

The Church in the struggle against HIV/AIDS. A case study in Southern Africa

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Introduction

In the conversation between Pope Benedict XVI and Peter Seewald, the latter observes the Holy Father encouraging the Church's traditional teaching (on sexuality), to be the only sure way to stop the spread of HIV („Human immunodeficiency virus”). According to Seewald this understanding raised criticism even among the Church leaders.¹ According to my own experience, some people criticise the Church for not responding positively to their problems including that of the HIV/AIDS („AIDS”, stands for Acquired Immune Deficiency Syndrome). On the other hand, some of the Church leaders have made statements which in a way create an impression, that AIDS is a punishment from God due to sexual moral decadence. Charles Ryan quoting a statement from one of the South African Bishops' conferences writes: “AIDS must never be seen as a punishment from God.”² He further mentions: “However, a more subtle notion of a punishing God still survives in the idea that the Creating God arranged for punishment to descent on society and individuals who depart from nature by acting immorally.”³ Charles Ryan strengthens his argument by quoting Kearon K. in *Medical Ethics*: “... AIDS is the consequence of not following the Christian way.”⁴ Such statements have tarnished the image of the Church and have really wounded many hearts. There is a need to change this kind of image and create a sense of belongingness among the people towards the Church and make them know the difficult task done by the Church in the struggle against AIDS pandemic.

As an African, I myself have seen my fellow brothers and sisters suffering from AIDS. And the Global summary of the AIDS epidemic 2010 published in 2011 also indicates a total number of people worldwide living with HIV as 34 million. Among them 30.1 million are adults, 16.8 - women and 3.4 - children up to 15 years⁵. AIDS is therefore, a problem to mankind. My question is: Can we learn anything from the Southern African Church, in its involvement in the struggle against the pandemic? In this context, this article tries to present examples especially from Southern Africa to show the contribution the Church is rendering in the struggle against AIDS pandemic. It also aims at encouraging all to join hands with governmental and non-governmental organisations in the struggle against AIDS pandemic and will finally suggest ways that would also be helpful in this on-going struggle.

Why should the Church be concerned about HIV/AIDS sick?

The Holy Father, Pope Benedict XVI in his encyclical *Deus Caritas Est*, describes charity as a responsibility of the Church. He sees the love of neighbour as being embedded in the love God. The expression of this love is a responsibility of each individual as well as that of the entire ecclesial community at every level. The Church unfolds this love through a three-fold mission, namely: That of proclaiming the word of God (*Kerygma-Martyria*), exercising the ministry of charity (*Diakonia*), and of celebrating the sacrament (*Leitourgia*). He categorically elaborates that charity is part of the Church and an indispensable expression of her being.⁶ This indicates that caring for the sick is part of her mission as she proclaims carries out her three-fold mission in the world.

The Church is a servant of Christ. Jesus Christ said: “I came so that they might have life and have it more abundantly” (Jn 10:10), he made it a point to reach out to the marginalised. He proved to be a good shepherd who gives his life for his flock. He also went all around Galilee, teaching in the synagogues, proclaiming the gospel of the kingdom, and curing every disease and illness among the people (cf. Mt 4:24). The Church is the image of Christ on earth. And therefore, she is called to proclaim the love of God in and through the saving mission of Christ. By attending to the sick and the marginalised in society, she lives and realises the mission of Christ.

Following the example of her Saviour, the Church is sent to people of all walks of life but particularly to the sick, the poor, the abandoned and the neglected in the society. In the Gospel of John we read: “For God did not send his own son into the world to condemn the world, but that the world might be saved through him” (John 3:17). This is a call to reach out to all without condemnation or discrimination.

The Church fathers of second Vatican council asserted: “The joy and hope, the grief and anguish of the men of our time, especially of those who are poor or afflicted in any way, are the joy and hope, the grief and anguish of the followers of Christ as well. Nothing that is genuinely human fails to find an echo in their hearts.”⁷ The Church as the servant of the Kingdom of God on earth takes up this challenge and reaches out to those who are suffering. She is urged to reflect on the words of the Lord about the last judgement, which challenge Christians to perform acts of mercy: I was hungry ... thirsty ... a stranger ... sick ... in prison and you fed me, clothed me, took care of me, visited me ... (Mt 25:35-36).

