

WORLD COUNCIL OF CHURCHES WORLD ALLIANCE OF YMCAs

CHURCHES AND THE HIV/AIDS PANDEMIC

ANALYSIS OF THE SITUATION IN 10 WEST/CENTRAL AFRICAN COUNTRIES

Benin
BurkinaFaso
Ghana
Guinea
Ivory Coast
Liberia
Mali
Nigeria
Senegal
Togo

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|-----------------------------------------------------------------------------|----|
| INTRODUCTION | 2 |
| CONTEXT OF THE STUDY | 2 |
| OBJECTIVES OF THE STUDY | 4 |
| METHODOLOGICAL APPROACH | 5 |
| DOCUMENTARY RESEARCH | 5 |
| THE INTERVIEW | 5 |
| TOOLS OF THE SURVEY | 5 |
| SCOPE OF THE STUDY | 5 |
| DESIGNATED PERSONNEL AND STRUCTURE OF THE TEAM | 6 |
| DIFFICULTIES AND CONSTRAINTS RELATING TO THE STUDY | 6 |
| EXECUTIVE SUMMARY AND MAJOR AREAS OF INTEREST | 6 |
| 1- COUNTRYWIDE EPIDEMIC | 7 |
| 2- NATIONAL POLICIES IN THE STRUGGLE AGAINST AIDS | 8 |
| 3- THEOLOGICAL AND ETHICAL APPROACH OF THE CHURCHES TO HIV/AIDS | 9 |
| 4- STRATEGIES AND ACTIVITIES DEVELOPED BY THE CHURCHES IN THE AIDS STRUGGLE | 10 |
| 4.1. PREVENTION | 10 |
| 4.2. CARING FOR PEOPLE WITH HIV/AIDS AND FOR ORPHANS | 11 |
| 4.3. THE STRUGGLE AGAINST POVERTY AND THE PROMOTION OF HUMAN RIGHTS | 12 |
| 5- THE EXISTENCE OF NETWORKS | 13 |
| 6- SPECIALISED INSTITUTIONS AND NGO RESOURCES | 13 |
| GENERAL CONCLUSION | 14 |
| RECOMMENDATIONS | 18 |
| NETWORKING AGAINST HIV/AIDS | 18 |
| A TENTIVE TERMS OF REFERENCE FOR THE NETWORK | 20 |
| 8- ACKNOWLEDGEMENTS | 23 |

INTRODUCTION

Despite efforts aimed at controlling it, AIDS continues to spread in an exponential manner particularly in Sub-Saharan Africa. The disease, which is a serious public health and demographic problem, forms part of daily life with dire consequences for society in general and for families in particular. “ Ten times more people are killed by AIDS than war”. AIDS is indeed a catastrophe. The ravages of AIDS have thus negated several years of efforts by African countries aimed at real socio-economic development. Faced with this human drama, mobilisation is increasing world-wide in order to halt its spread and reduce its impact on socio-economic life and, in the long term eradicate it entirely.

The epidemic poses several related questions which are far from being purely medical or clinical. These questions concern cultural ethical practices, socio-economic conditions of life, social roles of men and women, sexuality, taboos, forbidden practices and other social justice factors. This implies that the AIDS problem must be tackled from different angles: namely, those of science, economics, demographics, ethics and religion.

As far as religion is concerned, one can raise the question of the reaction of the Churches, ecumenical institutions and religious communities regarding the epidemic, given that they are involved in the social pastoral work, striving towards social reform through education and are places of healing.

The question therefore is how do the churches tackle the problem of “faith and AIDS” ? What resources do they use to embark on a bold action and take informed decisions?

Far from limiting itself to the churches as institutions, the question is posed to God's people in general and all those who, on the basis of their belief, feel indicted by the epidemic. This study is a limited, but nevertheless objective attempt to respond to these questions with regard to most of the churches, ecumenical institutions and religious communities in West Africa. It is an active approach whose purpose is to ensure that Churches and ecumenical institutions can effectively meet their social commitment.

On account of the fact that they constitute a microcosm of society, and considering the vanguard and prophetic role which they have played in other areas, it should be acknowledged that Churches have a crucial role to play in the efforts aimed at controlling the epidemics.

CONTEXT OF THE STUDY

Whereas in December 1997 about 30.6 million persons were infected by HIV/AIDS world- wide, 40 million people were affected by the disease in the year 2000. Approximately one out of 100 persons between 15 and 49 years old is infected by HIV in the world. Roughly 80% of the HIV infected or the sick are in the less industrialised countries with nearly 60% in Sub-Saharan

Africa. Approximately 41% of infected adults world-wide are women.

In Africa, Churches have asserted themselves on the social development and educational scene. However, with regard to AIDS control, their position as well as that of the ecumenical institutions and religious communities remains ambiguous even if actions are in the process of being undertaken within the framework of prevention and, to a lesser extent, caring.

The effectiveness of Churches and other ecumenical institutions in controlling the HIV/AIDS epidemics cannot be generalised because they do adopt dogmatic positions which hamper the dissemination of information or the acquisition of knowledge. This reality was clearly expressed by the Executive Committee of the World Council of Churches (WCC) in 1987: "by their silence, several Churches bear the responsibility for the fear which is inundating and destroying our world faster than the virus itself".

The HIV/AIDS challenge in Africa requires that more effective actions are undertaken. In the light of the foregoing, during its meeting in South Africa in 1994, the WCC Central Committee mandated an advisory group to conduct a study on HIV/AIDS in order to assist the ecumenical movement to advance in its response concerning the three areas of theology and ethics namely: the attention to be given to pastoral organisations and the therapeutic community, to justice and human rights. The advisory group published a document titled "The Churches' action towards AIDS".

The document "seeks to provide Churches, their members and their leaders with the possibility to act courageously by taking pertinent decisions based on reliable available information". Subsequently, various instruments were developed using the results of the first study. Training programmes were executed for the benefit of the community by the WCC in conjunction with UNAIDS and the regional partners in Zimbabwe and India.

