



HIV and AIDS are among the biggest challenges facing the world. They are not only a health problem, but also a social problem, a cultural problem and an economic problem.

## What are HIV and AIDS?

**HIV** – Human Immuno-deficiency Virus

**AIDS** – Acquired Immuno Deficiency Syndrome

The **HIV Virus** attacks the cells that fight disease, damaging the immune system. People who have the virus are known as **HIV-positive**. Many people who are HIV-positive don't get sick for years, but the virus slowly wears down their immune system. Once the immune system is damaged, people who are HIV-positive develop a group of diseases that are known as **AIDS**. Viruses, parasites, fungi and bacteria that don't cause problems for most people, can be life threatening for someone who has HIV. These are called **Opportunistic Infections** or **OIs**. Common Ois include: fatal pneumonia, tuberculosis and Kaposi's Sarcoma (a form of skin cancer).

## How do people get HIV and AIDS?

The HIV virus is spread through human body fluids, especially blood and sexual fluids. The most common way to get the HIV virus is through unprotected heterosexual sex. Other common ways to get the virus include: mother to child transmission, drug users sharing needles, dirty medical equipment, unscreened blood products, unprotected male-to-male sex.

### Global Statistics (UNAIDS 2005)

<b>People living with HIV (2005)</b>	<b>38.6 million</b>	<b>(33.4-46.0 million)</b>
<b>Newly infected with HIV (2005)</b>	<b>4.1 million</b>	<b>(3.4-6.2 million)</b>
<b>AIDS deaths (2005)</b>	<b>2.8 million</b>	<b>(2.4-3.3 million)</b>

## Poverty and HIV and AIDS

HIV and AIDS have a disproportional impact on the poor. If you live in poverty, you are likely to be poorly educated, malnourished, vulnerable to exploitation and have less access to basic medicines and health care. All these factors contribute to the spread of HIV.



## What impact does AIDS have on people's lives?

### Impact on households

AIDS has a profound and systemic impact on household income and sustainability. AIDS pushes people deeper into poverty and households lose their breadwinners, livelihoods are compromised and savings are consumed by the cost of health care and funerals. The process of passing on knowledge and expertise—in land preparation, crop cultivation, handicrafts, cultural beliefs and traditions—to the next generation is undermined.

AIDS also leads to a greater burden on extended family and social networks. More and more grandparents are becoming the primary carers for young children, as the "middle generation" is dying of AIDS.



**In two-thirds of Zambian families where the father died, monthly disposable income fell by more than 80 percent (UNAIDS 2002).**

**In Cote d'Ivoire, income in AIDS-affected households was half that of average household income (UNAIDS 2002).**

**One study in Uganda showed that 65 percent of AIDS-affected households were obliged to sell property to pay for care (FAO 2001).**

**Funeral expenses are a major burden; evidence from Tanzania has shown that funeral expenses represented about 60 percent of the direct costs associated with AIDS. (UNAIDS 2002).**

**The average life expectancy in Botswana is predicted to be 38 by 2010, whereas it would have been 66 without AIDS (UNAIDS 2002).**

### Impact on nations and communities

The UN Security Council highlights AIDS as a threat to global peace and security. High infection rates create conditions where famine, repression or violent conflict and war occur more easily. In turn, these conditions accelerate the spread of HIV.

AIDS has a significant effect on formal institutions. When trained professionals die, the capacity of institutions such as schools, universities, health services and government departments is diminished. Services are disrupted and the difficulties in meeting the needs of an AIDS-affected population are compounded.

The effects flow to all parts of society. It is estimated that the Gross Domestic Product (GDP) shrinks by as much as 1-2 percent annually in countries with an HIV prevalence rate of more than 20 percent (UNAIDS 2003).

Food security is also considerably affected, particularly in countries where the majority of the population is engaged in agriculture. Because AIDS affects the most productive age group, it threatens not only the food security of households but also the long-term capacity of communities and nations to produce food and secure their livelihood. Lack of food also decreases the resistance of men, women and children to opportunistic infection and therefore accelerates the onset of the disease.

### Impact on women

Gender inequality is a major driving force behind the AIDS pandemic. Women are biologically more at risk of HIV infection than men and carry the biggest burden of caring for the sick and dying. Women have lower incomes, status and education levels, more limited legal rights, and less access to resources such as social and health services. Social traditions and economic factors also limit women's ability to express their wishes regarding choice of sexual partners and "safer-sex" practices.

There is growing evidence that a large share of new HIV infections is due to sexual violence in homes, schools, the workforce and other social institutions. Women and girls are also targeted for sexual abuse in situations of violent conflict and war and this dramatically increases their chances of contracting HIV (UN 2001, p21).

### Impact on children and young people

Over 14 million children have been orphaned by AIDS and the number will reach 25 million by 2010 (UNAIDS 2006). The number of child-headed households is increasing as a result. Their children are at risk of malnutrition, illness, abuse, child labour and sexual exploitation, and in turn these factors increase their vulnerability to HIV infection. They also suffer the stigma and discrimination often associated with HIV and may be denied education, work, housing and other basic needs as a result.



