



– AIDSLink #58 – Health Care & HIV

“God has given gifts to each of you from his great variety of spiritual gifts. Manage them well so that God’s generosity can flow through you.”

1 Peter 4:10 (NLT)

March 2007

How can a passion for maternal health care or clinical medicine bringing relief to those living with HIV help fulfill the mission of Jesus Christ in the world? I invite you to ponder this question as you digest this month’s AIDSLink #58. If you need help accessing materials referenced in AIDSLink, please do send your request to:

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SIM related AIDS ministries including HOPE for AIDS

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1. *Being, doing and saying*

“Is there ‘spiritual’ ministry involved in responding to HIV&AIDS?” This question is frequently asked (both explicitly and silently) by well meaning Christians brought up in Western thinking. It is so easy to default into separating the sacred from the secular, the spiritual from the physical, and the supernatural from the natural. The tendency is then to subconsciously compartmentalize *ministry* into ‘real’ or ‘supporting’ – my ministry ceases to be *real* because it isn’t *spiritual*.

Consider the Old Testament concept of *shalom* – God’s ideal of just, peaceful, harmonious, and enjoyable relationships with Him, each other, ourselves, and our environment. Shalom embraces the physical, social, mental and spiritual, all linked intricately together. Picture in your mind the multitudes of human beings infected and affected by HIV&AIDS who will be in heaven because God’s people have demonstrated His unconditional love and acceptance to them. Think of Jesus’ compassion toward the ten lepers (Luke 17:12-19) – ministering to ten though only one responded (at that moment) in faith.

The Micah Declaration brings together the proclamation and demonstration of the gospel as ‘integral mission’ or ‘holistic transformation.’ “It is not simply that evangelism and social involvement are to be done alongside each other. Rather, in integral mission our proclamation has social consequences as we call people to love and repentance in all areas of life. And our social involvement has evangelistic consequences as we bear witness to the transforming grace of Jesus Christ. If we ignore the world we betray the word of God which sends us out to serve the world. If we ignore the word of God we have nothing to bring to the world. Justice and justification by faith, worship and political action, the spiritual and the material, personal change and structural change belong together. As in the life of Jesus, being, doing and saying are at the heart of our integral task.” See:

http://en.micahnetwork.org/home/integral_mission/micah_declaration

HIV&AIDS is the context in which we are challenged to reflect God’s hope and grace. God calls us to work as teams, together ministering by word *and* deed, and embracing the physical, social, mental and spiritual aspects of life.

For discussion:

1. Draw and discuss the relationships between 'being, doing and saying' in your areas of ministry.
2. What are the consequences of compartmentalizing the physical, social, mental and spiritual in the context of HIV&AIDS?
3. We are challenged to use *whatever* gift we have received to serve others, "faithfully administering God's grace in its *various* forms" (1 Peter 4:10). How is this being done in your setting? How could it be done more effectively?

2. Maternal health in the context of HIV&AIDS

Thank you to Dr Peter Jackson for the following insights in maternal health in the context of HIV & AIDS. Dr Jackson has a long standing interest in maternal health and is well recognized for his contribution to health and mission. He can be contacted for further information at: peter.jackson@talktalk.net

There are approximately 529,000 deaths globally related to pregnancy, childbirth and abortion annually, and over 99% of these are in resource poor countries. In sub-Saharan Africa the lifetime risk of death from a pregnancy related cause is 1:16 compared with 1:10000 in Northern Europe. Beneath this tip is the iceberg of morbidity. The advent of HIV&AIDS, afflicting largely the same population has simply made matters worse.

The leading causes of maternal mortality are haemorrhage, eclampsia and obstructed labour, but in some countries AIDS related deaths are overtaking these directly obstetric causes.

Women are more susceptible to HIV infection than men. HIV positive women are at increased risk of pelvic inflammatory disease, cervical cancer and candidiasis (severe thrush infection) as well as TB. During pregnancy natural immunity is suppressed, therefore susceptibility to all infection is increased, including malaria. Anaemia is common. Antepartum and postpartum haemorrhage occur more frequently in HIV positive women. There is no definite evidence that HIV disease worsens during pregnancy. HIV positive women are more likely to experience early miscarriage. Intrauterine growth restriction (IUGR) is more common, as is preterm delivery and preterm rupture of the membranes.

Care of HIV positive women in pregnancy:

Antenatal care provides an opportunity for testing and counselling. There are advantages in knowing the woman's status in pregnancy because additional support and care can be offered together with interventions to preserve her health and reduce mother to child transmission (MTCT).

The administration of (antiretroviral) ARV drugs during pregnancy, labour and to the neonate; delivery by elective caesarean section; and avoidance of breastfeeding are all effective in reducing MTCT. However in areas of greatest prevalence these interventions may be unavailable or expose the mother and her baby to other significant risks. Modified regimes of ARV treatment within the reach of resource poor countries have been developed, and research in this area is ongoing.

Improvement of maternal health must not only address direct obstetric problems but also the underlying factors of poverty, ignorance and women's status together with the increasing challenge of HIV&AIDS."