It became important for the WCC to reinforce its ecumenical family co-ordination and mobilisation role with a view to promoting a strategy to deal with AIDS. For this an extensive proposal was developed by the WCC health team. The purpose of the proposal is:

1. To establish, as a pilot project, Regional Ecumenical Alliances for the exchange of experiences of responses by churches to HIV/AIDS and related information, in the southern Africa, western & central Africa and eastern Africa regions. [The initiative would, if successful in these regions, subsequently be extended to south and south-east Asia, to eastern Europe, and the Caribbean.]
2. To form regional HIV/AIDS support groups consisting of individuals with acknowledged expertise in the area of programmatic response to the HIV/AIDS epidemic, linked to the above-mentioned Regional Ecumenical Alliances for the purpose of advising and accompanying them.
3. To establish an international ecumenical HIV/AIDS support group, as a group of stake holders and experts to input the process from the varying perspectives. They will also be able to have an overview of the progress of the

initiative and assist in resource mobilisation.

4. In co-operation with the international and regional support groups, the initiative will map the relevant activities, experiences and resources and experiences of the churches and church-related organisations and groups in the regions concerned.

5. To facilitate exchange of information and expertise within and between these Regional Alliances by

- a) establishing an e-mail network/list-serve linking those members of the Regional Alliances who have electronic communication possibilities;
- b) developing a web-site for the ecumenical HIV/AIDS initiative;
- c) organising/ facilitating regular direct consultations between the partners in each of the Regional Alliances, including thematic seminars and workshops;
- d) organising/ facilitating study visits by members in accordance with their needs;
- e) developing a database of responses by churches to the HIV/AIDS epidemic.

The first stage of this approach is a study at the regional level in order to evaluate the involvement of the Churches and the ecumenical organisations in combating AIDS. This should begin with West Africa.

Thus, a study titled 'Churches and ecumenical organisations in West Africa confronted with the problem of AIDS' was commissioned jointly by the World Council of Churches (WCC) and the World Alliance of Young Christian Men's Association (WAYMCA). The main task entrusted to this exploratory study is to identify in the countries identified the activities undertaken individually or collectively by the Churches, ecumenical institutions and the other religious communities as well as their experiences, difficulties and future projects.

OBJECTIVES OF THE STUDY

The main objective is to identify in each country the resources available and the experiences gained by the Churches in connection with the activities undertaken together in a network. This includes five points, namely:

- The general situation of the epidemics in the countries,
- The national AIDS Control Policy and the main stakeholders involved in the control policy
- The theological and ethical position of the Churches and ecumenical organisations in the light of the epidemics
- The strategies developed by the Churches to combat the disease.
- The existence of networking relations between the Churches and the ecumenical organisations.

METHODOLOGICAL APPROACH

In order to guarantee the reliability of the results in this research and in view of the objectives pursued, we used the methodological approach with the following techniques:

DOCUMENTARY RESEARCH

This took place before and during the field study. Several documents on AIDS produced by researchers, Churches and ecumenical institutions were consulted. These documents were the irreplaceable sources of the information sought and their exploitation made it equally possible to complement information gathered during the interviews or vice-versa. For instance, we can cite the epidemiological statistical data, national policy documents, activity reports, pedagogical and educational documents developed etc.

THE INTERVIEW

The non-directive individual and collective interviews were considered rightly as the main instrument of this study on the grounds that the discussions were expected to bring out the opinions, thoughts, sentiments of Church leaders on the HIV/AIDS problem. The discussion was mainly individual for collective needs and articulated on a number of themes or subjects contained in the discussion guide. The information gathered in the documentary analysis were developed or complemented during these discussions.

TOOLS OF THE SURVEY

The main tool which served as a medium for gathering of data is the discussion guide, elaborated in order to lead the discussions and documentary research.

This guide centres on the following points concerning the objectives of the study.

SCOPE OF THE STUDY

The study took place in ten (10) countries chosen by the World Council of Churches and the World Alliance of Young Christian Men's Association (WAYMCA). The choice of the countries is determined according to the criteria of the sponsors of the study. It should however be pointed out that the Churches and ecumenical institutions represented in these countries are not all members of the agencies which initiated the project.

The countries selected for the study are: Benin, Burkina-Faso, the Ivory Coast, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal and Togo.

DESIGNATED PERSONNEL AND STRUCTURE OF THE TEAM

A multidisciplinary team composed of a doctor, a sociologist and a journalist conducted the study. The role of this team is to identify the survey tools, to identify the persons to be interviewed, gather information on the field and write provisional and to write up the provisional and final reports.

After developing the methodology and the tools, the consultants met for one week in Togo in order to test the tools. After this preparatory phase, they separated and each member conducted the survey in three countries. The general report was prepared from the data gathered and the provisional individual reports.

DIFFICULTIES AND CONSTRAINTS RELATING TO THE STUDY

The time allocated to this study did not allow contact with all the Churches, Christian institutions and other religious communities in the ten countries. In addition, the period of survey in the field coincided with that of Ramadan (Muslim fast), making contacts quite difficult in those countries where the majority of the population are Muslims: Guinea, Mali, Nigeria, Senegal.

Travel between the different countries was difficult because of the current problems of "Air Afrique" which serves most of the sub-region. Consequently, it became necessary to change the pre-arranged timetable - with longer or shorter stays - which upset the smooth running of the enquiry in certain countries. Meetings arranged well in advance had to be cancelled because they could not be rescheduled or fitted in.

Quite apart from the difficulties related to Air Afrique, the visit to the Ivory Coast had to be rescheduled rapidly due to the socio-political unrest in this country in December which led to the installation of a state of emergency and a curfew.

In spite of the above, a study was made in all the selected countries, without exception, the only negative aspect being the extension of the deadline for its conclusion.

EXECUTIVE SUMMARY AND MAJOR AREAS OF INTEREST

1- COUNTRYWIDE EPIDEMIC

Our study confirmed the daunting and distressing facts and figures published by international health agencies such as the World Health Organisation (WHO) and UNAIDS. Already confronted with a number of ills which prevent it from fulfilling the conditions for development worthy of the name, for almost two decades sub-Saharan Africa has been confronted with the devastation caused by HIV/AIDS. This is indeed a bewildering and sad reality which is evolving at an exponential rate: today, sub-Saharan Africa alone has more than 25.3 million people living with HIV (of which 3.8 million new cases were declared during the year 2000) out of the 36.1 millions¹⁾ declared world-wide. In 94% of them the HIV infection is transmitted sexually: this medium is intensified by the high frequency of the other sexually transmitted illnesses. Thus, all the countries visited are severely affected by the epidemic, but in differing degrees.

In Togo it is present in 6.8% of the sexually active population aged 13 to 45 years. It is present in 4% of the general population in Benin, 7.1% in Burkina Faso, 12% in the Ivory Coast, 4.6% in Ghana, 1.3% in Guinea, 8.2% in Liberia, 3.5% in Mali, 5.4% in Nigeria, 1% in Senegal.

It must be underlined that the year of evaluation of these rates of infection is not uniform and is situated between 1987 and 1997. Consequently this variance should be taken into account when analysing the situation. In all the countries, the rate of infection varies according to the different regions and zones (border regions or urban or heavily populated zones). Some countries, such as Mali, Guinea and Senegal, seem to have a fairly low rate of infection, but in no way does that reflect the real situation prevailing in the countries. For example, in the case of Guinea where the general rate of infection is estimated at around 1.5% for 1996, whereas in one of the six regions of the country this rate is over 5%. And for a very good reason! Named "Forest Guinea", this region is bordered by the Ivory Coast, Liberia and Sierra Leone, among others. Due to its geographical situation, therefore, it has a large flood of refugees from Liberia and Sierra Leone and at present there are rebel incursions into the region. In addition to the refugees, it owes its strong demographic concentration to the fact that it is not only a region of plantations but also a mining zone and thus attracts plentiful manpower.

On another level, it should be pointed out that the countries visited show a lack of knowledge of statistics. As a result, only approximate and sometimes contradictory statistics are available.

Finally, the common factor in all these countries is that the development of the full illness which in particular affects young people - as they are more active sexually - is out of control. The consequences are therefore felt in all sectors of socio-economic life (industrial, agricultural, administrative, public and private). The reduction in skilled labour is resulting in a decline in productivity, a reduction in revenue and a decrease in the return on investments due to absenteeism and increased costs of recruitment, training

1) WHO and UNAIDS, November 2000. Figures published for World AIDS Day.

and personnel. In the Ivory Coast for example, “a growing number of primary and secondary school teachers have since 1998 contracted the virus causing AIDS which, according to a local medical study, is killing 8 teachers each week.”²⁾

Information gathered from various representatives of civil society indicates that households are faced with an increase in expenses due to the costs of medical care (consultations, hospitalisation, treatment etc.), transport, funeral costs. At the same time, they have a decrease in income due to the drop in productivity of the sick person and of the persons taking care of him/her.

2- NATIONAL POLICIES IN THE STRUGGLE AGAINST AIDS

In all the countries visited there are National Programmes to Combat AIDS (PNLS = Programme National de Lutte contre le Sida). The PNLS are state structures with responsibility for defining policy and co-ordinating all activities in the framework of combating the illness. It should be noted that the struggle against AIDS is undertaken in the countries by various bodies, the main ones being local non-governmental organisations (NGOs), international NGOs, development partners and bilateral and multilateral agencies of development cooperation.

With the exception of the Ivory Coast and Senegal, where a tiny percentage of the population has recently started to obtain access to tritherapy, the main function of the PNLS is prevention (awareness-building, training, etc.) and some treatment and care for people living with HIV/AIDS (psycho-social support and a certain amount of financial support, etc.).

The study revealed also the lack of a formal framework of collaboration between the PNLS and the Churches, ecumenical organisations and other religious communities. These are not always seen as key agents in the strategies to combat AIDS put into place by the PNLS in the countries visited, for various reasons: they are not all actively engaged in the fight against the epidemic and also those which have a programme in this field operate it in a low-profile or in an isolated way so that their actions are not very visible.

However, the governmental structures to combat HIV/AIDS in the different countries were unanimous in recognising that the Churches, ecumenical institutions and other religious communities have an important role to play in this field. They thus confirm the position of Father François Sedgo of Burkina Faso: “AIDS is also a ‘behavioural illness’ and as such, the stress must be on change of behaviour and fundamental transformation of life style and habits through information and education. In this sense, AIDS prevention demands the promotion of moral and spiritual values through a conscious and responsible management of sexuality in perfect harmony with

²⁾ IRIN, 3 January 2001

humankind's natural and supernatural vocation. People of today are in effect called to ask themselves about the profound meaning and real significance of sexuality and human love.”³⁾

3- THEOLOGICAL AND ETHICAL APPROACH OF THE CHURCHES TO HIV/AIDS

On the whole, all the religious leaders interviewed (Catholic, Methodist, Baptist, Assemblies of God, Anglican, Presbyterian, Lutheran, Adventist, Salvation Army, Muslim) are aware that AIDS remains a major health and societal problem because of its lightning progress in the countries and the socio-economic havoc which it wreaks. They also seem to be familiar with the means of transmission and are aware that AIDS is transmitted by a virus called HIV. Moreover, the viral aetiology of the HIV infection is the only one accepted and recognised by the Churches. In addition, they recognise that there are factors which contribute to the spread of HIV/AIDS, in particular poverty, which generally leads to rural exodus, migration and prostitution, to which are added ignorance, denial of the illness, the harmful effects of the media, beliefs and certain cultural practices.

It should be noted that these aggravating factors are found in all ten countries given that the African countries are experiencing similar problems. At the same time, it is clear that each country has its distinctive characteristics. In Liberia for example, the economic crisis has been accentuated by the effects of the civil war which devastated the country for years; in Togo, the socio-political unrest in the country from 1993 onwards has led to the exodus of over 300,000 Togolese; since that time the European Union has suspended its financial assistance to the government, thus accentuating the impoverishment of the population. As far as Benin, Ghana and Guinea are concerned, their economic situation has deteriorated because, quite apart from the harmful effects of globalization, they have become havens for citizens of the above-mentioned countries. As for Nigeria, which seems to be better off than the other countries of the sub-region, it is the victim of unequal distribution of the country's resources.

All the same, if poverty remains a factor of risk and vulnerability to infection with HIV, according to the Churches it should not lead Christians to sin. For one can be poor and remain worthy. For most of them, in fact, the real cause of the rampant spread of the illness is the non-respect of God's laws which is expressed by fornication, infidelity, loose living and the sex trade.

In Muslim circles, they are quite blunt on the matter: HIV/AIDS is the result of disobedience to the laws of God which provokes his wrath: “The prophet Mohammed said that when sexual depravity and all that it brings with it manifests itself in a society, that society brings God's punishment down upon itself.” Paradoxically, other ways of contamination are being recognised timidly, such as blood transfusions, mother-child transmission or other

3) Father François Sedgo "Aids Prevention and Christian Education on Human Sexuality"

factors of propagation such as early sexual relations, polygamy, *lévirat*⁴⁾, excision, some fairly normal practices in Muslim countries. But, for all that, people who are HIV positive or who have AIDS are not abandoned for the Koran recommends that help be given to all who are in need, whatever their faults.

Contrary to the Muslim tendency, the Churches do not consider AIDS as a punishment of God, for the God of the Bible is a "merciful God who does not seek the death of the sinner but rather that he should repent." Nevertheless, that does not exclude the fact that God gave free choice to men and women who thus alone remain responsible for their acts and their consequences.

Up to now, the Churches have not developed any theological and ethical approach as such as a basis for their actions. Most of them react to the emergency situation by using any kind of the available methods and resources. The recommendations of the WCC contained in the publication "The Churches confronted with AIDS" which invites the Churches to carry out together a theological reflection on the subject and to draw up an ethical perception of the epidemic do not seem to be taken into account. Worse, most of the Churches do not even have this information. This is the right place to underline the frustration which the Churches of French-speaking Africa feel in general, given that they do not always have access to all the information disseminated by the WCC, because it is often in English.

As for the ecumenical institutions and movements, they have adopted a purely social, if humanitarian approach faced with the epidemic.

4- STRATEGIES AND ACTIVITIES DEVELOPED BY THE CHURCHES IN THE AIDS STRUGGLE

4.1. PREVENTION

Whilst the Churches have a common vision of the causes of the illness, their positions converge when it comes to means of prevention. In effect, for all the Churches chastity, abstinence and mutual fidelity are for couples are the unquestionable routes to prevention: "Rely on God, listen to His advice, is the basis of all prevention and cure."

This prevention consists therefore of each Church, ecumenical institution or religious community carrying out, according to its means and in its own context, the following activities: information and awareness-building sessions in French and in other national languages; training of trainers, pedagogical support for those requesting meetings, photo exhibitions, design and distribution of educational posters, encouragement of serological testing before marriage.

⁴⁾ The French word "lévirat" means brother marrying his sister-in-law after his brother's death in order to assure the continuity of the family.

The only point of difference concerns the use of condoms or sheaths. The Methodists, Baptists, Lutherans, Anglicans and Presbyterians accept the condom because they claim to be realistic and in favour of any means which will protect the faithful from HIV. In Senegal, for example, the Protestant Aid Association, a structure created by the Protestant Church, is the regular supplier of birth control devices to various health centres and posts.

On the other hand, the Catholics, Evangelicals, Adventists and Muslims are against this move in the name of religious morality. For them, promotion of the condom is an anti-religious act and an invitation to extra-marital sex among young people and to infidelity in the case of married couples. However, they make the concession that sheaths may be used in the case of problems in a legally married couple.

The Young Men's Christian Associations (YMCAs) are also in the forefront of actions to reduce the spread of AIDS. With the exception of Benin, where the movement is just starting, they are well mobilised in Ghana, Liberia, Nigeria, Senegal and Togo, being particularly involved especially in the promotion of the reproductive health of adolescents with special emphasis on AIDS.

In Togo, the Biblical Alliance, which works with all the Churches and even with the Muslims, has just started a project for which it is seeking funding.

All in all, it can be affirmed that prevention is above all else the field of involvement of the Churches and other religious structures, even if they show a lack of expertise, and there is an enormous lack of resources with much remaining to be done.

4.2. CARING FOR PEOPLE WITH HIV/AIDS AND FOR ORPHANS

This consists of attempts, in hospitals and in health centres belonging to the Churches, ecumenical institutions and other religious communities, to treat the illnesses arising from and related to HIV/AIDS. Generally these health structures are forced to send people with HIV/AIDS back home, because they are unable to treat them properly (due to shortage of essential medical supplies and/or the lack of financial means of the patients or their relatives). The numerous testimonies of helplessness received refer for example to the critical lack of reagents at hospitals and health centres. Antiretrovirals are generally beyond the financial means of people with HIV/AIDS or their families. In reality, the Churches are totally unequipped to confront the epidemic: on the one hand, they are not organised to confront it and on the other hand, they themselves are suffering from the repercussions of the economic crisis characterising African societies today. The Churches stemming from missions are today facing serious financial problems as increasingly the latter are tending to reduce their financial support.

In this deplorable context, the Catholic Churches are as a general rule to the fore and are often a length ahead of the other Churches and religious communities. They have quite a well-structured preventive policy. The Catholic Church in Senegal has even gone beyond prevention by creating

through Sidasevice, its organism to combat AIDS, a large centre not only for prevention but above all for treatment and care called "Health Promotion Centre". It is the first centre of its kind in Senegal or even in the sub-region. Three aspects (psycho-social, medical and spiritual) are dealt with. Screening is free of charge and anonymous and those with HIV/AIDS are followed up regularly and cared for at all levels in as far as it is possible.

In Nigeria, the Salvation Army is also doing good work in this field.

The family of Protestants and Evangelicals is the one which seems to be lagging farthest behind. The pastors and laity provide spiritual, moral and sometimes material support to persons living with HIV/AIDS simply as they would to any other sick person.

