

## Caritas Denmark

# HIV/AIDS policy

## Introduction

HIV<sup>1</sup> - the virus that can cause AIDS - has become one of the world's most serious health and development challenges since the first cases were reported in 1981. Approximately 75 million people have become infected with HIV since the start of the epidemic. Today, there are approximately 37.9 million people currently living with HIV, and tens of millions of people have died of AIDS-related causes since the beginning of the epidemic<sup>2</sup>.

The global AIDS epidemic continues to be one of the world's most serious health and social problems. However, over the past two decades major global efforts have been mounted to address the epidemic, and significant progress has been made:

The number of people newly infected with HIV, especially children, and the number of AIDS-related deaths have declined over the years. In 2018, around 770,000 people died from AIDS-related illnesses worldwide, compared to 1.7 million in 2004 and 1.2 million in 2010. AIDS-related deaths have been reduced by more than 56% since the peak in 2004 and declined by 33% since 2010<sup>3</sup>. The number of people with HIV receiving treatment increased to 23.3 million out of 37.9 million people worldwide living with HIV in 2018<sup>45</sup>.

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.

Despite the worldwide decline, there is still a long way to go. Most people living with HIV are located in low- and middle-income countries with an estimated 68% living in sub-Saharan Africa<sup>6</sup>, where countries have the highest rates of HIV in 2018.<sup>7</sup> 20.6 million are living in east and southern Africa which saw 800,000 new HIV infections in 2018. East and southern Africa are the regions hardest hit by HIV<sup>8</sup>. It is the home to around 6.2% of the world's population but over half (54%) of the total number of people living with HIV in the world.

Caritas Denmark does not have projects focusing particularly on HIV and AIDS as a main theme even if we have projects being implemented in countries touched by the epidemic (Uganda for example, with 53 000 new infections in 2018).

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<sup>1</sup> HIV: A virus transmitted through certain body fluids and weakens the immune system by destroying cells that fight disease and infection, specifically CD4 cells (often called T cells). Left untreated, HIV reduces the number of CD4 cells in the body, making it more difficult for the immune system to fight off infections and other diseases. HIV can then lead to the development of AIDS, Acquired Immune Deficiency Syndrome.

<sup>2</sup> <https://www.kff.org/global-health-policy/fact-sheet/the-global-hiv-aids-epidemic/>

<sup>3</sup> <https://www.unaids.org/en/resources/fact-sheet>

<sup>4</sup> <https://www.kff.org/global-health-policy/fact-sheet/the-global-hiv-aids-epidemic/>

<sup>5</sup> <https://www.who.int/hiv/data/en/>

<sup>6</sup> <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview>

<sup>7</sup> <https://www.statista.com/statistics/270209/countries-with-the-highest-global-hiv-prevalence/>

<sup>8</sup> <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview>

## The combat against HIV-AIDS

In order to combat the spreading of HIV and help the people who are already infected by it, it is necessary to acquire a balanced understanding of the causes of the HIV pandemic. Then we can develop a **holistic strategy** for the combating of the HIV pandemic.

Three **factors** that play a key role in the spreading of the virus which causes the disease: The **behaviour** of the individual, the social, financial and religious **situation** of the individual, and the **consequences** of the HIV infection. These three factors will be further elaborated on below.

### 1. Individual behaviour

Firstly, **HIV infection depends on the behaviour of the individual**. HIV infection most often occurs through sexual contact, through contact with blood in connection with blood transfusions and injections. Transmission can also occur during pregnancy, childbirth and breastfeeding. Each individual person therefore must have concise and complete knowledge of HIV's modes of transmission. Only on this background can the individual change his or her personal behaviour and reduce the risk of becoming infected with the virus.

A change of risky behaviour involves a number of elements which will be described below:

**Abstention** from sexual activity carrying an especially high risk of infection or with multiple partners (for example sexual intercourse before marriage), or a simple a deferment of sexual début have proved to be very important HIV preventative factors.

**Mutual faithfulness in a couple** gives high security against HIV infection but also a reduction in the number of sexual partners minimizes the risk of being infected. It is particularly risky to have two or more parallel sexual relationships, which is a widespread practice particularly in parts of southern Africa. It also needs to be taken into account that a large number of sexually active people have more than one partner, and even if one partner is faithful this does not mean that the other partner is faithful, too.

