

**Press Release  
June 2008**

**United Nations High-Level Meeting on HIV/AIDS was Platform for AVSI to Present  
Holistic Approach to HIV/AIDS Prevention and Care**

**The Global Siren**

Representatives of governments, civil society, UN agencies, and the private sector all set aside two days this past June to address explicitly the issue of HIV/AIDS. They gathered at the United Nations Headquarters in New York City for what was called the High-Level Meeting on HIV/AIDS held June 10-11. The meeting focused on progress made since the *2001 Declaration of Commitment on HIV/AIDS* and the *2006 Political Declaration on HIV/AIDS* which were both adopted by the United Nations General Assembly.

Prior to both of those documents, in 2000, when the UN crafted its eight Millennium Development Goals, number six was to “combat HIV/AIDS, malaria, and other diseases.” The deadline set was for 2015. A 2007 UN update entitled *Africa and the Millennium Development Goals* stated, “At the midway point between their adoption in 2000 and the 2015 target date... sub-Saharan Africa is not on track to achieve any of the goals.” The document reports that treatment services cannot keep up with the number of new cases of AIDS. While sub-Saharan Africa has come to be associated with AIDS because of the high rate of incidence (more than two-thirds of adults with AIDS live in this region), all parts of the world have been affected by the disease. Indeed, the *2001 Declaration of Commitment on HIV/AIDS* called the epidemic “a global emergency.” Five years later, the *2006 Political Declaration on HIV/AIDS* called it “an unprecedented human catastrophe.”

Documents like these have kept the alarm bell sounding. It is stark language, and certainly the disease cuts a stark landscape; UNAIDS (an arm of the UN) and the World Health Organization estimates that there were 2.1 million deaths worldwide due to AIDS in 2007. Increasingly, AIDS exacts a palpable economic and social burden as it produces a new demographic – those orphaned by the disease. In addition, many professionals, such as teachers and healthcare workers, have been lost to the disease.

And so it came to pass that the United Nations General Assembly convened for a two-day meeting to assess the progress thus far and to discuss ways to overcome obstacles. The meeting’s theme was “Uniting the World against AIDS.” One of the conclusions that became evident over the course of the meeting was that the AIDS epidemic hinders progress toward other goals in the areas of poverty, care of children, and healthcare. These areas overlap one another, and difficulty in one sector will disrupt the others. Some of the issues of concern raised were HIV/AIDS-related travel restrictions, access to treatments, and assistance aimed specifically at women.

**A Many-Voiced Problem**

Like any massive international assistance project, addressing HIV/AIDS engages a thousand questions. Who should tackle the problem? Where can they find reliable funding? Which strategies will be successful? How is success measured? Can successful programs be duplicated

in other areas? Unlike some other crises, HIV/AIDS is an issue further complicated by stigma and by scope. At a meeting on HIV/AIDS like the one last June, participants bring with them the motivation of a thousand different faces – the knowledge or memory of drug users, orphans, those involved in the sex trade, mothers and infants, the incarcerated, refugees – faces created with their own story of HIV/AIDS.

A thousand voices with a thousand motives - the challenge involves discerning among them. An observed phenomenon is that though people may cite the same goal, such as combating AIDS, there may not be accord regarding the priorities or regarding the solutions. How can myth be distinguished from reality? The cacophony of ideas must never unduly hurry proposals which need to be weighed and considered. Because the issue carries a high emotional charge, it is all the more necessary to be reflective, to ensure that a chosen course recognizes and engages the dignity of the human person. Where there is suffering, there is also capacity for greatness. Solutions should tap into that capacity; international organs should accompany but not stifle local ability. Best practices should be shared in freedom, not imposed.

### **On Behalf of Mothers and Infants**

As on other occasions, the meeting's program allowed for events and discussions organized by non-governmental organizations and agencies of the United Nations. The Permanent Observer Mission of the Holy See sponsored one such side event on Wednesday, June 11 at the United Nations Headquarters. Representatives from AVSI, New Humanity ([www.new-humanity.org](http://www.new-humanity.org)), and MaterCare International ([www.matercare.org](http://www.matercare.org)) sat on the panel, which was entitled, *Treating, Preventing and Caring: Three approaches to addressing HIV and AIDS*. All three non-governmental organizations sponsor programs in Africa which assist women who are both pregnant and infected with the virus.

### **AVSI**

Filippo Ciantia, M.D. represented AVSI on the panel. Dr. Ciantia serves as AVSI Uganda Country Director. He presented on the experience of a program for the Prevention of Mother to Child Transmission (PMTCT) in the conflict-affected zones of Northern Uganda.

In 2002, when AVSI began working to prevent mother to child transmission in the northern districts of Kitgum and Pader, only about 25% of the districts were covered by the programs. Five years later, in 2007, the PMTCT coverage has spread to 71% of those same districts, with support from AVSI in three hospitals and twelve health clinics.

