



WORLD AIDS DAY 2015 RESOURCE

“Be strong and courageous; do not be frightened or dismayed, for the Lord your God is with you wherever you go.” – Joshua 1:9

AIDS is Not Over! The Time to Act is Now!

The United Methodist Global AIDS Fund invites you to browse through the information below for useful resources to use to commemorate World AIDS Day (WAD) which is December 1st of every year. If it is not possible to organize a WAD effort on December 1st, these resources can be utilized anytime throughout the year.

For additional resources, go to our [Resources page](#).

Thank you for your commitment to working for an AIDS free world! It takes all of us to make it happen!

Worship Resource and WAD Websites:

Hymn: [We Gather Here in Faith and Hope](#)

[World AIDS Day](#) Observance Web page

[The Time to Act is Now!](#) – Webpage from United States Government

Global Facts about AIDS and HIV

HIV/AIDS 101: The Human Condition

HIV, the virus that causes AIDS, is one of the world’s most serious health and development challenges:

- According to the [World Health Organization \(WHO\)](#), there were approximately 37 million people worldwide living with HIV/AIDS in 2013. Of these, 3.2 million were children (<15 years old).
- According to [WHO](#), an estimated 2.1 million individuals worldwide became newly infected with HIV in 2013. This includes over 240,000 children (<15 years). Most of these children live in sub-Saharan Africa and were infected by their HIV-positive mothers during pregnancy, childbirth or breastfeeding.
- A [UNAIDS report](#) shows that 19 million of the 35 million people living with HIV today do not know that they have the virus.

- The vast majority of people living with HIV are in low- and middle-income countries. According to WHO, sub-Saharan Africa is the most affected region, with 24.7 million people living with HIV in 2013. Seventy-one percent of all people who are living with HIV in the world live in this region.
- HIV is the world's leading infectious killer. According to WHO, an estimated 39 million people have died since the first cases were reported in 1981 and 1.5 million people died of AIDS-related causes in 2013.
- Even today, despite advances in our scientific understanding of HIV and its prevention and treatment as well as years of significant effort by the global health community and leading government and civil society organizations, most people living with HIV or at risk for HIV do not have access to prevention, care, and treatment, and there is still no cure. However, effective treatment with antiretroviral drugs can control the virus so that people with HIV can enjoy healthy lives and reduce the risk of transmitting the virus to others.
- The HIV epidemic not only affects the health of individuals, it impacts households, communities, and the development and economic growth of nations. Many of the countries hardest hit by HIV also suffer from other infectious diseases, food insecurity, and other serious problems.

The Joint United Nations Program on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030. Learn more at unaids.org.

Signs of Hope (Source: UNAIDS)

New HIV infections

- New HIV infections have fallen by 35% since 2000 [Worldwide, 2 million people became newly infected with HIV in 2014, down from 3.1 million in 2000.]
- New HIV infections among children have declined by 58% since 2000. [Worldwide, 220 000 children became newly infected with HIV in 2014, down from 520,000 in 2000.]
- As of March 2015, 15 million people living with HIV were accessing antiretroviral therapy, up from 13.6 million in June 2014.
- 41% of all adults living with HIV were accessing treatment in 2014, up from 23% in 2010.
- 32% of all children living with HIV were accessing treatment in 2014, up from 14% in 2010.
- 73% of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their babies in 2014; new HIV infections among children were reduced by 58% from 2000 to 2014.
- AIDS-related deaths have fallen by 42% since the peak in 2004. In 2014, 1.2 million people died from AIDS-related causes worldwide compared to 2 million in 2005.
- Between 2009 and 2014, 84 out of 121 low- and middle income countries increased their domestic spending on AIDS. Of these countries, 46 reported an increase of more than 50%, including 35 countries which reported an increase in domestic spending of more than 100%.

Click [here](#) for the UNICEF reports on “Making Progress in the Fight against HIV/AIDS.”

On-going Challenges

[AIDS: Small Steps, Big Dreams](#), *Response*, December 2014 (United Methodist Women)

[Which One Will You Save?](#) *Faith In Action*, March 16, 2015, General Board of Church and Society, The United Methodist Church

As of March 2015, 15 million people living with HIV were receiving antiretroviral treatment (including 823,000 children) - representing 41% of those in need. 13.5 million of these people were in low- and middle- income countries. This means that 59% of persons living with HIV are still not receiving treatment. (Source: [AVERT](#))

- In 2014, there were 25.8 million people living with HIV in sub-Saharan Africa, of whom women account for more than half that total.
- In 2014, there were an estimated 1.4 million new HIV infections in sub-Saharan Africa, which accounts for 66% of the global total of new HIV infections.
- In 2014 there were 220,000 new HIV infections among children, most of whom live in sub-Saharan Africa. These children were infected via their HIV-positive mothers during pregnancy, childbirth or breastfeeding.
- In Asia and the Pacific, 240 000 people died of AIDS-related causes in 2014. Between 2000 and 2014 the number of AIDS-related deaths in this region increased by 11%.
- Only two countries in Asia and the Pacific, Thailand and Cambodia, have more than 50% of all people living with HIV currently on antiretroviral treatment.
- Treatment coverage is 47% of all adults aged 15 and over living with HIV in Latin America and 54% among children aged 0 to 14 years.
- In the Middle East and North Africa new HIV infections rose by 26% between 2000 and 2014.
- In the Middle East and North Africa, between 2000 and 2014, the number of AIDS-related deaths in the region more than trebled.
- Treatment coverage is 14% of adults living with HIV in the Middle East and North Africa and 15% among children aged 0-14 years.
- Forty-four low and middle income countries looked to international donors for 75% or more of their AIDS financing needs.
- UNAIDS estimates that \$31.9 billion will be required for the AIDS response in 2020, with \$29.3 billion required in 2030.