Girls are particularly affected because they are more likely to drop out of school to care for parents with AIDS, for younger siblings or other family members. Orphans also leave school because of discrimination, emotional distress or because they cannot afford to pay school fees or simply in order to seek a means to sustain daily life.

More than half of those newly infected with HIV are aged between 15 and 24 years (UNICEF 2002). Young people are the most vulnerable group because they often lack the knowledge to practise safe sex. Studies from around the world establish that the vast majority of young people have no idea how HIV is transmitted or how to protect themselves from infection.

This is compounded by a lack of services. Young people have more difficulty in accessing mainstream health services because they may not be able to seek treatment and care without an adult present, confidentiality may not be guaranteed and services may be too expensive.

## Responses to HIV and AIDS

### Education and awareness

HIV and AIDS-related stigma and discrimination rank among the biggest and the most pervasive barriers to effective responses to the AIDS pandemic.

Prevention strategies in all countries tackle HIV and AIDS-related stigma by dealing with attitudes to sex and sexual practices, but most sub-Saharan African countries lack resources for education, awareness campaigns and health services. The success of the developed world in containing and reversing the incidence of HIV can be attributed not to cultural mores but to the resources that governments commit to fighting the epidemic.

Change can happen. The introduction of education and awareness programmes in Uganda contributed to a 40 per cent drop in the number of AIDS-related deaths in five years. In the same period the rate of new cases of infection dropped by 50 percent.

### Treatment

Treatment for AIDS is getting better all the time. Anti-retroviral drugs (ARVs) combined with good nutrition and effective management of opportunistic infections have made it possible for some people to live with HIV for an increasingly long time. Six years after the introduction of ARVs in Europe and the United States, deaths caused by AIDS dropped by more than 70 percent (WHO 2003).

But treatment is not available to everyone. The high cost of ARVs has put them out of reach of most people who are living with HIV—they cannot even afford the generic drug combination. Currently, 6.5 million men and women



infected with HIV in the developing world need access to ARV therapy to survive. 1.3 million people in low and middle-income countries have this access. To address this emergency, WHO and UNAIDS had a “3 by 5” target – getting three million people on ARVs by the end of 2005 (WHO 2003). Latest progress report for the “3 by 5” target shows at the end of 2005, 20% of those needing ARVs were receiving them.

In Brazil, ARVs manufactured by the country’s own pharmaceutical industry have kept costs low and have allowed more people to access life prolonging treatment. From 1996 to 2002, Brazil saw a decrease in mortality rates of 40-70 percent, plus a seven-fold drop in the need for hospitalisation (WHO 2003).

### Care and support

A vital component of any HIV and AIDS programme is comprehensive care and support. This involves psychological support to help all those infected and affected to live positively with HIV and cope with the effects of AIDS. It also involves social support to help families and communities to cope with social and economic consequences of HIV and AIDS. In particular, care and support programmes include: care for sick people, care for orphans, care for vulnerable children, and support of community organisations and institutions that work with those in need.

## International Responses

### Trade, aid and debt

Developing countries need greater long-term international cooperation and financial support. Fairer investment and trade flows can help ensure that global economic progress also profits the world's poor.

Higher levels of overseas aid are needed to support poverty-reduction strategies and improve social services. Since 1990, Official Development Assistance (ODA) provided to the 28 countries with the highest adult HIV prevalence rates has fallen by a third (UNAIDS 2003).

It's estimated that it will cost between US\$14 and \$21 billion a year to effectively deal with HIV and AIDS in Africa and turn the situation around. Every year sub-Saharan Africa alone pays almost US\$15 billion repaying debts to wealthy nations and international institutions (Jubilee Australia 2006). If all debts were cancelled, countries would be able to use the money to pay for essential health services.

### The Global Fund

The Declaration of Commitment for HIV and AIDS called for all governments to increase their responses to combat the crisis. As a result of this Declaration, the Global Fund to Fight AIDS, Tuberculosis and Malaria was established. It resources many treatment programmes that are not funded by government programmes. Some developed countries, including New Zealand, have contributed to the fund since its inception but it is now seriously under-resourced.

### World Vision's response

World Vision's **Hope** initiative targets prevention, care and advocacy to reduce the global impact of HIV and AIDS. The initiative builds upon the network of thousands of communities where World Vision is already working. Prevention focuses on educating those most at risk. World Vision provides support for children affected by HIV and AIDS, and their caregivers. We advocate for government policy makers to adopt programmes and policies that will help prevent HIV and provide maximum care for those affected.



***“The stakes are high, the agenda is clear, AIDS is one of the great moral causes of our time. We can save lives and reduce suffering.”***

Dr Peter Piot, Executive Director of UNAIDS

### Action you can take

1. **SPONSOR** a child in a high-prevalence area through the HopeChild project. Call World Vision Customer Services on 0800 800 776.
2. **SUPPORT** the World Vision Children in Crisis programme which helps children in extreme need, including those affected by HIV and AIDS. Make a one-off contribution or a regular donation to our HIV and AIDS work.
3. **FIND OUT MORE** on the UNAIDS website at [www.unaids.org](http://www.unaids.org). Also the Global Fund to Fight AIDS, Tuberculosis and Malaria at [www.theglobalfund.org/en/](http://www.theglobalfund.org/en/)

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