



## **POVERTY AS "CAUSE" AND EFFECT OF THE PANDEMIC OF HIV AND AIDS**

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Please allow me to thank the organizers of this Congress for extending the honour of addressing such a distinguished audience. I also would like to congratulate you for choosing such a timely and urgent theme for your assembly. This theme challenges us to recall with great emotion the haunting question of our late Holy Father, Pope John Paul II, posed at the beginning of the Third Christian Millennium:

Our world is entering the new millennium burdened by the contradictions of an economic, cultural, and technological progress which offers immense possibilities to a fortunate few, while leaving millions of others not only on the margins of progress but in living conditions far below the minimum demanded by human dignity. How can it be that even today there are still people dying of hunger? Condemned to illiteracy? Lacking the most basic medical care? Without a roof over their heads?<sup>1</sup>

### **The "Exceptionalism" of the HIV Pandemic**

In a speech given at the London School of Economics, Dr. Peter Piot, Executive Director of UNAIDS, noted the "severity and longevity of ... impact" of the HIV pandemic as well as the "special challenges it poses to public action", including the following:

"...in country after country, the tipping point is being reached ... after which AIDS no longer remains concentrated in so-called 'hot spots' but becomes a generalized explosion across the entire population."

"By 2006, eleven sub-Saharan countries will have lost more than every 10<sup>th</sup> person in their labour force to AIDS – and, by 2010, five countries in this region will have lost more than every fifth person in their labour force."

"AIDS will slow the rate of poverty reduction in Cambodia by 20 per cent every year between 2003 and 2015." <sup>2</sup>

### **HIV Transmission goes deeper and wider than sexual intercourse**

For the past twenty-five years, most of the attention devoted to HIV prevention strategies has focused on individual sexual behaviour patterns, which could be called the proximate cause for most of HIV transmission. The recently promulgated UNAIDS Prevention framework seems to con-



tinue that trend by according little attention to the structural or socio-economic causes of vulnerability to HIV infection<sup>3</sup>

Such an individualistic approach to HIV prevention regrettably offers only a partial view of the situation. Unless we recognise the deeper, though perhaps more remote, causes of HIV spread, we will remain daunted by the challenge of controlling and eventually eliminating this pandemic. Thus we should note the conclusion of theologian Lisa Sowe Cahill: "AIDS is a justice issue, not primarily a sex issue."<sup>4</sup> This theological insight could be complemented by the medical and scientific observation of Dr. Louis Pasteur, who serves, in a sense, as the "patron saint" of Disease Control: "the virus is nothing, the terrain is everything."<sup>5</sup> By expanding our focus to include the socio-economic, gender, cultural, and human rights factors that influence HIV transmission, we are not expected to ignore the issue of individual responsibility for sexual behaviour but are called upon to recognise the social roots and the particularly complex nature of the continuous threat posed to the human family by the HIV pandemic.

#### **The Lack of Distributive Justice – Root Cause of Vulnerability to HIV Transmission and Prime Effect of the Pandemic**

In order to further paint a vivid but tragic human face on AIDS and poverty, I share with you the following experience recounted by Fr. Joe Arimoso, SJ, a newly-ordained Jesuit, on mission in Zimbabwe, who was called upon to minister to a woman desperately affected by AIDS-related illnesses:

I looked at Ruth ... and in that single paralyzing moment I saw the face of poverty, the face of AIDS, I saw that shadowy face of despair hovering over hope. She half opened her eyes and looked at me. When she blinked, a shy teardrop escaped from her left eye. Ruth was crying. A wave of emotion overcame me and I broke down with her. I wondered what was making me shed tears then. Little did I know that I was already grieving for Ruth. She died twenty minutes after I anointed her.<sup>6</sup>

In his excellent report entitled, *HIV and AIDS: A Justice Perspective*, Jesuit Father Michael J. Kelly, S.J., offers more details on the dynamics which underlie the destructive interaction between the pandemic and poverty as it makes its impact on poor people and families:

Since time is their greatest economic asset, those who are poor may not be able to afford either the cash or opportunity costs of medical treatment. Hence they may carry untreated sexually transmitted infections (STIs) and other conditions that increase the likelihood of HIV infection. The poor are susceptible to other health conditions, such as malnutrition, micronutrient deficiencies, malaria, tuberculosis, and worm infestation, all of which can depress the immune system in a way that makes them more likely to contract HIV upon contact with the blood or sexual fluids of an infected individual.



Poor people, especially women and girls, cannot afford protective gloves and disinfectants, to prevent HIV transmission during home care being provided to relatives suffering from AIDS-related illnesses.

Poor people, especially women and girls, frequently are deprived access to education, including basic HIV prevention information.

Migration in order to find employment often forces poor people into situations that foster sexual activity outside marriage and proliferation of STIs.

Lack of access to water can result in poor personal hygiene, a factor that increases the possibility of ulcerative STIs and thereby the risk of HIV infection.

