

CATHOLICS FOR CHOICE

IN GOOD CONSCIENCE

December 1, 2010

Ambassador Brigitte Öppinger-Walchshofer
Managing Director
Austrian Development Agency
Zelinkagasse 2
1010 Vienna
AUSTRIA

Dear Ambassador Öppinger-Walchshofer:

We write to request the ADA's assistance in achieving greater transparency and accountability in the funding that faith-based organizations receive from publicly-funded bilateral and multilateral donors. Currently, it can be unreasonably difficult to find out how much taxpayer money is granted to organizations working on HIV & AIDS. Similarly, it can be difficult to determine the criteria by which public funders judge whether an organization is eligible to receive funds for its HIV & AIDS work and, importantly, whether special considerations are made for faith-based organizations.

Since the earliest years of the AIDS pandemic, faith-based healthcare providers have played a crucial role in the care and treatment of people living with HIV & AIDS. As donor support for HIV prevention and treatment expanded during the past decade, faith-based organizations have received enormous sums of money to provide services, particularly in the developing world.

Unfortunately, some faith-based health providers do not offer the full range of preventative care in instances when they believe that doing so would violate their religious beliefs. For example, many organizations refuse to integrate advising patients on the use of condoms, or to make condoms available, as part of efforts to prevent the spread of HIV. Given the importance of condoms as a proven prevention tool, this refusal is particularly disturbing in light of rising HIV rates in many parts of the world.

A number of Catholic charities, for example, receive public funding to deliver healthcare services. Indeed, Caritas, a Catholic faith-based organization that provides HIV & AIDS treatment and prevention programs, is the world's second largest, non-government aid federation. Pope Benedict XVI's recent statement that men and women should use condoms when failing to do so would risk their partner's life represents a tremendous opportunity for advancing evidence-based treatment and prevention interventions.

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We believe that public funds going towards preventing the spread of HIV & AIDS and treating those living with HIV & AIDS should be subject to the same strictures as are public funds in other spheres. Furthermore, all public funding agencies should publish annually a list of the organizations they have funded and how much money each received.

In addition, all funding agencies should develop and publish a list of criteria by which they judge whether to fund an organization. If there are special criteria for faith-based organizations, the reasons for their existence need to be made clear, along with the differences from the criteria applied to other organizations.

Finally, funding agencies must ensure that public funding is not used in any project that discriminates in hiring, refuses to provide or find reasonable alternatives for the provision of basic treatment or prevention options, or for the use of proselytizing.

To this end, we ask the following:

1. Does the ADA require evidence-based interventions from your applicants that provide HIV & AIDS prevention and treatment?
2. Do you require disclosure of which evidence-based interventions applicants will not undertake?
3. Do you require applicants to provide HIV & AIDS prevention and treatment services to all groups in a non-discriminatory manner?
4. For those applicants working on treatment, are all services provided to those who need them?
5. Whenever ADA funds are re-granted, are the organizations that receive these funds required to meet the same standards as the original ADA grantees?
6. In cases where funders give money despite gaps in treatment or prevention options, what are acceptable reasons?
7. When there are gaps in treatment or prevention options, what allowances or alternative schemes are set up to ensure that those gaps are filled by other organizations?

We look forward to your assistance on this issue, and a response to this inquiry by 15 January 2011 will be greatly appreciated. In February, we will follow up to discuss possible ways to integrate this type of transparency into future grants processing.

As we mark World AIDS Day, it is clearer than ever that in order to save lives and prevent new infections, we must use every proven, effective tool at our disposal. Furthermore, when enormous sums of public funds are at stake, and particularly in a time of global economic crisis, interventions should be required to be evidence-based and non-discriminatory.

We await your reply.

Sincerely,



Jon O'Brien
President
Catholics for Choice



Paul Zeitz
Executive Director
Global AIDS Alliance