

EHAIA IS LIKE A BRANCH OF THE TRUE VINE

Introduction

Ecumenical HIV and AIDS Initiative in Africa (EHAIA) — a ministry of the World Council of Churches (WCC) — is like the biblical branch of the true vine that is expected to bear fruits — fruits that will last (John 15)! EHAIA was launched after a number of willing, enthusiastic and dedicated Christians in Africa and in the global church carefully examined how churches and Christians were responding or not responding to the global HIV pandemic crisis in Africa. Among this group of Christians are women and men living with HIV, including clergy persons. Even though WCC had taken seriously the global HIV and AIDS crisis since 1986 by the end of 1990s it was clear that sub-Saharan Africa was bearing unprecedented burden of a large number of people living with HIV and AIDS related deaths.¹ In addition, the number of orphans had increased tremendously to the extent that extended families were barely coping.

From 1999-2001, before the launching of EHAIA in April 2002, studies on the nature of responses by churches, theological seminaries and ecumenical institutions in Africa were organized through small ecumenical conversations, seminars and consultations in different countries. The culminating consultation held in Nairobi, Kenya in November 2001 produced a Plan of Action on ecumenical response. WCC was asked to implement the ecumenical response on HIV and AIDS crisis with the churches, seminaries, ecumenical institutions and networks of people with HIV in partnership with ecumenical agencies and churches in global North.

The studies identified many churches and Christian community-based initiatives in the forefront mitigating the impact of HIV and AIDS. Many of them had pioneered ways of providing health care for people with HIV and care for orphans with education, social support and counseling. Major weaknesses, however, were identified in addressing HIV prevention and stigma and discrimination on many fronts associated with HIV such as religious, cultural and gender aspects and high-risk sexual behavior. There were many fault lines in theology and ethics and lack of healing and liberating liturgical messages, especially in sermons and songs as well as denial of the reality of HIV and AIDS within churches. Furthermore, although sex is the main means of HIV transmission in sub-Saharan Africa, it was rarely discussed in churches and seminaries in open and non-judgment ways. Yet it was acknowledged that churches and seminaries have enormous potential for providing lasting solutions together with other institutions in the society.

During the studies and consultations increasing number of church leaders became aware of the need for much more concerted ecumenical efforts to address issues raised by HIV pandemic through collaborative and holistic ministry. In order to support ecumenical efforts, EHAIA works with a wide spectrum of denominations and churches characteristic of diverse theologies and practices: Orthodox, Roman Catholic, Protestant, Anglican, African Instituted, Evangelical and Pentecostal. Increasingly, Christians in

¹ According to 2008 Report on the global AIDS epidemic, Sub-Saharan Africa remains most heavily affected by HIV, accounting for 67% of all people living with HIV and for 72% of AIDS deaths in 2007. In 2007, 33 million people living with HIV. Globally, the number of children younger than 15 years living with HIV increased from 1.6 million in 2001 to 2.0 million in 2007. Almost 90% live in Sub-Saharan Africa.

Africa have learned that participating in the mission of God to the world must be holistic, responding to God's promises, blessings, gifts and liberating activities so that people may grow spiritually, thrive physically and have a voice in an unjust world.

Equally important, HIV pandemic has revealed how lack of effective stewardship and governance, poverty, violence and unequal relationships between women and men and among groups of people have greatly contributed to the spread of the virus. On the other hand, Africa has a youthful population with 2006 statistics showing that 44% of its citizen is 0-15 years old. Children are the most affected by HIV but the ones who receive the least attention both in terms of care and support with orphans being the most neglected. In other words, children stand at the bottom of the list of priorities. Sadly, nonetheless, young people (15-24 years) account for 45% of all new HIV infections yet they still lack accurate preventive information and access to youth friendly clinical and counseling services. But it needs to be noted that sexual activity that is largely responsible for HIV transmission in sub-Saharan Africa is not limited to this age group of young people. There is notable intergenerational sexual activity (consensual or otherwise) as well as incest and sexual violence across board. Overall, 61% of all people with HIV in sub-Saharan Africa are women.