The most common areas of the Church’s involvement in the struggle against HIV/AIDS as indicated by Pope Benedict XVI include: prevention, education, help, counsel, and accompaniment (of the sick and the dying as a result of AIDS).⁸

Statistics from Vatican reveal: “... across the world, 45% of AIDS care and treatment is provided by governments, 27% comes from the Catholic Church, a further 16% from other FBOs (faith-based organisations), and 12% from non-governmental organisations, some (of which) are faith-related.”⁹ The Church is thus the principal partner of government in taking care of people with AIDS.

The miracle of Jesus, feeding five thousand men (cf. Mt 13:14-21) invites the Church not only to attend to the spiritual needs of the people, but also attend to the person as a whole. This is what proclaiming the kingdom of God requires and this is the present challenge the Church is encountering in the face of enormous poverty and sickness. HIV/AIDS in the sub-Saharan Africa is one of the biggest challenges confronting the Church. Below is a brief report about the pandemic in sub-Saharan Africa.

A brief report on the AIDS pandemic in sub-Saharan Africa

The UNAIDS report of 2011 indicates:

Sub-Saharan Africa remains the region most heavily affected by HIV. In 2010, about 68% of all people living with HIV resided in sub-Saharan Africa, a region with only 12% of the global population. Sub-Saharan Africa also accounted for 70% of new infections. The epidemic continues to be severe in southern Africa, with South Africa having more people living with HIV (an estimated 5.6 million) than any other country in the world.¹⁰

This report further notes:

The total number of new HIV infections in sub-Saharan Africa has dropped by more than 26% down to 1.9 million (1.7 million-2.1 million) from the estimated 2.6 million (2.4 million-2.8 million) at the height of the epidemic in 1997. In 22 Sub-Saharan countries, research shows HIV incidence decline by more than 25% between 2001 and 2009. This includes some of the world's largest epidemics in Ethiopia, Nigeria, South Africa, Zambia and Zimbabwe. The annual HIV incidence (New HIV infections) in South Africa, though still high, dropped by a third between 2001 and 2009 from 2.4% (2.1%-2.6%) to 1.5% (1.3%-1.8%). Similarly, the epidemics in Botswana, Namibia and Zambia appear to be declining. The epidemics in Lesotho, Mozambique and Swaziland seem to be levelling off, albeit at unacceptably high levels.¹¹

The above figures indicate that, although there is a decline, more should still be done in the struggle against the pandemic. The high rates especially in South Africa are thought to be a result of the following factors: Poverty, lack of empowerment of women, gender violence, and the legacy of apartheid-era leading to migration of sex workers, inaction of the past and present governments, discrimination and stigmatisation against the HIV sick.¹² Having analysed various statistical indications, we shall now discuss some of the roles played by the Church in this struggle in Southern Africa.

Indicators of the Church's role in HIV/AIDS struggle in southern Africa

Moved by the spirit of universal love and care for all, the Church has extended services to those affected by the pandemic. The Southern African Bishops state categorically: "AIDS must never be considered as a punishment from God. He wants us to live and not to die from AIDS. It is for us a sign of the times challenging all people to inner transformation and to ... (a) ministry of healing, mercy and love."¹³

This conviction invited the clergy, religious and lay pastoral workers to incorporate in their pastoral programme, all those who live with and are tormented by HIV.

Below are some examples of the Church's involvement in the struggle against the AIDS pandemic.

a) Formation of faith-based organisations (FBOs)

They concentrate in offering compassionate care for the HIV-infected and support the orphaned and vulnerable children. They also offer a religious response to HIV and work against social stigma and discrimination against them. Religious responses range from the continuum of prevention, care and support, treatment and rights, and are often holistic in nature, attending to the physical, social, emotional and spiritual dimensions of the individual in need. They contribute a lot to their health and wellbeing and thus fight against HIV/AIDS both in material and spiritual ways.¹⁴ The Church here acts like a Good Samaritan (cf. Lk 10:30-37).