Under pressure to meet immediate needs, many poor people live for the present. Unable to envision a future for themselves, they may fail to appreciate the need to protect themselves against the possibility of HIV infection.<sup>7</sup>

The penetrating and stifling relationship between poverty and HIV is not limited, however, to its impact on individuals and families. The dynamics on the macro level must be given urgent attention by both governments and civil society. Fr. Kelly aptly summarized these factors as follows:

The costs of goods and services increase as industry raises prices to offset the effects of HIV on its operations (such as through reduced productivity, increased medical costs, high funeral expenses, higher insurance costs, and the cost of in-house HIV education programmes.

Incomes and resources decline as jobs are lost through sickness or death; farm production is reduced; loans cannot be repaid; households headed by the elderly or children produce less; and the volume of sales declines because customers can afford only essential purchases.

In order to survive, many households may have to dispose of capital assets, including animals, machinery or equipment, and thus reducing future potential for productivity.<sup>8</sup>

Surely the portrait just depicted is very far from the vision of human and social development that was offered to us by our Holy Father Pope Benedict XVI in his first encyclical, entitled *Deus Caritas Est*:

... the aim of a just social order is to guarantee to each person, according to the principle of subsidiarity, his share of the community's goods.<sup>9</sup>

One cannot conclude an analysis of poverty as both "cause" and effect of the HIV pandemic without first addressing the issue of globalization. In many ways, this phenomenon has contributed



directly to the explosive spread of the virus by virtue of the interconnectedness in our world as a result of rapid transportation, international trade routes, and massive population movements. We might do well to contrast these trends with the appeal of Pope John Paul II in 2001, as the leaders of the G-8 nations prepared to meet in Genoa:

[The] richest and technologically most advanced peoples, aware that God the Creator and Father wants to make one family of humanity, must hear the cry of so many poor peoples of the world – they simply ask for what is their sacrosanct right.<sup>10</sup>

Indeed, with much gratitude, we can rejoice that the Catholic hierarchy has assumed a forceful role in advocating for just solutions to the inequities which fuel the HIV pandemic. In his statement to the UN Special Session on AIDS, held in 2001, Javier Cardinal Lozano Barragán, President of the Vatican's Pontifical Council on Health Care, clearly stated:

An important factor contributing to the rapid spread of AIDS is the situation of extreme poverty experienced by a great part of humanity. Certainly a decisive factor in combating the disease is the promotion of social justice, in order to bring about a situation in which economic consideration would no longer serve as the sole criterion in an uncontrolled globalization.<sup>11</sup>

### **The Quest for Just Solutions: Universal Access to Prevention, Care, Support, and Treatment**

Upon confronting the web of causes and effects of the global HIV pandemic, many of which are set into motion or exacerbated by poverty, on both micro and macro levels, one might easily fall into disillusionment, or, worse yet, despair. In an effort to counteract such pessimism, the World Health Organization developed its "3x5 Initiative" to work toward the provision of anti-retroviral medications to three million people in developing countries by 2005. Underlying this initiative was the cause-effect relationship one can easily draw between the 3,000,000 deaths due to AIDS last year and the lack of availability of anti-retroviral medications among those living with AIDS in low- and middle-income countries. The success of the initiative might be considered partial since, as of December 2005, only 1.3 people had received treatment,<sup>12</sup> but, to the contrary, I would agree with the following assessment made by public health experts monitoring its progress:

From crowded metropolis to isolated village, structures are being put into place that allow hundreds of thousands of people to access a level of medical care that, just a short time ago, was unimaginable.<sup>13</sup>

Global funding for HIV programs has increased significantly, from \$300 million in 1996, to \$6.1 billion in 2004, much of that due to the formation of and support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria, as well as bi-lateral efforts such as the U.S. President's Emergency Program for AIDS Relief (PEPFAR). By the year 2007, however, approximately US\$20



billion will be needed in order to meet a range of needs.<sup>14</sup> Just in case some of you question how the global community can generate the funds to provide such medications and services to so many people, let us not forget that an estimated \$52 billion per year is spent in the United States in order to cope with the medical consequences of obesity.<sup>15</sup> Even more startling is the fact that, during 2004, military spending worldwide amounted to more than one trillion U.S. dollars.<sup>16</sup>

Once again, our Catholic Church leaders have provided inspiration and advocacy to promote the concept of access to treatment, especially for those mired in the problems of poverty. In May 2005, Cardinal Lozano Barragán pointed out to the World Health Assembly that, on a worldwide basis, the total annual budget for medicines is estimated between U.S. \$50 and \$60 billion per year, and then urgently asked why only 0.2% of this budget is dedicated to respiratory illnesses, tuberculosis, and diarrheal diseases, all of which have a disproportionate impact on poor and low-income people.<sup>17</sup>

It was with determination to reverse such inequities that UNAIDS prepared an assessment report to be considered by representatives of governments and civil society at the United Nations General Assembly Special Session on AIDS, which will be held on 31 May to 2 June 2006.<sup>18</sup> Fully aware that the "spread of HIV continues to outpace the global response"<sup>19</sup>, UNAIDS acknowledges that conflicting approaches which put emphasis on prevention to the exclusion of treatment, or vice-versa, will never get to the roots of this problem, many of which are poverty-related. Thus it has designed a multi-layered and –faceted framework for universal access to HIV prevention, care, support and treatment by the year 2010.

