



***"Covenant of life"*- Statement of Commitment of the  
ASIAN CHURCH LEADERSHIP CONSULTATION ON HIV/AIDS  
December 1-4, 2003  
Batam Island, Indonesia**

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## **I. PREAMBLE**

More than 80 representatives of Asian church leadership related to the Lutheran World Federation and the United Evangelical Mission gathered at Batam Island, Indonesia for a regional consultation on HIV/AIDS. They included bishops, presidents, lay, women and youth leaders, women living with HIV/AIDS, ecumenical guests from Indonesia, a bishop from Africa and youth representatives from Africa and Latin America, medical experts and other resource persons. For the first time, Asian church leaders gathered to openly and solely discuss and express emerging and alarming concerns on the pandemic.

The four-day gathering with presentations of experts, deliberations, discussions, testimonies of those positively living with HIV/AIDS both in our consultation and during our visit, sharing of experiences, Bible studies, worship and prayers, made us realize the possible role of the churches in addressing the HIV/AIDS pandemic. We were confronted with our own prejudices, lack of knowledge and experience with survivors of HIV/AIDS that opened our eyes and challenged our present practice of being church. We confess our failure in the past to respond to the HIV/AIDS pandemic.

These experiences have led us to profess a covenant of life that encompasses theology, biblical ethics, pastoral care, mission and diakonia, religious and socio-cultural barriers, education and prevention, economic globalization, and cooperation and networking. Indeed, HIV/AIDS is not only a health problem but it also encompasses spiritual, socio-politico-economic issues and challenges.

## **II. "COVENANT OF LIFE" - STATEMENT OF COMMITMENT**

### **Mission and Diakonia**

We commit ourselves as part of the body of Christ to make HIV/AIDS a priority in our mission and diakonia through formulation and implementation of a policy that empowers local congregations and communities to:

- Conceptualize and develop a biblical, theological, and ethical understanding of all aspects of the HIV/AIDS pandemic, based on our Asian context and experiences to effectively respond to this pandemic;
- Combat and defuse stigma and discrimination against people living with HIV/AIDS by first and foremost breaking the socio-cultural barrier of shame or "losing face" by openly talking about HIV/AIDS, human sexuality and drug addiction;
- Address all misconceptions and myths through awareness raising about the HIV/AIDS pandemic ;

- Develop contextual and inclusive policies on HIV/AIDS ;
- Affirm the importance of gender justice and equality;
- Identify and combat the root causes of HIV-AIDS: poverty, sexual abuse, domestic violence, brokenness and exclusion in our society, drug abuse;
- Understand and transform economic globalization that leads to increased migration, commercial sex industry and human trafficking, which makes people vulnerable for contracting HIV/AIDS;
- Strengthen the capacity and accountability of church leadership through strong cooperation and networking with each other in the communion, and with various government and non-governmental agencies at international, regional and local levels;
- Facilitate effective and inclusive pastoral care and counseling.

We urge that the dissemination and reception of this commitment should reach the grassroots through an effective information campaign.

### **Theology, Bible and Ethics**

Realizing that a proper understanding of the pandemic requires contextualization of our theology and ethics, we commit ourselves to

- Renew our theology and ethics relevant to the challenges posed by HIV/AIDS based on the gracious relationship between God and humankind and the whole of creation embodied in the relationships among people. This would give us a new meaning to care and nurture churches, community and family;
- Develop an Asian theology of life which encompasses suffering, death and dying, in the light of promoting dignified life;
- Reexamine our understanding of sin in the light of the Lutheran doctrine of being both sinner and justified by grace (*simul justus et peccator*) in order to avoid any judgmental tendency. This process should confront our hierarchal notion of sin and immediate judgment on the relationship between HIV/AIDS and sin;
- Review and amend our ethical policies including excommunication practices that exclude people living with HIV/AIDS;
- Initiate theological and ethical understanding of human sexuality in the Asian context and its relation to the pandemic. We also need to review our current regulations/policies in marriage and divorce in the context of couples infected and affected by the HIV/AIDS pandemic;
- Contextualize biblical concept of health, healing and wholeness.

### **Pastoral Care, Ministry and Diakonia**

Realizing that our pastoral care, our ministry and diakonia have so far failed to adequately address the needs in relation to the HIV/AIDS pandemic, we commit ourselves to

- Redefine and deepen our understanding of pastoral care and counseling. This should be included in the formation and training of pastors and lay workers who care for people living with HIV/AIDS. We recognize that there is a need to provide more counseling services with confidentiality that is grounded on credibility and accountability;
- Raise the level of competency of pastors and counselors through better training programs and continued education;
- Provide pastoral counseling services and follow-up regardless of religion, ethnicity, caste and tribes.
- Continue capacity building of church leaders in addressing the HIV/AIDS pandemic;
- Urge pastors to preach the reality of HIV/AIDS conveying the message of a liberating gospel;

- Empower the vulnerable groups especially women & youth to face the challenges of HIV/AIDS;
- Take the responsibility in the formation of character, behavior and values of people of all ages;
- Initiate the provision for shelter for people living with HIV/AIDS or developing home-based care and hospice in local communities. This should include training of volunteers in serving and ministering to people living with HIV/AIDS;
- Urge and assist local congregations in planning, implementing, monitoring and evaluating programs addressing HIV/AIDS pandemic. People living with HIV/AIDS should be involved in the whole process. This may include income generating projects for and by people living with HIV/AIDS;
- Establish peer support groups of/for people living with HIV/AIDS & family for caring and sharing;
- Support legal advocacy for people living with HIV/AIDS.

