

Opportunities for HIV/AIDS Christian Ministry from Universal Antiretroviral Therapy, Treatment as Prevention, and the Care Continuum

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Summary

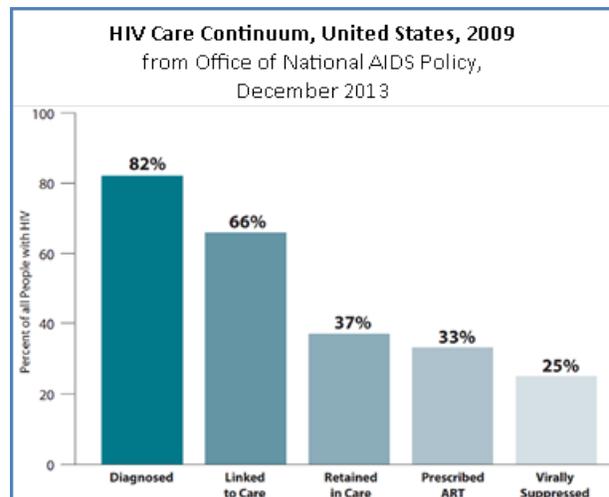
This paper concerns expanded opportunities for HIV/AIDS Christian ministry in poor countries proceeding from 3 strategies: 1) **Universal Antiretroviral Therapy (ART)** – The goal to place every HIV-infected person on ART regardless of CD4 count; 2) **Treatment as Prevention** – Reliance on viral suppression from ART to decrease transmission of HIV; 3) **Care Continuum** – The steps to stable treatment from diagnosis of HIV to viral suppression. By joining these strategies, the church can play a significant role to bring lifesaving ART to all HIV-infected people in the world to improve their health; decrease transmission of HIV to low levels; and, eradicate HIV country by country through taking a national approach.

Background

- 1) **Universal ART** -- Antiretroviral therapy (ART) is now recommended worldwide for all people who are HIV-infected as soon as they are diagnosed regardless of CD4 count. ART prevents disease progression and grants improved health for people living with HIV (PLWH) who are virally suppressed. The World Health Organization (WHO) has removed all CD4 limits as of September 30, 2015. UNAIDS has set targets that by 2020, 90% of all people with HIV will be diagnosed, 90% of these will receive ART, and 90% of these will be virally suppressed.
- 2) **Treatment as Prevention** -- The benefit of ART to decrease transmission was documented in the landmark HIV Prevention Trials Network (HPTN) 052 study. This study showed a 96% reduction in HIV transmission with early initiation of ART compared with delayed initiation in discordant couples. The hope of the resultant strategy “Treatment as Prevention” is to eradicate HIV.
- 3) **Care Continuum** -- Progressive steps for PLWH on ART to achieve viral suppression are called the “Care Continuum” (see a sample chart to right). These steps represent transitions for delivering services and means to monitor progress.

Opportunities for HIV/AIDS Christian Ministry

This paper focuses on expanded service opportunities for Christian ministry in low- and middle-income countries which proceed from Universal ART, Treatment as Prevention, and the Care Continuum. Broader opportunities continue in which the church is already engaged.



- 1) **Care** – The church and Christian ministries can partner with health facilities which are giving ART and public health departments to provide all the supportive care services needed to help PLWH stay in medical care. The church can train and mobilize indigenous volunteers such as lay social workers and community health workers (CHWs) to provide this care. This supportive care in developing countries may be similar to Ryan White supportive services in the US. Supportive care may be

ongoing care, but also intermittent care at significant transitions in the Care Continuum or when suffering a life crisis which may cause treatment interruption. Supportive services may include among others:

