which holds the promise that this epidemic one day – not in months and not in years, but perhaps in decades – will be eradicated as a scourge on humanity.

There is world-wide – albeit sometimes erratic – political commitment to build on. The Declaration of Commitment on HIV/AIDS is a framework for accountability of states. But this accountability also extends to other actors, as diverse as churches and business, for them to take part in making a difference by turning words into deeds. Senegal and Uganda can serve as examples that national leadership and joint social action yield result.

The cost for an annual treatment of antiretrovirals (ARV) has been reduced by 90% within a few years, from USD 12.000 to about one dollar per day. All together, we must see to it that those in need of treatment have access to medicines. WHO and UNAIDS have assessed that it is feasible to have 3 million people in developing countries on access to treatment by 2005. That is ten times more than at present. This “3 by 5” action plan needs the buy in of all social actors, not least faith-based communities.

In Africa, church organisations have been long-standing service providers in the health sectors. To carry out their public-health programs, some countries in Africa are largely

dependent on the health care services provided by faith-based organisations. In an environment of scaling up the right of access to treatment, these auxiliary services from churches are needed more than ever.

When the majority of those in need of treatment do not know whether they are infected or not, massive efforts are needed in offering Voluntary Counselling and Testing (VCT). Also, in this regard, the faith-based organisations could further expand their already important contribution and capacity.

Furthermore, access to treatment must be provided with due consideration to social equity and equal rights of all those in need. Particularly in Africa, your church and other faith-based organisations have shown commendable examples of reaching out to remote, deprived and forgotten communities. Assistance with treatment literacy to understand the issues around HIV/AIDS and the care and treatment it requires together with other forms of empowerment of AIDS affected communities are essential elements in a comprehensive care programme.

Through unfailing social solidarity with the poor and vulnerable, the Catholic Church has gained a wealth of experience on how best to reach out, how best to empower, how best to involve and how best to make people in need enjoy their human rights, and their inherent human dignity – rights which belong to us all, but which are so unevenly available in a world which has yet to manage the injustices in people's access to prevention and care. There seems to be an untapped source of lessons from the work of faith-

based communities that could benefit the efforts to reach out beyond the local level to become nation- and cross-continental wide. UNAIDS is happy to help facilitate the dissemination of these valuable experiences and practices of faith-based organisations through our Best Practice Collection – and in any other way deemed feasible.

Earlier this year, UNAIDS signed an agreement of cooperation with Caritas Internationalis on strengthening the engagement of faith-based organisations through the worldwide network of Caritas member organisations.

One of the areas of cooperation is around efforts to eliminate stigma and discrimination of people living with HIV/AIDS. The World AIDS Campaign of 2003 and more specifically the World AIDS Day 1 December will be devoted to this theme. We must reject and combat all tendencies of stigma and discrimination which have already robbed so many of their friends, excluded them from their workplace, disintegrated their families and ruined their livelihoods and led to banishment and violence. Much of these prejudices are rooted in the fear that grows out of ignorance.

Breaking the silence about HIV/AIDS, providing a stronger voice to people living with HIV/AIDS in affairs that concern them, listening to perspectives of young people and combating gender inequalities are all essentials in forging a tolerant society capable of dealing with this epidemic and its impact. We should all be staunch advocates to combat stigma and discrimination wherever it occurs. As we move ahead in scaling up access to treatment, stigma and discrimination would hopefully fade away along the route.

But there is no automaticity in good social behaviour. It is by leadership and pro-active engagement that societies change.

Let me share a vision for joint action. Our goals should be:

- An AIDS-free generation 25 years from now;
- Access to treatment which will prolong lives and help HIV positive people to pursue a normal life as workers and parents, as partners and friends in the midst of a society rid of stigma and discrimination;
- Successful dealings with the impact of the epidemic, notably for children.

Today, 11 million children have been orphaned by AIDS in Africa, i.e. they have lost one or both parents. In many instances, these children end up in the street to seek a living among peers lacking care and support. It is imperative to do so much more for these children and for their future. Caritas and other faith-based groups are doing excellent work but a much grander scheme is called for to save these children from a lost future. The perspectives should be clear: even if HIV prevalence was to decline starting today, the number of orphans will continue to rise for at least the next decade. In Uganda for example, HIV prevalence peaked around 1990 at around 14% and then began to decline dramatically to an estimated 5% in 2001. The number of orphans, however, continued to increase for 10 years and is only now beginning to decline.

We need to act now and we need to remain in this struggle for a long haul. If we do, we will succeed in reducing its spread and its consequences. I hope and trust that the

outcome of your deliberations will bring us forward in the joint action to scale up prevention and access to treatment in a world of solidarity, human dignity and eventually a world free of AIDS.

UNAIDS looks forward to working with you on a more forceful advocacy for access to treatment and more effective work against stigma and discrimination. In fact, access to treatment has already demonstrated its effectiveness in reducing stigma and discrimination. And less fear of verifying ones HIV status will in turn put more people on treatment and make prevention more effective. We owe this to our brothers and sisters today and we owe this to our children for a better tomorrow.