

**“What is the plight of church HIV interventions in view of dwindling resources?  
Can and will they survive?”**

*(A Personal Reflection with Illustrative Highlights of Lessons Gleaned from the Experiences  
of the Expanded Church Response (ECR) Trust to HIV/AIDS in Zambia)*

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## **Introduction**

In a report (April 2011) on sustainable financing for AIDS in Zambia, Lievens et al<sup>1</sup> observed that “up until recently, scarcity of resources was not a priority in the global AIDS Policy fora.” In a direct reference to former Executive Director of the United Nations’ prime AIDS Agency (UNAIDS) Dr. Peter Piot’s comments (2008), the report noted that “exceptionalism was successfully defended on multiple grounds,” adding that “in a breach of conventional thinking about sustainable financing for development, the Global Fund to fight AIDS, Malaria and Tuberculosis Call for Proposals for example noted: ‘applicants are not required to demonstrate financial self-sufficiency for the targeted interventions by the end of the proposal term.’<sup>2</sup>

How ever, things have changed significantly. More and more, the question of sustainable funding for the HIV pandemic has taken centre stage at many AIDS fora particularly, ever since the dawn of the global economic down turn of 2008. Ironically though, In 2008 itself, US\$ 15.6 billion was spent on AIDS programs in low and middle income countries, up from US\$ 7.9 billion three years earlier.<sup>3</sup>

It is my intention to revisit the immediately above scenario a little later in the Paper to highlight what the actual composition of the money was in terms of source.

Looking back, during the late 1990’s and early 2000’s, Lievens, et al reported that a global political momentum to end poverty gave rise to two ambitious ventures, of international development assistance: The Millennium Development Project which devotes one goal specifically to HIV and AIDS, and the Global to fight AIDS, Malaria and Tuberculosis was set up with a single purpose to make progress on three of the most important public health crises worldwide.<sup>4</sup> It goes without saying that the global fight against AIDS gained a new impetus from that time on, re-positioning governments and civil society alike in a mode of meeting agreed milestones and targets by the 2015. As this deadline nears, the anxiety over financial resources is growing. It is an opportune moment for people of faith to stop and explore the plight of Church

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<sup>1</sup>Lievens, Tomas; Kardan, Andrew; Humphrey, Ed; Roe, Alan: Sustainable financing for AIDS in Zambia- A forward looking assessment of the AIDS financing gap. Oxford Policy Management, Oxford, UK

<sup>2</sup> Ibid

<sup>3</sup> AIDS Financing Health Affairs- Volume 28, Number 61579

<sup>4</sup> Ibid

interventions and whether or not they will survive the impending ‘season’ of dwindling AIDS money.

I wish to tackle the subject matter at hand under the following headings:

1. Where we have come from
  - 1.1 A look at the ECR
  - 1.2 Comparative advantage
2. The Bad News: Dwindling Resources
3. No News - Just Plain Reality
4. The Good News: All is Not Lost
5. Conclusion and The Way Forward

## **1.0 Where We Have Come From**

### *A Silence To Be Broken*

For a long time, many churches did not really know what to do with what was termed largely a ‘mysterious’ disease that was devastating families by numbers and yet no one seemed ready to talk about it. It was common to hear summary eulogies that repeatedly referred to deceased persons as having died after a “LONG illness”, a terminology that became far too common and frequent, indeed a question on many hearts. Yet no one dared to verbalise it. Response from the Church was long over due. But first, the *silence* over HIV/AIDS in the congregations had to be broken!

Today, we are faced, as it were, with what I consider to be another ‘silence’ to be broken: the need to talk about early symptoms of shrinking global resource envelopes of AIDS funds! But first, a cursory survey of yester years in our hunt for AIDS money.

### *An Important Past*

Notably, during the early years of the epidemic in Zambia, when it was viewed mainly as a medical/ health problem, the church response to HIV/AIDS was largely through Church-owned professional institutions such as hospitals and schools. For instance, the Churches Health Association of Zambia (CHAZ), spearheaded most of the interventions through its affiliate institutions. This network of Church-owned hospitals now accounts for nearly 35% of Zambia’s total health care provision in general and more than 50% of rural health care provision, in particular.

### *Congregational Response Is Key*

Notwithstanding the significance of this contribution, even as late as late as the 1990s, it was still widely held in many circles that the Church was *not really* engaged in the AIDS fight. Clearly, what was expected rightly and long anticipated, was the actual involvement of CHURCH CONGREGATIONS. This would mark the re-packaging, re-direction and expansion of the Church’s effort.

Soon, sporadic Church-based initiatives emerged. A mechanism was needed to coordinate these noble efforts. Also evident was the need for documentation of the great models of prevention, care and compassion demonstrated by Church's long engagement in community home based care, along with institutional health care provision of treatment, which thus far went somewhat unnoticed. There was a gap to be filled.

### *Bridging The Gap*

That is precisely the gap the Expanded Church Response (ECR), a non-denominational Christian HIV/AIDS TRUST, rose to fill. Capitalising on the fact that Zambia is estimated to have more than 80% of its twelve million people affiliating to Christianity, the ECR noted that, the Church has been acknowledged to have more human capacity and social infrastructure than any other single entity in the nation.

#### **1.1 A Look at the ECR**

The Expanded Church Response (ECR) Trust to HIV/AIDS was formed in 1999, initially as a Task Force (team) when 220 Church leaders decided that it was time for the Church to take collective action to confront the HIV/AIDS pandemic. Later on, the ECR was registered (in 2003) as a legal Trust with the mission of coordinating faith-based responses to HIV/AIDS. This is the point at which the journey to fetch financial resources for the Churches begun.

ECR set out to empower and equip the Church to have an expanded, comprehensive, coordinated and compassionate response to the HIV/AIDS crisis in every community in Zambia. Over the years, ECR has been providing information and skills building to strengthen the considerable human capacity and social infrastructure of Zambia's Christian community, which includes more than 16,000 individual churches and millions of potential volunteers.

At present, ECR is the only non-denominational Christian umbrella organization supporting faith-based responses to HIV in Zambia. Apart from providing information and skills building regarding HIV prevention to its member organizations, ECR advocates for and supports the Church as a source of attitudinal and behavioral change in the community, especially with respect to decreasing stigma and discrimination toward people living with HIV/AIDS.

Furthermore, ECR advocates for and supports the Church's poverty-reduction efforts and works to catalyze a comprehensive, coordinated response from Christian institutions and Churches. Whenever necessary, ECR also conducts needs assessments and information sharing visits; training Church leaders and peer educators; distributing educational materials; spearheading various relevant campaigns; providing grants to FBOs; and developing strategic partnerships for delivery of HIV/AIDS care and treatment services.

#### **1.2 Comparative Advantage**

The comparative advantage that ECR has in working through the churches is its ability to mobilize a high volume of volunteers, and the ability to act through an established infrastructure already in existence throughout the Churches. ECR is especially effective at working in the rural areas that most NGOs, especially those spread over multiple countries, have considerable difficulty reaching.

Over time, the ECR has managed to grow a highly qualified team with extensive experience and a history of successful grant management in HIV/AIDS programming. ECR has implemented both USAID and non-USAID programs including: Global Fund programs, in conjunction with the Churches Health Association of Zambia (CHAZ); Swedish Caritas; AIDS Relief; RAPIDS<sup>5</sup>; Zambia Prevention, Care and Treatment programme (ZPCT) in conjunction with Family Health International (FHI); and Community Faith-Based Regional Initiative for Vulnerable Children (FABRIC) also with FHI.

Currently managing an annual budget in excess of \$1.5 million, the ECR has cumulatively built the capacity of hundreds of Church leaders, congregations and over 94 FBOs and health facilities, which has resulted in the delivery of high quality care, support and treatment to more than 28,270 beneficiaries in five of Zambia's ten provinces.

## **2.0 The Bad News: Dwindling Resources**

The World Bank Group report on Global Development Finance (2008) revealed that the political commitments made over the years have not fully materialised and Official Development Assistance (ODA) has increased by less than anticipated since the UN Conference on Financing in Monterey in 2002.<sup>6</sup> Similarly, Lievens et al observe correctly that in the aftermath of the 2008 financial crisis, many low and middle income countries wonder if, and how, the donor countries will maintain the aid levels they committed.<sup>7</sup>

Anti-retroviral (ARV) treatments are costly and have become far more expensive, surpassing the means of developing countries to afford. Groupings that have been working to provide support to the fight against HIV and AIDS like “Doctors without Borders” have warned of a looming funding gap and an unavoidable withdrawal of donor support. International AIDS funding provides for over 90% of disbursements into organizations that are involved in the fight against HIV in the developing world. This funding comes from three main sources:

- I. Donations from National Governments – These funds are usually channeled from one government to another. The United States of America is the largest government donor in the world accounting for more than 50% of disbursements by the government to other governments. This funding has provided much relief

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<sup>5</sup> RAPIDS= Reaching HIV/AIDS Affected people with Integrated Development and Support. Interventions under this Consortium were funded for five years by the United States government through USAID

<sup>6</sup> Global Development Finance (2008). Financial flows to the Developing Countries: Recent trends and prospects, The World Bank Group.

<sup>7</sup> Ibid

in the fight against HIV and care for affected ones. However, because it is channeled through a government, it is subject to political reasoning and prejudices.

- II. Funding from the Private Sector – Religious groups, non-governmental organizations, corporate donors and philanthropists all make up contributions that are channeled either directly to players on the ground in the developing world or through mother organizations.
- III. Multilateral funding organizations – The Global Fund and the World Bank are two of the largest funders in this section. They obtain their funding from other governments and generate some of their own. These multilateral funders are unique and important as, under normal circumstances, they are not expected to be subject to as much political prejudice.

### *Global Economic Downturn: Emerging Competition and Challenges*

The slump in the world economy now poses a serious challenge to all three sources of HIV funding, with the resultant effect of reduced funding for the fight. This raises the question of higher competition for resources to service the communities that are already dependant on the Church for provision of treatment, testing, care and prevention interventions.

The Church must now work with the different factors both on the donor side and the services they provide to communities to reduce or eliminate any adverse effects of reduced donor funding. The reliance on big donors and not smaller potential donors will have to be reviewed as there is a likely clear shift in the priorities of big donors in light of dwindling resources.

The staff in faith-based organizations are already spread thinly and often overwhelmed with pressures of meeting the program monitoring and compliance requirements. The challenges of being a small organization working in the community are further complicated because individual Churches are, in most cases, too small for direct support and must rely on NGO's who already take the bulk of administration allowances, leaving little for organizations they sub-grant to.

Faith based organizations and Churches also face the threat of qualified personnel leaving for greener pastures because of limited financing. At policy governance level, most FBO's can't pay or even have minimal support for board allowances because it is not an allowable cost for most donors and less restrictive funds to cover operational costs are difficult to come by.

On another front, there is little or no funding for capacity building thereby making this area of work a very unattractive market for progressive professionals. For some donors, like Global Fund in Zambia, finance compliance and regulations tend to drive the program, and not strategic programming to make the most difference on the ground. This is often reactionary to prevent misappropriation that has been noted in the past. The Global Fund in the most recent past does

not allow funding for training of caregivers. This drastically affects the quality of service and sustainability of the program after the funding period has ended. It must be observed that when the community is trained, they keep the skill for a long time and this affects practices forever. Deliberate effort to harness this aspect could be a major enhancer of gains in the AIDS fight.

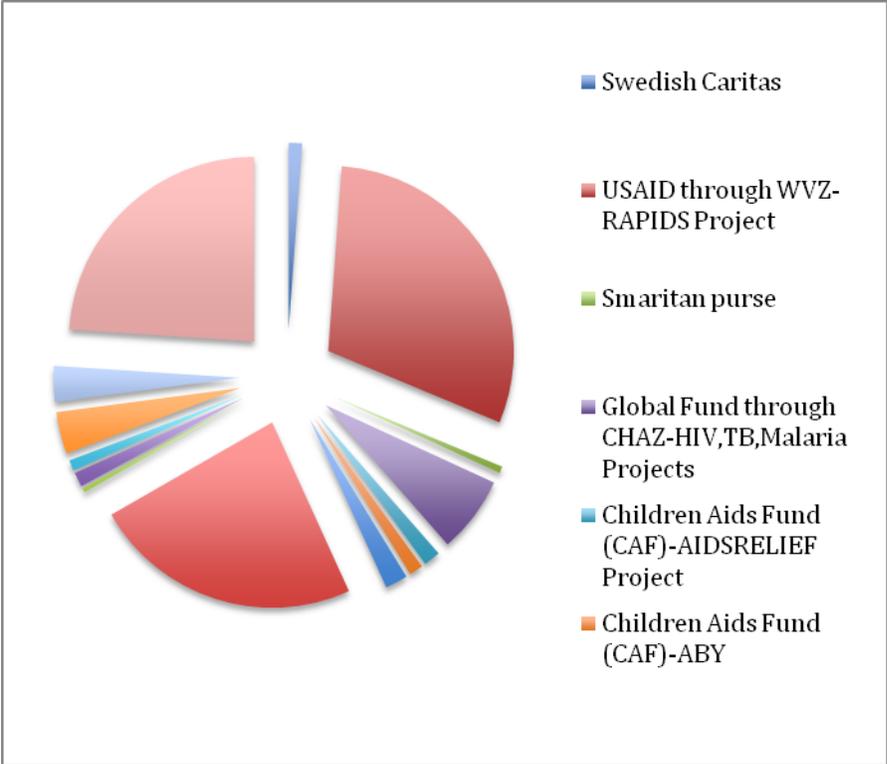
Another challenge that the Church faces is consistency of funding with the likes of Global Fund. It does not seem to be a priority as all things halt if there is a problem with a Principal Recipient; a broad brush usually paints the problem across the whole country.

