

# JUDAH TRUST

## DIRECTORS' REPORT Annual Report of the Council of Management

The Directors and Council of Management of Judah Trust have pleasure in submitting the fourteenth Annual Report and Accounts for Judah Trust for the year ended 31<sup>st</sup> March 2011

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### STRATEGIC OVERVIEW

Today, twenty five years further on in the battle around HIV/AIDS, we can see the effects of concerted action against the original four ways of transmission of the HIV virus:

#### **sexual activity**

There has been some degree of behaviour change resulting in slower infection rates;

#### **injecting drugs**

There is very little change, as this issue requires a totally 'clean needle' approach for each injection;

#### **mother to child transmission**

Good progress has been made towards eliminating this source of infection but further progress depends on consistent supply of the medication;

#### **contaminated blood**

This source of infection has been virtually eliminated in the West but progress worldwide remains subject to achievement of high standards by **all** blood providers.

The latest UNAIDS data is optimistic that, globally, we have turned the corner and that the rate of new infections has declined by 19% since 1999, the peak year. But, the new infections are still running at 2.6 million per annum globally and deaths from AIDS are still in the 1.8 million per annum. Deaths have fallen dramatically wherever there is access to a steady and consistent supply of anti retroviral drugs. The level of new infections is still a matter for very serious concern, particularly now that northern Africa is undergoing a sea change in freedom, which normally means an increase in promiscuity and hence HIV.

The emphasis globally remains upon treatment, consistent provision of drugs, and appropriate medical care. The need for greater emphasis on prevention seems yet again to be pushed aside in the need to care.

**Behaviour change has a generational aspect whereby each new generation has to take on for themselves that Kingdom Living standards are really good for your health and we do not seem to have people pushing once again for behaviour change to the extent that it is needed. This is an intercession issue of some urgency.**

Major concerns with regard to the epidemic now relate to the continuous supply of top tier anti retrovirals, the provision of infra structure to ensure the dissemination of the drugs and training to ensure continuity in taking the drugs.

Once started, failure to be consistent in taking the anti retrovirals, enables the virus to mutate into drug resistant strains and there is evidence of a growing spread of resistant virus. The current economic climate is causing severe concern, with funding being 'flat

lined' or even cut back or eliminated with the consequent risks of a rise in deaths and a surge in resistant virus.

The growing tide of secularism throughout the world is contributing to the maintenance of the new infections level, as secularism emphasises personal choice rather than community choice and reduces the impact of age old standards relating to sexuality and personal morality. Values such as chastity and abstinence no longer have much impact in today's societies and the resulting promiscuity aids the transmission of HIV. Much more work is needed in this area.

Medically, it is interesting to note, edition for edition, how the current manuals on HIV treatment are expressing concern about treating the effects of the anti retrovirals themselves. They are potent drugs with very powerful side effects that can be distressing for those taking the medication especially for young children as seen in South Africa.

Sociologically, and culturally, there is a long way to go. The discovery of multiple coincident partner networks and its explosive power in spreading HIV across a total community in a very short space of time, as a main driver of the epidemic, is interesting, and helpful, but there are, as yet, no solutions to such networks. The ever declining age of sexual initiation is also not helping, with younger and younger girls being exposed to the virus from older males.

There is also the impact that school fees have on the spread of HIV amongst the young. It is clear that those children who are in school have a reduced rate of infection. Those unable to go to school, usually for reasons of poverty, are at a much higher risk of casual sex and at a very high risk of having to use sex to generate money for food.

In the western world, promiscuity and casual sex remains at dangerously high levels with the attendant risk of HIV. There is also the issue of the example that the 'enlightened west' sets for the rest of the world - it is not a good example!

Christian leaders today seem to have foregone their responsibility to speak out for standards of behaviour that, taken together, reduce the risk of HIV.

**We need to pray for Holy Spirit fire to enter the bellies of our Christian leaders so that they will speak out and will uphold the teaching of Jesus and the entire Scriptures. This is possibly the most important area of intercession that we have before us today.**