

**POSITIVE
CHURCH**



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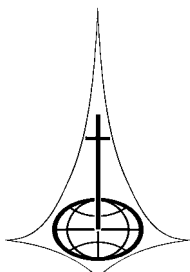
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When the Lutheran World Federation (LWF) launched its HIV/AIDS campaign over three years ago, I particularly commended the then member church leaders for collectively taking a historic step. They committed the churches to a process of seeking solutions, which looked beyond the capacity of “our cultures” and those of the “theological traditions of our churches.”

The commitments made by the African member church leaders have been echoed in Asia, Europe, Latin America and North America. They are witness to the fact that while churches have provided care and support for people living with HIV/AIDS for more than two decades, the church leadership has too often contributed to stigmatization and discrimination; churches have not always been safe or welcome places for people living with, or affected, by HIV/AIDS.

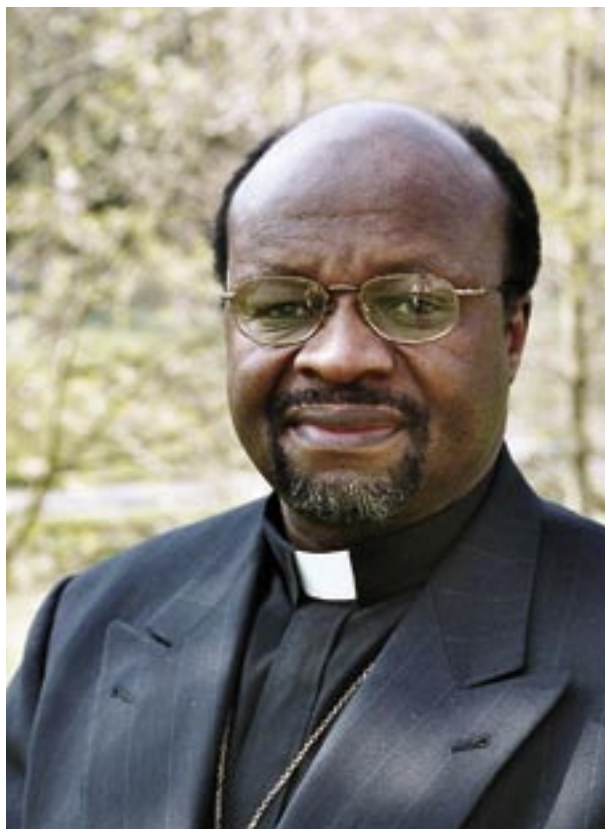
As a communion, we agreed to “prioritize life” by breaking the silence and secrecy surrounding HIV/AIDS, and by publicly acknowledging that “the church itself has AIDS.” We prioritized the opening up of our churches, homes, institutions and hearts, and the creation of opportunities for all those living with HIV/AIDS.

But as members of the LWF communion accompany each other in a concerted global response to the pandemic, many questions still abound. We may not have all the answers, but we do need to continuously focus on them as they continue to challenge us.

Are We Theologically Equipped?

When can it be truly said that church leadership is competent, and committed, to deal with the challenges of AIDS? Is there a common understanding of theology with respect to AIDS, which is both contextual and contemporary? Are we theologically equipped to deal with the question of suffering, with stigma and discrimination, which originate from faith and culture-related judgement? Are we a caring and healing community? Are we using our resources in the congregations to alleviate the suffering through pastoral care and diaconic action? Are we through our actions, including advocacy at the global and international level, already part of the solution? Or are we still part of the problem?

AIDS work will continue to be a dynamic and challenging field. It is extremely demanding for professional staff, and for the thousands of volunteers involved. But I am encouraged by the numerous efforts of the churches and the Department for World Service field programs in HIV/AIDS response worldwide. The ecumenical initiatives, collaboration with civil

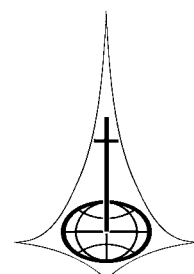


LWF General Secretary, Rev. Dr. Ishmael Noko. © LWF/H. Putsman

society, and governmental and non-governmental bodies will continue to be important components of the fight against a pandemic that threatens to be of ever-increasing magnitude in years to come.

As we mark World AIDS Day on 1 December 2005, I encourage you to carefully read the concerns shared in this special issue of *Lutheran World Information (LWI)* titled “**POSITIVE CHURCH.**” I particularly want to thank those persons, including those living with HIV/AIDS, who have shared their hope and inspiring experiences, reminding all of us of our obligations as integral members of this “positive” community. Their concerns represent a significant part of the challenges facing the Lutheran communion’s response to HIV/AIDS in the different regions of the world. They remind us of our obligation “For the Healing of the World,” as stated in the theme of the July 2003 LWF Tenth Assembly. (535 words)

Rev. Dr. Ishmael Noko
General Secretary
The Lutheran World Federation



Response to HIV/AIDS Demands Competent Expression of Being Church

When part of the body of Christ suffers, the whole body suffers.

Churches of the Lutheran communion are called to respond to the AIDS pandemic because—the Church itself has HIV/AIDS. The disease, and its effects, are not only outside the church but also among us, sending a significant challenge to the whole communion. In most congregations, there are individuals or families who, in some way, are affected by HIV/AIDS. In some Lutheran World Federation (LWF) member churches, the effects are not yet very visible. In others, they are a reality in daily funerals, orphaned children, and the breakdown of social and economic systems. The whole of the LWF communion shares in this shocking reality, which is changing the nature of life as previously known, and challenging what it means to be Church.

For the LWF, a communion of churches that has been focusing on HIV/AIDS since the early 1980s, responding to the pandemic is not just a matter of designing and implementing more AIDS projects. It demands that the LWF become AIDS competent in its very expression of being Church. Upon the request of individual member churches, and the LWF Council, a global LWF campaign against HIV/AIDS was launched in 2002 with the aim to motivate, strengthen and support LWF member churches to respond more actively and courageously to the urgent pandemic of HIV/AIDS. Its action plan titled “Compassion, Conversion, Care – Responding as Churches to the HIV/AIDS Pandemic,” was designed to ensure an integrated approach to the complex and diverse challenges posed by the pandemic.

Churches Have Expressed their Commitment

Initially, churches could be project holders of AIDS projects, but the clergy remained silent on the related sexual and relationship issues. So the LWF specifically focussed on empowering church leadership to break the silence, and to guide all workers within the churches to confront all related questions with courage and confidence. In four regional church leadership consultations in Africa, Asia, Europe and Latin America, participants expressed their commitment to fighting HIV/AIDS, and drew up specific action plans, which are currently



Mr. Jacob Koos Schep, LWF/DMD Secretary for Project Implementation and Monitoring. © LWF/H. Putsman

being implemented. Many member churches have followed through on their commitment. But there are some processes in need of further accompaniment.

The LWF AIDS campaign has received tremendous support from LWF funding partners (for project follow-up), and from the Global Fund to Fight AIDS, Tuberculosis and Malaria, for consultations and the accompanying expertise. In Africa and Latin America, the LWF now has a regional consultant to assist and coordinate follow-up work.

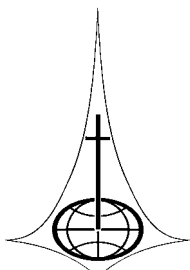
The reporting requirements linked to the Global Fund’s support facilitate the LWF’s task of setting realistic expectations of its action. The Federation works with 15 bespoke indicators, which aim to reflect whether what is planned is achieved. In regional action plans, emphasis is put on the need for clarity in theology, and on the importance of church leadership courageously guiding pastors and congregations to change and adjust to the reality of AIDS. Development of criteria for this particular quality of leadership is underway.

New Alliances, Strengthened Capacity

Preparation of the first five chapters of an LWF AIDS manual is under way. It is aimed at equipping all church workers in high-risk countries with cutting-edge information and pastoral and other practical tools, to alleviate the suffering of those affected by AIDS. Direct cooperation between the LWF Department for World Service offices and member churches’ AIDS coordinators is being established in order to create strong networks, and mutual encouragement. At the same time, member churches are being encouraged to forge strong ecumenical relations in this field, and to plan and implement their AIDS ministry with the many other actors in their nations. Fine examples of new alliances and strengthened capacity are emerging.

It is widely acknowledged that faith-based organizations have a crucial contribution to make to the fight against HIV/AIDS. As such, the AIDS pandemic provides an opportunity to churches to prove their relevance to society. (655 words)

By Mr. Jacob Koos Schep, Secretary for Project Implementation and Monitoring, LWF Department for Mission and Development (DMD).



Breaking the silence on HIV/AIDS calls for a critical analysis of the church communion that the Lutheran World Federation is called to be—positive, inclusive and open, a church of the cross that has the courage to tell the truth. While the global AIDS statistics accentuate the epidemic's impact on Sub-Saharan Africa, the church's urgent intervention is required in other regions, where the pandemic could be as explosive.

Rev. Lisandro Orlov (Argentina) and Dr Sheila Shyamprasad (India) share their insights on the theological and social challenges for the churches.

The Gospel Will Always Be a Scandal for Human Beings

The context in which Jesus tells the parable of the prodigal son (Luke 15: 11–32) is important. He has to justify eating—a sign of communion—with sinners and swindlers (publicans). This story has two aims: to show the love of God, which overcomes anything we may realize, even theologically; and the logical and cautious reaction of the pious when faced with the irrationality of God's inclusive love.¹

In this narration taken from everyday life, the father's incomprehensible and irrational love reflects the deep love of God. Jesus justifies the preaching of the good news to the despised and abandoned. The younger son claims (*vs 11–13*) his part of the inheritance in accordance with the Old Testament rules. He takes the money and emigrates to another country. Apparently, this young man was not married, which provides a clue about his age, as men married between 18 and 20 years old. He is like the young adults we encounter in our work with people living with HIV/AIDS. The young man squanders the inheritance and his brother would add the fact of women, who one could imagine were commercial sex workers or those in idolatry, and thus linked to gods of foreign temples.

(*vs 14–19*) The young man had not taken into account the frequent famines that occurred in Palestine and other regions of the world at that time. During this economic crisis, he had to tend impure animals and as a result, he was in no condition to celebrate Sabbath. Anyway, if he wanted to eat the pods that the pigs ate, he would have had to steal them, because as stated in the text, no one gave him anything. Then, he prepared a good speech that is not an apology, but an explanation so that he could work as a hired



Rev. Lisandro Orlov, United Evangelical Lutheran Church, Argentina. © Ecumenical Advocacy Alliance

laborer in his father's home, as he had nothing left to claim. In the religious eyes of the time, we encounter a situation of idolatry and ritual impurity. This description prepares us for the father's inexplicable love.

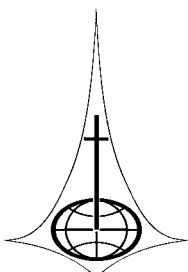
Incomprehensible, Irrational Love

(*vs 20–24*) From a distance, the father sees his son, and simply feels moved. The father's first gesture is to run in public—in itself surprising, because in this cultural context, it was not common for a person of a certain social status to do that especially in front of his servants, even if one was in a hurry. This is a humiliating situation of a father

disposing of his pride and dignity to meet his son. We are called to go out to encounter those who are excluded and marginalized from our churches and society disposing of both our personal and institutional pride.

The second gesture is as surprising—the father hugs and kisses his son. These are signs of reconciliation and peace. Let us forget the moral judgments. The son begins his speech but the father is not ready to listen, his heart is enjoying the feast of this encounter. He then asks the servants to bring clothes, a ring and sandals, which are symbolic elements. **New clothes**, indicate the arrival of a time of salvation. The son is accorded all honors as if by divine right that was his place. The **ring** sealed property documents, indicating a generous sharing of all goods. **Sandals** are the sign of free people, as slaves went bare-footed. The incomprehensible and irrational love of this father reflects the deep love of God.

