

Keeping the Promise? African Churches Speak!

Grassroots Christian HIV/AIDS Programs Provide Feedback to the 2001 Declaration of Commitment

The Pan African Christian AIDS Network is the response both to a call for greater coordination amongst grassroots Christian HIV/AIDS programs, as well as to a call for the bridging of resources (technical, information, financial) with disenfranchised groups at the grassroots level who are laboring to serve their communities. Finally it is the response to the need for a lifting/amplification of oft-unheard grassroots voices, to those who need to hear the views/input, particularly in policy-making arenas. The PACANet constituency consists of hundreds of grassroots Christian HIV/AIDS programs throughout sub Saharan Africa.

In response to the UN General Assembly Special Session on HIV/AIDS Review of the 2001 Declaration of Commitments, PACANet disseminated a survey to solicit the feedback of the grassroots Christian constituency with regard to fulfillment of the commitments at the Global and National levels, as well as FBO engagement in the response to the pandemic.

Though we had a relatively small response to the survey itself, we generated a report based on the responses we did receive and then had a substantial response in endorsements of this summary statement that was generated from this representative group of respondents who are from umbrella groups, grassroots NGOs, churches, and hospitals.

Key issues/recommendations derived from responses to the 16-question survey and endorsed by the PACANet constituency are as follows:

1.0 Successes since the establishment of the 2001 Declaration of Commitments:

- 1.1 The cost of ARVs has come down significantly.
- 1.2 Though the WHO '3 x 5' goal was not achieved, at least many more people were put on treatment.
- 1.3 Moderate strides have been made towards stigma reduction
- 1.4 Kenya, Uganda, and other countries have increased their engagement with the WTO at local, regional and global levels.
- 1.5 The creation of networks such as ANERELA (Africa), KKENERELA (Kenya), UNERELA (Uganda), etc. is a step in the right direction.
- 1.6 Many OVC projects and programs have been initiated by churches, FBOs, NGOs, some of which are supported by Government resources.
- 1.7 Several nations have embraced the 4 Ps of the UNICEF's Campaign and implemented programming based on these foci:
 - 1.7.1 Prevention,
 - 1.7.2 Peadiatric Treatment,
 - 1.7.3 PMTCT
 - 1.7.4 Protection and Support of OVC
- 1.8 Several countries have firmly adopted the Three Ones model.

2.0 Challenges to achievement of 2001 Commitments:

- 2.1 Donor agendas have not always been coordinated and well-synchronized.
- 2.2 There are insufficient resources to support programs, particularly little funding for FBOs.
- 2.3 There have been inadequate efforts by governments to actually fulfill the promises set forth in the Declaration.

3.0 Recommendations for improving the response in fulfilling the 2001 Commitments.

- 3.1 Mechanisms must be put in place to stop the debilitating Brain Drain - or is it 'Brain Flight' from Africa to the Western countries. Specific targets must be set forth in terms of building up a labor force which is equipped to address the pandemic.

Specific measures must be put in place to attract and retain good personnel to serve at home.

- 3.2 Governments must make concrete commitments, quantifiable commitments, not just vague promises.
- 3.3 Civil society must significantly increase their involvement in influencing policies and change
- 3.4 Government must be responsive to felt needs of civil society and much more proactive about partnership with the civil society
- 3.5 There are not yet strong national commitments to change the tide of HIV/AIDS. Some governments are driving it to a limited extent, but there must be more leadership from the people on the ground.
- 3.6 Advocacy regarding human, child and PLWHA rights must be increased.
- 3.7 Prevention messages must be amplified. In other words definite behaviour change must occur led by responsible sexual behavior including ABC approaches.
- 3.8 We must go beyond ABC and look at root causes as well as addressing special circumstances not addressed by ABC. Emphasis must be placed on the SAVE approach-- **S**afer practices, **A**vailable medications, **V**oluntary counseling and testing (VCT), and **E**mpowerment.
- 3.9 Greater attention must be given to addressing issues of alcohol and other substance abuse.
- 3.10 Increased representation of FBOs on Advocacy and Policy Forums is needed.
- 3.11 Leadership must be strengthened at all levels.
- 3.12 The HIV/AIDS agenda needs to be in all 'Boardrooms' - all over the World, include all sectors of society.
- 3.13 Universal Access to Prevention, Treatment, Care & Support messages need to be 'shouted' at all roof tops. The effects are pervasive and so must be the interventions and the players engaged.
- 3.14 There must be zero tolerance to corruption in Africa and in the 'West'.
- 3.15 Reproductive Health Services have increased. However, reproductive health language is 'foreign' to most of the rural people. It must be 'contextualized'.
- 3.16 PLWHA Networks like ANERELA, KENERELA, UNERELA etc. must be replicated continent-wide

4.0 FBO engagement in the UNGASS process:

- 4.1 The average church or FBO isn't really informed of the Declaration of Commitments and are quite removed from national efforts to implement fulfillment of the commitments. The information doesn't reach grassroots level which leaves people disenfranchised both in terms of knowing what policies are being formed and initiatives are taking place, and also in terms of having the opportunity to provide input and be meaningfully engaged.

