

“Harnessing the Church’s comparative advantage in the continuum of care”

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Definitions:

1. Harness:

to control and use the force or strength of something to produce power or to achieve something.

2. Comparative advantage of the church

Compared to many other institutions the church stands advantaged in many areas:

- **Strategic positioning:** People come looking for the church not vice versa
- **Sustainability:** People pay to maintain the church not vice versa
- In Africa you will find a church even in the most remote areas as well as in the suburbs
- Church leaders are respected and followed by their members, both on faith matters and on matters that affect their lives
- In Africa religion permeates all aspects of life as John Mbiti rightly said: Africans are notoriously religious; religion plays a very key role in the lives of the African people.
- In most cases when people experience anything unusual (be it trouble or blessing) the first place to run to is the church
- Programs are likely to be more sustainable if they are integrated in the life of the worshippers in a local as well as a national setting there is a likelihood of sustainability whether the programme is started top-down or down-top
- Many people look up to Religion to answer life’s pertinent questions

- The church needs to see the continuum of care as their mission. Since the church is established along the mission of Jesus as embedded in John 10:10 I came that they may have life and have it abundantly.” Deliberately counteracting the mission of the thief, the enemy who comes John 10:9b “to Rob, Kill and destroy” when the church begin seeing HIV as a robber who comes to Rob Kill and destroy they will be a mile ahead in embracing methods of care that counter the enemy, and will stand a chance of defeating the enemy. And Luke 4:18-19; ‘bringing good news to the poor, freedom to the prisoners, sight for the blind, release of the oppressed and proclamation of the year of God’s favor’
- **Congregation:** the church does not need money to conduct workshops or to mobilize participants, the people come willingly to church at least once a week
- **The family:** the church upholds family values; with training this fabric of society can be supported to provide home based care; and to adopt prevention measures
- The respected **prophetic voice:** congregants tend to belief what their church leaders say without much questioning. In short when the Church Leaders Speak, people Hear.
- **Church health facilities:** in most African countries churches have health facilities which can serve as primary outlets of care in the communities
- Some Churches have Community Health Workers and evangelists
- The church is one institution that reaches all categories of people. the Rich and the poor respectively. Go to the suburbs of any city and go to the most rural communities and you will find a church. (or a religious community

Has the church realised this Comparative Advantage and seized it?

- ❖ I hope you will concur with me that in as far as HIV continuum of Care is concerned, Religion plays a very key role, it is worth asking ourselves, how has the church interpreted the pandemic over the years and how has this influenced care.
- ❖ In most mainline Churches, there has been a dichotomy between pastoral ministry and social action and this dichotomy has existed consciously or unconsciously. In most of these Churches, departments of social services which handle issues related to Health matters run parallel to the pastoral ministry.
- ❖ In nurturing this dichotomy, the church misses out on the opportunity it has to address social issues, this is because those working in the social services department have the information and the facts about the health issues but they do not have the Pastoral authority and those working on the pastoral ministry have the pastoral authority but lack the facts and information on health issues. When HIV was first diagnosed in Africa most church leaders saw it as a curse, a punishment from God for evil doers, scriptures such as Deuteronomy 28 was quoted to justify that this was a direct consequence of sin, this led to association of HIV infection with prostitutes and the sexually immoral.
- ❖ Years after the health sector has created awareness on how the virus is transmitted, some churches continue to strongly link it to sex, and sexual behaviour, creating shame, guilt and fear in those living with HIV. The AB and C prevention strategy has not made things any better, because churches went ahead to teach Abstinence as the highest moral value, in the event of failing to achieve it one then would aim for the second best which is faithfulness in marriage and in the event of failing in the two then one may opt for the condom. This approach heightened HIV infection been seen as a

sex disease. Within the church, people living with HIV were seen as those who had either failed to abstain or failed to be faithful or even worse failed to use a condom. This only succeeded in heightening stigma and making disclosure difficult. It also made voluntary testing harder as people feared to know their status and consequently this meant accessing treatment, care and support became very difficult.

- ❖ A new emergency in the faith communities is the yearning for healing and because HIV has been given a moral outfit, faithful have turned to the creator through their leaders for healing, hence the faith healing. Although it has shown that so far there is no cure for HIV and have instead provided treatment for prolonged and quality life for those living with the Virus, Many people on ARVS have defaulted following the declaration by their pastor that they had been healed and must no longer depend on medicine and this has led to drug resistance or even to HIV related deaths.
- ❖ Even with scientific proof that safer practices are key to prevention of new infections some church leaders have continued to lift out abstinence and Marital faithfulness as the ideal in prevention. This approach has closed their eyes to other modes of transmission, eg Mother to child, blood transfusion and has also consequently failed to admit that a child could get the virus from the mother at birth and transmit sexually to a spouse at Marriage having observed abstinence all their life before marriage. It has also failed to acknowledge spouses who get infected in their marital bed while observing marital faithfulness. This can only be summed up in the words of canon Gideon, there is mix up in the faith communities between what is lawful and what is safe, what is unlawful and what is unsafe.
- ❖ Since Africans are bearing the blunt of the disease then it follows that Africans need to redefine their religion and spirituality in the light of the pandemic. To ensure that these two affirm life and shun any practices or beliefs that would otherwise put life in danger. We must acknowledge is that

religion is like a double edged sword which can be used to affirm life or to destroy life.

