Annex 1

Text of Declarations and Policy Statements by Churches and Faith Based Organizations from 2001 to 2005

2001

Church of Norway, Statement from the Bishops’ Conference. April 2001


2002


**2003**


**2004**

Romanian Orthodox Church. His Beatitude Teoctist, Patriarch of the Romanian Orthodox Church. *A message, urging to love and tolerance for those suffering from AIDS/HIV*. Romania, 27 January 2004.

Regional Meeting facilitated by the Latin American Council of Churches (CLAI) and supported by the World Council of Churches (WCC), *The Church and HIV/AIDS in Latin America and the Caribbean*, Panama City, Panama, 27 January – 1 February 2004.


The United Methodist Church. *Drugs and AIDS Resolution – Adopted by 2004 General Conference*. Pennsylvania, United States, 27 April – 7 May 2004

Asian Muslim Action Network, Asian Resource Foundation and Thai Muslim Network. *International Pre-conference Muslim Workshop on HIV/AIDS. In the name of Allah, the Beneficent, the Merciful*. Bangkok, Thailand, 9 July 2004.

United Evangelical Mission, Anti HIV/Aids Programme Policy, Adopted by the UEM General Assembly in Manila, October 2004.


Interfaith. *International Interfaith Conference on Prevention and Control of HIV/AIDS, Delhi Declaration.* Delhi, India, 1-2 December 2004


**2005**

All Africa Conference of Churches

Mukono - Kampala Declaration

Mukono - Kampala, Uganda
15 – 17 January 2001

PREAMBLE
We 83 representatives of Churches, Christian organizations from Northern, Eastern, and Southern Africa and partners from the North and South gathered together in Mukono - Kampala, Uganda, from January 15 – 17, 2001 for the Church Leaders’ Consultation on the Approach to the HIV/AIDS Crisis under the auspices of the All Africa Conference of Churches (AACC) hosted by Uganda Joint Christian Council.

Whereas HIV and AIDS affects the entire world, Africa has borne the brunt of it. Of the 36.1 million people with HIV/AIDS, 25.3 million (70% of them) live in Sub-Saharan Africa. According to UNAIDS, 16 countries in sub-Saharan Africa have HIV prevalence rate of 10% and above with 6 of these registering over 20%.

HIV/AIDS spares no group or sector in its ravages. Child mortality is increasing, as are the number of orphans. Life expectancy is dropping. Health services are stretched more than ever before. HIV/AIDS has hit the most productive age group – 15 – 49 years. It has depleted the national and household resources. Poverty has exacerbated the spread of HIV.

There are many contributory factors to the spread of HIV/AIDS. They include:

- poverty that obstructs HIV control efforts and is made worse by HIV, a truly vicious cycle;
- the disease process: the mechanism and mutability of HIV have defied a cure or vaccine; there is a long period after infection when people feel well and can transmit the virus; effective health interventions are mostly unaffordable;
- global economic policies and injustices:
  - cuts in government health and education spending,
  - employment practices that disrupt families and promote unsafe sex;
- socio-cultural issues:
  - discussion of sexual issues is taboo in many cultures;
  - religious and social attitudes towards people living with HIV/AIDS have often been both unclear and contributed to social stigma;
- cultural practices and perceptions which expose women in particular to the risk of HIV infection;
- war, conflict and insecurity have led to the spread of HIV and other STDs;
- Media messages and images about life and sexuality are conflicting.

1 Angola, Botswana, Ethiopia, Egypt, Kenya, Lesotho, Malawi, Mozambique, South Africa, Sudan, Swaziland, Tanzania, Uganda, and Zimbabwe
The Church is uniquely placed to combat HIV/AIDS at all levels from the individual to the global and to protect the marginalized and most vulnerable in society. We are compelled by the life example, death and resurrection of our Lord and Saviour Jesus Christ to love, think and act.

During the consultation, we interacted with the reality of the pandemic through sharing with people living with HIV and AIDS and organizations offering support services to the affected people. We observed the effectiveness of community based initiatives, as well as church involvement in the national commitment in mitigating the impact of HIV and AIDS.

However, we raised pertinent issues that brought out the gaps and limitations in our intervention activities including: inadequate knowledge, the lack of a clear and common policy direction on prevention, care and support, the reluctance of some of our leaders to share their personal experience with HIV/AIDS to stimulate national conscience, and the persistent culture of silence that has promoted the AIDS stigma and inhibited effective responses in prevention, care and support. We noted the failure of many of our churches to commit local financial and human resources to HIV/AIDS related activities. We recognized the need to encourage, support and involve people living with HIV/AIDS.

We therefore recommend that:

- individuals commit and involve themselves in prevention, care and support activities;
- churches mobilize and train their leaders and laity to run appropriate HIV/AIDS programmes;
- we hold one another accountable to our commitment to fight HIV/AIDS;
- our churches integrate HIV/AIDS activities within the available church support systems and create new support systems where necessary;
- church leaders involve themselves directly and act as role models in HIV prevention, AIDS care and support;
- our churches
  - apply their resources to meet the needs of intervention activities as practical expression of love.
  - protect, support and involve the marginalized and most vulnerable in society such as youth, women, people living with HIV/AIDS and the people with disabilities.
  - ecumenical bodies, sub-regional fellowships, faith based organizations and partners lobby and advocate for affordable and accessible treatment, and economic justice with IMF, the World Bank and wealthy creditor nations;
  - guide our supporting partners on the locally available capacities;
  - influence national and global health and education policy as it relates to HIV/AIDS;
  - monitor resource allocation and distribution to ensure that it benefits HIV/AIDS interventions.
- we increase North-South partnership and collaboration to help churches bridge existing gaps;
• churches develop guidelines for best practices in prevention, sexuality education, family life education, HIV prevention, AIDS care and orphan support;
• the media play a front-line role in education and dissemination. For this to be, the Church should be media oriented and aspire to tap the benefits of information technology;
• Church leaders condemn and discourage all harmful traditional practices.

And declare that though we come from different situations, we shall commit ourselves to the implementation of the above recommendations, in the power and spirit of our Lord Jesus Christ.

So help us God.
Church of Norway

Statement from the Bishops’ Conference

April 2001

The global HIV/AIDS catastrophe
A global catastrophe is currently striking individuals, communities and nations. Men carry a great responsibility. Women and young girls are particularly vulnerable. In Africa alone about ten million children have become orphans. Countries that were already losers in the economic and social development of the world community have been hardest hit.

The HIV/AIDS pandemic is spreading throughout the world and within the churches. In Africa this is the most widespread catastrophe that has struck the continent in recent times. It is causing untold human suffering, and in some countries it is threatening the whole of society with collapse. The situation is also extremely serious in the Caribbean, in eastern Europe and in southeast Asia.

There are many reasons why the pandemic is spreading so quickly. Large groups of people are migrating in order to find work, or because of wars and conflicts. Many people do not know how the virus spreads or how to protect themselves against it. The use of condoms, which reduces the spread of HIV/AIDS, is often a taboo issue, and for a great number of people condoms are unavailable. Irresponsible sexual behaviour, suppressing the facts about the pandemic and social isolation of the people infected, all make the situation especially difficult.

In our own country, too, there is a lack of openness about the disease and HIV victims are also suffering from condemnation and exclusion. As fellow human beings in the church and in the community, each one of us is being challenged to examine our own attitudes.

For the church, it is important to keep to the principle that Christian charity commits us to support, not condemn, those who are suffering. We must help people who are infected with HIV to live openly in the community.

The Bishops’ Conference welcomes the efforts which are being made by the public authorities in many countries to stop the spread of the pandemic. The international community has, for example through the UN and the WHO, taken on the challenge in a commendable way. Norway has a sizeable task, in terms of both economic resources and professional humanitarian expertise.

The Bishops’ Conference welcomes the cooperation that has been established through the government’s “Forum for aids and development”, in which the church is represented along with the trade union movement, business and industry, NGOs, the media, research institutions, sport and culture, and which aims to change attitudes and to alleviate acute distress. In long-term strategies at the national and international levels, the church and
other religious communities must accept their responsibility for dealing with the HIV/AIDS pandemic.

The Bishops’ Conference wishes to point to the following current challenges:

• the need for more investment in the development of medicines and vaccines that the poor can afford
• making treatment cheaper and more accessible
• developing information and attitude-forming measures specifically aimed at children and young people
• ensuring that the churches combat violence and sexual abuse
• ensuring that the churches promote joint action across religions and philosophies of life.

During the television campaign this autumn for Norwegian Church Aid, everyone in Norway can acquire more knowledge about HIV/AIDS and can give money to the work the church is doing together with others in this field. The whole population is invited to join together to help. Every available means must be mobilized to give our fellow human beings who are smitten by, or in danger of being smitten by, HIV/AIDS hope for the future.

Together we can give them back their hope.
All Africa Conference of Churches

The Dakar Declaration

Dakar, Senegal
23 – 25 April 2001

We, eighty-two (82) participants from sixteen (16) countries from West and Central Africa, Madagascar and Djibouti, representing churches, national councils of churches and related NGOs, as well as mission partners meeting in Dakar, Senegal under the auspices of the All Africa Conference of Churches and hosted by the Protestant Church of Senegal from April 23\textsuperscript{rd} – 25\textsuperscript{th} 2001, have noted with concern the frightening spread of HIV/AIDS in Africa.

The consultation, which was held for church leaders, sought ways in which the churches in Africa could be better informed to enable them respond more positively to the HIV/AIDS pandemic.

It is becoming increasingly clear that Africa, especially South of the Sahara, is the area worst affected by HIV/AIDS in the world. Infection levels are highest, access to care is lowest, and social and economic safety nets that can help families cope with the impact are weak. Current estimates by UNAIDS and WHO indicate that out of 36 million persons globally infected by HIV/AIDS, 25.3 million of them live in Sub-Saharan Africa. This is about 70\% of the world’s total population of infected people in a region that forms just 10\% of the world’s population.

The critical situation in Africa is due to factors such as:

- wars and ethnic conflicts
- migration
- poverty
- lack of knowledge and information
- socio-cultural practices e.g. wife inheritance, female genital mutilation etc
- inadequate commitment on the part of churches, governments and other related organizations
- break down in morality due to negative influence of the media, tourism, etc.

Having spent three days at the consultation, we were moved by:

- Senegal’s experience, efforts and achievements at managing the HIV/AIDS crisis
- Interactions and perspectives shared by different countries in the group work
- Living testimonies of persons living with HIV which challenged the insensitivity, lack of knowledge, and indifference of some of our churches
- Visit to centers engaged in HIV/AIDS management.

Considering the seriousness of the HIV/AIDS pandemic, we recommend that the churches in Africa:

- make the fight against HIV/AIDS a top priority in their activities
• intensify education and information sharing on HIV/AIDS by including the issues in curricula of seminaries/theological institutions and lay training centers
• engage in theological, social and cultural reflections on HIV/AIDS to guide the churches’ interventions
• facilitate interaction and sharing among, and with people living with HIV/AIDS (PLWHAs) and their families
• initiate and participate in national, regional and global advocacy campaigns for affordable anti-retroviral drugs for PLWHAs
• mobilize church workers for capacity building in addressing the HIV/AIDS crisis
• network with each other, ecumenical partners and with related organizations working on HIV/AIDS to avoid duplication and competition
• strengthen the existing church structures to facilitate working on HIV/AIDS
• set up, equip and support units to meet the medical, spiritual, psycho-social and economic needs of PLWHA and their families
• identify those socio-cultural practices that could be risk factors to HIV/AIDS and educate people to work toward their eradication
• strengthen the South-South and North-South partnerships in the fight against HIV/AIDS
• involve PLWHAs in the planning and implementation of HIV/AIDS activities
• put mechanisms in place to protect children against HIV/AIDS and to provide care and support to those infected and/or affected
• establish and promote programmes to empower youth and women to help them make informed choices

DECLARATION
We present at this consultation pledge to work in collaboration with our churches, ecumenical partners and related organizations to see to the effective implementation of the above recommendations. May God assist us to work for His people to His Glory. AMEN.
We the people of Southern Africa find ourselves in the middle of a great crisis in our nations caused by HIV/AIDS. Many people despair when they are stricken with HIV/AIDS because they feel rejected and sometimes are rejected by their families and communities. Some even commit suicide.

In this desperate situation we, the Catholic Bishops of Southern Africa, bring a message of hope to all who are living with this killer disease: Do not despair -- you are not abandoned by Christ nor by us.

When you find yourself in a hopeless situation on account of AIDS, Jesus, your brother, remains right next to you and never abandons you. We encourage your families and communities to accept you with love and to stand by you. We urge them not to abandon you but to continue Christ’s mission of mercy, compassion and love. The Church loves you, welcomes you and reaches out to you in many ways.

We have a message for our nations, the youth and married couples.

1. MESSAGE FOR OUR NATIONS
Many people and especially governments promote condoms for preventing AIDS. This is a matter of deep concern for us in the Church.

The bishops regard the widespread and indiscriminate promotion of condoms as an immoral and misguided weapon in our battle against HIV/AIDS for the following reasons.

- The use of condoms goes against human dignity.
- Condoms change the beautiful act of love into a selfish search for pleasure -- while rejecting responsibility.
- Condoms do not guarantee protection against HIV/AIDS.
- Condoms may even be one of the main reasons for the spread of HIV/AIDS.

Apart from the possibility of condoms being faulty or wrongly used they contribute to the breaking down of self-control and mutual respect.

The promotion and distribution of condoms as a means of having so-called "safe sex" contributes to the breaking down of the moral fiber of our nations because it gives a wrong message to people. What it really says is this:

- "It is alright to sleep around as you like even if you are still young -- as long as you do not contract HIV/AIDS."
• "There is no need for training yourself in self-control."
• "There is no need to prepare yourself to be faithful to a future spouse."
• "It is all right to use another person for selfish pleasure."

What undermines the morals of our countries?
• It is lack of self-control and lack of respect for others.
• It is unfaithfulness and irresponsible sexual behavior.
• It is loose living, which destroys human dignity -- UBUNTU – and self-respect.

This is our conviction as Catholic Bishops of Southern Africa. We proclaim our message loud and clear, a message which will strengthen again the moral fiber of our countries:

"Abstain and be faithful" is the human and Christian way of overcoming HIV/AIDS.

Abstain from sex before marriage and be faithful to your spouse in marriage -- this is the answer, which Christ gives us. With his help we will overcome AIDS and build up a new, happy and healthy South Africa, Botswana and Swaziland.

2. MESSAGE TO THE YOUTH
Dear young people, we are well aware that you are searching for real love, happiness and meaning in your lives. God says, "I am offering you life or death, blessing or curse. Choose life, then, so that you and your descendants may live" (Deuteronomy 30:19). Make sure you choose life by accepting God’s way.

Do not allow yourselves to be misguided by people who show you the wrong way by offering you condoms. Abstain from sex before marriage and be faithful to your spouse in your future marriage -- this is the way Christ shows us.

We often hear people saying, "Condoms save lives and therefore they should be promoted." Our answer is, "If we follow Christ’s way, we shall save far more lives and encourage people to grow in self-control and responsibility for others."

Dear young people, you should not say: "It is impossible to abstain." You must prove to yourselves that abstinence is possible and that lust is not love. There are many groups of young people who help one another in their struggle to live chaste lives. There are groups such as "Youth Alive" which promote "Education for Life" through workshops and programs inspired by the mottoes "True Love Waits" and "Choose Life."

Yes, it is difficult to abstain, but it is not impossible with God’s help, which we obtain through prayer. Do not listen to people who say, "You will go mad if you do not have sex!" In fact, you will be very healthy in mind and body.

To young people who are living with AIDS:

We encourage you to speak up openly and help your companions to avoid the disease. In this way you will truly become promoters of life. You are continuing the mission of
Christ who said, "I came so that they may have life and have it more abundantly" (John 10:10).

We call on young men:

Respect girls and young women and relate to them without making sexual demands of them.

St. Paul says, "God wills you all to be holy. He wants you to keep away from sexual immorality" (1 Thessalonians 4:3)

3. MESSAGE TO MARRIED COUPLES
We make a strong appeal to all married couples,

Husbands and wives, remain faithful to each other as you promised on your wedding day. In this way you proclaim God’s faithful love for us.

In your difficulties, our God who is faithful will never abandon you. Keep in contact with God through prayer and listening to his word. We encourage you to support one another in your struggle of life.

There are couples where one of the parties is living with HIV/AIDS. In these cases there is the real danger that the healthy partner may contract this killer disease. The Church accepts that everyone has the right to defend one’s life against mortal danger. This would include using the appropriate means and course of action.

Similarly where one spouse is infected with HIV/AIDS they must listen to their consciences. They are the only ones who can choose the appropriate means, in order to defend themselves against the infection. Decisions of such an intimate nature should be made by both husband and wife as equal and loving partners.

CALL TO CONVERSION
We proclaim Christ’s message to you, the people of today, "The Kingdom of God is near. Turn away from your sin and believe in the Good News" (Mark 1:15).

So often we blame God or other people for what happens to us. Instead we have to take responsibility for our actions before God. This involves listening to God’s word and to the teaching of the Church so that we can have informed and mature consciences.

The message of the Gospel is very different from that which we receive from television, videos, Internet, newspapers and magazines, which so often promote uncontrolled sex and infidelity.

Dear People of God. We have to solve our problems in this "Kingdom Way." Therefore let us heed the call of Christ to return to the way of self-control and fidelity. St. Paul
encourages us to shine among corrupt people like stars lighting up the sky as we offer them the message of life (see Philippians 2:15-16).

**CALL TO ACTION**

We call on all people of our nations to break the silence around HIV/AIDS by calling AIDS -- AIDS and by accepting people who are living with this disease.

We express our deep appreciation to all who are working generously (and very often with little remuneration) for people living with AIDS and for AIDS orphans.

We also pay tribute to the priests, religious sisters and brothers, and to men and women of the community who so often work quietly and generously to bring Christ’s healing ministry to the most neglected and forgotten.

As bishops we are proud of the enormous outreach in every diocese in AIDS prevention, caring for those living with AIDS and those affected by AIDS, especially children and orphans.

We call on small Christian communities, prayer-groups, sodalities, priests, religious and pastoral workers, to join hands with all people who are engaged in the struggle against AIDS.

We wish also to encourage others to volunteer their time to visit and care for those who are afflicted by this disease.

AIDS must never be considered as a punishment from God. He wants us to be healthy and not to die from AIDS. It is for us a sign of the times challenging all people to inner transformation and to the following of Christ in his ministry of healing, mercy and love.

**CALL TO PRAYER**

We invite all people to unite in prayer to Almighty God in this time of crisis in our nations. In the past in South Africa we approached God to help us in our struggle for freedom and human dignity and we experienced the great miracle of transition. Now we pray for another "miracle" to bring us that inner freedom which will enable our nations to choose the right way to uphold human dignity in our new struggle -- the battle against HIV/AIDS. Jesus is with us still today on our way of the cross of HIV/AIDS.

Jesus invites us in his hour of agony to join him in deep prayer to the Father as the way to resurrection and life.

May the Lord guide us all, give us strength and touch us with his healing hand.

We greet you with affectionate love and bless you, in the name of the + Father, the + Son and the + Holy Spirit.
The Catholic bishops who are assembled at the Plenary Session of the Southern African Bishops Conference at St. Peter’s Seminary, Pretoria, July 30, 2001.
Anglican Communion across Africa

*All Africa Anglican AIDS Planning Framework*

*"Our Vision, Our Hope" The First Step*

*Johannesburg, South Africa*

22 August 2001

1. **Vision**

We, the Anglican Communion across Africa, pledge ourselves to the promise that future generations will be born and live in a world free from AIDS.

2. **God's call to transformation**

We are living with AIDS. As the body of Christ, confronted by a disaster unprecedented in human history, we share the pain of all who suffer as a result of AIDS. Faced by this crisis, we hear God's call to be transformed. We confess our sins of judgement, ignorance, silence, indifference and denial.

Repenting of our sin, we commit ourselves to:
- Breaking the silence in order to end all new infections
- Educating ourselves at every level within the Church
- Confronting poverty, conflict and gender inequalities
- Ending stigma and judgement, and
- Holding ourselves accountable before God and the world.

Only then can we live out the Good News of the all-embracing love of Christ.

3. **Our mission**

Our mission is to respect the dignity of all people by:
- Securing the human rights of those infected by HIV/AIDS, and giving unconditional support
- Improving the health and prolonging the lives of infected people
- Accompanying the dying, those who mourn and those who live on
- Celebrating life
- Nurturing community, and
- Advocating for justice.

We acknowledge that we cannot do this alone. We are sustained by the love of God and emboldened by the Holy Spirit. We are inspired by the compassionate efforts of the faithful in attending to those affected by HIV/AIDS. We accept the responsibility of our leadership. We invite the wider community into creative, life-giving partnership.

4. **Our commission in the context of AIDS**

We believe we are created, in the image of God, as physical and spiritual beings. We are created to be in relationship to God, the community and ourselves. We believe that we are given the freedom to make choices, to love, to celebrate, to live in dignity and to
delight in God's creation. We believe that suffering and death are neither punishment from God nor the end of life and that we are called to an eternal union with God.

Stigma is a denial that we are created in the image of God. It destroys self-esteem, decimates families, disrupts communities and annihilates hope for future generations. We commit in all our efforts - personal and corporate, programmatic and liturgical - to confront it as sin and work for its end.

Given who we are, and who we are called to be by God, we have defined and embraced a six-fold commission of ministry in response to AIDS.

These six calls in our commission are:

4.1 Prevention
The Church's commitment to prevention recognises that all life is sacred. Because we love our children, we speak and act to protect them from infection. Sex is a gift from God. We are accountable to God and one another for our sexual behaviour. Christian communities have a special responsibility and capacity for encouraging and supporting loving, just, honest relationships.

4.2 Pastoral Care
Pastoral care supports spiritual growth with the aim of sustaining whole and holy relationships with God, each other and community. This is achieved by affirming the dignity and worth of each human being and making clear the claim of God in our lives.

4.3 Counselling
Christian counselling equips people to live into God's invitation to wholeness, freed of the burdens of the past, and capable of moving in freedom toward the perfection promised in Christ's example with confidence and determination.

4.4 Care
In caring for all who suffer, we fulfill God's purpose by restoring dignity and purpose to people's lives. Christian care, therefore, seeks the fullness of life, in the context of the community, by the restoration of body, mind and spirit.

4.5 Death and dying
Death is a rite of passage in our spiritual journey and into eternal life. The call of all Christians is to uphold the dying by our love, as well as those who live on and those who mourn.

While death brings suffering and loss, our faith can make it a time of enhanced relationship and growth for individuals and communities. We are a resurrection people and our relationship with God does not end with the death of physical bodies.

4.6 Leadership
All authority is accountable before God. All people of the church are stewards of God's creation. We have a unique responsibility to speak truth to power, to act without fear, and to embody Christian values of love, compassion and justice.

5. Our Response

5.1 Prevention
Out of love for our children, one another and our communities, we commit to speak openly and with moral authority about responsible sexual behaviour, and to support one another, embracing and adopting behaviours that avoid the transmission of HIV.

5.2 Pastoral Care
As the embodiment of the merciful Christ in a suffering world, we commit to equip our clergy and laity to support all people, especially those living with HIV, in life-sustaining relationships with their God and their community.

5.3 Counselling
We commit to promote voluntary counselling and testing for HIV by our own examples and as a ministry of the Church. We call for the establishment of support groups and other counselling services for those who are orphaned, ill, afraid, dying or bereaved.

5.4 HIV Care
We commit to being central to networks of community support, to meet the health care and basic needs of those who are orphaned, ill or excluded due to HIV, freeing them to productive life as long as their health permits.

5.5 Death and Dying
As death transforms the body, AIDS calls us to transform those traditions and practices, by which we care for the dying and honor our dead, that consume scarce resources and contribute to denial.

We commit to:

- Training the Church to provide holistic care for the dying and prepare families for living on
- Offering rituals that honor the dead and promote the well-being of those who survive
- Training the clergy to counsel and protect the rights of those who survive, especially women and children.

5.6 Leadership
Silence permits inaction and is the breeding ground of stigma. We call for bold, compassionate community and institutional leadership at every level, to prevent infection and care for the ill and dying. We invite similar leadership by government, and all sections of society and international partners.

Because leadership must address power, culture and morality, we call on our government leaders to be accountable for health expenditures and to declare an 'HIV state of
emergency', in order to combat AIDS and mobilise resources. We further declare that all people have the right to health, which includes access to basic health care.

HIV calls for bold and creative approaches by our leaders, which recognizes the reality of power and gender patterns at community levels, and mobilize resources and facilitate development of new models of leadership, particularly among laity and women.

5.7 Education and training
Nothing in our educational systems equips us to deal with this catastrophe. In achieving the strategies outlined in this document, it is essential to assess needs and establish education and training capacity, in order to assure that sufficient numbers of clergy and laity:

- Have current and accurate basic information on the science of HIV, standards of home-based care, and the rudiments of treatment.
- Have both the technical information and the interpersonal communication skills to effectively teach and counsel regarding human sexuality.
- Are knowledgeable of local laws and practices regarding inheritance and equipped to impart that information.
- Receive practical training in community organisation and development, so that they may assist in establishing care and support which is needed.
- Are trained and available to meet exploding demands for pastoral care necessitated by HIV/AIDS.

5.8 Theological reflection
As the Church, it is uniquely our task to gather for study, for prayer and for worship. Therefore we must engage in constant theological reflection, seeking discernment on the issues of sin, guilt, grace, judgement and forgiveness. To this we commit ourselves, our families and our friends.

Amen!
The Ecumenical Response to HIV/AIDS in Africa (EHAIA)

Global Consultation on Ecumenical Responses to the Challenges of HIV/AIDS in Africa
Plan of Action

Nairobi, Kenya
25-28 November 2001

“...the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society – national, community, family and individual.\ldots"

Declaration of Commitment, United Nations General Assembly Special, Session on HIV/AIDS, 25-27 June 2001

“It is now common knowledge that in HIV/AIDS, it is not the condition itself that hurts most (because many other diseases and conditions lead to serious suffering and death), but the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that HIV positive people have to deal with.”

Rev. Canon Gideon Byamugisha, Namirembe Diocese, Anglican Church of Uganda

“He was despised and rejected by others; a man of sorrows and acquainted with infirmity; and as one from whom others hide their faces he was despised, and we held him to no account. Surely he has borne our infirmities and carried our diseases; yet we accounted him stricken, struck down by God, and afflicted. But he was wounded for our transgressions, crushed for our iniquities; upon him was the punishment that made us whole, and by his bruises we are healed. All we like sheep have gone astray; we all have turned to our own way, and the Lord has laid on him the iniquity of us all. He was oppressed and he was afflicted, yet he did not open his mouth. By a perversion of justice he was taken away. Who could have imagined his future? For he was cut off from the land of the living, stricken for the transgression of my people. They made his grave with the wicked and his tomb with the rich, although he had done no violence and there was no deceit in his mouth.”

Isaiah 53, 3-9 (NRSV)

Preamble
This Plan of Action is the outcome of a dialogue between three groups of partners: churches, ecumenical and church-related organizations in Africa; churches, ecumenical
and church-related organizations in Europe and North America; and the World Council of Churches. The Plan is part of the response, by these groups of partners, to the urgent challenge presented by the epidemic of HIV/AIDS: a challenge to which all religious organizations have been struggling to respond, which is depopulating Africa faster than any calamity since the slave trade.

Churches engaged early with HIV/AIDS, and many have excellent care, education and counseling programs. In spite of this, in most parts of Africa, the situation continues to deteriorate. Accordingly, this Plan seeks not to replace existing actions by churches, but to add an extra, ecumenical dimension. The church is an influential and powerful institution, with the potential to bring about change. The intention is that its activities become more effective, efficient and sustainable as a result of greater coordination, better networking, strengthened communication, and also improved mechanisms for working together, building on each other's experience and success, and avoiding unnecessary duplication of effort.

But the challenge to the churches is felt at a deeper level than this. As the pandemic has unfolded, it has exposed fault lines that reach to the heart of our theology, our ethics, our liturgy and our practice of ministry. Today, churches are being obliged to acknowledge that we have – however unwittingly – contributed both actively and passively to the spread of the virus. Our difficulty in addressing issues of sex and sexuality has often made it painful for us to engage, in any honest and realistic way, with issues of sex education and HIV prevention. Our tendency to exclude others, our interpretation of the scriptures and our theology of sin have all combined to promote the stigmatization, exclusion and suffering of people with HIV or AIDS. This has undermined the effectiveness of care, education and prevention efforts and inflicted additional suffering on those already affected by the HIV. Given the extreme urgency of the situation, and the conviction that the churches do have a distinctive role to play in the response to the epidemic, what is needed is a rethinking of our mission, and the transformation of our structures and ways of working.

This Plan does not call for uniformity. Africa is the home of many realities, and what works in one place may not work in another. What it does attempt to achieve is a new and realistic initiative which will make it possible for church leaders and their congregations to speak honestly about HIV and AIDS, and to act practically in response to it.

“When my cousin was dying of AIDS, he found it easy to tell his family and friends about the disease. In his final days we gathered the family together to say goodbye, and discussed with Mathunya the plans for his funeral. We asked him what he wanted to happen at the service, and he said, ‘I want you to tell them the truth that I died of AIDS.’ So we planned a service that could celebrate his life and educate those who came to the funeral, especially the young people. At his funeral, my grandmother walked to the front of the church and laid her hand on her grandson’s coffin, and said, ‘My grandson no longer has to suffer with AIDS.’ Then, with her hand still on his coffin, she turned to the pulpit and said to the preacher who was about to preach to the people gathered in the church,
Now…talk to them freely about this disease. To us it is not a shame.”

We have heard the urgent plea, “Now…talk to them freely about this disease.” In committing ourselves to this Plan, this is what the churches are saying.

The churches are living with HIV/AIDS. God’s children are dying of AIDS. As people of faith we have done much, and yet there is much we have avoided. We confess our silence. We confess that sometimes our words and deeds have been harmful and have denied the dignity of each person. We preach the good news “that all may have life”, and yet we fear that we have contributed to death.

It is time to speak the truth. It is time to act only out of love. It is time to overcome fatigue and denial. And it is time to live in hope.

The churches have strengths, they have credibility, and they are grounded in communities. This offers them the opportunity to make a real difference in combating HIV/AIDS. To respond to this challenge, the churches must be transformed in the face of the HIV/AIDS crisis, in order that they may become a force for transformation -- bringing healing, hope, and accompaniment to all affected by HIV/AIDS.

We have learned some practical lessons. We cannot speak of “them” and “us” when it comes to HIV/AIDS. The pain and fear of this disease have touched us all, but people living with HIV/AIDS are our greatest resource. We must no longer speak of “victims” in terms that diminish the courage, dignity and gifts of people living with HIV/AIDS. And we must be ready to work with all people of goodwill.

As churches, we must now take up their responsibility to overcome stigma and discrimination within our own structures, while being a voice of moral strength demanding that our communities, nations and wider society respect the rights and dignity of people living with HIV/AIDS and condemn acts that stigmatize. The truth is that we are all made in the image of God. This means that discrimination is a sin, and stigmatizing any person is contrary to the will of God.

All cultures have both positive and negative aspects. In the ecumenical response to HIV/AIDS, we must build upon those aspects of culture that promote healing and wholeness, and not shirk from challenging others which violate the dignity of any person or promote or allow death. We have work to do and lessons to learn from our reflections on culture and the ways in which it intersects with Christian ethics.

The gravity of the HIV/AIDS epidemic has helped to expose the systemic issues that foster social injustice and inequality, and multiply the loss of life to AIDS:

- Violence and conflict
- Poverty
- Unjust trading practices
- Debt
- Gender inequality.

---

2 Rev. Prof. Maake Masango, at the WCC Global Consultation on HIV/AIDS, Nairobi, November 2001
On its own, tackling these issues will not solve the crisis: and yet the daily death toll will not be reversed unless these issues are also confronted and addressed.

We have heard the urgent plea, “Now…talk to them freely about this disease. To us it is not a shame.” In committing ourselves to this Plan, this is what the churches and ecumenical organizations are preparing to do.