It is regrettable that sometimes FBO's accept funds out of desperation as there are no viable alternatives and this results in a work ethic that suggests that recipients should do their best even if its not practical because something, no matter how minimal is better than nothing. This however leads to compromised standards of service provision and if not checked, could lead to sub-standard care to the people who really need it.

There is need for FBOs to engage one another in sharing best practices and experiences in general as funding patterns and opportunities may vary from country to country.

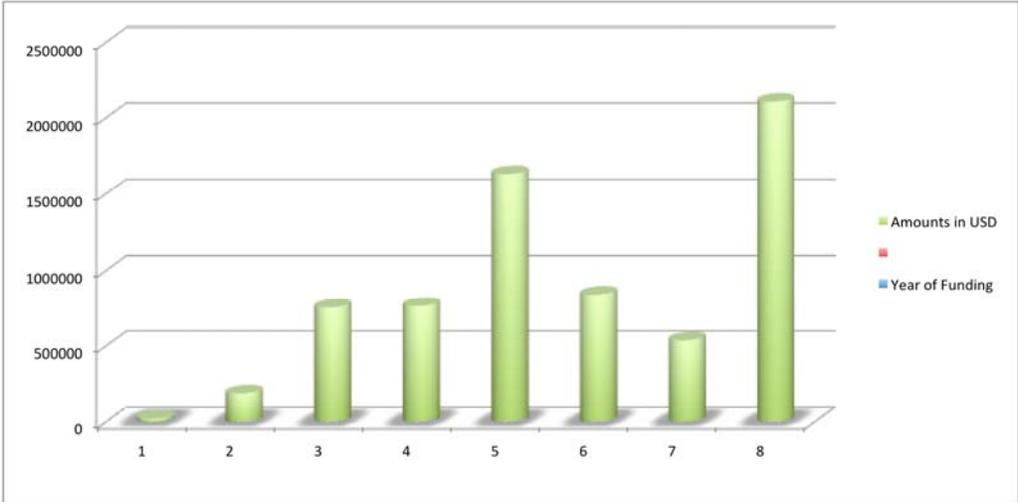
To illustrate what may very well be the experience of many African FBOs, we take a look at the following tables showing the funding patterns of the ECR from inception to date:

<b>EXPANDED CHURCH RESPONSE TO HIV/AIDS FUNDING PER DONOR FROM INCEPTION TO DATE</b>	
<b>Name of Donor</b>	<b>Amount in USD</b>
Swedish Caritas	79,431.82
USAID through WVZ-RAPIDS Project	2,064,360.00
Smaritan purse	40,000.00
Global Fund through CHAZ-HIV,TB,Malaria Projects	459,337.04
Children Aids Fund (CAF)-AIDSRELIEF Project	100,210.79
Children Aids Fund (CAF)-ABY	82,967.41
USAID through Zambia Prevention Care and Treatment (ZPCT)	134,731.14
USAID through Family Health International	1,610,111.06
HASBRO	24,300.00
World Food Programme	86,566.67
European Union through Oxfam	64,185.00
European Union through WVZ	250,791.00
World Vision Zambia	213,333.33
USAID through WVZ-STEPS OVCX Project	1,642,491.00
<b>TOTAL</b>	<b>6,852,816.26</b>



**EXPANDED CHURCH RESPONSE TO HIV/AIDS  
FUNDING PER YEAR FROM INCEPTION TO DATE**

Year of Funding	2004	2005	2006	2007	2008	2009	2010	2011 TOTAL	TOTAL
Amounts in USD	19,548.80	191,282.31	755,484.34	765,910.11	1,633,057.03	842,172.94	538,190.02	2,107,170.70	6,852,816.27



### **3.0 No News: Just Plain Reality**

All said and done, there is essentially a growing anxiety about impending scarcity of financial resources inevitably requiring all players on the frontlines of the AIDS fight to re-think strategies towards more sustainable funding options. There are several emerging models. However, no single size fits all. Therefore, the hard work has just commenced.

