With the encouragement and engagement of World Health Organization (WHO) and a few church leaders from the global North, the World Council of Churches has addressed the HIV pandemic since 1986.

At its September 1986 Executive Committee, the WCC made its first bold official statement:

“The AIDS Crisis challenges us profoundly to be the Church in deed and in truth: to be the Church as a healing community. AIDS is heartbreaking and challenges the churches to break their own hearts, to repent their inactivity and rigid moralisms. Since AIDS cuts across race, class, gender, age, sexual orientation and sexual expression, it challenges our fears and exclusions. The healing community itself will need to be healed by the forgiveness of Christ.”

For the last 12 years, the WCC focused on a global ecumenical HIV response making every effort to understand the Crisis and getting churches to face AIDS through working groups, studies, consultations and publications on pastoral, ethical, biblical and theological reflections, all which were distributed free of charge. People living with HIV became the cornerstone of providing evidence how the virus affected their personal and social lives, especially how stigma, exclusion and discrimination played a negative role in their healing process.

However the mandate to focus on sub-Saharan Africa was to answer a call from Christians and churches in Africa to the global fellowship of churches to journey with them in overcoming the HIV pandemic at the 8th World Council of Churches (WCC) Assembly (Harare, 1998). Immediately after the assembly several consultations and workshops with churches, theological institutions, other faith-based organizations (FBOs) and UNAIDS took place. A global ecumenical consultation was held in November 2001 in Nairobi, Kenya.

After the Nairobi consultation, the Ecumenical HIV and AIDS Initiative in Africa (EHAIA, 2002-2013) was created and launched to provide a service; to fill a vacuum, to sharpen skills, to break the silence and shame, and to bring down barriers of discrimination and stigma that divided the community in “them and us”; so that churches would be transformed to channel hope and life in its fullness. The consultation produced a visionary and ground-breaking Plan of Action (2001) on Ecumenical HIV Response with 13
commitments that paved the way for the launching and implementation of the Ecumenical HIV and AIDS Initiative in Africa (EHAIA) as a WCC ecumenical initiative in 2002. The Plan of Action identified HIV and AIDS as major threats to dignity, human development, social cohesion, political stability and devastating to economic sustainability of families and society at large in sub-Saharan countries. The consultation also highlighted harmful cultural practices and theological and ethical fault lines in the practice of ministry in the churches and theological institutions.

EHAIA’s two-pronged approach involves promoting HIV competence among churches in Africa and working with theological institutions to integrate and mainstream HIV into theological curricula. It is no wonder that EHAIA’s first major publication, still popular, is *Africa Praying: A Handbook on HIV and AIDS Sensitive Sermon Guidelines and Liturgy*, 2003, followed by *Listening with Love*, 2005, (authored by a Catholic priest), which is still undergoing translation into other languages.

However what makes EHAIA distinct, unique and very effective is its ability to work in a holistic and comprehensive model that weaves together the 13 commitments identified in the plan of action, and other emerging issues with growing evidence-based knowledge about the pandemic.

EHAIA continues to address the root causes of the pandemic and to promote life-giving theologies and practices:

- Stigma, silence, denial, exclusion and discrimination;
- Sexual and gender based violence;
- Gender and economic disparities;
- Life-diminishing cultural practices;
- Promote life-affirming theologies;
- Transformative masculinities and femininities;
- Zero tolerance to violence;
- HIV as a justice issue;
- Advocacy and education for justice and fullness of life;
- Sexual Reproductive Health and Rights.

EHAIA has made great efforts to involve people living with HIV, people with disabilities, adolescents, youth, women, men, grandparents, sex workers, injecting drug users, prisoners, migrants, sexual minorities and other marginalized groups and to ensure that church leaders and theologians engage all those who are usually excluded. Therefore, in very profound ways EHAIA has managed to weave grassroots activism, deep theological reflection, analysis and education, advocacy for justice and dignity, and pastoral accompaniment while grounding its messages in contextual biblical studies that inspire hope, compassion and commitment for justice and fullness of life in the midst of despair and endless crises.

Its rigorous scrutiny and interrogation of harmful cultural and religious practices and beliefs, gender norms and the root causes and social determinants of the pandemic has enabled
EHAIA to produce theological literature, manuals and life-affirming messages that have earned its global visibility and appreciation as a WCC project.

Similarly, because of its intentional engagement and involvement of (a) people in the margins of society – especially people living with HIV, e.g. collaboration with International Networks of Religious Leaders Affected by HIV (INERELA+) and other HIV positive networks, (b) people with disability, survivors of sexual violence, grandmothers, youth, women and sexual minorities – offering them a platform and a microphone to amplify their voices to influence policy-makers to make policy changes, e.g. creating supportive policies, reform or remove harmful policies, or ensure implementation of supportive policies, EHAIA is recognized by many stakeholders including UN bodies for its proactive strategic outreach and impact.

After 13 fruitful years, Ecumenical HIV and AIDS Initiative in Africa demonstrated the critical need of linking grassroots, national and regional actors and advocates with international decision and policy-makers. This bottom-up approach where pastoral accompaniment is intrinsically intertwined with advocacy is a model that has strengthened the WCC’s relevance to its member churches as well as international players like UNAIDS, UNICEF and UNFPA.

Another distinct feature of EHAIA is its capacity to actively engage and involve non-member churches of the WCC and a wide variety of key stakeholders of global HIV response, making it very inclusive with ability to create ecumenical space where some churches traditionally opposed to the WCC begin to feel at home. Even members of the Roman Catholic Church have served in EHAIA Regional and International Reference Groups, among them bishops and priests.

Its ability to bring together in the same workshop grandmothers, people living with HIV, pastors, health workers, theologians and UN staff is unique and empowering. EHAIA did not shy away from adopting methodologies crafted by other stakeholders and generously offers free of charge its many books and manuals in the ecumenical spirit. Likewise EHAIA intentionally created interfaith ‘safe’ spaces for mutual learning and sharing. EHAIA is known for its efforts in creating collaborative partnerships and HIV competent churches and theological institutions even beyond Africa.

Appropriately at the 10th WCC Busan Assembly, EHAIA was given the mandate to expand beyond Africa, to begin in Jamaica, Philippines and Ukraine, countries where churches have reached out and requested that EHAIA shares its African experiences and expertise.

From 2014, the name was therefore changed from Ecumenical HIV and AIDS Initiative in Africa to Ecumenical HIV and AIDS Initiatives and Advocacy. Already significant contacts have been made with church leaders, theologians and HIV advocates and activists in Philippines, Jamaica and Ukraine. The 2001 Plan of Action has been reviewed and revised to reflect the changes that have taken place since 2001, new challenges and the inclusion of the three countries.

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