Sources:

McIntyre, J.A. Maternal Health & HIV in Reproductive Health Matters 13(25):129-35, 2005, May
Raisler J, Cohn J. Mothers, midwives and HIV/AIDS in Sub-Saharan Africa. J. Midwifery & Womens Health 50(4):275-82, 2005 Jul-Aug
Fleming A.F., McIntyre J.A., Johnstone F.D. HIV infection and AIDS in pregnancy: Maternity Care in Developing Countries ed
Lawson, J.B., Harrison K.A. & Bergström

3. What about a vaccine?

How you wondered what the current state of vaccine development for HIV is? The International AIDS Vaccine Initiative (IAVI) produces an annual publication listing all AIDS vaccine clinical trial activity worldwide. Thirteen new preventive AIDS vaccine trials were initiated in eight countries around the world in 2006, including in Zambia, Uganda, Kenya and Tanzania. These were all either Phase I or Phase I/II trials designed to evaluate the safety and immunogenicity of the candidate vaccines.

For more details including the “*IAVI Report - VAX 5(1), January 2007*” (54KB) and the “*2006 IAVI VAX Map*” (5.6MB) see: www.iavireport.org/Vax/VAXJanuary2007.asp

4. Case studies, clinical care & the delivery of antenatal services

a. “*Clinical case studies*” (2006) by R. Brown, A. Low, S. Moore, & M. Bilonda is a teaching tool for doctors, clinical officers and nurses who care for patients infected with HIV. These cases are designed for use in hospitals and health centers, at weekly staff meetings, continuing education sessions, or in more formal training courses.

“*Counseling case studies*” (2005) by J Brown & A Mburu is for counselors, social workers, and medical personnel in African hospitals, health centers and dispensaries. The book is ideally suited for those working in Christian settings and written by and for people dealing with patients in various stages of HIV infection.

“*Clinical case studies*” (US\$ 4.20) and “*Counseling case studies*” (US\$ 2.80) plus shipping costs are available from the African Medical and Research Foundation (AMREF), Nairobi, Kenya. Visit www.amref.org or e-mail amrefhlm@amrefhq.org

b. “*HIV Medicine 2006*” is the 14th edition of a medical textbook that provides a comprehensive and up-to-date overview of the treatment of HIV Infection (4.9MB, 825 pages). It is available at: www.hivmedicine.com/hivmedicine2006.pdf For the rationale behind the publication and free distribution of *HIV Medicine 2006* see www.hivmedicine.com/

c. “*Preventing vertical transmission of HIV in Kinshasa, Democratic Republic of the Congo; a baseline survey of 18 antenatal clinics*” assesses the content and delivery of essential antenatal services before implementation of programs for the prevention of mother-to-child transmission of HIV. This is an example of a comprehensive baseline study concluding that:

“Planners of PMTCT roll-out programs cannot ignore the provision of basic primary antenatal care and should use these programs as an opportunity to strengthen comprehensive antenatal care services in under-resourced settings. Operations research is needed to investigate both the positive as well as the negative consequences of integrating new programs into existing infrastructure. Attention must also be paid to professional development, retention and morale of staff as well as the achievement of overall program goals — healthy mothers and children.”

This is available (268KB) at: www.who.int/bulletin/volumes/84/12/05-028217.pdf

5. Where to start on health care and development

If you are interested in international development, there are thousands of websites you could go to, but what if you only have opportunity to visit five? Would you know where to go? For information on over 30 development themes see “*A Good Place to Start – The IDS Knowledge Services guide to finding development information online*” (1.1MB) available at: www.ids.ac.uk/ids/info/sliGoodGuide.html

A limited number of hardcopies copies are available for free to development organizations in low- and middle-income countries. If you are eligible and would like a copy, please send an email including your name, organization and address, to: agoodplacetostart@ids.ac.uk

6. Making it known – conferences

a. ICASA 2008. There is a change in the venue and date of the 15th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), which was originally scheduled to take place in Libreville, Gabon from 8-11 December 2007. Owing to logistical problems the next ICASA is now scheduled to be held exactly one year later in Dakar, Senegal from 8-11 December 2008. For more information visit the Society for AIDS in Africa website at www.saafrica.org

b. “Partnerships for health and wholeness” is the theme at the Christians Connecting for International Health (CCIH) annual conference May 26-28, 2007 in Maryland, USA. Partnerships can increase the effectiveness, efficiency and appropriateness of Christian international health programs. The conference will address: what defines a partnership? how can we promote collaborative efforts? are there pitfalls that we should avoid? And what examples can we follow? The key note speaker will be the Executive Director, HIV/AIDS Initiative Saddleback Church, Lake Forest, CA. More information is available from <http://ccih.org/>

7. Tip of the Month – How ethical is it to evaluate?

The very question of whether an evaluation should be undertaken can raise ethical dilemmas. Reasons why evaluation may be unethical, are identified by Green and South (2006) in their book *Evaluation*, Open University Press, Berkshire, England, page 99:

Evaluation may be unethical if:

- It would not represent an ethical use of resources as it diverts a disproportionate amount of time, staff and funds from principle activities
- It would place an unacceptable burden on stakeholders and other practitioners
- The community is over-researched
- Evaluation would be too intrusive or risks generating conflict in sensitive areas
- It would not possible to carry out the evaluation in sufficient depth or quality to be meaningful
- Evaluators would be compromised and would not be free to report findings accurately

There are however strong grounds for arguing that all HIV&AIDS interventions must be evaluated so that the most good accrues to both the individual and the community.

1. What ethical challenges have you encountered in the process of monitoring and evaluation?
2. How have you resolved these?
3. Document your experience and share it through AIDSLink (anonymously if you prefer!) so that we can learn from each other and together maximize our resources and energy.



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