Let us note that in most cases it is the foreign medical missions who are the most engaged in the field of care as they have the most resources. In the Ivory Coast, Hope WorldWide, an international Christian body, is caring for 3,000 people with HIV/AIDS and 150 orphans entrusted to it by the Churches, hospitals and screening centres. As for the care of AIDS orphans, the Catholic Church and the Salvation Army are the ones taking an active interest. Of course, one can list activities benefiting orphans on the part of all Churches, but no special emphasis is yet placed on AIDS orphans.

On the other hand, confessional associations are trying to cover this aspect with the means available. In Burkina Faso the "Sheepfold", "Faith, Universe, Compassion" and "Christian Medical and Paramedical Union" are very active.

The other great weakness of the Churches relates to lobbying and advocacy: they are not engaged in any action in favour of reducing the cost of antiretrovirals or making tritherapy available to people with HIV/AIDS.

4.3. THE STRUGGLE AGAINST POVERTY AND THE PROMOTION OF HUMAN RIGHTS

There is no doubt that the state of absolute poverty of the African populations is compounding the rapid growth of the epidemic. Those Churches and ecumenical institutions which are trying to make the struggle against poverty their war-horse have understood that, and are implementing all kinds of development projects such as strengthening the capacity of rural communities to become self-sufficient, initiating income-generating activities among women, the creation of professional training schools.

The defence of human rights remains a field of action for all Churches without exception who are striving to educate their members on the rights and duties of citizens and the attitude of the Christian vis-à-vis public authority. Sometimes they protest against cases of violation of citizens' rights.

During our discussions the church and ecumenical organisation leaders gave us the clear impression of grasping the problem of poverty as an aggravating

factor of the epidemic. On the other hand, the question of human rights in relation to AIDS does not yet seem to have been given any thought. That is a path to be explored later during the training activities.

5- THE EXISTENCE OF NETWORKS

With the exception of the national or foreign medical missions which are making regular attempts to collaborate, there are scarcely any collaborative relations among the Churches in the form of an operational network. We can see the timid beginnings of such initiatives. In Togo, we noted the start of collaboration between Catholics and Protestants; at the level of the Christian Council the latter had themselves created l'APROMESTRO (Protestant Association of Medico-Social Organisations of Togo); in Mali, the Protestant Health Association has an AIDS project; in Nigeria last September all the Churches had organised a workshop on the theme "The Churches confronted with the problem of AIDS"; in Benin a common project of the Churches has been submitted to sponsors. In Ghana two different events have gathered together all the Churches; one was to celebrate World AIDS Day and the other was the Christian Home Week sponsored by the Christian Council which took place from 4 to 14 May 2000 around the theme "HIV/AIDS: A Challenge for the Church". In the Ivory Coast a project called "AIDS with the Churches" exists in partnership with the Medical Assistance Programme (MAP). The aim of this project is to mobilise and equip the Churches to be more effectively involved in the field of HIV/AIDS prevention as well as care.

Among the ecumenical institutions, the YMCAs of six African countries have in common a reproductive health programme for adolescents. They have started joining together to train their leaders, share their knowledge, exchange personnel and coordinate certain of their involvement under the leadership of their common financial partner, the International Division of the YMCA of the USA. In all cases, even if there are not yet any functional networks in the countries, we noted the strong desire of all the religious authorities to join together, indeed with the Muslims also, to combat AIDS. In Senegal there exists an "Alliance of religious authorities and medical experts in responding to the AIDS epidemic". In addition to medical experts, it gathers together Catholics and Muslims. Under the supervision of the Ministry of Health, it has already published an awareness-raising document entitled "The Medical, Koranic and Biblical Principles Which All Believers Should Read, Know and Apply". Unfortunately the Churches of Reformed and Evangelical allegiance are not members of this Alliance and seem to be unaware of its existence. In this case, the word "Christians" only applies to Catholics.

6- SPECIALISED INSTITUTIONS AND NGO RESOURCES

During the enquiry the team was able to identify the ecumenical institutions and non-governmental organisations which already have experience in the struggle against AIDS and on which the WCC and WAYMCAs could count in carrying out the necessary activities to promote and support the setting up

of a network which the Churches of these countries are eagerly calling for. These are the International Medical Assistance Programme (MAP) based in the Ivory Coast, the African Network of Research on AIDS based in Senegal, Enda Third World (Mali and Senegal), The Djoliba Centre (Mali). These institutions are open for multiform collaboration with the WCC and WAYMCAs provided that the terms of reference are well defined: making skills available, joint planning of projects, support for projects in the field.

GENERAL CONCLUSION

The AIDS epidemics is spreading fast in all countries of the sub-region with a prevalence rate varying from one country to another. This disease is spreading at an alarming rate and particularly affects the most sexually active age group, between 15 and 45 years. Women appear to be particularly vulnerable to the disease.

The principal mode of transmission is sexual and the main clinical factors connected with sexual contamination are extra-marital sexual relations, multiple sexual partners, levirate, prostitution and STIs.

All the countries visited established national programmes for controlling the epidemics. The strategies pursued, even if they varied from country to country, are similar because they were designed in the sub-region under the auspices of the WHO or UNAIDS.

The main strategic thrusts are the prevention of HIV/AIDS, care of STIs, care of infected or affected persons, safe blood transfusion, epidemiological surveillance, monitoring and evaluation. In view of the multidimensional character of the epidemics, various stakeholders are involved in combating it.

Thus, governments which are in the forefront of the fight are supported by local NGOs and local associations, international NGOs, developmental partners, and to a lesser extent, the churches.

At the end of our study, we can affirm that all Churches, religious communities and ecumenical organisations have become aware of the seriousness of the situation. Even if the ethical and theological approach differ, all are unanimous and acknowledge that this is time to act. "The wolf is in the stable, it is not the moment to hesitate" .

Church leaders are equally aware that poverty and migratory flows, on account of socio-political conflicts including war, as well as the search for better living conditions, are factors which encourage the propagation of HIV/AIDS. However, this should not prevent each human being from adopting responsible behaviour. Often the view held in Church circles is that the source of contamination by the AIDS virus is mainly immoral sexual conduct in violation of God's teaching. However, AIDS is no longer generally seen as a punishment from God because God is good and merciful. God created man and he is free and responsible for his acts and the consequences thereof.

