



# EHAIA NEWS



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## Newsletter of the Ecumenical HIV/AIDS Initiative in Africa

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### **EHAIA ON THE RIGHT TRACK!**

By Dr. Frits van der Hoeven, chairman of the International Reference Group (IRG, the “governing body” of the Ecumenical HIV/AIDS Initiative in Africa )

***“During its short [...] existence, EHAIA has been able to achieve a considerable level of success in sensitizing the church about its role in the HIV/AIDS epidemic!”<sup>1</sup>***

The International Reference Group of EHAIA held its third annual meeting from 19 to 23 September 2004 at a beautiful lakeside location in Malawi. The 18 members and EHAIA staff members came together to hear the reports of the four regional co-ordinators, the theology consultant and the project manager. One of the main items on the agenda was the findings and recommendations of the “mid-term assessment” which had been undertaken in May 2004 by two independent consultants. In view of these recommendations, a new programme proposal for the next three years was tabled.

The meeting was intensive, with lively discussions and valuable exchange of opinions. The composition of the IRG - with members from Europe, America and Africa bringing their wealth of experience - provided valuable feedback to the EHAIA staff. Especially worthy of mention was the presence within IRG of a representative of UNAIDS (responsible for relationship with faith-based organizations) whose constructive and critical comments and refreshing questions kept us with both feet firmly on the ground.

The reports from the regional co-ordinators made it quite clear that EHAIA is developing into a very relevant programme. IRG members

expressed their great appreciation for all initiatives and activities undertaken by the field staff since the last IRG meeting a year ago. An increasing number of people from various churches find their way to one or other of the regional offices of EHAIA. Requests for assistance, with setting up of appropriate training programmes or workshops, especially for church leaders, are numerous. The growing demand for documentation and information must also be mentioned here, as well as the numerous requests for guidance on project proposal writing. The work of the previous theology consultant in particular is highly appreciated, especially the development of curriculae for theological training institutions, suggestions for liturgy and training in pastoral care and counselling (see also EHAIA News no. 5, New books & Resource Material).

The overall objective of EHAIA continues to be that of working for and promoting an HIV/AIDS-competent church, by addressing:

- the critical problem of stigma and discrimination against people living with HIV/AIDS;
- the care for PLWHAs and their involvement as resource persons in church programmes;
- the development of new curriculae and training material for training institutions;
- the provision of accurate and factual correct information, promoting effective programmes for prevention and care and
- giving support to local congregations in caring for vulnerable groups in society.

EHAIA is definitely not a donor agency that simply dishes out money to local NGO's and/or churches. However, it assists in the formulation of proposals as well as linking applicants with potential donor agencies. This needs special emphasis, because quite frequently, the regional co-ordinators are asked why they do not give any financial support.

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<sup>1</sup> EHAIA Mid-term assesment 2002-2004, George Omond Otieno, May 2004

The mid-term assessment indicated very clearly that the EHAIA programme:

***"has been an important catalyst for an evolution in the way churches think about and respond to HIV/AIDS as an ecumenical rather than a separate denominational force. Partners in Africa report that EHAIA is contributing to a "cultural change" in churches in terms of how PLHA are viewed and embraced in their communities. Increasingly, churches are developing the capacity to understand the magnitude of the epidemic and its potential impact on their communities and to see community members as human beings needing frank discussion, clear information, sustainable services and essential supplies to prevent HIV transmission and to care for those suffering from AIDS-related illness"***<sup>2</sup>.

The assessment acknowledged EHAIA's support to:

***"the three components of a balanced and effective ecumenical response to HIV/AIDS: church leadership in the elimination of stigma, discrimination and denial through the illumination of a theological context for HIV/AIDS; technical understanding of the disease for improved capacity to speak authoritatively about the impact of the epidemic on the local community and to promote prevention and care; and identification of financial and human resources to carry out training and provide care and support of community members infected and affected by HIV/AIDS"***<sup>3</sup>.

