COMMITMENT TO COMPASSION AND CARE

HIV/AIDS Policy of the Catholic Church in India

Commission for Healthcare
Catholic Bishops' Conference of India
2005

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"A person infected by HIV/AIDS is Jesus among us. How can we say 'no' to Him!"

Blessed Teresa of Calcutta

Contents

Foreword

Telesphore P. Cardinal Toppo
Archbishop of Ranchi and
President, CBCI

'Commitment to Compassion and Care' invites the entire Catholic community in India towards a concerted and intensive response to the HIV/AIDS pandemic. This Policy offers a comprehensive understanding and clear strategy towards prevention of HIV/AIDS and care, treatment and support of the people living with HIV and those affected.

The Christian commitment to the sick springs from the mandate given by Jesus, 'who went about doing good.' For the Christian solidarity with the sick and the suffering Jesus himself is the most perfect model. He was a friend of all. He visited those in pain and distress. Anyone could approach him. He touched the sick and allowed himself to be touched by them, be it a leprosy patient, or the women with flow of blood or a person with emotional disability. They all received his healing, the total healing. His mission was to bring 'life - life in its fullness.' He suffered and he allowed his life to be sacrificed on the cross, and showed the redemptive meaning of suffering and death. Jesus shows us the true meaning of commitment. The need of the hour is to live intensively this solidarity and dedication.

The great Pope John Paul II used to remind us that those suffering from HIV/AIDS must be provided with complete care and shown full respect, and be given every possible physical, moral and spiritual assistance, and indeed treated in a way worthy of Christ himself. Our nation needs the full commitment of everyone to fight against HIV/AIDS. 'Like leaven in the dough,' this commitment should grow, and should spread to every corner of this country. HIV/AIDS is not just a medical concern alone, rather it is a developmental issue. With our country's present-day exigencies such

as poverty, illiteracy, ignorance, gender inequality, injustice, corruption and discrimination, it becomes absolutely imperative for the Church to get involved in awareness building programmes for prevention of HIV and in the care and support of those infected and affected. Our concerted efforts and commitment should pave the way to curb the HIV menace in this country.

True compassion, shown especially to the sick and the suffering, has to be the hall-mark of the Christian commitment. Those in the shadow of despair, gloom, guilt and neglect, need to experience life as a joyful experience in hope. This is achieved through loving acceptance in true compassion. Such an attitude is never judgmental, nor discriminatory. It helps one to perceive the divine image in the face of the infected and affected sister or brother. It implies in helping one to 'live positively' with the virus, so as to enable one to celebrate life, in spite of the crosses in one's life.

The words of the Holy Father Pope Benedict XVI to the Bishops of Sub-Saharan Africa, delivered on June 10, 2005, are very much relevant also in our context, as he said, "I urge you to continue your efforts to fight this virus which not only kills but seriously threatens the economic and social stability of the Continent. The Catholic Church has always been at the forefront both in prevention and in treatment of this illness. The traditional teaching of the Church has proven to be the only failsafe way to prevent the spread of HIV/AIDS. For this reason, "the companionship, joy, happiness and peace which Christian marriage and fidelity provide, and the safeguard which chastity gives, must be continuously presented to the faithful, particularly the young." (L'Osservatore Romano, 15, June 2005, p. 3).

CBCI Commission for Health Care deserves our sincere appreciation, especially Fr. Alex Vadakumthala, the executive secretary for what he has done and is planning to do. I thank him and all his collaborators.

May this 'Commitment to Compassion and Care' be a clarion call to the whole Catholic community, at the same time motivating and inspiring all the people of good will to join hands to fight this menace!

God, who is the giver of all gifts, bless this 'Commitment to compassion and care' abundantly.

Introduction

Archbishop Bernard Moras
Archbishop of Bangalore and
Chairman, CBCI Commission for Healthcare

One of the most alarming concerns about HIV/AIDS in India is the rate of the increase in the number of infected persons across the country. The first case was detected in India in 1986. By the end of 2003, less than twenty years later, the total number of persons living with HIV/AIDS was 5.1 million! The estimates from 1994 till 2000 show that the incidence has been doubled. Every year since 2000, five lakhs reported cases have been added, which may be just the tip of the iceberg. The financial burden, social constraints, and above all the personal and psychological pain and strain of those infected and affected experience are immense.

Globally we boast about the strength and growth of the human race and the advancement of science and medicine, but, we appear to be quite helpless in front of the HIV, a `weak' virus that cannot survive in the open for more than three minutes. We need to scale up all our efforts to check its spread. The entire Church has to continue to intensify its work and to join hands with like minded groups, to fight this disease, to curb its further spread, and to be with our sisters and brothers who are infected and affected. That is why we have developed this policy on HIV/AIDS for the Church in India. This Policy is our `commitment to compassion and care'.

HIV/AIDS is a complex issue. Social realities like poverty, ignorance, gender discrimination and inequality are concerns that surround the spread of the virus. The stigma and discrimination against people living with HIV/AIDS and the refusal to serve them, even by some

members of the medical fraternity, need to be addressed. The gradual deterioration in moral and human values, disregard for basic human dignity, especially when a person is sick and the denial of their human rights, all need to be addressed with urgency. We also admit that there is a crucial need to bring greater awareness and clarity on related issues among the Catholic institutions, health-care providers and community leaders. The Catholic Church has clear teachings, principles and values, based on natural law and divine justice, which have stood the test of time and which must be adhered to. It is hoped that this document, Commitment to Compassion and Care will help in this endeavour.

On March 20, 2004, the Bishops of the CBCI Health Commission held a meeting at the CBCI Centre, New Delhi, and decided to develop an HIV/AIDS Policy for the Church. There was, in fact, an earlier document which was shared at a consultation held on August 8-9, 2003 at St. John's, Bangalore among the Bishops in-charge of health in the 12 ecclesiastical regions, and the heads of the health and developmental organizations.

An outline for the HIV/AIDS Policy was adopted in a workshop in June 2004 and experts contributed to various sections of the Policy. The various sections were compiled, additional points were incorporated and a draft document was prepared. The draft was circulated online and inputs were incorporated. In order to look into the ethical issues a Colloquium on ethical issues in HIV/AIDS, in which Moral Theologians participated, was jointly organised by the CBCI Doctrinal and Health Commissions. The draft policy was also discussed and revised incorporating their suggestions. On September 27-29, 2004 we had a Consultation of all the 12 Bishops in-charge of health at the Regional Bishops' Councils together with the representatives of major health and developmental organisations and the drafts documents were studied and revised.

Representatives working in the field, especially from the health and developmental sectors and other experts in eleven regions, held consultations during the period from November 2004 to January 2005

and discussed in detail the draft of the policy. From the reports of these regional meetings, certain region-specific issues were incorporated by the Drafting Committee when they came together on January 22 and 23 at the CBCI Centre. The Bishops of the Health Commission, together with Bishop Thomas Dabre, the Chairman of the Doctrinal Commission, went through the revised drafts during the meeting held on February 2, 2005 at St. John's. The CBCI Standing Committee during its 100th session held in Delhi on April 26-29, 2005 went through the draft of the Policy and gave its final approval.

Let me thank all those who collaborated in this extensive process of the formulation of the HIV/AIDS Policy of the Church. This document is the fruit of partnership, collaboration and a sincere sharing of views and concerns of many. In a way, the participatory process of formulation itself was an expression of the commitment of all the members of the Church towards the implementation of this Policy. Let us join hands in curbing the further spread of HIV and in alleviating the suffering of the infected and the affected sisters and brothers by helping them to lead a life of positive living. It is our `commitment to compassion and care' to follow the footsteps of Jesus, the Master.

For the preparation of this Policy document,
the CBCI Health Commission
is deeply grateful and indebted to

CBCI Standing Committee

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Catholic Health Association of India

Catholic Nurses Guild of India

Sister Doctors' Forum of India

CBCI-IGNOU Chair for Health and Social Welfare

CBCI Secretariat and Commissions

and all other individuals who graciously collaborated in
this endeavour.

Abbreviations

AICYF	All India Catholic Youth Federation
AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
CBCI	Catholic Bishops' Conference of India
CBO	Community-based Organisation
CHAI	Catholic Health Association of India
CMMB	Catholic Medical Mission Board
CNGI	Catholic Nurses Guild of India
CRI	Conference of Religious, India
CRS	Catholic Relief Services
FBO	Faith-based Organisation
GIPA	Greater Involvement of People Living with HIV/AIDS
HIV	Human Immunodeficiency Virus
ICYM	Indian Catholic Youth Movement
IEC	Information, Education and Communication
IGNOU	Indira Gandhi National Open University
IGSSS	Indo-Global Social Services Society
NACO	National AIDS Control Organisation
NGO	Non-governmental Organisation
OI	Opportunistic Infections
OVC	Orphans and Vulnerable Chiildren
PEP	Post Exposure Prophylaxis
PLHA	People Living with HIV/AIDS
PPTCT	Prevention of Parent to Child Transmission
RTI	Reproductive Tract Infections
SDFI	Sister-Doctors' Forum of India
SHG	Self-help Groups
STI	Sexually Transmitted Infections
TB	Tuberculosis
VCT	Voluntary Testing and Counselling
VCTC	Voluntary Counselling and Testing Centre
WHO	World Health Organization
YCM	Young Christian Movement
YCW	Young Christian Workers

Commitment to Compassion and Care

HIV/AIDS Policy of the Catholic Church in India

1. Preamble

The Christian commitment to serve the sick has its mandate from Christ, the Divine Healer. "Jesus called together the twelve and gave them power … to cure illnesses"[1] and, "they travelled throughout the villages, proclaiming the Good News and bringing healing to the sick."[2]. Down through the centuries the Church has been true to this mandate of the Divine Master. The Good News of this healing mission came to India as early as 52 A.D., with the arrival of St. Thomas, the Apostle.

> Service to the sick is an integral part of Church's mission. The Christian commitment to serve the sick has its mandate from Christ.

The Catholic Church in India, organised under the umbrella of the Catholic Bishops' Conference of India (CBCI), has 152 archdioceses/ dioceses. These are further divided into 6,277 parishes. There are over 300 religious, congregations with more than a hundred thousand priests and religious and the laity, actively involved in social, education and health and healing ministries. CBCI has 13 Commissions dealing with different sectors, of which the Commission for Health care is one.

While the Church was involved in community health care from the very beginning, formal institutional health care dates back to the establishment of the `Santa Casa de Misericordia' by the Portuguese missionaries around 1513 in Cochin and Goa[3]. There has been a steady growth in the number of health care institutions, personnel and resources. As per the Directory of Catholic Health Facilities in India (2003), the Church has 746 hospitals, 2,575 dispensaries,

70 rehabilitation centres, 107 centres for mental health care, 61 centres for alternative systems of medicine, 162 non-formal health facilities and 115 medical training centres which include 6 medical colleges. Along with this there are 165 leprosy centres, 416 health care centres for the aged, 62 centres for tuberculosis (TB), the terminally ill and people living with Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome (PLHA) and 60 counselling centres[4].