As an example, in the 90's one of the most common ways of transmission in HIV in Cambodia were men infecting their wives; this was secondarily compared to the transmission route male client to sex worker.<sup>9</sup> With continued targeted and effective intervention and Cambodia was expected in 2014 to become the first low-income country to achieve virtual elimination of HIV transmission by 2020<sup>10</sup>. Today, these ways of transmission have overall declined dramatically, but models suggest around 48% of all new infections result from spousal transmission.<sup>11</sup>

In addition to this, in 2018, for the first time, individuals from key population groups and their sexual partners accounted for over half of all new HIV infections globally (an estimated 54%) in 2018<sup>12</sup>. For eastern European, central Asian, middle eastern and northern African regions, these groups accounted for around 95% of new HIV infections. Key populations include men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and their clients, and transgender people<sup>13</sup>.

HIV infection is also seen in **transmission from a HIV-positive mother to her child** during pregnancy, labour, delivery and breastfeeding. This is called mother-to-child transmission (vertical transmission). In the absence

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<sup>9</sup> [https://data.unaids.org/pub/report/2006/20060801\\_cambodia\\_turning\\_tide\\_en.pdf](https://data.unaids.org/pub/report/2006/20060801_cambodia_turning_tide_en.pdf), side 14, figure 2. New infections by transmission routes

<sup>10</sup> [https://www.unaids.org/sites/default/files/country/documents/KHM\\_narrative\\_report\\_2015.pdf](https://www.unaids.org/sites/default/files/country/documents/KHM_narrative_report_2015.pdf), page 2

<sup>11</sup> [https://www.unaids.org/sites/default/files/country/documents/KHM\\_narrative\\_report\\_2015.pdf](https://www.unaids.org/sites/default/files/country/documents/KHM_narrative_report_2015.pdf), page 3, figure 2: New HIV infection by mode of transmission).

<sup>12</sup> <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>

<sup>13</sup> <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>

of any intervention, transmission rates range from 15% to 45%. This rate can be reduced to below 5% with effective interventions during the periods of pregnancy, labour, delivery and breastfeeding<sup>14</sup>. These interventions primarily involve antiretroviral treatment for the mother and a short course of antiretroviral drugs for the baby. They also include measures to prevent HIV acquisition in the pregnant woman and appropriate breastfeeding practices<sup>15</sup>. The accelerated roll-out of ART<sup>16</sup> for pregnant woman was an important factor in the success of the Global Plan towards the elimination of new HIV infections among children by 2015. Between 2009 and late 2014, many countries saw the number of new infections in children drop by over 60%; these countries are now closer than ever to eliminating mother-to-child transmission as a public health concern<sup>17</sup>.

Finally, better access to safe blood transfusions, safe injection practices<sup>18</sup>, and generally improved hygiene in the health sector will reduce the risk of infection. But the pandemic cannot be stopped by focusing solely on behavioural change at the individual level. People in the countries that are hit the hardest by the pandemic often live in **situations** characterized by discriminating and unjust structures which restrict their possibilities of changing behaviour. Women's lack of social and financial equality, risky traditional sexual practices, and sexual violence in connection with wars and regional conflicts are just some of the factors that need to be influenced if the spreading of HIV is to be combated.

## 2. Changing the global context

Another crucial factor for the spreading of the HIV infection is the **entire situation** of the individual person's life, for it is often difficult to totally change one's behaviour if one's general life conditions remain the same. Discriminating and unjust financial, social, cultural, legal, political, gender related, and religious factors often restrict the possibilities of the individual person to change behaviour and thus reduce the risk of being infected. Caritas Denmark considers it essential that these elements, some of which are exemplified in the following paragraphs, are integrated components of a more complete overall HIV strategy.

The **general lack of equality between the sexes** in many countries makes behavioural changes difficult to reach. Gender equality refers to the equal rights, responsibilities and opportunities of women and men as well as girls and boys as stated in SDG #5<sup>19</sup>. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognising the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and have the full attention of both men and women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development (UN Women7).