Vision
With this Plan of Action, the ecumenical family envisions a transformed and life-giving church, embodying and thus proclaiming the abundant life to which we are called, and capable of meeting the many challenges presented by the epidemic. For the churches, the most powerful contribution we can make to combating HIV transmission is the eradication of stigma and discrimination: a key that will, we believe, open the door for all those who dream of a viable and achievable way of living with HIV/AIDS and preventing the spread of the virus.

Commitments
Theology and ethics
1. We will condemn discrimination and stigmatization of people living with HIV/AIDS as a sin and as contrary to the will of God.
2. We will urge our member churches to recognize and act on the urgent need to transform ourselves if we are to play a transforming role in the response to HIV/AIDS.
3. We will launch a global effort to stimulate theological and ethical reflection, dialogue, and exchange on issues related to HIV/AIDS. Issues will include:
   • Sin and sinner, stigma and stigmatized
   • Sexuality
   • Gender
   • Love, dignity and compassion
   • Confession and repentance.

This reflection will continue to challenge us to suggest guidelines for transformation of our churches, and support our search for an ecclesiology that will help us to address the issues raised by the response to HIV/AIDS.

People living with HIV/AIDS
We will ensure that people living with HIV/AIDS are supported so that they may be actively involved in all activities of the churches, as an essential resource: especially in areas of work which relate to education, training, prevention, advocacy, theological reflection and program development.

Education
1. We will seek out current and accurate information on HIV/AIDS, and develop systems for ensuring that it is widely available throughout the churches.
2. We will teach that stigma and discrimination are sinful, and that people living with HIV/AIDS and affected by the disease are invited and welcomed in our churches and communities. Here they are valued and affirmed members of our family, and resources in our common journey.

3. We will fulfill our teaching role on sex and sexuality, breaking the silence created by discomfort and tradition. Our teaching needs to give special emphasis to gender issues, including: the empowerment of women and girls; the necessity for men to change their behavior and take responsibility for containing the spread of HIV; respect for the dignity of each individual; and sex education that helps people to understand the health benefits of counseling and testing, and of abstinence, faithfulness, and protected sex.

4. We will promote the revision or creation of new curricula for theological institutes or seminaries so that they support the aims of this Plan.

5. We will develop educational programs on the various ways in which HIV is transmitted. These will engage: members of congregations, church-related organizations, people living with HIV/AIDS, health workers, NGOs and other stakeholders. These programs will be developed in a participatory manner, and will be based on accurate information about the facts of HIV/AIDS, while recognizing the link to culture and local realities. They will go beyond formal education to informal educational activities for youth, women and men and other creative approaches including utilizing liturgy as means of educating.

6. We will promote and develop the capacity of the churches to carry out specialized research on those aspects of the pandemic where they can make a unique contribution.

Training

1. We will develop curricula and training materials designed to share knowledge and skills on human sexuality and HIV/AIDS at all levels within the churches. We will ensure that existing resource materials for training and education are accessible, shared, utilized, and adapted as needed.

2. We will mainstream the issue of HIV/AIDS in the training of bishops, clergy, elders, lay leaders, church staff, youth, chaplains, and others in the areas of:
   - breaking the silence on issues of sex and sexuality;
   - overcoming stigma;
   - creating and enhancing awareness (theology, HIV/AIDS education, sexuality, anatomy);
   - counseling on HIV/AIDS;
   - care giving;
   - talking about and guiding others in discussing HIV/AIDS;
   - liturgy, worship and preaching;
   - entering into dialogue about HIV/AIDS and culture; HIV/AIDS and gender; HIV/AIDS and children; HIV/AIDS and poverty and networking.

   This training will provide very practical tools.

3. We will re-examine the ways in which we utilize institutions of education and training, so that they are more relevant in this era of the HIV/AIDS epidemic.
4. We will encourage and equip a new generation of church leaders to engage the churches on issues related to HIV/AIDS, with a special emphasis on youth and women.

Prevention
1. We will promote effective means of prevention, practices that save lives, and behavior that minimizes the risk of infection. In doing so, we will support the churches' historic commitment to faithfulness and abstinence, while recognizing that life may present us with contexts in which these ideals are unachievable.
2. We will always lift up, as the priority, those who are most vulnerable to the risk of infection, people living with HIV/AIDS, and those persons who are more broadly affected by HIV/AIDS.
3. We will encourage networking (among churches, faith-based organizations, international and non-governmental organizations, institutions of higher education, and governments) which aims to build relationships, and which maximizes the benefit and efficiency of prevention efforts.
4. We will promote voluntary testing and counseling. These play an important part in HIV education, offering constructive advice on life-protecting behavior, and clearing the way for resolutions regarding abstinence and faithfulness. They also help to overcome stigma. As churches, however, we will engage in dialogue and question the practice of mandatory testing (pre-marital and other forms) and its consequences for the person who is diagnosed as HIV positive.
5. We will encourage and support creative prevention programs. These might include, clubs in parishes, schools and hospitals, especially for girls, and the utilization of schools as information and counseling centers.

Care and counseling
1. We will recognize the heroic work done by caregivers and volunteers, and find ways of supporting them and honoring their ministry.
2. We will support existing care and counseling structures in the community, seeking to develop community-based methodologies. We will explore ways of building a movement of care that originates from communities.
3. We will provide training in counseling for clergy and laity to enable them to work with people living with HIV/AIDS.
4. We will become caring, safe and supportive communities for people living with HIV/AIDS.
5. We will encourage congregations to make buildings and property available for the support, training and care for people living with and affected by HIV/AIDS.

Support
1. We will support local congregations in caring for child-headed families and all vulnerable children, especially orphans. We will also help widows, widowers and caregivers who have responsibility for children, especially those elderly people who are caring for grandchildren, or left destitute by the death or sickness of adult children.
2. We will explore ways of expanding or strengthening outreach in those areas of life where particularly vulnerable people are to be found, such as prisons, the army, police forces, frontier towns and conflict areas.

3. We will encourage our churches to initiate or collaborate with income generation programs for people living with and affected by HIV/AIDS, especially families caring for orphaned children.

4. We will encourage and support networks of HIV positive clergy where they exist.

Treatment
1. We will advocate for access to health care, and to drugs to treat opportunistic infections, relieve pain and distress through palliative care, and prevent mother to child transmission.

2. We support the efforts of those who are campaigning for access to anti-retroviral drugs.

3. We will strengthen church-related hospitals and clinics that are providing treatment and pharmaceuticals to people living with HIV/AIDS.

4. We will explore and promote the contribution that traditional medicine and wisdom can offer as a therapeutic resource.

Advocacy
1. We will engage in the Ecumenical Advocacy Alliance's international campaign to respond to the challenges of HIV/AIDS and encourage churches and ecumenical organizations to participate actively within the framework of the Alliance. We will contribute to developing the suggested strategies of the campaign into practical actions on the ground that are relevant to the local context, and that can be enacted at all levels (community, local, national, regional, global).

2. We will encourage a strong declaration on issues related to HIV/AIDS by the World Council of Churches, and by regional and national councils and their member churches, with the intention of stirring up public opinion to respond with appropriate outrage and action to the epidemic and its consequences, and also to the stigmatization of people living with HIV/AIDS.

3. We will develop policies at all levels of church governance that respect the rights, promote the dignity, and ensure care and support for people living with and affected by HIV/AIDS.

4. We will be present at, actively participate in, and coordinate ecumenically with key regional and international events and conferences and government meetings on HIV/AIDS.

5. We declare HIV/AIDS a human rights crisis. We will promote understanding and advocacy for the rights of all who are affected by the HIV/AIDS pandemic.

6. We will promote the implementation of the “Declaration of Commitment”, of the United Nations General Assembly Special Session on HIV/AIDS (25-27 June 2001), monitor its implementation and hold our governments accountable for their commitments.

Gender

---

3 See Ecumenical Advocacy Alliance Plan of Action , November 2001 [www.e-alliance.ch](http://www.e-alliance.ch)
1. We will challenge the traditional gender roles and power relations within our churches and church institutions which have contributed to the disempowerment of women, and consequently to the spread of HIV/AIDS.

2. We will combat sexual violence, abuse and rape in homes, communities, schools and conflict/war situations.

3. We will address gender roles and relations in families that contribute to the vulnerability of women and girls to HIV infection.

4. We will support organizations that help young women to negotiate safer sexual relationships.

**Culture**

1. We will commit ourselves as church to reflect on positive and negative aspects of culture, identifying harmful practices and working to overcome them. In particular, we will recognize the ways in which culturally supported behavior can make women, girls and also boys more vulnerable to HIV.

2. We will propose alternative rites and rituals in place of harmful practices.

3. We will challenge our churches, ourselves, and the structures to which we relate, to examine and address culture, traditions, and practices that enable the spread of HIV.

**Liturgy**

1. We will reframe the language we use to ensure that it is non-stigmatizing and gender-inclusive.

2. We will develop, utilize and share appropriate liturgical materials that include funerals and memorial services.

3. We will develop and utilize in our liturgical life services which underscore:

   4. Giving thanks;
   5. Repentance;
   6. Solidarity with all people living with and affected by HIV/AIDS, condemning discrimination and stigmatization as a contrary to the will of God
   7. The church as a community of care and support for people living with and affected by HIV/AIDS.

**Resources**

1. We will use more effectively the many resources\(^4\) of the African churches.

2. We will mobilize a major commitment of resources, both from Africa and from the North.

3. We will develop mechanisms to co-ordinate resources.

**Mechanisms**

This Plan of Action represents the commitment of churches, ecumenical and church related organizations in Africa; churches, ecumenical and church related organizations in Europe and North America; and the World Council of Churches to common urgent and effective response to HIV/AIDS in Africa.

\(^4\) See detailed summary in Consultation Report, Nairobi
This response, as defined in the Plan, will require a new level of cooperation and creativity, as well as the strengthening of capacity and the developing of mechanisms at all levels.

These mechanisms will be set up in line with the following criteria:

1. To create a central facilitating point in the WCC;
2. to put into place regional resource support and facilitation for churches, ecumenical organizations and church-related organizations;
3. to ensure national capacity for resource support and facilitation for churches, ecumenical organizations and church-related organizations;
4. to use existing structures of churches, ecumenical organizations, and church-related organizations (international, regional and national) wherever possible;
5. to provide technical resource support at key points;
6. to ensure creative communication and networking, making best use of electronic communication;
7. to establish an international reference group to accompany the implementation of the plan;
8. to ensure fundraising channels and mechanisms that maximize ease of access to funding and which take into consideration local limitations and realities.
9. These mechanisms are intended to operate in such a way that they support churches, ecumenical and church related organizations, and strengthen their response to HIV/AIDS.

It is the responsibility of each church, ecumenical and church related organization to own this plan and ensure that it is implemented.

Next Steps

1. All participants will take initiatives to implement the plan.
2. The Director of Issues and Themes of the WCC, Dr Sam Kobia, and the Programme Executive for Health and Healing, Dr Manoj Kurian will, in collaboration with the International Planning Group and the steering group of this consultation, prepare a comprehensive programme proposal for decision by the WCC Executive Committee at its meeting February 2002.
3. The WCC will distribute the Plan of Action to all relevant member churches, ecumenical and church related organizations together with the decision of the Executive Committee.
4. The WCC will ensure that the necessary mechanisms are agreed and put into place.
Christian Conference of Asia

Statement
Consultation on HIV/AIDS: A challenge for religious response

Chiang Mai, Thailand
25-30 November 2001

We, the participants of the CCA Consultation on HIV/AIDS: A Challenge for Religious Response” held in Chiang Mai Thailand from November 25-30 2001, having heard, discussed and deliberated on reports about the care and treatment of people living with HIV/AIDS from 14 countries in the Asia Pacific region.

Celebrate with joy:

• The solidarity, strength and support extended by the world community, especially the community based organizations, religious institutions, non government organizations and faith based organizations in addressing the HIV/AIDS crisis that threatens to be the most devastating disease of the twenty first century
• The encouraging signs of new drugs in the medical field that mitigate suffering and extend the life span of people living with HIV/AIDS
• The great strides made in the field of health care, hospitals, children’s homes and awareness education by the increasing number of organizations both secular and religious, committed to this cause
• The indomitable spirit, courage, wisdom, foresight and timely action taken by some countries like Thailand to combat HIV/AIDS

Yet in spite of all these encouraging signs, we are appalled at the statistics that remain staggering.

An affirmation of faith
God created all and cares for everyone. The God we strive to follow is one who hears the cries of suffering people and inspires us to work for a better world.

Jesus the great and beloved physician, the good shepherd, the rock and the refuge, calls us to be good and compassionate neighbors, loyal and faithful friends like those who lowered their sick friend from the roof of the house.

Churches and faith-based organizations are challenged to follow in the footsteps of the Lord
• who stood with people who were marginalised, discriminated against and stigmatized,
• who healed not only physical ailments but understood and healed the deep scars and wounds inflicted by society
• who wept and empathized with human suffering

The Asian situation
According to UNAIDS estimates more than 15 million people are living with HIV/AIDS in Asia. HIV/AIDS cuts across geographical boundaries, class, gender, sexual orientation, ethnicities and age groups. Though it has devastating influences in both rich and poor nations, it has spread more rapidly in poor and developing countries, further aggravating the economic conditions and its social consequences. The more affluent Asian countries have had the capacity to limit the progress of HIV/AIDS infection due to effective health promotion programs, the availability and affordability of anti retroviral treatments and better comprehensive health care and support.

The epidemiological pattern of HIV varies in countries and within countries. Governments are afraid to recognize, accept and admit the existence of AIDS as they believe it would be detrimental to tourism and foreign investments. But countries like Thailand that have dared to openly admit the existence of AIDS have succeeded in reducing the numbers affected as anticipated in the projections made by UNAIDS.

Emerging issues and challenges
We view with concern the following emerging issues and challenges arising out of this ongoing crisis:

- Despite the encouraging developments PLWHA still face significant discrimination and stigmatization and are denied the opportunity to fully participate in their communities. This stigma also extends to and affects other members of the families of PLWHA and can be especially traumatic for children.
- Many social, cultural practices and beliefs contribute to the escalation of HIV and are barriers to conveying effective HIV prevention messages. These practices also inhibit open and honest discussion of human sexuality, both in the church and in society.
- Women and children are placed at great risk of HIV because they have the least power to negotiate safe sex. Due to cultural and biological factors women and children are more vulnerable to sexual exploitation and HIV infection. In some countries, widows of HIV positive husbands are denied the right to inheritance leading to economic exploitation.
- HIV positive children born to HIV positive parents may die within ten years. Children who are HIV negative continue to bear the stigma and are forced into situations or practices where they are exposed to HIV such as through intravenous drug use or sex work, because of rejection by peers and society, lack of love and hope, thus continuing the vicious cycle.
- The impact on families where parents have died or can no longer care for children and elderly people is enormous. Elderly people in turn have to care for their grandchildren when they themselves may be frail and in need of care. The loss of people who are in the productive age group of 19-44 has a huge social and economic impact.
- Market dynamics due to the World Trade Organization’s policies and other financial instruments like patent rights and intellectual property rights have inflated the cost of treatment and drugs, putting these new drugs out of the reach of the majority of PLWHA who come from developing countries.
Developing countries that are faced with the burden of poverty and massive debt repayments find it difficult to allocate sufficient funds to the prevention and treatment of HIV/AIDS.

**A call to action**

HIV/AIDS is an ongoing crisis that requires a sustained and sustainable response at multisectoral and multifaith levels.

Therefore the church is called to be a healing community and to be a model of compassion and love for all.

The church at all levels, international, regional, national and local, has an important role to play in:

- challenging the negative, judgmental attitudes that still exist towards people with HIV/AIDS
- decreasing fear and misconceptions about HIV/AIDS
- providing accurate information about HIV/AIDS, including prevention information, and information about HIV services that may assist PLWHA
- encouraging equal participation of PLWHA in planning and delivering HIV/AIDS programs and services
- providing practical and pastoral support for people living with HIV/AIDS and their families, especially to women and children
- advocating for appropriate legislation and policies, that address the needs and rights of PLWHA, which include access to treatment and medicine and respect for the human rights of PLWHA
- engaging in prayerful dialogue and networking with other churches, faith communities and secular organizations in order to encourage each other in the ongoing struggle to meet the challenge of HIV/AIDS

We call on the Governments of Asia:

- To affirm the human rights and dignity of all people, including those living with HIV/AIDS, especially women and children
- To legislate against discrimination and stigmatization by ensuring the basic rights of people with HIV/AIDS and their families to adequate health care, education and employment
- To allocate adequate resources and provide programs that serve to decrease the incidence and impact of HIV/AIDS in the region

We call on International Organizations/Institutions such as the UN and its agencies, the World Bank, IMF and Asian Development Bank to:

- Waive debt repayments of developing countries so that funds can be diverted to HIV/AIDS programs
- Ensure that financial agreements made by the signatories to the World Trade Organization, like TRIPS that is due to take effect in 2005, should not prevent Governments from producing life saving drugs for people with HIV/AIDS at affordable prices
• Ensure that public health aspects are not taken over by economic interests of the multinational pharmaceutical companies
• Increase allocation of funds for development assistance for developing countries, in recognition of the broader issues of poverty linked to HIV/AIDS

Conclusion
This then is the time
• to heal,
• to care, not only by providing services, but also by standing alongside with love
• to build a community of belonging and acceptance
• to transform prejudice into compassion, healing and understanding
• to overcome injustice and discrimination
• to live with hope and die with dignity
Objectives: Within an ecumenical context, to engage the LWF member churches in open discussion about HIV/AIDS, and in so doing to promote their active and courageous response. To provide support and resources, including financial resources, to ensure effective response.

I Introduction
The purpose of this action plan is to motivate, strengthen and support member churches of the LWF to respond to the urgent pandemic of HIV/AIDS.

Churches of the Lutheran communion are called to respond to this pandemic because the church itself has HIV/AIDS. This disease and its effects are not only outside the church but in our very midst, provoking a significant challenge to the whole communion. In most congregations there is a person or a family who is in some way affected by HIV/AIDS. In some LWF member churches, the effects are not yet visible. In others they are evident in daily funerals, orphaned children and the breakdown of social and economic systems.

The whole of the LWF communion shares in this shocking reality which is changing the nature of life as we have known it, and challenging what it means for us to be the church. When one part of the body of Christ suffers, all of the body suffers. Within the global Lutheran communion, the suffering and anguish caused by HIV/AIDS impact all dimensions of our life together. In particular, this challenges our theology and ecclesiology – requiring an honest and humble reassessment of how some of our churches are actively reaching out, whereas others have sinfully excluded those whom Christ claims as his own. Through God’s grace, we are empowered to repent, to turn around and face the reality of our neighbours who are affected by HIV/AIDS, and through the power of the Holy Spirit, to become transformed communities of inclusive hospitality.

According to Lutheran theology, the church is composed of those who are simultaneously both saint and sinner (simil iustus et peccator). Rather than primarily focused on certain acts (such as those related to sexuality), sin is a state of bondage that separates us from God and one another. This bondage is evident, for example, when people turn away from or shun those affected by HIV/AIDS. A Lutheran ethic seeks to be practical and realistic, recognizing that what we do in this world will never be free of sin; we continually must rely on God’s gracious forgiveness. We are called to use our common sense and judgment to discern how the lives of our neighbours who are vulnerable to and affected by HIV/AIDS can best be protected and enhanced.
Faith becomes active in justice-seeking love. The presence of HIV/AIDS in our body, our family and our community calls the church back to what it means to love and pursue justice. If we are the body of Christ in the world, we must do as Jesus did – live out God’s love toward our sisters and brothers, speak out and advocate for just practices, and create supportive and caring communities of acceptance, safety, refuge and healing.

As a church we often are uncomfortable sitting at the side of a person or family with HIV/AIDS because this means facing so many related issues that make us uneasy, and around which many defensive theological and moralistic understandings have been built. These barriers distance the church from those who are most in need of care and acceptance in times of deep fear and grief. The church is hindered from speaking out prophetically on behalf of those who are suffering or whose dignity is violated. Responding with compassion to persons living with and affected by HIV/AIDS means challenging and moving beyond boundaries that have kept us from loving one another and seeking justice for all who are made in the image of God.

As churches we need to become safe places where people can speak about these realities without fear. We must dare to proclaim the gospel with full voice and live out God’s gracious intention of abundant life for all. God’s grace frees people of faith to break out of accustomed boundaries and taboos, to challenge irresponsible sexual practices, and to move into new perceptions of themselves and of God’s healing activity in the world. We are freed and empowered to

- tell the truth to one another about what is happening in our lives and communities;
- speak together as adults, youth and children about sexuality and responsible sexual practices;
- teach new ways of relating to one another as women and men as equals, and especially
- new patterns of sexual responsibility by males;
- take initiatives to prevent the spread of HIV/AIDS and save lives.

The draped red ribbon has become the universal symbol of solidarity with those suffering from HIV/AIDS and a sign of hope that this pandemic will one day be overcome. To drape the AIDS ribbon around the cross reminds us of the deep compassion of Jesus for all who suffer from HIV/AIDS and the hope that new infections can be prevented. It is also a sign of solidarity with those who are affected by HIV/AIDS, their families and their communities, and of committed actions to stop this pandemic so that future generations will not be at risk.

**The church feels compassion**

A prophetic call to the church is coming from those suffering from HIV/AIDS, who by their very presence move the church to respond out of compassion. Each person who is living with or affected by HIV/AIDS is made in the image of God. He or she is Christ in our midst – made vulnerable by this disease, and deeply in need of the unconditional love, acceptance and support of the church. Those not infected are also vulnerable, especially young people, who need the strong support of the church to educate and actively to promote prevention.
The church is “converted”
Those who are HIV-positive or ill with AIDS have gifts to offer and wisdom to share with their community, especially the wisdom of what it means to live with HIV/AIDS. They have the knowledge, competence, interest and ability to give prophetic voice to their needs and hopes, their dreams and fears, and to motivate the church to respond. As such persons share their stories and their lives, and as the church dares to listen, the church can be moved to repent of how it has sinned against those who are affected by HIV/AIDS, due to fear, lack of information, stigmatization, or a failure to act. Such persons have been isolated or deliberately excluded from the community. This is most disturbing when this exclusion has been legitimized with theological or moral reasons by church leaders.

The church is called by Christ to repent, turning around to love those whom it has shunned. It must convey accurate information, be hospitable, and do what is needed to protect and ensure quality of life for those who are ill and protection for all who are vulnerable.

The church cares for all affected by HIV/AIDS
Churches can become caring, accepting and prophetic communities for people living with and affected by HIV/AIDS. With committed and outspoken leadership prepared to speak the truth about HIV/AIDS and its prevention, churches around the world, with millions of willing hands and caring hearts, can help prevent the spread of HIV/AIDS and care for all affected. There are resources available to support churches working in local communities in care, treatment, prevention and advocacy, which this Action Plan seeks to help churches access.

II. Elements of an LWF Action Plan on HIV/AIDS
1. Gaining knowledge and raising awareness
An urgent task is to promote dialogue and discussion that raises awareness about HIV/AIDS and the role and responsibility of churches. Key resource persons for these discussions are those who themselves are HIV-positive or living with AIDS. These discussions should include theological, cultural, pastoral, and spiritual aspects, as well as clear understandings of the nature of HIV/AIDS, its medical implications and what is needed for effective prevention and care. The focus should be on what the church is called to do as a healing and reconciling community, based on the inherent dignity of each person made in the image of God. Practices of church discipline that exclude persons on the basis of sexual practices need to be challenged. The purpose is to stimulate concrete and active involvement of churches in response to HIV/AIDS in order to save lives by preventing the spread of HIV and increasing the quality and possibility of life through treatment and care.

2. Training of leadership
Those with responsibility for carrying out the church’s commitment to HIV/AIDS work are those in positions of leadership. This includes bishops/presidents, pastors, teachers, medical personnel, leaders of youth and women’s groups, diaconal supervisors and others.
A key group are the ordained clergy, including bishops and pastors. The intent of this leadership training is to equip the people of God as a healing and reconciling community. Particular attention must be given to the roles and responsibilities of male leaders, and to ensure gender sensitivity in all aspects of training, and full participation of women and youth. Although the methodologies for training different kinds of leaders will vary, persons living with AIDS or who are HIV-positive should be an integral part of the planning and implementation of this training.

3. Connecting experiences
Within the different contexts and churches of the communion, there are many good experiences that need to be brought together so that churches can learn from and challenge one another. Individuals who are taking a leading role in addressing HIV/AIDS need to be better connected, in order to support and learn from one another. Persons should be brought together across different sectors (e.g. academic and practitioner; medical and theological; church leaders and persons living with HIV/AIDS). Particular attention needs to be given to connecting the experiences of the church leadership with those of people in the communities, and ensuring that experiences of women and youth are well integrated into all processes. Internet and e-mail communication possibilities should be used wherever possible. There needs to be cross-fertilization of experience at all levels.

4. Ensuring gender sensitivity
It is critical that gender issues be addressed in relation to HIV/AIDS. This disease challenges the church to think and act differently about the roles of women and men in society. It affects the two genders differently, and calls for different kinds of responses. The vulnerability of females is increased when they lack the power to protect themselves sexually. Thus, from the perspective women and girls, the strategy of “ABC” (abstain, be faithful, use condoms) is not by itself adequate. Male health issues need to be addressed together with the need for men to assume greater responsibility for preventing the spread of HIV/AIDS.

5. Telling the truth about sexuality and sexual practices
If churches are to be communities of care and support for people living with and affected by HIV/AIDS, and if they are to take a lead in the prevention of HIV/AIDS, they must become places of frank discussion and education about sexuality and sexual practices. From a Lutheran perspective, an important ethical criteria is whether such practices enhance or harm the life of the sexual partner and the wider community. On this basis, patterns of coercive, unprotected sexual intercourse must be challenged, as well as other harmful cultural practices. More equitable power sharing between women and men should be encouraged. Such discussions should become a normal part of Christian education programs and pastoral care, including in confirmation and marriage preparation.

6. Promoting and making visible church reflection processes
The report of the 1988 LWF consultation on AIDS is foundational for work in this area. Ten years later, Latin American churches built upon this report and produced the Buenos Aires Declaration. Various churches and agencies have policy statements and strategies
related to HIV/AIDS. Important ecumenical resources are the *Action Plan* of the Ecumenical Advocacy Alliance (EAA), and the WCC *Plan of Action: The Ecumenical Response to HIV/AIDS in Africa*. Drawing upon these and related documents enhances our sense of communion and connection with what has already been done.

7. **Articulating a “prophetic presence”**
   In this situation, as with other issues, God raises up individuals with a particular charisma to articulate the experience of those affected by HIV/AIDS and challenge the church to respond. Such persons are important in maintaining a focus and carrying out the programmatic commitments. The church needs to identify, encourage and support such persons in this crucial prophetic work.

8. **Providing educational resources**
   Resources need to be made more widely available to support awareness raising, training and exchange of experience, including worship, theological/ethical, and sex education materials. Many helpful resources already exist, including good examples of what churches are doing. New resources also need to be developed or collected, especially for use within the Lutheran communion. Materials need to be translated into local languages. Much of this work can and should be done ecumenically, particularly in cooperation with the EAA Website (www.e-alliance.ch).

9. **Ensuring financial resources**
   Some LWF member churches are already doing a lot locally, alone and with other partners. This must be encouraged and enhanced in more of the churches, especially those lacking the financial resources for such work. Assistance is needed in applying for funding of local projects. Attention should be given to strengthening the links between related agencies and local communities working with HIV/AIDS in various churches around the world, and to simplify and expedite funding proposals. These initiatives must be undertaken cooperatively with the WCC and the EAA.

10. **Connecting to civil society and government**
    LWF member churches work within communities and in relation to governments at many levels. Linkages and working relationships must be created and developed with organizations outside of the church who are working in this area, even as LWF continues to clarify the particular role that churches can play. Particular attention should be given to national HIV/AIDS coalitions and platforms, and working with national governments in the development of HIV/AIDS and health care policy and planning.

11. **Advocacy**
    The advocacy response of the LWF will take place within the framework of the EAA. LWF member churches will be encouraged to join the EAA and thus become local and national participants in implementing its HIV/AIDS campaign. The goals and objectives of the EAA help to focus and make more effective national, synod/diocesan, and congregational action related to HIV/AIDS. Through its membership in the EAA and in its strategic planning group, the LWF as a communion has the possibility of coordinating its work with and making a significant contribution to the work of the EAA.
II. “For the healing of the world”

Attention will be focused on the HIV/AIDS pandemic at the 2003 Assembly of the LWF, through the worship life, village groups, and other aspects of the Assembly, which meets under the theme, “For the healing of the world.” As member churches prepare for the Assembly, they should reflect on and share how they are responding to people and communities affected by HIV/AIDS. The Assembly is a crucial time for affirming and giving clear direction to LWF work in relation to HIV/AIDS.

III. How will we move forward on this Action Plan?

A pandemic of this extent, which has such pervasive implications for our churches and the life and future of our communities, challenges all churches to be actively involved, together with governments and other actors in society. Within the framework of the international ecumenical response to HIV/AIDS, active and effective involvement by LWF member churches is essential, for the communities that they serve and for the strengthening of the whole international ecumenical response. The member churches of the LWF have a shared responsibility to act in this crisis, and the LWF Secretariat – as the instrument of the member churches – has the responsibility to promote, support, and strengthen such action. The responses of the member churches can be challenged and strengthened by mutual exchange and encouragement, and by a common vision and set of objectives.

It is crucial that the LWF Secretariat have sufficient capacity and expertise to facilitate these tasks. This Action Plan has been developed and will continue to be followed by a staff working team, composed of persons who are committed to this work but who carry other fulltime responsibilities. Thus, there is an acute, urgent need for additional staff capacity, specifically, an AIDS resource person, who can ensure that mutual exchange is facilitated within the Secretariat and among the member churches, and who can work to enhance, accelerate and make their responses more effective under a common vision and set of objectives within the overall framework of the international ecumenical response.

To carry out the following specific actions, therefore, it is urgent that additional financial, personnel and other resources be secured, with budget over and above regular LWF fundraising.

In the following section, current involvement of LWF departments and staff is indicated. In addition, the anticipated percentage of the full-time-equivalent (FTE) of the AIDS resource person is indicated.

1. Formation of a group of resource persons from the regions

Within each region of the LWF, there are many persons with considerable experience and expertise in the area of HIV/AIDS work. These should be identified and an HIV/AIDS resource group formed for the purpose of:

- sharing their experiences with one another and more broadly with the LWF communion;
developing a training program for the LWF which grows out of the best practices within the communion; this should be designed to promote increased commitment and capacity of local churches to respond to HIV/AIDS.

• advising the LWF on the concept and implementation of the Action Plan.

This group, together with the Staff Working Team on International Affairs and Human Rights (IAHR) and HIV/AIDS, will constitute the planning group for the LWF HIV/AIDS Action Plan and will be in contact with the AIDS resource person, mainly through electronic communication. This group will include persons living with and affected by HIV/AIDS.

Links to elements: 2 3 5 6
Staff needs/resources: Department for Mission and Development (DMD) regional desks to assist with identifying persons Department for World Service (DWS) field programs to assist with identifying persons

2. Church leadership consultations
The LWF Council decision mandates a church leaders’ consultation for Africa. Since the problem of HIV/AIDS is critical in other parts of the world as well, it is urgent that such consultations be held in other regions. The focus of these consultations would be the theological, cultural, pastoral, and spiritual areas identified above under “Gaining knowledge and awareness raising.” The issue of church discipline, in the sense of the exclusion of individuals from church fellowship and communion based on moral judgments of their behavior or lifestyle, should also be addressed in this context. Gender sensitivity and participation of women and youth is key in both substance and process. Shared ecumenical resources will be used as available to support the consultations, as well as documents from prior LWF and ecumenical church reflection processes. The lead department will be DMD with the consultations linking to other planned meetings as much as possible (including the pre-assembly gatherings and DWS regional consultations). However, the urgency of the issue should override the need to link them to future planned meetings if funding can be found to have separate consultations within a shorter time frame.

Links to elements: 1 3 5
Staff needs: DMD to take a lead role on church leadership consultations with particular involvement of DTS DWS to take lead on DWS regional consultations, with DTS involvement.

