

# AIDS

AIDS POLICY 2002-2005

*A common AIDS policy of the cooperating PRISMA organizations.*

**Note:**

This document has been written in 2002. This means that some of its content may be outdated or incomplete. However, the theological and ethical reflections are still valid even though some of its formulations may not be fully adequate any longer. For a short and updated document we would like to refer you to the new Prisma AIDS vision paper (2009) that can be found on the website.

**Opmerking:**

Dit document is geschreven in 2002. Onderdelen ervan kunnen verouderd of onvolledig zijn. De theologische en ethische onderbouwingen in dit document zijn nog wel relevant ook al is het woordgebruik hier en daar niet meer actueel. Voor een kort en geactualiseerd document verwijzen we u graag naar de nieuwe Prisma aids visie paper (2009) die u op de website kunt vinden.

## **PRISMA**

### ***Joint venture of Evangelical and Reformed aid and development agencies on an International level.***

#### **Mission statement**

Prisma is an association of reformed and evangelical organisations active in international aid and welfare development. Prisma sees her mission as: strengthening international aid and development by dialogue and co-operation with one another from an evangelical and reformed perspective and within the perimeters of international welfare aid (including humanitarian aid) and development aid in order to address the issue of poverty - which is considered to be an injustice - and to fight its effects more effectively and efficiently.

#### **Goals**

On the basis of her mission statement the association has the following goals:

1. Dialogue and co-operation with one another.
2. Addressing common issues and taking a common stance in relation to these issues.
3. To serve the interests of common issues.

#### **Resources**

The association has the following resources at her disposal to reach the goals mentioned above:

- Co-ordination in co-operation, dialogue and reflection;
- Convening meetings which are of importance for the position of Prisma and for the position of her members;
- Co-operative representation in forums in relation to welfare and development aid;
- Establishing sub-committees around common issues which are of impor-

tance for the members in the execution of their mandate;

- Mediating between institutional donors and (some of) the members in relation to funding and spending of funds;
- Appointment of professional apparatus if necessary.

#### **What is the stance Prisma takes in relation to development aid?**

Effectiveness and efficiency are high on the list of priorities of the official development aid policy. Prisma can agree with this policy to a considerable degree considering the view it holds concerning stewardship. At the same time Prisma is convinced that development aid is always about people and the interest of these people must always be the centre of policy. Especially the interest of marginalized people within the international, national and regional societies must be addressed. Christian welfare aid is an excellent method to achieve this due to the fact that churches and Christian organisations remain close to the people and can reach these people in their own environment.

Simultaneously, on behalf of this group, Prisma wants to address the policies and execution of the development aid policies. Within a biblical point of view concerning the human race and the relations between people, and a view held by the association concerning ways of assisting in the needs of the people, lies the motivation that Prisma has for helping the marginalized people. In dialogue with the ministerial department for development aid and within the political arena, Prisma wants to stress the importance of this motivation. In this way Prisma aims

to create an environment for and provide support for her members which in turn are involved in practically aiding the marginalized groups

### **Sub-committees**

- AIDS
- Institutional Fund Raising
- Emergency Help
- Personnel Co-operation

### **Members of the sub-committee AIDS:**

- Deputaatschap Bijzonder Noden Ger.Gem.
- Deputaatschap Zending Ger.Gem.
- Dorcas International
- OREON
  - o 3xM
  - o Wycliffe Bible Translators Netherlands
  - o Trans World Radio
  - o Hospital Christian Fellowship
- Gereformeerde Zendingsbond
- Oikonómos Foundation
- Woord & Daad
- ZOA Refugee Care
- Tear Fund

**PRISMA AIDS POLICY**  
*Mainpoints of our policy*

**The present HIV/AIDS epidemic is challenging the church and all Christian organizations. The control of the epidemic is of utmost importance because of the dreadful consequences for all people, the churches and the community as a whole. In this document we give our view on the epidemic and our goals for the next few years.**

**1. The epidemic**

A special approach of this relatively new epidemic is justified by the fact that the disease is primarily sexually transmitted and therefore makes mainly victims among the sexually active part of the population. The disease is also clearly related to poverty, social inequality and/or a specific lifestyle. HIV/AIDS has far-reaching implications in the private sphere, in families, and in the community/society as a whole. The extent of the epidemic requires the involvement of all parties concerned, including Faith Based Organizations.