This inequality is reflected in both common law and in actual legislation which often discriminates against women in areas such as property rights and inheritance rights, and it is reflected in general human interaction. Women's self-determination is limited, not least in the sexual field, and women can thus not deny a man sexual intercourse. Limited inheritance rights and ownership rights further mean that widows cannot keep the family's land but are passed onto the household of a brother-in-law's. This also may imply sexual intercourse with the brother-in-law, both ritually in connection with cleansing after a husband's death and in their subsequent everyday lives. The goal of several of Caritas Denmark's projects is to empower and

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<sup>14</sup> <https://www.who.int/hiv/topics/mtct/about/en/>

<sup>15</sup> <https://www.who.int/hiv/topics/mtct/about/en/>

<sup>16</sup> Antiretroviral treatment

<sup>17</sup> <https://www.who.int/hiv/topics/mtct/about/en/>

<sup>18</sup> <https://www.cdc.gov/hiv/basics/prevention.html>

<sup>19</sup> Sustainable Development Goal #5: Achieve gender equality and empower all women and girls

support women and girls, e.g. allow them to have income generating activities and help them acquire ID papers, to increase their number of opportunities to shape their lives and contribute to the development of their communities.

The many regional wars and conflicts which have for decades ravaged the south of Africa. The conflicts, which have forced millions of people to flee and destroyed hundreds of thousands of families, often also includes systematic sexual violence against women, which was by way of example seen in the Democratic Republic of Congo. In these situations, change of behaviour is practically impossible.

General poverty is the fundamental fact of life for many people. 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 development, HIV and AIDS thrive. A developmental approach to HIV and AIDS emphasises the structural nature of infection.

In this situation sexual services are often the only thing that particularly young women in the developing countries have to offer in exchange for food, school employment or even for life itself in cases of war or warlike situations. The specific vulnerability of very young women is increased in the many so-called **“child headed households”**, i.e. families headed by the oldest child in a family of siblings who have been orphaned by AIDS.

Influence on, and change of, unjust social, financial, economic and political structures form part of Caritas Denmark’s activities, which are thus also important as far as HIV is concerned. Without change in the external circumstances, change of behaviour at the personal level can be extremely difficult in practice. And such changes in the general life situation of the poorest people are, fundamentally, the very purpose of Caritas Denmark’s development activities.

### 3. The consequences of the HIV

#### **Poverty**

Poor people are harder and more affected by HIV infection than others, but the HIV infection also causes increased poverty. If HIV infected people are not taken care of and stigmatization of them is combated, their families will be even worse off financially and socially resulting in increased vulnerability to the disease.

Poor people’s general state of nutrition and health makes them especially vulnerable to infection if they are exposed to HIV. The nutritional state will decide the life expectancy of the infected person<sup>20</sup>. Through its agricultural programme, Caritas Denmark provides a safer and more varied selection of foods and nutrition trainings are integrated in programmes where most relevant.

When an HIV infected person has developed AIDS, the general state of the person’s health will often make working difficult, resulting in increased poverty and weakness. To some extent, this may be cancelled out by granting supplementary food aid to AIDS affected families in order to keep them in a current development programme focusing on water, sanitation, health and agriculture.

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<sup>20</sup> <https://www.intechopen.com/online-first/basic-principles-of-nutrition-hiv-and-aids-making-improvements-in-diet-to-enhance-health>

In the western world there is now general access to antiretroviral (ARV) treatment of HIV infected people, resulting in extended life expectancy. Caritas Denmark encourages initiatives which give HIV infected people in the developing countries access to this medical treatment. It must be noted, however, that the distribution of the medicine to remote villages, where basic necessities, like clean drinking water are not even available constitutes a great logistical problem. It is important to stress this as it is very risky to initiate an ARV treatment if its stable continuation is uncertain. In such cases, it may be advisable to focus on improving the diet instead.

### **Stigmatization**

If a person is infected with HIV or has developed AIDS, he/she will often experience **social stigmatization and the loss of the ability to work**, which can spiral into further poverty<sup>21</sup>. If the infected person is the sole provider of the family, the whole family will be affected, and the children will be more vulnerable to infection and they may be forced into risky behaviour in their attempt to survive. Caritas Denmark believes that every human being is unique and created in the image of God. Therefore, all people have equal value no matter who they are and the situation they are in. Caritas Denmark doesn't tolerate discrimination of any kind and is thus discouraging stigmatization among the beneficiaries and target groups in its programmes.