3. Systemizing experiences
The experiences and best practices of the LWF member churches should be gathered and systematized around the question: “What is the response of churches to HIV/AIDS?”.

These should be made available to all churches with consideration given to creating a folder, a video, Web database, etc. This should include LWF documents related to church reflection processes.
4. Website
All feasible means should be employed to promote the swift and efficient sharing of resources, materials, policies, plans and actions among member churches. The World Wide Web is a powerful (but not the only necessary) vehicle for such sharing among LWF member churches. The LWF should actively engage in ecumenical initiatives to expand the range of resources available to our member churches. The relevant part of the Website of the EAA is designed to fulfill such a function.

Links: 1 3 4 6 8
Staff needs: Integrated into ongoing work for all

5. Linkages to other organizations
Many LWF member churches are not accustomed to linking with other NGOs or to work with governments. In the LWF response to HIV/AIDS, churches need to be encouraged and helped to make these connections, to develop working relationships with outside partners, and to identify and apply best practices. Inviting outside organizations to participate in workshops and consultations is one means of promoting such networking. The Office for International Affairs and Human Rights in collaboration with other departments has a special role to ensure these linkages with international processes.

Links: 3 8
Staff needs: Ongoing within existing work for all; IAHR for international processes.

6. Provide resources and materials
Specific needs of member churches for resources/materials need to be identified, and resources/materials developed where they are not already available or in preparation. Particular attention needs to be given to theological materials, materials dealing with sex, sexuality and gender issues, and resources related to worship and spirituality, as well as Christian education. Such resources/materials should be identified and developed ecumenically.

Links: 1 2 3 6
Staff needs: Department for Theology and Studies and DMD to contribute Additional staff capacity needed (20% FTE)

7. Communication
The existing publications and other communication means of the LWF can be used to communicate and give constant visibility to HIV/AIDS as a priority issue. This does not necessarily imply special thematic publications, but rather an ongoing presence in all publications of the experience of churches concerning HIV/AIDS. Through such publications, best practices and innovative and effective ideas should be shared ad promoted.
8. Project support
It is necessary to provide adequate and rapid support to the HIV/AIDS related projects of member churches. Additional fundraising must be done for local church projects, and consideration should be given to establishing separate accelerated screening and decision making procedures within the framework of approved ‘AIDS program funding’. The LWF should be an advocate for local communities to seek funding to support their work on HIV/AIDS. This needs to be done in cooperation and consultation with related agencies.

Links: 1 2 3 5 6
Staff needs: Ongoing in consultation with WCC and related agencies Additional staff to assist (20% FTE)

9. Capacity-building and training
In addition to church leadership consultations, a program of capacity-building is needed which links to the existing networks and relationships within the LWF and ecumenically. The plan for such a training program will be one of the tasks of the resource group (see 1). The implementation would require that regional plans be created, and a “Training of Trainers” regionally-based team approach. Such a training program would be developed also in consultation with the Ecumenical Center Working Group on HIV/AIDS with due consideration to linking into existing networks, particularly the WCC Africa Networking Project. The goal is to have trained people in each of the regions who can be resources to member churches in their response to HIV/AIDS.

Links: 1 2 3 5 6 8 9
Staff needs: All departments ongoing, particularly in cooperation with Human Resources Development desk of DMD
Additional staff capacity needed (40% FTE)

10. Advocacy
The advocacy work of the LWF would be undertaken ecumenically within the framework of the EAA. In line with the EAA goals and objectives, and of the 1988 LWF consultation report, the primary focus of advocacy is to work for the dignity and rights of people living with HIV/AIDS and for an attitude of care and solidarity that rejects all forms of stigmatization and discrimination. This implies also promoting prevention in ways that address the root causes of vulnerability and poverty, and increased access to treatment for persons with HIV/AIDS. In addition, advocacy includes promoting the mobilization of resources to prevent HIV/AIDS and for the care and treatment of people who are affected.

Links: 1 3 4 5 8 9
11. Implications for churches of the UN Declaration on HIV/AIDS

International governmental and intergovernmental processes and commitments relative to HIV/AIDS are described in the Declaration of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. This declaration provides a good framework for addressing governments and holding them to their commitments, as well as a reference point for determining the role of churches in response to the global processes. In some cases the commitments of governments go far beyond those that churches have been willing or able to make. This work is done within an ecumenical context but with particular attention to how Lutheran churches can contribute.

Staff needs: IAHR ongoing, Lutheran Office for World Community ongoing

12. Networking

In order to make the most of the experiences and expertise throughout the communion, networks need to be facilitated. This would be done through existing channels but making much more use of the existing information vehicles (e.g. LWI), Web-based resource sharing, and electronic communication. Networking would focus specifically on LWF member churches and field programs and link to the many other ecumenical, NGO and government actors.

Staff needs: Additional staff capacity needed (10% FTE)

13. LWF Assembly

In anticipation of the forthcoming Tenth LWF Assembly (2003), attention should be given to ensuring the integration of the campaign into the work and processes of the Assembly, especially the Village Groups'. In line with the LWF Council decision, HIV/AIDS should be a prominent feature of the pre-assembly meetings.

Staff needs: Staff responsible for worship, Village Groups, Bible studies and preassembly meetings

IV An LWF HIV/AIDS Program or Emergency Response

Next steps:
1. Discussion and negotiation with partner agencies.
2. Additional expedited fundraising. Although some of the activities listed above could be funded through the ongoing SON process, the LWF Council called for a rapid and powerful response. This needs additional human and financial resources. The urgency of the issue should take precedence over normal planning processes.
3. Establishment of separate fast and flexible procedures for the identification, screening and funding of relevant church projects, in the context of the approved LWF-DMD development programs.
4. A tentative budget for the above Action Plan, particularly related to resource development, capacity-building and training, the resource group, an AIDS project support fund and for the AIDS resource person, for a three-year period (to begin as soon as funds are available), is proposed as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Resource development</th>
<th>Capacity building and training</th>
<th>Resource group meeting &amp; communication</th>
<th>AIDS project support fund</th>
<th>AIDS resource person, including travel budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>30,000</td>
<td>50,000</td>
<td>10,000</td>
<td>200,000</td>
<td>90,000</td>
</tr>
<tr>
<td>2003</td>
<td>30,000</td>
<td>75,000</td>
<td>10,000</td>
<td>500,000</td>
<td>90,000</td>
</tr>
<tr>
<td>2004</td>
<td>30,000</td>
<td>25,000</td>
<td>10,000</td>
<td>500,000</td>
<td>90,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>270,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>420,000</td>
</tr>
</tbody>
</table>

765,000 715,000 1,900,000
We, the Primates of the Anglican Communion, gathered in Canterbury, have received a report from the Council of Anglican Provinces in Africa on the impact of HIV/AIDS on the African continent. The presentation was led by the Archbishop of Cape Town, the Most Revd Njongonkulu Ndungane, who was mandated by the Primates in March 2001 to co-ordinate a Communion-wide strategy to address this immense global crisis of human suffering.

The HIV/AIDS pandemic affects every region of the world. It is, however, the poor who are hit hardest. It is the poorer nations, already weakened by the burden of debt, who need our support the most. This problem is not localised in one area of the world. It is a problem of increasing seriousness across the Global South, in many countries of Asia and the Pacific, Africa and Latin America. However, we have given particular attention in our commitment to the continent of Africa because it is in African nations that women, men and children are living with and dying from HIV/AIDS in greatest numbers. It is in Africa that the disease’s destructive effects on social, and economic growth and development are most deeply felt.

We are grateful to Archbishop Ndungane for the leadership he has accepted on our behalf and commend the other African Primates and Churches for the direction they have given us. Recognising his strategic position within South Africa and within the Council of Anglican Provinces of Africa, we are pleased to re-mandate the Archbishop of Cape Town to spearhead our policy development and global strategy.

We raise our voices to call for an end to silence about this disease - the silence of stigma, the silence of denial, the silence of fear. We confess that the Church herself has been complicit in this silence. When we have raised our voices in the past, it has been too often a voice of condemnation. We now wish to make it clear that HIV/AIDS is not a punishment from God. Our Christian faith compels us to accept that all persons, including those who are living with HIV/AIDS, are made in the image of God and are children of God.

Our concern over this crisis arises from our ministry as pastors of God’s people. We are called to this ministry by our God, the God of love. As pastors we are called to walk with those who are affected by this disease, to offer support and compassion and bring the Christian message of love, forgiveness and hope to the world. We are inspired and guided by the example of our Lord Jesus Christ who ministered to all without fear or discrimination.
We also have a solemn duty to speak a word to the world of the scale of this crisis. We wish to encourage collective action with government and non-governmental organisations, development programmes, health and pharmaceutical agencies and with Christians and people of good will everywhere. We believe that such co-ordinated and joint action is the only way to address the enormity of this challenge, and express our regret that certain governments continue to criticise those who lead us in this prophetic witness. We would remind both governments and pharmaceutical companies that it is a basic human right that all who require treatment have access to that treatment. We affirm, therefore, that safe and effective pharmaceutical treatment should be more widely available to alleviate suffering and extend life, and join our voice to the Secretary General of the United Nations in his plea that the profit motive not override the urgent humanitarian need for readily available and cheaper drugs.

We call upon our Churches to stand compassionately with those who are living with the disease, those who mourn and those who are dying. We encourage a realistic and Christian approach to funeral practices, so that families are not pauperised by bereavement. We seek to guide and educate our people in prevention of the disease and encourage Christian teaching which is frank and factual about abstinence and faithfulness. We reaffirm the teaching of the Church on marriage and commend the value of this God-given sign of committed and covenantal love.

We are committed to develop a global response to the AIDS pandemic and encourage a sharing of financial resources through the Anglican Consultative Council to provide assistance to Churches seeking to develop strategies and programmes to address this crisis. We will also seek to facilitate access to international funds which will support such programmes. We commend the six-fold response to AIDS which has been agreed by the All Africa Anglican AIDS Planning Framework to Churches beyond Africa in their strategic planning and policy development to confront this crisis and minister among all affected with this disease. We believe that for this task Christians are sustained by the love of God the Father, the work and example of our Lord Jesus Christ and the grace of the Holy Spirit.

Canterbury 16 April 2002
We, the member churches of the Lutheran World Federation in Africa, represented by Bishops and Presidents, Women Leaders and Youth Leaders, meeting in Nairobi May 2002, make the following commitments in response to God’s call to act and respond in the face of the HIV/AIDS pandemic.

We do so as part of the Lutheran communion of churches, based on our doctrine of justification through God’s grace being available to all. We intend to offer visible public leadership in our commitment to breaking down the injustices against those living with and affected by HIV/AIDS.

We commit ourselves to pray, seek justice and life in dignity for those living with and affected by and dying from HIV/AIDS.

It is our intention to be a communion where our congregations are healing communities of care and advocacy for all living with and affected by HIV/AIDS.

You have called us, O Lord, to be your servants; we make this commitment with Your help

We commit ourselves to breaking the silence

We recognize the many willing people who are currently engaged in and outside our churches in giving care and support. We will, however, publicly confess and acknowledge that we have too often contributed to stigmatization and discrimination and that our churches have not always been safe or welcome places for people living with or affected by HIV/AIDS. In some cases Holy Communion has been refused to people living with HIV/AIDS, funerals of people having died from AIDS have been denied and comfort to the bereaved has not been given. We repent of these sins.

We therefore commit ourselves to a faithful and courageous response in breaking the silence, speaking openly and truthfully about human sexuality and HIV/AIDS.

We recognize that it is especially important for the bishops, presidents and other church leaders to publicly speak and provide leadership in breaking the silence.

We will develop church policy on HIV/AIDS and encourage each congregation and church institution to develop and adopt an action plan for response and implementation.

Trusting in the Spirit of Mercy, we make this commitment with the help of God.
We commit our churches to become Healing Communities through prayer and action. The silence of persons living with HIV/AIDS and their families can only be broken when they know they will not be judged, excluded and discriminated against. We commit ourselves to putting our words into deeds, following in the example of Jesus Christ, by making our churches safe places of support and community for those living with and affected by HIV/AIDS. This begins first of all by stopping all forms of condemnation and rejection.

We will instead create environments of openness and acceptance and encourage all pastors and lay leaders to speak openly about HIV/AIDS and set an example in local parishes by respecting the dignity and place in the community for each person. We will offer our church as a place for support groups, which we will initiate, with persons living with and affected by HIV/AIDS and we will include them in the planning and implementation of all our HIV/AIDS work.

*Relying on the Spirit of Courage, we make this commitment with the help of God.*

**We commit ourselves to learning and education**

We commit ourselves to develop a vision of the church, whose mission is not limited to membership, but fulfills itself in outreach to all people. We commit ourselves to making education a high priority and to finding ways and means to teach ourselves and our people about HIV/AIDS. We are prepared to engage in this education at all levels of the church, from leadership to local community, involving influential people in the community. We will affirm the dignity of women and men through teaching about human sexuality and relationships, about love and mutual respect and equality.

*Praying for the Spirit of Wisdom, we make this commitment with the help of God.*

**We commit ourselves to provide care and counseling**

We commit to turning stigma and discrimination into care and counseling for people living with and affected by HIV/AIDS and we encourage and support voluntary testing. We commit ourselves to address with confidence controversial issues that raise fear in us and contribute to the silence. We will support and provide further training in care and counseling. We will strengthen the involvement of young peer educators. We will especially seek to support people who are tested HIV positive in how to live a full quality of life as part of the community. We will strongly condemn sexual abuse and will express full solidarity with all victims of sexual abuse. We will commit ourselves to finding ways to care for AIDS orphans, child-headed households and women widowed by AIDS.

*Surrendering our will to the Spirit of Service, we make this commitment with the help of God.*
We commit ourselves to prevention
We commit ourselves to examine attitudes and behavior that can cause harm to our neighbor in the light of our Lutheran ethics.
We commit ourselves to taking a strong role to ensure prevention of HIV by assisting in efforts to reduce the spread of the pandemic.
We will speak the truth about the spread of HIV/AIDS and its prevention including the behavior change that is necessary.
We will not stand in the way of the use of any effective methods of prevention.

*Listening to the Spirit of Truth, we make this commitment with the help of God.*

We commit ourselves to further develop our theological understanding of the challenges of HIV/AIDS
We commit ourselves to deepening our theological understanding of the challenges of HIV/AIDS based on our Lutheran teaching. Specifically we will deal theologically with the problem of stigma and discrimination as an issue of social injustice.
We will preach a gospel of hope in the midst of the disaster of HIV/AIDS.
We commit ourselves to develop and utilize liturgy for worship that helps us cope with HIV/AIDS suffering and struggle.
We will ensure that such theological discussions are carried out at our seminaries and theological institutions of learning.
We will ensure that HIV/AIDS issues are adequately and contextually taken up in the curricula for theological education and in lay leaders training and in continuing education.
We commit ourselves to also develop and utilize HIV/AIDS related educational material for Sunday schools, confirmation classes church schools and other church institutions.

*Assured by the Spirit’s Inspiration, we make this commitment with the help of God.*

We commit ourselves to collaboration and joining hands with those who fight AIDS
We commit ourselves to seeking out and working with other partners in our response to HIV/AIDS, especially with those who are living with and affected by HIV/AIDS and their organizations. We will be open to learn from people living with and affected by HIV/AIDS.
We recognize that we cannot accomplish this work on our own.
We affirm that as church we have to make a meaningful contribution to the national and international work.
Specifically we will work ecumenically with other churches, with other faith traditions, with NGOs, and our national governments.
We will make special efforts to link with UNAIDS and other relevant UN agencies.
We commit ourselves to linking with and using the Africa sub-regional resource persons in the Ecumenical AIDS Initiative of the World Council of Churches.
We will seek necessary resources to carry out our plans, including targeting our own financial resources for education, training, care and counseling.

*As members with others of the Body of Christ, we make this commitment with the help of God.*
We commit ourselves to advocacy work
We commit ourselves to advocate for accessible and affordable anti-retrovirals and opportunistic infections drugs and we will make the infrastructure and resources of our church available to provide the medical support for treatment.
We commit ourselves to advocate for just labor practices for people living with and affected by HIV/AIDS, as well as access to adequate medical care, housing and education.
We commit ourselves to advocate against harmful practices, whether modern or traditional.

Because we believe that where one suffers, all suffer, we make this commitment with the help of God.

We commit ourselves to fight poverty and working towards securing the livelihood of people living with and affected by HIV/AIDS.
We recognize poverty and illiteracy as compounding and resulting from the spread of the HIV/AIDS pandemic. We therefore commit ourselves to work towards food security for those who can no longer sustain their livelihood, thus responding to basic human rights and the God given right to live in dignity.
We commit ourselves to fight corruption and we will hold our governments accountable for just distribution of resources, both nationally and globally, as ongoing injustice contributes to increased poverty and further spread of HIV/AIDS.

In the Spirit of our Savior Jesus Christ, who became poor that we might be rich, who suffered death that we might have life, we make this commitment with the help of God.
Preamble
We, the representatives of the ecumenical family in the countries of South Asia and global ecumenical partners who met at Colombo, Sri Lanka, in a joint consultation on an Ecumenical Agenda to combat HIV/AIDS in South Asia;

Affirm that the Church is the community of God’s people in Christ, where each is loved and accepted. The Church has a unique and powerful role to play in the midst of the HIV/AIDS crisis in offering spiritual sanctuary, solace, forgiveness, restoration, hope and peace.

However, we note with great concern the worsening of the HIV/AIDS situation in our region, fuelled by the presence of

- illiteracy and poverty,
- gender disparity
- stigma, discrimination, and denial,
- high incidence of sexually transmitted diseases,
- low condom access and usage,
- extensive commercial sex,
- injecting drug use,
- and population movements.

We are dismayed and discouraged at the lack of adequate response on the part of the institutional church, which brings to light the weaknesses in our theological understanding and practice.

We decry the discrimination, the denial of human rights, and the burden of stigma borne by those who are living with HIV/AIDS and our role as Church in contributing to rather than acting prophetically to condemn such attitudes and actions.

Taking courage that there is still a window of opportunity to avert a devastating and hopeless situation, we analysed the South Asian situation with regard to country specific data, ecumenical priorities, strengths and opportunities available to the Church, and the particular challenges within our contexts of dealing with stigma and discrimination, addressing sex and sexuality, promoting interfaith/intersectoral action, and undertaking interventions and capacity-building for action.

Challenges to the Churches and Call for Action

Stigma and Discrimination
Churches are challenged to be more inclusive, changing the mindset that demarcates “us” and “them” and opening the way for mutuality in a spiritual journey we all travel together. Churches need to overcome being judgmental, recognizing that we ourselves stand in
need of forgiveness for our attitudes, apathy, and inaction in the face of HIV/AIDS. With
the active participation of people living with HIV/AIDS in our program planning and
implementation, churches are challenged to confront stigma and discrimination.
Churches are also challenged to include HIV/AIDS in theological training and to
undertake practical measures such as promoting gender justice in the church and
communities, advocating for access to treatment and drugs for PLWHA, and strategies to
decrease people’s vulnerability to HIV/AIDS.

Suggested actions:
- Create awareness of social, theological, and technical issues of HIV/AIDS that
  contribute to stigmatisation and discrimination through discussions, sermons,
  workshops, Sunday Schools, youth and women’s fellowship meetings.
- Participate in advocacy programs.
- Involve PLWHA in program planning, implementation and management.
- Promote and uphold the basic rights of PLWHA.
- Promote and uphold rights of women, youth, children, the poor and marginalized.
- Advocate for comprehensive care, including increased access to anti-retroviral
  drugs.
- Provide counselling and spiritual support for various groups.
- Promote exchange visits and information sharing locally, nationally and
  internationally.
- Provide care and support to single mothers and children, especially vulnerable
  children, such as orphans and children living with HIV/AIDS.
- Create opportunities for public interaction between church leaders and PLWHA.
- Support networking and collaboration among churches.

**Sex and Sexuality**
Churches are challenged to break the silence and go beyond cultural taboos in order to
approach topics of sex and sexuality in a more positive and non judgmental way,
recognizing also the need to include gender justice in church teaching and practice.

Suggested actions:
- Provide opportunities for clergy and lay leaders to understand sex and sexuality
  and gender justice, within both theological and health education frameworks,
  through workshops, discussions, seminars.
- Develop, collect and promote appropriate materials keeping in mind language,
  cultural sensitivity, and biblical foundations.
- Introduce the topic of sexuality, understood in a positive fashion, into curricula
  for clergy training.
- Introduce sexual education in a value-based manner within the context of broader
  training in life skills in secondary and Sunday school wherever possible. This
  must be done in a culturally sensitive way with the cooperation of teachers,
  parents, and school authorities.

**Interfaith and Intersectoral Cooperation**
Churches are challenged to transcend religious fundamentalism, overcome our mistrust of other religious groups, and reach out to people of other faiths in humility and love. We need to find the common platforms for action, recognizing that we are all children of one God and working together to build caring communities where all are accepted. It is in this working together that we find our common humanity. Taking into confidence religious leaders of other faiths, we must remain sensitive to local culture and traditions. Churches are also challenged to adopt an intersectoral and holistic approach to ensure the protection of human rights, reproductive rights, legal rights, women’s empowerment, and economic justice.

Suggested actions:
- Determine areas of common concern and initiate strategies for cooperation and action with other faith communities.
- Conduct interfaith dialogue locally, nationally, and internationally.
- Network with other civil society organizations and NGOs.

**Interventions and Capacity-Building**

We strongly urge churches to be involved in and partners to support need-based interventions. Recognizing the wide reach of Christian congregations through our health and educational institutions, churches are challenged to prioritise capacity-building in order to be fully and effectively mobilised in the fight against HIV/AIDS. Capacity-building initiatives could focus on clergy, lay leaders, women, youth groups, and staff of the church institutions and include training in programme management, communication and counselling skills, documentation, monitoring and evaluation, and value-based education.

Suggested actions:
- Advocacy with church leaders and lay leadership in a focused, intensive, time-bound programme aimed at achieving personal commitments, through an advocacy unit to be set up by NCCs (recommended time period of six months).
- Incorporate training on HIV/AIDS prevention and care in the curricula of theological schools and for other church leaders.
- Capacity-building in life skills and responsible behaviour among youth through Sunday School teachers, peer groups, Vacation Bible Schools, and youth group leaders; among women through women pastors, fellowship group leaders, women’s networks in churches; and among men in the same manner and intensity.
- Training of staff of Christian education and health institutions to serve as vehicles for future action in their respective areas.
- Utilisation of the expertise of selected institutions that provide specialised services (e.g. behavioural change communications for risk groups and general population, counselling services, blood screening, care services for PLWHA, drug harm reduction, condom services, STI interventions, etc.).
- Cooperation with government programmes and policies that address HIV/AIDS.
Mechanisms for Implementation and Coordination
Participants envision a structure for implementation and coordination which would include regional coordination through the South Asia Ecumenical Partnership Programme (SAEPP) and national coordination through respective NCCs. We envision implementation in partnership with ecumenical partners.

Key principles to guide the implementation and coordination would include:
- Systematic documentation.
- Processes for effective planning, monitoring, and evaluation.
- Accountability and transparency.
- Networking and alliance-building.

Conclusion
We are encouraged by positive examples of accompaniment and healing. The Thailand experience, for example, teaches us the value of interfaith cooperation.

We are deeply moved by the African experience, where churches now acknowledge that their denial and slowness to take action have contributed to the widespread epidemic. The African church leaders and ecumenical partners have said,

“It is time to speak the truth. It is time to act only out of love. It is time to overcome fatigue and denial. And it is time to live in hope.”

Acknowledging that inactivity would have tragic consequences, we the participants encourage the translation of Commitment into Action, affirming the value and dignity of human life, ensuring fullness of life to all.

We submit this proposal to the WCC-CCA Consultation on ‘Social and Human Development in South Asia’ (24th to 26th July) confident that they would evolve an appropriate mechanism to implement this ‘Call to Action’, within the framework of SAEPP.
We have concluded our second meeting of the AIDS Board of the Council of Anglican Provinces in Africa (CAPA). We have re-committed ourselves to the vision "of a Generation without AIDS", stated this time last year at the first All Africa Anglican Conference on HIV / AIDS at Boksburg.

**Worldwide Communion says "AIDS is not punishment from God"**

Our Church is a community of compassion and love. At a time when the African continent is being devastated by the HIV pandemic, where some 30 million have already been infected, our Anglican Communion has stated: "AIDS is not a punishment from God."

We affirm the words of the Primates from the across the world-wide Anglican Communion who also said, "We have a solemn duty to speak a word to the world of the scale of this crisis." In that spirit, we are committed to enlisting all sectors of society and the faith communities of Africa in a "Partnership for Life".

**International Debt Relief and access to care**

In just a few days, the World Summit on Sustainable Development (WSSD) will be gathering in my home country of South Africa. We are deeply distressed that the African continent is simultaneously being ravaged AIDS.

We call upon the developed world to free us of the life-threatening burden of international debt, indebtedness, I might add, that many of our present governments did not incur. We know that debt forgiveness in sub-Saharan Africa, alone, could release more than $10 billion toward alleviating the pain and suffering of HIV/AIDS, which the United Nations says is needed in Africa today.

**African conflicts fuel the AIDS pandemic**

Wars, social and political instability, and conflict continue to plague us, as well. These struggles fuel the HIV / AIDS Pandemic. Even though peace is breaking out across Africa, there is still a long way to go to bring a level of peace and domestic tranquility. Food security, physical security, and commitment to public health and well-being are crucial.

We call on the governments of Africa that created the new African Union and NEPAD, to collaborate in making the eradication of HIV/AIDS a top priority. It is clear that there needs to be appropriate incentive schemes and strategies in the public and private sectors to make these efforts successful. We, in the faith-based communities, offer our collaboration and support so that Africa can save her children and guard her future. Our nations must move from rhetoric about the future to responsibility for today.
All African Framework Upheld
Over the course of these days we have affirmed the 6-fold call to responsibility for all of our churches. They are: Leadership, Care, Prevention, Counseling, Pastoral Care and Death and Dying. To this end, we are committed to ministering in and among all people.

Prevention saves lives
We are committed to teaching our children and their parents life-preserving skills to inhibit the virus that causes AIDS. The time for preparation for sexual maturity is well before adolescence and the onset of sexual activity. Our energies must focus on our daughters and sons at an early age. While we know that information alone cannot save lives, information and action can.

Knowing one's status is the first step
It is crucial for every person to know his/her HIV infection. Knowing one's status is the best way we can make informed and appropriate decisions about sexual behaviour and personal commitments. We call on our faith communities to ensure that Voluntary Counselling and Testing (VCT) is available to all people, including those in the Church.

Specific behaviours can save lives
We also know that there are some behaviours that will significantly reduce risk. These include:
- abstinence before marriage;
- fidelity and faithfulness within marriage;
- delay the beginning of sexual activity for those who cannot remain abstinent, and
- correct use of condoms, particularly for those couples in which one is HIV+ and the other is HIV-.

We know that condoms can save lives and prevent the spread of the virus. The morality of condoms is about preserving life. To sentence a person to death because of an error of judgment about sexual activity is not the way to save lives. We are human; we make mistakes, and live in a fallen world. We must ask forgiveness and commit ourselves to responsible sexual behaviour. These behaviours will go a long way in preventing the spread of HIV/AIDS.

Stigma is a sin!
Stigma is the silent killer decimating our continent and is spreading disease. We call for an end to stigma and discrimination against those who are HIV+ and their families. Our sisters and brothers living with AIDS experience silence and rejection. Silence feeds denial and shame. This, too, is stigma. We know the Church has been complicit in silence.

That silence is ended! Our Church has declared stigma as a sin before God and Human kind. We will uphold the dignity and worth of all people as Children of God, especially those living with AIDS. Therefore each Province is being asked to implement a Pastoral Plan for eradicating stigma as soon a possible.
Saving our Children
Every minute of every day a child dies from the effects of AIDS. Every hour 400 teenagers become HIV-infected. AIDS is stealing our future. Therefore, we call on our churches to come together in partnership with all sectors of society, to find creative and life-giving ways to save our children, and enhance the quality of their lives—particularly those orphaned by AIDS!

Especially, we must protect those who are not HIV+ from ever becoming so. Tragically, many of our children must be protected from family members who use them as sexual objects. There is no culture on earth that can defend the abuse of children as anything other than sinful. As the people of God, we are committed to life. We are committed to saving our children.

AIDS Friendly Churches support change
Our Church is not in the business of judgment. Judgment belongs to God! Ours is a loving God. As the Church, we are called to be mirrors of God's mercy and heralds of God's compassion. Churches are places of love, acceptance and hope.

To that end our churches must be "AIDS Friendly", that is, places of hope where people living with HIV/AIDS can experience care, comfort and support. Additionally, it is critical that we foster the development of support groups to continue to uphold those caught in the grip of this pandemic.

Informed leadership is a way forward
Leadership, to be informed and effective, must have the experience of what it means to be living with AIDS. Therefore, we call upon our brothers and sisters in faith to form a personal, one-on-one, relationship with a person living with HIV / AIDS. We must remember that "No one should care alone and No one should die alone.

With regard to the pandemic and its impact on our lives, I want to say that across the Anglican Communion in Africa, our Church has moved forward. For example:

- Uganda, the church is leading the way in ending discrimination and stigma, people with HIV / AIDS are welcomed in Church
- Nigeria, we are sensitizing our clergy and Bishops
- Kenya, AIDS awareness education and programming is incorporated into development programmes
- Tanzania, the Church has openly discussed the efficacy of condom use and endorsed such use in order to save lives
- Ghana is providing AIDS awareness education for the clergy and peer education for youth
- In the Province of the Indian Ocean, parents and youth are talking about AIDS together in roundtable discussions hosted by the Church
- Rwanda, the church is developing Family-Focused Ministries which work to support behavioural change for all ages
- Central Africa, HIV / AIDS is included in the theological curriculum for the preparation of pastors for ministry
• Across Africa, the thousands and thousands of volunteers in our women's organisations are providing compassion and support for those who sick and dying from the effects of AIDS.

In closing, ours is a vision of hope. Our way of operating is through strategic partnerships and collaboration. Our Call is for a Generation without AIDS.
World YWCA

Executive Committee

Geneva, Switzerland, November 2002

Reaffirming the World YWCA Strategic Plan and recognizing that the HIV/AIDS pandemic is ravaging populations all over the world, with conditions worsening daily on the continent of Africa, the World YWCA Executive Committee recommends that the halt of the spread of HIV/AIDS be made a major movement-wide priority over the next four years. Specific recommended measures are:

1. That funds be sought to ensure that YWCAs are able to develop or strengthen HIV/AIDS prevention, education and/or care programmes. These programmes should be gender related and could include:
   - Poverty alleviation
   - Programmes for women who have been affected by HIV/AIDS
   - Information, education, and communication
   - Counselling
   - Preventative health care
   - Caring for children whose parents have AIDS and AIDS orphans
   - Life skills training for youth
   - Programmes on sexuality
   - Programmes on policy in the workplace

2. As well as programmatic responses, that all YWCAs join and/or initiate networks to lobby for effective, gender sensitive government policies to contain the spread of HIV/AIDS and ensure availability of medicines and care for victims.

That YWCAs at all levels and the World office actively seek and participate in training workshops and conferences and that those who participate in these trainings endeavour to communicate what they have learned through the web, forums, and publications and replicate the training in as many settings as possible.
The World YWCA is an international volunteer membership movement uniting some 25 million women working in over 100 countries. Its purpose is to develop the leadership and collective power of women and girls around the world to achieve human rights, health, security, dignity, freedom, justice and peace for all people.

Aware of the consequences of the HIV/AIDS pandemic in the life of women and children and the whole community, the YWCA is challenged to expand its responses and to discover new ways of acting responsibly to its dramatic spread.

The World YWCA believes that the priority areas for HIV/AIDS work should include:

- The commitment to reduce stigmatisation
- Prevention as individuals and communities
- Provision of support care and services
- Rebuilding community coherence
- Creating hope for the future
- Encouraging cooperative work with other organisations working on HIV/AIDS

The World YWCA will advocate and act at local, national, regional and international levels to:

- Enable women and girls to take responsibility for their own lives and to provide leadership in the fight against HIV/AIDS;
- Address the root economic, social, political and cultural factors that make women vulnerable to infection;
- Expand and integrate HIV/AIDS work into existing health and development programmes;
- Encourage and resource the development of new HIV/AIDS programmes;
- Support education about sex and HIV/AIDS education for young people in school and out-of-school to increase their understanding in human sexuality;
- Support the development of innovative HIV/AIDS prevention interventions that provide necessary messages, skills and support services to men and women;
- Increase availability of support services and medication for people living with HIV/AIDS;
- Challenge gender bias in existing policies and programmes, as well as promote gender mainstreaming in responses to HIV/AIDS; and to
- Work in partnership and coalition with women and youth organisations, ecumenical organisations, governments, UNAIDS and other non-governmental organisations to optimise resources and to promote best practices.
There is no longer Jew or Greek, there is no longer slave or free, there is no longer male or female; for all of you are one in Christ Jesus.  (Galatians 3:28)

In Latin America, the word compassion needs to be translated using the word justice. This conviction is born from listening to the testimony of our sisters and brothers living with HIV-AIDS, who repeatedly made it clear that they want neither compassion nor pity from the Church. Rather, they want us to accompany them in the defense of their Human Rights and their wounded dignity. They also ask that we assume the responsibility of being a prophetic voice which denounces all stigmatization, discrimination, exclusion, prejudices of which they are the object, and all the economic, social, cultural and religious factors which facilitate the expansion of the pandemic. This call to be a prophetic voice obligates us to break the silence.

In Latin America, the word conversion demands daily action. This conversion causes us to discover the importance of that Church which is always being reformed, and to reestablish the theological order so that the putting into practice of the reality of the moment becomes more adequate. This revelation was imposed upon us in open, honest and unconditional dialogue with persons living with HIV-AIDS, who shared their reality and their ministry with us. Listening to these sisters and brothers, the need to journey from the announcement of repentance imposed on others as law, to a Church which looks at itself, examining its theological concepts and pastoral practices, was made flesh among us. The Church which is always being reformed begins making changes within itself. It examines its fears, its apathies, its silences, its discourses and messages. This conversion causes us to relate Lutheran identity closely with HIV-AIDS: an identity profoundly evangelical, because we understand that our mission is that of announcing the Good News of unconditional acceptance by God and by the Church.

In Latin America the word care needs to be translated using the word integration. During this Consultation we have learned to draw closer to the mystery of life from an integral perspective. Our actions cannot be fragmented or isolated, a reflection of a broken world, but rather centered on the person, in order to thus be able to construct inclusive responses. These responses are part of our theology of the cross, which seeks to locate in the center of the life of the Church that which is outside, and push it to be in the heart of those happenings which still continue to be cross. In order to fulfill this mission, the Church must go beyond its walls and borders and go out to encounter those persons and communities who are excluded, marginalized and stigmatized. After two decades during which this pandemic has been with us, we cannot ask more time and patience of persons
living with HIV-AIDS and of society. The times have been fulfilled. The Church must respond now!

Based on these convictions and motivated to construct truly inclusive communities, a reflection of the same pastoral mission of Jesus, the participants in this Latin American Regional Consultation present the following challenges.

In the local setting (community):

- To reproduce encounters with a methodology similar to that lived these days in this Consultation, where other Christian confessions, other organizations from civil society, NGO's and government representatives were integrated. The presence of persons of homosexual orientation, persons employed as sex workers and drug users enriched our life and reflection together. Dialogue with persons living with HIV-AIDS, who shared their stories and lives, also enriched our experience.
- To spread the LWF Action Plan "Compassion, Conversion and Care" in the setting of local Churches with the objective of beginning to construct actions of education, prevention and accompaniment of their own.
- To put the infrastructure of the Congregations at the disposition of civil society organizations which work with HIV-AIDS in order to facilitate encounters and activities and to transform these Congregations into safe, hospitable and welcoming spaces.
- To encourage an attitude of openness in the Congregations which leads them to encountering persons and groups living with HIV-AIDS in their own life contexts.
- To promote liturgical activities throughout the year which make the theme of HIV-AIDS present in the communities, since intercession is also a ministry.
- To form multipliers and accompaniers who embody the orientations of this Action Plan with a spirit of service, without intentions of proselytizing.

In the national setting (Churches):

- To reinforce and, where they don't exist, create spaces in the Churches to support initiatives and persons who are involved in actions of prevention, accompaniment and advocacy in the area of HIV-AIDS.
- To formulate a plan of action of their own to face the pandemic of HIV-AIDS which takes into account the context and the needs of each country and Church.
- To incorporate the theme of HIV-AIDS as a transversal axis in the curriculum of the diverse educational institutions which belong to the Church.
- To make present the theme of HIV-AIDS in the Church media.
- To articulate a liberating and alternative voice about HIV-AIDS in the mass media.
- To design strategies to include the youth in actions of prevention and accompaniment.
- To carry out a reading of the pandemic from the perspective of Human Rights and Gender.
- To train national Churches in the follow-up and control of the fulfillment of the commitment assumed by governments in UNGASS (26th Extraordinary Session of the General Assembly of the United Nations about HIV-AIDS in the year 2001).
- To impel the participation of the Churches in joint and cooperative work with nongovernmental and governmental organizations, and with civil society in general.
To raise and channel resources which facilitate the implementation of these local proposals and initiatives.

In the regional setting (Latin America):

- To create an awareness of the information available on resources and undertakings at the national level of the Churches or organizations linked to those which offer services in the work of HIV-AIDS.
- To design a program of formation based on optimal practices which favor a greater commitment and a greater capacity of the local Churches to respond to HIV-AIDS. We propose that the experience accumulated in Acción Ecuménica (Venezuela), EPES (Chile) and the Pastoral Ecuménica VIH-SIDA (Argentina) be considered so that they might provide support to the Churches regarding putting their action plan into practice.
- To create a Health and Human Rights Network of the Lutheran Churches in Latin America which gives incentive, facilitates and supports the forces launched by the Churches in the area of HIV-AIDS.
- To participate in the diverse efforts which have as their objective assuring access to the best levels of medication and treatment at the lowest cost for persons living with HIV-AIDS (generic medications).

We formulate the petition that, upon making decisions regarding these challenges, timeframes and responsibilities be established in accordance with the urgency and seriousness of the pandemic, in order to give them adequate follow-up. In the same way, we ask that these recommendations be submitted to the respective national authorities for their approval in the shortest timeframe possible.
Primates of the Anglican Communion

Pastoral letter from the Primates of the Anglican Communion

27 May 2003

The Primates of the Anglican Communion send this pastoral letter to all bishops, clergy and people of our churches, with the desire that it be read or distributed at public worship on the Feast of Pentecost, 2003. I have called you friends.” (John 15.15)

We gathered first and foremost in a spirit of common prayer and worship, listening for the voice of God as revealed in the Holy Scriptures and manifested in the lives of our communities. In particular, we listened to stories of the growth of our churches in mission, of the creation of new dioceses and provinces and of the fruits of discipleship. They reflect the richness of our diversity across the globe, and the abundant resources of the Gospel to address all people in all situations.

We heard accounts of how many people, including faithful Anglicans have faced extreme situations of natural disaster, disease, the threat of terrorism, social unrest, war and its aftermath. We were moved by stories of Christian witness:

HIV/AIDS

We pondered the impact of the HIV/AIDS pandemic on our lives and in our communities and provinces as we shared our experiences and sorrows. HIV tears at the very fabric of our nations and homes.

We admitted that the "Body of Christ has AIDS". Adhering to the teachings of the Church, we determined to engage more deeply in challenging cultures and traditions which stifle the humanity of women and deprive them of equal rights.

We agreed that our greatest challenge is to nurture and equip our children to protect themselves from HIV, so that we can fulfill the vision of building a generation without AIDS. AIDS is not a punishment from God, for God does not visit disease and death upon his people: it is rather an effect of fallen creation and our broken humanity.

We were reminded at our meeting that Christ calls us into community as friends so that we might befriend others in his name. In that spirit, we resolved to build on what has already been achieved and to re-commit our efforts, prayers and support for all who are living with, and dying from, the effects of HIV/AIDS.
1. Preamble

The inaugural Assembly of the Council for World Mission (CWM), bringing together 150 delegates from the 31 member churches, met in Ayr, Scotland from 15 to 25 June 2003. The family of CWM churches, from 6 global regions, gathered to celebrate its diversity, to affirm its unity in Christ, to share news and experiences about mission, to reflect upon major world events and to explore together their implications for mission action today.

Hosted by the Congregational Federation, one of CWM’s member churches in the United Kingdom, the Assembly delegates were exposed to certain contemporary mission challenges within the European context. The steady decline in church membership, disillusionment with the institutional church amongst young people especially, and a culture of secularization are just some of the major mission issues faced by churches in this region. Yet in sharing our stories and experiences from across all 6 CWM regions, we discovered that our problems and challenges are often similar. Therefore as we reflected, shared and studied together, we came to a fresh realization of the need to journey together as a people of God, to increase our common pool of material and spiritual resources and to continue building up the Body of Christ through CWM for the sake of ministry and mission in the world.

In his General Secretary’s address, Dr Des van der Water declared: "Our Assembly gathering represents a particular moment in CWM history - awaiting the in-pouring of the new wine.” In similar vein outgoing moderator Dr Huang Po Ho noted: "We are standing in a transition moment of history, in which CWM needs to redefine what it understands by the concept of neighbourhood." Following his election as moderator, Dr Roderick Hewitt observed: "I believe CWM is poised, amid the tumult of the world, to be a sign of justice in relationships”.

2. Process

In worship, bible study and mission-issue discussion groups, delegates wrestled the question posed by our Assembly theme, namely: "Who is my neighbour?"

This theme gave a focus to our discussions about the challenges posed by the major new mission frontier issues today. For example, we are faced with the ever-growing HIV/AIDS pandemic; the sudden outbreak of the Severe Acute Respiratory Syndrome; bourgeoning multi-faith, multi-cultural and multi-ethnic communities; the exploitation and abuse of God’s creation; social and economic injustices in societies; the resort to war and violence as a means to settling disputes, differences and conflicts; the break-down of family life and the ongoing marginalization of women and youth.
In our reflections we realized again the importance of discerning the mind of Christ and being more responsive to what God is doing in the world to bring about healing, wholeness and salvation. We concurred that innovative, creative and more effective forms of evangelization must to be explored; and that new and relevant ways of being church were to be pursued.

Our awareness of human rights crises with which some of our member churches are struggling in their countries, and which have worsened the serious economic plight in their communities, made a strong and urgent claim upon our prayerful and practical expressions of solidarity.

We have reflected on the theological basis of our mission mandate, seeking Spirit-led strategies to tackle the global issues which demand, not just belief, but faith-in-action. We have sought to understand what actions Christ-like compassion demands today.

In the face of accelerating degradation and abuse of the environment, we assert the Christian values of hospitality, sufficiency, justice, love and peace, all rooted in respect for God's creation, can change the humankind's attitude to nature.

We recognize the need to become more caring, welcoming and healing communities that no longer stigmatize, exclude and discriminate against our brothers and sisters living with HIV/AIDS. We acknowledge the value of personal encounters with people infected and living with HIV/AIDS to enrich our understanding, and strengthen our ability to be professionally competent, spiritually sound and socially relevant in dealing with the human dimensions of the pandemic.

In our striving to be a sign and a witness to the kingdom of God, authentic discipleship means that congregations need to work consciously and intentionally towards becoming multi-cultural. This will mean more than simply accepting and tolerating, requiring a genuine recognition of ‘the other’ as being made in the image of God. Likewise, we recognize that inter-faith dialogue is a journey of heart-to-heart encounter and a sharing of experiences that incorporate us, in openness and honesty, to pursue a fairer and more just world together.

The challenges of economic injustice and exploitation, which are experienced at local, regional and global levels, also compel us to act more strongly in favour of poor, deprived and disadvantaged communities.

3. Declaration
As a people of God, we in CWM affirm that our reason for being is, as outlined in our founding principle, to ‘spread the knowledge of Christ in word and deed’. Therefore, at this inaugural Assembly in the year of our Lord 2003, we commit ourselves anew to being servants within God’s who, in humility, equality and mutuality seek to enable and empower all our people for mission.
As we have reflected on our journey together thus far, we realize that, although we can claim to stand on the peaks of the past, we are still only in the foothills of the future.

The Assembly therefore calls upon the CWM globally, regionally and nationally, for the next 3 years, to embrace the Assembly theme, ‘Who is my neighbour?’ and to answer this question through the witness of our planning, projects and programmes in mission.

The Assembly therefore challenges CWM to:

• consistently keep the issues presented by women and youth high on our agendas in our common bid to give full recognition to all members that constitute the Body of Christ

• redouble its efforts and intentions to spiritual and material resources that will enable the churches to be transformed and to become welcoming faith-communities and places that sow the seeds of reconciliation

• initiate education in mission programmes and creating training materials in leadership for mission that will equip church leaders and members to work with individuals, faith communities and secular organizations which share our values and visions for justice and peace and the integrity of creation

• facilitate mission workshops and events in which representatives of member churches can share stories and experiences, and devise strategies that will empower the churches, and disadvantaged individuals in the societies in which they work, to gain access to fundamental human and civil rights such as education, health, housing and employment opportunities

• encourage member churches to incorporate modules into their theological education programmes that will equip both ordained and lay people training for ministry in such areas as:
  ➢ innovative and relevant ways of being church
  ➢ new and creative forms of evangelism
  ➢ ministry with and to children
  ➢ gender, economic, cultural, and environmental justice
  ➢ relating to other faiths
  ➢ responding to HIV/AIDS and other health-crisis challenges
  ➢ resolution of conflict and peace-building

In the concluding paragraph of his address to Assembly, the General Secretary reminded us of Isaiah 43: "Do not dwell on the past. See, I am doing a new thing!” and commissioned us with the words: “We have positioned and primed ourselves as CWM for the next stage of our journey as the people of God. We have been born out of mission, transformed in mission, and will be sustained for mission, to the glory of God.”

We commit ourselves anew to our mission for God in the world.
Our quest to be neighbour to all who are in need will be aided and strengthened through the promised gift of Christ's Holy Spirit.
Lutheran World Federation

Adopted version of message from the Tenth Assembly

Winnipeg, Canada
21-31 July 2003

V. REMOVING BARRIERS THAT EXCLUDE

(34) The current pandemic of HIV/AIDS has moved us as churches to confess how we have sinned against those infected and affected by this disease, by stigmatizing and discriminating against them, particularly on the basis of assumptions regarding their sexual practices. We are reminded of God’s healing power of inclusion into the community, as well as the many ways that we, as Lutheran Christians, could promote healing through social justice and advocacy.

(35) We acknowledge the diversity within the communion on matters of human sexuality. At the same time, we believe it is important to enter into dialogue to clarify our understandings and learn from the Scriptures, contemporary knowledge and our different experiences. In approaching such dialogue we seek to preserve the human rights and dignity of all people.

VI. THE CHURCH’S MINISTRY OF HEALING

46) Therefore, we commit ourselves and call on member churches to:
   - our socio-political and environmental contexts, permeated by concerns such as poverty, HIV/AIDS, violence and destructive lifestyles,

VII. JUSTICE AND HEALING IN FAMILIES

(48) In a changing world the integrity of family as a place of love, nurture and safety is continually challenged and often broken by violence, disease, the impact of poverty, alcohol and drug abuse, and changing patterns for our life in community. Families in all parts of the world experience massive changes and tensions, especially in times of war, economic upheaval and devastating pandemics such as HIV/AIDS.

(51) Therefore, we commit ourselves and call on member churches to:
   - further awareness regarding prevention of the HIV/AIDS pandemic through education and information, including speaking-out against harmful, abusive and exploitative sexual practices, treating sexually transmitted diseases, promoting faithfulness in marriage and advocating effective means of prevention (e.g. abstinence, use of condoms, sterilized needles, clean blood supply)
World YWCA

World Council Resolution
Reproductive Health and Sexuality

Brisbane Australia, July 2003

Whereas perpetrators of terrorism and war are targeting women and girls and their bodies, using acts of violence, rape, and sexual humiliation as a primary form of combat, and

Whereas actions that violate the rights of women and girls regarding their reproductive health and sexuality, including genital mutilation, are still widely practised, and

Whereas the short and long term economic and social impacts of these acts are devastating to both women and girls, and their communities, and

Whereas women and girls are suffering physical, emotional, spiritual, psychological, cultural and economic distress because they do not have access to quality education, discussion and counselling that empowers women and girls to safeguard their reproductive rights and sexuality, and

Whereas young women around the world have strongly expressed a shared concern about the lack of access to quality information, discussion and counselling for girls and women regarding reproductive health and sexuality, and

Whereas women and girls must be empowered to make informed choices regarding their reproductive health and sexuality;

Therefore be it resolved that:
The World YWCA promote and work towards the provision of extensive access to quality education, resources, information, discussion and counselling for women and girls regarding their reproductive health rights and sexuality.

Be it further resolved that:
This education, discussion, resources, information and counselling address:

- Care of reproductive health, including prevention of HIV/AIDS, sexually transmitted diseases, and other health threats,
- Rights of girls and women to make choices and have control over their own bodies,
- Rights of girls and women to value their sexuality,
- Accurate information about the physical act of sex,
- The emotional and psychological aspects of sexuality,
- Healing for girls and women whose reproductive rights and sexuality have been violated.
Norwegian Church Aid

HIV/AIDS
A policy statement from Norwegian Church Aid

Approved by NCA Board 29 September 2003

1. The Challenge
The UN General Secretary Kofi Annan has said that HIV/AIDS is the greatest development and humanitarian disaster of our times. The consequences of the epidemic, both at individual and societal level, are disastrous and require attention from actors at all levels in society. The challenges connected to fighting the epidemic are therefore many and diverse, also for NCA’s priorities and strategies. Among them are:

AIDS hinders development at all levels
HIV/AIDS and poverty is a viscous circle. Evidence show that households can experience severe financial and social difficulties when one or more family members fall ill. Loss of income and increased expenditure on different forms of treatment lead to increased household poverty. Peasant farmers affected by AIDS may have to turn to less labour intensive crops, decreasing the agricultural output. This further exacerbates household poverty and may threaten food security at all levels. Increased poverty leads to increased risk of being HIV infected. New survival strategies may result in more migration, and poverty can lead women and children to exchanging sex for money or goods in order to feed their families.

Efforts to achieve education for all and improve the quality of education sectors are being hampered by HIV/AIDS. Poverty at family level, combined with a need for care-taking of sick family members often result in children (especially girls) dropping out of school. In some countries, teachers are dying at twice the rate of which they are trained\(^5\), leaving the education sector with few possibilities of improving.

In countries with high HIV prevalence, AIDS has a documented negative impact on per capita gross domestic product (GDP), and the impact on the informal economy is likely to be more severe than on the formal economy. In the world of work, increased absenteeism and loss of skilled labour pushes costs up whilst lowering productivity and compromising quality. This may in turn discourage both investors and customers, further contributing to the circle of poverty and hindering development.

Gender:
Women and men are affected differently by the epidemic. It is therefore necessary to address gender when dealing with HIV/AIDS, as unequal gender relations are driving the epidemic and women are disproportionately affected. Women also bear the psychological and physical burden of AIDS care for family members. Ideas of masculinity promoting multiple partners using no protection and often in combination with drugs and alcohol endanger men, their partners and future children.

\(^5\) Richard Feachem in Washington post, January 2003
Stigma:
Stigma and discrimination of people living with and affected by HIV/AIDS are among the gravest consequences of the epidemic. Stigmatisation related to HIV/AIDS plays into, and strengthens existing social and economic inequalities - especially related to gender, sexuality, class and race – undermining the fundamental human dignity of individuals and families. Men and women encounter different forms of stigma and discrimination based on their real or perceived HIV status. Women are particularly vulnerable to such stigma, due to their already subordinate position. Homo-/bisexual men are also very vulnerable to severe forms of stigma and discrimination, as an HIV diagnosis adds to their already marginalized position in many countries\textsuperscript{6}. The majority of HIV positive drug users are men, many of whom are criminalized, stigmatised and marginalized by their drug use. Their belonging to an already stigmatised group often hinders or delays their access to treatment for AIDS related symptoms\textsuperscript{7}.

Stigma and discrimination add a heavy psychological toll to people who are already burdened both physically and mentally due to their own or their relative’s HIV infection. In its gravest forms, stigma and discrimination may hinder access to education, employment, health care, accommodation and enjoyment of other rights. This represents a major obstacle for people’s - and in turn communities’ - ability to cope.

Stigma and discrimination is also an obstacle to all forms of HIV/AIDS interventions; Openness and trust is key to the success of all prevention and care programmes, and Voluntary Counselling and Testing is made difficult due to the stigma connected to visiting clinics who offer such services.

Unfortunately, mandatory testing of certain groups of people is practised in some countries. This is very problematic from a human rights perspective as well as from a preventive perspective. In order to create a conducive environment for dialogue, information and possible behaviour change, testing should be done voluntarily, based on thorough pre- and post-test counselling.

Young People
An estimated 12 million young people aged 15-24 is living with HIV/AIDS, and the numbers are rapidly increasing. About half of all new adult HIV infections occur among young people\textsuperscript{8}. However, if people are given the right tools and support to protect themselves from HIV infection at young age, it is likely that many of them will avoid HIV infection also later in life.

As of end 2002, 14 million children have lost one or both parents to AIDS. Approximately 80% of these live in Sub-Saharan Africa. Forecasts indicate that these

\textsuperscript{6} HIV/AIDS and gender: An awareness raising folder by The Norwegian working group on HIV/AIDS and gender, 2001
\textsuperscript{7} Ibid
\textsuperscript{8} UNAIDS, July 2002: Report on the global HIV/AIDS epidemic
numbers will rise dramatically over the next 10-20 years\textsuperscript{9}. Due to their marginalized positions, these children are more likely to drop out of school and less likely to visit health care facilities, and are thus more difficult to reach in terms of life saving information.

**Political conditions**

The debate around the HIV/AIDS epidemic has become increasingly politicised over the last years. HIV/AIDS is now an issue for national authorities as well as international bodies like the UN, the World Bank etc. This indicates that the need for well-targeted advocacy is present.

Some 95\% of the people living with HIV/AIDS live in developing countries, whereas the majority of the debate around the issue takes place in the resourceful layers of the population of the developed world. This is a great dilemma in terms of advocacy: Whose voices are heard, and whom do they speak on behalf of?

The issue of access to comprehensive health care for all, including treatment with antiretroviral drugs as well as drugs for opportunistic infections, is still a major challenge as lack of care and treatment represents a major threat to human dignity and is a violation of human rights.

**HIV/AIDS in faith based settings**

Also churches and other faith-based entities are living with HIV/AIDS. Many churches and religious communities around the world have done remarkable efforts both within HIV prevention and care for those infected and affected. Religious communities have an enormous potential in combating the epidemic. They can play a crucial role in prevention, care and advocacy if this potential is released, and it is thus a challenge to identify the mechanisms that allow for the full involvement of these communities in all aspects of HIV/AIDS interventions.

HIV/AIDS has however proven to be a challenging and demanding task for many faith-based entities to take on and talk openly about. In such settings, there is often no tradition of talking openly about sexuality and sexual behaviour – issues that are often surrounded by shame and secrecy. HIV/AIDS has for some become the “proof” of sinful behaviour, even though this is by no means the case. Traditional approaches to gender roles and sexual ethics have many times led to stigmatisation and rejection rather than compassion. It is therefore necessary to recognise that churches and other faith-based entities have often contributed to, instead of reduced the stigma and discrimination of people infected and affected by HIV/AIDS. They have also in many instances made preventive measures difficult because of the silence that surrounds issues related to HIV/AIDS and its root causes – among them the inequalities and power imbalance between women and men.

2. NCAs Policy Statement

**Vision**

\textsuperscript{9} Ibid
Our vision is a just world where the HIV epidemic is curbed and people living with and affected by HIV/AIDS can live a life in dignity and with respect for their rights.

Policy priorities
According to our Christian belief all human beings are created in the image of God, giving fundamental rights and dignity to all people. NCA is therefore committed to working with HIV/AIDS from a human rights perspective. The work against stigma and discrimination must therefore be of high priority and should be visible in all NCA-supported projects.

HIV/AIDS programs should be implemented through all three of NCA’s modes of operation: emergency response, long-term sustainable development and advocacy work.

Overarching principles for NCA’s HIV/AIDS work:
- Emphasis will be on promoting human rights and defending human value for children, men and women.
- Gender sensitivity and relevance must be sought in all activities, and women’s sexual and reproductive rights must be promoted
- Activities must reflect and respect the local cultural situation, and should be planned in co-operation with partners and local communities, including people living with HIV/AIDS
- An holistic approach should be sought in all activities, and prevention and care should always go together
- Together with other community members, NCA partners should give focus to “positive living” and underline the message of “living with HIV/AIDS” instead of “dying of AIDS”

Approaches
Since NCA believes that HIV/AIDS is not just a health issue, but also a development, gender, social, cultural and economic issue, our main focus for intervention is threefold;

- Prevention
  If the global HIV/AIDS epidemic is to be curbed, work to prevent the spread of HIV is essential. Unless the number of new HIV cases is reduced, the possibility to give proper care for those infected is also further diminished. Promoting condom use as well as female-controlled prevention measures (e.g. femidome as well as developments within e.g. microbicides) and giving emphasis to women’s sexual and reproductive rights are important components in the preventive work, in addition to focus on behaviour change and the provision of sustainable alternatives to high risk activities.

- Care and support
  NCA wants to promote palliative care and support. This should include pastoral and psychosocial care (self help groups etc), in order to take care of people’s spiritual and physical well-being.

10 Palliative care is about caring for people with a terminal illness as well as their families and friends. Palliative care aims to ease the pain, distress and many other physical, emotional and spiritual problems...
social needs. Care and support must be offered not only to those infected, but also their families, caregivers and health providers.

- **Advocacy**
  HIV/AIDS has become increasingly politicised over the last years, as it has been lifted up to the international political agenda. Large financial resources have been released, and it is thus more important than ever before to secure that the voices of the poorest and most vulnerable are heard and that interventions are based on their priorities and needs. The issue of access to treatment and care for all will become more and more important also in NCA’s project areas as research and progress will make e.g. ARV treatment increasingly feasible also in resource-poor settings. This will demand that NCA keeps track of the developments and advocates strongly for increased quality of the basic health care facilities in poor countries, so these systems are capable of distributing and managing ARVs when they become available.
  A main focus will be on securing women’s rights as their realities are often overlooked in conventional HIV-strategies

  Counselling is an important part of prevention, care and support. NCA will therefore advocate for the establishment of high quality VCT services that are widely available, and strictly oppose mandatory testing.

Interventions within these three areas are subject to some overall policy considerations both in terms of choice of actors and in terms of content:

### Actors and Arenas

- **NCA:**
  - NCA will develop a clear staff policy and code of practise on HIV /AIDS, where the rights of HIV positive staff and job applicants is secured. NCA will also encourage all partners to have a clear staff policy on HIV/AIDS, in order to avoid stigmatising and/or discriminatory attitudes and practises. Continuous dialogue on these issues are of crucial importance to secure the rights of people living with HIV/AIDS, and to help our own organisation and our network to fully understand and grasp the realities of this global epidemic.
  - NCA is committed to fighting all forms of HIV/AIDS related stigma and discrimination. Organisations or constituencies who knowingly and systematically practise discriminatory practises towards PLWHA should thus be held accountable for this, in close dialogue and follow-up from NCA.

---

11 See “NCA position on HIV/AIDS related stigma and discrimination” (2002) for more detailed strategies and program implications on this particular area
Stakeholders:
- Local grassroots’ organisations will remain the major implementing partners of NCA in HIV/AIDS service delivery and advocacy. But there are also other stakeholders that NCA will seek to work with in order to make our HIV/AIDS work as comprehensive as possible. These will include:
  - International bodies (UN, WCC, EAA etc)
  - National authorities (Norwegian and others)
  - Ecumenical sister-organisations
  - Interfaith bodies
  - Organisations for PWLAs at all levels
  - Business
  - Own employees

Partners:
- NCA will give priority and support to local initiatives through church-based and other religious organisations, traditional healers, and other local organisations including organisations for HIV-positive people and their families.
- The main bulk of NCA’s partners are church-related. Churches and other religious bodies have a natural mandate when dealing with ethical and moral issues such as life, love, sexuality and behaviour. We therefore recognise and emphasise the special responsibility of religious actors for dealing with the epidemic.
- NCA will, as an ecumenical and diaconal organisation, challenge the churches to fulfil their diaconal and prophetic role in regards to the right to a full life with dignity in face of the HIV/AIDS epidemic. Based on this, work against stigma and discrimination must be given priority in all NCA supported projects. In this context it will also be important to give HIV-positive people the possibility of a more specific theological reflection on the pandemic.
- NCA will focus on an increased co-operation and network building between organisations working with HIV/AIDS, including organisations for PLWHA.
- NCA will prioritise partner initiatives to provide education about gender relations and sexual behaviour specifically targeted at young women and men. The life situation and needs of young people will be central.
- NCA will seek to strengthen the HIV/AIDS advocacy work that is being carried out by our partners and networks. This should be seen as a supplement to and a reinforcement of the service delivery our partners provide.
We, Cardinals, Archbishops and Bishops of Africa and Madagascar greet you in faith and with warm affection. Gathered in the 13th Plenary Assembly of our Bishops Conferences of Africa and Madagascar (SECAM) we have taken up the AIDS pandemic and its horrible consequences. In doing so we have been very close to you, our dear brothers and sisters who are infected and affected by HIV/AIDS and also of you who have been moved to join in the fight against the scourge of AIDS.

I. **We are in solidarity.**

“For just as the body is one, and has many members, and all the members of the body, though many are one body, so it is with Christ”

(1 Cor. 12:12).

This eloquent image expresses well the solidarity that we feel towards all who suffer, but especially towards you our Christian brothers and sisters, who are one single body, with millions who make up the communities of Africa and Madagascar. It is on you that we call to join together in confronting the pandemic whose gravity no one can ignore.

May this solidarity be matched by a keen awareness of the seriousness of the threat facing us. Millions of lives have already been lost prematurely, whole families dismembered and untold numbers of children orphaned and/or infected by HIV. And it is they above all who need protection, nurture, housing, education and adult parents.

II. **Let’s be true to ourselves.**

As heads of our Christian communities, we commit ourselves to making available our Church’s resources be they our educational and healthcare institutions or social services. We will work closely with all funders who are disposed to support and work with Christian and faith-based organisations. We are open to partnerships with them and others who are happy to put their resources to work in the struggle, and do so knowing well that we work according to our Gospel convictions. For “man does not live by bread alone, but by every word that issues from the mouth of God” (Mt 4: 4).

The morality we teach in God’s name seeks to respect and affirm human life which gets its value and dignity from the fact that it is the inviolable gift from our Father who creates every human being and calls everyone to the fullness of life. Therefore abstinence and
fidelity are not only the best way to avoid becoming infected by HIV or infecting others, but even more are they the best way of ensuring progress towards lifelong happiness and true fulfilment.

“Never give in then, brothers and sisters, never admit defeat; keep on working at the Lord’s work always, knowing that, in the Lord, you cannot be labouring in vain” (1 Cor 15: 58).

III Let’s change behaviour
Besides teaching the morality of the Church and sharing her moral convictions with civil society, and besides informing and alerting people to the dangers of HIV-infection, we want to educate appropriately and promote those changes in attitude and behaviour which value abstinence and self-control before marriage and fidelity within marriage. We want to become involved in affective and sexual education for the life to help young people and couples discover the wonder of their sexuality and their reproductive capacities. Out of such wonder and respect flow a responsible sexuality and method of managing fertility in mutual respect between the man and the woman.

This type of education can only be undertaken effectively with the active collaboration of lay men and women who not only speak about principles of morality but also, as youth and as couples, give living testimony that fidelity to these moral principles yields a humanising and fulfilling affective and sexual life. Such education also contributes to promoting healthy and stable families, and these are the best prevention against AIDS. Organizations which specialise in such education for young people and for couples exist throughout Africa and are having a small but gratifying degree of success. We give them the support and encouragement they deserve.

IV Let’s be responsible
The solidarity that we spoke of earlier binds us to joint responsibility in tackling the global and complex challenges facing us: interminable and recurrent wars, conflicts and violence in which rape is often used as a weapon, not just psychologically violent but physically destructive through HIV/AIDS!

We have also come to realise that poverty goes hand in hand with HIV and AIDS. It concerns us that our already fragile economies should be further weakened with much of the trained labour force lost to HIV and AIDS. Poverty facilitates the transmission of HIV, makes adequate treatment unaffordable, accelerates death from HIV-related illness and multiplies the social impact of the epidemic.

In all these senses, “Let all the parts [of the one body] feel the same concern for one another” (1 Cor 12:25). This solidarity among us and this fidelity to our faith, this resolve to change behaviour and assume our entire responsibility for the future of our continent, now take concrete form in the following Plan of Action. We pass it on so that you can also make it yours.

---

12 Education for Life, Youth Alive, Action Familiale, Pro Vifa
PLAN OF ACTION
We, Cardinals, Archbishops and Bishops of SECAM, propose to the members of the clergy, brothers and sisters in religious life, to the faithful and all people of good will, the following plan of action: 13

I. In solidarity with you, we commit ourselves to:
   1. Utilise and increase the human, material, and financial resources dedicated to address the situation of HIV and AIDS in our communities, and to identify focal points in parishes, dioceses, and national Episcopal conferences in order to assist with gathering information and development of programme strategies. In this same effort, we are committed to coordinating our efforts at the continental level in the struggle against the pandemic.
   2. Make sure that the health services of the Church, the social services and the educational institutions respond appropriately to the needs of those who are ill with AIDS.
   3. Focus on the particular vulnerability of girls and the heavy burden on women in the context of the HIV pandemic in Africa.
   4. Advocate vigorously for access to treatment for those who are prevented from obtaining it through poverty and structural injustices.
   5. Involve those who are knowledgeable about traditional medicines and other natural remedies in research into means of struggling against AIDS.

II. Faithful to our Gospel convictions, with you we commit ourselves to:
   1. Collaborate with other Christian confessions and with people of other faiths working in their respective communities to support those affected and infected by HIV/AIDS.
   2. Promote closer partnerships with civil society, the business sector, governments, the United Nations, international and intergovernmental agencies, and particularly with organisations of people living with HIV and AIDS, in order to increase the capacity for care and support, without diluting our evangelical convictions.

III. Facing the serious threat of AIDS, with you we are committed to:
   1. Promote changes of mentality, attitude and behaviour necessary for confronting the challenge of the pandemic.
   2. Work tirelessly to eradicate stigma and discrimination and to challenge any social, religious, cultural and political norms and practices which perpetuate such stigma and discrimination.
   3. Play a major role in eradicating the damaging myths of stigma and discrimination by facilitating Voluntary Counselling and Testing (VCT) so that those who are infected might benefit from the care and support they need. This will also help better to control mother-to-child transmission.
   4. Advocate with government at all levels and with inter-governmental organizations to establish policy priorities that adequately support those affected by HIV and AIDS.

AIDS, that provide access to care and treatment and a life of dignity for people living with HIV and AIDS, and that implement the commitments made at various other inter-governmental meetings.

IV. In shared responsibility with you, we commit ourselves to:

1. Develop educational programmes which integrate the theme of HIV/AIDS in theology and religious formation. These programmes will also include moral principles and practical skills for promoting healthy relationships and a well-integrated sexuality.

2. Promote and deepen theological reflection on the virtues of compassion, love, healing, reconciliation, and hope, all of which are capable of confronting the judgement, shame, and fear that so often are associated with HIV and AIDS.

3. Organize workshops at the regional, national, diocesan and parish levels in order to increase accurate knowledge and sensitivity around all HIV and AIDS-related issues relevant to our Church.

4. Encourage people living with HIV/AIDS or affected by it to become actively involved, in our local communities, as resource persons in the struggle against the pandemic.

V. Finally, as Pastors of the Church Family of God in Africa in a time of AIDS, we want to:

1. Train clergy, religious, and committed laity to accompany people living with and affected by HIV and AIDS with prayer and spiritual counselling.

2. Provide doctrinal, spiritual and social formation, and the best possible professional training, for those willing to become involved in caring for and accompanying those who are living with and affected by HIV/AIDS.

3. Welcome people living with HIV and AIDS in a warm, non-judgemental and compassionate manner in our churches and ensure them a “place at the table of the Lord.”

4. Provide the sacraments and sacramentals, as appropriate and requested, to Catholics living with the virus.

5. Put into action the challenge addressed by our Holy Father Pope John Paul II to the Church in our continent through his Apostolic Exhortation, Ecclesia in Africa

“The battle against AIDS ought to be everyone’s battle. Echoing the voice of the Synod Fathers, I too ask pastoral workers to bring to their brothers and sisters affected by AIDS all possible material, moral and spiritual comfort. I urgently ask the world's scientists and political leaders, moved by the love and respect due to every human person, to use every means available in order to put an end to this scourge.”

We intend to create an HIV/AIDS service on the Continental level in order to assist us in implementing our Plan of Action.

(Signed) Symposium of Episcopal Conferences of Africa and Madagascar (SECAM) in plenary session, Dakar, Senegal, 7th October, 2003.

East - Central Africa Division (ECD) of Seventh-Day Adventist (SDA) Church
Regional Workshop on HIV/AIDS
The Nairobi Declaration


“We, who attended the East – Central African Division (ECD) of Seventh-Day Adventist (SDA) Church Regional Workshop on HIV/AIDS, are very concerned about the increasing nature of the pandemic in our region. HIV/AIDS threatens the very stability and development of our Church and its institutions. HIV positive Adventists have to live not only with the pain and harm brought about by the disease, but also with rejection, discrimination, misunderstanding, and loss of trust from fellow members and the community at large. As the pandemic has unfolded, it has exposed weaknesses in our understanding of the Church’s theology and ministry thereby contributing both actively and passively to the spread of the virus. The tendency to exclude others, misinterpretation of the scriptures and the theology of sin has been instrumental in promoting stigma, exclusion and suffering of People Living with HIV and AIDS (PLHWA).

Given the extreme nature of the emergency situation we acknowledge our responsibility to our Church members and the community. It is our mandate to engage in multiple Christian responses to the HIV/AIDS problem, and call upon our people to unite in prayer and action asking God to guide us in loving and caring ministries. We realize that we have the source of power to move the mountains because we have faith in God. We have Love - a powerful tool for service. We are committed to be the Heart, the Feet, and the Hands of Christ in responding to this call.

We, as members of the Seventh Day Adventist Church, will work with the leaders of the Church to commit ourselves to:

- Developing relevant policies at all levels of Church governance that respects rights, promotes dignity, and ensures care and support for people living with and affected by HIV/AIDS.
- Initiate fundraising by ECD together with partners such as ADRA, governments, NGO’s, UN Global Funds, etc. for prevention and care and support programmes in the local Churches and communities.
- Ensuring that PLHWA are supported and involved in activities of the Church as resource persons in education, training, prevention, care and support, advocacy, theological reflection, and other programs.
- Building the capacity of our members, especially youth, and our leaders to understand key issues in HIV/AIDS in order to better support the community, particularly in breaking the silence on sex and sexuality, overcoming stigma, enhancing awareness, prevention, counselling and testing, care giving, worship and preaching, improving economic support, and networking.
- Partnering and networking with other faith and non-faith-based groups such as NGOs, institutions of higher learning, governments, research bodies, and
community groups to maximize resources and benefits of HIV/AIDS programming in accordance with the GC.

- Challenging the traditional gender roles and power relations within our institutions, communities and families that adversely contribute to the disempowerment of women, and the spread of HIV/AIDS.
- Examining and addressing negative cultural/traditional practices that spread HIV, and work to change them positively.

We commend our partners who have helped in our efforts to combat the disease. We are heartened to see a growing involvement of PLWHA, non-government organizations, governments, donors, Churches, and other voluntary organizations. We realize that the problem of HIV/AIDS is not just a medical one, but is also spiritual, social, cultural, economic, and psychological. Thus, our response will be holistic and complete. The challenge is the Church’s! “…I tell you the truth, whatever you do for one of the least of these brothers of mine, you did for me.” Matthew 25:40.
Church of Nigeria (Anglican Communion)

National HIV/AIDS Strategic planning and policy development workshop
Communiqué


Preamble
We, (some Bishops, clergy and members) of the Church of Nigeria (Anglican Communion) drawn from all the ten ecclesiastical Provinces across the country, met in Abuja from 10th to 14th November 2003 to draw up a strategic plan of how our church will respond to the HIV/AIDS pandemic in Nigeria.

We would like to record our sincere appreciation to the Action Aid (Nigeria), Christian Aid and the Council of Anglican Provinces of Africa (CAPA) who have funded and supported this workshop to develop the Church of Nigeria Strategic Plan and Policy Development document. Also to thank the Policy Project Nigeria for their support.

We believe that as a church, following the footsteps and example of our Lord Jesus Christ, we are well suited to give hope to a hurting world in the face of HIV/AIDS. Our theme hence was: “A caring church in a hurting world.”

The four-day meeting was officially opened by His Grace the Archbishop and Primate of All Nigeria, The Most Rev. Peter Akinola who challenged us to uphold Biblical teaching as the surest way of stemming new HIV infections.

We focused on a six-fold response to AIDS, which has been developed and adopted by the Anglican Communion through the All Africa AIDS Planning Framework. The six core areas of our response include: prevention, counselling, pastoral care, care and support, death and dying and leadership.

We have together developed our HIV/AIDS vision which is “a caring church committed to preservation of life by preventing the spread of HIV/AIDS and caring for people living with and affected by HIV/AIDS.”

As a caring church living by the example of our Lord and Saviour Jesus Christ our mission is to prevent and control the spread of HIV/AIDS and to offer support to people living with and affected by HIV and strive towards having a future generation that will be born and live in a world free from AIDS.

To achieve our vision and mission we have set out the following policy guidelines that will guide our response as a church in addressing HIV/AIDS.

Prevention:
- The church will encourage sexual abstinence for the unmarried and mutual fidelity among married couples.
• The church shall set aside a week within the year as a HIV/AIDS awareness week.
• The church shall carry out AIDS awareness and sensitisation specifically targeting the adolescents.

Care and Support:
• The Church of Nigeria (AC) shall be HIV/AIDS friendly and shall ensure greater involvement of people living with HIV/AIDS in all aspects of church ministry.
• The church shall encourage the establishment of home-based care services to cater for people living with HIV/AIDS (PLWHA) and people affected by AIDS (PABA) in our churches and communities.

Leadership:
• The church leadership shall play a leading role in advocating for elimination of harmful traditional practices that predispose people to contracting HIV.
• The church shall advocate for the fundamental human rights of people living with and personally affected by HIV/AIDS i.e. access to health services, employment, education, housing etc.
• The Church of Nigeria (AC) shall set up an appropriate structure for implementation, monitoring and evaluation of the HIV/AIDS programme.

Pastoral Care:
• The church shall ensure that all its clergy are sensitised, knowledgeable and well informed to share accurate information about HIV/AIDS.
• The church shall incorporate HIV/AIDS into the curriculum of all its seminaries, theological colleges and mission schools.
• The church is committed to further theological reflection on issues pertaining to HIV/AIDS.

Counselling:
• The church shall encourage Voluntary Confidential Counselling & Testing (VCCT) and the setting up of support and referral networks with the government and agencies that share the same vision.
• Through Christian counselling, the Church of Nigeria (Anglican Communion) shall reinforce the adherence of Christian family values.

Death and Dying:
• The Church of Nigeria (AC) shall encourage its members to write wills and preserve resources for those living on.
• Bishops and pastors shall take a lead in discouraging expensive funeral ceremonies and modify rituals to still honour the dead.

The above policies will be implemented systematically and in a concerted way throughout the Anglican Communion in Nigeria and we believe will receive the support of all the members of our Church.

CONCLUSION
The participants have undertaken to carry out activities in their dioceses with the existing human and material resources to mitigate the impact of the pandemic in their parishes and communities. Immediate actions will include pulpit ministry, peer education, skills
building workshops and seminars for youth, women groups, fathers associations and pastors.
One hundred and forty seven participants representing Buddhists, Christians, Hindus and Muslims, met in Bangkok for the ‘Inter Faith AIDS Conference – For We Are Neighbors.’

Religions and faiths are different roads converging to the same goal – service to humanity. In spite of different beliefs, we all have one common platform: A fundamental belief and respect for the unique human value, human dignity and human rights.

HIV is a critical test for our faith and our commitment to building a sustainable community and a fullness of life since HIV is rooted not merely in health and physical sphere but also in life styles, social perspectives, attitudes and individual behavior practices.

As religious communities, we believe that HIV/AIDS is not a form of punishment for the sufferer but an opportunity for us to serve the sufferer. Through this, our religious communities have been challenged by our faith and divine teaching against stigmatization and discrimination. We should therefore focus on the teachings common to all religions: Love, compassionate service and mercy. The HIV/AIDS crisis is an opportunity to mobilize our concern for the fullness of life for those among us who are infected or affected.

The HIV/AIDS crisis has brought us together. We need to share knowledge, understanding and experience from our various religious communities so that our efforts become more and more effective. Through this, we unite as a global community to establish a new culture of interfaith co-operation, which will balance the individual interest of our religions with the interest of our societies while focusing on our common values of human dignity and human rights.

It is our common understanding that:

- All humans are equal. We are brothers and sisters. Thus, we should treat each other with mutual care and respect regardless of social status, faith, gender or life style.
- We should speak openly about the basic facts of the HIV/AIDS crisis and about all effective means of prevention.
- Individuals in our communities are facing unprecedented pressure due to globalization and industrialization.
• The root causes of the HIV/AIDS crisis include gender inequality, systemic injustice and unequal distribution of wealth. Our approaches therefore have to be sensitive to the various effects, our efforts will have for women, men, children, adults, rich and poor etc.
• Young people are especially vulnerable to the HIV/AIDS crisis. We, as religious communities, must therefore provide genuine concern, guidance and support for survival and well being of the future generation.
• We stand united with those who are living with the virus, those who mourn and those who are dying together with their families and communities.
• We pledge to serve and nurture the children of those who have been infected and affected by HIV/AIDS.
• We need to end the silence of stigma, denial and fear about HIV/AIDS and practically embrace those who have become victims of our ignorance and apathy.
• We have to dedicate expanded resources to the fight against the HIV/AIDS crisis.
• Medication, treatment and support must be made available for all who need it. It is the responsibility of each and every government, multilateral institutions, the pharmaceutical industry and other international bodies.
• Continuous medical research must be given priority. Scientists and research institutes must be encouraged to invent more effective methods of prevention and treatment.
• The HIV/AIDS crisis is the sum of multiple life dimensions: The spirit, the mind and the environment has to be understood in a local, national and global context.

We now call upon all our sisters and brothers to develop a new culture of interfaith cooperation to fight the global HIV/AIDS crisis and its consequences. HIV/AIDS knows no boundaries and therefore, all of our religious communities are living with HIV/AIDS. We admit and regret that many religious communities and governments have been slow in reacting to the crisis, with the result that those among us who are living with HIV/AIDS have not always been met with the solidarity and support they deserve. This must change immediately. It is high time to act now.

At the same time, we call upon all political leaders to spare no efforts in the fight against the HIV/AIDS crisis and its consequences. No political, financial or ideological interests must ever be allowed to over-shadow the protection of human value, human dignity and human rights. We also call upon all those who take leadership at the global, national and local levels to fight against the HIV/AIDS crisis and to recognize the role of faith based communities in this fight, and be open to co-operation and dialogue in order to make our common struggle as efficient as possible.

Most importantly: We call upon all advocates in the fight against the HIV/AIDS crisis, including religious communities, political leaders and governments, to actively involve people infected with and affected by HIV/AIDS in all aspects of the fight against the HIV/AIDS crisis. Those who are infected and those who are affected have first hand knowledge about the situation, and therefore represent an invaluable source of competence that is desperately needed to make the fight succeed.
Myanmar is among the countries of South East Asia that are affected by HIV. Although the incidence of infection varies widely between different States, no area of the country is free of HIV. Thus to a greater or lesser extent all dioceses are affected by HIV. The virus has no respect for age, gender, ethnicity or religious belief. All communities within Myanmar, rural and urban, Christian, Buddhist, Animist and those of no religious belief are all affected. The immediate vectors of infection are well identified: blood, sexual fluids and breast milk. The underlying causes of infection for the majority of people in Myanmar are linked to poverty and powerlessness.

Challenges and Opportunities for the Catholic Church in Myanmar: the Church is in a privileged position of being able to reach people worst affected by HIV, in villages and towns where, often, no NGO has access and where locally-based or government led HIV-related care and prevention programmes are non-existent. Church personnel have the potential to provide at least basic care and support for people infected and affected, to educate about the infection and how it can be prevented, and to reduce the stigma and discrimination suffered by people infected and affected by HIV. HIV raises one of the biggest taboo subjects: sex. Thus open discussion of sexual health and sexual behaviours is difficult. Within church circles this taboo may be stronger. (The Letter goes on to highlight the needs of both those infected and affected by HIV and AIDS.)

How can the Church Respond? All who hold positions of leadership in the Church (bishops, priests, religious, catechists and lay leaders) need to be well informed about HIV and also about the ethical and moral questions raised by HIV. In every diocese, the Church must look to support all those within their geographic region who are affected by or vulnerable to HIV, and not just to Catholics or Christians. Bishops and priests are public figures in the communities they serve, they can lead by example in what they say and in what they do, for example:

- Every Sunday, priests and bishops have an opportunity to speak out. They can use their sermons to condemn any form of discrimination against people affected by HIV, to educate their communities about HIV and AIDS, and to address some of the root causes of infection in Myanmar.
- Bishops and priests can make sure that they and their parishioners are not judgemental in their words or actions, and that people living with HIV and their families are always welcome in the liturgies and wider activities of their Church communities.
Bishops and priests can encourage the diocese to seek alternative employment opportunities for young men and women whose present work options heighten their vulnerability to HIV.

Bishops and priests can visit people sick with AIDS, bringing them the sacraments and offering support to them and their families.

Bishops and priests can enable and encourage the HIV-related work of sisters and lay catechists. There are many examples where clergy say, “our people don’t need to know about HIV/AIDS”, or “our people would be scandalised if we talked about sex”. In other instances, priests or bishops have stopped lay people from raising awareness about HIV, telling them they are not qualified to discuss these moral questions and even preventing them from giving scientifically proven sexual health information about HIV prevention. Such negative attitudes need to change if the Church is to offer any meaningful response to HIV/AIDS.

Bishops and priests can work in collaboration with leaders of other Christian churches and other faiths to offer a united response to the epidemic.

We are aware of the magnitude of the task ahead of us. We share a common ideal with all who are working to eliminate the stigma and discrimination attached to HIV and we know that it is only through our mutual collaboration that we can realise the World AIDS Day Campaign aspiration to “Live and Let Live”.

The letter then goes on to request all parish clergy to offer prayers in their parishes on Sunday December 7th for all who are living with HIV and AIDS. They also suggest some special prayers which might be used.
My dear sisters and brothers in Jesus,

1. St. Mathew, the evangelist quotes the Prophet Isaiah to introduce the mission and message of Jesus, in these words: “The people who walked in darkness have seen a great light, and for those who sat in the region and shadow of death light has dawned” (Mt. 5:16). As the Chairman of the Catholic Bishops Conference India (CBCI) Commission for Healthcare, I would like to reflect with you on this theme in the context of the devastating scourge of HIV/AIDS that is affecting many of our sisters and brothers in our beloved nation. This message is the fruit of the suggestions by the Bishops in-charge of Health Commissions in the 12 Regional Bishops’ Councils and the Heads of National Health and Developmental Organisations, who came together for a National Consultation on ‘the Response of the Church on HIV/AIDS’, held on August 8-9, 2003 at St. John’s National Academy of Health Sciences, Bangalore. As you perhaps know, each year, December 1 is observed globally as “the World AIDS Day”. Such a reflection is more appropriate since we begin the sacred season of Advent, and prepare ourselves to celebrate the birth of Jesus, the true Light, that ‘dispels despair and darkness’, and ‘enlightens everyone in this world’ (Cf. Jn 1: 5,9).

2. The first case of Human Immunodeficiency Virus (HIV) was detected in India in 1987. In the last 15 years, the epidemic has spread rapidly all over the country. Today India is estimated to have about 4.5 million HIV positive people. If this pandemic continues at its present pace, it is going to have devastating effects on the entire fabric of our society. It is said that if the spread of HIV/AIDS is not checked and the problem reversed, it is likely to wipe out decades of development made in our country. It is also projected that in terms of the total number of the HIV infected, the Indian subcontinent will overtake the other nations, and may become the ‘AIDS capital of the world’. It is going to pose a formidable challenge to healthcare resources, institutions, families and life expectancy. We can only control the disease, but, as on now, there is no cure.

3. The Holy Father, Pope John Paul II has affirmed that those suffering from HIV/AIDS must be provided with full care and shown full respect, given every possible moral and spiritual assistance, and indeed treated in a way worthy of Christ himself. The entire Church needs to join hands to make efforts for HIV prevention and control. Pope John Paul II states that “the battle against AIDS ought to be everyone’s battle.” (Ecclesia in Africa, n.70). With existing exigencies of our country such as poverty, illiteracy, ignorance, injustice and discrimination, it becomes absolutely necessary for the Church to get involved in the care and support of the infected and awareness building programmes for prevention. Countries like Australia, Great Briton and Uganda tell the success stories...
of reduction in the number of new HIV infection, due to the active intervention of the Church and other faith-based organizations with the Governments.

4. The Catholic Church has been a major provider of competent and compassionate care to people living with HIV infection around the globe. The Catholic Church provides approximately 25% of the total care given to those infected with HIV/AIDS, which makes the Church the major partner of Nations in the fight against this disease.

In India, among the total 4743 Catholic healthcare institutions, a good majority indeed have one way or the other have some programme towards prevention, care for the persons living with HIV, and support for the affected. The Church runs 39 care and support centers specifically for those infected with HIV and AIDS in different parts of the country.

Through the efforts of the Commission for Healthcare, the CBCI signed a Memorandum of Understanding (MoU) with Indira Gandhi National Open University and a programme of Study on `Family Life Education in the context of HIV’ was launched and 2200 students have enrolled themselves for this course in the last academic year. We know that education, awareness building and training for the prevention of HIV/AIDS play a major role. Hope many more, especially those who are in the education and healthcare field will join the course and profit by it.

Developmental organizations like Caritas India, Catholic Relief Services (CRS), Catholic Medical Mission Board (CMMB) and so on have various programmes to control the spread of the disease in our country. St. John’s National Academy of Health Sciences, Catholic Health Association of India (CHAI), Catholic Nurses Guild of India (CNGI), and some Religious Congregations maintain various programmes and projects responding to HIV/AIDS.

In the attempts against the spread of HIV/AIDS, though the Church is involved to a great extent, it still has a major mission to fulfill. Considering the magnitude of the HIV/AIDS pandemic, the entire Christian community needs to be alive, active and involved. We need to reflect together the ways and means to be the light of the Divine Saviour, and that we never “walk in darkness” – the darkness of ignorance and fear. We should take it up as a challenge to remain united as one family, where no one is discriminated against, rather, everyone is truly accepted.

5. Let us change the darkness of ignorance and misconception into the bright world of prevention and positive action: HIV infection, as per the current knowledge, is transmitted mainly in three ways - through sexual contacts with a person infected and thus through body fluids; from a mother infected with HIV to her baby; and, through blood transfusions. We need to build awareness among the people on the nature of the disease and the ways of its transmission. Prevention involves choosing responsible life styles, that are based on true human and moral values and adhering to them in one’s life. This implies fidelity and faithfulness in one’s marriage, pre-marital and extra-marital sexual chastity, and responsibility to one’s life and commitment.
6. There are many agencies that campaign for prevention of HIV/AIDS by advocating “safe sex” or “safer sex” through condom use. Unfortunately it tends to offer a false sense of security. In this context, we need to remember that the sexual behaviour basing on the values of the Gospel only will offer the best protection.

7. Proper awareness on HIV/AIDS should help us to overcome our prejudices and fears. Those who contract HIV/AIDS, whether by accident or by consequences of their own actions, carry with them a heavy burden of social stigma, ostracism and condemnation. The infected and affected persons deserve all the compassion and care offered by Jesus. Those who feel morally superior to those living with HIV/AIDS may remember that self-righteousness is condemned more than any other sin by Jesus in the pages of the Gospel. Let us join with the World Health Organization and UNAIDS in the campaign, “Live and let live”, to eliminate stigma and discrimination associated with HIV and AIDS. I appeal to the parish communities, educational and healthcare institutions to be actively involved in awareness programmes, campaigns, life-skill education, study-seminars and care and support.

8. Let us help those people living with HIV to come out of the shadow of despair, gloom and guilt and enter into a joyful hope and acceptance. Those among us who are living with HIV/AIDS must not feel that they are alone and abandoned. We, who are their sisters and brothers, must walk in solidarity with them on their journey. In the words of Pope John Paul II, “Solidarity is not a feeling of vague compassion or shallow distress at the misfortunes of so many people. On the contrary, it is a firm and persevering determination to commit oneself to the common good; that is to say, to the good of all and of each individual because we are really responsible for all.” As the body of Christ, the Church needs to take care of those infected and help them to ‘live positively’ with HIV/AIDS. The infected can continue to celebrate life and live with hope, having judicious use of medicine, eating a balanced diet, dedicating sufficient time for prayer and meditation, spending time with family and friends while contributing whatever way they can for the benefit of the family and society.

9. One of the serious concerns of the Church is to make sure that the infected have access to essential drugs at an affordable price. In this connection, we appreciate the Government of India for its efforts in providing free drugs for the opportunistic infection. It is indeed a laudable plan resolution that WHO is launching a programme to give the antiretroviral (ARV) medicines to a large group of persons living with HIV. We appeal to our institutions to make use of these available schemes so that the infected may receive its benefit. On behalf of our sisters and brothers living with HIV, I appeal to the Pharmaceutical Companies in India, who are producing a large share of the medicine for global supply, that not profit, but humanitarian considerations should be their motive and primary concern.

10. We need to acknowledge that people living with HIV/AIDS continue to contribute to their family and society. They are to be reassured of the value of their lives, their worth in the larger society and the positive contribution they can make to further enrich it. Persons
living with HIV/AIDS are to be part of the planning and decision making process of the interventions.

Parish communities, especially through the basic ecclesial communities, should reach out to those families of HIV patients. We should create a network of people prepared to assist such families in care, counselling and support. Women are at a higher risk of getting infected due to the prevailing gender inequalities. Women Groups in communities and parishes have an important role to play in this regard.

11. All the Catholic healthcare institutions, as we are serving the Lord in the abandoned and afflicted, will admit and care for the people living with HIV/AIDS. As Blessed Teresa of Calcutta used to say, `a person affected by HIV/AIDS is Jesus among us. How can we say no to Him!' Every baptised is invited to show compassion and love to those already infected. The family members of the person infected play a major role in the home-based care, which is palliative in nature. Families and caregivers at home need to be trained in day-to-day care of the patient. We need to know how to fight this disease, while taking care not to discriminate and stigmatize the infected.

12. As we conclude the year of Our Lady of the Rosary, the Mother of Hope and Strength, I entrust to her maternal care and intercession all those who are living with HIV/AIDS. May she also intercede for all of us so that the Babe of Bethlehem, may remove all the shadows of despair, discrimination and fear and bring to our hearts the true light of hope and loving acceptance of everyone, especially those who are sick and suffering.

Yours in Jesus,
Msgr. Bernard Moras
Bishop of Belgaum and Chairman, Catholic Bishops Conference India (CBCI)
Commission for Health
CBCI Centre, New Delhi
October 18, 2003
Feast of St. Luke
I. PREAMBLE
More than 80 representatives of Asian church leadership related to the Lutheran World Federation and the United Evangelical Mission gathered at Batam Island, Indonesia for a regional consultation on HIV/AIDS. They included bishops, presidents, lay, women and youth leaders, women living with HIV/AIDS, ecumenical guests from Indonesia, a bishop from Africa and youth representatives from Africa and Latin America, medical experts and other resource persons. For the first time, Asian church leaders gathered to openly and solely discuss and express emerging and alarming concerns on the pandemic.

The four-day gathering with presentations of experts, deliberations, discussions, testimonies of those positively living with HIV/AIDS both in our consultation and during our visit, sharing of experiences, Bible studies, worship and prayers, made us realize the possible role of the churches in addressing the HIV/AIDS pandemic. We were confronted with our own prejudices, lack of knowledge and experience with survivors of HIV/AIDS that opened our eyes and challenged our present practice of being church. We confess our failure in the past to respond to the HIV/AIDS pandemic.

These experiences have led us to profess a covenant of life that encompasses theology, biblical ethics, pastoral care, mission and diakonia, religious and socio-cultural barriers, education and prevention, economic globalization, and cooperation and networking. Indeed, HIV/AIDS is not only a health problem but it also encompasses spiritual, socio-politico-economic issues and challenges.

II. “COVENANT OF LIFE” - STATEMENT OF COMMITMENT
Mission and Diakonia
We commit ourselves as part of the body of Christ to make HIV/AIDS a priority in our mission and diakonia through formulation and implementation of a policy that empowers local congregations and communities to:

- Conceptualize and develop a biblical, theological, and ethical understanding of all aspects of the HIV/AIDS pandemic, based on our Asian context and experiences to effectively respond to this pandemic;
- Combat and defuse stigma and discrimination against people living with HIV/AIDS by first and foremost breaking the socio-cultural barrier of shame or “losing face” by openly talking about HIV/AIDS, human sexuality and drug addiction;
- Address all misconceptions and myths through awareness raising about the HIV/AIDS pandemic;
- Develop contextual and inclusive policies on HIV/AIDS;
Affirm the importance of gender justice and equality;
Identify and combat the root causes of HIV-AIDS: poverty, sexual abuse, domestic violence, brokenness and exclusion in our society, drug abuse;
Understand and transform economic globalization that leads to increased migration, commercial sex industry and human trafficking, which makes people vulnerable for contracting HIV/AIDS;
Strengthen the capacity and accountability of church leadership through strong cooperation and networking with each other in the communion, and with various government and nongovernmental agencies at international, regional and local levels;
Facilitate effective and inclusive pastoral care and counseling.

We urge that the dissemination and reception of this commitment should reach the grassroots through an effective information campaign.

**Theology, Bible and Ethics**
Realizing that a proper understanding of the pandemic requires contextualization of our theology and ethics, we commit ourselves to

- Renew our theology and ethics relevant to the challenges posed by HIV/AIDS based on the gracious relationship between God and humankind and the whole of creation embodied in the relationships among people. This would give us a new meaning to care and nurture churches, community and family;
- Develop an Asian theology of life which encompasses suffering, death and dying, in the light of promoting dignified life;
- Reexamine our understanding of sin in the light of the Lutheran doctrine of being both sinner and justified by grace (*simul justus et peccator*) in order to avoid any judgmental tendency. This process should confront our hierarchal notion of sin and immediate judgment on the relationship between HIV/AIDS and sin;
- Review and amend our ethical policies including excommunication practices that exclude people living with HIV/AIDS;
- Initiate theological and ethical understanding of human sexuality in the Asian context and its relation to the pandemic. We also need to review our current regulations/policies in marriage and divorce in the context of couples infected and affected by the HIV/AIDS pandemic;
- Contextualize biblical concept of health, healing and wholeness.