**2. The main issues**

1. This HIV/AIDS epidemic proves again that we live in a creation suffering from all sorts of pain, illnesses and longing for wholeness and peace.
2. Like many other illnesses the spreading of HIV is closely related to a certain way-of-life, in this case a lifestyle with an unbiblical view on sexuality, manhood, matrimony, intravenous drug use etc.
3. This way of life can be caused by the fact that people are ignorant about biblical values, are unable to apply them to their lives or are indifferent and unwilling to do so.
4. At the same time the epidemic infects and affects many people due to the lifestyle of others, like: children, women, health personnel etc.

5. The spreading of the epidemic takes place within a socio-economic and cultural context, which makes it sometimes very difficult to live in accordance with biblical principles.
6. As the main factors behind the spreading of the epidemic we acknowledge:
  - Ignorance, neglect and denial
  - Gender inequalities
  - Discrimination, stigmatization
  - Poverty
  - Cultural customs
  - Violence and (civil) war

**3. AIDS control**

*Motivation*

We are thankful for all that is done in the fight against HIV/AIDS, also by Christian organizations, but we regret

- our insufficient involvement over the last twenty years.
- our ineffective fight against discrimination and stigmatization up to now.
- our inability to help people to translate biblical norms and principles to everyday life up till now.

Accepting this we

- put our trust in the power of the Gospel and the hope it offers.
- try to realize our calling in the world in obedience to our Lord Jesus Christ.
- witness the love of our Lord to a suffering world, showing compassion with those who suffer.

- intensify our efforts, also because of the relationship between this disease and fundamental aspects of Christian faith and lifestyle.

### ***Principles:***

#### *Christian Character:*

Working from this motivation we want to

- be open, out-going, empathetic and offer compassionate care to the suffering, without being judgmental.
- pay explicit attention to the spiritual dimension of the epidemic.
- give help regardless of someone's race, religion, sex etc.

#### *Biblical norms and values:*

- We accept biblical norms and principles and we condemn inequality, violence and everything else that prevents people from living according to those principles.
- Fundamental in all our activities is the biblical view on matrimony and sexuality.

#### *Integration:*

- In all our activities, harmonization will take place with other (already existing) forms of relief.
- Our activities will complement other AIDS campaigns as much as possible.
- Cooperation with Christian partner organizations and churches has a high priority.

### ***Implementation criteria***

When executing these programmes we will use the following criteria:

- Multiple interventions: preventive and curative
- Holism: approach humans in their entirety
- Integration
- Involvement of people living with AIDS

- An open eye for fundamental factors
- Professionalism

### **4. Our focus for the coming years**

We will focus on the following aspects of AIDS control in the coming years:

#### ***Prevention***

- Raising awareness among churches and organizations
- Stimulation of theological and ethical reflection and dialogue
- Development of sound prevention materials
- Promotion of life-skill education at schools, churches and in groups
- Integration of AIDS in curricula of schools, theological seminars etc.
- Reduction of sexual HIV transmission (both hetero- and homosexual)
- Support of groups of people which are especially vulnerable to infection.

#### ***Care and support***

- Pastoral and psycho-social care
- Promoting adequate liturgical changes to underscore solidarity etc.
- Secondary prevention like the control of opportunistic infections
- Reduce mother-child transmission
- Promotion of VCT
- Stimulation of the health-care system and the distribution of drugs.

#### ***Impact mitigation***

- Promotion of orphan relief, if possible within the community
- Support of infected and affected people, like caregivers and family members.

