



– AIDSLink #51 – the big picture of statistics & their implications

“But we have this treasure in jars of clay to show that this all-surpassing power is from God and not from us.” 2 Cor 4:7

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Welcome to the new look AIDSLink! Each issue focuses on a theme, includes a Biblical reflection, and continues with a Tip of the Month related to such issues as project management, planning, monitoring and evaluation. “Making it known” is new. This space is for you to advertise events, resources, and to post comments.

The aim of issue #51 is to take a look at the facts and implications of newly released research and statistics coinciding with this month’s International AIDS Conference. May this challenge us to regularly revisit our own strategies ensuring that the HIV & AIDS activities with which we are most closely associated are informed, coordinated, and contribute effectively to making a difference in the lives of those infected and affected.

Thank you to all who responded to ‘Evaluating AIDSLink’. If responding is still on your “to do ” list, is not too late to return your completed questions accompanying this e-mail to international.aids-consultant@sim.org

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1. Prioritizing when the needs are huge – What is a Biblical approach?

The 2006 Report on the Global AIDS Epidemic illustrates some enormous and frightening divides, such as between the number of people in need and the number being helped and between what we could be doing to stop AIDS, and what is actually being done today.

As we grapple in our own settings with what ideally should be done to address HIV & AIDS, and the disparity between needs and resources, we often face the task of prioritizing. Jesus’ disciples were not only familiar with days crowded with people, incredible needs, and their own inadequacies, but the power of God to work miracles. Read the story of the healing of the boy with an evil spirit in Luke 9:37-45. Here we see the disciples struggling to respond to the enormous needs in the crowd. Luke places the disciple’s struggle at the bottom of the mountain as a contrast to Jesus’ transfiguration on top of the mountain – Jesus makes the difference. Jesus’ response challenges us to:

1. Be alert to divine appointments. In the midst of a crisis, Jesus steps in to address the problem knowing that his disciples whom he had just invested with power (9:1), are more concerned about comparing their ministry with others and questions of who is the greatest (9:46-59) than with healing the boy.
2. Recognize the spiritual dimensions involved in healing. Prayer and faith are important in dealing with ill-health and well-being. Note that this is highlighted by Matthew (17:19,20) and Mark (9:28,29) but not by Luke.
3. Choose to invest in people, training them so that will be equipped to train others (9:43). Jesus is acutely aware that his time is short. Note the intensity of his teaching and that it takes place in private away from the crowds (Mark 9:30-31).

For Discussion:

1. Describe a scenario when you felt the crushing needs of people and your own inadequacy to deal with this. How did you deal with this? Be encouraged by 2 Cor 4:7.
2. In what ways can being alert to “divine appointments” help the process of prioritizing needs in your setting? Is this compatible with project planning?
3. How can the training component be strengthened in the HIV & AIDS program/s that you are most closely associated with?

2. XVI International AIDS Conference 2006 – Time to deliver

An expected 20,000 people are meeting 13-18 Aug in Toronto for the XVI International AIDS Conference where the latest wave of research will be released and the big picture of statistics, epidemiology and current challenges discussed. If you have an oral or poster presentation or have material accepted for inclusion on the official conference website & CD and are able to make a 200-300 word summary available through AIDSLink, please contact international.aids-consultant@sim.org

From 12 Aug the official website www.aids2006.org will offer a searchable database of the more than 4500 abstracts being presented at the conference as posters, poster presentations, oral presentations and latebreakers. Portions of the conference can be viewed on the internet at no cost and with no registration at kaisernetwork.org The Health Development Network is focusing its coverage on three themes: HIV related stigma, children and HIV & AIDS, and leadership. There are regional eForums for Africa and Asia, national forums, and one on children and AIDS. Simply join one of the eForums free of charge at www.healthdev.org/eforums/cms/join.asp – you just need an e-mail address.

3. 2006 Report on the Global AIDS Epidemic

The ‘2006 Report on the global AIDS epidemic’, UNAIDS’ 10th anniversary special edition, is a detailed 590 page report which includes country profiles. It is available in English, French and Spanish from: www.unaids.org/en/HIV_data/2006GlobalReport/default.asp This document is large at 24MB zipped but can be downloaded with (much patience!) in sections.

A 25 page executive summary (1.5MB) is available at http://data.unaids.org/pub/GlobalReport/2006/2006_GR-ExecutiveSummary_en.pdf

Conclusions noted in the executive summary with implications for SIM related HIV and AIDS ministries include the following:

- Important progress has been made in the last 5 years yet there is extraordinary diversity in the response to HIV between countries and regions (p3)
- Treatment has dramatically expanded (p4). Scaling up will require more leadership to overcome key barriers to increase individual knowledge of HIV status, reduce stigma, build human capacity, improve procurement and disbursement of drugs and integrate care (p13)
- The number of people using HIV testing and counselling services has quadrupled in over 70 surveyed countries (p4)
- 58 countries reporting data show 74% of primary schools and 81% of secondary schools now provide HIV & AIDS education. In 8 of 11 sub-Saharan countries studies, the percentage of young people having sex before 15 years has declined (p4). Evidence from Uganda shows that a child who drops out of school is three times more likely to be HIV positive in his/her twenties than a child who completes basic education (p15)! There are disturbing signs that support for HIV prevention may be diminishing in some regions – this represents a tremendous lost opportunity (p11).
- Weaknesses in the response to HIV include inadequate knowledge levels among young people (p4), inadequate services to prevent HIV infections in infants, and pervasive levels of stigma and discrimination. Care and support for the 15 million children orphaned by AIDS also remains grossly inadequate (p5)
- Global funding for AIDS has greatly increased yet funding available today may be just one-third of what is required to respond (p19)

- 'A quarter century into the epidemic, the global AIDS response must become substantially stronger, more strategic and better coordinated ...' (p5). AIDS is exceptional and the response to AIDS must be equally exceptional (p17).