The Church is also actively involved in the field of education and development. The education and development sector partners include 14,869 schools, 240 colleges, 1,524 technical training schools and polytechnics, 1,765 hostels and boarding houses, 1,085 orphanages and 228 crèches[5]. All dioceses have Diocesan Social Service Societies that are active in the development sector. Youth organisations such as the Indian Catholic Youth Movement (ICYM), the Young Christian Movement (YCM), the All India Catholic Youth Federation (AICYF) and the Youth Christian Workers (YCW) function at the parish and diocesan levels.

Catholic institutions and individuals have also been organised under different associations like the Catholic Health Association of India (CHAI), the Catholic Nurses Guild of India (CNGI), the Sister-Doctors' Forum of India (SDFI) and the Conference of Religious, India (CRI). Social developmental organisations like Caritas-India, the Catholic Medical Mission Board (CMMB), Catholic Relief Services (CRS), and the Indo-Global Social Services Society (IGSSS) are also active in India.

The Church is deeply concerned about the increasing rate of HIV infection in the country and its impact on individuals, families, the community and the state. There is an urgent need of a concerted response of everyone to stop its further spread.

The Catholic Church is deeply concerned about the increasing rate of HIV infection in the country and its impact on individuals, families, community and the state. The personal and social implications of HIV/AIDS are enormous.

In this context, it became all the more imperative to develop a policy for the Church to effectively address the challenges posed by the ramifications of HIV/AIDS. The HIV/AIDS Policy of the Catholic Church in India reaffirms the collaborative endeavour of the community and its commitment to fight against HIV/AIDS. This policy is developed on the foundation of Gospel values, teachings of the Church, scientific facts and research in contemporary realities. This policy is presented as a guide to all Catholic health, development, educational, research and spiritual institutions and associations; to all Commissions and ministries of the CBCI; to the dioceses, parishes and congregations; to the priests and religious, and the faithful.

2. HIV/AIDS in India

Since the identification of HIV in India in 1986, the rate of infection is increasing at an alarming rate to reach 5.1 million people by May 2004, with an adult prevalence rate of 0.9 per cent. Although India is still considered as a low prevalence country, the absolute number of its current HIV cases places India as the second, next to South Africa. In addition, with the size of India's population, even a one decimal point increase in the nation's HIV prevalence rate would add about half a million new individuals to the total HIV cases.

Every region in India is experiencing a snowballing increase in the spread of HIV. The infection has spread from people who practice high risk behaviour (sex workers, people injecting drugs and people having same-sex relationships) to the general population (house- wives and children) and from urban to rural areas. If the spread continues at its present pace, it is going to have devastating effects on the entire fabric of our society. If the spread is not checked and the trend reversed, it is also likely to wipe out decades of development made in our country.

If the spread of HIV is not checked and the trend reversed, it is likely to wipe out decades of development made in our country.

HIV/AIDS also pose a challenge to Catholic teachings, moral values, family bonds, marital fidelity, medical care, social work and pastoral care[6].

The situation is unpredictable – we do not know where it is leading us. The damage done is huge – it has infected millions. The virus is unstable – it keeps changing its types and forms. For many years after infection, the virus can remain unnoticed in one's body, yet can be passed on to others through certain behaviours. It is devastating – it affects people mostly in their productive years, and is bound to have irreparable consequences for our society.

Why is the HIV virus that cannot survive in the open for more than 3 minutes capable of infecting millions of people?

The virus that causes this havoc is a very fragile one and the way it spreads, according to best available scientific knowledge, is via identifiable routes of transmission - sexual, blood and perinatal. But why is a virus that cannot survive in the open for more than 3 minutes capable of infecting millions of people? Why is it that we are not able to protect ourselves from infection, even when the routes of transmission are known and prevention methods have been advocated?

A close examination of the existing scenario brings to light several limitations and hurdles with regard to the prevention and control of HIV/AIDS in India. They include:

- Lack of awareness of the people about the what, why and how of HIV/AIDS, especially among women and in rural areas.
- Most of the HIV infected people are unaware of their infection status and they transmit the virus to their intimate partners.
- The increasing rate of substance abuse and increasing sexual promiscuity in the present day.
- Lack of a concerted effort in providing HIV/AIDS education at the school/ college/university level, in the community and also in catechism/moral education programmes.
- Most of the public campaigns focus on methods of prevention of HIV that are not aimed at long-term behaviour change goals. Poor media reach also hampers reaching out to people.
- Resources for HIV/AIDS prevention, treatment, care, support and

research continue to remain inadequate both from government and non-government sources.

- The existing health care system does not have adequate facilities such as infrastructure, medical equipment and trained personnel to take care of infected persons.
- A dearth of professional institutions where health care providers and educators can get adequate training and guidance, in line with the teachings of the Church.
- Inadequate political commitment and involvement of Church leaders at different levels.
- Denial, stigma and discrimination against HIV infected people, which are widespread in the society.

3. Concerns of the Church

When attempting to address the issue of HIV/AIDS in a relevant and meaningful manner the Church is confronted by several concerns. HIV has created panic among people and the health care providers' fraternity as it is causing devastation, with neither a vaccine for prevention nor drugs for cure in sight. It threatens life upon which all other values depend.

Social realities like poverty, illiteracy, ignorance, oppression, gender discrimination, and psychological factors such as loneliness and isolation influence people's decisions to behave in ways that expose them to HIV.

There is a gradual deterioration of moral and human values in our society. This has undermined the sanctity and meaning of human sexuality, intimacy, marriage and parenting.

Infected people are still being refused treatment, care and support by some

> There is an urgent need for Church-based bodies - dioceses, parishes, religious congregations and developmental agencies - to respond positively and progressively to alleviate the suffering and pain of the infected and affected people.

institutions run by the government, Church and other agencies. People Living with HIV/AIDS (PLHA) are stigmatised, and face discrimination and violence which is unjust, unethical and inhuman.

There is an urgent need for Church-based bodies such as dioceses, parishes, religious congregations and developmental agencies to respond positively and progressively to alleviate the suffering and pain of the infected and affected people.

Some of the existing intervention programmes for prevention and control of HIV/AIDS are not in line with our religious and socio-cultural traditions. This has created misunderstanding and a lack of clarity in addressing the issues related to HIV/AIDS among Catholic health care providers. There is hardly any prevention programme focused on youth, promoting abstinence.

In addition, religious congregations, their members and the laity working in this field have expressed the need to have a policy to guide their work in the field of HIV/AIDS.

These emerging needs and concerns necessitated the formulation of a HIV/AIDS policy for the Catholic Church in India, in tandem with the revision of the Catholic Health Policy, to guide and inform the actions of the Church in this field.

4. Response of the Church to HIV/AIDS

The Church has responded decisively and positively to the HIV/AIDS epidemic through the involvement of its various institutions in prevention, treatment, care and support activities since the very beginning. The Commission for Health care, national health associations like CHAI, CNGI, development agencies like CMMB, CRS, Caritas-India, institutions like St. John's National Academy of Health Sciences and different religious congregations have responded to the epidemic at the early stages itself.

The response of the Church can be seen in almost all sectors and at different levels and include policy, advocacy, capacity building,

prevention, treatment, care and support and research. CHAI and St. John's have formulated organisation-specific HIV/AIDS policies. CBCI Health care Commission, CHAI and CRS are active in advocating within the Catholic community to address the issues, and with government, international and national agencies for mobilising resources. The regional network of CHAI is active in building the capacities of members to effectively address HIV/AIDS, so is St. John's, which provides training for health care providers and pastors. While some of the hospitals under the umbrella of the Church were early to respond by opening their doors to offer care and treat people living with HIV/AIDS, it is gratifying to note that others too are slowly coming forth.

> The response to HIV/AIDS by the Church can be seen in almost all sectors and at different levels. It includes policy, advocacy, capacity building, prevention, treatment, care and support and research.

Prevention interventions are also an important component of the Church's response. The Commission for Health care has published different materials on HIV/AIDS for schools, pastoral care, and messages to parishes on World AIDS Day. As an initiative of the Commission for Health Care a memorandum of understanding between CBCI and Indira Gandhi National Open University was signed on February 29, 2000 and the 'CBCI-IGNOU Chair for Health and Social Welfare' was established. The Chair offers through distant education, programmes of study on 'HIV and Family Education' and 'Bachelor Degree on Social Work, with a special emphasis on health and HIV'. CHAI and other institutions have also made similar efforts.

As communities of faith in Christ, Church-based organisations have been actively involved in support and care of PLHA and their families. This involves establishment of care and support centres for terminally ill PLHA and programmes for orphans and other vulnerable children (OVC). Hospitals and research centres are also involved in clinical

research on modern and indigenous systems of medicines that are showing results.

In addition to the above-mentioned activities/programmes, many religious congregations and their members are doing commendable work in prevention, care and support throughout the country. In August 2003, the Church launched its concerted action against HIV/AIDS facilitated by CMMB. Caritas India, the official organisation of the CBCI for social concern and development, had recently constituted an AIDS Desk for an intense and more concentrated response to HIV.

Ecumenical networking with other Christian groups has been established in different parts of the country.

5. Time to Scale-up

The time has come to accept and acknowledge that HIV/AIDS affects everyone - men and women, young and old, without any distinction based on social and economic status.

It is time for us to pool all our wisdom, knowledge, skills and resources to fight this pandemic. The time has come to deal with the disease decisively and to scale up the treatment of the people who are infected and affected, with compassion, concern, love and care. We need to learn from the initiatives taken and the success achieved by those countries that have been the worst affected by the pandemic and from within our country.

It is time for us to pool all our wisdom, knowledge, skills and resources to fight the HIV pandemic. All members of the Church are urged to join hands to scale-up HIV/AIDS prevention and control.

While a few Church-based organisations have initiated work in this field, all members of the Church are urged to join hands to scale-up HIV/AIDS prevention and control. All Christian teachers and leaders have a unique mission to educate the people in a way of life that will protect them from HIV infection. All Christians are invited to show compassion and love to those infected and affected with HIV/AIDS.

We need to know how to fight this disease, while taking care not to discriminate against and stigmatise the infected. As the body of Christ, the Church needs to take care of those infected and help them to 'live positively' with HIV/AIDS. Let us follow the footsteps of Jesus and walk an extra mile [7] along with the infected.

We need to acknowledge the fact that people living with HIV/AIDS continue to contribute to their family and society in their own way. They must be reassured of the value of their lives, their worth in the larger society and the possible contribution they can make to further enrich it.

6. Vision

The Catholic Church in India envisages a society which is fully committed to, and actively involved in, HIV/AIDS prevention, treatment, care and support, by promoting a healthy, compassionate society where the true value, dignity and respect of all is assured.

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7. Mission

Inspired by the Divine Mandate to bring health and healing, the Church will make a concerted effort to address the challenges of HIV/AIDS, take care of the infected and affected, help arrest the spread of the virus through awareness and promotion of healthy, positive lifestyles and behaviour, and create an environment free from stigma, shame and discrimination.

8. Objectives

The HIV/AIDS policy of the Catholic Church in India represents a comprehensive multi-sectoral approach by its entire network to mitigate the impact and control the spread of the epidemic in India.

Follow the mandate given by Christ to heal every infirmity and to give care to the people infected and affected by HIV/AIDS, especially women and children.

In defining the policy, the Church has established these specific objectives:

1.Increase awareness about HIV/AIDS, knowledge of its modes of transmission and means of prevention among all sections of the society in the spirit of the teachings of the Church.

