

**Plan of Action:
The Ecumenical Response to HIV/AIDS
in Africa**



**GLOBAL CONSULTATION
ON THE ECUMENICAL RESPONSE
TO THE CHALLENGE OF HIV/AIDS IN AFRICA**



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

Africa, in particular sub-Saharan Africa, is currently the worst-affected region, where HIV/AIDS is considered a state of emergency which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden, and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action.”

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

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

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

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

- Isaiah 53, 3-9 (NRSV)

Preamble

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

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

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

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

“When my cousin was dying of AIDS, he found it easy to tell his family and friends about the disease. In his final days we gathered the family together to say goodbye, and discussed with Mathunya the plans for his funeral. We asked him what he wanted to happen at the service, and he said, ‘I want you to tell them the truth that I died of AIDS.’ So we planned a service that could celebrate his life and educate those who came to the funeral, especially the young people.

At his funeral, my grandmother walked to the front of the church and laid her hand on her grandson’s coffin, and said, ‘My grandson no longer has to suffer with AIDS.’ Then, with her hand still on his coffin, she turned to the pulpit and said to the preacher who was about to preach to the people gathered in the church, **‘Now...talk to them freely about this disease. To us it is not a shame.’**¹”

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

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

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

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

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

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

¹ Rev. Prof. Maake Masango, at the WCC Global Consultation on HIV/AIDS, Nairobi, November 2001

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

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

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

On its own, tackling these issues will not solve the crisis: and yet the daily death toll will not be reversed unless these issues are also confronted and addressed.

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

Vision

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

Commitments

Theology and ethics

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

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

People living with HIV/AIDS

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

Education

1. We will seek out current and accurate information on HIV/AIDS, and develop systems for ensuring that it is widely available throughout the churches.
2. We will teach that stigma and discrimination are sinful, and that people living with HIV/AIDS and affected by the disease are invited and welcomed in our churches and communities. Here they are valued and affirmed members of our family, and resources in our common journey.
3. We will fulfill our teaching role on sex and sexuality, breaking the silence created by discomfort and tradition. Our teaching needs to give special emphasis to gender issues, including: the empowerment of women and girls; the necessity for men to change their behavior and take responsibility for containing the spread of HIV; respect for the dignity of each individual; and sex education that helps people to understand the health benefits of counseling and testing, and of abstinence, faithfulness, and protected sex.
4. We will promote the revision or creation of new curricula for theological institutes or seminaries so that they support the aims of this Plan.
5. We will develop educational programs on the various ways in which HIV is transmitted. These will engage: members of congregations, church-related organizations, people living with HIV/AIDS, health workers, NGOs and other stakeholders. These programs will be developed in a participatory manner, and will be based on accurate information about the facts of HIV/AIDS, while recognizing the link to culture and local realities. They will go beyond formal education to informal educational activities for youth, women and men and other creative approaches including utilizing liturgy as means of educating.
6. We will promote and develop the capacity of the churches to carry out specialized research on those aspects of the pandemic where they can make a unique contribution.

Training

1. We will develop curricula and training materials designed to share knowledge and skills on human sexuality and HIV/AIDS at all levels within the churches. We will ensure that existing resource materials for training and education are accessible, shared, utilized, and adapted as needed.
2. We will mainstream the issue of HIV/AIDS in the training of bishops, clergy, elders, lay leaders, church staff, youth, chaplains, and others in the areas of:

- breaking the silence on issues of sex and sexuality;
- overcoming stigma;
- creating and enhancing awareness (theology, HIV/AIDS education, sexuality, anatomy);
- counseling on HIV/AIDS;
- care giving;
- talking about and guiding others in discussing HIV/AIDS;
- liturgy, worship and preaching;
- entering into dialogue about HIV/AIDS and culture; HIV/AIDS and gender; HIV/AIDS and children; HIV/AIDS and poverty and
- networking.

This training will provide very practical tools.

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

Prevention

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

Care and counseling

1. We will recognize the heroic work done by caregivers and volunteers, and find ways of supporting them and honoring their ministry.
2. We will support existing care and counseling structures in the community, seeking to develop community-based methodologies. We will explore ways of building a movement of care that originates from communities.