#### ***Advocacy***

- Making use of the available channels for national and international advocacy to speak up for and defend the interests of

people infected or at risk of becoming HIV/AIDS sufferers.

### **5. Strategy and co-operation**

- First of all we will mainstream AIDS as one of the spearheads in the programmes of the participating organizations.

- We want to learn from each other, by exchanging information and analyzing each others' projects.
- We will develop strategies for all major aspects of AIDS control and draft Best Practice papers.
- We will cooperate in fundraising and activities like the training of workers if useful.

## 1. THE HIV/AIDS EPIDEMIC

In the HIV/AIDS epidemic<sup>1</sup> the world faces an enormous challenge. The extent of the epidemic is such that not one organization concerned with development can ignore this. Although the problems are by far the worst in sub-Saharan Africa, other areas, like the Caribbean, South East Asia are affected as well. In Eastern Europe and Russia the epidemic grows to a larger and larger extent.<sup>2</sup> Although progress is being registered in the battle against HIV/AIDS in a number of areas, there is still no favourable turn.

The HIV/AIDS epidemic presents us partly with other questions than epidemics like malaria and tuberculosis, diseases which also demand great numbers of victims.

1. It is a new epidemic, which has not yet passed through its full cycle anywhere, which makes the prognoses questionable.
2. It is a disease with a very long incubation period. Those infected can for a long period lead a normal life, but are still able to infect others.
3. The prognoses for people infected with HIV are very bad, after the incubation period people will experience longer and longer periods of illness, increasing in seriousness and frequency, until death follows. At present there is no vaccine to avoid the disease and neither is there a medicine.
4. In order to suppress the disease, PLWAs<sup>3</sup> have to use AIDS-medicine for their whole lives. These drugs are very expensive, and therefore not available to the poorer population of Third World countries.
5. Patients and their families experience stigmatization and discrimination.
6. The disease is greatly restricted to specific age groups, viz. 0-5 years and 20-40-years-old.
7. The epidemic has spread to an unprecedented extent, and is still spreading, especially in developing countries.
8. The disease is primarily sexually transmitted. While sexuality is one of the most fundamental human needs, it is also surrounded by taboos.
9. The epidemic and its control make enormous demands on scarce resources, medical supplies, etc. and this has important implications for the economic development.
10. The disease is clearly related to poverty and social inequality.
11. The disease is closely connected with gender inequality and is also influenced by a great many traditional factors.

HIV/AIDS has far-reaching implications in the personal sphere, in families, and in communities/society as a whole.

- Especially young people fall victim to AIDS, so that the most productive group is seriously affected. The same applies to the most highly educated group. An inversion of years of development and a nullification of social capital are the results.

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<sup>1</sup> HIV: Human Immunodeficiency Virus. No distinction is made between HIV1 and HIV 2, since this does not make any difference for the purpose of this document.

AIDS: Acquired immunodeficiency Syndrome

<sup>2</sup> For an actual overview of the epidemic in the different countries look at the fact sheets on the UNAIDS website ([www.unaids.org](http://www.unaids.org))

<sup>3</sup> People Living With AIDS

- Demographic consequences: A ‘population chimney’ comes into existence, but at the same time an disproportional number of women become victims. (In the age group of 15-19 the infection with HIV is much higher among girls than among boys, which partly can be explained from gender inequality)
- Social consequences: families miss the most productive group, which, instead of bringing in money, cost much for treatment. Families suffer from discrimination. Important are the negative results for women<sup>4</sup>, the educational system (many teachers are affected) and the health system. There is a growing number of AIDS orphans. Important may be the change in moral standards due to the lack of effective adult role models.
- Economic consequences: -decreasing economic growth –decreasing numbers of healthy workers –a high demand on public finances –high expenses for companies (education, medical expenses, sick-leave, funerals and pensions), limited agricultural production -decline of Human Development Index (index based on average income, life expectancy and education level)
- Consequences for the security situation: Severe economical decline disturbs geopolitical relations and through this leads to unrest and political instability.