By virtue of its teaching on the sacredness of marriage and on the need to observe sexual abstinence outside marriage, the Catholic Church might take issue with some of the specific means to promote HIV prevention included in this Universal Access Framework. The overall thrust of this document, however, seems to be in accord with the following statement made by the Vatican representative in attendance at the 2005 High Level United Nations meeting on the HIV pandemic:

The Holy See wishes to register its strong concern that the rights of people affected by the HIV/AIDS pandemic demand more careful safeguarding and promotion by both governments and civil society.<sup>20</sup>

## Conclusion

Since 1987, Caritas Internationalis, the Church's Confederation of emergency relief, social service, and development organizations operating in more than 200 countries of the world, has identified the response to HIV as a priority area of its action. Much of that action is focused on service and advocacy – at the global, national, and local levels – to eliminate any possibility that people with living HIV might be rejected or victimized by stigma and discrimination, to ensure adequate care and support for them, to inform those in the medical, public health, and education fields about the Church's key role to assist and accompany people living with or otherwise affected by HIV and to provide value-based HIV prevention education.



Our organisation embraces the efforts of the International Federation of Catholic Medical Associations to address, in a more systematic and determined fashion, the inter-related crises of poverty and HIV in today's world. It is only through such commitment that we can ever hope to fulfil the urgent appeal of Pope Benedict XVI given on the eve of World AIDS Day, when he singled out the "truly alarming" statistics related to the pandemic and then affirmed:

"Closely following Christ's example, the Church has always considered the cure of the sick as an integral part of her mission. Therefore I encourage the many initiatives promoted, especially by ecclesial communities, to eradicate this sickness, and I feel close to AIDS sufferers and their families, invoking upon them the help and comfort of the Lord.<sup>21</sup>

<sup>1</sup> Pope John Paul II, *Novo Millennio Ineunte*, #50.

<sup>2</sup> Dr. Peter Piot, "Why AIDS is Exceptional", speech given at the London School of Economics, 8 February 2005, [www.unaids.org](http://www.unaids.org)

<sup>3</sup> Intensifying HIV Prevention: UNAIDS Policy Position Paper. Approved by UNAIDS Programme Coordinating Board, June 2005.

<sup>4</sup> Lisa Sowe Cahill, "AIDS, Justice, and the Common Good," in *Catholic Ethicists in HIV/AIDS Prevention*, edited by James F. Kennan et al., New York: Continuum Press, 2000, p. 282.

<sup>5</sup> Quoted in *AIDS and the Ecology of Poverty*, Eileen Stillwaggon, New York: Oxford University Press, 2006.

<sup>6</sup> *AJANews* no. 36 - October 2005

<sup>7</sup> Michael J. Kelly, S.J., *HIV and AIDS: A Justice Perspective*, Lusaka, Zambia: Jesuit Centre for Theological Reflection, April 2006, pp. 24f.

<sup>8</sup> *Ibid.*, p. 25.

<sup>9</sup> Pope Benedict XVI, *Deus Caritas Est*, 25 January 2006, as published by Catholic News Service.

<sup>10</sup> "Pope Asks G-8 to Hear the Cry of Poor Nations, 09 July 2001, [www.zenit.org](http://www.zenit.org)

<sup>11</sup> Javier Cardinal Lozano Barragán, intervention of the Holy See delegation to the UN Special Session on AIDS, New York, June 2001.

<sup>12</sup> WHO/UNAIDS, *Progress on global access to HIV antiretroviral therapy: A report on "3 by 5" and beyond*, March 2006.

<sup>13</sup> *Progress on Global Access to HIV Antiretroviral therapy: A Update on "3 by 5"*, UNAIDS and World Health Organizations, 2005, p. 5..

<sup>14</sup> Yvette Collymore, *Population Reference Bureau*, July 2004.

<sup>15</sup> UNAIDS, *Report on the Global Situation of AIDS*, December 2000.

<sup>16</sup> *SIPRI Yearbook 2005: Armaments, Disarmament and International Security*. Stockholm International Peace Research Institute (SIPRI), Press Release, 7 June 2004, p. 13.

<sup>17</sup> Javier Cardinal Lozano Barragán, *Address to World Health Assembly*, Geneva, Switzerland, 18 May 2005.

<sup>18</sup> *Scaling UP HIV Prevention, Treatment, Care and Support*, United Nations General Assembly, document A/60/737, 24 March 2006, p. 3.

<sup>19</sup> *Ibid.*, p. 5.

<sup>20</sup> "Catholic Church said to be at the forefront of AIDS Treatment, Prevention", by Tracy Early, *Catholic News Service*, 3 June 2005.

<sup>21</sup> "Pope Assures Sufferers of his support", *Vatican Information Service*, VIS 051130 (150).