- a) **Pastoral, emotional, and spiritual care and other mental health needs** – This care includes both individual counseling for ongoing and crisis needs, as well as support groups. A “medical care home” is needed for ART; Christian ministries can serve as a complementary “emotional and spiritual care home.”
 - b) **Transport** – Assisting people with transport and accompanying them for their clinic visits.
 - c) **Child care** – Providing child care services for PLWH so they can keep their clinic appointments.
 - d) **Respite care** – Supporting caregivers as HIV evolves to a chronic disease.
 - e) **Community outreach** -- Tracing and home visits for patients who have missed a medical appointment or become lost to follow up.
 - f) **Food and nutrition** – Helping with the food and nutrition needs specifically related to ART.
 - g) **Shelter** – Research has shown that having a permanent place to live helps a person adhere to ART.
 - h) **Substance abuse** – Providing services on a residential or outpatient basis.
 - i) **Life crisis** -- Emergency support services and financial assistance during a crisis.
 - j) **Quality improvement and service delivery research** – Developing best practices for delivering supportive services at each of the steps of the Care Continuum.
- 2) **Treatment** – Services directly related to treatment with ART include:
- a) **Delivering ART** – Because supplying ART means a lifetime commitment, Christian ministries generally depend on large donors like PEPFAR to supply ART. It is anticipated that the supply of ART will increase from large donors to meet the goals of the UNAIDS 90-90-90 strategy. Even though the church may not supply ART, Christian ministries may still assist with supply chains and logistics to deliver expanded ART.
 - b) **Mass media** – As the supply of ART increases, the church can help promote the message that HIV-infected people should seek medical care as soon as possible as they no longer have to wait until they become sick to start on ART.
 - c) **Decentralization and task shifting** – To expand ART, WHO is promoting decentralization of medical services to primary health care and community centers, as well as task shifting among care providers. Churches could begin to *maintain and dispense* ART in remote areas, and even work toward being able to *initiate* ART through church clinics. CHWs could begin to *dispense* ART. Dispensing could also be performed through mobile medical vans.
 - d) **Adherence** – Helping people adhere to their ART, such as daily phone and text messages or other reminders to take medicine; setting up community-based adherence programs; providing welcoming places for observed dosing of medicines; and, making home visits.
 - e) **Sustainability** – Helping people afford their own ART without depending on donor programs. This may involve vocational training to help PLWH to get jobs; and, micro loans or other self-replenishing finance mechanisms like self-help groups to assist people to start businesses.
- 3) **Prevention**
- a) **Behavioral Prevention** – Despite the shift to “Treatment as Prevention,” behavioral prevention is still critical. Treatment as Prevention means that people have to depend on others to protect themselves. It will take years for all PLWH to be virally suppressed on ART, even if possible to achieve. Christians have broader reasons than HIV for promoting God’s principles of marriage and family. Therefore, it is essential that the church and Christian ministries continue to promote behavioral prevention, including abstinence until marriage or return to abstinence for the unmarried, delay of sexual debut, mutual faithfulness in marriage, and decrease in the number of partners.

- b) **Testing and linkage to care** – With earlier use of ART, the need is even greater to discover everyone who is HIV-infected and link them to care. The church can participate in creative approaches to testing, such as facilitating self-testing; testing at churches; mobile testing; opt-out, routine testing at health services; annual, routine testing of adolescents at schools, universities, and church youth groups; and, door to door testing.
- c) **Tracing of contacts** – Christian volunteers can assist public health departments to trace the contacts of a person newly diagnosed with HIV in the community and help these contacts to be tested and linked to care.

Suggested Strategy for Churches and Christian Ministries

The goal to see every HIV-infected person around the world on ART and virally suppressed is a tall task in which the church and Christian ministries can play a crucial role. The church can commit to a concerted effort to counter the trend to “mainstream” HIV/AIDS which may dilute impact. Christian ministries can mobilize a legion of volunteers who specialize in HIV. Local churches have the reach to urban neighborhoods as well as to remote rural areas to provide the decentralized supportive care and ART needed. Universal ART will mean a closer alliance than in the past between Christian ministries and health centers giving ART. Churches can start by partnering with mission hospitals and clinics which are providing ART; affiliates with US ministries could join with PEPFAR sites. A suggested strategy from local to national levels is as follows:

- 1) **Local** – A single ministry may partner with a nearby health center which delivers ART to provide supportive care.
- 2) **Regional** – A group of churches and ministries may partner with a central health center which delivers ART to provide supportive services in the entire catchment area of the health center. This may evolve to satellite or mobile sites to maintain and dispense ART.
- 3) **National** – Churches and Christian ministries may collaborate with all the health centers delivering ART in their countries to provide national coverage and fill gaps through a network of services. As in Regional above, this may include sites to initiate, maintain, and dispense ART. A national Christian charity could be formed to engage churches and volunteers and coordinate efforts. This organization may include a national training team to train lay social workers and CHWs specialized in HIV using resources which have incorporated concepts of Universal ART, Treatment as Prevention, and the Care Continuum. The Global CHE (Community Health Evangelism) Network (www.chenetwork.org) could be mobilized for HIV intervention.

Conclusion – Ultimate Vision

By engaging in expanded ministry that comes from Universal ART, Treatment as Prevention, and the Care Continuum, Christians can be a part of something highly significant. They will have opportunity to serve PLWH and their family members through long-term relationships that develop from providing lifetime ART supportive care. In so doing, they will help improve the health of PLWH holistically through life-giving treatment; reduce transmission so few people are infected; and, participate in eliminating HIV/AIDS in an ever widening sphere of countries. This is a vision worth the all-out effort of the church to bring the compassion, healing, and transformation of Christ to millions.