These three situations emphasize a pastoral accompaniment to people affected by HIV/AIDS. They



are the foundation for a message that will open the doors of our hearts and our minds because they are the visible signs of willingness to reconciliation. Are we as churches, ready to act in the same way?

(vs 25–32) In all work with people living with HIV/AIDS, the strongest criticism often comes from those closest to us in affection, conviction and community. Criticism about the generosity of the father comes from the family itself. The elder son excludes himself from the feast of reconciliation. But the father insists on calling him son, and then continues that it “is just” and necessary to celebrate because the one who had been excluded had now found a home. We will never know how the elder brother responded to the father’s invitation. This is an open-ended situation, like our attitude today. What will our churches do?

We as Christian communities often behave like the elder brother. There is no doubt the gospel will always be a scandal for human beings, and God’s love always goes beyond our thoughts, values and moral values. The churches’ pastoral actions should never lose this scandalous air. (788 words)

By Rev. Lisandro Orlov, regional coordinator of the LWF HIV/AIDS campaign in the Latin American region. Orlov, a pastor of the United Evangelical Lutheran Church, Argentina, is also director of a shelter for people living with HIV/AIDS in Buenos Aires, Argentina.

¹ Joachim Jeremias: “Les paraboles de Jésus,” *Livre de Vie*, p. 184ff.

Insights into the Asian Epidemic – A Call to Churches

The tragedy and devastation caused by HIV/AIDS in Africa is well known to many people in that continent and outside. Out of the estimated 40 million people living with HIV/AIDS worldwide, 60 percent—over 25 million—are in Sub-Saharan Africa. Some governments there have declared HIV/AIDS a national disaster, and many more have set up AIDS coordination bodies in efforts to raise awareness about the pandemic, reduce the number of new infections, and provide care and support including treatment to people living with HIV and AIDS (PLWHA).

However, there is little realization that the world is set for a similar scenario in Asia with seven million PLWHA, and some 500,000 people dying every year from AIDS. Although Asia has the highest increase of new HIV infections, there is little hue or cry. Instead, all one hears is deafening silence.

One reason for this indifference and complacency is a false sense of security and comfort in the low HIV prevalence in the population. Less than one percent of India’s one billion people is infected compared to 36.5 percent in the Southern African nation of Botswana, with a population of around 1.6 million people. Asians are of the opinion that the percentage will never rise to the critical levels in many African countries. But when such figures are translated into numbers, Botswana’s 350,000 PLWHA are 15 times less than India’s 5.3 million infected people. If HIV were to take hold in China, India and Indonesia, which account for 40 percent of humanity, the consequences could be disastrous.



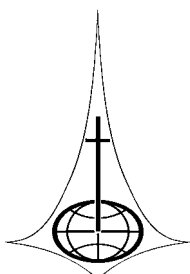
Dr. Sheila Shyamprasad, LWF consultant for HIV/AIDS programs and projects. © Private

Many Churches Not Yet Involved

The majority of churches in Asia are not yet involved in HIV/AIDS ministry because they do not realize the enormity and gravity of the situation, or if they do, they feel this is not the place for the churches. Another fallacious thinking is the misguided belief that the Asian culture of collectivism, hard work and strong family morals will render Asians non-vulnerable and will protect them from homosexuality, prostitution and polygamy. There is widespread assumption that HIV and AIDS affects only those who indulge in homosexual practice, injecting drug use or promiscuous sex, but little realization that the

virus has moved into the general population.

There is an increasing number of new infections among monogamous women and their children. In Cambodia, seven monogamous women are infected by their husbands everyday. The much-talked-about ABC strategy of prevention (Abstinence, Be faithful, Condoms) does not work for women in monogamous relationships as they have no negotiating power when it comes to sex. Although homosexuality is not evident as in the West, other cultural practices like temple prostitutes, commercial sex work by married women who work from their homes to supplement family income, a large transgender community, and the easy access to drugs, all hinder the effective implementation of prevention efforts in Asia. Cultural taboos about sex and sexuality in Asian society prevent open discussion especially with the youth.



Inaccessible Treatment

While Asian countries battle to prevent new infections, the infected continue to die due to lack of treatment. Although India produces some of the cheapest antiretroviral medication, around 90 percent of its infected population cannot afford it. Another challenge is the availability of many drugs in the region's open market. Unethical practices prevail with under prescriptions, irregular treatment and lack of proper patient education. These factors may well lead to viral resistance, which is a frightening thought, as the drugs will then have no effect on the virus and no treatment will be of any use.

More injustice could be done when the Intellectual Property Rights Agreement goes into force, prohibiting India and other countries from manufacturing affordable new AIDS drugs. The availability in the Asian market of expensive drugs manufactured in the West could only result in the deaths of millions.

Churches need to be aware of these facts and rise to meet the challenge of speaking out about HIV/AIDS,

reaching out to those infected and affected, especially the marginalized and outcast. Churches are called also to challenge unjust practices and processes that devalue humanity and deny the fundamental rights to information, health and care. The HIV/AIDS crisis is a unique opportunity for the church to prove its witness to the world.

The AIDS Desk of the United Evangelical Lutheran Church in India (UELICI) which brings together 11 Lutheran churches, has been one such witness. A pioneer in HIV/AIDS activities in India with 17 years of involvement and activities ranging from prevention education, advocacy to medical care and widow support, the UELICI has shown the way forward to other churches in the region. (770 words)

By Dr Sheila Shyamprasad, LWF consultant for HIV/AIDS programs and projects, Department for Mission and Development. Prior to joining the LWF in 2005, Shyamprasad worked for several years as project coordinator of the Lutheran Health and Medical Board at the UELICI AIDS Desk.

LWF Documentary – L’Islam face au sida (Islam and AIDS)

In 2003, the Lutheran World Federation (LWF) Department for World Service (DWS) program in Mauritania produced a 10-minute documentary “**L’Islam face au sida – Questions des jeunes à l’Imam Hamden Ould Tah**” (Islam and AIDS – Young People’s Questions to Imam Hamden Ould Tah).

DWS Mauritania produced the documentary in collaboration with the SOS/Pairs Educateurs youth association, a group of young Mauritians using peer education to fight HIV/AIDS.

The documentary’s target group is young people, a category that is still struggling with unanswered questions, many of which are taboo subjects in the Islamic Republic of Mauritania. These include the use of condoms; so-called “breast brothers/sisters” [the custom whereby a woman



would give her child to another woman to be breast-fed, with the aim to make the two children ‘brother and sister’); HIV testing; whether an HIV-infected man can become an Imam or get married, and so on.

Determining the Islamic position on HIV/AIDS and its related issues is important as religious leaders are well listened to in the northwest African country. Imam Hamden Ould Tah is president of the Mauritanian

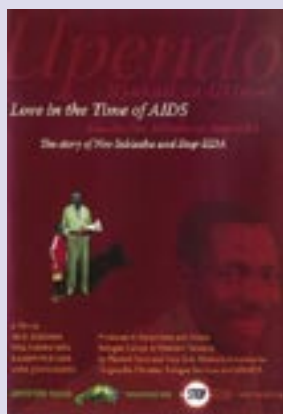
High Islamic Council, and a renowned personality both nationally and internationally.

The documentary can be ordered by writing to info@lutheranworld.org or The Lutheran World Federation, P.O. Box 2100, CH-1211 Geneva 2, Switzerland, Tel. +41/22-791 61 11, Fax +41/22-791 66 29. (227 words)

Upendo – Nyakati za Ukimwi (Love in the Time of AIDS)

“Within being a refugee and within AIDS, I have found a life of love, truth and freedom,” says Noe Sebisaba, who became the first refugee in the Kanembwa and Nduta Refugee camps in Western Tanzania to declare that he was living with HIV.

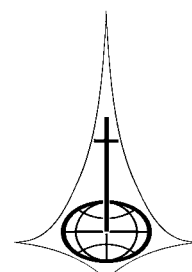
The 56-minute film, **Upendo – Nyakati za Ukimwi**, in DVD format, gives the story of Sebisaba, who was thought confused by some and condemned by others for bringing shame to his family. But the youth understood and admired his courage. Five years later, their organization has some 1,000 members in the refugee camps in Western Tanzania and is regarded as one of the most effective community-based AIDS initiatives in Africa.



The film in Kiswahili and Rundi dialogue with subtitles in English and French, was produced by Maweni Farm and Stop Sida Nkebure Umumva group for the Tanganyika Christian Refugee Service (TCRS), the LWF Department for World Service (DWS) program in Tanzania, and for the United Nations High Commissioner for Refugees (UNHCR).

As a UNHCR and World Food Program implementing partner, TCRS provides camp management for 130,000 Burundian refugees in camps in Kibondo District, advocates for refugee rights and welfare, promotes refugee self-reliance, group empowerment, peace and reconciliation. (209 words)

More information about *Upendo – Nyakati za Ukimwi* at www.maweni.com



PROPHETIC DIAKONIA AND HIV/AIDS – VOICES FROM THE REGIONS

From the different parts of the global Lutheran communion, Colombia to the USA; Cambodia to South Africa; whether it is HIV/AIDS radio programs to marginalized groups; or religious leaders and volunteer activists fighting for PLWHA's right to information, medication and education; there is a wide scope of positive initiatives. Still, a lot remains to be done, challenging the global Lutheran communion to speak out more and engage further.

Africa

Cameroon: Demystifying HIV/AIDS Through Radio Programs

The struggle against HIV/AIDS, for some populations today, is truly valiant. The critical situation in Africa, the most affected continent, challenges the media, partners and information promulgators to promote training, awareness raising and dialogue.

Among these media, *Sawtu Linjiila (SL)* ["Radio Voice of the Gospel"], a program of the Evangelical



Sawtu Linjiila presenter, Ms Asta Mouwabouna, goes on air with the "Health Magazine." © *Sawtu Linjiila*

Lutheran Church of Cameroon (EELC) is by no means least. In its permanent quest to demystify HIV/AIDS, reduce stigma and break the taboos surrounding the pandemic, *SL* has this year produced some 20 radio programs, aiming to teach, and raise awareness among, mothers and youth who would not normally benefit from information about HIV/AIDS.

Listeners can tune in to programs that include explanations about how HIV can be transmitted, the

importance of testing, guidance with respect to care, and constructive ways of living with the patient and the disease. In collaboration with health professionals, *SL* has also given abundant advice on breast-feeding and balanced nutrition for mothers. The programs, produced in the Fulani language have been broadcast by eight national and international radio stations.

The EELC for its part, has set up a "Project to Combat HIV/AIDS." EELC President, Rev. Dr Thomas Nyiwe, says: "Many positive things have happened since the project's launching. AIDS has been considerably demystified. The church's message has gone across well." However, in spite of all efforts so far, much still remains to be done. "The goal of our work is to see complete eradication of this scourge called AIDS. Perhaps we'll have to work, pray and wait for a long time yet. Our greatest challenge is to keep up the fight," he adds.

Cameroon's National Committee to Combat AIDS estimates one out of 16 young people aged from 15 to 24 to be HIV infected. In spite of numerous awareness-raising campaigns conducted by the national body since its founding in 1987, the epidemic has continued to spread.