2.Follow the mandate given by the Lord "to heal every disease and every infirmity" and'' to give care to the people infected and affected by HIV/AIDS, especially women and children.

3. Evolve meaningful and appropriate strategies for timely interventions for prevention, treatment, care and support based on Catholic values.
4. Provide guidelines to health care providers in offering compassionate and loving care to the infected in settings such as hospitals, hospices, palliative care units, families and the community.
5. Motivate educational, developmental and welfare institutions and associations, as well as youth, women and family groups in the parishes, to mainstream HIV/AIDS into their ongoing programmes.
6. Effectively address issues related to stigma, discrimination, gender, equity, human rights, and to particularly empower the vulnerable population.

9. Guiding Principles

The HIV/AIDS Policy of the Catholic Church in India is formulated around a set of principles which are guidelines for action for the entire Church network. As guiding principles for its response to HIV/AIDS, the Church affirms that:

1. The Christian commitment to serve the sick has its mandate from Christ, the Divine Healer [8]. It is a call to serve with the same love and compassion of Christ while facing human suffering [9]. It is a commitment to continue the action of Jesus, who came to give

life and give it in abundance [10]. Our involvement in health care is Christ-centered as we derive inspiration and guidance from Jesus, the Master.

2. In the Gospels, Jesus not only physically cured leprosy patients, the paralytic and the woman with haemorrhage, but he also restored in them human dignity and their rightful place in the community. St. Francis of Assisi and St. Catherine of Sienna kissed the lepers' sores not simply because they were sores but because they were the living wounds of Christ's suffering. Blessed Teresa of Calcutta said: "A person infected with HIV/AIDS is Jesus among us. How can we say 'no' to Him?" We, too, in caring for the PLHA, follow the same belief of Christ alive in every individual.
3. Service to the sick is an integral part of the Church's mission[11]. Our care, compassion and love towards those infected and affected by HIV/AIDS are expressions of our faith. Our service to them and to the members of their families is our genuine response as they are our sisters and brothers in Jesus the Lord, who is present in those who are suffering [12]. His Holiness Pope John Paul II has affirmed that those suffering from HIV/AIDS must be provided with full care and shown full respect, given every possible medical, moral and spiritual assistance, and indeed treated in a way worthy of Christ himself [13].
4. The approach of the Church is guided by a precise and all-rounded view of a human being 'created in the image of God and endowed with a God-given dignity and inalienable human rights.'[14] We do not approve of any sort of discrimination or hostility directed against people with HIV/AIDS, which is unjust and immoral. We

The approach of the Church is guided by a precise and all-rounded view of a human being 'created in the image of God and endowed with a God-given dignity and inalienable human rights'. We do not approve of any sort of discrimination or hostility directed against people with HIV/AIDS, which is unjust and immoral. We uphold human rights and the equality of all people as children of God.

uphold human rights and the equality of all people as children of God. [15]

5. The Church's aim is a collective response and a multi-sectoral approach which involves collaboration with national and state governments, international agencies and non-governmental organisations (NGOs), in addressing the issues pertaining to HIV/AIDS. In our interventions we will adhere to the moral teachings of the Church.
6. Though Catholic institutions continue to concentrate on care and support of those infected by HIV, efforts will be made to do more work on prevention, with community participation. Strategies will include, health education, awareness building campaigns and teaching of values for behavioural change.
7. An important factor contributing to the rapid spread of HIV is the poverty experienced by a great part of humanity and, therefore a decisive factor in combating the disease is the promotion of international social and economic justice. Unfortunately, as of now, one difficulty in caring for people living with HIV/AIDS is the high cost of patented medicines. Pope John Paul II reminded us that the Church has consistently taught that there is a 'social mortgage' on all private property, and that this concept must also be applied to 'intellectual property[16]. This Papal teaching will also guide the actions of the Church in India.

10. Prevention of HIV Infection

HIV/AIDS is an epidemic that can be prevented, since the spread of the virus has been detected through certain definite and limited routes. Existing knowledge based on scientific facts shows that the virus spreads through three specific routes - sexual transmission, blood and blood products and from mother to child.

The data on routes of transmission in India shows that about 84 per cent of infections are through sexual routes, mainly heterosexual. Another three per cent are infections transmitted from mother to the child. A further three per cent of HIV infection is also seen among people injecting drugs, mainly in some North Eastern states and certain urban areas where the practice of sharing needles for intravenous drug use

is common. Infected blood and blood products account for another three per cent of cases, and in the remaining six per cent of cases, the mode of transmission is unknown .[17]

Since scientific research has not yet produced a vaccine to prevent HIV infection or medicine to cure AIDS, prevention is the only option available to us. Better awareness about HIV/AIDS will also help in reducing stigma and discrimination and in treating PLHA as equal children of God. Prevention is not only better than cure; it is a pre-emptive cure in itself. Gratitude for the gift of life should not be limited to occasions when cure of diseases is experienced. Preventive measures, including education, are, therefore, seen as part of the ongoing celebration of the fullness of life.

The Church, recognising its major role in shaping the personality of individuals and celebrating the fullness of life, will make efficient use of its network to provide prevention education to all, especially the youth and the vulnerable, so that they can make informed, responsible and meaningful choices in their life as per the teachings of the Church, that will protect them from being infected with HIV.

While the Church has an important role to play in prevention of HIV, it acknowledges that it has not fully involved itself in this, compared to its involvement in the field of care and support. Efforts made by CBCI to develop teaching material for prevention of HIV/AIDS for schools have not been put into effective use. It is further seen that some of the Church-based schools are hesitant to initiate the Schools AIDS Education Programme.

Policy: The Church, recognising its major role in shaping the personality of individuals and celebrating the fullness of life, will make efficient use of its network to provide prevention education to all, especially the youth and those vulnerable, so that they can make informed, responsible and meaningful choices in their life as per the teachings of the Church, that will protect them from being infected with HIV.

10.1. Strategies for Awareness Generation

- Awareness about HIV, its routes of transmission and means of prevention (the latter as per the teachings of the Church) will be created to enable people to make informed, responsible and meaningful behaviour and lifestyles changes to protect themselves from HIV infection and transmission and to reduce stigma and discrimination.
- Information about programmes and services like Voluntary Counselling and Testing (VCT), Anti-Retroviral Therapy (ART) and Prevention of Parent-to-Child-Transmission (PPTCT), will also be an integral part of the awareness generation programmes.
- All members of the Church - bishops, priests, religious and the laity - will be sensitised, trained and mobilised to create awareness among people.
- An intensive Information, Education and Communication (IEC) programme in line with the teachings of the Church will be launched to raise awareness among the people, and to create a supportive environment for treatment, care and support and positive living of people infected and affected with HIV/AIDS. Traditional, folk and multi-media methods will be creatively used.
- Communication and media centres of the Church will be encouraged to prepare and disseminate locally relevant IEC materials. The print and electronic media will also pay adequate attention to material related to the prevention and control of HIV/AIDS.
- The formal education and training programmes offered through different organisations of the Church will be further strengthened. Similar programmes will be initiated in other parts of the country.
- Keeping in mind gender, age and culture, life-skill education programmes will be organised in educational institutions and in communities. Diocesan education boards will be encouraged to organise special awareness campaigns in educational institutions. Catechism and value/moral education classes can also be used to impart such information
- A multi-sectoral approach will be adopted for creating awareness by all sectors of the Church and at all levels. CBCI Commission

for Health care will collaborate with other Commissions like Education, Youth, Women, Labour and Social Communication to make this operative.

- Catholic medical colleges, nursing schools and colleges and other allied health institutions shall incorporate HIV/AIDS issues in their curriculum/teaching.
- A Pastoral letter on HIV/AIDS will be read on the Sunday nearest to the World AIDS Day (December 1) to raise awareness on HIV/AIDS and highlight the need to adopt a compassionate and caring approach to PLHA. This Sunday will be designated as HIV/AIDS Sunday.
- Most of the dioceses in India have initiated marriage preparation courses as a pre-requisite to the celebration of the Sacrament of Matrimony. Topics on HIV/AIDS and the value of sex and sexuality will be incorporated in the courses so that young people learn about their body, develop mature interpersonal relationships and maintain self-discipline in order to avoid being exploited or manipulated.
- HIV/AIDS related topics would become part of the curricula in the seminaries and formation houses of the religious. Exposure/involvement in HIV/AIDS related care and support initiatives will be provided to the candidates in the formation houses and colleges of theology so that they face future challenges effectively.

10.2. Strategies for Prevention through Sexual Behaviours

The Church believes that behavioural change is the most important and fundamental way to reduce the spread of HIV. Thus in its actions it will strive to inculcate the ideal expressed in the teaching of the Church, of abstinence before marriage and fidelity within marriage.

> The ideal preventive measure with regard to sexual transmission of HIV is education in the values of life, love and sexuality. Adherence to these values will enable men and women to attain full personal fulfillment through affective maturity and proper use of sexuality.

The ideal preventive measure with regard to sexual transmission of HIV is education in the values of life, love and sexuality. A proper appreciation of these values will enable men and women to attain full personal fulfillment through affective maturity and proper use of sexuality and married couples will remain faithful to each other. No one can deny that sexual license increases the danger of contracting the disease. It is in this context, therefore, that the values of matrimonial fidelity and of chastity and abstinence become even more important. Prevention, and the education which fosters it, are realised in respecting human dignity and the person's transcendent destiny, and in excluding campaigns associated with models of behaviour which destroy life and promote the spread of the evil in question [18].

10.2.1. Abstinence

- In keeping with the teachings of the Church, the faithful shall continue to uphold and promote the values embodied in her teaching of sexual abstinence as a sure method of preventing HIV infection.
- The awareness programmes and IEC materials will communicate emphatically about abstinence as the most effective preventive measure.
- Through the family and educational and health care institutions, the Church will make every effort to provide adolescent sexual health education.
- Continued and sustained campaigns like the signing of pledges of abstinence until marriage by youth will be organised by educational institutions, parishes, and communities.

10.2.2. Being Faithful

The Church views the sacramental union of man and woman as exclusive and indissoluble and has always supported and propagated fidelity in marriage. The Second Vatican document on the Church in the Modern World (47-53) stresses the need for fidelity in marriage. Today, the Church recognises that fidelity in marriage is one of the most effective ways of preventing the spread of HIV through sexual routes.

- The Church continues to uphold and promote the values embodied in her teaching about fidelity in marriage to strengthen family union and prevent the spread of HIV. This will in turn serve as a message for prevention of HIV transmission.
- The message of 'being faithful' to the spouse will be communicated on occasions like marriage preparation courses, homilies, instructions and marriage encounter groups.
- A faithful partner can acquire the virus from his/her spouse in marriage. It is vital for the Church to reinforce marital fidelity between the partners to prevent the spouse from being infected from the irresponsible behaviour of the partner.

10.2.3. Containing Infection

There are many ways of containing HIV infection that include increased use of VCT, PMTCT and STI services, provision of safe blood etc., which are discussed in this policy. In the context of prevention of HIV transmission through sexual routes, the scientific and moral aspects of the use of prophylactic are often discussed. The Catholic Church does not promote the use of condoms. Since most of the prevention programmes promote 'condoms only' or condoms mainly' campaigns, the Church-based institutions working in the field of HIV/AIDS are often confronted by the dilemma on the use of condoms within marriage.