The plain reality as things stand now, and many agree, is that the success of anti-retroviral therapy (ART) programmes globally, has contributed to the understanding that AIDS programmes and particularly ARV treatment create a life long entitlement of HIV positive citizens on their governments. Governments, especially those in high prevalence countries, therefore bear an important responsibility to meet these needs”<sup>8</sup> since treatment once started cannot be abandoned without endangering people’s lives. We are all in it for the long haul, so we might as well adjust our ‘masts,’ begin to “think outside the box,” find new ways of sustained funding for our noble efforts and sail on!

### **4.0 The Good News: All is not Lost**

While the afore-going picture presents some level of gloom, all is not lost! The good news is that the HIV incidence has began to drop in some countries. This means eventually, the budget for taking care of people on treatment will stop going up as less and less people get infected. Let us leverage reduced incidence as much as possible.

The other good news is that we are still the CHURCH of Jesus Christ. It is my contention that the Church, being a spiritual entity has, other than the obvious humanly acknowledged comparative advantage, thus far not fully deliberately employed its spiritual resources of dedicated prayer for the needed AIDS resources.

The is need to reposition HIV/AIDS within the core business of the church in which we must now view AIDS missiologically as the *newest door* to Mission – the essence of “*Missio Dei*”- (*the Mission of God*) realizable! In this respect, it is an opportune entry point for reaching deep inside the hearts of those infected and affected. What Africa is battling with in the face of the AIDS pandemic, is a notion we could term lightly, a seeming “covenant with death” (ISA. 28:15) which obviously is at serious variance with the essence of our gospel message. It ought to be observed that the gospel message is about LIFE and HOPE: now and here-after! Thus it is a “day of good news”(2 Kings 7:3-11). How dare we keep Quiet? Our spiritual resources are mightier than the ‘strongholds’ posed by HIV/AIDS (2 Cor. 10:3-5)

The dimension I propose here requires that we embark on specific prayer actions to God to open new doors for financial resources towards this ‘new’ Mission frontier. The Church has

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<sup>8</sup> Lieven et al

had a reasonable level of such resources for spreading the gospel in general. Why not still believe God who is the one expanding our Mission frontier for adequate provision for the same? It has been said with every *Vision there is Provision* (note: PRO-Vision). Once again, I challenge us to think and pray outside the traditional box!

## **5.0 Conclusion: The Way Forward**

Earlier, we observed the fact that ever since the dawn of the global economic down turn of 2008 and that ironically, In 2008 itself, US\$ 15.6 billion was spent on AIDS programs in low and middle income countries, up from US\$ 7.9 billion three years earlier. The detail I meant to come back to is as follows: it was noted that despite the many headlines concerning major financing from international sources, including the Global Fund for AIDS, Tuberculosis and Malaria and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) - the largest share (52%) actually came from domestic public and private sources, followed by external funding from bilateral agencies (31%), multilateral institutions (12%), and the philanthropic sector (5%).<sup>9</sup> So there is there is money out there somewhere in some untapped sectors.

Some governments through their AIDS Control Commissions are exploring new avenues for increasing local funding to HIV as they seek reduced reliance on external funding. For instance, in the process of reviewing the implementation of a proposed National HIV and AIDS Fund, the National AIDS Council of Zambia undertook a feasibility study tour to Mozambique and Zimbabwe. Mozambique operates an expanded Joint Financing Arrangement while Zimbabwe has a similar arrangement as well as a National HIV and AIDS Fund that is funded by a tax (AIDS Levy) on incomes.

The Zimbabwe National AIDS Levy case is probably the most successful documented best practice in terms of sustainable local funding. Its distribution is as follows: 25% prevention, 20% administration, 25% care and treatment, 15% monitoring and Evaluation, 10% advocacy, 5% capacity building and coordination.<sup>10</sup>

Granted, the church does not have a given 'sector' so to say, to initiate a levy of some sort to raise significant finances. However, going forward, I wish to propose the following possible funding avenues for discussion:

**5.1 Engage Churches:** There is need to identify large congregations (both in the South and the North) with fairly large resource budgets. These can be sensitized strategically regarding the global challenge of AIDS and the difficulties of restrictive funding limitations faced by FBOs so far.