Uganda is a country of around 30 million people, or about one-tenth the population of the United States. It is estimated that one of every three deaths among adults in Uganda is related to AIDS. They have left behind one million orphans. Approximately one of every five new infections is the legacy of a mother to her child. These cases of mother to child transmission are all the more tragic because with the proper treatment many of the infections could be prevented. It is this need that Dr. Ciantia and other AVSI workers are trying to address. The AVSI programs offer support services such as voluntary counseling and testing, medical care during labor and delivery, follow-up support, and anti-retroviral drugs for HIV positive mothers and babies. In 2007 alone, 20,326 Ugandan mothers utilized the testing service sponsored by AVSI. Out of the 1,336 mothers that tested positive for HIV, 962 received prophylactic treatment.

There is a good response from the women living in camps for internally displaced persons (IDP). The women have been displaced from their homes as a result of the conflict in Uganda which began in the 1980s. The PMTCT service has been a tool to educate women about their health. Additionally, AVSI offers support outreaches and assists with income generating activities.

The PMTCT programs served as Dr. Ciantia's launching point during the panel. AVSI has ongoing development programs addressing HIV/AIDS in Kenya, Nigeria, Rwanda, Romania, and Uganda. The programs are designed to assist various sectors, including adults, orphans, and babies.

### **New Humanity**

Like AVSI, the non-governmental organization New Humanity is addressing the care of mothers before, during, and after giving birth. Joseph Klock, New Humanity's Secretary General, illustrated during the panel a comprehensive approach to responding to AIDS, which involves the patient's personal physician, family, and community. Rather than imposing outside standards on the local people, New Humanity has molded its program to the cultural context in which it is operating.

New Humanity's efforts in Africa are concentrated mainly in Democratic Republic of Congo, Nigeria, Cameroon and Kenya. There, healthcare workers form "clubs" with their patients. These groups of people show mutual respect for one another's dignity, and those who are HIV positive have a renewed sense of their worth. The clubs facilitate the integration of those who are infected with HIV/AIDS into a network of people, some of whom are infected and some of whom are not. This integration counters the marginalization that sometimes occurs due to cultural traditions and superstitions about the disease.

New Humanity is active at the Mary Health of Africa Hospital in Fontem, Cameroon. They offer free prophylaxis treatment to mothers and to infants up to age fifteen months. People from Fontem who have left and now reside in the United States are supporting the women of Fontem by providing baby formula for those infants born to HIV positive mothers since breastfeeding can increase the risk of mother to child transmission. The efforts of New Humanity have reduced the number of cases of MTCT and have improved the healthcare services offered to women overall.

### **MaterCare International**

Dr. Robert Walley, President and Founder of MaterCare International underscored, based on MaterCare's experience in several African countries, the urgency of issues related to maternal mortality, especially in sub-Saharan Africa. The in-hospital mortality ratio at the mission hospital at which Dr. Walley worked in Nigeria was 1,700/100,000 live births. Dr. Walley also pointed out that of the 600,000 maternal deaths annually, ninety-nine percent are in developing nations, according to UN estimates. The accuracy of this number is difficult to gauge, however, because of insufficient reporting of the data by some developing countries.

MaterCare International's efforts are most concentrated in Nigeria, Ghana, Sierra Leone, and Kenya. Because many maternal deaths occur in rural areas, MaterCare has focused on bringing

modern medical services closer to women in these areas. The model is to set up a small mission hospital with access to emergency transportation services. The women of the region are further served by smaller peripheral clinics. Because about eighty percent of the women in the areas serviced by MaterCare will give birth in their homes, the organization offers training to traditional birth attendants and midwives. The program includes training in resuscitation of the newborn and also training in how to identify problems early so that a mother can be brought to the hospital. The work of MaterCare highlights the priority of maternal health, which is the object of the United Nation's fifth Millennium Development Goal.

**Common Vision: Preserving the Dignity of those Infected by HIV/AIDS**

The panel-discussion, introduced by Archbishop Celestino Migliore, Permanent Observer of the Holy See, drew a crowd of more than 100 diplomats, officials, and members of civil society. Though the presentations and experiences of the three panelists were diverse, they showed a common approach to face the epidemic. An adequate solution will look at the dignity of the patient, rather than merely to the illness in itself. The voices of AVSI, New Humanity, and MaterCare explained approaches to HIV/AIDS which do not substitute science for compassion. In addition to good science, attention is given to the person in his or her situation, relationships, and cultural context. Real consensus should be built upon the recognition that each person is valuable and is born with the desire for truth, justice, love, and happiness. Those suffering from HIV/AIDS will recognize and respond to solutions that respect their dignity, their intelligence, and their freedom. Though HIV/AIDS is setting off a global siren, it can be tackled only by considering the well-being of each individual human person.