Much attention is being paid to control of the epidemic at every government level, but also by every development organizations. According to UNAIDS/WHO, an effective fight of the epidemic demands an approach on a very large scale. Only then it will have a real effect on the course of the epidemic. Nevertheless some positive developments may be mentioned, like the development of anti-retroviral drugs which offer a better quality of life for those infected with HIV, and the stabilizing or declining HIV-transmission rates in some African countries.

The view on the control of the epidemic has changed over the last decades. To a larger extent a more integrated approach has been advocated. In this approach all important factors are addressed, like lack of knowledge, poverty, gender, medical-care, the community, the church etc. The fundamental starting point is the right of HIV-infected persons and AIDS patients to good medical care, acceptance by the entourage and a humane life.<sup>5</sup>

With the control of AIDS the character and extent of the problems in a certain area must be taken into account. It shall be necessary to distinguish between areas with high incidence/prevalence and areas with a (as yet) low incidence/prevalence.

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<sup>4</sup> Women are more vulnerable because of their weak negotiation position regarding sex. The consequences for women are harsh because they are usually the attendants of patients and carry a double burden. Girls are, when family income drops, taken out of school.

<sup>5</sup> Fundamental principles guiding a successful response to HIV/AIDS are:

- That gender inequalities fuelling the epidemic must be explicitly addressed;
- That prevention methods, life-saving treatments and the results of scientific breakthroughs in prevention and care must be made broadly available on an equitable and affordable basis to all;
- That people living with and affected by HIV/AIDS must be actively engaged and supported in their efforts to address the epidemic in communities around the world;
- That national Governments, working with civil society, must provide the leadership and means required to ensure that national and international efforts respond to country and community needs.
- Successful responses are linked to a respect for human rights. (UN General Report on HIV/AIDS February 2001).



## 2. Central issues

It is against the background described above, that Christian organizations become involved in the fight against HIV/AIDS. We, as members of the PRISMA AIDS task group, believe the following points to be fundamental for the understanding of the epidemic.

1. This HIV/AIDS epidemic proves again that we live in a creation suffering from all sorts of pain, illnesses and longing for wholeness and peace. We believe that all illness, in fact all human suffering, is caused by sin. It is sin that causes us to live in a broken world and so the whole of creation is suffering. The HIV/AIDS epidemic is one of the consequences of this dreadful state of mankind.
2. Like many other illnesses the spreading of HIV is closely related to a certain way-of-life, in this case a lifestyle with an unbiblical view on sexuality, manhood, matrimony, intravenous drug use etc.
3. This way of life may be due to the fact that people are ignorant about biblical values, are unable to apply them to their lives or are indifferent and unwilling to do so.
4. At the same time the epidemic infects and affects many people due to the lifestyle of others, like: children, women, health personnel etc.
5. The spreading of the epidemic takes place within a socio-economic and cultural context, which makes it sometimes very difficult for people to submit to God-given rules for life regarding topics concerning marriage and sexuality (e.g. by facing stigmatization, social exclusion, threats, violence, etc. within the family or community). We believe that by the power of God people will be able to live according with Christian principles and values, which are valid, applicable and necessary.
6. As the main factors behind the spreading of the epidemic we acknowledge:
  - Discrimination and stigmatization of PLWAs and their families
  - Gender inequalities
  - Ignorance, neglect regarding the causes of HIV infection and denial of the problems
  - Violence and (civil) war
  - Poverty
  - Drugs abuse
  - Cultural customs like levirate, marriage customs, initiation
  - Labour migration

### **3. AIDS control**

The HIV/AIDS epidemic challenges the churches and Christian organizations involved in mission and development to get involved on all levels. This diaconal vocation and task in the world is performed in obedience to the Scriptures. This obedience is not only visible in the performance of the vocation to service, but also in the starting points and methods used.