There is thus a close connection between, on the one hand the care for the HIV infected and the nursing of the AIDS affected people, and on the other hand prevention of further spreading of the infection. An improvement and stimulation of the infected persons' physical, mental, and financial situation at the same time counters further poverty and social stigmatization, which are two factors that aggravate the pandemic. The care of the person living with AIDS is thus driven both by the concern for the sick individual and by the wish to minimize a further spreading of the infection.

### **Infection reducing measure**

Influence on risky behaviour is, as mentioned above, only one of the three factors that should be included in a HIV-strategy. As part of its holistic strategy, Caritas Denmark supports information on all the measures the individual can do himself or herself to prevent being infected. Empirical data show that condoms reduce the risk of sexually transmitted HIV infection considerably when they are used consistently and correctly. This fact cannot and must not be ignored when informing about the possibilities of risk reduction. Conversely, it must not be suppressed that condoms reduce the risk of infection by only 90%<sup>22</sup>. "Safe sex" is therefore in all events a misleading term: In connection with information on the use of condoms the terms "safer sex", or "less risky sex", at the most, should be used.

Condoms campaigns have proved effective when they have been aimed at particular high-risk behaviour like for instance that of prostitutes, who, in the short term, have hardly any other realistic possibility of reducing their risk of being infected with HIV or of transmitting the infection. Organisations led such a Condom-use campaigns, e.g. in Thailand has proven successful - both in terms of increased use of condoms among the community of prostitutes and the general reduction of sexually transmitted diseases<sup>23</sup>.

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<sup>21</sup> <https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination>

<sup>22</sup> <http://www.aidsmap.com/about-hiv/do-condoms-work>

<sup>23</sup> <https://www.avert.org/professionals/hiv-around-world/asia-pacific/thailand> + [http://data.unaids.org/publications/irc-pub01/jc275-100pcondom\\_en.pdf](http://data.unaids.org/publications/irc-pub01/jc275-100pcondom_en.pdf)

Caritas Denmark is of the opinion that the individual human being has a right to have access to correct and complete information on all measures that may reduce the risk of being infected in order for the individual to be able to make responsible and conscience-based decisions based on this knowledge.

## Experience with a holistic strategy

Uganda is an example <sup>24</sup> of a country which has successfully reversed the HIV spiral and reduced the number of HIV infected people. During the 1990s the HIV prevalence in the country fell from about 15% to some 5%. The background of Uganda's success was a broad-spectrum strategy, which included a general population information campaign on HIV transmission, while people was encouraged to abstain from sex, to be faithful and to use condoms in cases of high-risk sexual behaviour. At the same time, the Ugandan government supported the campaign from the outset, and several leading figures - including church figures - were talking openly about the HIV problems and took part in the campaign.

In this way, some of the taboos surrounding AIDS and the stigmatizing of people suffering from HIV/AIDS, were successfully dealt with. Furthermore, a number of institutions were established - often on the initiative of the church – to care and nurse for the persons living with AIDS.

Finally, Uganda passed laws which forbade violence against women and sexual coercion. At the same time, Uganda transitioned into more peaceful times, which led to greater economic stability, an improved employment situation, and better access for women to education, to the labour market, and to political life.

## Caritas' continued work in the HIV/AIDS field

Caritas Denmark is member of the international Caritas network, which has a strong, local involvement in the developing countries affected by the HIV pandemic. Caritas Denmark works together with sisters Caritas member organisations, but our local partners may also be other church related or secular organisations.

Our partnerships with local partners are based on shared values and vision to work for the poor. The specific strategies are always developed jointly, in respect for local cultures and practices to the extend these do not conflict with our basic values, including this policy on HIV/Aids.

Assistance by Caritas Denmark is offered to people regardless of their religious or political beliefs, and on several occasion the UNAIDS has granted recognition to our work. When asked to take a more active part in fight against HIV-AIDS, Caritas Denmark will promote a holistic strategy.

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<sup>24</sup> Uganda is only one of these countries. In order to compare this country's present status, other countries' factsheets can be seen here: [https://www.unaids.org/en/regionscountries/countries\\_2](https://www.unaids.org/en/regionscountries/countries_2) and [https://www.unaids.org/sites/default/files/media\\_asset/unaids-data-2018\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf)