The Politics of HIV and the Voice of the Church.

The morning session has focused on introducing us to some of the key issues about HIV as a virus. We have looked at how it affects individuals and what the treatment options are, but there are also wider social implications that we need to consider when looking at HIV and AIDS. It is an issue that not only affects individuals, but also affects societies.

HIV is a political issue. It is of great concern to Governments throughout the world because it has an impact on society and on social issues. For example, in low income countries where treatment is not always readily available there is the issue of the growing number of orphans and the care that they need. In the world today there are more than 16 million children orphaned because of AIDS.[1] Countries need to provide care for these orphans and protect them from exploitation.

Another example of a political issue is the need for strong health systems. The response to HIV and AIDS can easily be frustrated by the lack of infrastructure in a country and this has been recognised by the United Nations (UN) in its focus on health systems strengthening. Even where treatment is available if the health system is not strong it can be difficult to treat people and monitor their care. There is also the crucial issue of economic development. In some countries HIV has had a devastating impact on people who should be economically active. Without these people and their productivity how can economies grow and develop? How can a country address poverty if its workforce is affected by HIV, particularly where there is limited access to treatment. These are some of the wider issues that countries have to face when responding to HIV. Some of these questions are being addressed by the work of development agencies such as Progressio who we shall be hearing from later this afternoon.

It is clear that HIV needs a political response. The devastating impact of the virus on countries across the world and the fact that there is no cure has meant that governments have needed to come together to mobilise a response, to work together and to hold each other accountable. It is this response that has been crucial to bringing us to the point at which we now are in the history of HIV and AIDS. This paper aims to explore some of the politics aspects of the HIV response at the global level, the national level and at the local level, and also to explore where the voice of the church is at all these levels.

[1] *Political Declaration on HIV and AIDS Intensifying Our Efforts to Eliminate HIV and AIDS.* United Nations June 2011

Where is the Voice of the Church?

In the early eighties in the US and Europe, HIV and AIDS initially appeared in the gay communities, amongst homosexuals, and men who have sex with men. It was also seen in intravenous drug users and people who had blood transfusions such as hemophiliacs. As the epidemic spread, its impact amongst heterosexuals became more apparent, particularly in Sub-Saharan Africa. Because of the initial impact within the gay community, HIV and AIDS was also known as the gay plague. In general the initial attitude of society and of the church towards people who had HIV and AIDS was one of judgement, suspicion and fear, even from the medical community where people were isolated and placed in quarantine. This shameful attitude and lack of compassion towards those with the virus, led to the founding of organisations such as the Terrence Higgins Trust.[2] It was not just religious groups that were acting this way, across the world the response to HIV and AIDS was driven by fear, resulting in stigma and discrimination which continues today in many forms.

Christians have traditionally been at the forefront of social action campaigns for example, bringing about justice through the abolition of slavery and the abolition of apartheid. More contemporary social justice campaigns include the sustainability of the environment, addressing global poverty and responding to development needs. These are all very commendable and play a key part in the Church mission, however in respect of HIV; some churches have failed to recognise that this is also a struggle against injustice. It is not that the issue is being ignored, but more the case that there is still a great silence from parts of the Church on HIV. However there are places where the voice of the church is heard clearly, particularly through the work of faith based development agencies such as Tear Fund, Christian Aid, Progressio and CAFOD, but there is still much more that could be done to address the challenge of HIV. Now the Church has found her voice we need to ensure that we speak out at all levels of society, both global and local.

[2] The Terrence Higgins Trust was established as a charity in 1982. Terry Higgins was one of the first people in the UK to die with AIDS. A group of his friends wanted to prevent more people having to face the same illness as Terry. So they named the Trust after him, hoping to personalise and humanise AIDS in a very public way. http://www.tht.org.uk/aboutus/ [Accessed 30th October 2011]

Politics and HIV at the Global Level

First of all we must acknowledge the tremendous leadership shown by the UN in the HIV and AIDS response. The UN has mobilised resources, provided strategic direction and has held countries accountable. **In June 2001 the UN General Assembly held a Special Session on HIV/AIDS (UNGASS). Recognising the need for an urgent global response to HIV and Aids, the UN passed the 2001 Declaration of Commitment on HIV and AIDS clearly stating the urgency of the situation and the fact that the world was losing the struggle against HIV.**

At that time the number of people living with HIV was increasing, anti-retroviral treatment (ART) which was revolutionising care in high-income countries was virtually unavailable in other severely affected countries. HIV and AIDS were eroding the progress of development particularly in sub-Saharan Africa and was recognised as a threat to social stability and development**. In 2006 the UN General Assembly adopted a Political Declaration on HIV/AIDS in which countries reaffirmed their commitment to implement fully the 2001 Declaration.**

Within these documents countries agreed certain targets to measure their response to the HIV epidemic. This included targets to reduce the rate of HIV transmission and to expand access to treatment and to raise funding. Both these documents emphasise international co-operation. This push at the global political level has resulted in progress. The epidemic is stabilising, the number of new HIV infections has declined by 16%, mother to child transmission has reduced the number of infected infants, new interventions and emerging technologies have the potential to enhance prevention efforts, access to treatment has expanded and some gains have been made in promoting and protecting the human rights of key populations.[3] Faith based organisations have been there at the forefront of this response and have played a crucial part in this response.

At the same time there is still much to be done and there are still very difficult questions that must be faced. There are still difficulties in securing full access to treatment. Ten million people who need treatment do not have access to ART. For every person who starts treatment, two are newly infected. The number of children orphaned by HIV continues to grow. These are global figures. In this country mother to child transmission of HIV is rare. People do not die of AIDS in this country in great numbers any more. Across the world because of the

[3] A Stocktake, The UK Civil Society Contribution to Universal Access to HIV Pevention Treatment Care and Support. UK Consortium on AIDS and International Development 2011

efforts made people are living lives of dignity and health, but much more remains to be done in order to sustain this progress.

In April I was privileged to attend the UN Civil Society Hearing on HIV and AIDS. It took place in New York. The aim of this meeting was for civil society organisations from around the world to have an opportunity to deliver strategic messages which would then be used to influence the development of a new UN declaration to be announced at a UN General Assembly in June. It was a privilege to witness people from all over the world speak about their concerns and the work that they are doing and to call upon more action from governments across the world. It provided an opportunity to discuss the complexities involved in responding to the epidemic. Despite the fact that delegates were coming from all over the world there was real consensus about the main priorities.[4] I am also happy to say that churches and other faith based development agencies played an active role in this meeting. The Ecumenical Advocacy Alliance which is an organisation set up by the World Council of Churches did a very good job speaking on behalf of the church and encouraging churches and faith based organisations in their response. Some of the key messages from this process can be found in the appendices.

In June the UN General Assembly convened a High Level Meeting on AIDS. The purpose of this meeting was for the world to come together and review the progress made in responding to HIV and AIDS, and to map out the future course of the global AIDS response**. The key outcome of this review was a new political declaration on HIV and AIDS.** This reaffirms current commitments and embraces new commitments which will guide and sustain the global AIDS response.

At the UN meeting in June the voice of the church continued to be heard but the church was also challenged by the UN. The Ecumenical Advocacy Alliance continued to provide leadership and focus for Christian and faith

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[4] Civil Society Priorities – Pre-Meeting UN Civil Society Hearing on HIV and AIDS :

1. Human Rights
2. Universal Access: 80% coverage for all by 2015
3. Prevention: Universal access to the full complement of prevention strategies
4. Treatment: 14 million people on treatment by 2015
5. Care and Support: Expansion of community based services
6. Key Affected Populations: Universal access for MSM, sex workers, people who use drugs, transgender populations, women and girls, prisoners and migrants
7. Eliminating stigma and discrimination
8. Fully fund the response
9. Public Health and not Politics

based organisations and called for faith communities to embrace a vision of healing without judgement and to embrace justice. They called upon faith organisations everywhere to recognise that all human beings are created in the image of God. The UN also challenged churches and faith organisations. The Deputy Secretary General of the UN, Dr Asha-Rose Migiro, told faith leaders that we (faith communities) are natural activists who can change attitudes and that we should speak out and end marginalisation, that we should not be silent and that we should be a force for reconciliation. She said we can be the difference between shame and pride, and between life and death.[5]

One of the challenges facing us is the fact that it is easier to judge than it is to love. It is very easy to hold onto our theological frameworks and teachings and use this as a reason for doing nothing or for keeping silent. There are certain behaviors which are high risk for HIV and certain populations that are more vulnerable to the virus, these include sex workers, men who have sex with men and intravenous drug users. Some churches believe that addressing the prevention needs of people who engage in certain behaviours actually encourages the behavior. So for example condoms are seen as encouraging promiscuity, needle exchange programmes are seen as encouraging people to keep taking drugs. Homosexuality remains a very big issue for the global church and not only for the church but for nations. In Africa there is an increasing wave of homophobia and persecution of lesbian, gay, bisexual and transgender people. Within this rise of homophobia is a denial of the prevention needs of men who have sex with men. The recent World Bank report shows that effectiveness of HIV prevention is undermined by the criminalisation of homosexuality.[6]

As a Christian I believe that working with and supporting key populations is critical to the HIV response. I believe the church is called to serve these people especially. We have the gospel and so we need not judge. We need only care and love. Real faith requires love even for those that don't fit our theological frameworks or tick boxes. We must always remember that people are made in the image of God and that these are people for whom Christ died. Love not judgment is our starting point. When we do this the love of God becomes real in a very powerful way and people will respond to the voice of the Church. The overriding factor must be the recognition that lives must be saved even where they don't fit our beliefs.

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[5] Live the Promise: HIV and AIDS Campaign EEA Press Release 10 June 2011

[6] *Global HIV Epidemics Among Men Who Have Sex with Men (MSM): Epidemiology, Prevention, Access to Care And Human Rights.* The World Bank, June 2001, http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/MSMReport.pdf [Accessed 10th September 2011]

Politics and HIV at the National Level

In the UK this year there has also been much discussion and reflection on HIV and a stock take of where we have come from and where we are. In March the House of Lords held a Select Committee on HIV and AIDS. The aim was to examine the UK response to HIV and to see what needed to be done thirty years on from the emergence of the epidemic. I was greatly privileged to attend one of the hearing sessions as a witness and to be questioned about the response of Churches in the UK. The Select Committee report can now be found on line. [7] The main focus for the session with faith leaders was the role that faith can play in HIV prevention initiatives, and in tackling stigma and discrimination around HIV.

My general impression of the hearing is that it was a good session which explored the many complexities around the issue of faith and how faith can help in HIV prevention and care, but how it can in some circumstances be a hindrance, particularly when faith leaders do not understand the complexities around HIV prevention. The hearing was helpful because it showed that some faith communities have been responding to HIV, particularly in the area of care and support services, but that much more could be done to raise awareness of HIV and to equip churches and faith communities particularly on the issue of prevention and stigma. A summary of the key issues from the hearing are in the appendices.

Politics and HIV at the Regional Level

At the regional level (London) there is also a clear response to HIV led by the Department of Health, the different hospitals and by the voluntary sector (charities). London is home to some of the national HIV charities such as Terrence Higgins Trust, National Aids Trust, Positively UK, Positive East, the Naz Project, London Ecumenical AIDS Trust, and the African Health Policy Network. London is also privileged to be the home of many international development agencies that are responding to HIV at a global level. This afternoon the Deputy Mayor of London will speak to us about his personal commitment to helping those affected by the virus, and he shall speak about the role that the Mayor of London has in addressing HIV in the capital.

[7] Select Committee on HIV and AIDs in the United Kingdom - First Report
No vaccine, no cure: HIV and AIDS in the United Kingdom
http://www.publications.parliament.uk/pa/ld201012/ldselect/ldaids/188/18802.htm [Accessed 29 October 2011]

The Voice of the Church in the UK

As I have mentioned earlier the church is engaged through various organisations with the issue of HIV at global levels. The real challenge for us is found at the national and regional level. I think that it is here that the church needs to find a voice. I believe that in this country the church has left the work of responding to HIV very much to faith based development agencies and to HIV charities. I also have to say that where churches are acknowledging HIV it is sometimes in a way that is most unhelpful. Recent reports from the BBC highlighted the case of a church that was encouraging people to stop taking their treatment. I do not believe that there is malice in this, but if you do not take the time to understand HIV and its impact on communities how can you support them adequately?

In 2007 a survey was commissioned into British church congregations and their attitudes to HIV and AIDS. 84% of the church leaders surveyed felt that their response to the HIV pandemic was inadequate and that more could be done. The survey, which was published by the Christian HIV/AIDS Alliance, also found that nearly 50% of churchgoers want to know more about HIV and AIDS, and that approximately 1/3 of these churchgoers are interested in resources on HIV and would like to know more about ways to engage directly with the issue. [8] To find appropriate and meaningful ways for congregations and church leaders to respond to HIV can be both challenging and complex for churches, but this survey shows a willingness of church congregations to learn more and to engage.

The church has a vital role to play alongside secular agencies and we must increase our efforts, and expand and strengthen our work. It Is not just about our voice being heard but we must find a way in which we too can become actively involved. This afternoon we will have an opportunity to think a bit more about this and what we can do. Our response can be as simple as prayer and recognising World Aids Day, or it can involve mobilising our congregations to volunteer for some of the HIV charities, or to visit people in hospitals such as the Mildmay which treats people with complex cases of HIV.

There are also key political issues that I believe the church could speak up about and in this sense the voice of the church becomes one of prophetic witness. These issues include the need for access to treatment, the financing of treatment, the care of orphans, the discrimination against women that exists in so many societies, the issue of poverty, the abuse of human rights, the need to

[8] Attitudes and Responses to HIV and AIDS - Summary of Survey Results http://www.chaa.info/index.php?option=com_content&view=category&layout=blog&id=41&Itemid=76 [Accessed 21/10/09]

push governments to do more to strengthen their health systems and provide the care and support that people need. The church should be a voice for the voiceless in reducing SSDDIM[9] and multiplying SAVE[10] to end AIDS. This can be through awareness raising, training, research, advocacy practical programming/mainstreaming at congregational level and through SEDOPP[11].

We need look deeply at the reality of our world today and look at these areas of life that do not always neatly fit into our theologies. We need to engage with areas of life that perhaps we do not understand and that challenge us. This is where God is calling the church to be. HIV is not an easy issue to respond to and the challenges are immense, but the reality of the work that we do is simply justice. We are seeking justice for and with people, families and communities that are vulnerable and often invisible. These are real people, families and communities living real life situations and we can bring hope and real change through our work if we take the time to learn, to listen and to understand. We can alleviate difficulty and isolation for people living with the virus in the UK. We can begin to address stigma and discrimination and the fear that keeps many people silent. This afternoon we will have an opportunity to reflect on our individual response in reducing SSDDIM and multiplying SAVE and hopefully commit to doing at least one thing. We do not have to do everything and we do not have to do big things, but we can all do one thing and it is the one thing that we do which can make a difference in our response to HIV.

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30th October 2011

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[9] SSDDIM= **S**tigma, **S**hame , **D**iscrimination, **I**naction and **M**is-action
[10] SAVE=**S**afe practices; **A**cess to treatment &nutrition; **V**oluntary, routine and stigma-free counseling & testing and **E**mpowerment of children, youths, women, men, families, communities, nations and regions vulnerable to, at-risk of and affected by HIV & AIDS
[11] SEDOPP= **S**olidarity **E**nhancement **D**ays of **P**rayer and **P**ettitioning

Appendices

Appendix 1

Key Messages from the UN Civil Society Hearing, New York April 2011

- Progress has been made but it is not enough and the progress made will be lost if political will fails and the financial commitment is not given.

- There is no room for complacency. There is still an urgent need to get people on treatment and prevent new infections.

- Now that there are more people living there are social and support needs that must be addressed.

- The engagement of civil society and the private sector working together is a key area for development. Civil society, governments and the private sector must work together. This work must be sustainable. There was mention of the financial activities tax as being a possible means of raising funding for the HIV response. There was also the suggestion that Corporate Social responsibility be used within the HIV context.

- Stigma is still a very real issue that needs to be addressed.

- There is a need to embrace proven HIV technology.

- Access to treatment and the related issue of funding are key issues that need to be addressed because of the growing number of people in need of treatment.

- There is a need to identify synergies among global movements so as to identify new opportunities for working together. This to me resonated with the call for a new generation of national partnerships and the need for diversity in dialogue.

- Speakers also stated that there is now an awareness of the scale of the problem and the necessary solutions, and that civil society has a key role to play in keeping governments aware and in pressurising them to act. Civil society also has a role in ensuring that governments are kept accountable but should themselves ensure that they too are accountable.

- That the AIDS movement is not just a health movement, but is a movement for development, human rights, social justice and equality. There is a need for a rejuvenated AIDS response that builds on the progress of the past. No one should be left behind and that all people at risk should be protected.

Appendix 2

Key Issues Discussed at House of Lords Select Committee Hearing on HIV and AIDS 22nd March 2011 - Summary by Revd Ijeoma Ajibade

Condom Usage

The issue of doctrine especially Roman Catholic attitudes to condoms, featured quite prominently in the discussion. When it comes to delivering HIV prevention services on the ground I am not sure how helpful this ongoing debate about condoms and the Roman Catholic Church is. During the hearing I was able to make this point and explain that HIV prevention is far more than just condom usage and is affected by gender issues, poverty and the powerlessness of women to protect themselves in situations where they feel they may be at risk. It is not necessarily doctrine that prevents women from using condoms and consideration must be given to the issue of gender and how women are disadvantaged in their ability to negotiate safer sex because of culture. I also emphasised that the Christian Aid model of SAVE is far broader and helpful when thinking about HIV prevention.[12] The Church of England representative pointed out that the church in its entirety is highly diverse and that often the Christian position portrayed by the media is not necessarily the position of all denominations. I was also able to explain that although we have our faith and doctrine within the church, we also face the complexity of lived reality and failures in teaching and in practice.

Culture

I was able to highlight the complexity of other factors such as gender and culture, and how these are used to re-inforce male leadership which can for some African women render them powerless to protect themselves. These difficulties can sometimes be compounded by the church because of a lack of understanding, and also because in most African churches leadership is predominantly male and as such key issues about gender

[12] SAVE – Safer practices, Access to treatment, Voluntary HIV testing, Empowerment through education

powerlessness are not always appreciated or understood. Scripture may be used to enforce male leadership and female submission. I spoke about the need for support groups and the work of the African Health Policy Network (AHPN) to empower both women and men to negotiate safer sex and also to negotiate relationships. I mentioned the work of Ffena and how positive people were able to come together to address some of the concerns facing them.

Raising Awareness

I was able to provide practical examples of the work on faith that the AHPN has achieved over the past few years. I spoke about the Clergy Course that was piloted in 2009, the Christian Toolkit and the Muslim toolkit. I also spoke about the faith work of other agencies and ways in which individual churches have responded. I emphasised the importance of involving positive people within any work with faith communities and I used the AHPN/ Southwark Cathedral service as an example of this. I informed the committee that faith leaders are interested in responding to HIV, but that they need to understand the nature of the virus and its complexities. I explained that much of the work that I have been involved is on a voluntary basis and in order to be sustainable in the long term needs to be adequately resourced in terms of staffing and finances. I emphasised that within the work of the AHPN we have the tools and we have also developed messages and information for faith leaders, but we need to build up relationships on the ground with local faith communities and that this is what is most challenging simply because of the lack of resources.

Stigma

There was some mention of homosexuality and it being one of the factors that have led to stigma. One of the other witnesses pointed out that attitudes to homosexuality across the churches differ and that some churches are very inclusive of people who are LGBT. I pointed out that for African communities where the pandemic is mostly heterosexual the stigma stems from the perception of HIV as being due to promiscuity. We discussed the early response in the 1980's of the church to HIV and highlighted that the initial negative response reflected the prevailing societal understanding about HIV at the time, but over the years the Church has responded to the need for care and support by providing many services especially in Africa. I mentioned that the church is somewhat hampered in prevention work because of some of the strategies may conflict with doctrine. This discussion was based on very broad and perhaps theoretical perspectives. I emphasised the importance of church

leaders speaking about HIV, particularly African Church leaders. I mentioned the work of INERELA, ANERELA and Canon Gideon Byamugisha, but also mentioned that addressing stigma is not just the responsibility of the churches and involves other sectors of the society such as the media. Unfortunately I didn't have the opportunity to speak about the AHPN Changing Perspectives Campaign which was seeking to address stigma.

Mobilising Faith Communities.

Another issue that was discussed was the mobilising of faith communities and how to engage people especially at local levels. I informed the committee that in the UK HIV is sometimes perceived as something that happens to people abroad and that the levels of awareness and engagement of churches on HIV is highly diverse. I stated that church leaders need to be trained and in this way would then be equipped to develop ways for their congregations to respond. I informed the committee about the different kinds of faith responses including the work of different Christian charities and organisations. I spoke about the purpose of the clergy course, explaining that the course provides an opportunity for Anglican clergy to learn about HIV from a theological perspective and to think about how their churches might wish to respond. I highlighted that the real challenge lies in mobilising African churches although I didn't explore why I feel this is a particular challenge. I mentioned that African church leaders are well placed to promote aspects of prevention such as testing.