5.0 Positive advancements in the FBO Response:

- 5.1 There has been a significant increase in church leadership involvement and participation in different forums
- 5.2 In some countries, governments have provincial departments for religious issues which demonstrate some commitment.
- 5.3 FBOs have increased engagement with behaviour change and assisting orphans and vulnerable children.
- 5.4 Open day care centres, substitute families, and street outreached have been developed to work with orphans and vulnerable children. (OVC)
- 5.5 Volunteer labor and personal household contributions (food, cash, toiletries) have been mobilized to support OVC households.
- 5.6 Agribusiness and micro projects activities have been facilitated by FBOs at an increased rate.
- 5.7 Natural medicine has become more of a focus than previously, and there is more coordination with traditional healers.

- 5.8 Behaviour change-focused prevention activities with youth in schools and otherwise have increased.
- 5.9 There has been an increase in programs on youth leadership.
- 5.10 Churches are actively involved with addressing youth sexuality and having weekend seminars on the HIV/AIDS
- 5.11 Home Based Care programs have been scaled up tremendously.
- 5.12 Creation of such entities as the Kenya Inter Religious AIDS Consortium (KIRAC) has been instrumental in providing coordination.
- 5.13 A few FBOs are represented in a few National Boards. However, the level of engagement must increase considerably.
- 5.14 Intermediary organizations like Medical Assistance Program International, Africa office have supported FBOs in developing policies on HIV/AIDS. This must also be broadly replicated
- 5.15 Through facilitation by the Christian Health Associations, who are coordinated by the Ecumenical Pharmaceutical Network, mission-based hospitals are all actively working to realize the commitments put forth in the 2001 UNGASS Declaration.
- 5.16 Theological Curricula have been developed at all levels – at Diploma, Degree, and MA levels - as well as other materials on AIDS. However, these initiatives must be scaled up significantly through increased resources for continent-wide impact.

6.0 Challenges to the FBO response:

- 6.1 There seems to be an increasing practice of and by 'International Organizations', including UN Agencies, of 'poaching' personnel from the Church and FBO programmes. Given the fact that FBOs provide an average of 40% of the health care continent wide, particularly in oft-neglected rural areas, this has an extreme impact on the health care worker crisis which is ravaging the continent.
- 6.2 Lack of capacity within the church is a challenge, given the magnitude of what is needed and what the church is called upon to do to properly serve its communities.
- 6.3 Lack of policies within the church impedes progress as the church often doesn't have protocols and guidelines to direct its response.
- 6.4 Stigma continues to plague the churches and their communities.
- 6.5 Little, in the way of technical, financial and informational resources, reaches the FBOs and CBOs particularly at the grassroots level.
- 6.6 Un-effective Leadership at various levels - in some cases detracts from the ability of the church to contribute.
- 6.7 Also, in some cases, church leadership can be judgmental, discriminatory and limited in their knowledge.
- 6.8 The churches are not sufficiently working together and partnering with other organisations or with governments.

7.0 Partnership challenges that have plagued FBOs in this new era of increased interest in partnerships with FBOs:

- 7.1 Depending on partner's policy, some have complicated and cumbersome procedures in sourcing funding, management and reporting of funding.
- 7.2 Church identity and values are often compromised through partners who engage with their own agenda which has little regard for the core values and modus operandi of the church.
- 7.3 Institutional capacity building of FBOs must be intensified alongside incremental funding which is given to deliver programs

8.0 Strategies for improving/scaling up the FBO response:

- 8.1 The church has a much bigger role to play and they are not rising to the challenge.
- 8.2 Advocacy must be much higher on the agenda throughout the FBO community.
- 8.3 Many are involved in awareness but there's need to intensify intervention strategies and scale up quality of service delivery.

- 8.4 Expansion of home based care and OVC services is needed giving the breadth of the needs.
- 8.5 The church must form partnerships with other organisations and government as well as demonstrate better coordination amongst themselves.
- 8.6 Engaging youth in a 'youthy way', i.e. at their level according to their interests and influences to change their behaviour.
- 8.7 The churches must address the very sensitive issue of child molestation and rape of women and girls taking place in communities.
- 8.8 The churches must address the alcohol problem in a forthright manner.
- 8.9 Churches must work towards the strengthening of families and family values
- 8.10 The role of burying the dead is important. The Church should design better 'messages' to be shared at funerals.
- 8.11 The church must build on its core nature and continue to do what no UN Agency can do: PRAY!