EHAIA and the Role of Coordination

It is in this context that EHAIA was mandated to provide greater coordination, better networking, and strengthened communication and also improved mechanisms for working together, building on each other's experiences and successes, and avoiding unnecessary duplication of effort. The ecumenical vision that laid the foundation of EHAIA is "a transformed and life-giving church, embodying and thus proclaiming the abundant life to which we are called and capable of meeting the many challenges presented by the pandemic". Above all, it was believed that churches can make powerful contribution in combating HIV transmission by eradicating stigma and discrimination, a key that will open the door for all those who dream of a viable and achievable way of living with HIV and preventing the spread of the virus.

To liken EHAIA with a branch of the true vine is a humble reminder that Christians and churches are called to participate in God's mission to the world by taking cue from the life and ministry of Jesus Christ (Luke 4) as we live out the gospel message. Certainly, many Christians fail repeatedly and often spectacularly (as HIV pandemic has revealed) to live by the ethical norms, standards and injunctions found in the gospels. Repeatedly, people living with HIV and the most affected name stigma, discrimination, fear of rejection, loss of trust and judgmental messages as what hurt most rather than the condition itself.

It is common knowledge that Christians and churches have been found wanting when they misuse the bible to judge, discriminate and neglect people living with HIV and other marginalized groups. Hence, EHAIA has put great emphasis on biblical, theological, pastoral, liturgical and ethical reflection (theological discourse) as well as educating and training leaders on a wide range of issues to empower Christians and churches to wrestle with the scriptures, divergent Christian theologies and ethics and African indigenous religious and cultural beliefs and practices in the context of HIV pandemic and all related social injustices. Through contextual theological discourse EHAIA has attempted to

facilitate an encounter with God that will lead to listening with love, repentance, transformation and spiritual growth and action, which puts Christian faith into social engagement and practice and to bear fruits that will last. It is not enough to create a free HIV world, as important as that is, rather people should have the opportunity to have life in its abundance — the ultimate goal of the life and ministry of Jesus (John 10:10).

Implementing the Plan of Action

To begin with it is important to point out that the gracious idea of creating EHAIA was mooted when many councils and conferences of churches in Africa were experiencing institutional crisis and ecumenism was fragile. Yet, it was clear that churches needed to work together to combat the spread of HIV and the stigma, rejection and discrimination of people living with HIV and those most affected. Given this fragile ecumenical environment and the global nature of HIV pandemic, the World Council of Churches based in Geneva, Switzerland, which had provided substantial leadership in addressing the pandemic was given the responsibility of facilitating the implementation of the Plan of Action. As a result, EHAIA has a coordinating office in the WCC in Geneva and five regional offices and two theology consultants based in five countries: Angola, Zimbabwe, Kenya, Democratic Republic of Congo and Togo.

This small team of staff works closely with an international group of dedicated volunteers in sub-Saharan Africa, Europe and North America who serve in four regional advisory groups and one international group. EHAIA has endeavored to work collaboratively with many churches, councils of churches, fellowships, conferences, forums, associations and networks of people living with HIV as well as UNAIDS, interfaith platforms and other key stakeholders. Its primary task is to inspire, mobilize, challenge and facilitate capacity building for Christian leaders and educators in a wide variety of ministries working at different levels in churches, church related institutions and Christian organizations, institutions, networks and government departments that engage religious chaplains.

Fundamentally, EHAIA strives to instill individual and community ownership of the struggle against HIV and AIDS pandemic and its related issues. A struggle that is based on Christian love, faith and hope that leads to attentive, sensitive, compassionate listening and effective solidarity with all those who are HIV positive and those most affected. On the other hand, EHAIA acknowledges that HIV and AIDS are more than a medical or biological issue. The pandemic is also a social injustice disease, which are very much dependant on poverty, violence, gender inequality, the abuse of human and children's rights, sexual discrimination, drug and sexual trafficking, national corruption, international economic injustice and globalization.

