

# **INCREASED PARTNERSHIP BETWEEN FAITH BASED ORGANISATIONS, GOVERNMENTS, AND INTER-GOVERNMENTAL ORGANISATIONS**

**Statement by Faith Based Organisations facilitated  
by the World Council of Churches  
for the UN Special General Assembly on HIV/AIDS June 25 – 27, 2001**

HIV/AIDS has been correctly described as the greatest threat to human well – being and public health in modern times. Millions of people have already died from this disease and millions more are directly or indirectly affected. The Faith-Based Organisations (“FBOs”) presenting this statement wish to express our appreciation and respect to the United Nations for organising this timely and most important Special General Assembly. We are committing ourselves to support all efforts already undertaken by local communities, governments, non-governmental and inter-governmental organisations to alleviate the human suffering caused by this pandemic and to prevent its further spread.

FBOs are acutely aware of the complex nature of the infection and the root causes that have fuelled this pandemic, such as global socio-economic inequalities, marginalisation of vulnerable people, poverty and gender issues. It has become increasingly apparent that the prevalence of HIV /AIDS rises in association with poverty and indeed causes poverty. Women and girls are disproportionately represented among the poor. Women often bear a triple burden as a result of HIV/AIDS, and men carry a special responsibility to change these factors:

1. Women are particularly vulnerable to HIV infection due to biological and social factors including their lack of rights in regard to self-determination in sexual relationships.
2. If HIV positive women often face a greater degree of discrimination when trying to obtain treatment, look after children etc.
3. Women are the traditional caregivers to the sick and HIV/AIDS orphans.

FBOs are joining many other actors in the global fight against this devastating pandemic and can offer our specific resources and strengths. At the same time we acknowledge that we have not always responded appropriately to the challenges posed by HIV/AIDS. We deeply regret instances where FBOs have contributed to stigma, fear and misinformation.

However, it is also fair to say that FBOs have often played a positive role in the global fight against HIV/AIDS. Countries such as Senegal, Uganda, and Thailand which have involved religious leaders early on in the planning and implementation of national AIDS strategies, have seen dramatic changes in the course of the epidemic. For example, religious communities in Uganda, working hand in hand with AIDS service organisations and the government, have championed peer education, counselling and home care programmes. A church leader has led the National AIDS Commission in Uganda since 1995. In Uganda, Zambia and Tanzania, prevention efforts have resulted in changed sexual behaviour including delayed sexual activity among adolescents, and a reduction in the number of

sexual partners. These modifications of behaviour have been part of the message of many FBOs. In Thailand, Buddhist and Christian groups have introduced home based care services and greatly contributed to the destigmatisation of the disease.

Right from the beginning of the HIV/AIDS crisis, local communities have been at the very forefront of caring for those affected by HIV/AIDS. FBOs are rooted in local structures and are therefore in an excellent position to mobilise communities to respond to the HIV/AIDS crisis. In many cases, religious organisations and people of faith have been among the first to respond to the basic needs of people affected by the disease, and indeed have pioneered much of the community based work. And yet these FBOs are often overlooked. More often than not, the capacity of FBOs has not been maximised because we have not received adequate levels of training or resources to address the impact of the disease.

We have learnt that prevention works provided there is openness and dialogue. Many HIV prevention strategies, such as promoting temporary abstinence leading, for example to delayed sexual activity in young people, voluntary testing and counselling, mutual faithfulness in sexual relationships, and the use of condoms have contributed to the reduction of the risk of HIV transmission. These methods should be promoted jointly by governments and civil society including FBOs.

## **Resources that FBOs offer in the fight against HIV/AIDS**

1. **REACH** – FBOs are present in communities all over the world. We have deep historical roots and are closely linked to the cultural and social environment of the people and have effective channels of communication that can be utilised.
2. **EXPERIENCE/ CAPACITY** – FBOs have been seeking to serve the needs of people affected by HIV/AIDS since the beginning of the pandemic. We have developed pioneering innovative approaches such as home based care, both for people living with HIV/AIDS and for affected children. In many countries, particularly in Africa, we provide a significant proportion of health and educational services. These institutions can and should be utilised in any extended programs on care and treatment.
3. **SPIRITUAL MANDATE** – FBOs are in a unique position to address the spiritual needs of people affected by the disease. We provide a holistic ministry for those infected and affected by HIV/AIDS, addressing the physical, spiritual, and emotional well-being of the individual and the community.
4. **SUSTAINABILITY** – It is not just the scale of the AIDS pandemic that presents a fundamental challenge to the world, but also its duration. Long-term commitments are necessary to control this disease. As FBOs, we have proven our sustainability through continuous presence in human communities for centuries. We have withstood conflict, natural disaster, political oppression and plagues. Members of religious organisations have demonstrated commitment to respond to human needs based on the moral teachings of their faith, and they do this voluntarily and over long periods of time. It is acknowledged that HIV/AIDS has decimated communities and fragmented families, resulting in the breakdown of traditional caring relationships; community-based FBOs are in a position to make sustained efforts to address this deficit.

