Democratic Republic of Congo

Jules is CAFOD’s Advocacy Programme Officer in DRC and part of our multi country HIV team. The focus of CAFOD’s work in DRC is on peace building, improving people’s livelihoods and ensuring the mining industry works to support the local communities. In this context, HIV and AIDS is an issue that cannot be ignored. The use of rape as a weapon of war has led to an increase of HIV among women. Also there is usually a high concentration of people living with HIV working in and around the mines. The majority of people with HIV are without treatment in Democratic Republic of Congo.

Jules is working with our partners on integrating HIV into other projects. Often the challenges can be similar in other countries, even though the context may be different. For example CAFOD’s HIV work in Colombia also works with the mining industry and so CAFOD’s HIV team can share their experiences and the lessons from their work.

THE FACTS

- Numbers of people living with HIV in West and Central Africa remains relatively low
- The percentage of people living with HIV ranges from 3.6 per cent in Nigeria to 5.3 per cent in Cameroon
- Conflict and violence in this region are the main causes of the spread of HIV. Internally displaced people and those living and working in the mining and fishing communities, and along the border, are also at risk of contracting the virus
- Those affected by conflict lack access to testing, treatment, care and support

Percentage of the population living with HIV.

- Democratic Republic of Congo - 2.5%
- Sierra Leone - 1.5%
- Liberia - 1.5%
- Niger - 0.7%


All statistics are from UN – 2012 UNGASS Reports | November 2012
Photos credited to Annie Bungeroth, Bridget Burrows and Simon Rawles
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CAFOD has prioritised HIV since the start of the epidemic because our faith calls us to walk alongside those most affected by poverty and injustice. People infected and affected by HIV suffer from both physical ailments, stigma and prejudice. Our faith requires that we respond to HIV through our CAFOD values of compassion and solidarity. We recognise the dignity of the human being which is not based on what a person does, rather on who they are created in the image and likeness of God.

Why HIV?
HIV and AIDS has been a critical challenge for the world since the 1980s, with about 30 million people having died because of AIDS. The virus not only infects individuals, but also affects families, communities and countries through diminishing the workforce and increasing the burden of care. Medical advances have extended life expectancy, improved quality of life and reduced numbers of new infections, but much remains to be done to address the social issues such as stigma, taboo and misinformation. Today more people than ever (32.4 million) are living with HIV, but only half of the people who need treatment are actually receiving it.

What has our faith got to do with it?
Faith based organisations can exacerbate the problem of HIV by failing to talk about or provide full and accurate information, potentially leading people to hide their status due to fear of stigmatisation. But, Faith organisations are often the best at responding to HIV due to:

- The outreach they provide of high quality services and standards of care and values
- The spiritual mandate they have to provide emotional and spiritual support
- The influence that Faith leaders can have on changing attitudes and behavioural practices in communities and with governments
- The long term commitment of Faith communities to work on HIV long after the project funds have dried up, ensuring high impact and sustainability.

Why CAFOD?
Despite a tremendous initial response to HIV, it is now being forgotten. For CAFOD it remains a priority. CAFOD has long been recognised as a leader in the HIV sector and has been there since the outbreak of the epidemic, working with local partners and leading on strategic programme responses and theological reflections on HIV.

CAFOD’s focus has always been on:
1. Care and Support
2. Prevention
3. Advocacy

HIV Timeline

**CAFOD**

- First reports from CAFOD staff and partners of ‘slim disease’ affecting communities and CAFOD funded project staff
- 89 HIV and AIDS projects in 18 countries. CAFOD is asked to be the lead agency for HIV on behalf of CARITAS Internationals

**Globally**

- First documented cases of what would later be identified as AIDS
- HIV is made a priority development concern for CAFOD
- The first drugs for HIV are developed
- Around eight million people living with HIV worldwide
- Newer, more effective, drugs for treating AIDS are developed
- Around 22 million people living with HIV worldwide
- The ‘3 by 5’ campaign is launched. Aiming to have three million people on treatment by 2005
- CAFOD presented a paper on its approach to HIV prevention at the International AIDS Conference in Bangkok
- CAFOD Multi-country HIV team established
- CAFOD presents work on Care & Support at the Vienna International AIDS Conference
- CAFOD starts up the Stigma Reduction Initiative, involving networks of people living with HIV and Faith leaders to help reduce stigma surrounding the virus
- Around 33 million people living with HIV worldwide
- Trials showing that early initiation of HIV treatment can hugely reduce the transmission of HIV in couples where one partner is HIV positive and the other is not