Through these organisations, the Church expresses her mission for the common good for all. Some examples of FBOs are: Catholic medical mission board (CMMB) and the southern African Bishops' conference AIDS office (SACBC), which was formed as a result of the amalgamation of Church related agencies, namely The Catholic Institute of Education-CIE, The Catholic health care agency- CATHCA and the development and welfare agency-(DWA). However, there are 350 faith-based organisations in 100 countries in the world, which co-ordinate with CMMB in the fight against HIV.

Some of the duties of the SACBC include: Coordinate AIDS response in the region, facilitate training and exchange possibilities, scaling up existing programmes, provide monitoring and

evaluation support, address the increasing needs of orphans and vulnerable children ... budget reforms.¹⁵

b) Lobbying funds to support HIV/AIDS programmes

One of the necessary requirements in the struggle against HIV is a constant funding for the HIV programmes. Besides some local mobilisation of funds from parishes, dioceses, and other organisations, there are still some funding bodies like PEPFAR (US President's Emergency Plan for AIDS Relief), Global fund to fight AIDS, Tuberculosis and Malaria etc., which support the HIV/AIDS programmes in Southern Africa. These funding bodies collaborate with local organisations in order to fund HIV programmes.

In January 2000, SACBC was formed but with only one member and an operating budget of about USA \$10.000. By 2006, this office was employing 14 people and pursuing the following goals: to co-ordinate the work of the organisation to thousands living with HIV, to raise funds for diocesan and local projects, facilitate training, and respond to the needs of persons living with HIV and their families, to address the increasing needs of orphans and vulnerable children, to mention but a few.¹⁶ The formation of SACBC has promoted a good working relationship between faith-based and community-based organisations, private industries, government offices and academic institutions.

“Since 2000 the SACBC AIDS Office has co-ordinated the response of the Catholic Church to AIDS in South Africa, Swaziland and Botswana, strengthening and building on existing programmes, and helping to initiate new ones. The Continuum of Care in most of the programmes and projects linked to the SACBC has seen commitment to prevention, care and support to people infected and affected by AIDS.”¹⁷

c) Counselling services

This is the service rendered to the people to help them become aware of the dangers of the virus, enlighten them ways and means through which they can avoid the risk of being infected and in case they are already infected, to help them live positively with the HIV virus. Through such services they also prepare people for death in case the drugs cannot prolong life any more. The example of Jesus healing a leper on the Sabbath (cf. Mark 1: 40f), which was considered against the law of the Jews (cf. Ex 23:12) invites the Church to be compassionate to the people traumatised by HIV and to make them re-live their humanity.

d) Caring for the orphaned due to AIDS pandemic

There are many projects in Southern Africa with the aim of taking care of the orphans. Rev. Robert J. Vitillo quotes an interview with a representative of Catholic Health care Association: “Some projects started by dealing with orphans as well, others have realized that they have to include prevention education, if they are to make any difference.”¹⁸ This is the promotion of human values and it's a deeper spiritual level of human living and interaction, which leads into action. The Church through such services extends her arms to the homeless. For instance, the orphans are integrated to families; they are given material support like food and availed a chance to access school education.¹⁹

The southern African Bishops' conference has affiliated programmes in home-based-care with a strong commitment for orphans, especially ones who don't have any one to care for them after the death of their parents. There are more than 20 Catholic Church-sponsored programmes that care exclusively for the orphans. For example, “Nazareth House”. It is important to note that these children need not only food but also psychological and pastoral care, a healing process of the whole person.²⁰

e) Establishment of home-based caregivers' team

These are people selected by the SACBC AIDS office and specifically trained to take care of the AIDS patients. They also help them receive blood tests at the antiretroviral therapy centre so that they may regularly know their CD4 count.