- Following the Catholic teachings, the use of condoms will not be promoted.
- In marriages where one or both parties are infected, couples find themselves in a situation where the expression of love through the marital act is also life-threatening. We suggest that pastoral ministers/counsellors should
  a) empathetically share the anguish of the couples;
  b) inform them about the Church's teaching, on marriage and sexuality;
  c) offer guidance on the basis of the Church's accepted moral principles.

10.2.4. Development and Empowerment

Both behavioural and structural factors contribute to the spread of HIV. Structural determinants of HIV prevalence include a high level of poverty, migration, illiteracy, ill health, gender inequality and urbanisation. HIV/AIDS has a major impact on human development attainments, especially of the poor and marginalised communities/ groups, including women. The Church recognises that combating HIV/AIDS is a critical challenge for human development and, as such, one of the key Millennium Development Goals that the world community has set for itself. The epidemic is becoming generalised in many parts of the country and focused action that goes beyond a purely medical or communicable disease approach is needed to tackle it.

- Consider HIV/AIDS not only as a 'public health' issue but address it as a mainstream development issue.
- A multifaceted approach that addresses structural factors such as poverty and livelihood, gender and human rights will be adopted for effective prevention, care and support.
- The Church will help to improve the management of the economy to address issues like vulnerability of local livelihoods, healthcare access and affordability and drug pricing regimes.
- The Church will strive to create means for the livelihood and social security of PLHA and vulnerable groups.
- Empower women to ensure greater control over their lives and access to basic services
- Attempts to link mobilisation of PLHA with wider social movements will also be made.

10.3. Strategies for Prevention of Transmission through Blood and Blood Products

The second most common route of HIV transmission in India is through HIV infected blood and blood products. Due to lack of adequate provisions for quality control in our health care setting, HIV infected blood and blood products have been transfused, resulting

in people being infected with HIV. Thalassemic and haemophiliac patients who require frequent transfusions of blood and blood products and patients in emergency care are at a higher risk of infection. Unsafe injecting practices and use of non-sterile equipment in health care settings can also contribute to HIV transmission.

To prevent transmission of HIV from mother to child, a comprehensive package of services comprising counselling and testing, a short course of ART, safe delivery practices and safe infant feeding methods need to be followed.

- The Church will cooperate and collaborate with the government in developing a quality blood safety programme that envisages universal provision of safe, easily accessible, affordable and adequate blood supplies, blood components and blood products. There will be promotion of non-remunerative blood donation, rational clinical use of blood and enforcing of quality controls of the highest standard.
- Health care institutions will ensure that only tested blood and blood products are used.
- Blood banks in the Catholic health care institutions will adhere to the standards that are laid down by the laws and national policies.
- The Church will encourage and promote voluntary blood donation. Special camps will be organised in seminaries, parishes, educational and health care institutions and the community for voluntary blood donation.
- During organ transplants and other such medical interventions, the HIV status of the donor will be investigated.
- Standard precautions will be ensured in all the health care facilities.
- Through awareness campaigns public demand will be created for the use of sterilised and disinfected equipment thereby minimising virus transmission through this route.

10.4. Strategies for Prevention of Parent to Child Transmission

HIV infection in young women of child bearing age carries a triple tragedy: (a) HIV positive women face the prospect of discrimination, illness and early death; (b) may pass the infection on to their offspring and; (c) leave their children behind as orphans when they die. Children infected by HIV are the new face of HIV/AIDS in India. An HIV positive mother can transmit the virus to her child either during pregnancy, during child birth and/or through breast feeding. With the advances in medicine, the risk of transmission of the virus from the mother to the child can be reduced by over half.

Some hospitals in different parts of the country have initiated PPTCT programmes. The discovery of HIV positive status of a pregnant woman has important implications regarding decisions to interrupt pregnancy (not an option within the Catholic Church), to take ART should pregnancy continue and to breast feed. Health care providers should help the women to take decisions voluntarily in a non-coercive atmosphere after counselling on the benefits and potential risks for herself and her child.

HIV/AIDS is a social justice issue. Certain sections of the population are more vulnerable to HIV infection and are more affected by its impact. While immediate short term measures to combat the spread of HIV are important, the Church will also pursue its long term goal of empowering the vulnerable population to fight against HIV/AIDS.

- The Church proposes a comprehensive approach to prevent transmission of HIV from mother to child by making provision for a package of services comprising counselling and testing, a short course of ART, safe delivery practices and safe infant feeding methods.
- Institutions that provide prenatal, antenatal and postnatal health services will also provide information and counselling about parent to child transmission of HIV.
- All efforts will be made to detect HIV infections among pregnant women

through voluntary counselling and testing facilities. Effective linkages with the Voluntary Counselling and Testing Centre (VCTC) in the district will be established.

- The hospitals will try to provide the best possible anti-retroviral drug regimens to the mother. If it is not possible for the institution to provide ART, then the person will be referred to the nearest government facility.
- The management of the Catholic hospitals are expected to make provision for the safe delivery of HIV positive women. Hospitals are required to practice standard precautions during deliveries.
- Complete information on safe infant feeding methods and the supply of infant formula, to the extent possible, should be made available to the mother.
- Men will be involved in the activities of PPTCT to make them more conscious of their responsibilities towards their wives and children.

11. Working with Vulnerable Populations

HIV/AIDS is a social justice issue, as certain sections of the population are more vulnerable to HIV infection and are more affected by its impact. While certain population groups are socially vulnerable like women, children, youth, migrants and truckers, others are vulnerable due to certain behavioural practices including sex workers, people injecting drugs, people having same-sex relationship and child sex workers. In most instances the environment influences behaviour. In our society, women are powerless due to various socio-economic, cultural and religious reasons, and they are powerless to protect themselves against HIV. Many women and children are also sexually exploited and harassed, as in the case of domestic workers, street children,

> Twenty per cent of AIDS cases reported in India are among women and this proportion is increasing. Women's vulnerability to HIV/AIDS and its impact is further adversely affected by issues related to class, caste, urban/rural location, religion and culture.

child workers and institutionalised children. Young people are also vulnerable to HIV infection.

Policy: The Church recognises the social and behavioural vulnerability of certain populations in contracting HIV. While immediate short term measures to combat the spread of HIV are important, the Church will also pursue its long term goal of empowering the vulnerable population to fight against HIV/AIDS.

11.1. Strategies for Working with Women

Traditionally, sexual, economic and cultural subordination of women has taken a serious toll on women's health and HIV has worsened this situation. Twenty per cent of AIDS cases reported in India are among women[19] and this proportion is increasing. The striking feature in dealing with women and HIV/AIDS is that it often categorises women as mothers or as sex workers and rarely considers women as a whole

The recent trend shows that HIV is spreading to the general population and in this process women who are newly infected have contracted their infection mostly from their husbands. In short, faithful housewives are getting infected. Women are also blamed for the spread of HIV because they often are tested first usually during pregnancy or childbirth. Further, unequal rights to property result in women losing their homes and access to productive resources when found HIV positive or, are widowed. Due to biological factors, cultural norms and socio-economic inequalities our girls and women have limited access to sexual and reproductive health education, information on HIV/AIDS and health services. At the same time, Indian women shoulder the primary burden of caring for people living with HIV/AIDS. Indian women's vulnerability to HIV/AIDS and its impact is further adversely affected by class, caste, urban/rural location, religion and culture.

- The Church will be sensitive to gender inequality and address issues arising out of it in the context of HIV/AIDS, and will consequently work for gender equity in all activities related to prevention, treatment, care and support.

- The Church will strive to promote male involvement in order to reduce social, cultural, economic and legal barriers to effective prevention, ensure equitable access to information, services and treatment and encourage shared responsibility for care and support.
- The CBCI Health Commission will collaborate with CBCI Commission for Women in mainstreaming HIV/AIDS issues into its programmes.
- Capacity building of women through self-help groups (SHGs) and other organised structures will be implemented through Caritas India, Regional Social Fora, Diocesan Social Service Societies and other relevant agencies.

11.2. Strategies for Working with Youth

Young people between the ages 15-29 years account for one third of AIDS cases in India. Their age, stage of biological and emotional development, lack of knowledge and awareness, financial independence, lack of determination to abstain till marriage and limited access to information make them more vulnerable. The Church will emphasise youth-friendly, youth-focused programmes and services with peer group involvement.

Young people continue to bear the brunt of the HIV/AIDS epidemic with people between the ages 15-29 years accounting for one third of AIDS cases in India in August 2004 [20]. HIV interventions focused on young people in India primarily target youth in formal educational settings, leaving behind about 63 per cent of youth outside the formal educational system. Young people face particular vulnerabilities that put them uniquely at risk for HIV, but they are also critical to the anti-HIV initiative as it is often seen that effective prevention strategies result in a greater reduction in HIV infection among young people.

Some of the factors that make youth particularly vulnerable to HIV are; their age, stage of biological and emotional development, lack of knowledge and awareness, financial independence, lack of

determination to abstain till marriage and limited access to information and services. Some youth are at increased risk, including young girls, people injecting drugs, youth living in the street, run-away youths, working youth, children of sex workers, young sex workers, and children orphaned by AIDS.

> Jesus did not condemn the sinners but showed them the way to new life. His attitude will guide our actions.

- Since young people are critical to the response to the epidemic, the Church will emphasise youth-friendly, youth-focused programmes and services with peer group involvement. Youth will be involved in planning and implementation of such programmes
- Awareness programmes and life-skill education shall be organised in all Catholic educational institutions and the Church will advocate for other institutions to run similar programmes.
- The core of the Church's approach towards HIV prevention among youth will be to promote the right values among them and empower them so that they follow abstinence until marriage and adhere to mutual fidelity within marriage.
- All efforts will be made to provide preventive education and promote responsible behaviour among the youth. Awareness programmes will be initiated in collaboration with the CBCI Commission for Youth, organisations like ICYM, YCM, Jesus Youth, AICYF and YCW, and they will be actively involved in spreading the message to society.
- Holistic interventions will be initiated to decrease the context specific vulnerability of youth living in difficult circumstances, such as youth in streets and slums, children of sex workers and young sex workers.

11.3. Strategies for Working with Sex Workers

Prostitution is considered immoral as it dehumanizes the persons involved in this practice. However, the Church understands that the

majority of the sex workers are forced to be in this situation due to economic necessity, force, deception, ignorance, and or having been cheated or trapped into this state. Once a woman is in this situation, she falls into a vicious circle characterised by stigma, oppression, ill health and poverty. Sex workers are often made into scapegoats and viewed as 'vectors' for transmission of the disease. Since sex workers come into contact with a large number of partners, the spread of the virus is very fast.

The Church is committed to help this marginalised group. Involvement of different religious congregations through the provision of health, education and economic services to empower sex workers is needed. Hostels/boarding homes for the children of sex workers are also operational, which provide an alternative atmosphere for proper psycho-social development of children. Jesus did not condemn the sinners but showed them the way to new life [21]. The attitude of Jesus towards people will guide our actions.