HIV prevalence in the sexually active population was estimated at 7.2 percent in 1998, against 0.5 percent in 1992. In addition, the number of declared AIDS cases exceeded 20,419 between 1985 and 1998, one third of those occurring in 1998 alone. The nationwide prevalence is 11 percent, and 17 percent in Adamaoua province, where *SL* is located. (375 words)

By Mr Thomas Magadji, director of *Sawtu Linjiila*, Cameroon.

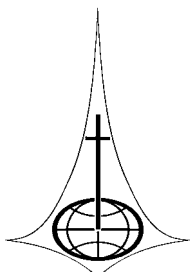
Eritrean Church Provides Home-Based Care and Alternative Skills for Sex Workers

The AIDS pandemic in Eritrea is unfolding in the midst of a post-conflict situation. Aware of the increasing HIV prevalence, currently estimated at around 2.7 percent (UNAIDS) among adults, the Evangelical Church of Eritrea (ECE) has, since 1994, committed itself to the prevention, care and rehabilitation of people infected and affected by HIV/AIDS.

The ECE's focus includes awareness building about HIV transmission and prevention through workshops

and seminars in church congregations. The target group is the general populace, with special care to include the deaf.

When the number of HIV/AIDS cases exceeded the capacity for institutional hospitalization, a home-based care initiative was begun in July 2002. Twenty volunteers were trained in collaboration with the Ministry of Health in Eritrea. There are currently 90 beneficiaries receiving holistic care at home. The services include



nursing care; counseling; psychosocial and spiritual support; follow up of treatment and referrals; nutrition and sanitation education; and childcare.

To reduce heterosexual sexual transmission of HIV by commercial sex workers, the ECE started skills training and a rehabilitation scheme to encourage alternative businesses. From 2002 to mid-2005, over 150 commercial sex workers had been trained in embroidery, tailoring, design and weaving.

Through another project, profit from the sale of agricultural products currently supports HIV/AIDS

orphans in 38 families. In addition, food supplies received from the World Food Program and the government's Eritrean Relief and Refugee Commission are distributed each month to people infected and affected by HIV/AIDS.

The 12,000-member ECE is a national organization started in 1966. Its holistic mission throughout the country includes evangelism, medical care, education and social services. (274 words)

A report of the ECE Health Services and HIV/AIDS Project.

HIV Prevention among Sex Workers in the Islamic Republic of Mauritania

When the Lutheran World Federation (LWF) Department for World Service (DWS) program started HIV/AIDS work among female sex workers in Mauritania in 2002, the focus was put on awareness-raising activities. Through peer education, key information on HIV prevention was spread in the capital, Nouakchott, in the port of Nouadhibou, and in Rosso, a border town on the bank of the River Senegal, to women discreetly identified in public as "vulnerable."

Consequently, 42 women volunteered to have an HIV test. Eleven of them tested positive, i.e., 26 percent of a non-representative sample. Looking after HIV-positive people was not among LWF/DWS Mauritania's initial objectives, but the country program decided to support these women until other partner organizations could take over.

The LWF has also taken part in distributing sizable quantities of condoms, considering this a priority, as there seems to be no systematic source of protection available for sexual relations. Further, because of the lack of information on modes of transmission, and ways to prevent infection, an important factor in the continuation of risky behavior is the difficulty the female sex workers have in gaining access to condoms, either via distribution or because of cost. Beneficiary women have responded positively to this initiative. They however note, there will always be a woman who accepts to engage in unprotected sex to earn a higher fee.

Such interventions remain sensitive to the illegal character of prostitution in the strongly Islamic society. But the efforts of the LWF, a pioneer in working



LWF/DWS Mauritania promotes HIV/AIDS awareness through educational theater, drama, music and other public media. © LWF/DWS Mauritania

with sex workers in the country, are approved and encouraged by Mauritania's National Executive Secretariat for the Struggle against AIDS, the national institution coordinating a national HIV/AIDS campaign.

The LWF is currently preparing to test a system of partnership with small units that provide care in the field of sexually transmitted infections, in order to develop services to assist sex workers. The units are located in the more densely populated districts of Nouakchott. A long-term objective of the LWF is to raise enough funds to develop income-generating activities for the women through micro-credit, and training in vocational skills. (356 words)

By Ms Amel Daddah, HIV/AIDS coordinator, LWF/DWS Mauritania.

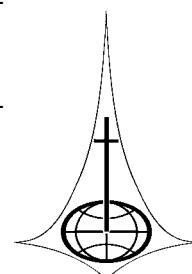
Seeking a Constructive Response to HIV/AIDS – Personal Reflections

No one wants to be near you, touch you, talk to you or even offer any help. You are all alone, as if you were in solitary confinement. Friends and family turn their backs on you. And that's not all. Being HIV-positive you have to live with many symptoms and infections, such as diarrhea, fever, skin disorders, tuberculosis and pneumonia, just to mention a few.

Then comes the stigma and discrimination. Disclosing your status is like opening a can of worms, the news spreads like wildfire. When you walk down

the street, people laugh and point at you. Often, you wish you were dead.

The majority of HIV-affected and infected members of our societies die of the loneliness and isolation associated with the HIV/AIDS pandemic. Sexual promiscuity has become the most common explanation for HIV infection and AIDS-related illnesses, but this does not answer all questions including that of a faithful spouse infected by his/her partner. What about an infant being born HIV-positive and the many other innocent cases?



People living with HIV/AIDS (PLWHA) encounter different experiences in the church, especially in an African context where it is taboo to openly talk about sexuality. I never disclosed my status after I saw how another PLWHA was treated. The congregation nearly split into two groups—the supportive and non-supportive. Some said she had to leave because she would bring a curse on the church. So we decided to leave.

The church's task in situations dealing with HIV/AIDS should be to equip congregational members, and the community at large, with knowledge that promotes a constructive response to HIV/AIDS. (274 words)

By Mr Dumisani Dlamini, originally from Swaziland, now living in Johannesburg, South Africa. He is a support group member of the Evangelical Lutheran Church in Southern Africa Diakonia AIDS Ministry.

Asia

Cambodia: Buddhist Monks Join Volunteers in HIV/AIDS Care

With a 2.6 percent HIV adult prevalence rate, down from 4 percent in the late 1990s, Cambodia is one of the countries most affected by HIV/AIDS in South East Asia. Unprotected sex with commercial sex workers remains the most common means of HIV transmission.

Concerted efforts to fight the pandemic comprise political commitment, a strong response from civil society, and a wide range of health ministry activities, including a law that obliges legal brothels to insist on condom use by all female sex workers. But there are critical gaps in HIV/AIDS knowledge; stigma and fear prevail at household and community levels.

Through the District AIDS Committees (DAC), whose members are drawn from across public offices and civil society, volunteer activities are coordinated through networks such as youth associations, village health workers, monks, traditional healers and home-based care teams. The Lutheran World Federation (LWF) Department for World Service (DWS) Cambodia country program provides capacity building to DAC in the context of its Integrated Rural Development through Empowerment Project.

In the fight against the pandemic, Buddhist monks have become an important volunteer group. In the context of Buddhist ceremonies such as Pchum Ben (ancestor's day) and Khmer New Year in the pagoda, the monks use the temples to provide meditation, counseling, spiritual support, herbal medicines and fund raising for people living with HIV/AIDS (PLWHA) and orphans. A pagoda's congregation comprises some 1,250 to 2,000 people drawn from five to eight villages.



A bi-monthly meeting of a local health committee. Participants who include a Buddhist monk, village HIV/AIDS volunteer, couple/youth peer educators and a traditional healer, discuss issues related to HIV/AIDS education and identify coping strategies for the next two-months' activities. © LWF/DWS Cambodia

Cambodia's 95 percent Buddhist population has great respect for the monks. The spiritual leaders' involvement in HIV/AIDS care and support has impacted the social and behavioral practices of entire communities. It has led to a significant reduction of risky sexual behavior and decreased discrimination and stigmatization of PLWHA. A growing number of people are voluntarily seeking counseling and blood testing, and are involved in local fund raising for PLWHA support. The communities have begun to follow their spiritual leaders' example and have increased local resource mobilization to support HIV/AIDS activities. (337 words)

By Mr Sin Samay, health and HIV/AIDS coordinator, and Mr Son Siveth, planning and monitoring system officer with LWF/DWS Cambodia.



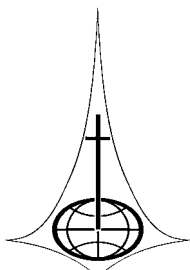
Mr Sin Samay (left) and Mr Son Siveth (right). © LWF/DWS Cambodia

Thailand: "Move Her to Another School"

"Please move her to another school. We cannot take the risk that other children may become infected. Who will take responsibility then?" When staff of the AIDS support center of the Evangelical Lutheran Church in Thailand (ELCT) visited the elementary school where ten-year-old Lek goes to

school, the headmaster told them to take her somewhere else. He even offered to pay them to move her.

She is an HIV-infected AIDS orphan, her parents having died almost four years ago. Lek and her older siblings live with their grandmother, who can hardly





Lek (second from left, back row) at home with her grandmother and other children in the community during a visit by the ELCT AIDS support center. Mr Suthiphath Akrananthaphong (extreme right) is a staff member of the Thai Lutheran church AIDS center. © ELCT Diakonia Department

provide for their basic requirements. Daily, the children go to the temple to ask for food.

Lek has been seeing a doctor for as long as she can remember. "It is nothing serious, you will soon get better," family members often tell her. She receives medication for AIDS opportunistic infections through a government program targeting poor people. Antiretroviral treatment could be possible if she would have the money to pay for it, or if she would be lucky enough to be enrolled in a special government program targeting only the most vulnerable for such treatment.

Although not abandoned by her family, Lek still has to bear the brunt of HIV/AIDS stigma. This cheerful young girl would like to freely play with her school mates, but the teachers are particularly concerned. This is a common situation that many HIV-infected children in Thailand have to face. Unfortunately, a considerable number also quit school because of rejection.

The ELCT AIDS support center endeavors to raise HIV/AIDS awareness through training and seminars. It also tries to build understanding among people living with HIV/AIDS, their relatives and communities by providing counsel, practical help and paying home visits.

An ELCT team regularly visits Lek and her family. She has an ELCT scholarship for education, and support for regular medical follow up. Equally important is ELCT's encouragement to the whole family, especially in the fight against discrimination in society. What most people living with HIV/AIDS fear most is not the infection or illnesses associated with the pandemic, but abandonment by those close to them. HIV/AIDS work is not just about dealing with the infected and affected, it must involve the whole community.

(372 words)

By Ms Leena Helle, ELCT Diakonia Department.



Ms Leena Helle, director, ELCT Diakonia Department. © Private

Europe

Life Is a Human Right! Says German Lobby Group

"Life Is a Human Right!" is the slogan used by Action against AIDS in its German and international campaigns for the last three years. The alliance brings together more than 90 church and civil society organizations that work together on HIV/AIDS related issues in cooperation with over 250 grassroots initiatives.

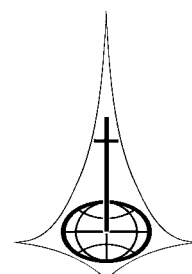
Action against AIDS was proposed in connection with the founding of the Geneva-based Ecumenical Advocacy Alliance (EAA) in December 2000. Based on agreed political goals for campaigns, members of the German network challenge the government to put more effort in combating HIV/AIDS. They appeal to the pharmaceutical industry to enable fair access to vital medication for people infected with HIV in developing countries.