CD4, A type of T cell involved in protecting against viral, fungal, and protozoal infections. These cells normally orchestrate the immune response, signalling other cells in the immune system to perform their special functions. Also known as T helper cells. HIV's preferred targets. Destruction of CD4+ cells is the major cause of the immunodeficiency observed in AIDS. Lab work is done at specific intervals to measure the number of CD4 cells in circulation.²¹

Caregivers also give patients training in drug literacy, treatment for opportunistic infections and identify patients who need antiretroviral drugs (Nazareth house, Johannesburg, St. Mary's hospital, Mariannhill).²² Through caregivers, Christians are able to respond to the needs of those suffering in that particular area. This gives hope to the victims and to the entire church that nobody is left alone in this trying moment of the pandemic. Though the task of caring for the disadvantaged brothers and sisters involves challenges like: the increasing number of orphans against minimal resources, social and self-stigma on the side of the HIV-infected to mention but a few, there much hope coming up in the fight against the killer AIDS.

Hope for the future

A great hope in the future struggle against the AIDS pandemic is reflected in the UNAIDS World AIDS Day Report of 2011²³ and in the WHO Global health Sector Strategy on HIV/AIDS 2011-2015, whereby both stress a vision of getting to Zero; meaning Zero new HIV infections, Zero AIDS-related deaths, Zero discrimination in a world where people living with HIV are able to live long and healthy. The UNAIDS World AIDS Day report of 2011, suggests three major ways through which a Zero vision can be achieved. Namely: *Faster, Smarter, Better*. This goal calls for a combined effort between medical science, legal support and all the people of good will.

Faster targets the following points:

There is a need to accelerate the decline of the epidemic through universal access to HIV prevention, treatment, care and support. This additionally requires behavioural change and already positive effect in the fight are beginning to show up. The UNAIDS report notes: "In countries with generalised epidemics, a combination of behavioural changes including reductions in numbers of sexual partners, increases in condom use, and a delayed age of first sex, have reduced new infections (incidence) in several countries. HIV incidence in urban Zimbabwe fell from an extremely high peak of almost 6% in 1991 to less than 1% in 2010."²⁴

Then, there is also a focus required on people at higher risk of HIV infection. These include: young people, sex workers and their clients, drug addicts, and men who have sex with men. Encourage behaviour change and prevention, avail accessibility to treatment, care and support, and increased condom use.

There is need to accelerate the decline in tuberculosis deaths through treatment and prophylaxis. This will compel regular screening and testing especially for countries with high prevalence of HIV and tuberculosis. Medical male circumcision is also recommended and in countries like Kenya, South Africa and Uganda, it has reduced the risk of female-to-male sexual transmission by about 60%.²⁵

Smarter requires a rational allocation of resources to attain substantial and sustainable progress in the HIV response and it targets the following:

Invest smartly for result, which requires proper allocation of funds to crucial needs, and to curtail expenditures on relatively less crucial needs. This requires; maximizing the benefits of HIV response, using country- specific epidemiology to ensure rational resource allocation, effective programmes based on local context and increasing efficiency in HIV prevention, care and support. It is presupposed that “If South Africa continues to increase its AIDS investments with domestic and international support, the annual number of new infections could reduce to less than 250,000 (from 500,000).²⁶

Better follows the June 2011 political declaration on HIV/AIDS whereby United Nations Member States stressed the point of intensifying efforts to eliminate HIV/AIDS and re-commit members to a goal of universal access to HIV prevention, treatment, care and support. It targets by 2015 Zero new infections, Zero discrimination and Zero AIDS-related deaths. This aims at eliminating new HIV infections among children and keeping their mothers alive. This goal requires:

- Prevention of HIV infection in women of reproductive age through stopping sexual and injecting-drug-related transmission. In addition, integration of primary HIV prevention in antenatal care, postpartum care, and HIV services is needed.
- The access gap for women’s family-planning services is closed, to help avoid un-intended pregnancies.
- Routine HIV testing and counselling for pregnant women. Guaranteed antiretroviral drugs for women living with HIV and their Babies in order to reduce transition during pregnancy, delivery or breastfeeding. There is a need for infant feeding and support.
- Availing of HIV care, treatment and support universally to women, children living with HIV and their families, early diagnosis and paediatric care and treatment services, and lifelong antiretroviral therapy for HIV-positive pregnant women.

To accomplish these objectives, there is a need to work strategically towards the Global target, translating words into committed action with international solidarity, and strategic allocation of resources and effective development of available tools. The future in the struggle against HIV/AIDS is therefore promising.