**Pastoral Care, Ministry and Diakonia**
Realizing that our pastoral care, our ministry and diakonia have so far failed to adequately address the needs in relation to the HIV/AIDS pandemic, we commit ourselves to

- Redefine and deepen our understanding of pastoral care and counseling. This should be included in the formation and training of pastors and lay workers who care for people living with HIV/AIDS. We recognize that there is a need to provide more counseling services with confidentiality that is grounded on credibility and accountability;
• Raise the level of competency of pastors and counselors through better training programs and continued education;
• Provide pastoral counseling services and follow-up regardless of religion, ethnicity, caste and tribes.
• Continue capacity building of church leaders in addressing the HIV/AIDS pandemic;
• Urge pastors to preach the reality of HIV/AIDS conveying the message of a liberating gospel;
• Empower the vulnerable groups especially women & youth to face the challenges of HIV/AIDS;
• Take the responsibility in the formation of character, behavior and values of people of all ages;
• Initiate the provision for shelter for people living with HIV/AIDS or developing home-based care and hospice in local communities. This should include training of volunteers in serving and ministering to people living with HIV/AIDS;
• Urge and assist local congregations in planning, implementing, monitoring and evaluating programs addressing HIV/AIDS pandemic. People living with HIV/AIDS should be involved in the whole process. This may include income generating projects for and by people living with HIV/AIDS;
• Establish peer support groups of/for people living with HIV/AIDS & family for caring and sharing;
• Support legal advocacy for people living with HIV/AIDS.

Religious and Socio-Cultural Barriers
Realizing that religious and socio-cultural barriers have contributed to denial of and silence about HIV/AIDS we commit ourselves to
• Address the oppressive patriarchal system in the church, community and family;
• Remove the negative cultural barriers among Asians that creates stigma and discrimination;
• Eliminate the Asian fatalism outlook on life that depends heavily on destiny;
• Confront use of language that creates false and misleading information about the reality of HIV/AIDS.

Education and Prevention
Knowing that only through education and prevention we can curb the spread and effects of this pandemic, we commit ourselves to
• Collate information through surveys among clergy, church leaders, congregation members, and community at large to know the current situation about HIV/AIDS transmission and cure, faith understanding and cultural beliefs in order to have a realistic understanding of the pandemic;
• Disseminate information to all congregations and communities for awareness building with local human resources through identification and utilization of medical and other social sciences experts. This could be done through Sunday school, Bible study groups, cell groups and other church group meetings especially among the youth. Communication may be done in the form of radio
broadcasting, songs, prayers, drama and church publications such as pamphlets, and posters;

- Establish information centers on HIV/AIDS in local congregations;
- Develop and provide liturgical resources for congregations and family use;
- Introduce HIV/AIDS related issues as part of the curriculum of theological training schools for pastors and lay leaders;
- Integrate a good quality HIV and reproductive health education in the Christian Education curriculum to “ensure that young people have information and life skills they need before they become sexually active and sexual behavior starts to form.” This should also include adequate information about the protective use of condoms in the context of HIV/AIDS prevention, the danger of needle-sharing in intravenous drug use and other preventive measures;
- Continue to promote fidelity in marriage in a context of gender equality and informed choices.
- Reach out to people living with HIV/AIDS to learn from their testimonies and stories through workshops and field trips.
- Commemorate World AIDS Day in churches nationally and locally.

Economic Globalization
Asian countries both gain and lose in the current trend of economic globalization. We recognized that poverty increases vulnerability especially through mass media consumerism that promotes the image that one’s value is more based on “what you own” than on “who you are.” In that context many young men and women are lured to migration, increased mobility and commercial sex industry. We therefore commit ourselves to

- Identify the relationship between and address the challenges of economic globalization and HIV/AIDS as it affects migrant workers (local and overseas), commercial sex workers and other vulnerable groups.

Advocacy
Recognizing the human rights principles at stake in relation to access to care and treatment we commit ourselves to

- Advocate for access and governmental subsidies to affordable anti-retroviral drugs (ARV) and medication for opportunistic infections. Advocacy strategy should include challenging drug companies to reduce the cost of ARV drugs. Also by lobbying for and supporting of international policy (e.g. WHO’s “3 by 5 campaign”) that would make ARV drugs (and essential medicines for opportunistic infections) available equally in developed and developing countries.

Cooperation and Networking
Realizing that churches need to coordinate and -where possible- combine their efforts to fight HIV/AIDS with other actors in government and civil society, we commit ourselves to

- Develop and strengthen partnership with government bodies such as Ministries of Health and country level CCMs, UNAIDS, NGOs addressing HIV/AIDS, other partners in civil society, and especially with people living with HIV/AIDS;
• Sustain inter-religious cooperation especially at the national leadership level;
• Create in our church an enabling environment for discussion and planning of a response to HIV/AIDS
• Include in the budget of our church and its institutions financial space for HIV/AIDS activities
• Organize special fund raising through church collections for HIV/AIDS on a designated AIDS Sunday close to World AIDS Day
• Ensure the implementation of HIV/AIDS programs by establishing coordination committees within the existing church structure at different levels.
• Seek government financial assistance for people living with HIV/AIDS;

III. IMMEDIATE FOLLOW UP

This statement of commitment will be followed up at the forthcoming Asian Church Leadership Conference in June 2004

• to affirm this commitment, and
• to take note of the various plans of action prepared by member churches drawing from this Consultation, and
• to determine further regional follow-up (in a plan of action).

On the short term the following will be undertaken:

• Each church to do what is needed first and what is possible on the short term (draw up a plan, a policy, etc.)
• Each church to appoint an HIV-AIDS contact person where possible and feasible.
• Adequate support and empowerment to be provided from the LWF secretariat (through DMD and LWF staff).
• Translate and disseminate this statement to all church institutions and to all pastors and congregations

At the same time the following will be further considered:

• National committees (for India, Indonesia, Malaysia) can monitor progress and constraints. When appropriate the national committee can appoint a specific AIDS committee.
• A follow-up committee for the Asia region that can address information needs and program planning. The Asia Regional Coordinator in Bangkok can act as a communication facilitator.

IV. CONCLUSION

The number of people living with HIV/AIDS in Asia is an alarming 8 million, our efforts to combat HIV/AIDS and the related stigma and discrimination should therefore be a priority for Asian churches. This consultation was an urgent ‘wake-up call'. There is a tiger roaring just outside –or already inside- our villages. Not to act now will bring death and suffering.

This "covenant of life" statement of commitment will not be prophetic and valuable if it remains only in written form and is not put to concrete action for the sake of life. We would be breaking our covenant if we do not put our commitments into action. God’s
covenant with us through our baptism binds us to pray unceasingly and work boldly together to address the HIV/AIDS pandemic. We pray that the Holy Spirit will empower and inspire us for this action.
PREAMBLE
We who represent Christian churches and church-related organizations are committed to building up a compassionate community, which responds to the needs of society in the midst of the AIDS epidemic. We have gathered to address the emerging HIV epidemic in Central and Eastern Europe. We believe that people with HIV/AIDS are loved and accepted by God and are equal members of our community. People living with HIV/AIDS can contribute fully to their communities and we are committed to welcoming them into the full life of our churches.

We are committed to ensuring that our communities are fully informed about the reality of this crisis and are equipped and willing to act in a way to prevent the spread of this disease and to support and sustain those who are affected by HIV/AIDS. We will work with civil society and governmental and local institutions while striving to be grounded in Christian values and ethics.

We will strive to empower the people of our communities to make responsible decisions based on ethical behaviour and to avoid risky practices with special attention paid to groups that are especially vulnerable.

Even though we may have different approaches to certain issues, we are united in the fundamental belief in the sacred worth of human beings and that the Gospel mandates that we love and respect all people regardless of their circumstances.

PREVENTION
The political, social and economic changes in Central and Eastern Europe throughout the last two decades have made certain population groups vulnerable to HIV/AIDS. We resolve to focus our church-related HIV/AIDS work on the following groups:

1. Children and Youth, including those who are orphans and/or homeless/street children
2. Women
3. Children born of HIV-infected Mothers
4. Prisoners
5. HIV-infected and Affected Persons
6. Drug Users

We will continue to assess the needs of other groups that may also be vulnerable to HIV infection.
The battle against the HIV/AIDS crisis is a battle for the dignity of life. It calls us to use all effective means of prevention within a context of Christian ethics.

CARE
Many people infected by HIV carry additional burdens in the form of other illnesses, poverty and economic hardship, imprisonment, stigma and social exclusion. As Christians, we are called to care for and support all those in need regardless of social status, religion, lifestyle or health condition. The inclusion of those who are infected with or affected by HIV in this care is part of the Christian vocation.

STIGMA AND DISCRIMINATION
Persons living with HIV/AIDS are often severely stigmatized and subject to various forms of discrimination. As Christians, we believe all human beings are created in the image of God and therefore have intrinsic value and dignity. Any form of stigmatization or discrimination perpetrated against human beings violates this divine image and is therefore a sin. We believe as Christians that all people are called to resist this offence against God-given human dignity anywhere it occurs.

GENDER
We acknowledge that unequal gender relations in our communities make girls and women increasingly vulnerable to HIV infection. This is further enhanced by recent changes in society that have led to the exploitation of women as sexual objects. We must show a willingness to take action to deal with these complicated issues.

Advocacy
We must dare to focus more on the rights of women and children and the particular issues of sexual coercion and domestic violence. Each woman and man should have a shared responsibility to prevent the spread of HIV within his or her family, community and society. We must also focus on the role of men and masculinity in HIV prevention.

This meeting was made possible with the financial support from Christian Aid, Christian Interchurch Diaconal Council of St. Petersburg, Norwegian Church Aid and the World Council of Churches.

Participant organizations: Armenia Round Table, AROBO "Rasvet", Belarus Round Table, Christian Interchurch Diaconal Council of St. Petersburg, Caritas St. Petersburg, Coordination Committee for Interchurch Aid in Ukraine, DanChurchAID, Diakonia Agapes- Albania, Ecumenical Humanitarian Organization-Serbia & Montenegro, FinnChurchAID, Interchurch Organization for Development Co-operation- Netherlands, “Kamen”Pskov- Russia, “Maria” Mothers Against Drugs- Volvograd- Russia, "New Beginning" Murmansk- Russia, Norwegian Church AID, Novoe Vremja- Ekaterinburg- Russia, Petrozavodsk Diocese of the Russian Orthodox Church, Philanthropy-
Humanitarian Organization of the Serbian Orthodox Church, Russia Round Table (Russian Orthodox Church), United Church of Christ-USA, UMCOR Armenia, UNAIDS-Moscow, World Council of Churches, World Vision- Armenia.
Beloved brothers and sisters,

We are still at the beginning of the year, at a time when each one of us looks forward to the things he or she wishes or must fulfil, for his or her material and spiritual wealth. It is a legitimate wish of a human being to look for his or her own good. But, at the same time, it is a duty of every Christian to look for the good of the neighbour, thus following the great and holy law given to us by Christ: “Love your neighbour as you love yourself!” (Luke 10:27).

This year brings new challenges on the path towards achieving what is good for some of our fellow human beings. We refer to those suffering from the terrible AIDS. For them, the desired good is a fundamental one: survival. But the fight they put up against such a disease is unequal. They can only win with our support, and their victory represents one more day, one more month or one more year of life. Consequently, the international community dedicated the month of December of the passed year to the fight against AIDS, but also against intolerance which some of our brothers and sisters manifest towards those touched by this real scourge of today’s world.

The Holy Apostle Paul urges us, by saying: “Help carry one another’s burdens, and in this way you will obey the law of Christ” (Galatians 6:2). But many of those who are ill do not have anyone to help them in bearing the heavy burden, because their fellows avoid them, and the communities where they belong marginalize them. Did the Saviour avoid the ill ones, fearing not to become Himself ill? Did He reject them, when they were asking for help and comfort? Certainly not! On the contrary, “Jesus, moved with compassion, put forth His hand, and touched them.” (Mark 1:41).

We have, therefore, the duty to accept them among us and to help all those suffering. In this sense, our Church offers everyone an example of self-sacrificing service for the good of one’s neighbour, through the pastoral and spiritual activity of the devout priests unfolded in social establishments and hospitals, especially in the wards for AIDS treatment. Following the example of the Saviour Jesus Christ, day by day, they watch over the sick, giving them comfort and encouraging them to face the disease. This is, many times, the only help, but the greatest proof of the love we can offer them. Even so, from different unsustainable reasons, some of us avoid them. That is why we believe that...
the example of these servants of the holy altars is an urge to be followed by all those among whom people suffering from AIDS live.

Christ identifies Himself with these brothers and sisters of ours, when He says: “I was sick, and you visited me” (Matthew 25:36), or “I tell you, whenever you did this for one of the least of these my brethren, you did it for me” (Matthew 25:40). We are all Christ’s friends. He loves us all, in the same degree. If we banish them, we banish Him! If we do not care about them, we do not care about Christ! If we do not love them, it is Christ we do not love! We should never forget that they are our neighbours and they need love and understanding.

May the God of mercy and pity, Who embraces us all with His overwhelming love, to give all of us health and forgiveness of sins, to the healing of our souls and bodies.

TEOC TIST
Regional Meeting facilitated by the Latin American Council of Churches (CLAI) and supported by the World Council of Churches (WCC)

The Church and HIV/AIDS in Latin America and the Caribbean

Panama City, Panama, 27 January – 1 February 2004

The meeting’s objective was to exchange experiences, share methodologies and material and consolidate efforts to reduce the impact of HIV/AIDS in the region.

Representatives of 31 Churches and organisations from Argentina, Bolivia, Brazil, Colombia, Costa Rica, Chile, Cuba, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, the Dominican Republic, Switzerland and Venezuela were present at the meeting.

The meeting called for Churches and organisations to combine forces to increase their influence on government policies in the region. In particular, it called for initiatives to develop and implement laws that protect the rights of people living with HIV/AIDS.

Participants agreed to create a forum for reflection that will serve as a foundation on which to build the Church’s mission in the field of HIV/AIDS. They drew attention to the fact that many Churches are not committed to working with HIV/AIDS because they are either not aware of the problem or have been badly advised on the matter.

The following message was issued by the meeting:

MESSAGE TO CHURCHES AND ORGANISATIONS THAT WORK ON HIV/AIDS IN LATIN AMERICA AND THE CARIBBEAN

1. In accordance with the gifts given to us by the Holy Spirit, and faithful to the Lord Jesus Christ’s call to minister to the needs of our brothers and sisters living with HIV/AIDS, we, a group of 31 organisations and Churches working with people who suffer from or live with those who suffer from HIV/AIDS, met in Panama City at a meeting convened by CLAI and WCC.

2. We came with our hearts open, challenged by the complex and difficult situation that the HIV/AIDS pandemic poses for the Church and civil society.

3. Through God’s help, our meeting has been of vital importance in strengthening and shedding new light on our ministry and commitment. We have drawn on our varied experiences and shared information about our initiatives, reflections, activities and limitations, with regard to government policy, the Bible, theology, our pastoral role and science. We each came to this meeting with a message embodied in our own specific contexts, crying out in prayer in our search for solidarity with others. We are grateful and give thanks to God for this forum that CLAI and WCC have offered us.
4. To begin with, we defined some general and specific objectives that served to guide us in our work and show us the way forward. By sharing about our ministries, it has been our desire to send a message of hope to our brothers and sisters living with HIV/AIDS, while also expressing our indignation at their exclusion, stigmatisation and pain. We joyfully recognised their dignity and value in the everyday life of our societies. We also lamented our own limitations, ignorance and lack of abilities. Sometimes, we felt shame at our limitations in the fight to slow down the spread of the pandemic and confessed our complicity in allowing such an alarming situation to develop.

5. Thanks to this meeting, we have broadened our vision of the complex reality experienced by all our brothers and sisters living with HIV/AIDS. We now understand that the religious, social, economic, political and cultural situation is the product of a system that encourages the spread of HIV/AIDS. We are shocked to see that the statistics, and the impact on and attitudes towards HIV/AIDS confirm that we live in a sick society, that requires a complete and radical transformation before we can become new people, new Churches and new societies and thereby show that we are on the path towards the Kingdom of God.

6. The present social and historical context is controlled by dark forces that have an interest in hiding this serious pandemic. The growth of the neoliberal quest for profit and an economic model of globalisation which promotes the development of a market exclusively for those with purchasing power, discriminates against and is insensitive to the needs of two thirds of the population of our continent, who remain exposed to misery and the risks of the epidemic.

7. Faced with this generalised exclusion, we deplore the scandal whereby effective medicines exist, yet thousands of people die every day because they do not have access to them.

8. With profound concern, we recognise that the HIV/AIDS situation reveals the different faces of the church. On the one hand, it reveals the face of indifference, where the church has met and heard the clamour of those who live and are affected by HIV/AIDS in its path, but has nevertheless passed by, like the priest in the parable of the Good Samaritan (Luke 10:27-35). We are also concerned at the Pharisaic face that, from its position of authority, thoughtlessly points an accusing finger and condemns those living in these circumstances as impure and reprehensible sinners. However, it is with gladness that we celebrate meeting the face of the church of love, solidarity and commitment. A face of the church which has encountered many difficulties in the first steps of this ministry to raise awareness, get to know, care for, accompany and involve oneself once again in this reality. In many cases this simply means to participate in the Easter message of resurrection, dying to rise up another day.

9. In accordance with the signs of the times that we have shared at this CLAI/WCC meeting, people living with HIV/AIDS, in all situations and circumstances, represent both an opportunity and a challenge for the pastoral ministry of our churches today.
10. We recognise that this situation does not only affect the people who are living with HIV/AIDS, it also affects all people right across the world. It is, therefore, imperative to announce prophetically the responsibility of church and society to work in solidarity, so that, as one, we can take on the task required by the situation. It is our duty to ensure respect for the human rights of all people living in this situation.

For the love of Jesus Christ, our Lord, we call on our faith communities to fully prepare themselves, from a biblical and theological perspective, to take responsibility for this ministry.

“Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and the God of all consolation, who consoles us in all our affliction, so that we may be able to console those who are in any affliction with the consolation with which we ourselves are consoled by God. For just as the sufferings of God are abundant for us, so also our consolation is abundant through Christ.” (II Cor. 3:5).
World YWCA

YMCA Global Capacity Building Forum on HIV/AIDS
Strategic Framework for a Global YMCA Action Plan on HIV/AIDS

Durban, South Africa. March 2004

Vision
Empowered youth and communities working together to mobilize resources for delivering sustainable, community-based, gender-sensitive, youth-focused, Christian-value based HIV and Aids programmes.

Priorities
- Community-based programmes delivering on education, prevention, community support, economic self-sufficiency, home-based care, counselling and testing, and life skills.
- Advocacy focusing on treatment, children and orphans, stigma and discrimination, the right to information, education, health services and employment, and gender equality.
- Promotion of gender equality in programmes, training, and leadership that address the power relations between the sexes.
- Resource mobilisation strategies to support the delivery of HIV and AIDS programmes at the local level.
- Empowerment of youth as the key development actors in the delivery of the YMCA mission and as leaders within the YMCA movement.
- Development of a knowledge management system that promotes exchange and effective networking.

Approaches
- Participation at all levels of the movement, especially at the national level. Movements in areas with high prevalence of HIV and AIDS will have as their primary role most of the priorities identified above. YMCA movements not experiencing similar rates can and should contribute to the overall vision through resource mobilisation and advocacy;
- Development of policies on HIV and AIDS in YMCA work places, youth policies, and gender policies;
- Enhancing the networking and exchange between and amongst YMCA movements; between Area Organisations; between YMCAs and churches; and with other organisations involved in the struggle against HIV and AIDS;
- Promotion of theological reflection as a means to strengthen our identity in working with those infected and affected by HIV and AIDS;
- Development of an international logo and slogan that identifies the YMCA with the struggle against HIV and AIDS;
- Establishment of a systematic mechanism to collect and disseminate information and experiences on YMCA work on HIV and AIDS;
World YMCA

YMCA Global Capacity Building Forum on HIV/AIDS
YMCA Movement Statement on HIV/AIDS

Durban, South Africa. March 2004

The World YMCA movement recognizes that HIV and AIDS is a serious pandemic affecting humanity in general and youth in particular, given that young people are the most vulnerable group in all our societies. No society in the world has been immune to the presence of HIV and AIDS and all are equally responsible for the escalating situation in many parts of the world.

It is becoming clear that HIV and AIDS is not simply a health issue, it is also a development issue. In all societies with high HIV and AIDS prevalence rates, there is a strong correlation with the development capacity of the country. There are nations in which almost 40% of the workforce has been decimated by the pandemic. The high level of deaths among women is acting to further destroy the economic and family infrastructures. The YMCA believes that strategies to combat HIV and AIDS need to be integrated into our development approaches.

Poverty acts as a tremendous catalyst for the spread of HIV and AIDS, given the lack of access to education, health services, and economic livelihood. The prevalence of conflicts in many parts of the world has contributed to the rapid increase in rates, creating even more vulnerable groups and communities with even less access to basic services. The marginal situation of women in this pandemic is even more alarming, and their lack of power has made women suffer the most in all societies. Gender equality must be realized to stop the victimization of women.

The world YMCA movement fundamentally believes that people living with HIV and AIDS are entitled to full human rights, and must not be denied treatment, access to education, health, and work. They must also not be the subjects of stigma and discrimination.

As a youth organisation, the YMCA recognizes that young people are key actors in development, and their active involvement is sine qua non in the efforts to halt and reverse the spread of HIV and AIDS.

Therefore, the YMCA around the world hereby commits itself to:

- Intensify its commitment to the prevention of HIV and AIDS through education and current service programmes, focusing on peer education and working with adolescents and young people, within the family and community context;
- Implement programmes on care and support for people infected and affected by HIV and AIDS;
• Address the specific situation of orphaned children and contribute to the creation of community support systems that include programmes and services and a caring environment;
• Work to eliminate stigma and discrimination in its communities, promoting the use of friendly language in every day communication and interaction;
• Ensure the involvement of people living with HIV and AIDS in every aspect of programme planning, execution and evaluation;
• Become recognised as an actor in advocacy at all levels, with a specific focus on the campaign for equal access to treatment;
• Initiate programmes that address gender equity and inequality;
• Continue to build a network (knowledge base creation, exchange of experience and model practices) amongst YMCAs working on HIV and AIDS, and intensify the use of ICTs (Information and Communication Technologies);
• Share and network with other organisations dealing with HIV and AIDS, at the local, national and international levels;
• Promotes HIV and AIDS awareness in YMCA publications and resource materials;
• Ground in the capacity building of YMCAs ability to design and implement HIV and AIDS programmes.
World Council of Churches’ Pacific Member Churches

The Nadi Declaration: A statement of the world council of churches’ Pacific Member Churches on HIV/AIDS

Nadi, Fiji
29 March – 1 April 2004

“HIV/AIDS is here in the Pacific — it has made its bed under our own family roofs. Maire Bopp (Dupont)

WHO WE ARE
We believe that the church as the body of Christ comprises family, youth, women, men, and children. Each complements the other; united in solidarity with Positive People\footnote{Positive People is the terminology preferred by the participants of the Consultation, for People Living with HIV/AIDS.} we can work to overcome HIV/AIDS. As the church we have a unique role, as commanded by Jesus, to love all, to be a caring and healing community and to stop stigmatising and discriminating against Positive People.

Our Consultation brought together 36 people, most of who were from Pacific Island countries (Kiribati, French Polynesia, Niue, Marshall Islands, Solomon Islands, Fiji, Tuvalu, Vanuatu, Tonga, Samoa, American Samoa, New Caledonia, Papua New Guinea, and the Cook Islands).

This consultation had resource people from the Forum Secretariat, the regional office of UNAIDS and representatives of people living with HIV. Included among the Pacific representatives were pastors, youth workers, church representatives, the Pacific Conference of Churches’ and the World Council of Churches’ staff.

The consultation recognised the need for the churches to play a more pro-active role in efforts to minimise the impact of HIV/AIDS in the Pacific community by creating a more caring, nurturing and supportive environment.

During the consultation, the participants were advised about the Regional Strategy being developed by the Forum Secretariat, SPC, UNAIDS and other related agencies. The participants also noted that most countries have developed HIV/AIDS strategic plans. The crucial role of the church at both the national and regional levels in ensuring that these efforts are successful was emphasised. The participants took up the challenge and have agreed upon the importance of establishing a closer working relationship with those already engaged in the battle against HIV/AIDS.

The powerful testimonies of Positive People helped to improve our understanding of and crystallise the healing role of the church in the epidemic. We recognise that Positive People can mobilise the wider church community to act and become a more caring
Christian community. We agreed that whenever possible, we link up and work with Positive People to address our churches, communities and hasten the process.

OUR CONTEXT
There are in excess of 9,000 reported HIV/AIDS cases in a population of 6.6 million throughout 22 Pacific Island countries and territories. Current estimates could raise this figure to over 15,000 cases (for example in Papua New Guinea and Fiji). Women are the fastest growing group infected with HIV/AIDS in our region. Around the world, including the Pacific, 80 per cent of the women infected with HIV are not sex workers, nor are they promiscuous persons; most are married and in one-partner relationships.

- Papua New Guinea has 7,500 reported cases out of 3 million population.
- Over 200 HIV/AIDS reported cases in French Polynesia, New Caledonia and Guam.
- Below 200 reported cases in Fiji.
- Below 50 reported cases in Kiribati, Tonga, Tuvalu, Samoa, Marshall Islands, and the Federated States of Micronesia.
- Below 10 reported cases in American Samoa, Vanuatu, and the Solomon Islands.
- 0 reported cases in Pitcairn, Tokelau, Niue, Nauru, and the Cook Islands.

It is doubtful whether the numbers reflect the reality: There is:
- Very low testing and screening of HIV across the Pacific.
- Low to very low usage of condoms.
- A high rate of sexually transmitted infections in Pacific communities.
- High teenage pregnancy and
- Large population mobility across the region.

IS THE PACIFIC A HIGH- OR LOW-PREVALENCE REGION?
- There are only 15 cases in Tuvalu, which is low, but when compared to the population Tuvalu (13,000) becomes a high prevalence country.
- French Polynesia with 230+ cases to 230,000 people makes it an average prevalence territory.\(^\text{16}\)
- Fiji went from zero cases in mid to late 1990s to 130+ cases today; it is not high prevalence, but is fast growing.
- Last year Vanuatu proudly reported zero cases, but did not report that they had no screening or testing in place.
- A few months ago the Solomon Islands were still at zero, but now have two cases.
- Testing facilities in many Pacific Island countries are not readily available to the general public.

These figures don’t necessarily indicate that there are more infections today than before, but rather that there is more screening from which to gather data. A Pacific Island country can go from zero cases to a significant number in one year as a result of improved testing.

\(^\text{16}\) The French and American territories have better screening processes compared to independent self-governing Pacific countries. Nevertheless, there is no proper data in place to verify that the statistics for French Polynesia reflect the reality.)
At present, the Pacific Island countries’ testing rates and their ability to respond to an epidemic are low, thus confirming the challenge of HIV/AIDS to the present medical infrastructures and financial capacities of our governments to address this epidemic.

Therefore, when addressing the churches of the Pacific, we address each and every Pacific Islander who makes up the church; what we do — or do not do — will have an impact both on our community’s response to HIV/AIDS, and our future.

THEOLOGICAL UNDERSTANDING OF HIV/AIDS

Theological interpretation of the HIV/AIDS issue is crucial because it promotes the community’s understanding of the issue on the basis of the values and the fundamental message of God’s boundless LOVE and COMPASSION. This understanding assists the churches to use their networks that are present in all our Pacific societies to mobilise the community.

- The isolation of Positive People and human insensitivity to the suffering caused by the disease is a distortion of the will of God.
- Theological education assists the church to combat the misinterpretation of those biblical texts that are frequently used to oppress, exclude, persecute and stigmatize Positive People.
- Theological understanding enables us to have a holistic approach to the issue and avoid becoming entangled in one-sided and imbalanced discussions that focus exclusively on sin, morality and HIV/AIDS.
- Theological interpretation helps us to understand that the effects of HIV/AIDS are not only due to the consequences of personal action or inaction, but also to the neglect, irresponsibility and misdeeds of our communities and our churches.

We, the churches are encouraged to seek forgiveness from God and from Positive People, for not doing what we ought to have done, and for contributing to their pain and suffering. This will provide us with opportunities to heal our communities and liberate us to be a healing and reconciling community. It will also reaffirm our role as channels of the God given strength, to bring hope, succour and peace in the society.

We are committed to systematically incorporate the issue in our theological institutes to train and retrain our pastors and laity, thus empowering them to be instruments of God in addressing HIV/AIDS and making a difference in the lives our people.

We commit ourselves to discuss theological perspectives on HIV/AIDS and related topics of human sexuality regularly through newsletters, messages and publications in local languages.

We identify the need to promote, adapt and develop liturgies and sermon guidelines for pastors and church workers to assist them to address HIV/AIDS in a balanced, sensitive and empowering manner from the pulpit and in the life of the congregation.

CHURCHES’ COMMITMENT TO POSITIVE PEOPLE
The church has a responsibility to equip its leaders, ministers, laity and community with appropriate information and knowledge to provide pastoral care and counseling. Hence, the church should be encouraged to source or produce information related to HIV/AIDS to be widely circulated throughout the church communities. This should also include a review of all existing educational programmes ranging from Sunday Schools, youth, women and men, with the view to include HIV/AIDS and to begin informal communication and interaction.

The church must encourage its members to provide shelter, food care and compassion to all known Positive People, and to invite them to participate in church services, prayer meetings, and congregational activities. The church must support affected families by
   a) encouraging all family members to understand HIV/AIDS,
   b) by providing assistance on how to physically care for the Positive Person, and
   c) by upholding the biblical teachings of Jesus Christ to love one another without discrimination. The church must engage and encourage testimonies of members who are Positive People.

THE CHURCHES’ PRIORITIES TO IMPROVING KNOWLEDGE ON HIV/AIDS
The churches priorities to improving knowledge on HIV/AIDS include the following:

1. Resource person network
The national/internal resources from stakeholders such as Ministry of Health, National Aids Councils, Task Forces, NGO’s and Positive People form an integral part of the network. The mobilization of external/regional partners such as foreign missions, donor agencies, UN agencies, WCC, PCC Secretariat and PCC members in other countries have an equally important contribution to the churches’ response to the fight against HIV/AIDS. PCC and the WCC Office in the Pacific to establish a reference group for the Pacific churches to liaise with the regional committees addressing HIV/AIDS.

2. Disseminating information/education
The collection, compilation and sharing of ideas, resources and information with our identified partners is crucial to assist in accelerating action towards the epidemic. Avenues to disseminate these ideas, resources and information would be through the media, schools, families, churches and through special gatherings like workshops, seminars and training.

3. Putting together appropriate resource materials
To avoid duplication and re-inventing the wheel, it is economical and practical that the utilization of existing resource materials (information, education and communication – IEC) as well as best practices, lessons learned and information from partners are translated into languages understood by the people.

Avenues and processes through which these resource materials will be obtained are through close collaboration and consultation with WCC, responsible national ministries
and departments as well as through identified internal and external partners. Focus groups to be engaged to review and adapt these resources to suit the local contexts.

4. Securing funding
The annual budget of the church must accommodate social and development issues of which a component should be directed to HIV/AIDS. Experiences of PNG should send a signal to other Pacific Island countries and territories in terms of mobilizing, sourcing and maximizing available resources.

Funding could also be sourced through our already identified internal and external networks. The list includes and is not limited to:

- Country governments;
- UNAIDS through their small grant scheme and technical assistance;
- UNDP funds;
- AusAID project (1 million) small grant scheme; and
- Global Fund, etc.

Other means of funding and/or initiatives to facilitate access to sustainable funding would be:

- Fundraising activities;
- Setting up of Pacific Regional Trust Fund for HIV/AIDS;
- Compilation of resources in relation to documentation for funding assistance;

5. Empowering care-givers
The church’s primary and key role would be the provision of counselling services, home visits, and other theological functions including praying together and preaching the Word of God. The church can also sponsor and facilitate the provision of specialist services and technical skills training appropriate to the needs of caregivers and patients. These activities would be implemented at different levels. The churches concerned will explore ways in which they could work and assist each other in these areas.

6. Empowering the congregation to actively engage with HIV/AIDS
To ensure that necessary training within the church is provided, it is crucial to identify and actively engage key people, for example, church leaders in awareness raising, pastoral counseling and training on HIV/AIDS issues within the church congregations. External partners should be invited to talk to congregations to complement the work already undertaken by the local church. The church leaders in the Pacific must pay special attention to the situation in Papua New Guinea as currently the most affected country in the Pacific.