#### **3.1 Motivation**

We, as Christian churches and organizations, want to get involved in the struggle against HIV/AIDS but we have to admit that:

- The spreading of the epidemic is partly caused by the lack of understanding of biblical principles by Christians themselves. Churches should have taught these principles and how to translate them in everyday life more effectively.
- The prevalence of HIV infection is especially high in so-called Christian countries.
- For many years churches and Christian organizations have accepted unbiblical gender relations as normal and were unable to sufficiently change the cultural patterns that are contrary to Scripture.
- HIV/AIDS is associated with sexuality; sufferers therefore are looked upon as sinners. Unfortunately, many people look upon the sin of immorality as unforgivable. This is one of the contributing factors to stigmatization and discrimination.
- Many Christians see talking about sex as a taboo and this is contributing to ignorance and hence to the epidemic.
- The HIV/AIDS epidemic has now been with us for twenty years, so our reaction is more than late.

By admitting this we realize that we are challenged to become involved, but that we can only do this humbly and not in a judgmental way. However, we also believe in redemption and restoration, because of God's love in Christ. Therefore our involvement is not only fostered by our admitted guilt, but also more positively by the following:

- The enormous extent and depth of the distress of the victims of the epidemic appeals to Christian charity, as Christ himself instructed.
- The organizations support groups and churches affected by the epidemic.
- The HIV/AIDS epidemic concerns the most essential notions of the Christian faith and life in obedience to God, e.g. the biblical view of sexuality, humanity, love, hope, etc
- The Christian faith especially offers perspective in the control of AIDS, since it can offer hope, a reason for existence and a force of life to those who are infected or suffer the disease, as well as the impact these have over the lives of the communities. Faith can generate a substantial change in the social value structure, transforming habits and customs; changes that in the long run are fundamental for the control of the epidemic.

- The churches and Christian organizations are of special importance in the fight against HIV/AIDS, because in many cases they are the only functioning and influential organizations within countries with a high HIV prevalence.<sup>6</sup>

The HIV/AIDS epidemic challenges all Christians to fulfill their high calling to prophetic testimony and charity without speaking from a position of moral superiority and hypocrisy.

## 3.2 Principles

### Christian character

We work from a Christian point of view, in which being open, out-going, empathetic and offering compassionate care to the suffering, without being judgmental, is of the utmost importance. HIV/AIDS cannot be seen as an opportunity for evangelization. A balanced Christian response should deal with all factors that impinge on the spread of the epidemic and all the consequences, but at the same time cannot neglect the spiritual needs of the infected and their families. From the Christian faith there is a message of hope and love towards the direct and indirect sufferers of this disease. Therefore there will be an emphasis on pastoral care and counselling for patients and their families. In the special care for the weakest groups, like AIDS babies and orphans, Christian charity also shows itself to full advantage.<sup>7</sup> Although this missionary and charity perspective is characteristic, from the nature of Christian love, help and assistance is offered to all, regardless of race, faith, culture, etc.

### Biblical norms and values

In view of the important role of sexuality in the epidemic, the Biblical principles regarding sexuality and matrimony are briefly summarized.

- Marriage is seen as a lifelong bond between husband and wife. It is a God-given institute, which is also a standard for today.
- The bond of marriage knows mutual promises and duties (Mat. 2:14, Prov. 2:17). It is under God's protection (Mat. 19:6).
- After its nature matrimony should be a monogamous relationship, based on love and fidelity.
- The God-given sexuality is a fundamental human need.
- Sexuality aims at the perception of the unity of husband and wife and is linked to procreation.
- Gender relations are characterized by mutual respect and equality

People who do not meet these standards must not be neglected or considered doomed by unforgivable sin. The fact should also be considered, that due to circumstances, many are forced

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<sup>6</sup> However this is not everywhere the case, e.g. in Islamic and Buddhist countries, like Cambodia, Thailand, North Sudan, the church plays a marginal role. Also these religions have principles towards marriage, fidelity, love, etc, most of them not very different from Christian principles. Here a Christian can work using these principles in his contacts with non-Christian patients in these countries.