Its current campaign "Pills not Profit," calls on leading producers of AIDS medication to contribute to improving treatment opportunities in poorer countries. Empty medicine packs bearing signatures and citizens' demands are intended to show pharmaceutical companies that they must still do a lot more. Over 30,000 signed medicine packs have been sent to various offices since the current campaign started in May 2005. The aim is to collect at least 100,000 signed packs by

15 July 2006, which will then be handed over to six designated companies in August 2006 in Berlin. It is a call to reduce medication costs, urgently develop treatment therapy for children, and forego patent rights in



Action against AIDS "Pills not Profit" campaign for children's medication. © Action against AIDS



poorer countries in order to support local production of essential medication.

Action against AIDS has a coordination office that liaises with co-sponsors and other supporters of its numerous advocacy and awareness-raising activities. With assistance from organizations at the federal and global level, the alliance does media work including newsletters, and campaigns. Its members lobby politicians in discussions and demonstrations.



*Ms Katja Roll.
© Private*

With no funding from governments or the business community, the alliance's survival is based on the commitment of groups and organizations, including several Lutheran churches and their related networks in Germany, that support the campaign "Life is a Human Right!"

(333 words)

*By Ms Katja Roll, political coordinator,
Action against AIDS.*

Finnish Ambassador of Hope Sees "Nothing Shameful in Being Ill"

My name is Kari Tuhkanen, executive secretary of the Finnish Body Positive Association (FBPA). Founded in 1989, FBPA is a peer organization and the only association for people living with HIV/AIDS in Finland. We focus on improving the quality of life and care for HIV-positive persons and their loved ones, and preventing marginalization and discrimination.

I became infected with HIV in 1995. Due to difficulties with my treatment procedures, I had to resign from my dancing profession in 1997, and receive disability pension. After several years of voluntary work and self education in HIV, I am now back to paid work. Finland has less than 2,000 cases and an adult prevalence rate of about 0.1 percent.

Since 2002, I have been an Ambassador of Hope in the Finnish-African network, Churches United in the Struggle against HIV/AIDS in Southern and Eastern Africa (*CUAHA). On World AIDS Day, 1 December 2004, my CUAHA African Ambassadors of Hope colleagues visited Finland. Our role is to give a face to HIV and spread the message of hope where it is most needed. We want to show it is possible to live positively with HIV.

For me, AIDS is a chronic illness that requires commitment and care-

ful follow-up of treatment. But this is not yet possible worldwide. Only a fraction of the millions of HIV-infected persons have access to treatment, leaving thousands to die from AIDS-related illnesses daily.

Our individual behavior has an impact on our health and that of others. One of the most important aspects of responsible behavior to prevent further infection is HIV testing. One cannot rely on a symptomatic diagnosis as there might not be any visible symptoms, so testing remains the most reliable way.

Concerted efforts are needed from governments and religious and secular communities to prevent new infections and extend proper care to all those who need it.

I wish strength for all those living and struggling with HIV, and tolerance for each and everyone. AIDS is an illness. There is nothing shameful in being ill.

(347 words)

*CUAHA's membership includes several member churches of the Lutheran World Federation and Department for World Service field programs, as well as Finnish partner organizations.

By Mr Kari Tuhkanen, FBPA executive secretary.



FBPA executive secretary, Mr Kari Tuhkanen (left, front row) and his African Ambassadors of Hope colleagues during the 2004 World AIDS Day commemorations in Finland. © Private

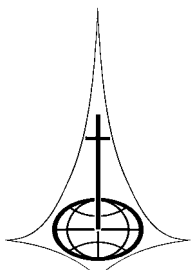
Russia: Protecting the Rights, Health of People Living with HIV/AIDS

Sverdlovsk region with its capital Ekaterinburg is one of the Russian regions with the highest number of HIV-infected persons. Eight years ago, when our non-governmental organization (NGO) "New Times" began its work, there were only eight registered HIV cases in the city. Now, there are more than 1,000.

Like many other cities in Russia, Ekaterinburg was not at all prepared for the quick spread of the infection. There was a lack of state prevention programs, of specialists trained in counseling, and of NGOs working in this field. There also was fear and hostility toward people living with HIV. They were often discriminated against, and medical care was low in quality.

Injecting drug users were the first group of people to be hit by HIV infection, which is why we began with harm reduction. Then we started training programs for teachers, psychologists, doctors, nurses and social workers. Unfortunately, HIV spread very quickly to other parts of the population. Most infections now originate from heterosexual transmission. Early on, only 20 percent of HIV-positive people were women. This number has now risen to 40 percent. So far, more than 1,000 children have been born to HIV-positive mothers.

Our organization's aim is to protect the rights and health of People Living with HIV/AIDS (PLWHA). We also collaborate with governmental organizations,



other NGOs and civil society including churches, in the fight against the pandemic and decreasing its impact.

With support from German Protestant aid agency, “Brot für die Welt,” we started the project “Psychosocial Support Service for PLWHA,” in 2004, which benefits some 400 people.

The project provides the following services:

- Support center for women and children, with special care for HIV infected children with, a birth preparation program, and a psychosocial program for young families;
- Medical services for individual health care;
- Support for HIV-positive prisoners, including assistance to find a new job and generally adapt to life after their release;
- Social support service for HIV-positive injecting drug users;



“New Times” director, Dr Marina Khalidova (second from right) and colleagues carrying out HIV/AIDS work in Ekaterinburg. © “New Times”

- Psychological care and involvement in a self-help group, including a so-called “Social and Lonely Hearts Club.”

(356 words)

By Dr Marina Khalidova, “New Times” director since 1998. Khalidova graduated from medical school in 1985 and worked in state medical institutions for 15 years.

Latin America and the Caribbean

Justice, Conversion and Integration: A Latin American Perspective

“Justice, Conversion and Integration,” is how the Lutheran World Federation (LWF) member churches in the Latin America region translated “Compassion, Conversion, Care,” LWF’s 2002 call to its churches to respond to the HIV/AIDS pandemic worldwide.

In a closing statement of their regional consultation in Catia la Mar, Venezuela, 18–21 March 2003, Latin American LWF member churches said the word compassion needs to be translated as “justice.” It had become evident from the testimonies of people living with HIV/AIDS (PLWHA) that they wanted neither pity nor compassion. Rather, they looked to the church for moral support as they struggled to defend their human rights and recover their wounded dignity.

Conversion, the churches agreed, must take the form of daily action that reveals the importance of the living church in a constant renewal process. The PLWHA stressed the need for a church that moves away from declaring repentance to others as a matter of law, to one that examines its theological concepts and pastoral practices¹. Such conversion called for a closer connection between what is meant by HIV/AIDS and Lutheran identity—an identity profoundly evangelical, “because we understand that our mission is to ring out the Good

News of God’s and therefore the Church’s unconditional acceptance of all God’s children.”

In Latin America, the word care should be rendered “integration,” as the churches’ actions cannot be compartmentalized or taken in isolation, but rather, must be centered on the individual, so as to arrive at more all-embracing responses². The churches insisted also on the integration PLWHA.

“After some 20 years of this pandemic, we cannot ask those living with HIV/AIDS and society at large to be patient and grant us more time. Time is up! The Church must respond now,” the regional consultation affirmed.

(298 words)

By Rev. Martin Junge, LWF Area Secretary for Latin America and the Caribbean region.

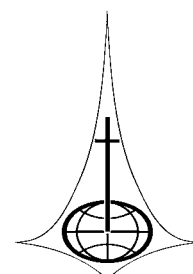
¹ “You, then, that teach others, will you not teach yourself? While you preach against stealing, do you steal?” (Romans 2:21)

² “The Spirit of the Lord is upon me, because he has anointed me to bring good news to the poor. He has sent me to proclaim release to the captives and recovery of sight to the blind, to let the oppressed go free, to proclaim the year of the Lord’s favor.” (Luke 4: 18-19)

Social Movements Play Vital Role in Brazil’s Fight against AIDS

The fight against AIDS is a fight against social prejudices and stigma. It is also a fight for equality, access to medicine, human rights and, above all, acknowledgement that good health is a fundamental right of every citizen.

Brazil was the first developing country to provide free, universal access to antiretroviral treatment (ARV) on the public health service. This political achievement grew out of active public participation



in government affairs, both non-governmental and private.

As a result of policies developed by social movements, prevention methods and medical aid have increased since the 1990s. This has brought an improvement in the quality of life, as well as a drop in the mortality rate and number of opportunistic infections of people living with HIV/AIDS and/or those being treated for the virus.

These policies target the most vulnerable sectors of society. A decline in the number of new infections has been possible through education and behavioral intervention programs, as well as free early diagnosis and preventive measures.



Mr Luis Stephanou, FLD projects' adviser. © FLD/Paulino Menezes



This cartoon by Jarbas Domingos won the Treatment Category award during the 2004 First Humor International Festival on Sexually Transmitted Diseases and HIV/AIDS in Brazil. It depicts developing countries' dependency on Northern pharmaceutical companies for AIDS drugs. The festival was organized by Brazil's Ministry of Health and the Graphic Arts Memorial Institute. © Jarbas Domingo

In Brazil, the epidemic has been slowing down since 1999. From 1980 to December 2003, a total of 310,310 AIDS cases were diagnosed in the country, 84 percent of which were in the south and southeast. Cases of the virus

infection rose most among over 35-year-olds and heterosexual women.

Among other factors, the slowdown is due to active participation in the development of public policies, prevention and support initiatives. Many churches also have taken part in the struggle against

HIV/AIDS. They have sought to overcome prejudice, develop social inclusion, and provide support and prevention methods. Spiritual support has also played a very important role for people living with HIV/AIDS. Initiatives to combat AIDS in Brazil today set an example for the rest of the world. But representatives of civil society should not see these positive results as an excuse for complacency. A major problem surrounding HIV infection is the countless number of individuals who are unaware of their condition. High-quality treatments are simply not enough as there are many faults in the public health system that need to be rooted out to improve the quality of life of each and every citizen.

(366 words)

By Mr Luis Stephanou, projects' adviser, Lutheran Diakonia Foundation (FLD) of the Evangelical Church of the Lutheran Confession in Brazil (IECLB), and Ms Carmen Lúcia Paz, executive secretary, Brazilian Center for the Study of Prostitution (BCSP), Porto Alegre – Rio Grande do Sul. The FLD supports HIV education and prevention initiatives of civil society groups like the BCSP.



Ms Carmen Lúcia Paz, BCSP executive secretary. © FLD/Paulino Menezes

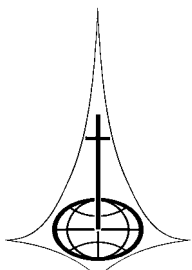
Colombia: Friends Share Their Talents and Gifts

Since the launch of the Lutheran World Federation (LWF) HIV/AIDS action plan "Compassion, Conversion, Care: Responding as Churches to the HIV/AIDS Pandemic," the Evangelical Lutheran Church of Colombia (IELCO) has started several local initiatives.

In March 2003, IELCO's communication department inaugurated the *Rompiendo el Silencio* (Breaking the Silence) bulletin, to provide more information about HIV/AIDS. More recently, the so-called Friends of ASIVIDA (people living with HIV/AIDS-PLWHA) support and referral center has been started to promote

information sharing, HIV prevention and accompaniment for PLWHA. This group comprising homemakers, lawyers, social communicators, teachers, pastors and psychologists, is committed to serving God and community with the different individual skills and gifts.

The Friends of ASIVIDA group recognizes the contribution and experience of civil society in HIV/AIDS work in Colombia, and works closely with non-governmental organizations especially in training programs. Its HIV-prevention approach promotes a vision that affirms love (1 Cor 13:13) and abundant life (Jn 10;



10b). Activities are tailored in a participatory and constructive manner, particularly emphasizing young people's contribution through role play, theater and drama, story telling and exercising their imagination. One of the basic principles is that the targeted person(s)/groups should reflect critically on any exercise they are involved in (awareness building); make informed decisions (conceptualization) and finally apply the results to practical situations (contextualization).