THE ETHICAL DIMENSION
Whilst we are mindful of the ethical issues that HIV presents to the church, we are faced with a more urgent reality that drives us to consider the highest ethic, which is the preservation of life. The church lives in the context of the wider community and has a clear responsibility to adhere to the ethical principles that guide society.

We are therefore committed to address:
• **Principles of Human Rights** — which commit society to treat all humanity equally with dignity and respect, making it unacceptable to stigmatize and discriminate against Positive People.

• **Access to treatment** — to strive towards a goal whereby all people who require treatment for HIV/AIDS and related opportunistic infections can get that treatment for it regardless of their financial and geographical situation.

• **Voluntary Counselling and testing** — to ensure that testing is done on an informed and voluntary basis, with care taken to support pre- and post test counselling. We need to prevent coercion and the practise of compulsory testing of HIV/AIDS.

• **Education and sexuality** — to promote education about HIV/AIDS and open discussions on the issue of sexuality that equip communities to prevent this eminently preventable disease. It is unethical not to engage with and work to overcome the ignorance, silence and fear.

• **Prevention and Condoms** — Condoms, when appropriately targeted and promoted, are scientifically proven to be an effective part of the prevention strategy against sexually transmitted infections. We are committed not to focus our efforts working against the use of condoms - but rather recognise the freedom for individuals to make informed choices and to have access to condom use.

**LINKAGES**

Recognising that HIV/AIDS is a cross-cutting issue requiring action from all sectors of society, the participants agreed to link up, network and work together with existing programmes and initiatives. To create a better understanding of the linkages between socio-economic factors and the spread of HIV/AIDS, and to mobilise other groups to work together on care and prevention efforts, the group agreed to link up with groups such as:

- Women’s networks and various interest groups that exist within parishes/churches, i.e. men’s and women’s groups, Sunday School, youth, choir etc;
- Rural schools and training centres; ‘Family life’ syllabus on life skills to be incorporated;
- Theological Colleges and church schools to encourage the inclusion of sexuality and HIV/AIDS related issues in their curriculum;
- Chaplains of the various institutions;
- Weaver’s (Women in Theological Education), for example, Violence Against Women programme;
- Educators on the teaching of life skills;
- Civil service and Institutions on the preparation of individuals prior to leaving for overseas training;

**Occasions to strengthen linkages:**

- International Candlelight Ceremony — to build relationships with those working on HIV/AIDS issues and to honour the memory of those who have died and who are affected by HIV/AIDS.
- Mother’s Day, Father’s Day, Children’s Sunday.
- World AIDS Day, etc.
Resources to strengthen linkages:

• Special Intern from the Positive Network to work with the WCCOP to undertake the follow-up of the result of this consultation and to work with the Pacific AIDS Foundation on this matter.

• Media: mainstream, special publications.
World YMCA

Recommendations on HIV/AIDS adopted by the World Alliance Executive Committee

Hong Kong, 2 April 2004

The Executive Committee received the report of the Global capacity Building Forum on HIV and AIDS and adopted the following recommendations:

1. That the statement on HIV and AIDS is adopted as the World YMCA common position on the topic and that the statement is widely distributed to National Movements;
2. That a portion of staff time be dedicated to the establishment of a Knowledge Management system and its maintenance;
3. That financial resources be generated for the HIV and AIDS plan within the framework of the Global Operating Plan;
4. That the World Alliance facilitates the mechanism for the creation of an international logo and slogan. In the short term, it is suggested that the World Alliance include the “red ribbon” on its website;
5. That the World Alliance strongly encourages the creation at national level, of policies on youth and gender at work place, and facilitate the sharing of existing policies in this area;
6. That the issue of HIV and AIDS be considered as a programme area at the next World Council;
7. That the World Alliance develops a policy framework on the issue of access to treatment for persons living with HIV and AIDS (that will include the contextual analysis, international laws) and possible actions for national movements to undertake.
The United Methodist Church

Global AIDS Fund Resolution
Adopted by 2004 General Conference

Pennsylvania, United States, 27 April – 7 May 2004

WHEREAS, for twenty years the General Conference of The United Methodist Church has spoken with prophetic compassion to the global issue of HIV/AIDS. Our resolutions, however, have not been matched by a resolve to commit significant financial and denominational resources in the struggle for education, prevention, treatment and care in the worldwide struggle against HIV/AIDS.

WHEREAS, the United Nations has now declared the pandemic “a global emergency” saying human life is threatened everywhere and world security is at risk as the planet faces the worst health crisis in 700 years.

WHEREAS, with 42 million people infected, more than 20 million already deceased, and 16,000 new infections daily, the leaders of all the nations in the world unanimously asked faith-based organizations to join them in the battle to save human life.

WHEREAS, to date, the response of Christians, including United Methodists, has been minimal, particularly in comparison to our resources and other commitments.

THEREFORE, BE IT RESOLVED that the 2004 General Conference, therefore, commits itself to establishing the United Methodist Global AIDS Fund (UMGAF). During the 2005-2008 quadrennium, United Methodists will raise $8 million through Advance Specials.

BE IT FURTHER RESOLVED, of the total money raised in each annual conference for UMGAF, 25 percent shall be retained by the annual conference that raised it, to be used in programs combating HIV/AIDS in their region and in other global connectional projects. Each annual conference shall designate an appropriate agency for the promotion and distribution of these funds.

BE IT FURTHER RESOLVED, of the total money raised in each annual conference for the United Methodist Global AIDS Fund, 75 percent shall be remitted by the conference treasurer to the treasurer of the General Council on Finance and Administration for distribution to a new Global AIDS Initiatives Committee (with no more than ten total representatives from the General Board of Global Ministries, Council of Bishops, General Board of Church and Society, Youth and Young Adults Ministries, and three persons not serving with any of these agencies).

BE IT FURTHER RESOLVED, that this Global AIDS Initiatives Committee will be responsible for the promotion, use, supervision, and distribution of these funds. The United Methodist Global AIDS Fund will:
1. Assist local congregations and conferences in identifying and creating global partnerships for mutual HIV/AIDS ministry.

2. Provide support for projects sponsored by local congregations or organizations related to the United Methodist Church, partner autonomous Methodist churches and the ecumenical church.

3. Encourage partnerships between congregations and conferences in the United States and Methodist congregations and ecumenical organizations globally that are engaged in the struggle against HIV/AIDS.

4. Advocate for social justice, particularly related to increasing governmental and non-governmental funding and issues regarding the role of pharmaceutical companies.

5. Develop appropriate promotional materials and funding guidelines.

6. Engage the leadership of a person with appropriate skills for a special global AIDS assignment.
The United Methodist Church

Drugs and AIDS Resolution
Adopted by 2004 General Conference

Pennsylvania, United States, 27 April – 7 May 2004

According to the United Nations' AIDS estimates, approximately 40 million people worldwide are living with HIV/AIDS. Of these, two to three million are injecting drug users. Many more have used, and continue to use, alcohol and other drugs.

The international drug trade knows no boundaries or frontiers and has no specific national identity. It is now worth an estimated $400 billion per year and is organized and managed like a multinational corporation. Drugs of all kinds are now produced in all regions of the world. Despite its illegality, drug production and distribution has become a major source of revenue for many countries. The most lucrative markets remain in the United States and western Europe, but consumption is spreading fast in eastern Europe, Southeast Asia, and throughout Africa.

In the United States, an estimated one-third of HIV/AIDS cases are related to injecting drug use. Substance abuse is directly tied to the increase in HIV/AIDS among women. Women are primarily infected with HIV through injecting drugs (48 percent) or heterosexual transmission from an infected partner, who is often himself a drug user (54 percent).

Research has shown over and over again that drug use, injected or otherwise, can affect decision-making, especially about engaging in unsafe sex, which in turn can endanger one's health as well as the health of others. A research study conducted by The National Center on Addiction and Substance Abuse revealed that of the 15 to 24-year-olds surveyed:

- 50 percent say "people their age "mix alcohol or drugs and sex "a lot."
- 73 percent believe that their peers often don't use condoms when alcohol and drugs are in the picture.
- 37 percent want more information about how alcohol or drugs might affect their decisions about having sex.

In response to the alcohol, drug and HIV/AIDS crisis in the world, The United Methodist Church commits itself to a holistic approach of awareness, education, prevention, treatment, community organizing, public advocacy and abstinence. Out of our love and concern for our brothers, sisters and children in our local and global communities, we therefore:

1. urge the Office of the Special Program on Substance Abuse and Related Violence (SPSARV) of the General Board of Global Ministries and all boards and agencies of the Church to work cooperatively on issues related to drugs and AIDS;
2. encourage local churches to include problems of alcohol, drug abuse and unsafe sex and the value of abstinence as part of Christian education;
3. encourage United Methodist churches and institutions to provide support, comfort and care to those afflicted with alcohol-related problems, drug addiction and HIV/AIDS within their given mandate;
4. urge the Federal Government to improve interagency cooperation and coordination to fight the double scourge of drugs and AIDS;
5. make available creative programs and activities for school children, youth and young adults that keep them away from alcohol and drug abuse; and
6. promote and make available peer education models based on empowerment and self-determination.
Asian Muslim Action Network, Asian Resource Foundation and Thai Muslim Network

*International Pre-conference Muslim Workshop on HIV/AIDS*

*In the name of Allah, the Beneficent, the Merciful*

_Bangkok, Thailand,
9 July 2004_

We the participants at the International Pre-conference Muslim Workshop on HIV/Aids organized by Asian Muslim Action Network, Asian Resource Foundation and Thai Muslim Network held on 9 July 2004 at Chaleena Hotel, Bangkok, Thailand, represented by the following countries: Thailand, India, Afghanistan, Iran, Australia, Palestine, Norway, Bangladesh, Indonesia, Philippines, Malaysia, Cambodia, Nepal, UK, Kenya, South Africa, Laos, Egypt, Hong Kong, Sri Lanka and Pakistan came together with the following statement.

1. We recognize that HIV/AIDS is not just a disease or epidemic.

2. We are calling for an Islamic approach based on the principles of Benevolence, Compassion, Justice and Wisdom identified with Allah’s attributes of Adil, Muhsin, Rahman and Hakim.

3. We recognize that youth and young people and women are most vulnerable and susceptible to the epidemic.

4. We acknowledge that there are many effective efforts and programs implemented in the Muslim world that require to be scaled-up, coordinated with resources and expertise shared.

5. We want our interventions to be impact driven and issues based.

6. The pre-conference Muslim workshop called for monetary reallocation of zakat for treatment and care programs.

7. We also acknowledge that people living with HIV/AIDS need unconditional love and support and are not to be stigmatized and discriminated.

8. We recognize that abstinence and being faithful are pivotal preventive measures. In addition, we also recognize that the usage of condoms is also effective preventive tool in the case of discordant couples.

9. We concur that it does not matter how one is infected but it does matter how one is affected.
10. We call for greater involvement with equal stake holders of Muslim national and religious leaders for prevention, care, support and advocacy for HIV/AIDS. We recognize that religious leaders need to be empowered and informed of the dynamics of HIV/AIDS.

11. We want to achieve an enabling environment within the mosques, madaris, and religious houses alike for people living with HIV/AIDS to get support, care and guidance.

12. We recognize a need to form a global network of religious leaders comprising of various levels ranging from Imams to Muftis including community leaders, policy makers, academic and people living with HIV/AIDS to share resources and implement effective intervention programs.

13. We recognize the importance of continuing interfaith cooperation for common goal to reduce HIV infection and create positive enabling environment for access to all.

14. We end with the following verses from the Quran:

   “Who has created me, and it is He who guides me.
   And it is He who feeds me and gives me to drink.
   And when I am ill, it is He who cures me.

   And Who will cause me to die, and then will bring me to live (again).

   And Who, I hope, will forgive me my faults on the Day of Recompense (the Day of Resurrection).”
   (Quran 26:78-82)

   “And we send down from the Quran that which is a healing and a mercy to those who believe.”
   (Quran 17:82)

And the following Hadith- the prophetic tradition:

   Allah (SWT) create the disease and the cure, if there is correct diagnosis for the disease there will be cure by the permission of Allah (SWT).
Archbishop of the Anglican Province of Central Africa

Communique
The Province of Central Africa Bishops Retreat

Malawi
13 - 14 July, 2004

We the BISHOPS, Clergy and Laity of the Church of the Province of Central Africa who met at Kalikuti Hotel in Malawi starting from 13th to 14th July, 2004 at the Provincial BISHOPS Retreat commit ourselves to:

a) play our part so that future generations will be born and live in a world free from AIDS.

b) put in place strategies in prevention, counseling, care and support of orphans and other vulnerable children, Pastoral care, leadership, death and dying including lobbying and advocacy;

c) unite and lead in the fight against HIV/AIDS;

d) fight stigma and discrimination;

We also acknowledge that we are not alone in the fight against HIV/AIDS, so we will complement the work of the Government, NGOs, FBOs, and not compete. As a Province, we pledge to:

I. speak out regarding child abuse, especially the increasing levels of child defilement which contribute to the spread of HIV/AIDS.

II. continue to play the traditional and divine role of care and spiritual support, being proactive in Advocating preventive measures with absolute emphasis on abstinence and counseling;

III. utilize our time, human and financial resources in the fight against all preventable diseases such as HIV, Malaria and Tuberculosis.

In this fight, we acknowledge the role of funders and donors and plead with them that the funds they give should not have crippling conditions, in particular, finances earmarked for the purchase of ARVs and the fight against HIV/AIDS.

The Most Rev. Dr. B. A. Malango
ARCHBISHOP OF THE ANGLICAN PROVINCE OF CENTRAL AFRICA

14th July, 2004
United Evangelical Mission

Anti HIV/Aids Programme Policy
Adopted by the UEM General Assembly

Manila, Philippines
October 2004

1. Introduction
2. Theological Frame
3. Goals of the programme
4. Principles of the programme
5. Policy on personnel
6. Management of programmes

1. Introduction
Since the 1980s the world has been confronted with HIV/AIDS, a new illness which has grown into a global crisis rapidly and is still spreading throughout the continents. According to UN figures, there are presently 38 million people world-wide living with HIV or AIDS, the vast majority of whom live in poorer countries. AIDS has far spread consequences: It affects individuals, families, communities and societies, but also national economies and social systems. The peak of the infection rate presently is in sub Saharan Africa with Botswana having the highest prevalence world-wide of 39% of the adult population. However, infection rates in Eastern Europe and Asia are dramatically on the rise and new centres of the pandemic are expected there.

UEM is a “worshipping, learning and serving” communion of churches (UEM-constitution §2). This communion is deeply affected with HIV and AIDS, or, as our Moderator Dr. Kameeta has expressed it in 2001: “Our communion has AIDS.” This challenges us in manifold ways:

The illness AIDS is caused by the HI-virus and to date cannot be cured. Since the HI-virus is transmitted through body fluid – especially blood and sperm -, the disease has a strong link to human sexuality in its different forms – not only those generally accepted by our societies and churches but also those ostracised by many as unacceptable. HIV/AIDS is caused also by blood transfusion and intravenous use of drugs and thus affecting people living at the fringe of societies and communities. Another cause for HIV and AIDS is violence and rape. All this has created an atmosphere of stigma, silence and denial around the disease which has given way to a number of myths and taboos. They contribute significantly to the spread of AIDS, as do poverty, violence and war, gender inequality in patriarchal societies, rapid social change or the deterioration of values as an effect of globalisation.

We are part of the body of Christ, in which all parts suffer if one is suffering (1. Cor 12: 26). Trying to understand the situation of HIV and AIDS we are faced with the question about the reasons for the existence of disease and suffering, sin and evil in God’s creation.
Aids also challenges the way we live as Christian communities. Looking at the situation of so many people who live with HIV or Aids we admit that many of us have taken too long to acknowledge the presence of Aids in our own lives and church communities. Out of fear, rejection or uncertainty we often have not cared sufficiently for those among us who were and are affected and infected. Thus, we have driven away many members from our communions who were in dire need of care and love. Moreover, we have frequently closed our eyes to life conditions of injustice or violence around us which speed the spread of the disease.

We regret this and pray for forgiveness and healing in our societies and in our churches. We rely on God’s word for orientation in finding our role as a real caring community.

Having been part of the global fight against HIV and Aids however has also shown us our chances and possibilities as a communion of churches:

We have seen that within our communion churches can help each other and learn from each other. This has happened in a number of cases where churches have supported each other in different ways to build up Aids programmes.

We have seen that we are united with our brothers and sisters of other faiths in fighting the deadly disease.

We have seen and received great encouragement from those among us who live with HIV or Aids and have dared to break the prevailing silence on it.

The Aids crisis has caused strong controversial theological debates, but these have led us into new reflections and a deeper understanding. We recognize the danger of using our theology as a tool of exclusion and condemnation, and we recognize the strength God gives us if we search for ever new and appropriate ways to proclaim and live His love in our given life situations.

Based on the experiences and insights of the past four years, we declare the following basis for our Anti Aids Programme.

2. Theological Frame

2.1. God’s creation is good

Out of His mystery and free will, God has called our world into being. Time and again God said: “Let there be…” (Gen. 1) - and there was life, life in fullness and beauty. In Genesis 1 each act of creation is completed with the affirmative words “and God saw that it was very good“.

From the very beginning, God places God’s beings into relationships: Humans are created in the image and after the likeness of God (Imago Dei, Gen. 1, 26-27), and in relationship towards one another, when God declares, “it is not good for the man to be alone…” (Gen. 2, 18). Likewise God creates human beings to be an integral part of the
whole creation by putting them - according to Gen. 2, 15 - “in the Garden of Eden to work it and take care of it”. Therefore, human existence is only possible in relationship to God, to fellow human beings, and to the whole creation.

However, God also grants creation the freedom to make own choices. God does not force life and good relationships upon His creatures, but offers them as a gift in the form of life in its fullness. Thus, to live and act against God’s good will is possible and part of our individual, the world’s and the churches’ reality. The Bible calls the broken and false relationship to God and to each other sin. We are experiencing in our lives and in human history many examples where men and women as well as entire nations have decided to pursue egoistic relationships for themselves rather than open relationships to God, their fellow human beings and the whole creation.

The Bible gives account of this possibility in many texts and in Genesis 6 concludes: “Now the earth was corrupt in God’s sight and was full of violence” (Gen 6,11). Yet, despite the existence of sin in creation, God reaffirms in Gen. 8,22 that “as long as the earth endures, seedtime and harvest…. shall never cease”. God extends his protection and sustaining power to the whole creation despite the existence of sin. In short, God wants the world to be a place where His creatures shall live and not perish.

2.2. “We wait eagerly for… the redemption of our bodies” (Rom. 8,23)
Disease has always been part of life on earth existing in many different forms. At all times, this has led people to seek the cause for individual suffering and to search for a justification of disease or disaster. The Aids crisis has brought up the question for a reason in suffering in a specific way, because the prevalence of Aids has led to unprecedented stigmatisation and pain and to the death of so many people. Especially Aids with its strong link to sexuality has often been regarded as a direct punishment from God for individual (sexual) wrongdoings.

The Bible reflects such reasoning in the book of Job. Job’s conversations with his friends however indicate clearly that all attempts to find answers to the question why one person suffers while another remains healthy are made to no avail. Other biblical texts, too, such as John 9,3 (“…neither this man nor his parents sinned”) state that a disease as such is not a sign for insufficient belief or a direct consequence of social dysfunction. In the African and Asian context where sickness is often looked at in this way or interpreted as punishment from God(s), such a statement and stance from the gospel bears specific significance.

Any disease should be seen as part of the unredeemed creation which eagerly “waits for the redemption” (Rom 8,23). It is part of the “not yet” of life on this earth which will only finally be overcome by God.

We have to admit that our understanding of evil, sin and sickness remains insufficient. We are to take Aids and any other disease as an appeal to us and our Christian communities to give care and to do all within our reach to further healing. (“…that the work of God might become manifest in him”, John 9,3)
2.3. The church as a healing community

In his life on earth and through his death on the cross, Jesus has reconciled and liberated us towards a new communion with God and our fellow human beings. Jesus has always shown compassion especially with the marginalized and the suffering. He has healed many and has preached and practised the restoration of relationships.

We recognize that our churches are called to a ministry of healing - and we acknowledge that our churches, with their structures and cultures, are in need of healing themselves. (Moderator Bishop Kameeta in his pastoral letter to the UEM member churches, 2001: “Our churches have Aids”). We realize that while we need healing ourselves we are called to bring about healing.

The ministry of healing implies prophetic, prophylactic, compassionate and curative dimensions and strategies. We see in the scriptures of the prophets that it includes to care practically for the sick and the marginalized, to fight exclusion and exploitation and to renounce sinful structures which bring about suffering. In this connection we refer to biblical texts such as Isaiah 58: 1: “Shout it out aloud, do not hold back. Raise your voice like a trumpet” and 58: 7: “…to share your food with the hungry and to provide the poor wanderer with shelter…”.

It should be stated that we regard healing in a holistic view: Healing is more than a complete physical cure. It can be experienced on different levels, e.g. when a person feels spiritually, socially or psychologically restored and reintegrated, and when a person comes to terms with her or his sickness. We have witnessed with gratitude in our communities such healing, also among those of us who are living with HIV or Aids. Healing can also occur on a structural level, when the dynamics of exclusion and stigmatisation within a community or church are overcome and give way to a spirit of solidarity and communion.

According to 2 Cor. 12 (“my power is made perfect in weakness”) people who are weak, marginalized or suffering are a special strength of our Christian communities. Those of us who live with HIV or Aids therefore are central for all efforts to fight Aids. All activities in our programmes shall be done with them, not only for them.

2.4. Sexuality

In the biblical narrative of creation, God introduces women and men to each other in a very special relationship of love. Erotic love and sexuality are a way to express this love. They are God’s good gifts and a central part of the creation.

Sexuality in all its meaning however remains a mystery. In the Song of Songs the Bible describes in an astonishing way this love, desire and longing.

Sexual relationships are the most intimate kind of relationships, which require reciprocity, trust and respect for each other. In sexuality, men and women are most vulnerable. There are many examples where sexuality is misused for cultural, industrial, ideological or even
religious reasons and where people exploit each other, especially by linking sexuality with violence or by denying people the right for sexual self-determination and -expression. Even the Bible gives account of such stories, e.g. in 2. Sam 13, 1 – 21, the story of Amnon and Tamar. We underline our desire to live the gift of sexuality in a responsible way and therefore value sexual self determination and exclusively covenanted relationships based on love and trust.

However, in the churches we have often found it difficult to speak appropriately of sexuality as a gift from God, but have rather related it to sin in many ways. The existence of Aids can reinforce this attitude on the one hand, since it links sexuality with disease and consequently with death. On the other hand, the existence of Aids could be an “opportunity” of liberating us from such an attitude.

Due to the prevailing silence, we have also often failed to clearly name and renounce the different forms of sexual violence that exist around us. This has left many victims alone and has reinforced the atmosphere of taboo and silence. We have to look for ways to overcome this.

The Aids crisis challenges us with urgency to strive for a better understanding of human sexuality, to identify harmful taboos or destructive cultural traditions and to search for appropriate ways of communicating about sexuality in the church and world-wide.

The strong link between HIV/Aids and homosexuality in Europe has challenged churches in a profound way. It has set in motion a serious and thorough search for theologically based answers. This has led some churches in Germany to the conviction that homosexual relationships, if lived in a responsible way based on love and trust, cannot be condemned and need attention as well as spiritual care and support within the church.

2.5. Human Dignity
The Aids crisis reinforces the question of Human Rights in a specific way: Wherever Human Rights are disregarded, Aids is spread easily, e.g. when women are marginalized and denied equal rights; when children are violated; when people are exploited; when violence and poverty become almost a way of life and in many cases result in civil and international wars.

At the same time, human dignity and human rights are violated when medical care and antiretroviral drugs are provided in some few countries, but access to basic medical treatment is not available or is insufficient in the vast majority of other countries – or when in countries health care is not treated as a priority for the citizens.

People who live with Aids often experience that they are excluded and stigmatised and thus denied their basic rights. However, there are also traditions in our cultures which aim at furthering healing and inclusion. These traditions need to be valued and developed.

In many countries there are harmful cultural practices that underline violence e.g. against women and children.
There is a growing number of orphans and vulnerable children who need special support and attention in order to be raised to a life in dignity.

As churches we are called to maintain our prophetic voice and the ministry of advocacy wherever human dignity and human rights are violated each day. Churches should ensure that the service for human dignity and human rights is embedded in the message of God’s love as contained in the gospel.

Jesus has called us to strive for dignity for all human being e.g. in Mt 25, 40: “…whatever you did for one of the least of these brothers and sisters of mine, you did for me”.

Faced with the numerous suffering and pain brought about by HIV and Aids we remind each other of God’s promise that one day He will wipe away every tear from our eyes and that “there will be no more death or mourning or crying or pain, for the old order of things has passed away” (Rev 21, 4). This is the hope that binds us together and on which we rely. May God our creator, redeemer and sustainer bless and guide our endeavours.

3. Goals of the programme
The UEM Council statement 2001 gave the Anti-Aids-Programme its direction by defining five major goals:
   1. To help churches find appropriate ways of responding to the Aids crisis and developing programmes by
      - Organising trainings (e.g. through specific training courses or workshops for programme leaders or others)
      - Facilitating ecumenical learning (ecumenical team visits to models of good practice)
      - Supporting planning- and capacity development in churches (through workshops and planning seminars)
      - Offering consultancy (by local experts, e.g. in francophone Africa)
   2. To raise awareness on root causes of HIV and Aids (e.g. in workshops on overcoming violence and Human Rights or on overcoming harmful cultural practices, women’s programmes etc.)
   3. To strengthen theological and pastoral reflection and practice as outlined in chapter 2 (e.g. in sermon workshops)
   4. To advocate for the rights of people living with or affected by Aids with the respective governments in the countries of our member churches (e.g. through membership in the German Aids Alliance Aktionsbündnis gegen Aids” or the Ecumenical Advocacy Alliance)
   5. To raise funds for programmes and projects (e.g. UEM project booklet 2004/2005, Aids work report 2000 – 2004)

In order to achieve these goals, several programmes and activities have been implemented and are running. Their aims and approaches vary according to the different capacities and resources the churches have to address the HIV/AIDS epidemic. They also vary according to the underlying epidemiological, social, political and cultural situation
and the specific situation of the church in a given country. There are, however, some principles that apply to all situations, and strategies that have shown to be effective in the fight of churches against HIV/AIDS. The following principles emerged from the experiences of the past four years:

4. Principles

4.1. Mainstreaming

The issue of HIV and Aids has various aspects which are cutting across all areas of the churches’ and UEM’s work. A response to HIV/Aids only through a separate Aids programme has turned out to be insufficient. It is also necessary to create awareness about the underlying issues, and these should be taken up in the different areas of the churches’ and UEM’s work. At the same time it should be clear where within the organisations the coordination of all efforts is done.

4.2 Theological reflection and education

Biblical and theological-ethical reflection should be central in churches’ Aids programmes. The approaches of the Aids programmes of a church and the message proclaimed e.g. in sermons or in theological education on all levels should not contradict each other.

The issue of HIV/Aids should be taken up on all levels of the theological training and education, be it formal or informal. The churches’ institutions of theological training and Aids programmes should cooperate with each other.

4.3. The need to address taboo issues and underlying aspects

Churches have felt the need to address issues like sexuality, death and dying in order to adequately fight the pandemic, to raise awareness and to create conditions that will enable people to choose responsible sexual behaviour. There is still the need to go beyond the issues identified, and to address gender based violence; the choice of prevention methods such as condoms; harmful traditions and values, poverty as a root cause, the empowerment of vulnerable groups, above all young women and girls who have traditionally been the weakest groups in society and churches and who are the most vulnerable to HIV infection.

4.4. Critical reflection of culture and tradition

There are traditional values, habits, norms (like patriarchism) which are increasing the risk and the spread of HIV/AIDS. At the same time there are traditions and cultural elements which support the value of communal life based on care for each other. All these still have a strong influence on the way people live, feel, think and behave in a community. It is necessary to critically reflect tradition and culture on a biblical basis, to appreciate and develop the good elements and to identify the harmful ones. This may require community based research.

4.5. Promoting gender equity
Gender inequity is driving the spread of HIV/AIDS worldwide; women and girls are especially vulnerable to HIV infection and suffer disproportionately from the impact of the epidemic. Gender inequity shall be addressed as a cross-cutting issue.

4.6. Orphans and vulnerable children and youth
Children and youth are a group of special concern for churches due to their high vulnerability. There is a rapidly growing figure of orphans and a large group of traumatized children and youth.
Wherever possible, Aids programmes should be developed in cooperation with youth – and children departments. Appropriate ways of communicating with the youth should be pursued. Trauma counselling should be organised.
Orphans need specific care. Efforts should be directed towards involving and supporting the communities and enabling them to provide care. Due to the high – and growing - number of children in need, institutional care (e.g. in orphanages) has turned out to be less sustainable and effective.

4.7. Advocacy
Advocacy and lobby work will aim at greater awareness of the global HIV Aids situation and its root causes and at the provision of adequate care and treatment for all people living with HIV and Aids worldwide. This includes lobbying nationally e.g. for adequate contributions to the UN Global Fund to fight Aids, TB and Malaria or for a reduction of prices for medicine with pharmaceutical firms. It can also include cooperating with the respective political organisations.
Cooperation will continue with the German Aids Alliance (Aktionsbündnis gegen Aids).
In the regions Asia and Africa churches are encouraged to link up with organisations for lobby work (as e.g. the Campaign for access to treatment in Namibia).
Advocacy work can mean to educate and train people infected or affected by HIV/Aids to insist on their rights (see above).

4.8. Involving people living with HIV or Aids
People who live with HIV and Aids are central in Aids programmes. Therefore, churches should endeavour to involve them actively in all stages of their programmes. Where wanted and possible, people living with Aids should be offered capacity building for this. (In Africa e.g. through the organisation ACCLIWA+).
Churches are encouraged to provide safety nets and networks for people living with HIV/Aids, be they lay people or clergy.

4.9. Ecumenical Learning and Networking
Networking and information exchange shall be done ecumenically with other churches and Christian organisations, with international bodies and secular organisations wherever possible.
In the fight against HIV and Aids, the specific responsibility and chances of faith based organisations has been recognized. In multi-religious surroundings, networking with organisations of other faiths should be pursued where possible: Being faced with the Aids crisis unites us across our different religious beliefs.
Networking is particular important in sharing information, advocacy and soliciting funds.

Within the UEM communion, special emphasis is given to mutual learning and sharing of experiences. UEM churches shall continue to share their “good practices”, i.e. programmes and activities that can serve as examples for other churches. This shall be done on all levels of the churches.

4.10. The synergies of different elements of Aids work
It has been shown that HIV/AIDS prevention, care and the availability of medical treatment are interdependent and cannot be provided one without the other. To exclusively focus on care misses the chance of giving adequate information and education that will help in the prevention of new infections. To exclusively focus on prevention does not do justice to people’s needs and looses credibility. The churches are in a special mandate to provide care for their sisters and brothers in need; this however entails also preventing new infections. Care refers to a comprehensive care including spiritual, material, social, and psychological care. It also refers to facilitating access to antiretroviral therapy, which is becoming more widely available in many countries.

Furthermore, counselling is only credible if churches are also engaged in practical care and prevention.

The availability of antiretroviral treatment again lessens the silence and stigma and reduces fear of testing.

Advocacy has come to play a more important role in the work of many organisations, including churches. It means to stand in for the rights of the oppressed and the vulnerable who cannot fight for their own rights. This is particularly important in times of HIV/AIDS since the epidemic affects especially the poor, the marginalised, women, children and other vulnerable groups. Advocacy has to go together with care since it is a rather long term measure and some people may need assistance on an immediate basis.

Above all, the theological message a church proclaims in sermons and elsewhere must not contradict what is being done in programmes.

4.11. Specific approaches
As much as churches should try to pursue a comprehensive and holistic approach in their Aids programmes, each church should shape its activities according to the specific situation and need in its country and environment. Coordination with other locally active organisations and with government programmes is important to avoid duplication, competition and overlapping of activities. The churches as well as the UEM regions should carefully identify where their specific tasks are.