Click [here](#) to see the report: *How AIDS Changed Every Thing*.

- For more statistics and trends, see [UNAIDS](#)
- [AVERT](#)
- [World Health Organization](#) (WHO)

- [Centers for Disease Control](#) (CDC)
 - [CDC Global](#)
 - [HIV in the United States:](#)
Kaiser Family Foundation provides state-by-state information as well as Ryan White funding and other funding for HIV prevention, and AIDS Drug Assistance Programs, including budget, client, and expenditure data from the Kaiser Family Foundation.
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Health and Community-Based Interventions

- [Pan American Health Organization](#)
- [HIV Risk Reduction Efficacy Review](#)
- [The People Living with HIV Stigma Index](#)
- [Common at its Core:](#) HIV-Related Stigma Across Contexts
- [Tackling HIV-Related Stigma and Discrimination in South Asia](#)
- [Understanding HIV and AIDS-related Stigma and Discrimination in Vietnam](#)
- [Communities Confront HIV Stigma in Vietnam](#)
- [Disentangling HIV and AIDS Stigma in Ethiopia, Tanzania, and Zambia](#)

Eradicating Stigma and Discrimination

Thirty years into the HIV pandemic, stigma and discrimination continue to impede individuals and communities from accessing and benefiting from effective prevention and treatment strategies. There is mounting evidence that HIV-related stigma and discrimination are barriers to HIV testing, sero-status disclosure, retention in care and uptake of and adherence to antiretroviral therapy (ART). There is also evidence of the associations between HIV-related stigma and racism, poverty and heterosexism, although the complexities of these associations and interactions are only beginning to be unraveled via research. In many settings, the stigma associated with HIV is fueled by laws and policies that keep key populations at risk of HIV infection and persons living with HIV (PLHIV) at the margins of society, despite evidence of the negative public health impact of criminalization.

Review articles reinforce the need for effective stigma and discrimination reduction interventions that can be taken to a national-level scale. PLHIV are critical for the success of stigma reduction interventions. In particular, group-based approaches led by or actively involving PLHIV hold promise for responding to HIV-related stigma and discrimination at the community level. For example, an intervention in Uganda found that groups of PLHIV working collectively to reduce stigma and

discrimination in their communities bolstered confidence among members, reduced self-stigma and improved group members' ability to deal with external HIV stigma when encountered. Likewise, an intervention in Thailand that paired business partners living with HIV with those who were HIV negative, and trained them to engage their communities in stigma reduction activities, appears to have led to community-level reductions in fear of HIV infection and shame associated with HIV.

Research findings highlight the need to integrate stigma reduction with HIV prevention messages and activities and the importance of investigating the impacts of the larger socio-political and economic contexts on stigma and healthcare utilization.

Stangl AL, Lloyd JK, Brady LM, Holland CE, Baral S. A systematic review of interventions to reduce HIV-related stigma and discrimination from 2002 to 2013: how far have we come? [Journal of the International AIDS Society](#). 2013;16 (3 Supplement 2):18734.

According to Erving Goffman, stigma occurs when an attribute creates a deeply discrediting gap between who we think we are – our “actual social identity” – and how we are seen by others – our “virtual social identity”. This gap creates a “spoiled identity” that cuts the stigmatized person “off from society and from himself, so that he stands as a discredited person against an unaccepting world.”

The stigmatization process can be broken into specific domains, each of which can be addressed through programmatic and policy efforts. These domains are: drivers, facilitators, intersecting stigmas and manifestations of stigma. Drivers are individual-level factors that negatively influence the stigmatization process such as: lack of awareness of stigma and its harmful consequences, fear of HIV infection through casual contact with people living with HIV (PLHIV), fear of economic ramifications or social breakdown due to HIV-positive family and community members, and prejudice and stereotypes towards PLHIV and key populations at highest risk of HIV infection. Facilitators are societal-level factors that influence the stigmatization process either negatively or positively, including: protective or punitive laws, availability of grievance redressal systems, awareness of rights, structural barriers at the public policy level, cultural and gender norms, existence of social support for PLHIV, and power/powerlessness among PLHIV to resist and overcome the manifestations of stigma.

Drivers and facilitators combine to influence whether a stigma is applied to individuals or groups based on HIV status.

How can We Make a Difference?

- Contribute to the [United Methodist Global AIDS Fund](#)
- Engage with others in '[Season for Change](#)' -4-week, downloadable Advent study on HIV/AIDS
- Attend the [2015 National HIV Prevention Conference](#)
- Attend the one-day conference on May 9, 2016 sponsored by the UMC Global AIDS Fund “AIDS is Not Over!...Global Issues and the Church” to be held in Portland, OR. For information and registration, [click here](#).
- Send a person to an AIDS camp. [Listing of Camps and Retreats](#).

- Listen to CDC Podcasts
 - Look at useful guides such as:
 - ✓ [UNAIDS: Eliminating Stigma and Discrimination](#)
 - ✓ [Reducing HIV-related Stigma and Discrimination](#)
 - ✓ [A Review of Published Literature on Supporting and Strengthening Child-Caregiver Relationships](#) (Parenting & AIDS)
 - ✓ [MenCare](#) in the Public Health Sector in Central America
 - Get other free downloadable resources, click [here](#).
 - Discuss Suggestions from Selected Journal Articles
 - ✓ Grossman Cynthia I, Stangl Anne L. Global action to reduce HIV stigma and discrimination. [Journal of the International AIDS Society](#). 2013;16 (3 Supplement 2):18881.
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Questions or Comments? Write to: UMGAFund@gmail.com