

“Where is the child in the campaigns to end vertical transmission, what will happen to us now?”

Caritas Internationalis HAART for Children Campaign

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Introducing Caritas Internationalis (CI)

Caritas

Caritas Internationalis was established in 1951 and is the global confederation of 164 Catholic Church-related, national member organizations providing humanitarian assistance, development, social services, and advocacy in some 200 countries and territories of the world

The General Secretariat of the Confederation is located in Vatican City; CI also maintains 7 regional secretariats for: Africa, Asia, Europe, Latin America/Caribbean, Middle East/North Africa, North America, and Oceania.

Caritas member organizations directly help 24 million people a year.

Caritas members employ more than 500,000 staff and engage 625,000 volunteers. The estimated combined budget of CI member organizations is US \$5.5 billion per annum.



Response of Caritas Internationalis to the HIV pandemic

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➤ In 1987, the Caritas General Assembly identified the AIDS pandemic as a priority area of action; this commitment has persisted until the present time.

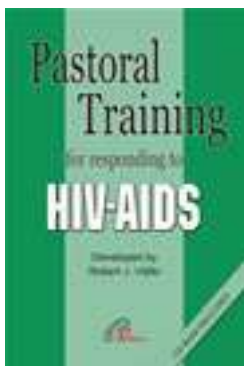
➤ It provides information and capacity-building, promotes solidarity in support of HIV treatment, prevention, care, and support programs sponsored by Caritas and other Catholic structures in developing countries, and advocates for a just response to the pandemic.

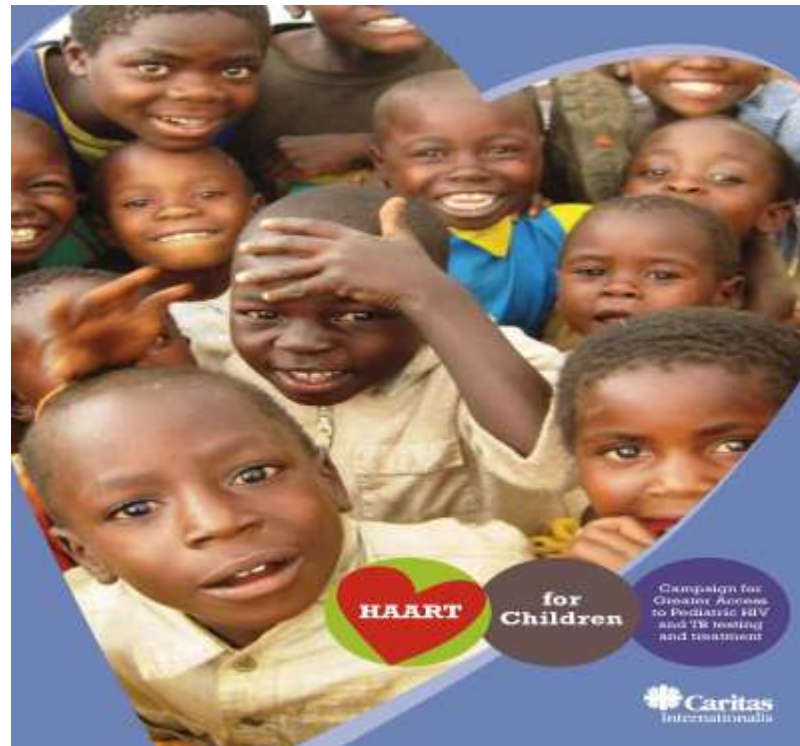


➤ Caritas-related organizations are sponsoring or supporting HIV treatment, prevention, care and support in 116 countries.

➤ It advocates for Universal Access at global, national, and local levels

➤ Caritas Internationalis serves on the Steering Group for the Global Plan to eliminate new HIV infections among children by 2014 and to Keep their Mothers alive and healthy.





TO SCALE UP PMTCT



TO INCREASE
DEVELOPMENT AND
ACCESS OF PEDIATRIC
TESTING FOR BOTH
HIV AND TB



TO INCREASE
DEVELOPMENT AND
ACCESS OF PEDIATRIC
TREATMENT FOR HIV
AND HIV/TB CO-
INFECTION

Caritas Internationalis “HAART for Children” Campaign

“HAART” = Highly Active Retroviral Treatment but also requires “HEART”

*“
Prescription for Life”:*

*Children taking action on behalf of other children - those
living with HIV or with HIV/TB co-infection*



*letter-writing action
by children to
governments and to
a target group of
pharmaceutical
companies*





Did you know?

- Around 430,000 children will be born this year with HIV which can be prevented.
- 2/3 of these children will die as a result of AIDS because of a lack of access to HIV treatment.
- The number of people accessing treatment has increased 12 fold in just 6 years, but there is still work to be done.

YOU CAN HELP!