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<sup>9</sup> AIDS Financing Health Affairs- Volume 28, Number 61579

<sup>10</sup> Creating A National HIV and AIDS Fund in Zambia: A Strategic Approach to Resource Mobilization. Zambia National HIV/AIDS/STI/TB Council. Progib Printers Ltd. 2010

- 5.2 Strategic Partnerships** with North-based FBOs with potential access to private funding where nuances or issues of usually feared religious ideology are not factors of concern.
- 5.3 Engage Christian Business People:** The congregations referred to above have millions of believers who run successful businesses that can be engaged in fundraising for FBOs involved in the AIDS fight. Business or funding symposia for such a grouping would go a long way in mobilizing them for the cause at hand.
- 5.4 Engage Asian Public and Private Corporations:** while it is noted that approximately 1/3 of global poverty is located in India and just over 1/4 in sub-Saharan Africa, it is also acknowledged the Asian economies, of which India is a key player, are now leading in Foreign Direct investments coming into Africa. The church should find ways of engaging Asian based conglomerates and varied investors towards heightened social corporate responsibility engagements that could open a door to accessing funds for HIV from the firms approached for this purpose.
- 5.5 Engage Financial Institutions:** Many foreign as well African owned banking/ financial institutions are beginning to show interest in partnering creatively towards fighting HIV. An example is the case of Access Bank of Nigeria who have partnered with an NGO, Friends Africa (Friends of the Global Fund Africa). In 2010, Access Bank made the single largest donation of US\$1million to the Global Fund “Gift from Africa” project. This initiative is meant to facilitate the prevention and treatment programmes of HIV/AIDS, TB and Malaria in Nigeria, Burundi, Cote D’Ivoire, Democratic Republic of Congo, Ghana, Rwanda, Sierra Leone, Gambia and Zambia. As one of the pioneer contributors to the “Gift from Africa” project, Access Bank led the Private Sector to the Global Fund Millennium Development Summit in New York, where the project was formally launched. Through Access Bank’s involvement, the sum of \$5million was raised from the African private sector to implement prevention and treatment programmes across Africa.<sup>11</sup>
- 5.6 Identify Philanthropic Associations:** These associations remain largely untapped by FBOs generally and Churches in particular. The time to tread these grounds has come.
- 5.7 Incarnate, Innovate and Invest:** I have often argued that commitment to Christian values is an ‘incarnation’ of one’s ideas towards the common good of society. The church needs to step out of its proverbial ‘four walls’ of the sanctuary and begin to materially adorn its ideas so that they are executable in the nations’ economy. This requires growing requisite acumen for innovation and skill which is possible by engaging identified qualified parishoners to lead the way.

We have actualized an aspect of this at our Northmead Assembly of God Church and have now successfully invested in Real Estate by the acquisition of two prime

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<sup>11</sup> [healthg20.com/wp-content/uploads/2011/11Access-bank](http://healthg20.com/wp-content/uploads/2011/11Access-bank)

commercial properties with Church funds as well bank financing arrangements. Additionally, we have acquired substantial hectares of land which we intend to utilize for income generation over the next decade.

A sister church of ours, Watoto Church of Uganda, demonstrates a successful model of the triple principal of *Incarnation, Innovation and Investment* as they have now registered farming and manufacturing entities, raising financial resources in a sustainable manner for vulnerable children including AIDS orphans. There are also some emerging faith based income generation innovations in India. These models, in both Africa and Asia, show that Church interventions can, and will survive the pressure exerted by the dwindling global resource envelope.

In a timely warning, which could very be for us here, James Luther Adams said, “*If you don’t incarnate, you will dissipate.*”<sup>12</sup>

I thank you for listening.

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#### SUGGESTED QUESTIONS FOR DISCUSSION:

1. Why don’t we get the BIG money yet we have the biggest constituency and the most motivated and resilient work force?
2. Discuss each of the avenues suggested above and propose possible executable steps and potential bottlenecks

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<sup>12</sup> Sider & Knippers. *Toward an evangelical Public Policy-*, pg 99: 2005