

**Catholic Church-Related Organisations  
Working towards the Elimination of New HIV  
Infections among Children by 2015 and Keeping  
their Mothers Alive: Lessons from the Field**

A Report from the Catholic HIV and AIDS Network (CHAN)<sup>1</sup>

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# Research 2013



- Greater engagement in the Global Plan
- Optimism that PMTCT scale up efforts have resulted in lives saved and greater uptake of services
- Stigma and discrimination less of a challenge than in previous years
- Stock outs of testing kits and lab equipment hampering PMTCT
- ART adherence and loss to follow –up still an issue

## **Catholic Church-Related Organisations Working towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive: Lessons from the Field**

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### **BACKGROUND**

In 2011, more than 30 years after the discovery of HIV, an estimated 226,000 children became newly infected with HIV and more than 600 children died each day of preventable and treatable AIDS-related illnesses.<sup>2</sup> New infections continue to occur because many pregnant women do not know their HIV status, or have access to antenatal care or services to prevent mother-to-child transmission of HIV. Unnecessary deaths could be avoided if these children had access to early diagnosis of HIV or to child-friendly medicines to treat the virus.

In June 2011, the Joint United Nations Programme on HIV/AIDS (UNAIDS) launched *The Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive*.<sup>3</sup> Focusing primarily on the 32 countries in which 90% of all mother-to-child HIV transmission occurs, the plan includes a detailed timetable for action at community, national, regional and global levels, with the goal to work towards reducing the number of children acquiring HIV by 90% by 2015.

Since 1987, Caritas Internationalis,<sup>4</sup> together with a wider network of Catholic Church-related stakeholders, the Catholic HIV and AIDS Network (CHAN), and their respective members and partners, have been engaged in defending the child's right to health and in advocating for change of policy and practice in relation to any obstacles to full enjoyment of this right.

Such obstacles include: late diagnosis of HIV; lack of appropriate medicines for infants with HIV in poor settings and for infants and children with HIV/TB co-infection; use of outdated treatment protocols that are no longer in conformity with the most recent treatment guidelines issued by the World Health Organization; and failure to expand programmes for the prevention of mother-to-child HIV transmission.

In order to advance these efforts, CHAN launched a study of Good Practices by Catholic Church-related organisations in implementing the Global Plan. The study sought to capture effective approaches and experiences of organisations engaged in the implementation of the Global Plan with a view to sharing these practices more broadly. Responses to the CHAN study on involvement of Catholic Church-related organisations in the Global Plan, conducted in early 2012, made some comparisons possible, although this was not the primary motivation for the study.

This research consisted of a literature review and 17 in-depth interviews with individuals representing Catholic Church-related organisations active in efforts to prevent mother-to-child transmission of HIV in the 32 Global Plan priority countries.<sup>5</sup> It highlights five key factors contributing to the successful roll-out of the Global Plan and presents case studies that illustrate good practice under each.

<sup>1</sup> The Catholic HIV and AIDS Network (CHAN) is a network of Catholic Church-related partnership organisations from Europe, North America, Africa, Asia and Oceania that provides technical and technical support to HIV programmes throughout the world.

<sup>2</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS). 2012. *UNAIDS World AIDS Day Report*. Geneva, Switzerland.

<sup>3</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS). 2011. *The Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive*. Geneva, Switzerland.

<sup>4</sup> Caritas Internationalis. 2011. *Caritas Internationalis*.

<sup>5</sup> Catholic HIV and AIDS Network (CHAN). 2012. *The Contribution of Catholic Church-Related Organisations to the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive*. Geneva, Switzerland.

<sup>6</sup> The 32 Global Plan priority countries are Angola, Botswana, Burundi, Cameroon, Chad, Congo (Kinshasa), Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

# Emerging Lessons



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1. High Level Leadership
2. Local engagement
3. Working with men
4. Nutritional support
5. Outreach services to support adherence

# 1. High Level Leadership is Vital

**CHAN**

**CATHOLIC HIV &  
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## 2. Local Engagement is Crucial in Ensuring Global Plan takes hold

- African Christian Health Associations Platform to discuss Global Plan Feb 2013
- Wider consultation with FBOs, UNAIDS, Governments in priority countries in Africa
- *Community counsellors and early diagnosis taking place close to the community – St Joseph's the Worker in Kangemi Nairobi*

### 3. Involvement of Men increases Uptake of PMTCT services

- CMMB Men Taking Action achieved greater clinic attendance, ART access and increase in VCT
- *98% women who participated reported a reduction in physical violence and 65% acknowledged a greater shared role in financial planning*



## 4. Nutritional Support is Crucial to Improve Responses



*“Nutritional support should be available at every ART clinic and at every support group because it takes so little resources”*

Dr Giulia Amerio, Associazione Comunità Papa Giovanni XXIII, Zambia

## 5. Outreach Services Support Adherence

- Tamil Nadu, India - hospice and outpatient care, referrals and awareness programmes targeting youth colleges and high risk groups
- Kitovu, Uganda – mobile clinics addressing clients lost to follow up and outreach care services including nutrition
- Project Hope in Cameroon – child friendly club to improve adherence
- Mentor Mothers Mozambique – psychological and social support through peer to peer support group

# Conclusions



Strengthen and expand approaches to realise the full rights of all children and mothers to the highest standard of physical and mental health:

- *Finance and scale up of good practice amongst FBOs*
- *Exploit links with faith-based organisations in countries doing poorly in implementation of the Global Plan and in hard to reach communities*
- *Support the development of simple and inexpensive child-friendly test for early paediatric and TB diagnostics and child- friendly fixed dose combinations for infants and young children*