Be a Voice for thousands of children in the developing world with HIV/AIDS.

www.caritas.org.au/HAART

Education/Awareness Raising Campaign for
WAD 2010 - Advertisement published in Sydney
and Melbourne Newspapers

Caritas Internationalis and other Campaign partners
promote HAART for children advocacy
at various United Nations fora

Caritas



In collaboration with other Campaign partners, Caritas seizes every opportunity to link the the HAART for Children Campaign to the child’s “right to health” through oral and written interventions and organization of side events in various UN and other international fora, including meetings of UN Human Rights Council, World Health Organization, and UNAIDS



Recommended Actions to be taken By “HAART for Children Campaign” Partners

Caritas

- Call on political leaders to fulfill their obligations to promote attainment of the right to health, especially for women and children.
- Pressure pharmaceutical companies to research and develop new tests to detect HIV and TB in infants and new fixed dose combinations (FDCs) suitable for administration to infants and children living in poor settings
- Promote the Caritas HAART for Children campaign by advocating with governmental officials, with pharmaceutical companies, and with universities and research institutes, to promote greater access to PMTCT and paediatric HIV and TB testing and treatment worldwide. Visit www.caritas.org/activities/hiv_aids to know more about this campaign! Promote the HAART for Children logo on your website.
- Add information on PMTCT and paediatric AIDS and TB on your website.
- Take action to help children living with HIV by joining the “Children Letter Writing Action”. Children are encouraged to write letters to governments and pharmaceutical companies asking them to improve diagnostic tools and treatment for children living with HIV.
- Set up a local PMTCT and paediatric AIDS campaign in your church, school, college or university and share with us what you are
- Work with the media to highlight the problems and solutions related to prevention and treatment of paediatric HIV.



Getting to Zero: CRS efforts to Strengthen Male Involvement in PMTCT



Through AIDS Relief Programmes, in such countries as Kenya, Zambia, and Nigeria, Catholic Relief Services, Catholic Medical Mission Board, and other Catholic Church-related organizations, work to increase awareness about the need for male involvement in HIV programming and to attract and retain men in its programming, including PMTCT, by:

- Promotion of voluntary medical male circumcision
- Formation of support groups specifically for men
- Strengthening couple relationships and encouraging testing as a couple (cf., *The Faithful House: A couple's Guide to PMTCT*)
- Involving men in antenatal care and PMTCT services – including shorter waiting periods to be seen as a couple in clinic, encouraging “love letters” by women patients to invite their husbands to follow-up visits and to communicate information on healthy pregnancies.



UNICEF chose a Catholic Church Programme in Papua New Guinea as a Best Practice Model for PMTCT

“The Catholic Health Service, and particularly Mingende Rural Hospital in Simbu Province where I work, as well as Catholic Health Service in Mendi, are implementing a very successful programme on Prevention of Parent- to-Child Transmission of HIV (PPTCT), called: “Born to live”. [...]

“Since the beginning of the ‘Born to live’ project in October 2003, and up to 1 December 2009, we tested 6867 mothers with an average prevalence rate of 1.1%. 66 HIV-positive mothers delivered their babies in our facility. 14 babies died during the first years of the programme, while we were administering only single-dose Nevirapine to the mothers and their babies..

*“ Gradually, we started using 2 ART drugs and since 2009, we use triple ART therapy for all HIV-positive mothers who are past 28 weeks of gestation. We continue the treatment during labour and the breastfeeding period. **Since then, all our babies born to HIV-positive mothers have tested negative. Since last year, we are able to use DNA PCR testing of infants at the age of 6 weeks, and we are all happy with the babies BORN TO LIVE and free of the HIV.**”*



The Religious Community working toward Zero New Infections among Children



1. Support women to avoid HIV infection. A mother free from HIV cannot pass on the virus to her children.
2. Provide information in local faith communities encouraging and supporting couples to go together for HIV testing.
3. Support access to antenatal care and HIV testing and counselling for pregnant women and provide linkages to related health facilities and care.
4. Strengthen programmes to prevent new HIV infections in children—in line with national policies and protocols—in religiously affiliated hospitals and medical centres, particularly in rural areas.
5. Ensure coordination with national health systems addressing HIV prevention and treatment to enable pregnant women living with HIV to access the best possible antiretroviral therapy—for their own health and for their baby's health.

Catholic HIV/AIDS Network Study of Engagement by Catholic Organizations in the Global Plan to Eliminate New HIV Infections among Children by 2015 and to Keep their Mothers Alive

Caritas

- This study was conducted in early 2012 among Catholic Church-related organizations
- Preliminary Findings include:
 - **Catholic Church-related organizations are engaged in PMTCT and ART programs in all 22 focus countries**
 - 95% of respondents are involved with their National AIDS Programmes, following national guidelines for HIV/AIDS, PMTCT and maternal-child health.
 - While 67.5% were aware of the Global Plan, only 17.5% were invited by national governments to become engaged in its implementation.
 - The most common challenges were reported as lack of nutritional support for pregnant women and new mothers (75%), lack of testing equipment for infant diagnosis (65%), lack of funding (60%) and drug stock-outs (57.5%).
 - Further qualitative data identified obstacles in accessing health care in rural areas, lack of transport and the majority of births taking place in non-hospital/health clinic settings.

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- **For more complete information, come to the Report Launch in the Faith Zone of the Global Village, Wednesday, 25 June, 18.00 hours**





Cardinal Bertone, Secretary of State to His Holiness Pope Benedict XVI appeals for Universal Access

- What more effective image of love is there than the relationship between the mother and the child? Whoever saves the mother and child saves the future of the world, it could be said!
- In the presence of so many authoritative Ministers and persons in charge of health care, I would like to address an appeal to the International Community, to States and to donors: ... May universal access to treatment be agreed!
- Let us do so beginning with the mothers and children.
- In this See, in the name of the Holy Father, I make myself the voice of the many who are suffering, of so many patients who do not have a voice.
- Let us not waste time and invest all the resources necessary!^{1,3}