- Help will be extended to sex workers to find alternate means of income through skill development, income-generation programmes and micro-credits so that women are not forced to continue in this situation due to economic need.
- Awareness will be created among sex workers about HIV/AIDS/ Sexually Transmitted Infections (STI).
- Existing hostels/boarding homes for the children of sex workers run by religious congregations and dioceses will be supported and additional such centres will be established. Functional literacy and skills development programmes will be offered to enable them to lead a dignified and full life.
- Care and support homes will welcome, accept and provide understanding and compassionate care and support to sex workers infected with HIV/AIDS.
- Catholic health care facilities will also welcome, accept and provide understanding and compassionate care and treatment for all health needs of sex workers.

11.4. Strategies for Working with People Injecting Drugs

The abuse of drugs has a serious impact on human life and health. Their use, except strictly on therapeutic grounds, is a grave offense. Clandestine production and trafficking of drugs are illegal. Drug abuse also violates ethical and moral laws. It is considered anti-life[22].

The people who abuse drugs, including alcohol, may also indulge in high risk sexual behaviour leading to increased risk of acquiring the infection. People injecting drugs are more prone to contract HIV infections due to the practice of sharing needles and syringes. Hence they need special attention and care from the Church so that they can overcome the double burden of illness and addiction. The message given by Pope John Paul II 'that there be an attempt to get to know the individual and to understand his inner world; to bring him to discovery or rediscovery of his dignity as a person, to help him to reawaken and develop, as an active subject, those personal resources, which the use of drugs has suppressed through a confident reactivation of the mechanisms of the will, directed to secure and noble ideals' [23] will guide our actions.

- The Church will endeavour to help people using drugs to overcome their addiction, and sustain their motivation to abstain through continued care.
- Catholic institutions working in the field of alcohol de-addiction and drug detoxification will be encouraged to integrate HIV/AIDS messages and counselling into their services.
- Special programmes against drug abuse will be organised by the Church in educational institutions and the community, to prevent youth from becoming addicted to drugs.
- Peer education and peer support will be fostered in collaboration with the diocesan and regional youth organisations.

11.5. Strategies for Working with People having Same-Sex Relationships

HIV can also spread through same-sex relationships. *Hijras* are also

a vulnerable group. When such a person is HIV infected, we need to reach out to them with compassion and care.

As it is mentioned in the Catechism of the Catholic Church 'the number of men and women who have deep-seated homosexual tendencies is not negligible. This inclination, which is objectively disordered, constitutes for most of them a trial. They must be accepted with respect, compassion, and sensitivity. Every sign of unjust discrimination in their regard should be avoided. These persons are called to fulfill God's will in their lives and, if they are Christians, to unite to the sacrifice of the Lord's Cross the difficulties they may encounter from their condition'[24]

- The Church will not discriminate against PLHA on the basis of the route of transmission. She will treat HIV infected people having same sex relationships with compassion, understanding and sensitivity. Though, homosexuality is clearly unnatural and objectively immoral, the Church will receive them with sympathy and understanding [25].
- Programmes aimed at prevention, treatment, care and support will be made accessible to people engaging in same-sex behaviour.

12. Treatment of Sexually Transmitted Infections/ Reproductive Tract Infections (STI/RTI)

People with STI/RTI are at a greater risk of getting and spreading HIV. Awareness of linkages between STI/RTI and HIV is very low among the adult population in India.

Syndromic management is well recognised as an effective treatment for STI/RTI, especially where resources are a major constraint and the opportunity for follow-up with clients is limited. Moreover, for those clients requesting treatment for STI/RTI, each visit represents an opportunity for the health care provider to counsel on the risk associated with HIV infections and relationship between HIV and STI/RTI, and to encourage them to adopt responsible sexual behaviour.

Policy: The Church will strive towards prevention and treatment of STI/RTI and generate awareness about the linkage between STI/RTI and HIV. STI/RTI cases will be treated with kindness and compassion.

Strategy

- Health care institutions will make provision for syndromic case management as per World Health Organization (WHO)/ national guidelines for treating STI/RTI, depending on the facilities available. Institutions will try to provide treatment free of charge to those who cannot afford to pay.
- Health care workers will be trained and given supervisory support in improving their skills in the application of syndromic management of STI/RTI.
- Those infected will be encouraged and urged through counselling to bring their spouses/partners for treatment.
- The information about the status of their disease will be kept confidential.
- Provision will be made to provide counselling to these clients on the benefits of completing the course of treatment, abstinence during treatment and the need to get the partner treated to prevent the spread of the STI/RTI or the acquisition of HIV.

13. Protecting Health Care Providers

Health care providers, who are gifts of God, may be placed at risk of contracting HIV infection due to occupational exposure. The measures taken to protect health care providers include standard precautions, post exposure prophylaxis (PEP), safe disposal of health care waste and hospital infection control. Standard precautions are designed to substantially reduce the risk of transmission of microorganisms from both recognised and unrecognised sources of infection in the health care setting. Standard precautions apply to all patients, regardless of their diagnosis and it is recognised that any body fluids may contain contagious microorganisms.

Due to lack of resources, facilities, awareness and personal practices, the best practices in protecting health care providers are not put in

place in many health care settings. All these contribute to different discriminatory practices in the health care settings and pose a danger to health care providers.

Policy: Every Church-based institution has the responsibility to protect their employees from occupational exposure to HIV and protect the rights of the infected health care providers. In a similar manner, health care workers themselves have a responsibility to adhere standard precautions. A proper balance between caution and compassion is required in protecting health care providers.

Health care workers themselves have a responsibility to utilise standard precautions. A proper balance between caution and compassion is required in protecting health care providers.

Strategy

- Health care institutions will make adequate provision for standard precautions and basic infection control standards as recommended by National AIDS Control Organisation (NACO). Smaller institutions can obtain help from major hospitals to implement and monitor the standard precautions.
- Health care institutions will develop, implement and monitor appropriate waste disposal systems, following the guidelines issued by the pollution control boards of the states or other recognised bodies. Adequate provision will be made to ensure needles are destroyed and instruments and other contaminated equipment are disinfected.
- All health care providers will be trained in occupational risks and the application of standard precautions with all patients at all times, regardless of diagnosis, to avoid occupational exposure. Training will also be provided on safe waste disposal.
- Hospitals will also evolve a mechanism of enforcing these guidelines by having monitoring committees. Appropriate actions will be initiated against those who do not follow the guidelines.
- All institutions will start a centralised registry of those who experienced occupational exposure. Any health care provider who sustains any injury while caring for the patient like needle

prick injury, will report to the registry. The medical officer will assess the injury and provide PEP following the guidelines laid down by NACO.

- For those who are accidentally exposed to HIV, post-exposure counselling, treatment, follow-up and care will be provided free of cost by the institution. If the serostatus of the patient is unknown the patient will be informed and blood tested for HIV. Consent is not required for this, as there is a perceived risk to the life of the health care provider. Until the serostatus of the patient is determined, employees will be provided with basic prophylaxis.
- There shall be no discrimination against HIV infected employees in terms of employment conditions and health care benefits. If the employee becomes incapable of doing his/her work, the institution will make efforts to provide an alternative job suiting the health status.
- There shall be no discrimination in recruiting and retaining health care providers on the basis of their HIV status. An applicant's medical fitness for employment will be assessed by the existing normal procedure.

HIV testing is carried out voluntarily with pre and post-test counselling. It provides individuals with an opportunity to learn and accept their HIV serostatus in a confidential environment. Catholic health care institutions will follow the principle of informed consent, voluntary testing with counselling support.

14. Voluntary Counselling and Testing

In the initial stages of the epidemic, unethical practices of testing were carried out, coupled with forced segregation or isolation. These included compulsory or mandatory testing of certain groups such as pregnant women, new-born babies, prisoners, persons accused or convicted of sexual assault, sex workers, health care workers, patients and immigrants.

As per the guidelines of NACO, HIV testing should only be voluntary

with pre and post-test counselling. VCT has an important role in prevention and is an entry point to treatment and care. It provides individuals with an opportunity to learn and accept their HIV serostatus in a confidential environment. It has become a relatively cost effective intervention in preventing HIV transmission. The government is establishing VCTC at the district level across the country.

Counselling is important to prepare the clients to come to terms with their HIV status. This includes dealing with fear, guilt, stigma, discrimination, care for a chronic condition, and the possibility of early death. It also gives them an understanding of what they can and should do about HIV infection.

Policy: Catholic health care institutions will follow the principle of informed consent, voluntary testing with counselling support and will abstain from any forms of unethical testing practices so that the dignity of each individual is respected.

Strategies

- No individual will be subjected to mandatory testing in the health care institutions.
- Testing will be voluntary, confidential and accompanied by pre and post- test counselling by competent counsellors.
- Good linkages will be developed with the VCTC so that people who need to be tested can be referred for testing, and people needing treatment can be referred to hospitals and care homes.
- Community awareness and education about VCT should be enhanced so that those wishing to be tested better understand what the test process is and where the testing is undertaken. It should be ensured that those who are tested and found infected are not discriminated against but are provided support.
- An effective referral system will be developed within and outside institutions so that people testing positive can be referred to agencies providing treatment, care and support services.
- Peer counselling in VCTC will be encouraged and promoted.

15. Hospital/Institutional Treatment and Care

At this point in our knowledge about the HIV epidemic, it is believed that most HIV positive people will eventually develop AIDS. The median incubation period from HIV infection to AIDS is estimated at 7.9 years and the median survival time after development of AIDS is 19.2 months [26]. However, the detection of the virus in many infected people occurs when symptoms of Opportunistic Infections (OI) occur. PLHA will require institutional care at different stages of their infection. Hospitals, because of their responsibility of caring for the sick, and Catholic hospitals because of their special mission and mandate, have a unique call and role in caring for PLHA. Christian institutions should be visible manifestations of God's love and mercy by inviting and providing treatment and care services.

Treatment of AIDS with anti retroviral (ARV) regimens and OI with antibiotics has been effective in ensuring that PLHA live longer and healthier lives. However, the cost implications and access to treatment represent a major challenge for the individual, the care giver, the family, the community and the state. While the response of the Government of India and of the international community to this challenge has increased in recent times, reality and reason suggest that access to AIDS and OI treatment will remain an unfulfilled promise for many.

Christian institutions are to be visible manifestations of God's love and mercy by inviting and providing treatment and care, as we are to serve the Lord by taking care of the abandoned and afflicted. The Church is committed to provide health care services, social and psychological support and spiritual and pastoral care to the PLHA.

Keeping to the historical tradition of taking care of the terminally ill and the dying, more than 50 care and support institutions for PLHA have been established by Church-based organisations, and a large number of Church-based hospitals provide treatment and care to PLHA in different parts of India. However, some

Catholic health care and social institutions still do not consider it a priority to open their doors to PLHA.

Policy: Institutional care is recognised as an integral part of the continuum of treatment and care of PLHA. All hospitals and care and support centres have the responsibility and obligation to ensure that PLHA and their families are cared for compassionately. The Church is committed to providing treatment for HIV/AIDS/OI and palliative care to PLHA, depending upon the capacity of its member institutions.