### **Religious and Socio-Cultural Barriers**

Realizing that religious and socio-cultural barriers have contributed to denial of and silence about HIV/AIDS we commit ourselves to

- Address the oppressive patriarchal system in the church, community and family;
- Remove the negative cultural barriers among Asians that creates stigma and discrimination;
- Eliminate the Asian fatalism outlook on life that depends heavily on destiny;
- Confront use of language that creates false and misleading information about the reality of HIV/AIDS.

### **Education and Prevention**

Knowing that only through education and prevention we can curb the spread and effects of this pandemic, we commit ourselves to

- Collate information through surveys among clergy, church leaders, congregation members, and community at large to know the current situation about HIV/AIDS transmission and cure, faith understanding and cultural beliefs in order to have a realistic understanding of the pandemic;
- Disseminate information to all congregations and communities for awareness building with local human resources through identification and utilization of medical and other social sciences experts. This could be done through Sunday school, Bible study groups, cell groups and other church group meetings especially among the youth. Communication may be done in the form of radio broadcasting, songs, prayers, drama and church publications such as pamphlets, and posters;
- Establish information centers on HIV/AIDS in local congregations;
- Develop and provide liturgical resources for congregations and family use;
- Introduce HIV/AIDS related issues as part of the curriculum of theological training schools for pastors and lay leaders;
- Integrate a good quality HIV and reproductive health education in the Christian Education curriculum to “ensure that young people have information and life skills they need before they become sexually active and sexual behavior starts to form.” This should also include adequate information about the protective use of condoms in the context of HIV/AIDS prevention, the danger of needle-sharing in intravenous drug use and other preventive measures;
- Continue to promote fidelity in marriage in a context of gender equality and informed choices.
- Reach out to people living with HIV/AIDS to learn from their testimonies and stories through workshops and field trips.
- Commemorate World AIDS Day in churches nationally and locally.

## **Economic Globalization**

Asian countries both gain and lose in the current trend of economic globalization. We recognized that poverty increases vulnerability especially through mass media consumerism that promotes the image that one's value is more based on "what you own" than on "who you are." In that context many young men and women are lured to migration, increased mobility and commercial sex industry. We therefore commit ourselves to

- Identify the relationship between and address the challenges of economic globalization and HIV/AIDS as it affects migrant workers (local and overseas), commercial sex workers and other vulnerable groups.

## **Advocacy**

Recognizing the human rights principles at stake in relation to access to care and treatment we commit ourselves to

- Advocate for access and governmental subsidies to affordable anti-retroviral drugs (ARV) and medication for opportunistic infections. Advocacy strategy should include challenging drug companies to reduce the cost of ARV drugs. Also by lobbying for and supporting of international policy (e.g. WHO's "3 by 5 campaign") that would make ARV drugs (and essential medicines for opportunistic infections) available equally in developed and developing countries.

## **Cooperation and Networking**

Realizing that churches need to coordinate and -where possible- combine their efforts to fight HIV/AIDS with other actors in government and civil society, we commit ourselves to

- Develop and strengthen partnership with government bodies such as Ministries of Health and country level CCMs, UNAIDS, NGOs addressing HIV/AIDS, other partners in civil society, and especially with people living with HIV/AIDS;
- Sustain inter-religious cooperation especially at the national leadership level;
- Create in our church an enabling environment for discussion and planning of a response to HIV/AIDS
- Include in the budget of our church and its institutions financial space for HIV/AIDS activities
- Organize special fund raising through church collections for HIV/AIDS on a designated AIDS Sunday close to World AIDS Day
- Ensure the implementation of HIV/AIDS programs by establishing coordination committees within the existing church structure at different levels.
- Seek government financial assistance for people living with HIV/AIDS;

## **III. IMMEDIATE FOLLOW UP**

This statement of commitment will be followed up at the forthcoming Asian Church Leadership Conference in June 2004

- to affirm this commitment, and
- to take note of the various plans of action prepared by member churches drawing from this Consultation, and
- to determine further regional follow-up (in a plan of action).

On the short term the following will be undertaken:

- Each church to do what is needed first and what is possible on the short term (draw up a plan, a policy, etc.)

- Each church to appoint an HIV-AIDS contact person where possible and feasible.
- Adequate support and empowerment to be provided from the LWF secretariat (through DMD and LWF staff).
- Translate and disseminate this statement to all church institutions and to all pastors and congregations

At the same time the following will be further considered:

- National committees (for India, Indonesia, Malaysia) can monitor progress and constraints. When appropriate the national committee can appoint a specific AIDS committee.
- A follow-up committee for the Asia region that can address information needs and program planning. The Asia Regional Coordinator in Bangkok can act as a communication facilitator.

#### IV. CONCLUSION

The number of people living with HIV/AIDS in Asia is an alarming 8 million, our efforts to combat HIV/AIDS and the related stigma and discrimination should therefore be a priority for Asian churches. This consultation was an urgent *'wake-up call'*. ***There is a tiger roaring just outside -or already inside- our villages. Not to act now will bring death and suffering.***

This "covenant of life" statement of commitment will not be prophetic and valuable if it remains only in written form and is not put to concrete action for the sake of life. We would be breaking our covenant if we do not put our commitments into action. God's covenant with us through our baptism binds us to pray unceasingly and work boldly together to address the HIV/AIDS pandemic. We pray that the Holy Spirit will empower and inspire us for this action.

