Religious Leadership in Response to HIV: A Summit of High Level Religious Leaders

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Together, We Are Stronger

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It gives me pleasure to be with you here and to share with you a few reflections about our discussions yesterday and this morning.

Overall, this has been an experience of deep reflection and vivid interaction, characterized by mutual respect and a real desire to learn and to share, enriched by practical and lived experiences. This has been a showcasing of courage, especially by people living with HIV who have shared their stories with us. Moreover, this is yet another manifestation of the multiple levels of linkages: community, national and global.

It was also an experience of loud and whispered expressions. Religious leaders had to think about their responsibility, which they cannot abdicate, in providing moral ideals and spiritual empowerment and at the same time ensuring compassion and love as basic imperatives of the faith. Yet when working in the area of HIV, the religious leaders have to deal with the reality of the context of HIV as well as the economic and social conditions that fuel vulnerabilities. They need to understand how they can best serve with their own power.
Let me share with you a few observations about our discussions yesterday and this morning.

There is an agreement that PLWH and high risk groups need the support of religious leaders that emerges from the faith itself. So there is a quiet tension between the moral obligations of religious leaders and the instructions of the sacred texts and the reality of PLWH.

Challenges of the High Risk Populations:
Dealing with HIV and universal access in its continuum of prevention, treatment, care and support is a challenge for religious leaders and their institutions. What they are confronted with is a basic moral dilemma: in terms of what it is that religious leaders are supporting and fighting for. Are they promoting a culture of permissiveness or an environment of spirituality when they fight to eliminate stigma and discrimination and provide universal access? While there is full agreement on the compassion for those living with HIV – regardless of its source – the challenge remains on judgements related to morality in general.

We cannot be unconditionally compassionate and supportive to people living with HIV, and dealing with prevention, unless we understand the scientific sources of the epidemic and work with the high risk groups.

HIV/AIDS is manifested in other ways. It invades the lives of women in monogamous relationships, through vertical transmission from parent to child. We still have the challenge of PLWH who were victims of contaminated blood transfusions, and finally dealing with the needs and rights of discordant couples.

We need to recognise unequivocally that women especially are powerless to protect themselves in the face of norms and practices which increase their vulnerabilities. But women are also caretakers and agents of change and their capacities can be tapped for the well-being of families and communities.

Beyond the high-risk populations, we now have the largest cohort of young people in human history, indeed, in most developing countries they constitute between 40 to 60% of the population. These are effectively the largest high risk group UNLESS we invest in their well-being: achieving their rights to health, education, income, as well

as the right to form healthy families. This is a challenge confronting religious leaders because keeping young people free of HIV requires that societies deal with issues of sexuality, injecting drug use, sex work, human trafficking – which can generate stigma and fear if not well understood - and for our agencies to provide them with opportunities for a healthy and decent life. Young people need to see supportive actions that would end their fear of judgement of parents, families and places of worship. They need to be counselled and guided so that they make their own choices about how to protect themselves. For example, they have to make the choice between abstinence or responsible and safe sex – which poses yet another moral challenge to religious leaders.

How do we go about it?
We believe that within a new development paradigm, the spiritual and the physical aspects of human development, can be united.

In reality however, there is a schism between those who are promoting physical well-being and those advocating the spiritual wellness. This is most pronounced in the absence of trust between the secular and the faith based civil society organisations. The dialogue to build understanding and cooperation between the two types of institutions is critical, and should be built on the understanding that they are equal but different, and they complement each other.

Clearly, the issue of HIV/AIDS is a complex dynamic of science, health, political, economic, cultural and religious domains. Therefore, it requires an approach which regards HIV not as a specific problem, but as a cause to struggle for dignity, respect and justice that unites us all – secular and religious institutions which provide prevention, treatment, care and support. In this cause, people living with HIV should be empowered to be actors in achieving universal access.

There is no doubt that vulnerabilities of individuals and families are a product of social and economic injustices. These can also be exacerbated by the lack of knowledge about HIV and also unclear or condemning messages which promote stigma. Therefore, tackling the varied sources of vulnerabilities, based on evidence, would have a positive impact on ending stigma, discrimination and isolation, as well as promoting a culture of inclusion. In practical terms, this also points to the need for effective health and educational systems that ensure people's social and economic rights.