The group considers as particularly significant the January 2004 IELCO assembly response to a presentation by their pastoral team: "We have been challenged to be a living presence through ASIVIDA's pastoral work of serving persons living with HIV/AIDS and those who live with them, promoting prevention as a fundamental principle starting in the communities where the church is present."

As followers of Jesus Christ, the IELCO members are called to respond, thereby breaking the silence about the HIV/AIDS pandemic and its implications.

UNAIDS surveys put HIV prevalence in Colombia at around 0.7 percent, with some 180,000 PLWHA in a



ASIVIDA group members (from left to right) Rev. Eduardo Martínez, Ms Martha Vera and Ms Enly Puentes, during a capacity building workshop. © IELCO

population of 42 million people. Sex between men is the most common mode of HIV transmission.

(337 words)

By Ms Ana Isabel Mendivelso G., IELCO psychologist; and Ms Rosa Elena Cortés T., director, communication department.

North America

HIV/AIDS Ministry in the Evangelical Lutheran Church in America

At the end of 2003, an estimated 1,039,000 to 1,185,000 people in the United States of America (USA) were living with HIV/AIDS. In 2003, there were 32,048 new cases of HIV/AIDS reported by the 33 areas (32 states and the US Virgin Islands) that have long-term, confidential name-based HIV reporting. When all 50 states are considered, the Center for Disease Control estimates that approximately 40,000 people become infected with HIV each year.

Despite declines in new AIDS cases, the rate of new HIV infections remains high. The spread of HIV impacts people across all ages, races, sexual orientations, and socio-economic levels. The Evangelical Lutheran Church in America (ELCA) remains committed to supporting prevention education and care for those infected and affected by AIDS. The ELCA domestic hunger grants' program funds programs that support people living with HIV/AIDS (PLWHA) nationwide. Two examples are included below.

The "Open Arms of Minnesota" provides 95,000 home-delivered meals each year to PLWHA. It sustains a volunteer base of over 900 people who contribute more than 15,000 hours of assistance. Open Arms acts as a safety net for PLWHA in the Twin Cities, helping people get the nutrition needed. Eating



Ms Josselyn Bennett, director, Education and Program Resources, ELCA Division for Church in Society. © Private

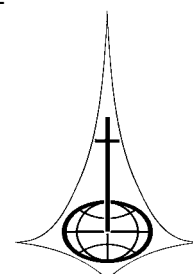
regular, well-balanced meals is important to everyone's health, but ample and nutritious food is particularly critical for PLWHA.

The "Manchester Area Network on AIDS" (MANA) in Connecticut responds to the needs of the Greater Manchester Area community members infected/affected with HIV/AIDS through a collaboration of services, resources, and education in a caring and supportive environment. MANA provides case management for 121 individuals and their families living with HIV/AIDS. Additional services include weekly nutritional lunches, a food pantry, support groups, message therapy, acupuncture, AID-A-PET, and more.

Maintaining focus on HIV/AIDS remains a major challenge in the USA. Continuous awareness raising is imperative, particularly in view of emerging myths that a cure exists as so many people are living with the disease. Equally crucial is accessing medication for those becoming infected because they are women and people of color who do not have health coverage.

(346 words)

By Ms Josselyn Bennett, Director for Education and Program Resources in the ELCA Division for Church in Society.



POSITIVE CHURCH – A YOUTH PERSPECTIVE

Over 50 percent of the 5 million people worldwide infected each year by HIV are youth, majority of them, young women. Unemployment, poverty, gender inequality, war and violence against women, lack of education, and stigma and discrimination, increase young people’s vulnerability to HIV infection. But these young adults also challenge the church to utilize their great potential for peer group activism.

The editorial team of this special LWI invited youth from the regions to share their perspectives.

Colombia: Hiding Our Indifference under the Cloak of HIV Prevention

... and there was a leper who came to him and knelt before him, saying, “Lord, if you choose, you can make me clean.” He stretched out his hand and touched him, saying, “I do choose. Be made clean!” Immediately his leprosy was cleansed. (Mt 8,2-3; NRSV).

In our community, it is almost comfortable to talk about HIV prevention as this has become nearly the only way of dealing with the subject. But is our influence as a Lutheran church really having an impact on this major problem in Colombia? Or, is prevention the shield under which we hide our indifference?

It has been complicated for the Colombian church to tackle the issue, because this would imply not only questioning its attitudes but also formulating arguments to deal with the illness, the persons affected and their stigmatization.

HIV/AIDS is becoming more acute because of the civil strife in our country, nearly 40 years of internal conflict, which makes us a fragile and vulnerable nation when faced with the pandemic.

Perhaps our church has not grasped the significance of its role in the fight against HIV/AIDS, nor the importance of working toward prevention that is based on knowledge, acceptance and love. Although we cannot stop an infection that has already happened, we can still combat low self-esteem, violence and the lack of love for oneself. The church can still teach about love and empowerment,



Ms Francia Hernández Vera, IELCO. © Private



A youth HIV/AIDS awareness raising workshop among displaced people living in the La Nohora settlement, Villavicencio, central Colombia. © IELCO

self-respect and respect for others, acceptance rather than rejection, recognition rather than judgement, and, above all, it can stretch out its hand and affirm that “Yes, it does choose.”

Prevention is unthinkable when rejection and denial prevail. The church is called to be inclusive and have a yearning to heal the world rather than preserve an institution. The road is long but we have begun to travel along it. (312 words)

By 24 year-old Francia Hernández Vera, a youth member of the Evangelical Lutheran Church of Colombia.

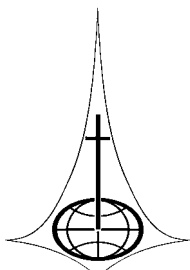
Estonia: Do We Dare Seek Them Out in the Streets?

In early 2005, Estonia had over 4,400 HIV-infected people among its 1.4 million inhabitants. About 70 percent of them were under the age of 25 years. The majority of HIV-positive people are still injecting drug users, and HIV transmission through sex is growing.

The Estonian Evangelical Lutheran Church, the largest Christian denomination in the country, does not currently have an HIV/AIDS program. Such a program is urgently needed as we live next to the HIV-positive people who feel abandoned and hopeless. These people yearn most for the message of hope and love! But they

are also less likely to be found in church. They are young school drop-outs, abandoned by their families and separated from the rest society and whatever assistance it may offer. They are also people we know, but who are afraid to disclose the truth about their situation.

The only way to help them is to go where they are. Not to expect them to come to us and seek help. They are mainly youngsters, and who else could understand them better than we, young people? In Estonia, there are several safe injection sites where former injecting drug users work as volunteers. Going to the streets together



with ex-drug users would be one way to reach out to these people. The question is, 'Do we dare to do that?'

People need us everywhere. Our friends, class mates, neighbors... they may not know the consequences of casual sexual relationships, they may even think that "love = sex." They consider alcohol and drugs as effective "feel-good" tools. Or they might be infected and need someone to listen to and for comfort. We have to keep our eyes open to notice those who are closest to us.



Ms. Eva-Liisa Luhamets, Estonian Evangelical Lutheran Church. © Private

We young people can also show the world how to live happier and healthier lives. We can break the perception that it is normal to have several sex partners. We can change the idea that using drugs makes one happy. We can show others how to save themselves from HIV, unwanted pregnancy, heartbreaks, broken homes and so on. (357 words)

By Ms. Eva-Liisa Luhamets, 24, Estonian Evangelical Lutheran Church. She is currently a youth intern in the LWF Department for Mission and Development.

Youth in India Raise HIV/AIDS Awareness among Tribal Communities

"Jesus Cares: Do you?" This HIV/AIDS slogan on the wall at the entrance to the Jeypore Evangelical Lutheran Church (JELC) bishop's office reminds us that Jesus Christ came to the world not to destroy and to kill, but to care and give fullness of life to all human beings (John 10:10). It is a thought-provoking invitation to the youth on individual responsibility concerning the spread of HIV and caring for people living with HIV/AIDS in society.

"Health Care – HIV/AIDS Concern" is one of JELC's seven mission programs. The JELC youth are involved in conducting workshops at primary and secondary schools and Sunday schools, and organizing public rallies focusing on HIV prevention.

JELC is in the predominantly tribal northeastern state of Orissa, considered to be one of the least developed regions in India, yet endowed with mineral resources, like coal and bauxite. There are many industries in the major cities.



JELC youth group member, Ms. Manisha Mahanandia. © Private

Local government sources indicate less than 50 HIV sero-positive cases in the predominantly tribal Koraput district, but unofficial estimates cite higher figures in the small and large-scale industrial center, and hub of a highway network. Many young people especially men migrate there from rural areas seeking jobs, and readily fall prey to risks associated with commercial sex, including the spread of HIV and other sexually-transmitted infections (STIs).

In the JELC's operational areas, there are increasing reports of HIV/AIDS cases. Some of the main reasons for the spread of HIV include low literacy, migration, poverty and cultural traditions of the tribal people. Young people remain a high-risk group as they are more likely to move to the city in search of employment.

"Due to lack of adequate awareness, education, migration and cultural background there is every possibility of HIV/AIDS increase among married couples, especially the young ones. The church cannot be silent about this issue, that is why it is an important part of our vision," JELC Bishop Anam Chandra Khosla says.

Mr Livingstone Khosla, president of the JELC Central Youth Committee on HIV/AIDS, affirms the church's commitment to sustainable programs that sensitize people about the pandemic. There is an equally urgent need to specifically target child laborers and women, both low participants in any community program due to illiteracy and cultural inhibitions. (381 words)

By Ms. Manisha Mahanandia, a JELC youth group member. Mahanandia, 20, is an activist in children's rights in Koraput district.

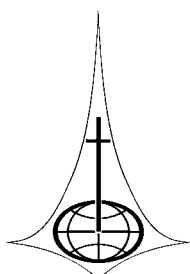


A JELC youth group stages an HIV/AIDS awareness drama during the 2004 World AIDS celebrations in Koraput district. © JELC

I Know Better, Can Offer Compassion and Care

As I grew up, AIDS was just becoming known. To me it was a dangerous disease that only affected commercial sex workers or those who were of loose morals. But

as time went by, the reality that HIV/AIDS affected all people started dawning on me. Some, especially women who were role models in my neighborhood succumbed



to AIDS-related illnesses. Girls my age, with little information about HIV transmission, became sexually involved with older men, two of them died of AIDS.

As I acquired more knowledge about HIV/AIDS and saw more people die, I came to appreciate that we are all at risk of becoming infected with HIV. This strengthens me to approach those who are HIV-positive, and offer help where I can. As a youth leader in my church, I regularly join our group of people living with HIV/AIDS (PLWHA) where we listen to those infected and affected, and offer support and encouragement.

Looking back then and now, I know my contact with PLWHA, AIDS orphans and other affected members in the community, makes me ready to offer



*Ms Christine Mangale, Kenya
Evangelical Lutheran Church.
© LWF/D. – M. Grötzsch*

compassion and care to the hurting. A good educational background enables me to access information, and make informed decisions and choices in life. But many girls in Africa, a continent where cultural practices inhibit women more than men, are not as lucky.

Churches have a major role in providing information about HIV/AIDS, fighting stigma and discrimination, and raising hope among the infected and affected.

Kenya, with a population of 33.8 million people, is estimated to have over 1.2 million PLWHA, and an HIV adult prevalence rate of six percent. *(276 words)*

By Ms Christine Mangale, 26, youth leader, Kenya Evangelical Lutheran Church.