Our study has shown a change in the attitude of religious leaders. From condemnation, a shift has taken place to compassion or even tolerance. However, the change in attitude towards the disease does not, to the same degree modify the information on the means of prevention, which is a unique strategy developed by religious circles.

Besides Catholics, who adhere automatically to the official position of the Vatican, the vast majority of Churches have not yet started internal discussions with a view to adopting official positions in the light of the AIDS problem and all the ethical issues which it raises, to the extent that it is difficult to discern with precision their ethical and theological position.

In order to be protected against the disease, Churches recommend to society and especially Christians to revert to moral values and to God's law. In short, fidelity, abstinence and chastity are the most advisable means of prevention. The only point of discord is the use of condoms. In this respect, two positions have emerged:

On the one hand, there are the Anglicans, Methodists and Presbyterians who project themselves as the progressives and who accept the condom as an ultimate measure for those who can neither abstain nor remain faithful.

On the other hand, there are those who reject the condom, pointing out that the promotion of the condom is a propaganda for immorality. This group comprises Baptists, Assemblies of God and Catholics. However, the former (Assemblies of God and Baptists) accept that the condom can be used by couples if one is HIV infected. Catholics hold a more radical position, nevertheless with some points of divergence. Even if the clergy, in conformity with the position of the Vatican, is intransigent, the laity and sometimes the religious leaders, confronted with realities in the field, appear relatively flexible and do not conceal their agreement with the use of condoms.

In all the countries visited, the Churches, religious communities and ecumenical organisations are active in fighting against AIDS even if the actions are often discrete. The temples, churches, mosques and other places of worship are the special places where the majority of the citizens of the sub-region meet or pass through. In an Africa dogged by poverty, misery, diseases of all types, and increasingly the anguish of AIDS, these places have become bastions or refuge.

It is true that AIDS seems to have surprised everybody and put faithful particularly before a fait accompli. This explains why churches hesitate, proceed by trial and error, and are searching for an identity and their commitments are generally still half-hearted. In fact,

All churches intervene in this control exercise however at various degrees. Few of them have well-defined projects (apart from Catholics). However most of them are focused on the sensitisation of their members by organising discussions, projection of films, lectures, debates...

The question of sexual education of the youth is posed in the Churches. Most of them are not prepared for this and do not have any appropriate pedagogy in order to tackle the issue of sexuality in conformity with the Gospel and the socio-cultural environment of the youth. The same shortcoming was observed at the Addis Ababa forum: "the established religions, particularly the conservative forms of Islam and Christianity,

traditionally feel disturbed to talk about sex”.

The care and support to the sick are the main shortcomings of the Churches; indeed, they have been striving against the rejection of the sick and the pastors try as much as possible to support spiritually and morally those who report to them. However, on the whole, Churches are not yet sufficiently involved in the medical and psychosocial care of infected and affected persons. This situation is due to the fact that AIDS is and remains a confidential family affair.

Finally at the level of all the Churches, there is not yet the requisite competence and expertise among the clergy and the laity. In addition, financial difficulties are not unrelated to this conservatism.

Ecumenical organisations such as the YMCA, which are free of dogmatic constraints have taken the lead with their prevention programmes. They were able to develop a high potential for the mobilisation of the youth.

Furthermore, most of the health facilities belonging to the Churches are medical and psychological care structures.

Virtually all the churches have either orphanages or support programmes for orphans, however there are very few specific projects for AIDS orphans. The same is the case for activities concerning the provision of care and support to the sick at home. Most of the churches have units which organise house-to-house visits to pray and morally, spiritually and financially support the sick in general. The focus is not on AIDS. It should however be pointed out that in Nigeria, the Catholic church and the Salvation Army have projects for assistance, care and support to the sick at home.

The problem of voluntary testing before marriage to simply know the serological status is not yet really the main concern of Churches. Initiatives can be observed here and there. However no Church has an official position on this matter.

Virtually all the hospitals and health centres belonging to Churches have developed AIDS control components. These components concern, inter alia, prevention and especially, the medical, physical and psychological care of PLHAs. These structures also serve, for the most part, as screening centres. The quality of their service and the facilities at their disposal vary from country to country. The Catholic centres are the best equipped and the most affordable. The hospital centres of the “traditional churches”, most of which are members of WCC, have a lot to learn from the health structures of the so called fundamentalist churches such as the Assemblies of God and the Adventists. Generally, the denominational health facilities are the extension of the prevention action of the churches even if there is a noticeable disparity between the vision of Church leaders and the medical personnel of the denominational hospitals.

Since all are conscious that poverty is a factor which favours the propagation of HIV/AIDS, the Churches have been trying to mitigate the impact of poverty on the people through the implementation of development projects. It should however be pointed out that their resources are very limited considering the magnitude of the problems. Furthermore, it should be proper to question the effectiveness of the projects as designed and implemented in the light of the current context of globalisation and over-indebtedness.

Besides, one can rightly establish a link between the spread of AIDS and the structural adjustment programmes being pursued by the countries visited. Indeed, the governments of these countries are often constrained to reduce the resources allocated to the health sector and hence to AIDS control. The Churches must be able to enter into permanent dialogue with the governments and where necessary, take part in negotiations with the international financial institutions so that the vital sectors that are health and education can be spared to a limited extent.

The defence of human rights is one of the concerns of all Churches. This explains why not only do they inform the faithful on their rights and duties, but also they denounce human rights abuses of citizens in every respect. The task does not appear easy confronted with governments who are hardly inclined to democracy and respect for human rights. With regard to AIDS, every person has the right to be treated and to live under decent conditions. However, considering the situation of PLHAs in some countries, one wonders whether this right is respected. They are often victims of exclusion and poor treatment. In their programmes, Churches must take into account the protection of the rights of infected persons.

The national branches of the YMCA are active in combating AIDS in Togo, Nigeria, Liberia, Ghana and Senegal. They implement pertinent prevention projects for the benefit of adolescents. The impact of their activities is visible on account of their capacity for the mobilisation of adolescents and the professionalism displayed by their personnel. Furthermore, reproductive health programmes seem to benefit from strong financial support which augurs well leaders, taking initiatives, whose main concern is to know how to reach as many youths as possible. The Churches have a lot to learn from them in order to benefit from their expertise. It should however be pointed out that the caring component, for those who are ill, is lacking in these projects.