<sup>7</sup> This is lacking in many churches as well, especially in remote areas, because not many leaders know what to do and also do not have the time, confidentiality and patience the exercise requires. In most cases instead of caring for them, the weakest groups are condemned, despised and neglected.

to lead/caught into a life contrary to this Biblical ideal. All our acting and speaking ought to be in accordance with the example of involvement with the weak, given by Christ himself.

Therefore we also strongly condemn everything that prevents or threatens to prevent someone from a life according to these principles, like:

- Unbiblical views on matrimony and sexuality
- Violence against women and children
- Oppression
- Discrimination and stigmatization
- Exploitation and poverty

### **Integration**

It is important that the fight against HIV/AIDS does not change into a fight between rival views and methods. Activities must, if possible, be harmonized with existing programmes of governments and other relief organizations. This includes cooperation with regular health care. This constructive attitude does not mean that one's own principles are renounced or considered as secondary.

In view of the nature of the organizations, local churches, religious communities and (other) Christian NGOs will as much as possible be involved in drawing up and executing projects.

All activities are part of the general fight against HIV/AIDS, but the focus will be especially on those areas in which no activities are being undertaken, or in which certain aspects get insufficient attention.<sup>1</sup> The focus on so-called "white spots", areas in which no activities have been undertaken yet, prevents the needless use of aid resources.

### **Execution criteria**

Executing the programmes the following criteria will be wielded:

- Multiple interventions: In programmes a multifarious approach of the HIV/AIDS problems is aimed at, viz. prevention, care and support<sup>8</sup>
- Care and support programmes aim at the physical, mental, psychical, social and spiritual needs of HIV/AIDS patients and their families.
- Programmes will pay attention to gender relations, poverty, cultural aspects, and stigmatization/discrimination as important causes for the spreading of HIV.
- A participatory approach, involving Persons Living With AIDS, in all kinds of projects, like needs identification, planning, implementing, monitoring etc.<sup>9</sup>
- Critical evaluation of programmes is necessary with respect to the principles worded and the regular standards of professionalism. Relevance, effectivity, efficiency, sustainability and ethical purity are of importance.

## **4. Focus areas**

- Primary prevention: To come to a reduction of the percentage of HIV infections among children, young people, etc. by promoting a Bible-based AIDS awareness.

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<sup>8</sup> Note that the priorities in HIV/AIDS control are also determined by the stage of the epidemic and the information process.

<sup>9</sup> In new projects where PLWA's are not yet willing or able to 'come out' about their HIV-status, due to stigmatization in the communities, much attention needs to be paid to forming and capacity building of groups of PLWA's.

- Care: To extend care to patients and their families
- Impact Mitigation: To fight the consequences of the epidemic
- Advocacy: to influence policy making

#### 4.1 Prevention

Prevention is, and shall also be at medium term, the most important instrument in the control of the epidemic.<sup>10</sup> Reduction of the infection rate requires a real change of behaviour among (young) people. For PRISMA AIDS the promotion of a change of life-style has absolute priority. The desired lifestyle is a life in accordance with Christian principles and values. Change of conduct may become visible in a delay of becoming sexually active and a decreasing number of sexual contacts and/or partners, in overcoming drugs addiction etc.

Our main interest is in the general prevention programmes, focusing on the education of life-skills, family values etc, life-skill education programmes at schools, pre-marital counselling and peer group-education in which sex-education takes place in line with biblical principles.