The IRG discussed extensively the findings of this assessment and the large number of recom-

<sup>2</sup> EHAIA Mid-term assesment 2002-2004, Mary P. Anderson, May 2004

<sup>3</sup> *ibid.*

mendations. Since it is the responsibility of the IRG to assist the project manager in setting the overall strategic direction and policies for the Initiative, the group advised him to re-formulate the project in accordance with the outcome of the assessment and the discussions within the IRG. The main recommendations which were accepted by the IRG are:

- the recruitment of a co-ordinator for Lusophone Africa
- the appointment of a second theology consultant (who would especially follow up on TOTs that have or are taking place), and
- the appointment of assistant co-ordinators in each regional office.

The main justification for additional staff recruitment is the extremely heavy workload of the present staff and the obvious, urgent need for further support by EHAIA. The resulting increase of EHAIA's budget is, in the view of the IRG, absolutely justified.

The IRG expressed its great appreciation for everything that has thus far been initiated and implemented by EHAIA; for the impressive commitment of the field staff – working sometimes under very unsafe and risky circumstances - and for the continuing support by the World Council of Churches and the ecumenical partners in the North. The International Reference Group agreed unanimously that EHAIA is "on the right track" and should continue with its important mission to facilitate and promote an HIV/AIDS-competent church!

We are grateful to Ms Irene Wenaas Holte, resident representative of Norwegian Churchaid in Malawi who organized the opening programme of the IRG meeting. Ousman Chunga, representative of the Quadaria Muslim Association of Malawi, led the opening prayer and Francis Mkandawire, General Secretary of the Evangelical Association of Malawi the closing prayer. Ms Wenaas Holte shared with the IRG her experience in Malawi and especially her love for the people of this country. Father Robert Mwaungulu, Secretary General of the Episcopal Conference of Malawi gave the opening speech which we are pleased to share with our readers:

## **Opening speech at the IRG Meeting of the Ecumenical HIV/AIDS Initiative in Africa (EHAIA)**

By Father Robert Mwaungulu, Secretary General,  
Episcopal Conference of Malawi

Distinguished members of the Ecumenical HIV/AIDS Initiative in Africa, representatives of the African churches, the northern ecumenical agencies and the World Council of Churches, invited guests, ladies and gentlemen. It is a pleasure for me to welcome the IRG meeting of the Ecumenical HIV/AIDS Initiative in Africa, EHAIA, taking place here in Salima, Malawi. I hope you are all going to experience that Malawi is really the warm heart of Africa.

As I was reading the EHAIA information documents I found therein many issues that are of interest and importance for the faith-based communities in Malawi. Allow me to mention a few: the idea and model of “mutuality in ecumenical partnership”, “complementarity and networking” in our ecumenical work which includes the idea of integrating our Church programmes and thirdly “the values and rights-based approach” in our faith-based programmes. We do therefore appreciate the invitation to this opening ceremony, as it gives us a possibility for exposure and inspiration in our daily work.

Let me briefly comment on one of the areas highlighted, namely the mutuality in partnership and draw some lines to our Malawian context and what we are experiencing as faith-based organisations.

With the advent of multiparty democracy in 1994, Malawi has experienced a growing inflow of organizations of donors/partners and denominations. All of them with their own priorities, strategies and thinking and all of them wanting to do things quickly since it is important to show results. This has unfortunately often ended in having most donors as implementers leaving local organizations less empowered and so the good work of our Northern partners does not become well anchored locally. We have a lot to learn from the concept of “mutuality in partnership” which must indeed be understood to extend to the Church’s partnership with Government through the National AIDS Commission and other civil society organizations. From time to time however the Church’s partnership and solidarity will be offering doses of critical soli-

arity because of the Gospel values which the Church has to proclaim.

For the faith-based communities in Malawi the change to democracy, the opening up of communication with the rest of Africa and the Western countries and the explosion of the HIV/AIDS pandemic have posed multiple challenges.

The Churches are everywhere in our country. You can go to the most remote area where the provision of organized social services is very poor, but the Church is there. In the middle of the cities, the Church is there. But what does the Church have to offer? What does it bring to the people? From being a Church that was almost only preaching the gospel, the HIV/AIDS pandemic as well as the new democratic structure have challenged the Church to rethink its tasks and the messages, as it were to contextualise its mission.

Is it the Gospel of hope and life, of peace and comfort, or is it the words of condemnation and discrimination that reach out to people?

I would like to expand a little bit into the areas of concern that have been challenging for the Malawian churches when it comes to mutual partnership in the area of HIV/AIDS.

### **Stigma and discrimination**

This has been the area where the Church has been especially challenged to rethink and transform its approaches and attitudes and where many have fought for changes. We all know what stigma and discrimination does when it comes to men and women infected and affected by HIV/AIDS. We do not need to dwell with the suffering that is there, the tears that are shed, the hopelessness that for most people is overwhelming when they get to know their status. Neither do we want to hide that also our faith-based communities have contributed to this stigmatization. The Church has the task of teaching, guiding and counseling to help people make ethical good decisions about their life. But, people also come to Church for comfort, affirmation and acceptance by God and the community. While indeed the consequences of sin is spiritual death and destruction of relationships etc., not every suffering results from a personal sin. Thus the pastors and preachers will have to learn to tone down their preaching which considers every sickness as a punishment from God.

But I am also glad to note that at the same time, a lot of good work has been done and is being done in changing attitudes as the church communities care for the sick, take orphans into their homes, silently assist the destitute relative. Though the stigma was too big, our mutual interaction with the ecumenical partners has helped us to begin this journey of change, conversion and transformation. We now see a change that is slowly also taking grip with the leadership of the Church. They have started to be able to support the infected and affected with the love of God in a positive way without condemnation and irrespective of people's status.

But this has not come by easily. It has been through the many mutual partnerships we have had within our own church network and the partnership we have had with other ecumenical and faith based networks. It has been demanding, but also inspiring and enriching.

Today we have established in Malawi an Interfaith HIV/AIDS Association with a secretariat in Lilongwe. It is run by the different mother bodies of the churches and the Muslim associations together. Even though we still have to make some progress on issues of joint interventions, this interfaith initiative demonstrates our will and commitment to work together and walk together with our ecumenical partners in Africa and in the north, as well as within our own country.

There is a saying about partnership where one partner said:

“Don't walk in front of me. I cannot reach you. Don't walk behind me, I cannot see you. Walk beside me, so we can walk together and work together”.

Another challenge in our partnership after 1994 has been the demand to the churches in Malawi to rethink or even to develop a theology when it comes to the diaconal/social ethical task of the churches. This has not been a demand only from ecumenical partners. It has been a demand from the changing society, the development of democracy and the people themselves.

For a Church that has been doing charity work as a theological and biblical obligation, it is a great change to start talking about rights. And to define the people they reach no longer as beneficiaries, but as rights holders. Yes, even to define the faith-based organizations not as well-doers, but as duty bearers is in itself a major change of

attitudes and personalities and it does not come overnight.

These are concepts that are new to our churches. The churches have a daunting task of redefining and discussing our theological profile in our new social context, realizing that the Gospel is not only words, but also deeds, and that those deeds can very well be defined as assisting people to claim their rights and take on their duties and responsibilities, as Christians.

It is therefore right to say that the HIV/AIDS pandemic has helped the churches to start working with all these questions. The pandemic as such, forces us to take a stand on a variety of different issues of human rights. For instance, we are today challenged also to rethink and redefine our attitudes when it comes to gender and gender-based violence, which has an impact on prevention, care of HIV/AIDS.

HIV/AIDS in Malawi bears in many ways the face of a young woman. In the age group between 15 – 25 years there are now three times more young women infected than men. This is due to a variety of causes. Women are on all levels of our society disadvantaged and are often looked upon as inferior. Women are expected to submit and to endure, whatever kind of violence or unfaithfulness they are experiencing. In addition women are also subject to various harmful traditional practices and have no or rather little bargaining power when it comes to sex or to making decisions over their own sexual and reproductive health.

The challenge for the churches and the faith-based organizations is to abandon the so-called traditional male chauvinistic thinking and start taking the Scripture seriously when it says that man and woman are both created in the likeness and image of God and are given the responsibility to rule over the world, but not for the man to domineer over the woman.