What churches can do

There are many practical, much-needed interventions which the church can put into practice:

- Both church leaders and members have to see HIV care as part of the church's mandate.
- Church leaders need to make a concerted effort to put into practice the theology of love, compassion and mercy. As church leaders, we are ordained by God; As such, we need to preach God's message of love and compassion for all, in the knowledge that every single person, male and female is created in God's image. This should make our feet swift in moving into the right direction to do everything possible to end Suffering for the people affected and living with HIV.
- To adopt messages that clearly preaches the ideal, the lawful practices in the continuum of care, but also that reinforces the practice of safer practices. As much as some of the safer practices are not biblically lawful, the church must be open to understand lawful practices alone are not helping us especially in area of prevention. the ideal is the lawful and the safe but the church must embrace the fact that we can still teach the safe even in the unlawful practices with sore purpose of providing care and saving lives.
- Promote HIV Testing and Counselling at every opportunity to our congregations leaders taking the lead in order to lead by example and help diffuse Stigma
- Seek knowledge on HIV – accurate information, referral options, understanding strategies that work

- Promote disclosure and utilize those living positively; this will go a long way to helping people living with HIV access care as well as adopt safe practices and help halt new infections
- Promote skilled birth attendance at health facilities to halt infections from mother to child
- Promote norms and practices that offer protection to women and girls and their vulnerability to HIV
- Challenge and confront negative theologies that put life at risk and promote life affirming theologies
- Develop liturgies, messages, sermons, compile testimonies, that are in line with the continuum of care
- Challenge and confront negative cultural practices that continues to put people at risk
- Build a peer culture for routine testing – men, women, youth etc
- The church must actively preach, teach and train about SAVE multiplication and SSDDIM reduction
- The church must actively support People living with or affected by HIV
- in brief churches can mainstream HIV in all its life, so that the continuum of care is not a parallel program but rather something that is in the heart of the mission of the church

The Continuum of Care – a locally defined range of services

Continuum of care networks generally include most or all of the following services:

- HIV counselling and testing
- Prevention and treatment of opportunistic infections
- Prevention and treatment of Tuberculosis detection,
- Diagnosis and treatment of Sexually transmitted infections (STI)

- Palliative care: Treatment of pain and other symptoms, psychosocial and
- Spiritual support and end-of-life care
- Antiretroviral therapy and adherence: counselling and support
- Prevention services for those most at risk including IDUs, sex workers,
- MSM, prisoners, migrants and youth
- HIV prevention and reproductive health services for PLHIV and discordant couples
- PMTCT and health services for HIV-positive mothers and infants
- PLHIV support groups
- Nutritional and daily living support
- Psychosocial support: support groups and counselling
- Care, support and protection of Orphans and vulnerable children:
- Social welfare, for adults, children and families;
- Legal aid and income generation;

Recommendations

1. The church needs to have a baseline research upon which to base our efforts in the continuum of Care
2. The church needs to review their messages and policies to make them more life affirming
3. The church needs to advocate with governments to enable faith communities to have HIV competent policies, programmes, messages and budget
4. The church should utilize their place in the society to advance education on sex and sexuality, subjects which are hardly discussed in our religious sector; this taboo subject has led to HIV being seen as taboo; the church needs to demystify issues surrounding this subject

4. The church needs to come out strongly and teach that religion and science do not stand in opposition to each other but rather they complement each other. We must publicly declare that there is only one God, and that the God who gives us faith is the same God who gives us Medicine; In Africa, it is said that: "Where there is a church, there are also a health post and a school. Churches have a long history of providing health care and improving literacy.
5. In this era, the church Cannot continue to witness HIV related deaths following cases of default following declarations of Faith Healing, the Church must come out and clearly state that in the continuum of care we can begin to celebrate healing in the following areas:
 - prevention of Mother to child Transmission, for the time in HIV history we can begin to envisage a future free from HIV
 - Prevention in discordant couples
 - ART therapy which combined with good nutrition and supportive environment can suppress the viral load to undetectable levels meaning HIV positive people can live full productive lives
 - Prevention of re-infection in sero positive partners
6. The need for the church to embrace a paradigm shift, to move away from the individual, sin, blame and punishment approach that focuses on the individual for prevention and embrace an approach which targets the systemic issues related to new infection.
7. The church must begin to address the complexities of HIV, seeing it as an issue of Social justice; leading the church to advocate for a redress on social relations at interpersonal level, national level and international level

8. The church must interrogate the religious systems so as to embrace a Spirituality that enhances life and shuns a religiosity that destroys life
9. The players in the HIV arena must begin to invest in the church for a sustained HIV intervention in the following ways:
 - Capacity build the church leaders with the necessary knowledge to address the pertinent issues surrounding the pandemic
 - Empower grassroots congregations for sustainable interventions
10. There is need for a Paradigm shift embrace SAVE which is a more comprehensive method, non stigmatising and more integrated :ABC for thirty years 30 years = 20 % reduction at this rate in another 30 yrs we will have another 20%. this is non acceptable
11. Religion played a role in human behaviour long before the HIV/AIDS crisis. Religious organisations were well placed to respond to the pandemic, and churches were among the first to take action. Today, around the world, many FBOs are involved in sexual and HIV and AIDS education, care and support programmes. In a number of countries, religious norms and values have been praised for favouring care and support activities during the earliest stage of the pandemic
12. Developing a policy strategy and advocacy for effective participation by Church leaders and organisations.
13. We need to: Capture different religious principles and activities regarding HIV/AIDS prevention, care and treatment and Compile lessons learned from faith communities involvement in the prevention and control of the pandemic.
14. Focus on partnerships and collaboration for greater impact