With regard to collaboration between Churches within the framework of the AIDS control network, there is still a lot of ground to be covered. The networks are to be created. However, it should be pointed out that there are in existence structures such as the Christian Councils, the Federation of Churches or other groupings which can serve as a spring-board for a common action of the Churches, the ecumenical institutions and religious communities. This is already being done in a number of countries such as Ghana and Senegal.

All religious leaders expressed the need to collaborate together through a network, even with the Muslims. However, some of them expressed reservations on collaboration with the sects.

The collaboration between Churches and the NACPs is also lacking. This is due to the fact that most of the Churches are not very active and do not have well-defined projects. Those, which are active, act discretely and with a fragmented front. Churches generally seek to maintain their distance and independence from the state; sometimes the philosophical or ethical position

of a number of them on prevention measures, particularly the use of condoms, is at variance with the policy of the NACP.

It has nevertheless been observed that the leaders were disposed to work with the NACP and vice-versa. This openness must be exploited because Churches have a lot to contribute. The cultural and moral aspect specific to African countries is chronically lacking in the measures currently being implemented. The role of the mirror of society which has been acknowledged for Churches and religious communities must be maintained. The churches must be able to serve as reference and sentinels in imparting messages, practices and morals which are often out of touch with African habits and customs. One only has to watch the awareness-raising advertisements on the radio or television in the countries concerned in order to notice the cultural deficiency.

The widespread of epidemics in countries concerned is in itself an appeal for an effective co-ordination of efforts and resources. No Church nor Council of Churches can claim to act in isolation. All forces must be harnessed both at the national and sub-regional level in order to develop viable and sustainable alternatives. The Churches and religious communities are and remain these indispensable forces and they are aware of it. Apart from some hesitations with regard to sects, all religious heads expressed their strong desire to fight AIDS together. It is now, more than ever, that we should move into action.

RECOMMENDATIONS

There is a popular saying, "Strike whilst the iron is hot." At the end of the tour of these ten countries of West Africa the working team is unanimous in recognising that this is the right time for decisive action by the WCC and WAYMCAs together with the Churches, ecumenical organisations and other religious communities. They are all involved in AIDS control but in differing degrees. On the whole, their efforts are very modest.

Moreover, we noted that the Churches have much confidence in the WCC and WAYMCAs. That is why they should seize this opportunity to motivate the Churches by putting in place functional networks in the countries concerned and at the sub-regional level. In the case of the YMCA the beginnings of a network is already under way and it would be good to strengthen it and open it to other ecumenical movements such as the YWCA (Young Women's Christian Association) and the WSCF (World Student Christian Federation).

NETWORKING AGAINST HIV/AIDS

Setting up networks necessarily involves creating an effective information and communications system among the Churches or, if need be, their restructure. In French-speaking Africa, for example, very few Churches have access to the internet or have a web-site. Few clergy know how to use information technology. Usually the computer is only used as a word processor: all the other means of opening up to the world and of researching

information, which the computer offers through the internet, are not paid any attention or are not even known about.

Furthermore, it is sad to note that these Churches are incapable of exchanging information among them on the national and sub-regional level. Many of these Churches and ecumenical institutions have more contact with their western partners than among themselves.

A communication network, which is effective and accessible from both a technical, and a linguistic standpoint should be foreseen between the project initiators and the Churches and ecumenical institutions. Very often the Churches in French-speaking Africa feel excluded from WCC programmes because of the language barrier. This network will also need an organiser, preferably bilingual, who can be the link between the Churches (who by and large are ready to release somebody to represent them in the network) and the WCC and WAYMCAs leaders.

But beyond the network, the WCC and WAYMCAs must help the Churches, ecumenical organisations and other religious communities to realise their projects and efforts to combat AIDS by providing technical and financial support. Special attention must be given to the initiatives of youth and women. According to Father Sedgo (op. cit.) ***“An epidemic is easier to control to the extent that substantial budgets can be allocated for prevention and education. But the already fragile and debt-ridden economies of the developing countries are unable to allocate substantial amounts to campaigns for training, information and the care of people with HIV/AIDS”.***

It is only with such adequate support that putting a network into place will be effective and operational. For one can only share what one has and, as the Bible says, “Faith without action is dead.”

It is the opportune time to embark on action which will leave its mark and we must not let it pass and betray the Churches’ expectations. The many projects submitted to us by the Churches and other communities are proof that they need to be given a framework and advice. Furthermore, it might be said that the study was truly inspired as the enquiry has given the Churches and institutions a sense of relief through the knowledge that they are not being deserted.

For once it is encouraging to note that the Churches, ecumenical organisation and other religious communities are treating AIDS as an urgent humanitarian problem and are ready to brave doctrinal barriers and stand together in order to find appropriate solutions. It is an open door which must not be allowed to shut again.

In Acts 27, the Apostle Paul, a man of God, contributed to the saving of two hundred and seventy five people during a storm. That is the role which the Churches have to play at the present time when HIV/AIDS is endangering African societies.

In Senegal, the Catholics and Muslims are already working together under

the leadership of the PNLs to increase their capacity for action. It is therefore imperative in the short and medium term that the study initiators be able to organise meetings with the heads of Churches and ecumenical institutions to promote theological and ethical reflections as a basis for their future action and as a preliminary to the creation of a network.

A TENTATIVE TERMS OF REFERENCE FOR THE NETWORK

In the general opinion of the persons met, this network should serve as a frame for meetings, reflections, exchange of information and experiences, training of its members in AIDS prevention, care and treatment of persons living with HIV/AIDS. Methods and techniques of lobbying and advocacy for the mobilisation of resources both at national and international level should also be considered; this will enable easier access to systematic testing and appropriate treatment, including tritherapy and other new remedies or vaccines.