There is a tension between the kinds of messages to be delivered: messages for individuals, vs. messages to the community at large regarding the complex nature of HIV. Also, there is tension between public health messages that are scientifically based and which address safe practices, founded on knowledge, access to treatment, voluntary testing and counselling, and empowerment of people living with HIV, and spiritual messages of compassion for people living with HIV. This requires providing religious leaders with up to date and accurate information about HIV so they can convey the right information to their constituencies. For these messages to be effective, the correct information about HIV must address different contexts including indigenous churches and traditional institutions.

Ways Forward

A recurring message was related to the need for love to find common ground to end isolation, stigma and discrimination. Therefore, the focus of religious leaders would be on the people themselves, especially those living with HIV, in order to promote inclusion.

Equally, much discussion took place around how to interpret and understand sacred texts in the midst of changing environments with challenging social and economic issues. It was agreed that religious texts cannot be ignored, but we need interpretations, within the spirit of the religions, which can promote human dignity and respect, end isolation, stigma and discrimination, lead to universal access, and move us towards a healthier future.

Much discussion took place about the critical importance for religious leaders to continue to provide moral guidance and this requires that religious institutions are ready to deal with this issue. At the same time, the moral responsibility also means dealing with the reality of HIV itself and its impact on the lives of the people.

There was an articulated need to revisit the traditions of the respective religious institutions with a view to innovate, such that they may become more competent to influence their societies to reduce stigma and discrimination, and to bring about behavioural change which emanates from within the communities themselves.

This process may be strengthened through inter-generational, intercultural, and inter-religious dialogue, as well as dialogue within the same religion, in safe spaces, around open exchange and discussions about sensitive issues, beyond HIV/AIDS, and built on mutual respect of each other's religions.

Promoting healthy life-styles for people living with HIV and supporting their engagement in all spheres of life, was also articulated. A powerful observation was "the need to transform people living with HIV from objects of compassion to subjects of their own lives."

Dealing with adolescents' sexuality is a real challenge for religious leaders, faith based institutions, as well as adults in general. As a result, a relationship of trust needs to be built – that we adults, especially parents and families, listen to them well so that we can understand them, and that the educational system, among other venues, would be the medium for providing age-appropriate sexuality education as well as creating safe spaces for intergenerational dialogue.

HIV and AIDS is a also a health system issue because of the multiple health issues exasperated by it, from TB, to malaria, to anaemia, pneumonia. Therefore it is critical to ensure that the health system is well developed and that the necessary support is provided to clinics and health centres that serve communities.

It was both refreshing and humbling to hear an acknowledgement that religious leaders need to hold themselves and each other accountable – in terms of their support to universal access – even before holding governments and donours accountable. But they are also responsible for mobilizing governments to play their respective roles in terms of rights, resources, and institutions.

In this context, religious leaders are the natural actors to challenge the economic, business and social systems that increase the vulnerabilities of people.

There was a call to ensure sustainability of resources devoted to HIV/AIDS in the context of universal access. It is thus critical that national resources are leveraged for this purpose.

There was a strong affirmation that the collective engagement of both secular and religious domains would create an environment of 'realisable hope'. which we all need going forward. At the same time, the influence of religious leaders – and that of related faith-based service delivery organisations, can be decisive in extending the mantle of care to cover the most vulnerable. Their "theology of compassion" informs both the leadership and the work of FBOs. Religious leaders can end the culture of silence by raising their voices against prejudice and discrimination and you can educate the uninformed.

Our work together proves that interventions can be successful and sustainable, if change is inclusive, if it emerges from within the faith and culture of the people themselves, if people of all age groups and living or not living with HIV, are secure in their sense of belonging and when they are fully engaged, and when all partners are respected and their contributions valued.

One woman living with HIV told me once, it is not HIV that will kill me but the absence of hope. And we heard this message throughout these two days.

I conclude by interpreting the mood of this summit: together we are greater and bigger than each one alone.