Basic statistics (p6): At the end of 2005 there are an estimated 38.6 million people living with HIV (PLWHA) worldwide. 4.1 million became infected in 2005 and 2.8 million lost their lives to AIDS. Although global prevalence has leveled off, the numbers of PLWHA have continued to rise due to population growth and the life-prolonging effects of antiretroviral therapy. HIV incidence has peaked in most sub-Saharan countries however the epidemics are highly diverse and especially severe in southern Africa where some of the epidemics are still expanding.

4. An update on HIV & AIDS terminology

All of us struggle at some time to know what terms, acronyms or abbreviations mean given that these often change or evolve over time. To help everyone with the latest HIV/AIDS language usage, UNAIDS has produced Editors' Notes for Authors. This includes explanations of the background behind terms and current preferred usage and is particularly helpful for writing proposals and reporting. This 15 page document (188kb) is available at: http://data.unaids.org/pub/InformationNote/2006/EditorsNotes_en.pdf?preview=true

5. Faith Untapped – the contribution by churches in Africa to HIV & AIDS

TEARFund www.tearfund.org has released a 34 page report (KB) entitled "*Faith Untapped: Why Churches Can Play a Crucial Role in Tackling HIV and AIDS in Africa.*" to coincide with the International AIDS conference. Tearfund is one of the UK's leading relief and development agencies, working in partnership with churches around the world to tackle the causes and effects of poverty. It is online at www.tearfund.org/webdocs/Website/Campaigning/Policy%20and%20research/Faith%20untapped.pdf.

One example of issues covered is why some major donor agencies have ignored the important role of churches. The reasons given include that secular agencies and donors have not understood the unique role churches play, funders shy away from small-scale projects, large international donors do not have mechanisms to allow small local groups to apply for funding, small players sometimes lack the capacity to apply for funding, funders lack confidence in the churches' professionalism and financial accountability, and the misconception that churches are partisan about who they help. Although the untapped potential of churches is identified in areas of prevention, treatment, care and support, the issues of preventing parent-to-child transmission, stigma, and the disproportionate impact on women remain challenges to be tackled.

6. State of the World's Children 2006

AIDS is threatening children as never before. Two resources available in English, French & Spanish from UNICEF & UNAIDS which give a broad assessment of the world's most vulnerable children are:

a. 'The State of the World's Children 2006: Excluded and Invisible' (144 pages, 1.8MB), Dec 2005. The report describes in detail how these children - poor, exploited and abused - are being ignored, growing up beyond the reach of development campaigns and often invisible in everything from public debate and legislation to statistics and news stories.

b. 'A Call to Action: Children the Missing Face of AIDS' (25 pages, 1.4MB), Oct 2005 looks at four areas: prevention of mother-to-child transmission of HIV, providing pediatric treatment, preventing infection among adolescents and young people, and protecting and supporting children affected by AIDS. It is available from www.unicef.org/publications/files/AIDS_Launch_final_14Oct.pdf

7. Making it known

Rosanna Hess and Kaye Hooper working with “Research for Health” write:

“*Research for Health*” is a non-profit organization with the mission to conduct research which will lead to the improvement of health. Services offered include qualitative and quantitative research projects; developing and evaluating research proposals, literature reviews, concept analysis, and design selection; conducting community assessments; and providing consultant services. Topics of interest include the cultural impact on illness and health seeking behaviors, female and male reproductive health, HIV/AIDS and other infectious diseases, community-based health promotion and disease prevention, and trans-cultural nursing.

Rosanna has worked in West Africa for over 20 years as a nurse with CMA and Kaye Hooper with SIM in Niger and Sudan during the 70s. For further information on how to make use of their services for your research needs, contact them at rfh@researchforhealth.org www.researchforhealth.org

8. Tip of the Month – transect walks

A transect walk surveys the community to explore community key points, problems and resources. It can be used to refine understanding of the community and its vulnerability to the impact of HIV/AIDS, and explore the impact of HIV & AIDS on land use, agricultural production, food security, housing, health and income generating activities. Access to basic services such as water supply and firewood that have a direct impact on the living conditions of people living with HIV & AIDS (PLWHA), and the extent of migration, dissolution of households and housing conditions of PLWHA can be also assessed.

Take care to cover different sections of the community with different conditions ensuring that information is obtained from men, women, youth, elderly, PLWA and various socio-economic groups. Often issues will emerge that have not been included in community discussions. Compare the completed diagrams with a community mapping exercise.

Conducting a transect walk:

1. Assemble a group to take part
2. Together list information considered useful to know on a particular issue such as vulnerability to the impact of HIV/AIDS. Remind the group that each participant's contribution is valued
3. Review the community map and identify area(s) for the transect – it may be helpful to split into different groups, perhaps based on sex, age, etc
4. Select a starting point for the transect and divide the tasks of note taking and drawing
5. Start walking, observe and take time for discussions with people living in the area, focus on critical issues
6. At the end of the walk, the group together draws a diagram of the area noting key features
7. Discuss the diagram identifying problems, resources and opportunities and the implications of the insights gained

See “*Tools Together Now! 100 participatory tools to mobilize communities for HIV & AIDS*” (p 62), an excellent 250 page (2.9MB) resource available at www.aidsalliance.org/sw36326.asp

Co-worker with you,

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Championing HIV & AIDS ministries and helping SIM and its partners respond more effectively to growing epidemics in Africa, Asia, and South America