3. We will provide training in counseling for clergy and laity to enable them to work with people living with HIV/AIDS.
4. We will become caring, safe and supportive communities for people living with HIV/AIDS.
5. We will encourage congregations to make buildings and property available for the support, training and care for people living with and affected by HIV/AIDS.

Support

1. We will support local congregations in caring for child-headed families and all vulnerable children, especially orphans. We will also help widows, widowers and caregivers who have responsibility for children, especially those elderly people who are caring for grandchildren, or left destitute by the death or sickness of adult children.
2. We will explore ways of expanding or strengthening outreach in those areas of life where particularly vulnerable people are to be found, such as prisons, the army, police forces, frontier towns and conflict areas.
3. We will encourage our churches to initiate or collaborate with income generation programs for people living with and affected by HIV/AIDS, especially families caring for orphaned children.
4. We will encourage and support networks of HIV positive clergy where they exist.

Treatment

1. We will advocate for access to health care, and to drugs to treat opportunistic infections, relieve pain and distress through palliative care, and prevent mother to child transmission.
2. We support the efforts of those who are campaigning for access to anti-retroviral drugs.
3. We will strengthen church-related hospitals and clinics that are providing treatment and pharmaceuticals to people living with HIV/AIDS.
4. We will explore and promote the contribution that traditional medicine and wisdom can offer as a therapeutic resource.

Advocacy

1. We will engage in the Ecumenical Advocacy Alliance's international campaign to respond to the challenges of HIV/AIDS and encourage churches and ecumenical organizations to participate actively within the framework of the Alliance. We will contribute to developing the suggested strategies of the campaign into practical actions on the ground that are relevant to the local context, and that can be enacted at all levels (community, local, national, regional, global).²

² See Ecumenical Advocacy Alliance [Plan of Action](http://www.e-alliance.ch), November 2001 www.e-alliance.ch

2. We will encourage a strong declaration on issues related to HIV/AIDS by the World Council of Churches, and by regional and national councils and their member churches, with the intention of stirring up public opinion to respond with appropriate outrage and action to the epidemic and its consequences, and also to the stigmatization of people living with HIV/AIDS.
3. We will develop policies at all levels of church governance that respect the rights, promote the dignity, and ensure care and support for people living with and affected by HIV/AIDS.
4. We will be present at, actively participate in, and coordinate ecumenically with key regional and international events and conferences and government meetings on HIV/AIDS.
5. We declare HIV/AIDS a human rights crisis. We will promote understanding and advocacy for the rights of all who are affected by the HIV/AIDS pandemic.
6. We will promote the implementation of the “Declaration of Commitment”, of the United Nations General Assembly Special Session on HIV/AIDS (25-27 June 2001), monitor its implementation and hold our governments accountable for their commitments.

Gender

1. We will challenge the traditional gender roles and power relations within our churches and church institutions which have contributed to the disempowerment of women, and consequently to the spread of HIV/AIDS.
2. We will combat sexual violence, abuse and rape in homes, communities, schools and conflict/war situations.
3. We will address gender roles and relations in families that contribute to the vulnerability of women and girls to HIV infection.
4. We will support organizations that help young women to negotiate safer sexual relationships.

Culture

1. We will commit ourselves as church to reflect on positive and negative aspects of culture, identifying harmful practices and working to overcome them. In particular, we will recognize the ways in which culturally supported behavior can make women, girls and also boys more vulnerable to HIV.
2. We will propose alternative rites and rituals in place of harmful practices.
3. We will challenge our churches, ourselves, and the structures to which we relate, to examine and address culture, traditions, and practices that enable the spread of HIV.

Liturgy

1. We will reframe the language we use to ensure that it is non-stigmatizing and gender-inclusive.
2. We will develop, utilize and share appropriate liturgical materials that include funerals and memorial services.
3. We will develop and utilize in our liturgical life services which underscore:

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

Resources

1. We will use more effectively the many resources³ of the African churches.
2. We will mobilize a major commitment of resources, both from Africa and from the North.
3. We will develop mechanisms to co-ordinate resources.

³ See detailed summary in Consultation Report, Nairobi

Mechanisms

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

This response, as defined in the Plan, will require a new level of cooperation and creativity, as well as the strengthening of capacity and the developing of mechanisms at all levels.

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

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

These mechanisms are intended to operate in such a way that they support churches, ecumenical and church related organizations, and strengthen their response to HIV/AIDS.

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

Next Steps

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