Perhaps God Knew I Was Supposed to Be at This New Church

It is often said that life presents each and every one of us with inevitable challenges. Like any little girl growing up, I dreamed about my future—getting married, being successful and loved, and walking a fairly smooth path in life.

But in 1997, a series of misfortunes occurred. First I was raped, then I became pregnant, and then I was diagnosed as being HIV-infected. I had, of course, neither rehearsed for this type of life experience nor was I prepared to face it. Alone in my little world, and weighed down by the heavy burden of falling ill with HIV infection, I sometimes contemplated suicide.

Then, thanks to what I believe was divine intervention, I decided to go to my regular church, where I

disclosed my sero-positive status to the bishop. “You will die in three months’ time,” he told me. His verdict of death was not all I got. Members of the congregation came to know about it, and I became subjected to stigma and discrimination from my own church community. It was not the right place for me; I had to move away.

I chose a congregation of another denomination. By then I was very sick, but perhaps God knew I was supposed to be at this new church. This congregation had an HIV/AIDS support group and everyone welcomed me with open arms. I began to see a change in my health. *(247 words)*

By 31-year-old Menge Matie, an unemployed single mother, assisted by the Evangelical Lutheran Church in Southern Africa.

Youth Have the Vitality to Advocate Behavioral Change

The HIV/AIDS pandemic has evoked responses across all ages challenging them to reflect on unique resources to combat this pandemic.

The youth, the most affected group, especially in Africa and Zimbabwe, can be agents of change because of their vitality. They can also intensify advocacy on gender equity and on behavioral change. But they need a moral education that is taught fearlessly and without shame. A number of young people who are sexually active do so without accurate information and the necessary skills to protect themselves from sexually transmitted infections (STIs) and HIV/AIDS.

In confronting the HIV/AIDS challenge, the church needs to acknowledge young people as articulate and compelling advocates for programs and policies that offer visible and strong support for effective preven-



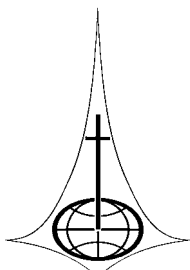
Ms Sithozile Bokani Tshuma, LUCSA youth secretary. © Private

tion methods. Such actions should be taken with sensitivity to the different customs and traditions, some of which are harmful, and thus increase the spread of HIV.

Youth believe in affirming their capabilities, which can be harnessed positively into HIV/AIDS education. With the HIV/AIDS pandemic, young adults are also challenged to be part of the struggle by advocating for behavioral change among their peers. The church should encourage the youth to join in efforts to eradicate the stigma, discrimination and

denial, and silence that are still strongly associated with HIV and AIDS. *(222 words)*

By Ms Sithozile Bokani Tshuma, resource person to the Evangelical Lutheran Church in Zimbabwe HIV/AIDS program. Tshuma, 25, is also youth secretary, Lutheran Communion in Southern Africa (LUCSA).



WOMEN'S VULNERABILITY TO HIV/AIDS - A GENDER PERSPECTIVE

Whether young girls or adults, women are the group most affected by HIV/AIDS. They are also the most vulnerable as victims of harmful cultural and traditional practices; as easy targets for rape during war; and as commercial sex workers. As homemakers and care providers, they also bear the heavy responsibility of sustaining communities even when they themselves have to deal with HIV/AIDS related illnesses.

The LWI editorial team invited reflections on the different challenges facing women with regard to the HIV/AIDS pandemic.

Why Are We Unable to Contain a Mammoth Pandemic Like HIV/AIDS?

Like any pandemic, HIV/AIDS is permeating in new and different ways, not only to new geographical locations but also assuming a feminine face. Fifty-seven percent of infected cases now involve females, of which 75 percent are young women and girls. How have they become vulnerable?

Many causes can be cited, such as women's low social status in a patriarchal society, harmful cultural practices, the ignorance and myths surrounding sexuality, and cross-generational sexual relationships such as "sugar daddies" who immorally prey on vulnerable young children and girls in increasingly impoverished sections of society; the list goes on. Churches have often responded with words of consolation, through education, care giving, prayer, and development service. Despite the worthiness and necessity of such efforts, these amount only to covering a festering wound with plaster.

If feminization of HIV/AIDS is to be contained, instigation of a gender analysis of our cultures, practices, theology, economy and societal organization is



Ms Priscilla Singh, LWF/DMD Secretary for Women in Church and Society.
© LWF/H. Putsman

needed, which could include these so-called six "Rs":

Revision of theological policies and practices that put women down, treating them as objects to be controlled, dominated and violated;

Rethinking cultural practices such as widows' inheritance, ritual cleansing after widowhood, polygamy, and so on;

Removal of ignorance and fear;

Rendering of support to women about their rights over their bodies and lives;

Reduction of ostracization; and

Reform in thinking so as not to juxtapose life with personal morality. Both life **and** morality are needed,

but not at the expense of each other.

Jesus came to offer life, abundant life! Let's hear the stories of women, and respond with courage and conviction. (274 words)

By Ms Priscilla Singh, Secretary for Women in Church and Society, LWF Department for Mission and Development.

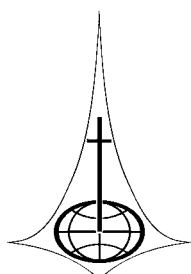
LWF-Supported Center in Bangladesh Welcomes Commercial Sex Workers

Twenty-four year-old Rabeya Khatun regularly visits the Saidpur drop-in center, operated by the Rangpur Dinajpur Rural Service (RDRS), the Bangladeshi associate program of the Lutheran World Federation (LWF) Department for World Service.

Married at 17 years of age, Khatun's husband started assaulting her physically after two years, because she could not bear him children. An apparently remorseful husband after a family quarrel took his wife out to the movies, and a visit to new friends in Saidpur. A long wait for her husband's return from

"buying cigarettes" the same evening turned into a night of gang rape by the friends. Her husband had sold her, Rabeya learned later. She escaped after two months, and found her way to the Saidpur railway station where she met women who engage in commercial sex for a living.

The RDRS drop-in center for so-called floating sex workers in the busy Saidpur municipality, Nilphamari District, targets commercial sex workers in the town's railway station, bus terminals and other places. These women report an average 15 to 20 clients per week,



who include night guards, day laborers, hotel traders, school boys, members of the police force and army personnel.

At the center, the women receive information on sexually transmitted infections (STIs) and HIV prevention and treatment. Interested persons may enroll in alternative income-generating skills, and non-formal education is provided for their children. The project also targets the commercial sex workers' clients through various educational campaigns.

The 386 commercial sex workers currently enrolled at the center have access to a washing facility, cooking place and rest and recreation space. There is a daily health education session, a twice-a-week visit by a lady doctor, and regular condom sale. The aim is to increase safer sex practices among



Ms Rabeya Khatun (right) during a literacy class at the RDRS drop-in center in Saidpur.
© RDRS



An RDRS doctor examines a commercial sex worker's baby at the LWF-supported center. © RDRS

commercial sex workers in the town, thereby reducing and preventing the spread of STIs and HIV.

Bangladesh is still considered a low HIV/AIDS prevalent country with some 13,000 HIV-positive persons in a population of over 144 million people. The adult HIV prevalence is less than 0.01 percent, but vulnerability remains high in a population with low HIV/AIDS awareness.

National HIV surveillance indicates that the rate of HIV infection among street-based commercial sex workers in central Bangladesh is significantly high compared with other parts of South Asia. HIV infection among injecting drug users, another high risk group, is already four percent. (397 words)

By Dr Salima Rahman, community health director, RDRS Bangladesh.

Belarus: HIV/AIDS Education Remains Crucial

My first encounter with HIV/AIDS was at the age of 18 when I experienced a range of fears about it, such as becoming infected, taking an HIV test, and so on. I was mostly afraid because I was young, and had little knowledge. My career background in social sciences and information about HIV prevention raised my own level of awareness, helping me to overcome fear and stereotypical attitudes.

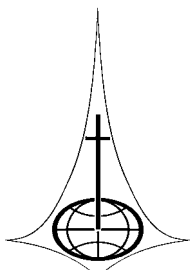
By 1997, HIV-infection rate in Belarus was increasing. But at the time, AIDS was considered to be a disease of "potentially at risk" groups—homosexual men, commercial sex workers and injecting drug users. The 15 to 29 age group had the highest infection rate. There were no educational programs on HIV prevention in secondary schools. Even obligatory courses for senior pupils about a healthy lifestyle and reproductive health were somewhat scanty.

In 2003, I started developing the project, "Counteracting the Spread of HIV/AIDS Among Young People in Belarus," with the aim to study the level of



Ms Nastassia Ladzik (standing) leads an HIV/AIDS education workshop in Belarus.
© World YWCA

knowledge among Belarusian youth on HIV transmission and impact on their lives. Focus was on infection through injecting drug use, sexually transmitted



infections, the epidemic's status, and available HIV-prevention measures. Also considered were personal experiences of people living with HIV/AIDS and the subject's coverage in Belarusian media.

In our first operational year, we provided 20 training sessions on responsible sexual behavior for 400 pupils and students from various professional and higher educational establishments in the country, targeting the 14–29 age group. A training session was also conducted for children in an orphanage, where the average age group is 13–16 years. New ideas lately include translating and distributing the World Young Women's Christian Association (YWCA) documentary, "Women Are ..." into Russian. Networking is important



Ms Nastassia Ladzik. © World YWCA

in our work, and we share and exchange experiences with other like-minded non-governmental organizations.

From my personal experience as project coordinator and trainer, peer to peer education on HIV/AIDS remains crucial, especially for girls, who are the most affected and the least empowered.

(337 words)

*The World YWCA has been working to mobilize women in the fight against HIV/AIDS for several years. The global women's body collaborates with the LWF in joint ecumenical HIV/AIDS initiatives.

By Ms Nastassia Ladzik, project coordinator, "Counteracting the Spread of HIV/AIDS Among Young People in Belarus." Ladzik, 24, specializes in social work.

Reaching Out to Victims of Sexual Violence in the Democratic Republic of Congo

Therese Vay* was returning home from fetching water when a soldier raped her.

This was not an isolated case in Bakilo village near Kisangani in north eastern Democratic Republic of Congo (DRC). The civil war for the control of power and resources in the DRC, is centered mainly in the east. Soldiers frequently harass the local population and many residents have fled their homes.

But the Vay family was determined to stay, in spite of the constant gossip and mockery that often follow rape victims here.

Today, they embrace two-year-old Denise*, the child conceived from Therese's rape. But like many others in the region, this family lives with the quiet fear that Therese and Denise could be infected with HIV, a genuine fear in a country with an adult prevalence rate of 4.2 percent, and an estimated one million people living with HIV/AIDS.

Addressing this fear constructively calls for HIV testing and counseling. The prerequisite medical procedures alone cost USD 5 and are only available in Kisangani town. For residents of a country whose annual per capita income is around USD 650, the testing and traveling costs alone are unaffordable. Counseling, however, is virtually unavailable.

Through its Department for World Service (DWS) program in Rwanda and DRC, the Lutheran World Federation (LWF) along with its partner churches, seeks to assist and support victims of sexual violence and their families.

The LWF collaborates closely with church communities and women groups to raise awareness about HIV/AIDS and violence against women, and provide trauma counseling, with the aim to encourage people to seek testing and counseling.