Strategy

- All members of the Church-based institutions will strive to render all possible care to PLHA and OVC.
- Health care institutions will admit and care for PLHA, as we are to serve the Lord by taking care of the abandoned and afflicted. Provision will be made for the treatment of HIV/AIDS/OI whenever possible.
- Health care providers who are involved in the treatment of HIV/AIDS/OI will be trained in the administration of drugs and regimens.
- Treatment guidelines for HIV-TB co-infection developed by NACO will be followed in the health care settings.
- The Church will advocate with the government and the international community for increased resource allocation for the treatment of HIV/AIDS/OI.
- There will be no discrimination in matters of admission and treatment of people infected or affected with HIV/AIDS. They will be treated with compassion and a non-judgemental attitude. Confidentiality will be assured.
- All health care institutions will provide health care services, social and psychological support and spiritual and pastoral care to the PLHA. Every hospital will attempt to have at least one trained counsellor, if not more, according to the bed strength.
- Each institution will have a designated person as contact/ liaison person for all matters connected with HIV/AIDS. Larger institutions and dioceses will have HIV/AIDS committees.

- Since patients with HIV/AIDS can come to any department in a hospital with OI and other needs for treatment, health care providers in all departments and at all levels will be trained and oriented to give proper treatment and care.

16. Anti-retroviral Therapy

ART helps to improve the quality of life and longevity of PLHA. The Church is committed to promote access to knowledge and treatment of PLHA with ART.

Anti-retroviral Therapy has made a major impact on the hopes and lives of PLHA. Today many drugs are available for treatment. The therapy which has to be life long is expensive and may also have serious side effects. Non-adherence to the therapy will lead to development of drug resistance as well as to the use of more toxic and costly drugs. Monitoring for side effects, as well as clinical improvements, need good laboratory services. In spite of all these constraints ART increases the longevity of PLHA.

Policy: Considering the positive impact of ART in improving the quality of life and longevity of PLHA, and its role in mitigating the impact of the pandemic, the Church is committed to promote access to knowledge and treatment of PLHA with ART.

Strategies

- Medical officers involved with treatment of PLHA will be trained on initiation, adherence to and monitoring of anti-retroviral treatment in recognised institutions.
- All institutions offering ART services will also establish effective counselling services. Counselling on ART, adherence to treatment, the cost implications and side effects will be carried out from the time a person is diagnosed with HIV infection.
- Institutions will follow NACO/WHO guidelines for initiating therapy and use of drugs.
- PLHA who fulfill the clinical criteria for initiating ART will be counselled on the financial implications and social support

required before initiating therapy. Treatment preparedness and adherence will be primary areas of concern for the Church. Before the hospitals start ART programmes, they will build enough community and institutional structures to ensure patient adherence to therapy.

- Catholic hospitals will make all efforts to provide basic drugs to the patients requiring these at a subsidised rate or free, depending upon their availability. Wherever there are government drug supplies, the hospitals will encourage the patients to access these services.
- The Church will take initiatives to network and collaborate with various national and international agencies for resource mobilisation, as well as work with pharmaceutical companies for the centralised purchase of drugs.

17. Psycho-social Counselling

People infected with HIV, their spouses, partners and family members experience psychological and emotional distress. This distress may arise from fear of obtaining HIV test-results; fear of disclosing HIV status to a partner; depression and lack of will to live in the face of a serious situation; fatal illness; sorrow related to loss of loved one; or stress related to stigma and economic hardship as a result of HIV/AIDS. Additionally, the individual may not be able to cope with the pressure exerted by the social environment. Such people will require external psycho-social support in order to lead a stress-free life. Counselling can assist people to develop a supporting and nurturing environment, experience autonomy and gain control over their health and bodies.

> Psycho-social counselling can assist people to develop a supporting and nurturing environment, experience autonomy and gain control. Counselling will be offered to people infected and affected with HIV/AIDS to cope with the stresses and to help strengthen their coping mechanisms.

Policy: Psycho-social counselling will be offered, by competent and experienced counsellors, to people infected and affected with HIV/AIDS cope with the stresses and to help strengthen their coping mechanisms.

Strategy

- Relevant health care providers will be trained and prepared for psycho-social counselling.
- Priests, religious and the laity will be trained in psycho-social and spiritual counselling through short-term courses and other training programmes.
- Experienced and competent professionals will offer special counselling services.
- All principles of counselling like individualisation, acceptance, confidentiality, etc. will be strictly followed.
- Programmes to develop counselling skills and techniques will be conducted in the seminaries and religious formation houses. Regional Episcopal Conferences and CRI shall give adequate attention to these aspects.
- The Church will make necessary arrangements for bereavement counselling.

Positive living starts with accepting that one has the disease, avoiding blame and controlling emotions and feelings; this would be facilitated in a positive environment. The Church will also make an effort in creating an enabling environment that is caring, supportive and non-judgemental.

18. Skills for Positive Living

After diagnosis of HIV infection, individuals live for a longer period by adopting positive lifestyles and healthy habits. Even though for many people, being diagnosed as HIV positive is considered a death sentence, a person can lead normal life for many years before developing AIDS.

The policy recognises that even in the absence of anti-retroviral medications, there are many things people can do to

lead a positive life. Positive living starts with accepting that one has the disease, avoiding blame and controlling emotions and feelings; this would be facilitated in a positive environment that is caring, supportive and non-judgemental. Living positively with HIV/ AIDS also means spending quality time with family and friends and contributing whatever they can for the benefit of themselves, their family and the society.

Policy: The Church urges PLHA to lead a positive life so that they can live a longer, healthier life. It will also make effort in creating an enabling environment that is caring, supportive and non-judgemental.

Strategy

- Appropriate skills will be imparted to PLHA to take care of themselves and they will be helped to maintain physical, psychological, social and spiritual health.
- Help will be rendered to the infected individuals to continue their professions for as long as they are able. They will be motivated to engage themselves in productive activities so that they keep away from self-destructive behaviours like substance abuse and suicide attempts.
- All possible help will be provided to PLHA and their families in planning and arranging for the future of loved ones
- Support groups will be formed so that through self help and mutual help approaches they develop and sustain hope, recognise the value of life and lead useful, fulfilling lives till the end.
- PLHA will be educated on nutritional food and a balanced diet, the need to seek medical help when required, appropriate physical exercise and adequate sleep and rest.
- The infected persons will be educated about the virus, its aetiology and the need for engaging in responsible behaviour to prevent re-infection and transmitting the virus to their dear and near ones.
- PLHA who are Catholics will be provided Sacramental and other spiritual assistance as desired.
- Catholic institutions will encourage and support PLHA in their education and social development. Employment of PLHA will be encouraged.

19. Home and Community-based Care

Community-based care encourages the participation of PLHA in traditional community life and assigns responsibilities to community members. Home and community-based care is person-centered and community driven, sensitive to culture, religion and the value system. It is holistic in nature and includes psychological, social, nutritional, emotional and spiritual components.

Home-based care is defined as the provision of health services by formal or informal care- givers in the home to promote, restore or maintain the maximum level of comfort, functioning and health of PLHA, including care towards a dignified death. It can include preventive, promotive, therapeutic, rehabilitative, long-term maintenance and palliative care. Home-based care is an integral part of community-based care. Community-based care is the care that PLHA can access nearest to home, which is responsive to the needs of the PLHA. Community-based care encourages the participation of PLHA in traditional community life and assigns responsibilities to community members.

Many who become ill with HIV/AIDS will not be able to stay in hospitals, hospices or other institutions for a variety of reasons. Hence the family and the community have a responsibility to take care of PLHA. Home and community-based care is needed when the individual has developed AIDS or even during a bout of an opportunistic infection. Home and community-based care will also help remove stigma and discrimination.

Policy: As many PLHA will not be able to afford and access institutionalised care and support, holistic home and community-based care will be established and enhanced as a component of the various interventions.

Strategy

- The family and the community will be empowered to provide care and support to PLHA following the cultural traditions of health care.
- The formal system (doctors, nurses, psychiatrists and social workers), non-formal systems (NGOs, community-based organisations (CBOs), family-based organisations (FBOs), traditional healers and leaders), the private sector (health care system, insurance) and informal sectors (families, volunteers and pastors) will be involved in home and community-based care of PLHA.
- Home and community-based care will be holistic in nature and include psychological, social, nutritional, emotional and spiritual components.
- Home and community-based care must be person-centered and community driven, sensitive to culture, religion and the value system and will respect privacy and dignity of the people infected and affected by HIV/AIDS.
- Efforts will be made to promote and ensure quality of care, safety, commitment, cooperation and collaboration between the different stakeholders involved in home and community-based care.
- Appropriate training will be provided to clients, care givers and the community on home and community-based care.
- Effective linkages between home and community-based care and institutionalised care will be established for the treatment, care and support of PLHA.

20. PLHA Networks

Support groups are made up of people infected with or affected by the disease, who come together to discuss the challenges that the disease/problem creates in their lives. Talking to someone who has 'been there' is always beneficial for a newly diagnosed person. Support groups can be formed in health care settings, counselling centres, care and support centres and in the community setting. They can meet in community centres, Church meeting rooms, in school facilities after school hours or in individual's houses.

Talking to someone who has 'been there' is always beneficial for a newly diagnosed person. The Church will facilitate establishment of support groups of people living with HIV/AIDS and their families. It will also ensure greater involvement of people living with HIV/AIDS.

Policy: The Church and its organs will facilitate establishment of support groups of people living with HIV/AIDS and their families. It will also ensure greater involvement of people living with HIV/AIDS (GIPA) at all levels of the programmes and activities related to HIV/AIDS.

Strategy

- Parishes, health care and other institutions and associations of the Church will take the lead in facilitating support groups for positive people and their families and linking them with each other.
- PLHA networks will be encouraged and supported to take part in HIV/AIDS planning and implementing fora.
- PLHA networks will be involved for peer-counselling and in training, advocacy and awareness generation efforts.
- The personnel involved in prevention, treatment, care and support efforts of the Church will be oriented to GIPA principles and to the relevance of involving the PLHA themselves.
- Empowerment programmes through alternate and additional income-generation programmes will be provided to PLHA and their families to meet the economic crisis. Spiritual assistance led by a pastoral counsellor will also enrich the life of PLHA.
- Positive Speaking Fora will be established to give witness to the role of faith in their lives through testimonies.

21. Orphans and Vulnerable Children (OVC)

In the context of HIV/AIDS, OVC refers to children with HIV/AIDS, a child whose parents (single or both) are HIV/AIDS positive, a child orphaned by AIDS (single or both parents), a child living in a family where one family member is infected or children,

who are vulnerable to HIV/AIDS like street children, migrant children, working children and adolescents and youth under 18 years of age. The HIV/AIDS epidemic is shattering children's lives and reversing many hard won children's rights. OVC can have complex psycho-social and spiritual needs. They may feel distress due to caring for parents during a long illness and seeing them die. They may fear HIV/AIDS and fear dying too. They may experience economic hardship, poor nutrition and poor health. They may be unable to attend school for various reasons.

The Indian Constitution directs the State to reduce the vulnerability of children through the enactment of protective laws and statutes and to provide state support for well-defined and well-targeted services. Pope John Paul II teaches us that the merciful love of God needs to be shown especially towards the orphaned children of parents who have died of AIDS [27]. Care and support programmes for OVC organised by different religious sisters and congregations demonstrate the Church's commitment to this group.