Neli Maria Helena Zamdanela (black scarf) HIV activist
Winifreda Malilave, 38, is HIV positive. She has benefitted from being part of a CAFOD funded garden which helped her recover from an illness caused by HIV. For HIV drugs to work properly it is important to eat well. Selling produce from the garden has also provided extra income for Winifreda and her family. This is extremely important as being HIV positive often involves extra costs: “The medication is free but our problem is how to get it – it’s a long walk for us. Sometimes we sell a chicken to pay for the bus and come back to the house on foot.”

A CAFOD funded water borehole also means Winifreda and her family can access clean water much more easily: “before, I had to walk even further for water. My health suffered. I became thin and weak.”

Family means everything to Winifreda and she thanks God every day for blessing her with children. She doesn’t want HIV to be a secret or something to fear – she wants her children to be able to talk about HIV openly and know how to avoid it.

Mihret Mehari is a 32 year old HIV positive woman living in Ethiopia. As part of a CAFOD funded project she receives advice about taking her HIV treatment, support from other members of the community and information on HIV. Mihret had been doing well until she learnt that she was pregnant, but following advice and counseling from the project, she learnt that it was possible for her to prevent transmission of HIV to her child and subsequently gave birth to a baby girl, Dagmawit.

“I was told to bring my child to hospital for a checkup, when she was one and half years old. That was the longest one and half years of my life. I was very happy and relieved when I realised my baby was HIV free.”

Mihret now plans to take a loan from the CAFOD funded project to start a small business to support herself and her family.

Southern Africa

Zambia

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East Africa

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The majority of CAFOD’s HIV work is in this region. CAFOD has worked here for over 20 years.

CAFOD supports 15 partner organisations working with people living with HIV across Malawi, Zambia, Zimbabwe and Mozambique.
Cambodia

Savoeun, 35, is HIV positive and receives support from CAFOD’s partner Salvation Centre Cambodia (SCC). Stigma and discrimination remain a huge challenge in the fight against HIV, and this is an area where CAFOD partners can make a big difference. “Before SCC came people here didn’t know much about HIV and AIDS. They discriminated against me. They didn’t want to buy goods from me or come to my house. But now they have the knowledge and there is less stigma.” Savoeun also receives very practical help from SCC. She has to go to her nearest hospital to get her HIV treatment every three months and the project provides transportation for her.

“It’s nice to share our knowledge with other teenagers who right now don’t know much about HIV.”

Before SCC came people here didn’t know much about HIV and AIDS.

Asia

Cambodia

The HIV epidemic has stabilised in many countries across the region. Considerable progress has been made, with increasing numbers of people on treatment who are therefore living longer. Access to services has reduced mother to child transmission of HIV. There is a high risk of contracting HIV among injecting drug users, men who have sex with men and sex workers.

CAFOD has worked in the region since 1993 and currently works with 10 partners across Myanmar and Cambodia on HIV.

The FACTS

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Central & South America

Peru

OUR partner organisation in Peru is working with young people to help them know how to lessen the risk of HIV. They believe the best way of doing this is to listen to and be guided by the young people themselves.

“Before SCC came to help I found it very difficult to get my HIV treatment. I had to sell our rice to get enough money to go to the hospital.”

“It’s nice to share our knowledge with other teenagers who right now don’t know much about HIV.”

The HIV epidemics of Central and South America haven’t changed in recent years. Between 1.3 and 1.9 million people are living with HIV and AIDS in the region.

Access to treatment has led to an increase in the number of people living longer with HIV, due to the drugs they can now take.

Men who have sex with men are at the greatest risk of contracting HIV.

CAFOD has been working in the region for over 30 years and is currently supporting 13 partner organisations working on HIV and AIDS across 9 countries on HIV work.

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Mexico - 0.3%

Nicaragua - <1%

El Salvador - 0.45%

Peru - 0.23%

Brazil - 0.6%

Colombia - 0.6%

Honduras - 0.79%

Guatemala - 0.6%

Peru - 0.23%

Percentage of the population living with HIV.