Mr Emmanuel Murangira, LWF/DWS Rwanda-DRC program coordinator. © Private



Activities of the LWF/DWS Rwanda-DRC program in Kisangani district include the construction or rehabilitation of classrooms. Pupils of Batende Primary School, some 72 kilometers from Kisangani town. © Thomas van Kampen/LWF/DWS Rwanda-DRC

There are positive effects. In areas where the LWF is carrying out sensitization activities, people are more informed about HIV/AIDS and how to protect themselves against HIV infection. Women rape victims now voluntarily approach the LWF-supported women groups for advice and trauma counseling.

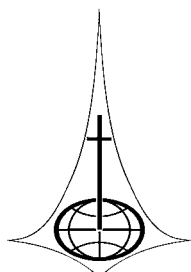
The Vay family situation is not unique in eastern DRC where rape has been used as a weapon during almost four years of civil war.

LWF/DWS Rwanda-DRC hopes to expand its work among victims of sexual violence and those infected with HIV to include food aid for the most vulnerable among people living with HIV/AIDS.

(374 words)

*Family names have been changed for confidentiality.

By Mr Emmanuel Murangira, LWF/DWS Rwanda-DRC program coordinator.



Mozambique: They Didn't Discriminate against Me

I am Alice Filipe Hunguana. I live in Bairro de Chamanculo "D" district, where I work alongside my daughter Ismênia de Lurdes. She is a student who spends her free time with drama groups that stage small-scale productions to raise awareness and give advice about drug abuse and HIV/AIDS. The plays are performed in the schools and communities of Chamanculo "D," a densely populated township in Mozambique's capital, Maputo.



Ms Alice Filipe Hunguana (left) and her daughter Ismênia de Lurdes (right).
© LWF/P. Wijmans

I found out I was HIV-positive in early 2003, and started therapy at the Hospital Dia do Alto Mae. It was a very difficult situation to deal with, particularly when planning how to tell my children and relatives. But I summed up the courage one day when we were at home all together. They didn't discriminate against me. Their support is what has given me the strength and ability to carry on living and to confront each day as a spokesperson for people living with HIV/AIDS (PLWHA).

AIDS in Uganda Leaves Children to Head Households

In a small house in Uganda's southeastern district of Rakai, Simon stood smiling next to his brother and sister as he welcomed visitors. At 16, he has been head of his household that includes his 15-year-old brother, and sister 13, for the past ten years. Their father died of AIDS, and their mother abandoned them.

A picture of poise, Simon described how he dropped out of school at "Primary 6" in order to take care of his family. At first he worked in the garden, and tried to provide food and money for his younger siblings to live, and stay in school. For some time, they struggled on their own, until Simon realized he needed help, and found a women's community-based organization.

The Lutheran World Federation (LWF) Department for World Service (DWS) in Uganda provided some

The spread of HIV/AIDS is a major problem in our community. Women are the most affected as many of them have sexual relations with their husbands not knowing about their condition. Cultural expectations forbid a woman from asking her husband about his sexual activities.

Some women are in polygamous marriages, while others, in the event of the husband's death, are inherited by male relatives. Others turn to prostitution to earn a living, putting themselves at further risk of contracting HIV or spreading it.

These are some of the main challenges our community must face through talks, plays, dance, and other ways of raising public awareness. Although we are not always welcome in the community, we have already achieved a great deal. People are slowly becoming more open and seeking contact with so-called HIV/AIDS representatives like me to find out more about a possible virus carrier in their family. As PLWHA spokespersons, we encourage those whom we suspect of being infected to go to hospital where they can be tested and commence treatment.

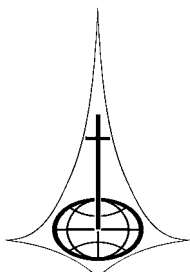
I thank the Lutheran World Federation (LWF) Department for World Service (DWS) for the strength it has given me from the moment I found out about my condition until this day.

* As a community-based PLWHA activist, Alice Hunguana receives some support from LWF/DWS Mozambique in its HIV/AIDS work. Official statistics on the AIDS epidemic indicate around 16 percent of Mozambicans aged 15-49 are infected with HIV. (401 words)

By Ms Alice Hunguana, Mozambique. Hunguana was the first person to come out publicly at a community meeting as HIV-positive. Her work as an activist is important to her, and to the LWF. Others have followed her lead in helping to break the silence and combat the stigmatization and discrimination surrounding HIV/AIDS.



Household head Simon, 16 (left), with his sister (middle) and younger brother (right) in Rakai district, Uganda.
© LWF/DWS Uganda





A boy and his goat donated by LWF/DWS Uganda program in Rakai.
© LWF/DWS Uganda

amenities, including a goat, a roof for their house constructed with help from the women's group, a water tank, mattresses and kitchen utensils. Simon described the biggest challenge of his life as being the loneliness that this family of three deals with on a daily basis.

Their mother sometimes stops in to see them, but never stays for long. Simon's eyes brighten as he tells his visitors he has come up with his share of the money to purchase a bicycle, and would they as promised contribute theirs? This would reduce dramatically the amount of time it took him to take produce to sell at the market. Reassured, he beamed at his brother and sister knowing he could take care of them a little better, for a while longer. The LWF continues to visit Simon and his siblings, as they are but one of the many families affected in this way by HIV/AIDS.

Although Uganda's HIV prevalence rate dropped from over 30 percent in the mid-1990s to approximately 6 percent over the past few years, caring for over 800,000 people living with HIV/AIDS (PLWHA) and an estimated 1.5 million AIDS orphans remains a major challenge. The LWF/DWS community-based HIV/AIDS project in Rakai provides PLWHA and their families with awareness education, counseling services and support toward basic needs. (361 words)

By Ms Sarah Larson, LWF/DWS Uganda.

HIV/AIDS in the Context of Levirate Marriage

In traditional societies, a form of levirate marriage used to take place in most communities. This is a practice where a widow was remarried to a brother or relative of the husband, the practice is now commonly known as wife inheritance.

The aim of levirate marriage was two fold. Firstly, it ensured the continuation of the deceased family in the case of young widows. The person who remarried the widow would bear children with her for the deceased man. Secondly, the practice gave the widow access to inherit property. Since widows were not entitled to inherit property in their own right, being re-married was a way to access land. The person who inherited the widow was expected to take care of her and her children.

Basic survival for oneself and children compelled most widows to re-marry within the husband's family. In modern times though, levirate marriage still persists as wife inheritance. In the era of HIV/AIDS this practice is detrimental not only to women but to society in general. For example, the story of Salome.

After her husband's death, Salome, 24, was inherited by an already married relative of her deceased husband. She soon fell ill and died, the second husband got sick and died, leaving his two surviving wives infected with HIV. These families have left



Dr Esther Mombo, academic dean, St Paul's United Theological College, Limuru, Kenya.
© Private

behind several orphans under the care of community members.

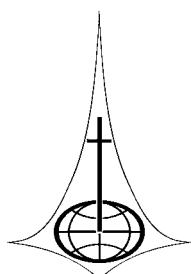
In the HIV/AIDS era, where the age group 15-49 years is the most affected in Africa, women and especially widows are particularly vulnerable. They are coerced into customary practices of levirate marriage, and/or ritual cleansing (which usually involves unprotected sex), running a clear risk of contracting and spreading HIV. AIDS deaths in such areas result in many more women becoming widows at a younger age than would otherwise be the case. The women and their children (who end up being AIDS orphans) face not only social stigma against people infected and affected by HIV/AIDS, but also economic and religious dilemma

that pose a challenge to the church in society.

It is therefore important for the church to face up to living the gospel in light of old traditions that have outlived their time especially with the challenges posed by HIV/AIDS.

(374 words)

By Dr Esther Mombo, academic dean, St Paul's United Theological College, Limuru, Kenya. She introduced a course on HIV/AIDS at the World Council of Churches (WCC)-supported college, before the WCC created the HIV/AIDS curriculum that is being introduced to seminaries throughout Sub-Saharan Africa.



HIV/AIDS AND CLERGY – DOING WHAT WE PREACH

If the war against HIV/AIDS is to be effectively won, clergy must be at the forefront in breaking the silence, whether as people living with HIV/AIDS or advocating for the rights of people living with HIV/AIDS. The stories in this section provide perspectives on how clergy deal with HIV/AIDS as care providers, as PLWHA or global activists.

Former Norwegian Bishop Urges Churches to Take HIV/AIDS Out of 'Shame Category'

"Religion plays an important role in the struggle against HIV and AIDS," says Rev. Dr Gunnar J. Stålsett, former General Secretary of the Lutheran World Federation (LWF) and Co-chairperson of the Leadership Program Committee for the 16th International AIDS Conference to be held in Toronto, Canada in August 2006. He is convinced that not only Christians but people of all faiths are called to join in the global fight against the pandemic.

For church leaders around the world, the HIV pandemic poses many challenges. Stålsett acknowledges that churches are very good at care—"one should not underestimate that"—but he also demands that churches be more forthcoming in prevention and support the "ABC" strategy, especially the "C," the use of condoms. "This is not the sole strategy in the struggle against HIV/AIDS but an important one," the retired bishop of the Oslo Diocese, Church of Norway emphasizes.

He says religious communities are in a unique position because they are institutionally present almost everywhere. "It is their responsibility to use this presence educationally, spiritually, and for care, because they have to mobilize this potential." Stålsett sees the need for more affirmation on the local level, because the struggle against the pandemic cannot be won by governments and organizations alone. "We need a strategy of cooperation and coordination,



Rev. Dr Gunnar Stålsett.
© Church of Norway, Oslo Diocese

and a common vision of overcoming the pandemic," he explains.

He also addresses the poverty dimension of HIV/AIDS, especially for people in the South. The 2005 G8 summit was focusing on poverty, but was not explicit on HIV, he remarks. At the 16th International AIDS Conference under the theme "Time to Deliver," Stålsett hopes to see more explicit and committed action. "The richer world needs to be called to share what they have with the poor. Many promises were made, but the delivery is slow. Our approach is not to shame those bodies that have promised and not delivered. We have a rather productive approach and want to ask: 'What would it take to do what was promised?'"

Stålsett challenges church leaders to use their position in a positive way to reduce stigma and discrimination in a very simple way: by engaging and speaking about it. "They must show in practice that people living with HIV/AIDS are normal people just like you and I. They are members of religious communities. The pandemic is part of everyday life in many countries where 20 to 25 percent of the population is affected. We need to take the HIV/AIDS issue out of the shame and stigma category and acknowledge: 'That's life. The Church has AIDS.'" (440 words)

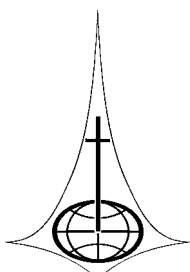
* Lutheran World Information (LWI) interviewed Rev. Dr Gunnar Stålsett. He was LWF general secretary, 1985–1994.

South Africa: Responding to a Challenge That Has Grown Out of Proportion

It all started in 2001 when the statistics of people living with HIV/AIDS (PLWHA) in South Africa were released. An HIV adult prevalence rate of 11 percent (Nelson Mandela Foundation/Human Sciences Resource Council) in a population of 43 million people was alarming. The Central Diocese of the Evangelical Lutheran Church in Southern Africa (ELCSA) diocese felt challenged to respond, albeit in a small way.

The diocese's basic programs then included HIV/AIDS awareness raising through public prayer services and workshops for pastors and other congregation members. The response was overwhelming and encouraging.

But as the challenge grew out of proportion and HIV infection assumed pandemic status, a great need was felt for a day-care center where PLWHA could



come for mutual support and counsel. The diocese could not do it alone, help was needed. On 4 December 2004, Diakonia AIDS Ministry (DAM) was inaugurated in Soweto, thanks to volunteer assistance through partnership between the Metropolitan Chicago Synod of the Evangelical Lutheran Church in America and Habitat for Humanity, and support from partners in Germany.

