



# Hill Notes

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## HIV & AIDS

A year ago 40 million people were living with HIV&AIDS; 2 million of them were children. In the face of this humanitarian crisis, Congress should reauthorize the **U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003**, which expires in 2008. The program is commonly referred to the President's Emergency Program for AIDS Relief (PEPFAR). USCCB and CRS strongly support reauthorization and robust U.S. funding to combat HIV/AIDS.

### **What is the Church's vision for HIV/AIDS programs?**

Based on our moral obligation to care for the "least of these" the Church begins its advocacy on behalf of those impacted by HIV/AIDS by affirming the fundamental dignity of all human beings. The Church has long placed a high priority on mobilizing resources to prevent the transmission of HIV, particularly among vulnerable populations, and to the care for people living with and affected by HIV and AIDS. USCCB and CRS made a significant contribution to urging passage of the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

### **What has been the US response to the pandemic?**

In January 2003, the Bush Administration proposed that the U.S. provide a total of \$15 billion in funding to fight global health crises over five years (2004 to 2008). Annual appropriations have exceeded the President's request, demonstrating the clear commitment of the Congress and the American people to fighting the pandemic. Securing these funds has demanded active advocacy, oftentimes in an environment with other competing priorities.

### **What is the experience of Catholic Relief Services?**

CRS has AIDS programming in 50 countries across Africa and the hardest-hit regions of Asia and Latin America. The agency operates more than 200 HIV and AIDS projects in the poorest areas of the developing world, with a total annual expenditure of \$68 million in 2005. In 2006, CRS directly helped more than 3.5 million people affected by the pandemic. Globally the Catholic Church is one of the largest providers of services to those effected by HIV-AIDS.

### **What is the extent of the HIV/AIDS pandemic?**

According to the UNAIDS about 65 million people have been infected with HIV, and more than 25 million people have died from AIDS. Each day in 2005, some 1,500 children worldwide became infected with HIV, due in large part to inadequate access to drugs that prevent the transmission of HIV from mother to child. Only 9% of pregnant women in poor countries were offered services to prevent HIV transmission to their newborns. Fifteen million children have been orphaned by AIDS. Globally, about one-third of adults living with HIV are young people. By December 2004 women accounted for 47% of all people living with HIV worldwide and 57% of HIV those in sub-Saharan Africa. AIDS is the leading cause of death worldwide of people between the ages of 15 and 49.

### **What would be the consequences of halting or scaling back U.S. global efforts?**

At the rate of new infections, even the most well planned and efficiently delivered testing and treatment services will be unable to cope with the increasing number of patients who become HIV positive and

develop AIDS related illnesses. More resources are required. By 2010, an additional 45 million people are projected to become infected with HIV in the developing world.

### **Does the Church support particular forms of HIV/AIDS programming?**

USCCB and CRS successfully advocated for inclusion of essential provisions in the original legislation, including: an emphasis on abstinence and fidelity within marriage as a central part of prevention education; and an effective conscience clause that ensures that religious organizations, like Catholic Relief Services, will not be discriminated against on the basis of moral convictions in allocating funds.

### **How does HIV/AIDS fit into our nation's overall commitment to foreign aid?**

Congressional support for HIV/AIDS treatment and prevention will be an important indicator of overall support for foreign aid. Some are concerned that in a time of tight budgets a heavy focus on combating HIV/AIDS could lead to neglect of other forms of foreign assistance. However, experience has shown that unless HIV/AIDS programming is accompanied by other forms of development, the benefits of such programs will be limited in the long term.

**Nutrition:** Most people living with HIV/AIDS in developing countries are in poor rural areas, where the community is often least equipped to respond to the pandemic. HIV/AIDS causes rural areas to disintegrate quickly as farmers become too sick or too busy caring for their sick to cultivate food. CRS distributes food to families affected by HIV and AIDS. Without targeted U.S. Food Aid programs, HIV/AIDS treatment will fail to improve the lives of families.

**Women and Girls:** While HIV/AIDS can impact anyone, women in the developing world face heavy economic, legal, cultural and social disadvantages that increase their vulnerability to the pandemic's impact. Families often withdraw young girls from school to care for family members. This lack of education has a life long impact on the girls. In order to adequately address the HIV pandemic, foreign assistance programming for education and development, particularly for women and girls, must be in place.

**Health Infrastructure:** Ill-equipped local health systems can compromise the effectiveness of U.S. programs. Funding and appropriate strategies need to be developed that strengthen health systems and thereby support U.S. programs for HIV/AIDS

### **USCCB and CRS urge Congress to support the following priorities:**

1. Reauthorize the US Emergency Plan for AIDS Relief.
2. Provide robust funding for the Plan that ensures a continued U.S. commitment to fighting AIDS in the worst affected countries. In particular, we support:
  - an effective conscience clause to ensure that religious organizations can access funding in ways that respect their religious or moral convictions;
  - a recognition that abstinence and fidelity must be central components of prevention education in order to help curb the spread of HIV;
  - a commitment to strengthen healthcare systems within target countries; and
  - an expansion of the current list of countries based on infection rates.
3. Ensure robust funding for other key foreign aid accounts in order to support a comprehensive aid and development strategy. (See **Catholic Campaign Against Global Poverty.**)

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