



## AIDS Is Your Issue

*We all have issues. But whether you know it or not, AIDS is your issue.*

### But my issue is EDUCATION

#### Fund effective health education in your local or regional public schools

- A 2007 report from the U.S. Department of Health & Human Services found that a representative sample of abstinence-only education programs had no effect on abstinence rates, age of first intercourse, condom use rates, number of sexual partners, knowledge of risks from unprotected sex, or knowledge of STD consequences (Trenholm, Christopher, et al, "Impacts of Four Title V, Section 510 Abstinence Education Programs," U.S. Department of Health and Human Services, April 2007). However, since 2001, federal funding for abstinence-only education programs has tripled while funding for comprehensive sexuality education has remained nonexistent (Harvard Political Review, *Abstaining from Comprehensive Sex Education*, April 2007).

*"Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach."*

-Peter Piot, Executive Director, UNAIDS

#### Fund programs that encourage teachers to locate in HIV-ravaged areas

- "In Zambia, three quarters of the new teachers trained each year are needed to replace those who have died of AIDS. In recent years, Malawi has lost so many teachers to AIDS that some schools have had student to teacher ratios as high as 96:1" (UNICEF, *The State of the World's Children 2004: Girls, Education and Development*).
- "In sub-Saharan Africa, young women are more vulnerable to HIV infection but have less comprehensive knowledge about HIV than young men" (UNICEF, *The State of the World's Children 2007*).

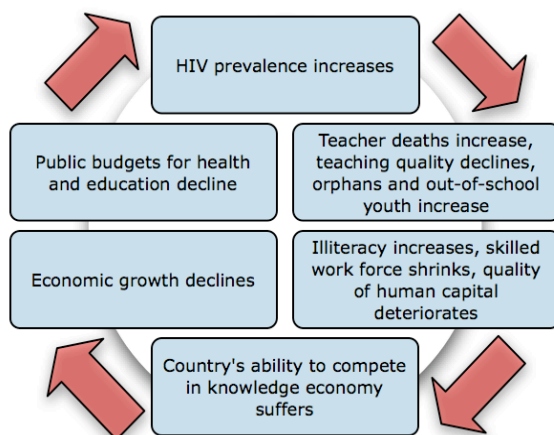
#### Fund a scholarship for students to pursue careers in health care for developing countries, and support HIV-specific training for health care professionals

- Generally speaking, the supply of health workers globally is lowest in the regions where need is greatest. There are currently 57 countries with critical shortages of health workers equivalent to a global deficit of 2.4 million doctors, nurses and midwives. The shortfalls are proportionally greatest in sub-Saharan Africa, which in large part due to tuberculosis, HIV/AIDS, and malaria, has 24% of the global disease burden, but only 3% of the healthcare workforce (WHO, *World Health Report 2006: Working Together for Health*, 2006).

#### Fund programs that work to subsidize school fees for AIDS orphans in Africa

- Many local primary and secondary schools in Africa are supported by fees paid by each student. For AIDS orphans, these fees often mean the choice between survival and education. While some countries, such as Kenya and Uganda, have abolished school fees, and others are extending government support to cover fees for AIDS orphans, there remain hundreds of thousands of children who are expelled from school for failure to pay (IRIN, *AIDS Orphans Locked Out of Schools*, February 2007).

### The Vicious Cycle of HIV/AIDS



*adapted from Avert.org: "HIV, AIDS, and Schools"*

### But my issue is ECONOMICS & DEVELOPMENT

#### Fund self-sustainable civil society initiatives

- HIV/AIDS takes root in the center of communities, among young people, working adults, and children. Death and incapacitation due to AIDS destabilizes communities and inflicts huge economic costs that stunt development. Preventing the spread of HIV should be a central tenet of community development, especially in regions most at risk.
- Three immediate economic impacts of HIV/AIDS are reduced labor supply, reduced labor productivity, and reduced exports/increased imports (Dixon, Simon, et al (2002), "The impact of HIV and AIDS on Africa's economic development." *British Medical Journal* January 26: 324(7331): 232-234).

## But my issue is CIVIL & HUMAN RIGHTS

### **Fund programs that help disenfranchised populations, which are disproportionately affected by HIV/AIDS**

- In many regions, “those at highest risk of HIV have one thing in common: their status is effectively criminalized by law... Punitive approaches to drug use, sex work, and homosexuality fuel stigma and hatred against socially marginalized groups, pushing them further into hiding and away from HIV/AIDS services” (Open Society Institute, *Human Rights and HIV/AIDS: Now More Than Ever*, 2006).
- Socioeconomic problems associated with poverty, including limited access to high-quality health care and higher levels of substance abuse, can directly or indirectly increase HIV risks.
- Domestically, nearly 1 in 4 African Americans and more than 1 in 5 Hispanics live in poverty (U.S. Census, *2005 Current Population Survey*). African Americans accounted for 50% of the AIDS cases in 2005, despite representing only 12% of the population (Kaiser Family Foundation, *Black Americans and HIV/AIDS*, July 2007). Hispanics are also over-represented—13% of the population, but 18% of new AIDS diagnoses in 2005 in states with long-term, confidential name-based HIV reporting (CDC, *HIV/AIDS Among Hispanics/Latinos*, August 2007).