We acknowledge that the control STDs and the use of condoms may have a positive effect on the control of the epidemic. Some partner organizations, especially church-linked organizations in the Third World judge the use of condoms negative, because it gives a feeling of false safety and promotes promiscuity. Education cannot take away personal responsibility of people however.<sup>11</sup> The advantages and disadvantages of the condom as a means of prevention must be discussed within a prevention programme. Effective use of condoms demands an important change of conduct. Simply distributing condoms will therefore not have a positive effect on spreading of HIV.<sup>12</sup> If possible any distribution of condoms will take place after counselling.<sup>13</sup>

Therefore the cooperating organizations aim at:

- Raising awareness within the churches and Christian organizations, its members and its leaders so they will recognize and act upon the urgent need of transformation.
- The stimulation of theological and ethical reflection, dialogue, and exchange of issues related to HIV/AIDS in churches and organizations, including the subject of power, gender relations, positive and negative aspect of (traditional) culture etc.
- The development and/or implementation of programmes for life-skill education and peer-group education for schools and (church) youth groups.

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<sup>10</sup> UNAIDS states that in some areas up to 40% of the youth does not know the causes of HIV infection; (UNAIDS. AIDS epidemic Update. December 2001. page 15).

<sup>11</sup> For a discussion of the use of condoms, see the memorandum "Ethische dimensies van de HIV/AIDS epidemie" (Ethical dimensions of the HIV/AIDS epidemic).

<sup>12</sup> With an effective use of condoms the infection decreases by 85%. (National Institute of Allergy and Infectious Diseases, 2001. Scientific Evidence on Condom Effectiveness for STD Prevention, page 14.)

<sup>13</sup> Condom use within a communal living, when one or both partners is infected, is medically necessary.

- The development and/or implementation of information materials for all groups within a community including and first of all churches themselves;<sup>14</sup>
- The integration of AIDS in the curriculum of theological training at all levels.
- The promotion of effective means of prevention, practices that save lives, and behaviour that minimizes the risk of infection.
- The support of groups of people especially vulnerable to infection.

## 4.2 Care and support

Until this day no effective remedy against AIDS has been developed and antiretroviral drugs are not yet widely available. When these remedies will be more widely known, pressure on organizations to cooperate with spreading of these will only increase. Making these remedies available may also have a positive effect on prevention, especially because when treatment is possible, people will earlier report at VCT<sup>15</sup> centers. That can lead to less stigmatization, more effective counselling etc. On the other hand the need of improving the medical infrastructure will only increase (also because inaccurate use can lead to resistance).

The health care level in many countries is already insufficient. As a result of the epidemic this is deteriorating. The growing demand of health care can no longer be met. At the same time the ability to take up the care of the sick within the structure of the (extended) family decreases.

Involvement with the care and support of AIDS patients and their families is necessary from the viewpoint of Christian charity, but also from the viewpoint of prevention. By adequate care for patients and their families, vulnerability to HIV and stigmatization/discrimination decreases and the hope and trust in the future and the ability of active participation of PLWAs<sup>16</sup> in the fight against HIV/AIDS grows. The contribution of care and support of prevention is evident. Thus stigmatization and discrimination cause secrecy, through which prevention is hindered.

In order to make care effective, availability of VCT is a must. Participation in (voluntary) HIV tests brings patients within reach of health care. In a certain sense it is an interaction, availability of health care is necessary to induce people to have themselves tested.

In their medical programmes the co-operating organizations aim at:

- Secondary prevention: the treatment of opportunist infections, counseling regarding nutritious diets, safe sex, a healthy lifestyle.
- Stimulation of churches and other community organizations to give pastoral and psycho-social care to HIV/AIDS patients and their families.

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<sup>14</sup> In Africa the specific problem (/riskful behaviour) is (hetero)sexual relations, in Eastern Europe intravenous drugs use, and in other areas man-to-man sex and prostitution.

<sup>15</sup> Voluntary Counseling and Testing

<sup>16</sup> See also the GIPA programme of UNAIDS.