Moving from patriarchal traditions to gender equity and equality is cumbersome and burdensome for all churches. Malawi is not an exception. We have our own many cases we have to deal with: for instance the tradition of our women and children kneeling for guests and for men, including their own husbands - should this be viewed as a gesture of respect or an act of submission?

We appreciate as very valuable the support we have had from our mutual ecumenical partners

on our travel towards gender equity. But we do also realize that we are far from being there. The road is long, and it is not tarred.

Let me mention one more side of the gender-based violence that has become rampant in Malawi because of the HIV/AIDS pandemic, and that is the issue of property grabbing. Widows and their children are deprived of the little they have, by the relatives of their late husband, and are left destitute without money. This often leads them to taking the children out of school and to prostitution and abuse. The Churches have been very active in fighting this, but we see little change. It is regrettable that at times even senior religious leaders and Government officials are said to be involved in such acts of property grabbing.

Ladies and gentlemen, I have used this time in my welcome speech to address some of the issues that we as faith-based organizations in Malawi have been “forced” to address, due to the HIV/AIDS pandemic and strengthened by our many mutual ecumenical partnership. This has been an inspiring challenge. It has brought richness of friendships and partners to our doorsteps. It has opened our eyes, and I think we have also managed to open some of the eyes of our partners. It has enriched our theology and challenged our attitudes, structures and strategies. And most of all, it has shown us the eyes of the suffering, the women and men, the boys and girls in Malawi, who are infected and affected and who are striving to survive with the very little resources they have. It has shown us that we should be where people are “with our words of hope and with our love.”

It is said that there is an African tribe that greets each other by putting their hands on each others shoulders, rubbing their noses towards each other and looking each other into the eyes saying: *I see you.*

Maybe that is what we have really learned at the end of the day. To see each others eyes. To see each others suffering, and to know that our task is not to condemn, but to relieve, not to distance ourselves but to love and serve. On behalf of the faith-based organizations in Malawi I want to assure you that we will continue to fight stigma and discrimination, we will continue to lift up the rights of men and women in our society, we will continue to promote equality and equity and we will continue from our side to be mutual

ecumenical partners with you as we strive to combat HIV/AIDS.

We ask for the blessings of God over your meeting and over all our work.

Thank you very much for your attention.

### **Report on Treatment Literacy workshop, 2-8 October 2004, Bronkhorstspuit, South Africa**

By Ms. Jacinta M. Maingi, Programme Coordinator, EHAIA Eastern Africa Region

In countries that are developed and economically stable, combination Anti-retroviral Therapy (ART) has extended and improved lives for those living with HIV. In addition the availability, accessibility and affordability of ARV's is transforming perceptions of HIV/AIDS from a fatal disease to a manageable chronic illness. However, in poorer countries of the world, precisely the regions where HIV/AIDS has spread most rapidly, this transformation has not yet been observed.

Africa has abundant resources. But the HIV and AIDS pandemic compounds many other difficulties such as the debt burden, shortages in trained human resources (and the associated ‘brain-drain’), unfair trade dealings, the lack of investment in infrastructure, education and health care. This magnifies the negative impact of disease on the community. The availability of ARV, if managed responsibly, and made accessible to all in need, could well contribute to break this downward spiral. For this to happen it is imperative to develop a sustainable health care system that provides quality service to all people and is responsive and accountable to the community. Apart from advocating for accountability of governments and civil society on the issue of access to ARV and ensuring the provision of ARV, it is necessary to equip communities with the proper knowledge and the implications in their utilization and treatment.

A workshop was organized in South Africa in October 2004 by Bread for the World in collaboration with Treatment Action Campaign (TAC) and Pan Africa Treatment Access Movement (PATAM) to train the participants on treatment literacy. The workshop brought together 80 participants from the southern, eastern, central and western regions of Africa representing international, national, community based organizations, churches and others involved in

HIV/AIDS work. EHAIA was represented by the Eastern, Southern and Western regional coordinators while the Central Africa Regional Coordinator will attend the one for French speaking countries to be held later.