*“The full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic.”*

-Affirmed at the 2006 United Nations High Level Meeting on HIV/AIDS

## But my issue is WOMEN

### **Fund programs that empower women, including domestic violence prevention, educational scholarships, basic health care for themselves and their children, and legal assistance.**

- The percentage of PLWHA who are women is increasing in every global region (UNAIDS, *2006 Report on the Global AIDS Epidemic*, 2006). Women are about twice as likely to become infected with HIV during heterosexual sex than are men (Avert, *Women, HIV & AIDS*, updated June 2007).
- In addition to increased physical risk, women face a range of gender-specific social risks that contribute to their susceptibility to HIV infection, including rape, sexual abuse, sexual harassment and assault at work, human trafficking, forced prostitution, and forced labor (Amnesty International, *Women, HIV/AIDS, and Human Rights*, November 2004). Often, marriage itself is a risk factor for HIV (Seicus, *Making the Connection -- News and Views on Sexuality: Education, Health and Rights*, Vol 3, Issue 1, 2004).
- In sub-Saharan Africa, 57% of adults with HIV are women, and young women aged 15-24 are more than three times as likely to be infected as young men (UNAIDS, UNFPA & UNIFEM, *Women & HIV/AIDS: Confronting the Crisis*, 2004).

## But my issue is the ENVIRONMENT

### **Fund programs that support sustainable agriculture**

- Food security can be threatened due to reductions in the agricultural labor force due to HIV/AIDS, while poor nutrition renders people more susceptible to HIV infection (Gillespie, Stuart, ed. 2006. *AIDS, Poverty, and Hunger: Challenges and Responses*. Highlights of the International Conference on HIV/AIDS and Food and Nutrition Security, Durban, South Africa, Durban, South Africa, April 14-16, 2005. Washington, D.C.: International Food Policy Research Institute).
- HIV/AIDS encourages “overuse of natural resources such as medicinal plants, timber for coffins, and wildlife for food; loss of traditional knowledge of sustainable land and resource management practices; and loss of human capacity for natural resource management in government, non-governmental organizations, academic institutions, communities, donor organizations, and the private sector” (UNEP, *The Environment Times*).

*“Media can help break the silence that surrounds issues such as AIDS. This is especially critical in countries with emerging HIV epidemics... where the political leadership has been slow to take on the issue.”*

-James, Matt, et al, (2005)  
“Leveraging the Power of the Media to Combat HIV/AIDS.” *Health Affairs*  
Vol 24, No 3: 854-857.

## But my issue is RELIGION

### **Fund efforts to advocate for evidence-based HIV/AIDS information from church leaders.**

- “Faith leaders are often uniquely positioned to open discussion of the more sensitive dimensions of the HIV/AIDS pandemic, to mobilize communities, to demonstrate the love and compassion that are an essential part of addressing the pandemic and caring for those affected, and to confront the complex ethical and moral issues that arise” (Katherine Marshall, Keynote Address: International Inter-Faith Conference on HIV/AIDS Prevention and Control. Delhi, India. December 1, 2004).

### **Sponsor a church-based HIV testing day.**

- The church plays a central role in many communities and is an ideal place to promote prevention strategies.

## But my issue is ARTS , CULTURE & MEDIA

### **Fund media initiatives that spread HIV/AIDS prevention and education messages**

- Regional media partnerships can help ensure that HIV education and prevention messages are disseminated broadly to the community. For instance, the Caribbean Broadcast Media Partnership on HIV/AIDS, a consortium of over 40 Caribbean media companies from 23 countries, recently announced that 80% of its members had increased resources and airtime devoted to HIV/AIDS (Kaiser Family Foundation, “Caribbean Broadcast Media Partnership on HIV/AIDS Marks Achievements of First Year and Plans for Expansion,” August 2007).

### **Underwrite an AIDS benefit concert of exhibition.**

- The production of a special event contributes immensely to the overall creativity and inspiration of an arts community. Underwriting a benefit event or exhibition can grow an initial investment, enabling greater proceeds to benefit AIDS causes.

For more resources on the philanthropic response to HIV/AIDS, visit FCAA at  
[www.fcaids.org](http://www.fcaids.org)