Concluding remarks

Since there is a great improvement shown in the struggle against the pandemic, all these efforts mentioned above, control the virus to a certain extent. However, there is no definite measure at the moment that would completely cure the HIV-infected. This calls for a continued struggle in this fight. Funding bodies, governments and individuals of good will should continue supporting this struggle; the researchers should concentrate on further developments on the knowledge of the pandemic; Churches should continue offering their support, be it spiritual or material and should educate all the clergy and religious about the medical and pastoral needs of the HIV-affected. All people are to avoid gender imbalance rooted in cultural traditions that tend to oppress the rights of a girl-child and woman. Let us all join in every way possible in this struggle, respecting, protecting and promoting life as a God given gift. Protecting oneself from HIV requires a change in sexual practices especially through avoiding all practices that put one at a great risk of infection.

¹ Cf. Benedict XVI, *Light of the World: the Pope, the Church, and the Signs of the Times*, A Conversation with Peter Seewald, San Francisco 2010, 117.

² Southern African Catholic Bishops Conference, *A Message to Hope*. Statement from the Plenary Session of the Southern African Catholic Bishops Conference, July 30th, 2001. In: Thomas Herkert und Nobert Kößmeier, *Der Leib Christi hat AIDS: Eine Epidemie als Herausforderung für die Kirche*, Freiburg 2004, 169.

³ Thomas Herkert und Nobert Kößmeier, *Der Leib Christi hat AIDS: Eine Epidemie als Herausforderung für die Kirche*, Freiburg 2004, 169.

⁴ Kearon, K., *Medical Ethics: an Introduction*, Dublin 1999, 117. In: *Ibid* 169.

⁵ <http://www.who.int/hiv/data/2011>. Read on 30/01/2012.

⁶ Cf. http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est_en.html.

⁷ Vatican II, *Gaudium et Spes*, 7 December, 1965. No. 1.

⁸ Cf. Benedict XVI, *Light of the World: the Pope, the Church, and the Signs of the Times*, A Conversation with Peter Seewald, San Francisco 2010, 118.

⁹ Michael J. Kelly, *HIV and AIDS: A social Justice Perspective*, Nairobi 2010, 224.

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http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/jc2216_WorldAIDSday_report_2011_en.pdf, 7. Read on 01/02/2012.

¹¹ *Ibid*, 7.

¹² Report written by Robert J. Vitillo, *HIV/AIDS: An Exceptional Emergency*, published in Italian language version in *Nuntium*, Lateran University, 2008/1, Anno XII, Numero 34, 3.

¹³ *Ibid*, 3.

¹⁴ Cf. Michael J. Kelly, *HIV and AIDS: A social Justice Perspective*, Nairobi 2010, 227.

¹⁵ http://data.unaids.org/pub/Report/2007/jc1281_choose_to_care_en.pdf. Written by Robert J. Vitillo, *A Faith-Based Response to HIV in Southern Africa: The Choose to care Initiative*, 9.

¹⁶ Cf. *ibid* 9-10.

¹⁷ Johan Viljoen, Programme Manager of Choose to Care Project, in a presentation at Second South African AIDS Conference, Durban, 7-10 June 2005. In *Ibid* 10.

¹⁸ http://data.unaids.org/pub/Report/2007/jc1281_choose_to_care_en.pdf. Written by: Robert J. Vitillo, *A Faith-Based Response to HIV in Southern Africa: The Choose to care Initiative*, 16.

¹⁹ Michael J. Kelly, *HIV and AIDS: A social Justice Perspective*, Nairobi 2010, 226.

²⁰ Cf. Robert J. Vitillo, *A Faith-Based Response*, 20.

²¹ <http://aids.about.com/od/hivaidsletterc/g/cd4def.htm>. Read on 30/01/2012.

²² Cf. Robert J. Vitillo, *A Faith-Based Response*, 33.

²³ Cf.

http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/jc2216_WorldAIDSday_report_2011_en.pdf. P. 6-45. Read on 01/02/2012.

²⁴ *Ibid* 14.

²⁵ Cf. *Ibid* 17.

²⁶ *Ibid* 30.