The Workshop objectives included training the participants in the following areas:

- (a) The scientific understanding of HIV and its action in the human body;
- (b) Medical knowledge of Anti-retroviral therapy (ART) and behavior in the human body; and
- (c) International and national political-economic factors that impact on access to treatment

At the conclusion of the workshop, the participants made the following resolutions and commitments for follow-up:

**1. Urgent Access to Medicines.** Civil Society should advocate tirelessly for state provision of ART (including pediatric formulas) and free or affordable medicines to treat opportunistic infections. But most importantly, there is an urgent need to scale up and launch new community based treatment projects with a vision towards eventual integration into public treatment programmes as well as advocating for cheaper and more effective HIV diagnostics accessible to Africans throughout the continent.

**2. Treatment Literacy Advocacy.** The participants recommended:

- (a) a holistic approach to HIV treatment incorporating information on nutrition and prevention of HIV and opportunistic infections into public education strategies;
- (b) advocating for the collection and dissemination of the most updated information on HIV/AIDS treatment issues as well as the treatment of opportunistic infections;
- (c) exchanging strategies and lessons learnt with other African countries as we build a collective movement making treatment information accessible throughout the continent;
- (d) continuous learning and research on medicines available and necessary for treatment of HIV and opportunistic infections; and
- (e) exploring ways of generating (or encouraging our governments to generate) treatment materials in African languages as well as accessible mediums for disabled persons.

**3. Community Mobilization to Increase Access to ARVs.** The participants committed themselves to create, support and maintain community-based mobilization for access to treatment and ensure that basic human rights are respected. They observed that they must urgently build capacity within their communities and encourage community activism on local levels with their respective organizations and members.

**4. Pan African Solidarity and Accountability.** It is crucial to build a collective movement to support each other in efforts and hold respective governments accountable. It was agreed therefore to build and increase monitoring efforts to ensure that governments, institutions, faith based organizations, community based organizations, and NGOs working in the HIV/AIDS sector throughout Africa are delivering on their respective mandates.

The importance to advocate for governments to have a national plan to address HIV/AIDS and be made available to the public was emphasized. Each plan should include (among other factors):

- (a) a plan on rolling out Antiretroviral Therapy;
- (b) a plan of human resources for the health sector including methods of recruitment, retaining, and remuneration of health workers; and

- (c) modalities of ensuring factual and up-to-date information for health providers.

**5. International and National Funding Priorities.** The need to encourage independent international funding without conditions, particularly conditions that counter HIV treatment methodologies was recommended. The participants noted an urgent necessity for sustainable funding for HIV treatment, prevention and research. Debt cancellation for all African countries was demanded so that funding can go where it is most needed - its people. It was emphasized that funding for HIV/AIDS programmes at all levels should directly benefit People Living With HIV/AIDS including women and children.

**6. Drug Research and Access.** Even though some governments are providing ART for free or at substantially reduced prices, it was recommended that they should work towards a reliable and sustainable procurement and supply system for treatment as well as licensing generic medicines, if not yet doing so. Importantly, the participants observed the need for pediatric research

and for pharmaceutical companies to manufacture low cost pediatric formulations as well as make pediatric formulas available to mothers in the PMTCT s.

Follow-up plans:

The general observation was that the training received from the Workshop was an eye-opener for most of the participants who have not been well versed with treatment literacy. It was more than just learning about ARVs and the medical aspect that goes with treatment. Issues of stigma, discrimination and denial were addressed and also the role of the church and faith based organizations in general.

Based on the knowledge gained from the workshop, the Eastern Africa region plans to do the following as a follow-up plan.

- Bring/transfer the knowledge of treatment literacy to the church - our constituency.
- Continue to learn from other countries and institutions that have been implementing treatment literacy and advocacy.
- Ensure that treatment literacy and advocacy is part of all the workshops and major programmes activities .

All these will be done in collaboration with the Ecumenical Pharmaceutical Network (EPN) as well as with PATAM members within the region.