The HIV/AIDS epidemic is shattering children's lives and reversing many hard won children's rights. Children may feel distress due to caring for parents during a long illness and seeing them die. They may experience economic hardship, poor nutrition and poor health. They may be unable to attend school for various reasons. The Church will contribute to building and strengthening governmental, family and community capacities to provide a supportive environment for them.

Policy: The Church will contribute to building and strengthening governmental, family and community capacities to provide a supportive environment for OVC; appropriate counselling and psycho-social support; ensure their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and protect OVC from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

Strategies

- The Church will advocate for and facilitate establishment of child-centered, family-and community-focused programmes for OVC that respect and protect the rights of the child.
- Community-based care and support services will give priority to institution-based services for OVC. The Church will strive to provide institutional care when other support is not possible.
- Special attention will be given to young orphan girls who are vulnerable to abuses.
- In order to counter the stigma often directed at children orphaned by AIDS, efforts will be made to address the needs of all vulnerable children in a community, regardless of the specific cause of the vulnerability.
- Training will be imparted to children on how to cope with HIV/AIDS and on skills for practical support to parents, as well as training to address grief and bereavement among families including children.
- Church-based organisations will encourage adoption and foster placement services for OVC.
- Counselling for children on issues of trauma, death and dying will be provided by competent counsellors.
- Children will not be discriminated against because of their, or their parents HIV status, in access to education, health services, sports and cultural activities
- The feast day of Holy Infants, December 28 may be celebrated as a day of remembrance of OVC.

22. Support for Caregivers

Caregivers of PLHA includes formal caregivers like doctors, nurses etc. and informal caregivers which include spouses, family members, friends and volunteers. While formal caregivers work in institutional settings with more technical expertise and facilities, informal caregivers provide practical help and nursing care at home and in the community. Many informal caregivers may not have had the opportunity to care for a seriously ill person, nor have seen someone die. Sometimes the caregiver himself/

herself may be infected with HIV/AIDS. Caring for caregivers is something that has often been neglected, or its importance insufficiently recognised.

Policy: The needs of the caregivers will be handled sensitively and with compassion similar to that of the infected people to overcome burn-outs and depression while dealing with issues of bereavement, multiple losses and the unreal expectations of affected family members.

The needs of the caregivers will be handled sensitively and with compassion similar to that of the infected people to overcome burn-outs and depression while dealing with issues of bereavement, multiple losses and the unreal expectations of affected family members.

Strategy

- Health care workers should provide preventive education and assistance to caregivers in following standard precautions and behaviour practices for staying HIV negative.
- Training for informal caregivers on taking care of sick people, administering medicines and injections will be undertaken to help improve patient care.
- The Church will make provision for psychological support (like support groups) to overcome compassion fatigue or burn-out from losing friends and loved one due to AIDS and in dealing with bereavement and grief.
- Provision will be made for continued medical education and regular medical check-ups for health care workers.
- If a health worker contracts HIV while performing their duties, the institution will provide appropriate support.

23. Pastoral Care

By the very nature as a community of faith in Christ, the Church is called upon to be a healing community. Within the Church, we are increasingly confronted with persons affected by HIV/AIDS, seeking support and solidarity and asking - are you willing to be my brother

Church, by the very nature as a community of faith in Christ, is called to be a healing community. The Church will provide an effective healing witness to those affected by HIV/AIDS through the experience of love, acceptance and support within a community where God's love is made manifest.

and sister within the one body of Christ? As Christians we are called upon to follow the examples of the Good Samaritan [28] and Simon of Cyrene [29].

Pastoral care is compassionate, spiritual care given to people who are going through difficult times. Pastoral care helps people to draw on the resources of faith to see them through. Through pastoral care, faith communities can endeavour to meet the spiritual and emotional needs of people affected by HIV/AIDS, support those living with AIDS at the end of their lives and convey God's compassion to them.

Policy: The Church will provide an effective healing witness for those infected and affected by HIV/AIDS through the experience of love, acceptance and support within a community where God's love is made manifest.

Strategy

- People involved in pastoral care would help PLHA to transform the sense of guilt into self confidence and enable them to come out of self-destructive feelings, among those who experience such emotions.
- The Church should relate more to daily life so that people feel safe to share their stories and testimonies.
- Worship and prayer groups sensitive to the needs of PLHA will be organised to help them enter the healing presence of God.
- The terminally ill person with AIDS will be helped to see the positive aspects of death- as a beginning of the preparation for a new life in the Lord Jesus.

24. Death and Dying

PLHA, their families and their friends need solidarity, comfort and support. As people facing imminent death, they may experience anger towards, and alienation from, God and the Church. It is important that someone stands with them in their pain and help them according to their religious beliefs to discover the meaning of what appears so meaningless. Offering or ensuring this human companionship is especially important. After the death of a loved one, the family and friends also go through a time of suffering, doubt, despair, stigma and discrimination. They too need help.

> Keeping in mind the image of the Crucified Christ and putting our trust in him, we stand together with every person infected with HIV/AIDS and their dear ones. In a spirit of solidarity we will reach out to those who are approaching death more rapidly and prematurely because of AIDS.

Policy: Keeping the example of the Crucified Jesus and putting our trust in him, we stand together with every person infected with HIV/AIDS and their loved and dear ones and reach out in a spirit of solidarity to those who are approaching death more rapidly and prematurely because of AIDS.

Strategy

- Counselling services to be provided by caregivers to the dying and to the bereaved members of the family. Pastoral care has an important role to play in this stage.
- All efforts will be made to provide palliative care which includes effective management of pain and symptoms, nutrition. etc.
- Depending upon the faith of the people provision shall be made for helping the family members complete the last wishes/customs/rites
- The body should be cremated or buried with full respect, dignity and religious funeral rites.[30]

The Church is also committed to eliminate stigma and discrimination that exists within and outside the Church.

25. Advocacy

In spite of the awareness campaigns on HIV/AIDS by different agencies, there is still inadequate understanding of the serious implications of the disease among the Church leaders, personnel working in health and development agencies, educationists and the general public.

The Church is concerned over instances of denial of medical treatment by health care providers in Church-based organisations, and stigma and various forms of discrimination practiced against people infected and affected with HIV/AIDS.

Policy: Acknowledging the significant role the Church has to play in relation to HIV/AIDS, it will strengthen its advocacy efforts on behalf of the people infected and affected by HIV/AIDS in the areas of prevention, treatment, care and support. The Church is also committed to eliminate stigma and discrimination that exists within and outside the Church.

Strategy

- A strong advocacy campaign directed towards policy-makers, leaders at all levels and service providers within the Church network will be launched to motivate them to initiate prevention programmes to halt the spread of the virus, and to adopt a human and Christian approach towards those affected and infected by HIV/AIDS.
- The advocacy programmes will identify and involve Church leaders (Bishops, priests and religious sisters, brothers and lay leaders) and people living with HIV/AIDS. Sharing of personal experiences by PLHA will be facilitated at the parish level and during relevant occasions.
- The Church will work towards creating an enabling environment within and outside its network, so that leaders, administrators and other key influential individuals at various levels come to a common understanding of issues, involve themselves and

extend support to various aspects of the concerted response of the Church.

- The Church will encourage the management of health care institutions to organise advocacy programmes for staff so that PLHA are not discriminated against, stigmatised or denied services.
- To make sure that the infected have access to essential drugs at an affordable price, the Church will scale up its advocacy efforts for affordability and availability of essential drugs. It urges the pharmaceutical companies to make humanitarian considerations rather than the profit motive their primary motive and concern, considering that HIV/AIDS is a unique epidemic.
- On behalf of the sisters and brothers living with AIDS, the Church will advocate for equal access to information, treatment and other services from government and other sources.
- Systems and process will be put in place to share the latest information on HIV/AIDS to facilitate evidence based advocacy.
- The Church will advocate with government, bilateral, international and national organisations to involve and support Church-based organisations in planning, implementing, monitoring and evaluating HIV/AIDS programmes at the national, state and community levels.

26. Capacity Building

The spirit of service, compassion, love and charity drives Church-based institutions involved in the health and development sectors. In certain cases these institutions do not have prior experience in managing large social welfare programmes and lack professionals and competent personnel.

The contemporary view of capacity building goes beyond the conventional perception of training. A broad understanding of capacity development, to which the Church also subscribes,

> The Church intensely feels the need to link voluntarism with professionalism in its approach to capacity building of institutions and the community.

includes managing change, resolving conflict, managing institutional pluralism, enhancing coordination, fostering communication, and ensuring data and information sharing.

Policy: The Church intensely feels the need to link voluntarism with professionalism in its approach to capacity building of institutions and the community. In order to make efficient use of limited resources and increase the efficiency of the service delivery system, capacity building will become a significant programme component.

Strategy

- Institutions will offer a variety of training programmes tailored to the needs of each constituency on new and emerging information and materials in the HIV/AIDS field.
- Institutions will encourage and support their personnel to attend special training programmes.
- Management tools will be reviewed, revised, and developed for effective management practices.
- Opportunities to exchange technical information and best practices with special emphasis on community-based responses will be explored.
- Special training programmes on HIV/AIDS will be organised for health care and developmental personnel, pastors, religious sisters, deacons, brothers and lay leaders on HIV/AIDS
- Seminaries and formation houses will be encouraged to incorporate a syllabus on HIV/AIDS into their training programmes.
- Encourage exposure/involvement of those in seminaries and other formation houses in HIV related care and support initiatives. The Health care Commission will work in close collaboration with CRI to advocate this with the religious societies.
- Sensitisation programmes will be organised at the village level by Church-based groups so that the entire community is prepared to accept the reality and extend care and support. These programmes will also encourage the behavioural and lifestyle changes that are required.

27. Communication Strategies

The challenge to communication on HIV/AIDS is compounded by the fact that HIV/AIDS is not just a biomedical or health issue but has ramifications rooted in relationships and social structure and norms. The task of communication is further complicated by the fact that we have to deal with private human behaviours that involve interaction between unequal partners. The conventional media channels are still unable to reach out to a significant segment of our population. We also note that misinformation has created fear, stigma and shame in the minds of the people. Communication should be supported by access to services and an environment that maintains responsible behaviour.

The Church adopts a comprehensive communication strategy based on the teachings of the Church to create an enabling environment for HIV prevention and control, and for the care and support of those infected and affected.

Policy: In the complex social milieu of India, the Church will address the formidable challenge of communicating its policies and programmes on HIV/AIDS. The Church adopts a comprehensive communication strategy based on the teachings of the Church to create an enabling environment for HIV prevention and control, and for the care and support of those infected and affected.

Strategy

- Age, gender and context specific communication programmes will be developed based on the spirit of the Gospel and the teachings of the Church.
- All appropriate channels of communications including print, electronic, mass and folk media will be effectively used for social mobilisation, awareness generation, sharing information and expertise and creating a supportive environment for the PLHA. The CBCI Commission for Health care will work in

collaboration with the Commission for Social Communication to carry it out.

- Communication and media centres at the dioceses will be encouraged to prepare locally relevant IEC materials and involve themselves in communication campaigns related to HIV/AIDS.
- Pastoral letters on specific occasions like the World AIDS Day (December 1), Day for Orphans (December 28 - Feast of Holy Infants), Health Sunday, World Day of the Sick (February 11) will be issued.
- Special training programmes on communication/counselling skills to people involved or desirous to be involved in prevention, treatment, care and support programmes will be organised.