- The support of existing care and counseling structures within the community, especially the churches, and seeking to develop community-based methodologies.
- Promoting liturgical changes and other churchlike activities to underscore repentance, condemnation of discrimination and stigmatization, and solidarity.
- Fighting the mother-child transmission of HIV and the control of tuberculosis.<sup>17</sup>
- Promoting the availability of VCT, also because of the effect on prevention.
- Promoting adequate levels of medical care: Anti-retroviral drugs will be available at medium term, but for adequate use sufficient medical care is essential.<sup>18</sup>

### 4.3 Impact mitigation

It is essential to pay attention to the disastrous consequences of the epidemic on (extended) family and community level. Forced by the epidemic, families have already adapted themselves in order to survive by a change-over to food crops which need little labour (but are of inferior quality), keeping – especially - the girls from school, prostitution etc. It is absolutely necessary for the organizations to support the families' coping strategies, in order to bear up against the consequences of the epidemic. Here one may think of income-generating activities, improved techniques to handle with the available aid resources, empowerment of weak groups.

A weak group, which especially needs attention, are the orphans. Institutional relief of AIDS orphans is not cost-effective approach. Presently there are more than 13 million AIDS orphans! Without help traditional orphan relief structures in many areas can no longer bear the growing burden. Support of relief in the community is essential to enlarge the supportive capacity of the extended family. Here we can also think of financial adoption in support of relief within the community.

The cooperating organizations aim at:<sup>19</sup>

- Realization of as much orphan relief within the community as possible. Therefore support of existing coping-mechanisms.
- Promoting diaconal aid to the sufferers of the epidemic and looking therefore in cooperation with partner organizations for opportunities for financial support and income-generating activities for PLWAs and affected families.

### 4.4 Advocacy

The control of AIDS demands maximum effort from all social parties in the countries affected, but also a maximum support from the rich countries. Organizations should actively

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<sup>17</sup> Approximately 30% of HIV positive pregnant women gets a HIV positive child. This can be reduced by by half through treatment with Nevirapine. 70% of the tuberculosis patients is HIV positive.

<sup>18</sup> At this moment the influence of antiretroviral remedies on the epidemic is still unknown; on the one side there is the danger of increasing carelessness, resistance, and side-effects; on the other side it will encourage people to go to a VCT earlier.

devote themselves to maximalizing aid for countries affected. Here one may also think of influencing political parties to grant extra aid, supplying 'soft' loans, remitting debts. In a number of cases affected countries have rejected loans for AIDS control because it would increase debts too much.

Besides these common means of influencing policies, concerning AIDS control, Christian organizations, if possible, also aim at changing AIDS activities of international organizations, governments, etc. in the direction of Biblical starting points, observant of the specific responsibilities of governments

## 5. Cooperation and strategy

In order to achieve these aims, cooperation between consentient organizations is of the greatest importance. Not a single organization is able to make a difference in the fight against AIDS on its own.

In the period 2002 – 2005 the following aspects will be at the center:

a. Mainstreaming:

- All participating organizations and their partner organizations will make the control of the HIV/AIDS epidemic one of the spearheads of their policy.

b. Learning:

- Continuing consciousness of the AIDS policy;
- The organization of workshops and conferences;
- Collecting and exchanging information
- Discussion and evaluation of projects

c. Development of strategies:

The strategy, with aims and vision, can be seen as a broader approach than the well-known ABC strategy<sup>20</sup>, as it does not just aim at sexual behaviour. It can be summarized with the letters FAME<sup>21</sup>:

F	'facts': knowledge of the facts concerning AIDS ( including routes of infection, risk factors, methods of prevention (including condom use), etc)
A	'abstinence': sexual abstinence before marriage
M	'monogamy': fidelity in wedlock
E	'empathy': care for each other

- Development of strategies in the different areas of AIDS control (see Ch. 3);
- Development of Best Practice Papers;
- Development of an AIDS Manual.

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<sup>20</sup> Abstinence, Being Faithful, Condom

<sup>21</sup> This term is only usefull in the struggle against HIV/AIDS within a heterosexual context.



- Establishment of an international study group

d. Cooperation:

- Collective fundraising (at institutional funds)
  - Financing projects of participating organizations;
  - Display of collective projects;
  - Equipment of co-operators of the participants.
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