DAM's activities include PLWHA support groups, home-based care, orphan care and a facility for children of PLWHA. It also has educational and congregational outreach programs, and distributes food to the HIV-infected and affected, and destitute families.



Bishop Ngandaneni Phaswana, ELCSA Central Diocese. © LWF/D. - M. Grötzsch

phans and another 15 children in the child care center. In 2005, training was provided for 18 people peer educators, over 200 in basic knowledge about HIV/AIDS, and 90 in grassroots' organizing skills. Support group members are also engaged in incoming-generating activities through beadwork, sewing, gardening and shoe making.

But the program faces many challenges. These include stigma, whereby those infected and affected fear disclosing their status would lead to rejection by their loved ones, and the religious sector's judgmental attitude. Due to financial constraints the center cannot engage the much-needed health workers to administer antiretroviral

therapy. A social worker is also required to respond to desperate situations encountered in orphan care and home-based care programs, including dispelling belief that witchcraft causes AIDS. (393 words)

By Bishop Ngandaneni Phaswana, Central Diocese, Evangelical Lutheran Church in Southern Africa (ELCSA).



DAM's income-generating activities for PLWHA include beadwork. © Becky A. Johnson

There is a growing positive response to the program at parish and community level. The Soweto support group has about 130 members, and there is a new group in western Johannesburg. The current 10 home-based caregivers serve about 70 people suffering from AIDS-related illnesses. DAM also assists 65 AIDS or-



A DAM support group member puts final touches on a pair of slippers. © Becky A. Johnson

Tanzania: "You Have Been Too Open about Your Status"

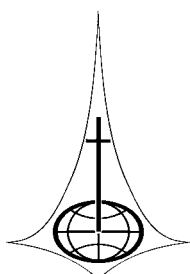
Lutheran pastor Amin Sangewa had known of his seropositive status for some time. He had lost his wife and two children to AIDS between 1994 and 2003.

It was a difficult family situation. Few people said anything directly to him. Instead, suspicious looks and whispering followed him wherever he went. Painful remarks were made whenever he was around. But what shocked him most—not a single church leader comforted the family. So he decided to speak about his HIV status openly, in the hope of a change in attitude from the church.

Sangewa was wrong. His openness led to further abandonment by the community and church mem-

bers. The church leadership asked him to stop any further intention of disclosing his HIV status. His contract as a Christian Council of Tanzania (CCT) chaplain at the Sokoine University of Agriculture in Morogoro, west of the capital Dar es Salaam had long been discontinued; he also wasn't assigned any duties upon returning to his Pare diocese.

But the former university chaplain was not about to give up. In March 2005, the Tanzania Network of Religious Leaders Living with HIV and AIDS (TANERELA), of which Sangewa was a co-pioneer, was formally registered. With 40 members including Muslims, TANERELA's aim is to use religious leaders as





HIV/AIDS awareness through the ELCT local community capacity building program in Musoma, northwest Tanzania. © Evangelical Lutheran Church in Tanzania

change agents in overcoming the six major obstacles in the fight against HIV/AIDS—stigma, shame, denial, discrimination, inaction or incorrect action in the communities, and to support other people living with HIV/AIDS (PLWHA).

At 47, Sangewa is now a full-time employee of TANERELA. He travels locally and abroad, teaching religious leaders how to avoid stigmatization in their regular sermons, at funerals and in other places. He urges preachers to be sensitive about their choice of words to avoid hurting and further stigmatizing PLWHA.

He is considering re-marrying. Asked whether he has someone in mind, he chuckled, saying he attempted once but the woman said: “You have been too open and if you marry me people will know my HIV status. Therefore, if you want us to get married stop telling people you are HIV-positive.” (355 words)

[TANERELA is a national chapter of the African Network of Religious Leaders living with or personally affected by HIV and AIDS (ANERELA+). Established in 2002, it aims at encouraging openness about HIV/AIDS.]

Ms Elizabeth Lobulu, communication coordinator, Evangelical Lutheran Church in Tanzania, interviewed Rev. Amin Sangewa.

“What Can I Do?” – The HIV/AIDS Ministry and Messages of Gideon Byamugisha

“What Can I Do?” a 49-minute video, features Canon Gideon Byamugisha from Uganda, the first African priest to disclose his HIV-positive status. It is designed to combat HIV-related stigma, shame, discrimination and denial in churches.

In this video, whose production was supported financially by the Lutheran World Federation among other organizations, Byamugisha talks about the need for his fellow Christians to do away with judgmental attitudes toward HIV-positive people, and instead offer them love and support.

Byamugisha speaks on the video about the difficulty he has faced when buying condoms,



because people usually associate condoms with immorality. He describes how he has turned these situations into impromptu AIDS education sessions.

The video, in the Strategies for Hope series, is divided into short segments on topics such as ‘Coping with stigma’, ‘Why be tested for HIV?’ and ‘Challenges for the church’. It is accompanied by a 48-page Facilitator’s Guide, to enable groups to explore in greater depth the issues which it raises. (173 words)

For further information about “What Can I Do?” please contact: www.stratshope.org

Listening with Love – Pastoral Counselling

Listening with Love – Pastoral Counseling: A Christian Response to People Living with HIV/AIDS, is designed for all Christians who are called to help people cope with HIV/AIDS. The World Council of Churches (WCC) publication provides, step by step, the basic medical facts about HIV/AIDS, guiding readers through practical, loving approaches that enable empathy and communication with people whose lives have been transformed by HIV.

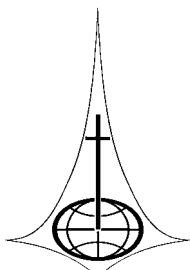
The 127-page Bible-based manual uses everyday language and case studies that



reveal the kinds of issues and problems that counselors typically face. *Listening with Love* is authored by Fr Robert Igo OSB, a clinical counselor and therapist prior of the Benedictine Monastery of Christ the Word in Zimbabwe. Fr Igo serves on the health desk of the Conference of Religious Superiors in Zimbabwe.

(132 words)

For further information please contact www.wcc-coe.org



FROM ISOLATED EFFORTS TO ECUMENICAL AND GLOBAL ACTION

What started as isolated efforts in response to the HIV/AIDS pandemic has grown into a global network of civil society and governmental initiatives. Maintaining this wide network, which may sometimes seem complex, is important—the very fabric of society has been touched by HIV and AIDS. A concerted response must involve a global perspective.

The LWI editorial team invited contributions from organizations that support global HIV/AIDS initiatives.

World Council of Churches Special HIV/AIDS Initiative for Africa

Following the November 2001 “Global Consultation on Ecumenical Responses to the Challenges of HIV/AIDS in Africa” in Nairobi, during which African church leaders, international and African ecumenical organizations developed a coordinated “Plan of Action,” the World Council of Churches (WCC) set up the Ecumenical



Dr Christoph Mann, EHAIA Project Manager. © LWF/H. Putsman

HIV/AIDS Initiative in Africa (EHAIA). This special initiative is at present managed from Geneva, yet the grassroots work is done from four sub-regional offices in Nairobi for Eastern, Accra for Western, Kinshasa for Central and Harare for Southern Africa.

A theology consultant works from the All Africa Conference of Churches office in Lomé, Togo. The Harare office has a theology consultant since No-

vember 1. In Angola, a coordinator for the Lusophone region also began work in November.

Some of the services offered by EHAIA’s regional coordinators and theology consultants include:

- Advice on how to start or intensify own implementation of the Plan of Action through denominational or local policy papers;
- Special HIV/AIDS retreats for church leaders;
- Courses to include HIV into the curricula of clergy and lay-training institutions;
- Training of trainers for church group leaders (women, youth, men);
- Exchange visits with churches for sharing of good practice.

Several member churches of the Lutheran World Federation are affiliated to the WCC. Both organizations collaborate at various levels of their HIV/AIDS work. (228 words)

By Dr Christoph Mann, EHAIA Project Manager.

Faith in Action: Lutherans Engage in Global Advocacy

In the global response to HIV and AIDS, lives are saved every day by programs of prevention, care, treatment and support. But it is increasingly clear that such efforts must be accompanied by advocacy to change unjust policies and practices.

The Lutheran World Federation (LWF) constituency continues to play a leading role in the Ecumenical Advocacy Alliance (EAA), a young and ambitious global network of churches and related organizations that work together in an advocacy campaign on HIV and AIDS with the theme,

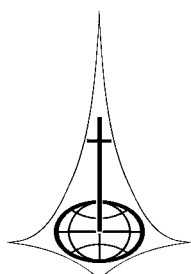
“Make the Promise. Keep the Promise. Stop AIDS.” Faith communities around the world have an enormous opportunity and challenge to lead in the response to the epidemic. Inspired by the biblical call to act for justice, churches must examine their own policies and practices and put pressure on government leaders.



Ms Linda Hartke, EAA Coordinator. © EAA

they fulfill their promises to provide necessary funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Our small staff team plays a role in encouraging action by participating churches and organizations, sharing resources, and coordinating efforts so they



have the greatest impact. The work is challenging, as the root causes that fuel the pandemic can be tough topics for frank conversation in the church—sex and sexuality, injecting drug use, and poverty. But the struggle for dialogue and action is important,

no matter the discomfort, as tens of millions of lives are at stake.

The LWF is an EAA member. For more information, please see: www.e-alliance.ch (330 words)

By Ms Linda Hartke, EAA Coordinator.

Global Challenges in Mobilizing HIV/AIDS Resources

At the start of this decade, the world briefly came together to focus on the injustice of millions of people dying from AIDS while medicines existed that could keep them alive. The world's leaders listened to activists, health workers and church leaders, who spoke about the moral imperative to provide AIDS treatment to all in need. As ideas developed, it became clear that universal access to treatment had to go hand in hand with a global effort to increase prevention of HIV/AIDS.

Yet, the world is a very different place today from what it was five years ago. The war against terror, the conflicts in the Middle East, the relative economic challenges and budget deficits in the world leading economies, and—recently—several natural disasters and a looming threat of a global bird-flu epidemic; all these factors are draining resources and attention away from the slow battle of attrition against HIV/AIDS.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that the world needs to spend USD



Dr Christoph Benn, Director of External Relations, Global Fund to Fight AIDS, Tuberculosis and Malaria. © epd-bild / Gerhard Bäuerle

18 billion in 2007, and over USD 20 billion in 2008, if the tide of the growing AIDS pandemic is to be turned. Today, less than a third of that is being spent. To increase the amount, all committed to the fight must continue to use their strongest arguments against those in the world's capitals that have the difficult task of making decisions on funding. The moral imperative to prevent millions of needless deaths the warning of devastation to development, economies, and peace, if whole continents were overcome by the AIDS pandemic; and the increasingly strong, new argument of recoveries achieved—are how the tide is beginning to turn. The Global Fund to Fight

AIDS, Tuberculosis and Malaria is among the organizations, which are financing this turnaround. The strongest argument for the provision of more money to fight AIDS is to show that the fight can be won. (321 words)

By Dr Christoph Benn, Director of External Relations at the Geneva-based Global Fund to Fight AIDS, Tuberculosis and Malaria.

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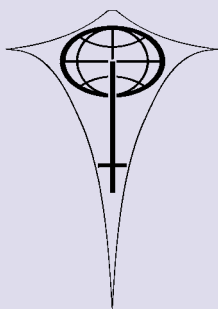
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Cover image – At the July 2003 LWF Tenth Assembly in Winnipeg, Canada, youth representatives from LWF member churches demonstrated the need for open dialogue with the church on HIV/AIDS. Copyright: LWF/D. Zimmermann



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