I want to pay a special tribute to all who are exercising outstanding Leadership in our fight against this pandemic.

Today, I want to single out Bishop Kevin Dowling, Catholic Bishop of Rustenburg for his courageous leadership, even at the cost of his stand against his Church. Bishop Kevin, we salute you! Please know that there are many who support you, care for you and pray for you.

Thank you for your invitation to give the Second Nkosi Johnson Lecture.

This is a singular honour and privilege.

It is seven years ago that Nkosi addressed the 13th International AIDS Conference in Durban. It is six years ago last week that he died, aged 12.

Since then, we have come a huge distance in building on his legacy, especially in increasing public education about HIV and AIDS, and reducing stigma.

Nonetheless, much more remains to be done – in preventing the spread of this pandemic, in overcoming the lingering ignorance and superstition which surround it, and in supporting everyone living with or affected in any way by HIV and AIDS.

Nkosi was a remarkable young man – who taught the world that we must not only look at this disease and its effects from an adult’s perspective.

Your invitation to give this lecture has underlined to me the need continually to consider whether we are paying adequate attention to voices of our children.

Perhaps we think we know about their situation.

- We know the statistics on mother-to-child transmission. Huge progress has been made but more still can be achieved, and questions surrounding breast-feeding remain to be resolved.
- We know the statistics on child mortality. There have been great increases in life expectancy – but more research is urgently needed on the treatment of children, especially as growing numbers reach adolescence. Poor roll-out of paediatric ARVs is a particular tragedy.
- We know the statistics on children who are orphaned or made vulnerable in other ways, and about child-carers and about child-headed households. But these are often hardest for our policies and programmes to reach.
Too often we look at all this as adults. Our systems for accessing medical care, social grants, and all forms of support, are largely created by adults for use by adults. We are certainly doing far more for children than ever before, not least in the great expansion of OVC programmes – but are we doing our best?

If this lecture achieves nothing else, I hope it reminds us all to spend more time and energy looking through the eyes of children. We must learn to see as they see, to listen to their stories, their hopes and their aspirations – and their fears and problems. We must learn from them what help and support they most need, and what would make the greatest differences to the difficulties they face.

Experience in the wider world of development teaches us that those programmes which are developed in full partnership with those they are designed to assist, are those which are likely to have the greatest, and most sustainable, impact.

Surely it is the same with children – whether it is programmes to support those upon whose lives AIDS impinges, or achieving a generation without AIDS.

‘Working for a Generation Without Aids’ is something to which my church is fully committed – it is an achievable objective, and should be the goal of every one of us. Everyone who is born HIV negative should remain HIV negative.

Let me give an encouraging example of one lesson we have been learning within the Church in our dealings with young people. The Rev’d Canon Rachel Mash heads our Fikelela programme in Cape Town. She developed a significant research programme to discover why, even though our children had high knowledge about HIV and AIDS, and about the Church’s teaching that God created sex to be enjoyed within marriage, this had little effect on their behaviour.

They told us the Church community did not address HIV, AIDS and sex in ways that helped them integrate this teaching into the rest of their lives. They said they were not getting the practical know-how, nor the life skills, that would enable them to negotiate the transitions from childhood to adolescence and to young adulthood.

They wanted adults to overcome embarrassment and speak specifically and relevantly, and not to use abstract and spiritual language which was beyond their maturity to grasp.

The children said that they wanted love and affirmation from their parents: supportive, honest teaching about the realities of growing up, the choices people face, and the consequences life-decisions bring. They wanted to learn about the emotional changes of adolescence, and about how to aspire to the best in relationships, learning how truly to love and be loved.
Love ought to be at the heart of the Church’s life. We are therefore having to learn to get away from the image of ‘Thou shalt NOT.’ Instead we have to change and become the people who offer the most positive and joyful vision of life, in ways that can be understood and lived out.

There is more. Guided by the young people themselves, we have been developing peer education programmes. These identify individuals who are leaders and opinion formers within their own age groups, and equip them with the skills and information they need to influence other young people to live healthy, safe and fulfilling lives.

These peer educators become and model the change we want to see. They influence the youth culture around them, by living the message as well as giving the message that allows others to make their own informed lifestyle choices. This also overcomes many weaknesses of the more individualistic teaching on which we relied before.

They are living demonstrations that behaviour change does not come primarily from education and information, but from affirmation and inspiration.

Now, as an Archbishop, I am sure that when it comes to inspiration, I am also allowed to quote the Bible!

The prophet Joel tells us that on the day of the Lord, young men shall see visions and old men shall dream dreams.

Nkosi Johnson was a young man who, seven years ago, was not afraid to share his vision of a world that cared for all those living with and affected by this virus.

And I hope you will indulge me, as an old man, as I dream some dreams with you today.
What do I dream of as I look another seven years into the future?

I dream that we will be fully addressing the needs of those living with HIV and AIDS; that we will be fully supporting all who are affected by the pandemic; and that we will be fully preventing its continuing spread.

So inevitably I dream of universal access – to medication, and to the adequate nutrition that must come with it, for we cannot overlook the links between ill-health and poverty. Nothing less than such universal access will do. As for the children of those with HIV and AIDS, what can be better than parents who are enabled to live long and healthy lives as they raise their offspring.

Therefore, my first specific dream is that I will be able to look back on the 2007-2011 HIV and AIDS and STI National Strategic Plan as a great leap forward in effective tackling of the pandemic. And I dare to dream that this week’s conference will have been the turning point that makes this dream reality.
I dream that we will finally have found ways of cooperating effectively and constructively across the whole breadth of government and government agencies, the private sector, NGOs and the entire span of civil society, and of course the faith communities.

I dream that we will have moved from scoring points to sharing purpose.

I dream that we will have left behind the frictions that have too often undermined our efforts. I dream that we will have all grasped the desperate urgency that the pandemic demands – and that we will have found an honesty and humility that will allow us to harness all our energies together in constructive and creative complimentarity.

I dream that each of us will play our full part – that Government will not be expected to do everything, but will provide the structures and resources that are appropriate to work in synergy with all other sectors of society. And that the rest of us will fully pull our weight.

I dream that the faith communities will make available the networks and infrastructure we enjoy right at the grass-roots community level – often beyond the easy reach of government offices.

For example, I would like to see churches, especially in rural areas, offering their premises as ‘One Stop Health Care Centres’ where professionals and volunteers can work alongside one another.

These could offer a comprehensive range of vital services, such as:

- Voluntary counselling and testing
- Prevention education
- Drug administration
- Compliance monitoring and support
- Symptomatic treatment and health care
- Nutritional guidance and assistance
- Advice – on access to social grants, children’s rights, financial support, and more besides.

I dream that within this comprehensive partnership, we will give the necessary respect and resources to carers, acknowledging the wonderful and often thankless role of the anonymous multitude who bear the most direct brunt of the pandemic. Whether it is extended families caring for sick relatives, or for children who have lost parents, whether it is children themselves caring for parents or siblings, whether it is those who foster or adopt, whether it is home-based carers or medical staff or hospice workers – they must all have not only our limitless gratitude, but the means necessary to fulfil their responsibilities.

And when death comes – as it must to all of us – I dream that we will learn what it means to bury our loved ones with dignity, but without being drawn into terrible debt that threatens to crush those who remain. We can honour our dead without vast expense – love and respect are not measured in rands, but
in the attitudes of our hearts. This is a lesson we need to learn, and where the faith communities and those who preside over our rituals of mourning can also help us find simple yet powerful ways to revere our dead.

A second dream is this: that stigma will be a thing of the past. Churches and other faith communities must accept that too often we have been part of the problem, with ill-judged condemnations that have nothing to do with the all-embracing love of God that reaches out to all humanity. Now we must become leaders in the solution.

Linked to this is the role that faith communities must play in changing our national mindset on questions of gender and power.

Faith communities must be honest. We must admit that our forefathers (and they were fathers), who shaped the interpretation and application of our holy texts, too often conspired, whether consciously or unconsciously, with the patriarchal tendencies of their times and places.

Religion has been used over the ages to oppress women, and render them second class citizens.

I speak now as a Christian and an African and a man. In twenty-first century South Africa, too many men are still giving religious reasons to justify unjustifiable patriarchal attitudes within contemporary cultures – whether rooted in Africa or beyond - and defend indefensible actions, which are certainly not what our faiths have at their heart.

This must change.

It is true that through the centuries in which the Scriptures were written, women were not considered men’s equals. But, like a golden thread running through them, we read how God repeatedly gives women a more equal position than the prevailing culture.

Over 3000 years ago, Deborah was the Judge of her time. She held political and religious authority – and even directed her people to go into battle at God’s command. She was like the Pope, the Queen and Mrs Thatcher, rolled into one!

In the New Testament, we see vivid accounts of how Jesus accords a respect and honour to women that is way ahead of his time – if we are prepared to open our eyes.

So I dream that our eyes will be opened, and our cultures will be transformed. I dream that women and children will live without fear of violence and exploitation, especially sexually. I dream women will freely be able to negotiate safe sex, not least within marriage. I dream that fathers will not blame mothers for the infection of their children, so that, burdened with unwarranted rejection and guilt, they care alone for their young ones.
More than this, my third dream is that that individuals will recognise the importance of taking responsibility, at both a moral and physical level, for their own health and that of those closest to them.

I dream that we will all, as a matter of course, know our own HIV status. As you may have read in the Sunday Times, I was recently tested in Langa. I was first tested in October 2000, when all the Bishops of the Anglican Church in South Africa agreed that we should have the test, as a way of encouraging others to do the same. Almost seven years later, I was glad to be tested again, and to know exactly what my current status is.

Ignorance is one of the greatest killers in this pandemic. If you know your status, you can live in a way that is healthy for yourself, and for those you love - and you can receive treatment if you need it. If you are ignorant, you put yourself at risk, and you put others at risk.

So I dream we may view being tested in the same light as a regular check-up at the dentist. HIV and AIDS are only diseases, that are preventable and manageable, and certainly not a punishment from God.

My final dream is that none of us will neglect the spiritual dimension of what it is to be truly human.

However the pandemic impinges upon us, we are all
  • more than statistics to be counted,
  • more than bodies requiring medicine,
  • more than ID holders eligible for grants,
  • more than employees to be kept healthy for work, or learners kept healthy for school
  • more than numbers to be visited, or fed, or dosed.

We are human – each one of us made in the image of God, each one of us precious in his sight. Each of us has intrinsic value – and each of us has spiritual needs which must be addressed.

Part of our humanity that the 21st century too often chooses to ignore is that each of us is mortal. The pandemic forces us to acknowledge our mortality and that of those we love, in ways we might prefer to forget.

So my dream is that we will learn to be better at helping one another live well, and die well – without fear, with all the love and the care that we need.

I am particularly proud of the Anglican Church of Southern Africa, as it has worked to establish a holistic AIDS programme not only in South Africa but also in Angola, Namibia, Lesotho, Swaziland and Mocambique. Included in this programme are retreats for those living with HIV and AIDS, to help them find support and comfort and strength in their very particular spiritual journey.

Jesus himself suffered pain, rejection, betrayal, abandonment by his Father, false accusations, homelessness and death, experiences that are common to far too many. In him they can discover how God truly understands and cares.
Jesus is also the one who said ‘blessed are those who mourn’. He did not say ‘blessed are those who are bereaved’ but rather, ‘blessed are those who are honest before God about their grief’. It is when we open our hearts to the Lord, in our sadness and in our fears about our own mortality, and that of those we love, that he is able to meet us and bring us the comfort and strength and reassurance which we can only find in him.

St Paul also reminded us that ‘Nothing can separate us from the love of God in Christ Jesus our Lord’ – nothing in this life, not even death, and especially not HIV or AIDS.

May the love of God surround and uphold us all, in whatever role we take in tackling this pandemic. In his strength, and by his grace, we will defeat it.