In addition, particular emphasis should be placed on the training of religious leaders, members of the clergy and laity (youth, women). It is the common opinion of other leaders of civil society that religious leaders at the present time constitute one of the most important life rafts in the struggle against AIDS. They therefore need to be informed and trained in various fields in order to be able to fulfil their role. In effect, HIV/AIDS brings a new dimension to the challenges with which the Churches and religious communities are traditionally confronted: for example, it is no longer a question of simply providing prompt moral and financial support to a woman and children who have just lost husband and father. The tragedy of HIV/AIDS is that this widow and these orphans in turn run the risk of developing the illness: how do we help them as they live with this psychosis? How do we protect them from the rejection of their family circle and society when they are already bruised and defenceless? How do we mobilise this moral and spiritual force for a change in mentality and behaviour in the different levels of society? We must make an analysis of the needs of the Churches and ecumenical institutions in this field.

“United we are strong”: faced with the devastation caused by HIV/AIDS, it is no longer conceivable to confront it with scattered ranks. The network is the appropriate frame work to combine the religious forces and to initiate them in the development of a common strategy of appeal to their governments, their partners and the international community.

Only information and training can confer on religious leaders and others in the religious world these new skills which they need to confront the invasion of the epidemic.

Finally, it is obviously essential to create a mechanism for fund-raising to provide finance promptly for the Churches' efforts.

Concretely, it is desirable in the short term that the WCC and WAYMCAs hasten to convene a consultative meeting for the benefit of the Churches and communities of the sub-region, with the aim of giving life to the hope which

this study has raised. We also think it would be good to serve a double purpose in choosing as the venue for this first meeting one of the countries where Christians are really in a minority (Mali, Guinea, Senegal) in that a meeting of this sort would truly be an encouragement for them and add to their Christian witness in a rather difficult religious and spiritual environment.

In the short and medium term, efforts must be combined and resources mobilised so that the following actions can be undertaken:

At the level of each country

1. Encourage and facilitate a functional and a well-structured network bringing together all Christian Churches and other religious communities in each country. This network should serve them as a framework for consensual consultation, common commitment, information, experience sharing and especially training and as a resource mobilisation network.
2. Provide a technical support to Churches for the preparation of pedagogical documents and access to new information technologies (internet), in order to enable pastors and laity to acquire the necessary expertise for the implementation of projects concerning AIDS prevention and the care of the sick.
3. Facilitate for the Churches access to financial sources with a view to the design and initiation of projects concerning AIDS prevention, care for the sick and orphans.
4. Encourage and support the churches in promoting adequate sexual education in conformity with the Gospel, the cultural and economic realities of the youth, couples and children.
5. Insert the AIDS component into the programmes of training institutes and seminaries for pastors, priests, monks and catechists.
6. Provide technical support to the medical staff of denominational hospitals in the areas of screening, caring for the sick at the hospital and at home.
7. Provide more significant and diversified financial support to the YMCAs in order to build their capacity to uplift the youth from poverty.

At the regional level

1. Organise a meeting of heads of Churches and ecumenical institutions ahead of time, in order to begin a reflection on the theological and ethical dimensions as a basis of AIDS control. This meeting must also make it possible to lay the foundations for the

formation of a sub-regional network.

During a panafrican forum on AIDS held recently at Addis Ababa on the theme "AIDS: an unprecedented challenge for leaders", a special focus was put on the role of religious leaders. It was affirmed that the "organisations and religious leaders, be they Christians or Muslims, have numerous roles to play in connection with a social and moral crisis such as HIV/AIDS... The role of the religious leaders is of crucial importance in the fight against AIDS, in the sense that they can contribute to the solutions or prevent them. In view of the potential moral leadership of religious leaders, the positions which they adopt and defend can have a considerable impact on the way populations think and behave in the light of the AIDS epidemic".

2. Encourage throughout West Africa the creation of an ecumenical AIDS control network based on national experiences.

This network is of crucial importance because it would pave the way for an effective exchange of information which would be beneficial for all the parties concerned. The following example confirms this recommendation: in all the countries visited, Catholics indicated that they had adhered to the official position of the Vatican which is against the use of condoms. Meanwhile, according to the information gathered from the Addis Ababa forum, "the Vatican has just reviewed its policy of refusal to accept any form of protection by accepting that it is allowed in order to protect oneself against the spread of HIV/AIDS".

If the network existed, it could have been used to disseminate information which unfortunately remains inaccessible for the time being.

In Senegal, we discovered in a document published by the alliance of religious figures and medical experts in their response to the AIDS epidemics "that no religion imposes levirate or sororate. It strictly forbids these practices where there is the risk of transmission or contamination. In fact, God said: "O believers, it is not lawful for you to inherit women against their will" (Verse 19 Sourate Nissa)". This is a revolutionary message to be shared within the framework of a network.

3. Special attention should be paid to Churches and ecumenical organisations from certain countries such as Liberia, Mali and Guinea in view of their peculiar situation (consequences of war or Christian minorities).
4. Since West Africa is predominantly composed of French-speaking countries, it is necessary that WCC gives a little more importance to French (documents, mails). Access to information through the internet should also be promoted.
5. A co-operation link should be established and strengthened between

the UNAIDS country team (based in Abidjan) which orientates and supervises the fight against AIDS in all the West and Central African States for the exchange of information as well as technical and financial support. The same shall be the case for all other resource structures such as ENDA, MAP International, the Djoliba Centre and the African AIDS Research Network.

Research should be encouraged and sustained in order to have a fairer idea about the HIV/AIDS reality in West African countries.

All these recommendations would be easy to implement if the institutions concerned had access to resources. All the initiators of this study are hereby invited to associate with all their AIDS-related activities and reflections on resource mobilisation. The traditional partnership between Churches and ecumenical structures of the North and South does not seem to take into account the new dimensions of AIDS control.

Churches and ecumenical organisations of the South must also develop advocacy campaigns before their governments so that the country resources are fairly distributed, by encouraging true social development.

The fight against AIDS cannot be won unless another form of bilateral and multilateral co-operation is promoted. Churches have an important role to play, be they in the North or South.

The ecclesiastical structures of the North must communicate to their members in a different way the realities of the South so that their support to poor countries can go beyond humanitarian aid and have a true dimension of economic and social justice. These institutions of the North should, more than ever, make the fight against the adverse impact of globalisation their top priority.

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