

BATTLING THE AIDS PANDEMIC

Matthew Hanley

Of the more than 40 million people living with HIV and AIDS, nearly three-quarters are in Africa. Clinics and hospitals to treat these HIV/AIDS victims often are located far from rural villages, making them inaccessible for the patients. The cost of treatment for a disease such as AIDS often drains a patient's financial resources. And the scope of the AIDS pandemic has strained the resources of existing clinics and health care services. In response, Catholic Relief Services has initiated programs that enable families and communities to care for those afflicted with HIV/AIDS in their own homes.

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Weakened by the effects of tuberculosis and AIDS, Linson Gipton lies on a reed mat, propped up by his elbows. He is surrounded by four walls of mud brick that will soon be a house in the town of Sandu in the southern African country of Malawi. Above him is a latticework of bamboo sticks that will be filled out with reeds to complete the roof.

With Gipton are two men and a woman proudly wearing colorful patterned clothing that identify them as volunteers for the home-based care project of the Roman Catholic diocese of Dedza in Malawi, a partner of Catholic Relief Services (CRS). They care for Gipton, who is their 29-year-old neighbor, bringing health care and support to him so he will not have to travel to a distant clinic.

But these volunteers are taking their service to exceptional lengths: They are building Gipton a home where he will live with his wife and three children.

When asked how these volunteers have helped him, the frail Gipton becomes animated. A big grin spreads across his face. "They are building my family this home," he says. "If I get well, I would like to join the volunteers, to give my time and help other people."

CRS INITIATIVES AND SERVICES

Today, more than 40 million people are living with HIV and AIDS, and nearly three-quarters of them are in Africa. Catholic Relief Services started its first



Elinat Masoankumbria, Moses Chembe, and Manuel Jairos, home-based care volunteers for the Roman Catholic diocese of Dedza, a partner of Catholic Relief Services, visit with Linson Gipton, who suffers from AIDS. They are in the unfinished mud brick house that the volunteers built for Gipton.

HIV/AIDS programs in 1989 in Masaka, Uganda. Now, CRS has HIV/AIDS programs in nearly 50 countries across sub-Saharan Africa and in the hardest hit areas of Asia, Europe, and Latin America.

Catholic Relief Services promotes community-based programs that respond to the immediate needs of those infected, address the underlying causes of AIDS, and reduce the spread of HIV. CRS engages with its extensive network of Catholic dioceses, health care institutions, and other faith-based organizations to provide a range of services in which care and prevention go hand in hand. Those services include education, initial testing, home-based and palliative care, nutritional support, and aid for orphans and vulnerable children.

An additional ray of hope in fighting this pandemic is the use of antiretroviral drugs, a combination of medicines that help reverse the progression of HIV in the body. In 2004, as the result of a grant by the U.S. government's President's Emergency Plan for AIDS Relief (PEPFAR), CRS became the lead agency in a five-organization consortium to expand the delivery of antiretroviral treatment to people infected with HIV in Africa, the Caribbean, and Latin America. The other members of the consortium are the University of Maryland Institute of Human Virology, the Catholic Medical Mission Board, Interchurch

Neal Deles, Courtesy of Catholic Relief Services



Chris Thomas, U.S. Agency for International Development

A young Ethiopian girl orphaned by HIV/AIDS is being cared for at a community center.

Medical Assistance, and the Futures Group. The consortium, called AIDSRelief, currently provides antiretroviral therapy to more than 15,000 people in nine countries in Africa and Latin America. The grant to AIDSRelief is expected to total \$335 million over five years.

Through PEPFAR funding, CRS is managing other multiyear, multimillion-dollar grants designed to prevent AIDS transmission and to support orphans and vulnerable children. CRS's five-year Avoiding Risk, Affirming Life AIDS prevention program will reach more than 1.35 million beneficiaries (youth, parents, and clergy) with interactive messages on sexual abstinence and mutual fidelity in Ethiopia, Uganda, and Rwanda. A separate five-year grant is providing valuable support, mostly in the form of education, food, and psychosocial assistance, to more than 56,000 orphans and vulnerable children in Tanzania, Kenya, Zambia, Rwanda, and Haiti.

CRS, thanks to funding from the U.S. Agency for International Development, also distributes food rations to families affected by HIV and AIDS. Because people with

HIV and AIDS have increased nutritional needs, improving their nutrition improves their quality of life and length of life—particularly when combined with antiretroviral therapy.

Many other CRS initiatives are privately funded, such as home-based and community-based care programs. In Malawi, where 16 percent of adults are HIV positive and more than one-third of all Malawian children under the age of 15 have lost at least one parent to the disease, CRS supports home-based care programs in three Catholic dioceses: Dedza, Mzuzu, and Zomba.

SHARING THE HOPE OF LIVING

The philosophy behind community-based care is rooted in a simple reality of the developing world: Clinics and hospitals are often located many kilometers from rural villages, making them inaccessible for the patients, who usually have no transportation other than their own two feet. In addition, the cost of treatment for a chronic disease like AIDS quickly drains a patient's financial resources. And the scope of the AIDS pandemic has strained the resources of existing clinics and health care services.

So Catholic Relief Services and its partners fill a critical gap in the care of people with HIV/AIDS by enabling families and communities to care for the sick in their own homes. The CRS programs provide counseling, health care training, and supplies such as food, clothing, blankets, and medicines—and the occasional house. By supporting community volunteers in this way, CRS not only helps to reduce the stigma of the disease but also keeps families together and enhances the capacity of community members to care for each other.

Home-based care volunteers may form close bonds with their patients, providing the companionship and compassion that are often the first casualties of the disease. Tiwonge James, age 20, saw her mother and father die three years ago from AIDS. Now she is HIV positive. She struggles to carry on, caring for her three younger siblings—two sisters ages nine and eleven and a brother who is three. Before she became ill, James had a doughnut-making business, but she is too ill now to work and relies on her husband for money. Although she lives with her husband, James has all the responsibility for caring for her siblings.

Once a week, Mercy Kamtambe, a senior volunteer with CRS's Dedza diocese program, visits James, bringing food and nutritional guidance and providing care, support, and help with the three children. "Mercy helps me care for my brothers and sisters, because I am the only

one,” James says. “Sometimes I feel lonely. Mercy is my good friend.”

Kamtambe says that she tries to lift her patients’ spirits and to teach them how to care for themselves and their families. “I am teaching Tiwonge how to cook so she can begin to eat well,” she says. “Having HIV/AIDS is not the end of life. People with HIV/AIDS should have the hope of living.”

All of these activities are part of the comprehensive approach that Catholic Relief Services is taking toward addressing the AIDS pandemic. The CRS mission statement and guiding principles underscore the agency’s commit-

ment to the alleviation of human suffering, the development of people, and the fostering of charity and justice in the world. It is our mandate to provide care and support for people living with HIV/AIDS, to prevent additional transmission of HIV, and to mitigate the impact of the epidemic on children, families, and communities. ■

The opinions expressed in this article do not necessarily reflect the views or policies of the U.S. government.