## **Recommendations for Future Collaboration**

### **We are asking the leaders of Faith-Based Organisations to consider:**

1. Putting in place programmes that would eliminate traditional and cultural inequalities that exacerbate the vulnerability of women and children.
2. Using resources to ensure that all people living with or affected by HIV/AIDS are receiving the highest possible level of care, respect, love and solidarity.
3. Raising the consciousness of leaders and members at all levels and training them on HIV/AIDS prevention and care.
4. Strongly advocating fair and equal access to care and treatment according to need and not depending on economic affluence, ethnic background or gender.

### **We are asking governments to consider:**

1. Providing extensive support to FBOs (access to information, training and financial resources) in order that we may fulfil our role effectively.
2. Acknowledging and promoting the importance of community involvement in prevention efforts, including community-based health care as the basis for effective care and treatment.
3. Continuing all efforts for debt relief of highly indebted countries to make sure that a significant proportion of the released funds are used for the fight against HIV/AIDS.
4. Governments of countries belonging to the Organisation of Economic Co-operation and Development (OECD) should re-intensify their efforts to meet the 0.7 % of Gross National Product (GNP) target for Official Development Aid (ODA). HIV/AIDS can only be controlled if serious efforts to overcome global economic inequalities are undertaken.
5. Ensuring access to life saving drugs for the treatment of HIV/AIDS and its opportunistic infections, including antiretroviral drugs. This should include the reduction of prices of patented drugs and generic production in highly affected countries where appropriate.

### **We are asking UNAIDS and other UN organisations to consider:**

1. Involving FBOs in the planning, implementation and monitoring of HIV/AIDS programmes at local, national and international levels.
2. Calling on religious leaders wherever possible to make use of their moral and spiritual influence in all communities to decrease the vulnerability of people for responding to HIV/AIDS and to contribute to the highest level of care and support that is attainable.

The international community can take this opportunity offered by UNGASS to build on the unique resources offered by FBOs given our local community presence, influence, spirit of volunteerism and genuine compassion facilitated by our spiritual mandate. Governments alone will not be able to launch the broad-based approach that is required to address this problem decisively. This Special Session on HIV/AIDS should lead to a broad coalition between governments, UN organisations, civil society, and NGOs including faith-based organisations. Given this joint co-operation and the necessary resources we can make a tremendous difference to the fight against AIDS in terms of prevention, care and treatment.

The FBOs represented at this Special General Assembly on HIV/AIDS realize that we cannot claim to speak for all world religions and religious organisations. But we wish to express our sincere commitment to continuing to work within our own communities for the

dignity and rights of People Living with HIV/AIDS, for an attitude of care and solidarity that rejects all forms of stigma and discrimination, for an open atmosphere of dialogue in which the sensitive root causes of HIV/AIDS can be addressed and for a strong advocacy to mobilise all the necessary resources for an effective global response to the pandemic.

**This statement has been endorsed and supported by:**

Anglican Communion

Catholic Organization for Relief and Development Aid in the Netherlands

Christian Aid, UK

Church Women United, USA

Evangelical Church in Germany (EKD) - Office for Ecumenical Relations and Ministries Abroad

Family Life Movement of Zambia

Institute for Islamic Studies, Mumbai, India

International Christian AIDS Network

International Council of Jewish Women, UK

Lutheran World Relief

MAP International

Presbyterian Church USA - International Health Ministries Office

Religion Counts, interfaith organization based in Washington, D.C.

Salvation Army

United Evangelical Lutheran Church in India

Vivat International, New York

World Alliance of Young Men's Christian Association (YMCA)

World Alliance of Young Women's Christian Association (YWCA)

World Conference on Religion and Peace

World Council of Churches (WCC)

World Vision International.