5. UEM as an employing/sending/scholarship-organization: Personnel, scholarship holders and volunteers and visitors
5.1. HIV/Aids information, education and counselling for staff and exchange – co-workers
The provision of information and education on HIV/AIDS issues shall be given special attention in all programs dealing with volunteers, co-workers, exchange-workers, scholarships and partnerships. This shall be done in order to provide competence on issues relating to HIV/AIDS and shall include information on HIV/AIDS in general and on individual prevention of HIV infection. It shall be intensified in the various preparatory processes.

During their stay in their host churches, volunteers, co-workers and others working in countries affected by HIV/AIDS shall be able to receive counselling for problems they face relating to HIV, such as deaths, fear or poverty, in order to help them cope with the situation. Counselling may continue upon their return from their assignments if they so wish.

Church circuits hosting volunteers or co-workers shall receive adequate information on HIV/AIDS that equips them to approach the issue in a sensitive way. Special attention shall be given to decrease stigma and fear.

5.2. Testing
HIV tests shall be encouraged for all in the context of voluntary HIV testing where people make an informed choice to be tested and receive appropriate counselling. Mandatory testing shall not be pursued by UEM as an employing/scholarship organisation. A positive HIV test shall be no absolute exclusion criterion for employment as staff, co-worker etc. Rather the situation has to be discussed and the appropriate place of work shall be found.

5.3. Post Exposure Prophylaxis (PEP)
Volunteers, co-workers and staff shall have access to post-exposure prophylaxis for HIV infection. This applies especially to occupational exposure of health care workers, and to situations of rape or violence or other injury for staff and volunteers.

5.4. Care for UEM staff and exchange coworkers infected with and affected by HIV/AIDS
Co-workers in the north-south-, south-south- and south-north exchange programme have been included in health insurance programmes, or an additional grant was given to provide for health expenses in their host countries. This will have to be extended in order to provide for cases where co-workers are living with HIV/Aids. The principles of non-discrimination, destigmatization and providing care entail that access to specific treatment for HIV/AIDS will be provided in case it is needed. Options to do this will be explored, such as to include treatment in health insurance schemes, to access government and church treatment programmes and others.

For students receiving scholarships, taking care of chronic sicknesses including HIV/AIDS is a matter of UEM’s ethical commitment. In this context, the options for the provision of adequate AIDS treatment will be explored (health insurance coverage, emergency fund, obtaining drugs in countries of origin).
UEM seeks to create an environment that empowers people living with HIV/Aids to share their HIV status with others. In this line, co-workers living openly with HIV/Aids may be employed in order to bear witness and to encourage others to do so.

6. Management of Programmes
The HIV/Aids pandemic increases the need for funds to develop meaningful programmes. These funds need to be additional to the other areas of work, as e.g. women’s work, education, health etc. Moreover, they will be needed for a long period of time, not just as an emergency support. It is therefore of utmost importance for churches and organisations to be perceived as credible, honest and transparent organizations in the planning and implementation of their Aids work. This concerns the handling of funds, the transparency in planning and implementation and the mobilisation of personnel.

Requirements:
- Churches should have contact persons or a coordinating committee for their Aids work.
- Coordinators of Aids programmes need to have personal credibility and need to be adequately trained and/or experienced for the job.
- In areas where there are UEM- or WCC consultants, these should be included in the screening and appointment process for leading personnel.
- Likewise, all project proposals sent to UEM must be first discussed with the UEM consultant (where applicable) and must have his/her approval.
- Planning, monitoring and evaluation of the programmes and activities within the Anti-Aids-Programme shall be done according to the UEM principles:
- Annual work plans, budgets and half annual financial and narrative reports are required.
- Generally, transfers of funds can only be made upon receipt of reports on the use of the previous installment of funds.
- The use of funds for anti-Aids-programmes and activities shall be reported in accordance to the regulations provided (half-annual financial and narrative reports). Annual amounts less than 15,000 Euro shall be audited internally in the churches, amounts exceeding 15,000 Euro shall be audited externally.
- There shall be annual activity plans for the ongoing church-programmes (funded by UEM) as well as for the UEM Anti-Aids-Programme.
Latin America

Message from Churches, Organizations and Programmes on World AIDS Day 2004

Women, Girls and HIV/AIDS

“Many women who had followed Jesus from Galilee and given him support were also there, watching from a distance” (Matthew 27: 55)

Introduction:

1. As representatives of different Christian communities committed to education for prevention, awareness raising and promotion of the human rights of people affected by HIV/AIDS, and accompaniment and solidarity, we wish to use these words to put our feelings into action.

2. From the start of the epidemic, women, girls and children have not been watching from a distance, but have been involved in different ways and following from close by the progress of the illness. Contrary to the statistics, women and girls have been at the bedside of many patients in a brave testimony of solidarity and standing up to fear and to cultural, social and religious prejudice. This is why today we raise our voices and our actions to commemorate and look to as an example all the many faces of women who, as mothers, wives, daughters, nurses, doctors, friends, companions, volunteers, are committed to life and to human dignity. We are witnesses to their presence which has lit a path which seemed full of doubts and fears.

3. Many women who at first were at the bedside of a person living with HIV/AIDS are today themselves occupying those beds. We acknowledge that women have been “like a voice calling in the desert” (Matthew 3:3), calling society and the churches to justice, education, prevention campaigns and the implementation of measures which could have avoided this crisis situation.

4. Women and girls living with HIV/AIDS experience the consequences of the inadequate policies and the inaction of many churches and religious leaders, who knew neither how to prevent the virus nor how to combat the stigma and discrimination which continues to affect these women. Today we join with them so that together we can build the firm, constant and responsible awareness which will make for a healthy and dignified future.

5. It is our desire and will to create spaces within the Christian communities and within society where the voices and stories of women living with HIV/AIDS can be heard and where their life stories can serve as opportunities to change the hearts and minds of our churches and societies. We want to listen to the voices of women and girls to understand that the prevention of the epidemic demands an understanding which transcends the virus itself. By understanding the realities of the day to day lives of women and girls, we can understand why they are more vulnerable.
6. We want to recognize that in the response to the epidemic, both our societies and our Christian communities have placed on the shoulders of women and girls unfair burdens of care. At the bedside of a man, we have always found women, who took on multiple roles but did not abandon their loved ones or their neighbors in need. Today we know that when women are ill, men do not always take on the same responsibilities. As communities, we want to ask their forgiveness and commit ourselves to changing this situation.

7. The Christian communities who support this message renounce the lack of gender equity and the stereotyped responsibilities imposed on women and girls. It is not enough to recognize that the face of AIDS is becoming younger, poorer and more female. We must together undertake actions to change this situation.

8. This is why on this World AIDS Day 2004 we commit to co-operating with civil society organizations in a campaign to raise awareness in our churches and among all men and women of good will of the realities which women and girls are facing in the context of the HIV/AIDS epidemic.

Many women and girls are vulnerable to HIV because of the high-risk behavior of others.

9. This is why through this message we want to support and strengthen pastoral and educational action which contributes to reducing the vulnerability of women and girls with HIV and AIDS. Christian communities must break the silence and demonstrate our commitment to remove from society and from our Christian communities the cultural and sexual practices which are the fruit of gender inequality and at the root of this vulnerability. This requires a clear voice of denouncement and transformation.

10. We want to reinforce positive male behavior which challenges cultural, social and religious patterns of exclusion and vulnerability of women who live with or who are affected by HIV and AIDS. It is important to seek models for the construction of a society which is more just, egalitarian and with more solidarity. We want to emphasize values of dignity, building prevention campaigns which are based on equality, human rights, respect for diversity and the feelings of all men and women.

11. We want to raise our voices and actions. We do not want to close our eyes to the abuse and violence faced by many women and girls in Latin America. We want our communities to be safe spaces which protect the rights, dignity, equality and diversity of all men and women. We want to say no more impunity for physical, psychological, economic, social, cultural and religious violence which faces many women and girls, not just in society but also within our Christian communities.

12. We denounce the economic dependence of women and girls, the cultural and social behavior of many men, and the legal and religious limitations facing many women and girls, who have no option or other horizons, and who are forced into unsafe sexual and human relationships and practices.
13. We want to build a society in which relationships between people are founded on the values of the Kingdom of God. This is the kingdom which we beg to come each day, and this is the will of God which we want to see fulfilled.

**Women maintain family and community unity and are a strong force for prevention of HIV and AIDS.**

14. We recognize the important role of women in supporting their families and in fulfilling most of the caring responsibilities. As Christian communities, we want to challenge this cultural practice and promote a change of attitudes, behaviours and thinking. It is our task to highlight all the positive signs of progress towards a more equal community, and relationships of greater solidarity between people.

**Women leaders must be encouraged to talk openly about HIV and AIDS**

15. Our aspiration is that women’s groups which exist and which work within our Christian communities should become ambassadors for a message of liberation and supporters of the UNAIDS campaign on Women, Girls and HIV/AIDS. We commit to promoting women leaders who are able at national and local level to take on and lead actions that speak openly about AIDS.

**Men and boys, and Christian communities in general, have a crucial role to play and will also benefit from this emphasis on women and girls.**

16. With this message we want to achieve greater gender equity which will have positive repercussions on women and men. Undoubtedly, men are also vulnerable to HIV infection because of gender inequality, although in a different way and for different reasons. Because of this, we want to challenge gender norms which encourage men into risk behaviours which have the sole objective of demonstrating their masculinity.

17. By talking about gender differences imposed by social, economic and religious culture, we want to achieve the objective of building the capacity of women to be aware of these situations and to raise the awareness of men, boys and Christian communities to be the voice of men and women who do not have a voice and who are invisibilised.

**Women can work against HIV-related stigma and discrimination from the heart of the Christian communities they are part of.**

18. We encourage women to use their influence in the faith organizations to which they belong. We encourage them to use their influence in the workplace, in voluntary organizations, businesses and support groups, to contribute to the prevention of HIV and the education in human rights and against the stigma and discrimination associated with HIV.
19. **Our religious organizations** must exert specific influence, given that spiritual leaders have institutional authority. This responsibility provides the opportunity to share correct and scientifically-accurate information on HIV/AIDS, to eradicate discrimination against people living with HIV and AIDS. Our religious organizations play a crucial role in many cultural contexts because of their ability to push for an effective response to HIV/AIDS.

20. Our organizations and our community leaders must strengthen their commitment to justice and support the realization of rights so that people can reconcile themselves with life and overcome feelings of guilt, denial, stigma and discrimination, as well as opening new paths to hope, knowledge, prevention and treatment.

**Health services appropriate for women will improve the access of women and their children to healthcare.**

21. In our Latin American cultures, women are the last to receive health attention. In the Bible, the miracles of Jesus speak of health for all men and women as one of the signs of the coming of his kingdom. This is the foundation for our wish to remedy this gender inequality. We commit to promoting integrated healthcare which includes the best treatment, and specially access to ARVs for all men and women.

22. AIDS intensifies the feminization of poverty and incapacitates women especially in the most affected countries. The whole family becomes more vulnerable when women spend more time caring for the sick at the expense of other production activities for the benefit of the family.

23. According to our commitment to bear witness to and denounce poverty and social inequality, and to evangelize for a just world, we propose:
   - Highlighting the magnitude and the implications of unpaid care work carried out by women.
   - Encourage governments, policy makers at national and international level, communities and families to recognize the urgent need to increase and extend social protection and remuneration for community and home based careers.
   - Promote changes in the gendered division of domestic tasks and achieve a balance of caring responsibilities.

**The education of girls reduces their vulnerability to HIV**

24. Girls are the first to be taken out of school to take care of family members who are sick, or to look after younger siblings. HIV and AIDS threatens recent progress made in basic education of girls, and disproportionately affects the schooling of girls.

25. **Going to school provides protection.** Education provides basic protection against the discrimination of HIV and the impact of AIDS. There is growing evidence to prove this.
26. According to our commitment to bear witness to and denounce poverty and social inequality, and to evangelize for a just world, we propose:
   • Achieving schooling for girls, and ensuring a safe environment which permits them to continue attending school.
   • Provide education based on life skills, with a focus on gender issues.
   • Protect women and girls from violence, exploitation and discrimination in schools and in their environments.

   **A better range of prevention options could help women to protect themselves.**

27. Education constitutes a basis for extending and improving prevention programmes focused specifically on women and girls.

28. Compared to men, women are twice as likely to contract HIV through unprotected sex, but they depend on the cooperation of men to avoid infection.

29. Microbicides are one of the most promising prevention options on the horizon. With political will and enough resources, the first generation of microbicides could be ready for distribution in 5 – 7 years. However, the investment in research and development of microbicides must be radically increased immediately if the hopes which have been raised are to be met.

   **Violence against women increases the spread of HIV. No violence of any kind should be tolerated.**

30. Violence against women is a significant human rights and public health problems in Latin America. This violence increases women’s vulnerability to HIV.

31. Violence against women is common in almost all societies. It is supported by the discrimination and subordination of women, and at the same time reinforces and perpetuates these.

32. The high rate of non-consensual sex, women’s inability to negotiate safe sex, and in many cases, their fear of being abandoned or of being thrown out of their homes and communities, are extremely challenges, particularly for women of few financial resources.

33. As Christian men and women committed to Jesus Christ, we reject all forms of violence against women and girls. We commit to working to make our Christian communities safe places where: we care for life, we create spaces to listen to women, and for women and girls living with HIV and AIDS to participate and to realize their human rights, and to work with them as agents for change.

   **Women should represent half of those receiving antiretroviral drugs.**

34. As Christian communities, we commit to supporting all the efforts which aim to ensure that in 2005 at least half of those with access to ARVs should be women.
35. Christian communities should develop principles and mechanisms to promote and provide equal access to care and ARV treatment for women and girls, including excluded groups of people living with HIV/AIDS.

36. We need to incorporate well-evidenced messages on access to treatment for women and girls, as well as guaranteeing a respect for gender equity as a fundamental need in the development of programmes to increase the access to all forms of care and treatment.

37. According to our commitment to bear witness to and denounce poverty and social inequality, and to evangelize for a just world, we seek to provide:
   - **Leadership Training** - Promote the active participation of women and girls in the prevention of the epidemic.
   - **Support** - Listening to the stories which women and girls living with HIV/AIDS want to share.
   - **Awareness raising** - Emphasize the impact of HIV and AIDS on women and girls internationally, regionally and nationally.
   - **Change** - Challenge gender differences which make women and girls more vulnerable to HIV.
   - **National frameworks** - Ensure that national policies and responses are focused on the impact of AIDS on women and girls.
   - **Confidence** - Increase the self-esteem of women, particularly those who are vulnerable to HIV or who are living with HIV.

**Commitment to the Declaration of the United Nations General Assembly Special Session (UNGASS)**

Increase the knowledge, credibility and legitimacy of the goals of the Declaration of Commitment issued by governments involved in the Special Session on HIV/AIDS of the United Nations General Assembly (UNGASS) in relation to women and girls.

38. In the Bible, women were the first witnesses to the victory of life over death and they were charged with the apostolic mission of announcing this message of hope to all human beings (John 20: 18). We are sure that in the context of the HIV and AIDS crisis, women and girls can also be the bearers of a message of solidarity and equality in diversity, whose fundamental principles are respect for the dignity and rights of all men and women.

**CHURCHES AND ORGANISATIONS SUPPORTING THIS MESSAGE:**

**CHURCHES:**
- Ejército de Salvación – Territorio Sudamericano Este.
- Equipo de la Misión María Magdalena (IELU) (Resistencia. Chaco. Argentina)
- Federación Argentina de Iglesias Evangélicas (FAIE) (Buenos Aires. Argentina)
- Consejo Latinoamericano de Iglesias (CLAI) Regional Río de la Plata.
- Foro de las Mujeres del Consejo Latinoamericano de Iglesias (CLAI) en Argentina.
- Hermanas Misioneras Redentoristas.
• Iglesia de la Comunidad Metropolitana (Buenos Aires. Argentina)
• Iglesia Discípulos de Cristo (Argentina)
• Iglesia Evangélica Luterana en Chile
• Iglesia Evangélica Luterana Unida (Argentina – Uruguay)
• Iglesia Luterana Costarricense (ILCO). (Costa Rica)
• Iglesia Luterana en Chile
• Iglesias Reformadas en Argentina
• Iglesia Evangélica Valdense del Río de la Plata (Argentina – Uruguay)
• Igreja Evangélica de Confissão Luterana no Brasil
• Ministerio de Restauración y Consolación HESED (Lima. Perú)
• Sínodo Luterano Salvadoreño (San Salvador. El Salvador)

ORGANIZATIONS AND PROGRAMMES:

• Acción Ecuménica. (Caracas. Venezuela)
• Amigos en Camino (Religiosos Católicos Acompañando a Personas que Viven con VIH-SIDA). (Lima. Perú)
• ASIVIDA (Bogotá. Colombia)
• Asociación Civil Benghalensis (Buenos Aires. Argentina)
• Asociación Cristiana Femenina de Brasil
• Asociación Cristiana Femenina de El Salvador (World Young Women’s Christian Association)
• Asociación Cristiana Femenina de México (World Young Women’s Christian Association. México)
• Asociación Cristiana de Jóvenes (ACJ-YMCA) de El Salvador
• Asociación YANAPAQ (Escuela de Autogestión). (Lima. Perú)
• Cátedra Libre de SIDA. Universidad Nacional de La Plata. (Argentina)
• Católicas por el Derecho a Decidir (Buenos Aires. Argentina)
• Católicas por el Derecho a Decidir (Córdoba. Argentina)
• Centro de Espiritualidad Meaux (Puno. Perú)
• Centro Ecuménico de Acción Solidaria (CEASOL) (Buenos Aires. Argentina)
• Centro Integral de la Mujer, el Niño y el Joven. (CIM) (La Plata. Argentina)
• Centro Parroquial Ecuménico Rosa Blanca (Lima. Perú)
• Centro Regional Ecuménico de Asesoría y Servicio (CREAS) (Buenos Aires. Argentina)
• Comisión Argentina para los Refugiados (CAREF) (Buenos Aires. Argentina)
• Comunidad del Discípulo Amado (Bogotá-Medellín. Colombia)
• Coordinadora Peruana de Personas Viviendo con VIH-SIDA “Peruanos Positivos” (Lima. Perú)
• Diaconía/Programa de Apoio à Ação Diaconal das Igrejas. (Recife. Brasil)
• Ediciones La Nueva Humanidad. (Buenos Aires. Argentina)
• Encuentro de Organizaciones No Gubernamentales con Trabajo en VIH-SIDA de la República Argentina.
• Escuela Sor Juan Inés de la Cruz. (Tehuacan. Puebla. México)
• Federación de las Asociaciones Cristianas Femeninas de la República Argentina (YWCA)
• Fundación Argentina Pro Ayuda al Niño con SIDA (FAPANS) (Buenos Aires. Argentina)
• Fundación Descida (Buenos Aires. Argentina)
• Fundación Kairos (Buenos Aires. Argentina)
• Fundación para Estudio e Investigación de la Mujer (FEIM) (Buenos Aires. Argentina)
• Fundación Educación Popular en Salud (EPES) (Santiago de Chile)
• Fundación Proyecto VIDA (Maracay. Venezuela)
• Fundación Santa Clara (Caracas. Venezuela)
• Génesis. Grupo Cristiano Ecuménico LGGT (Ciudad de México. México)
• ICW LAC (Buenos Aires. Argentina)
• Instituto de Educación y Desarrollo Sustentable OIKOS. (San José. Costa Rica)
• Intilla. Asociación Civil. (Pcia. de Buenos Aires. Argentina)
• Liga Bonaerense de Diversidad Sexual (Pcia. de Buenos Aires. Argentina)
• Movimiento Ecuménico por los Derechos Humanos (Buenos Aires. Argentina)
• Oficina Conjunta de Proyectos IELU-IERP (Buenos Aires. Argentina)
• Otras Ovejas. Ministerios Multiculturales con Minorías Sexuales (México)
• Pastoral de las Mujeres y Justicia de Género del Consejo Latinoamericano de Iglesias (CLAI)
• Pastoral Ecuménica VIH-SIDA (Buenos Aires. Argentina)
• Programa Universitario de Estudios Sociales en VIH-SIDA. Universidad Iberoamericana Puebla. Dr. Marco Hernán Quezada S.J. (Puebla-México)
• Programa de Incidencia sobre Deuda Externa e Ilegítima en América Latina y el Caribe. Federación Luterana Mundial. Rev. Ángel F. Furlan. (Buenos Aires. Argentina)
• Programa de Soporte a la Autoayuda de Personas Sero positivas (PROSA). (Lima. Perú)
• Visión Mundial. Oficina Regional para América Latina y el Caribe. (San José. Costa Rica)
• YWCA (World Young Wome’s Christian Association) Asociación Cristiana Femenina de Chile.
We, the leaders of various religions and faiths gathered here at NOIDA near the Indian national capital, Delhi, for the International Interfaith Conference on Prevention and Control of HIV/AIDS held on December 1st and 2nd, 2004, reaffirm that Religions, Faiths, Spiritual traditions, sacred texts and scriptures exert powerful, positive direct and indirect influences on the lives of individuals, communities and societies and nations.

Recognize that AIDS (Acquired Immune Deficiency Syndrome), the final stage of the infection caused by the Human Immuno-deficiency Virus), is a pandemic that has far reaching impact upon individuals, families, communities, societies and nations every where.

We are aware that HIV does not discriminate on the basis of faith or socio-economic characteristics and has become a fact of life in our midst; that HIV/AIDS has already claimed millions of people’s lives belonging to all religions and faiths. The epidemic will continue to take a heavy toll in terms of debility and death and will devastate families in the years to come; and, that there is at present neither a vaccine nor a cure for AIDS.

Therefore, we assert that the requisite comprehensive response for prevention and control of HIV/AIDS has to recognize the crucial role religions, faiths and spiritual traditions can play in prevention, control of spread of the infection and in offering material, moral, spiritual aid and succour to the people living with HIV/AIDS.

We pledge to strive to use the power, influence and instrumentalities of our religions and faiths for these purposes.

We observe with great concern that very often, those infected and affected have been discriminated, neglected or rejected by the people around them and by the society. This goes to defeat the fight for prevention and control of AIDS, as this makes the problem invisible and therefore, difficult to deal with at the individual, family, community, society and government level.

We reiterate the critical need for overcoming the prevailing silence, stigma, denial and fear attached to the epidemic.

We note that HIV/AIDS, while posing a threat to all sections of society, poses a special challenge for socially and economically vulnerable groups, children, women, young adults, elderly and orphans.
Our religions and faiths command us to uphold the basic sanctity and nobility of human life. They lay emphasis on the importance of compassion, caring and supporting the disadvantaged- the poor, the sick and the suffering who get more and more marginalized when struck by the disease.

We recognize the call of all religions and faiths for reiterating and recirculating among the people the common and supreme message of Compassion, to be practiced as providing aid and succour to persons carrying the infection by every one around them so that the infected continue to live a life of dignity and fulfilment.

We reaffirm that the primary goal and task before all religions and faiths is to assist people to stay away from risk behaviour affecting their physical, moral and spiritual growth and development. This mandate before us when effectively fulfilled will equip every one to protect himself or herself and society against HIV/AIDS that has no cure or vaccine.

We recognize that Religions and Faiths have a mandate to light up the path of the youth since they have to carry the torch of life on its eternal journey. In facing the challenge of HIV/AIDS they are our best, first line of defence, while being the most vulnerable as well. We pledge to work with the youth in this fight.

We affirm that Religions and Faiths have a critical role in placing the scientific facts of HIV/AIDS in their due perspective. We recognize the importance of scientific efforts for developing effective vaccine against the epidemic and the need for requisite support for achieving a breakthrough in such efforts.

Through this Delhi Declaration emanating from the International Interfaith Conference it is resolved that:

- Our Religions and Faiths call upon us to take forthwith shared action for responding to the HIV/AIDS epidemic.
- The foundational principles enunciated in this Delhi Charter need to be translated into a framework of action for supporting the national AIDS control programme; and, for follow up for making an immediate impact on efforts for prevention, control of HIV/AIDS and for providing care and support to its victims.
- We commit our special expertise, experiences, resources and available healthcare structures for providing holistic healing and compassionate care and support to people with HIV/AIDS.
- this Conference supports the initiative to form a Task Group for consulting the stakeholders from different religions and faiths and spiritual traditions for forging an India Interfaith Initiative
- This Task Group after due consultations should develop a plan for taking forward India Interfaith Initiative to various regions of the country and for linking up with the global Interfaith Initiative.
We appeal to all religious and faith based organizations, spiritual movements and leaders at all levels to strive for aligning their actions and activities in accordance and contribute to strengthening the national response.
We, the Muslim and Christian leaders, working in the field of HIV/AIDS in the Arab world, meeting in Cairo, Egypt – from the 28 – 30 Shawal 1425 H. 11 – 13/12 2004 AD, in an initiative of the United Nations Development Programme’s (UNDP) HIV/AIDS Regional Programme in the Arab States (HARPAS), under the auspices of the General Secretariat of the League of Arab States, and in collaboration with UNAIDS and FHI/Impact, have agreed upon the following:

**First: General Principles**

Due to our realization of the value of every human being, and our awareness of God’s glorification of all human beings – notwithstanding their situation, background or medical condition – we, as religious leaders, face the imminent danger of the HIV/AIDS epidemic and have a great responsibility and duty that demands urgent action.

It is our duty to promote virtue and religious values and enhance people’s relationship with their Creator, seeking God through prayers and petitions that He may protect us from this imminent danger and preserve our homeland from it, and that He may grant his grace and favor upon those affected by this disease. We stand in solidarity with those who are infected with this disease, and we encourage them to pray and receive God’s help and grace.

Illness is one of God’s tests; anyone may be afflicted by it according to God’s sovereign choice. Patients are our brothers and sisters, and we stand by them seeking God’s healing for each one of them.

**Second: On Prevention**

The family is the foundation for building and defending society. It is therefore necessary to encourage starting families in accordance with heavenly decrees, and we should remove all obstacles in the way.

We emphasize the need to break the silence, doing so from the pulpits of our mosques, churches, educational institutions, and all the venues in which we may be called to speak. We need to address the ways to deal with the HIV/AIDS epidemic based upon our genuine spiritual principles and our creativity, and armed with scientific knowledge, aiming at the innovation of new approaches to deal with this dangerous challenge.

We reiterate that abstinence and faithfulness are the two cornerstones of our preventive
strategies but we understand the medical call for the use of different means to reduce the harm to oneself and others.

We view as sinful anything that may cause infection through intention or negligence – as a result of not using all possible preventive means available.

We emphasize the importance of reaching out to vulnerable groups which are more at risk of being infected by HIV/AIDS and/or spreading it, including commercial sex workers and their clients, injecting drug users, men having sex with men, and those who practice harmful behaviors. We emphasize the importance of diverse approaches and means to reach out to those groups, and although we do not approve of such behaviors, we call on them to repent and ask that treatment and rehabilitation programs be developed. These programs should be based on our culture and spiritual values.

We call upon the media to abide by ethical codes regarding the material they present. We advocate the rights of women to reduce their vulnerability to HIV/AIDS.

Third: On Treatment and Care
People living with HIV/AIDS and their families deserve care, support, treatment, and education, whether or not they are responsible for their illness. We call for our religious institutions, in co-operation with other institutions, to provide spiritual, psychological, and economic guidance and support to those in need. We also encourage them not to lose faith in God’s mercy, and aspire to a rewarding and productive life, embracing fate with courage and faith.

We reject and emphasize the necessity to abolish all forms of discrimination, isolation, marginalization, and stigmatization of people living with HIV/AIDS we insist on defending their basic freedoms and human rights.

Fourth: Addressing Other Leaders
As religious leaders we need to reach out to our governments, civil societies, institutions, NGOs and the private sector, to seek closer co-operation and greater action in the response to this epidemic.

We also emphasize the importance of mobilizing other religious leaders’ role against the imminent danger of HIV/AIDS in society, particularly in the media and in educational and popular campaigns.

The need to formulate policies and laws that prevent the further spread of the disease particularly mandatory health check-ups before marriage.

Promote the setting up of guidance and awareness raising centers and facilitate the establishment of charitable organizations to provide care and support for people living with HIV/AIDS.
International Conference


Final Document.

Moscow, Russian Federation, 18-19th April 2005.

We, the participants of the international conference met for two days to discuss the wide range of problems involved in cooperation between the state structures, religious and public organizations in overcoming the spreading of the HIV/AIDS epidemic.

As a result of the submitted reports and statements, as well as exchanges of opinions and discussions we have come to the following conclusions:

1. The pandemic HIV/AIDS and the threat it presents demands the close attention of the world community and the implementation of serious measures by states and all responsible forces of society.
2. The current situation of HIV/AIDS spread in Russia is alarming, and has got the characteristics of an epidemic.
3. While appreciating the efforts of the Russian Federation, and both International and Russian nongovernmental organizations, to solve the problems of HIV/AIDS, and to address the issues of prevention, rehabilitation and social adaptation, we believe, that both the state and society have not exerted sufficient effort considering the level of threat HIV/AIDS presents.
4. This and the fact that the HIV epidemic affects primarily the young and economically active population, and demands enormous expenditure for treating those infected, makes this problem a paramount threat to the development and existence of society and to its national security.
5. The primary driving forces of the epidemic can be accounted to the corruption of moral principles within society, destruction of fundamental spiritual values, growing indifference, cruelty and social alienation to those affected.
6. The HIV/AIDS epidemic can be effectively counteracted by strengthening spiritual and moral norms in society, through education and instruction. It is necessary to overcome the oversimplified patterns of sexual education adopted as an exclusive means of education youth in the prevention of HIV/AIDS. Children should be brought up from an early age to respect family values and traditions, to develop responsible gender relations, to reject of risky behaviour including drug use. They should also be taught the ideals of public spirit, social service, fidelity, mercy and compassion.
7. The magnitude of problems and challenges, encountered by both state and social organizations as they face the HIV/AIDS epidemic, dictates a unified effort by all elements of society to find workable solutions. Religious organizations are an important component of civil society that contribute uniquely to this work. Partnerships dealing with social problems through dialogue, the combining of
resources and institutional cooperation of religious, state and social organizations is essential to effectively combat the spread of HIV/AIDS.

8. It is necessary to develop cooperation between religious organizations, the state and society in moral education and instruction of children and youth; to intensify educational work in the prevention of HIV and drug addiction among children and teenagers and to work jointly with public and state organizations through educational and training programs to prevent HIV/AIDS.

9. The mass media, especially television, can become an important means of combating the spread of HIV/AIDS. Informational campaigns, on the prevention of HIV/AIDS and drug addiction, should be developed according to ethical norms in order to be effective. The mass-media should adopt a responsible attitude, contributing to the formation of spiritual and moral values in society.

10. The major areas of work should include the following:
   - Supporting local projects to establish counselling services and telephone hotlines on HIV/AIDS;
   - Promoting social rehabilitation and advocacy for people living with HIV/AIDS;
   - Legal advice to HIV-positive people and their relatives; psychological care to people living with HIV/AIDS (in medical institutions - hospitals, clinics, maternity houses; in jails etc), and also to their relatives;
   - Care for orphans who have HIV-infected mothers, helping them to integrate fully into society;
   - Home nursing and care of HIV-infected people especially in the terminal stage of illness; work in penitentiaries, especially with HIV-positive prisoners.
   - Organizing work with people living with HIV/AIDS in monasteries, parishes, communities, etc.

11. Participants of the conference call upon religious organizations to engage in intensive cooperation with one another to combat the spread of HIV/AIDS and to show concern and care for those living with HIV/AIDS.

12. Participants of the conference appeal to the Inter-Religious Council of Russia to include this problem within the program of its work.

13. Participants of the conference appeal to the state and society to actively interact with religious organizations to counteract the HIV/AIDS epidemic. It is important that this cooperation should involve the community of people living with AIDS.

14. Coordination and development of Inter-Confessional interaction and cooperation among religious organizations is vital to counteract the spread of HIV/AIDS and to support PLWHA, to achieve this it is desirable that a continuation committee be set up to follow the conference. The leaderships of concerned religious organizations and confessions are asked to support this initiative.