28. Cooperation, Collaboration and Networking

The HIV/AIDS crisis is of such great magnitude that its impact on humanity cannot be tackled by any one single agency. Hence cooperation, collaboration and networking between all stakeholders- government, NGOs, FBOs, CBOs and civil society- are important. The Church will cooperate and collaborate with the National AIDS Control Organisation, State AIDS Control Societies, and other international and national agencies in line with the ethical and moral values of the Church.

HIV/AIDS is a crisis of such great magnitude. Its impact on humanity cannot be tackled by any one single agency. Hence cooperation, collaboration and networking between all stakeholders are important.

CBCI Commission for Health care will collaborate with other Commissions such as Education, Youth, Women, Labour, Social Communication and Doctrine in mainstreaming HIV/AIDS into their programmes and activities.

While Christian denominations may differ in certain theological perspectives and pastoral practices, we recognise that all of us are called by the same God to proclaim His Kingdom. Therefore we are

united in many common values and traditions of Christian services. Many of these churches have also been active in responding to the AIDS pandemic. The Catholic Church will enter into ecumenical networking with churches and other denominations and their organisations.

It will also ensure local networking and collaboration with other FBOs, CBOs, NGOs, and local self-governments to strengthen the local response to HIV/AIDS. An advantage of this approach is that resources are more readily available to more people and best practices can be replicated elsewhere.

Church leaders and personnel ought to go beyond their institutions to become facilitators, advocates, educators and conveners to address the unmet and poorly met needs of the communities. This can be achieved through collaboration and networking with others in developing programmes, providing services and resource mobilisation.

As Christians we have a duty to work with other faiths to generate and guide public opinion that lead to purposeful actions in the best interest of those infected and affected by HIV/AIDS.

29. Implementation Mechanisms

In implementing the HIV/AIDS policy of the Catholic Church in India, different stakeholders have different roles at different levels. This policy is addressed to all constituents of the Church hierarchy, to all Church-based health, development and educational institutions, organisations and associations, to all religious congregations, to pastors in the parishes and to all Catholics. With the launch of the concerted action of the Church, all Church-based organisations working in the field of HIV/AIDS or dealing with people living with HIV and AIDS will also be guided by this policy.

The CBCI Commission for Health care in collaboration with other national health and development networks is forming Regional and Diocesan Core teams on HIV/AIDS across the country. In order to disseminate the policy, orientation programmes will be organised

at the regional level where these teams will be oriented along with other health and developmental organisations. In turn, they will be responsible for orienting the parishes in their dioceses.

All dioceses and congregations are encouraged to formulate their operational plans and strategies to implement within their scope of operation, to combat the spread of HIV/AIDS and to provide treatment, care and support to people affected and infected with HIV/AIDS.

All development agencies such as Caritas-India and the Diocesan Social Service Societies should make conscious efforts to mainstream HIV/AIDS into welfare and development programmes and projects.

The CBCI Commission for Health care will disseminate the HIV/AIDS policy to all primary, secondary and tertiary health care institutions. The health care institutions should orient their personnel on the salient features of the policy and request them to follow the policy. While large institutions will form HIV/AIDS committees, other institutions will have a designated person as contact/liaison person for matters related to HIV/AIDS.

The associations like CHAI, CNGI, SDFI and CRI should take the initiative to disseminate the policy during their programmes and urge their members to abide by the policy.

The policy is built upon the principle of continuum of comprehensive care, comprising clinical management, nursing care, spiritual and pastoral care, counselling and testing, palliative care, home and community-based care and socio-economic support. Efforts will be taken to raise resources from government, international, national and other agencies to operationalise the policy.

Educational institutions also have an important role in prevention. HIV/AIDS education should be imparted to all students through curricular and extra-curricular activities.

30. Monitoring of Implementation

Since the policy is formulated after wide consultation and participation of the different stakeholders, it is expected that the stakeholders will take ownership of the policy and act as self-monitors of implementation. Institutions and associations that have a structure at the national and regional levels will also monitor the implementation of the policy within their system. However, the CBCI Commission for Health care will develop feedback systems to monitor the implementation of the policy at the national level.

References

1. Luke 9:1; Matthew 10:1
2. Cf. Luke 9:6; Mark. 6:13
3. Gasper Correa, Lendas da India, II, Lisbon, 1858-64, p. 830, quoted by Dr. K. V. Suji, "Portughese Misericordia in India, in Dr. K. J. John (ed), 'Sahasra Pournami, A commemorative volume in honour of Msgr. Dr. Alexander Vadakumthala, CAC, Cochin, 1995, p. 146 – 153
4. CBCI Health Commission, Directory of Catholic Health Facilities in India, New Delhi, 2003, pp. 18-31
5. http://www.cbcisite.com/churchinindia.html accessed on 6 October 2004.
6. Thomas, Gracious and Pereira, George, HIV and Pastoral care, CBCI Commission for Health, New Delhi, 1999, p. 1
7. Matthew 5:41
8. Luke 9:1; Matthew 10:1; Mark 16:15-18
9. Cf. Mark 1:41; Matthew 20:34
10. Cf. John 10:10
11. Cf. Pope John Paul II, motu proprio, *Dolentium Hominum*, n. 2, February 11, 1985, in Insegnamenti of John Paul II, VIII/1 (1985) p. 475
12. Cf. Matthew 25:45
13. Cf. Javier Cardinal Lozano Barragan, Head of the Holy See Delegation to the 26th Special Session of the General Assembly on HIV/AIDS, June 27, 2001, Address, in http://www.vatican.va/roman_curia/secretariat_state/documents/re_seg-st_doc_2001062.
14. Pope John Paul II, ap.exhort., Ecclesia in Asia, n. 33, November 6, 1999, AAS 92 (2000) 449-528
15. Vatican Council II, Gaudium et Spes, Dec. 7, 1965, in Flannery (ed.), St. Paul's, Mumbai, 1975, p. 794-889.
16. Holy See Delegation's address at the United Nations General Assembly on HIV/AIDS
17. http://www.nacoonline.org/factsnfigures/mothlyreportaugust.pdf accessed on October 6, 2004
18. Holy See Delegation's address at the United Nations General Assembly on HIV/AIDS
19. http://www.nacoonline.org/factsnfigures/mothlyreportaugust.pdf accessed on October 6, 2004
20. Ibid
21. John 8:1-11; John 4:1-42; Luke 7:36-50
22. John Paul II to the Participants at the International Conference on Drugs and Alcohol, Nov 23, 1991, n. 4 in Dolentium Hominum, n. 34, 1997/1, pp. 7-9. CCC, n. 2291
23. Ibid; See also, Pontifical Council for Health Pastoral Care, *Church: Drugs and Drug Addiction,* Libreria Editrice Vaticana, 2001, pp. 83-86; Javier Lozano

Barragan, "Education and Drug Abuse", Dolentium Hominum, no. 53, 2003/2, pp. 18-19.
24. CCC, n. 2358
25. Cf. Congregation for the Doctrine of Faith, Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons (October 1, 1986) n.3, 10, in AAS 79 (1987) 543-554.
26. Hair S.K, et.al: 'The Natural History of Human Immuno Deficiency Virus Infection among Adults in Mumbai', National Medical Journal of India, 2003, 16 (3):126-31
27. Holy See Delegation's address at the United Nations General Assembly on HIV/AIDS
28. Luke10:30-37
29. Matthew 27:32
30. CCC, n. 2301

Process of Formulation of HIV/AIDS Policy

Annexure I

Phase I	
March 20, 2004	The CBCI Health Commission requests Futures Group POLICY Project for technical assistance in developing the HIV/AIDS Policy.
April, 2004	Health Commission approves the proposal from Futures Group on the steps to be followed for developing the HIV/AIDS Policy, with Financial assistance from USAID.
May-July, 2004	Drafted two outlines for HIV/AIDS policy. Drafted interview guide for case study of Church interventions, drafted questionnaire for Church leaders and health providers. Research tools circulated and revised.
August 4-5, 2004	Workshop to finalise the outline of the HIV/AIDS Policy attended by five. The workshop approved of one outline with modification. Sections chosen by experts to draft the policy. Finalised the questionnaire and interview guide.
August-October, 2004	Assessing current practices in the field of HIV/AIDS. Case study of 11 HIV/AIDS interventions of the Church by independent consultants. See, Stream of Compassion, 2005. Mailed questionnaire study of parish priests in 6 high prevalent states. Questionnaire study of service providers at CHAI General Body Meeting.
August-September, 2004	The sections written by different experts were compiled, additional points were incorporated, text formatted and draft HIV/AIDS policy prepared. The draft was also circulated online among experts. Inputs were incorporated. Content editing was done.
September 25 - 26, 2004	Colloquium on "Ethical Issues in HIV/AIDS' jointly organised by the CBCI Doctrinal and Health Commissions. Perspectives on the ethical issues related to testing, treatment, marriage, sex and sexuality etc. were deliberated by moral theologians and experts. Studied the policy from the perspective of ethical questions and revised the document.

September 27-29, 2004	National Level Consultation attended by 13 bishops of the regional Health Commission, representatives of CHAI, SDFI, Nurses Guild, Caritas-India, CRI, CRS, CBCI Commission secretaries and subject experts read the policy, discussed and amendments were made.
Phase II	
October 2004 - November 2004	The suggestions were incorporated into the Policy. Copies of the draft HIV/AIDS policy were printed and online presentations on CD were prepared.
October 13-14, 2004	Training of Nodal Trainers for Regional Consultative Meeting on the Policy.
November 2004 - Jan 2005	11 Regional consultations on the draft HIV/AIDS Policy was coordinated by CHAI and organised by Regional Units of CHAI. The regional consultations were attended by Bishops in the region, representatives from CHAI, Regional Forum, DSSS, Medical Colleges, Nursing Schools and Colleges, SDFI and others. The document was studied in the regional Consultations and comments and suggestions compiled. About 350 people participated in these consultations
January, 2005	Comments and suggestions from the 11 regional consultations were compiled.
January 22-23, 2005	Drafting Committee Meeting attended by 25 participants: Discussed the comments and suggestions from the regional consultations and also revisited the document. Relevant points were incorporated into the draft policy.
February 2, 2005	The Executive Committee of the Health Commission along with the Chairman of the Doctrinal Commission, CHAI, CMMB and Futures Group revisited the health policy and finalised the document.
February, 2005	Copy of the HIV/AID Policy Draft was circulated among Bishops of the Health Commissions in the regions for comments, before being placed before the Standing Committee of CBCI.
April 28, 2005	Approval of the Policy by the CBCI Standing Committee

The Christian commitment to the sick has its mandate from Christ. It is a call to serve with the selfsame love, care and compassion. The Policy invites the entire Catholic community in India towards a concerted and intensive response to the HIV/AIDS pandemic. It offers a comprehensive understanding on prevention, care and support of the people living with HIV and those affected. The approach of the Church is guided by a holistic view of human beings `created in the image of God and endowed with a God-given dignity and inalienable human rights'. The strategy is multi-sectoral and collaborative. The Policy states, "We do not approve of any sort of discrimination or hostility directed against people living with HIV/AIDS, which is unjust and immoral'. The document is a challenging invitation to everyone in the community for a `Commitment to Compassion and Care'.

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