Regrettably, the pandemic promotes and perpetuates the same social evils that create the environment in which it thrives. Therefore EHAIA recognizes and promotes the internationally recommended strategy of combating the pandemic — a multi-sector approach — which challenges us to interrogate ourselves about the pandemic. That means we must scrutinize our social location and context and to have a clear understanding of our Christian faith. Therefore contextual theological discourse in an ecumenical environment is the preferred way of engaging Christians, churches and theological institutions. The approach also requires that we bring our skills, specialties, disciplines, gifts and to provide institutional and home spaces for learning so as to liberate the world from the shackles of HIV and AIDS, to heal our broken relationships and to heal

ourselves. EHAIA aims at facilitating HIV and AIDS competent churches.² In other words, in HIV and AIDS context there is no place for “lip-service” and “business as usual” ways of engaging in the mission of God to the world. Hopefully, these remarks help to explain why the Plan of Action has identified thirteen areas of active engagement. In concrete terms, EHAIA has focused on facilitating seminars, conferences, training of trainers (ToTs) and producing books and audiovisual material which are shared free of charge to the participants, churches, institutions and networks. For seven years, EHAIA has trained more than 20, 000 church related resource persons from all over sub-Saharan Africa, under five objectives:

- ❖ The teaching and practice of churches indicate clearly that stigma and discrimination against people living with and affected by HIV is sin and against the will of God.
- ❖ Churches, their leaders, members and other ecumenical partners have a full understanding of the severity and challenges, of the HIV and AIDS pandemic in Africa with special attention to human sexuality, gender, culture, sexual violence and violence against women & children.
- ❖ Churches in Africa reach out and respond to collaborative efforts, reinforcing efforts where they already exist, in the field of HIV and AIDS.
- ❖ Churches in Africa strengthen their capacity to promote and implement evidence-based prevention of HIV taking into consideration pastoral, cultural and gender issues.
- ❖ Churches in Africa mobilize and utilize their resources and structures efficiently and effectively, collaborating with other service providers where appropriate, to provide holistic care and support for people living with and affected by HIV and AIDS.

Highlights, Challenges and Way Forward

Like a branch on the true tree, EHAIA has attempted to bear fruits that will last. We have tried to mobilize, challenge and inspire the hearts, mind and spirit of many Christian leaders knowing that transformation and spiritual growth rest with God (I Corinthians 3: 5-9) who alone can change our ways and our thoughts. Fortunately, there are many other branches on the true tree that are making lasting impact on the struggle against HIV pandemic. Therefore, it is not easy for one single initiative like EHAIA to take credit for the changes that are obviously happening. That said it is appropriate to highlight areas where EHAIA is making significant contributions.

Areas of Achievement

Meaningful Involvement of People Living with HIV

In all EHAIA training activities and exposure (exchange) programs staff has made it common practice that among the participants and resource persons are people living with HIV. Including people living with HIV has helped immensely to break the silence, to create a non-judgmental and non-stigmatizing environment and deeper understanding

² See Sue Parry, *Beacons of Hope – HIV Competent Churches: A Framework for Action*. Geneva, Switzerland: WCC Publications 2008, EHAIA Series. Sue Parry is the WCC/EHAIA Regional Coordinator for Southern Africa. She is a medical doctor and has been active in HIV and AIDS advocacy, research and education since 1983.

of the pandemic that lead to more people going for testing and counseling. Increasingly, in the churches and in church public gatherings people living with HIV are being acknowledged as agents of change and ambassadors of hope. The impact is even greater when the person living with HIV happens to be clergy or holding a prominent position in a church-related institution or Christian organization. In all activities the trainers go into great length to encourage appropriate language speaking about human sexuality and teaching about responsible sexual behavior among different age groups, in the family and in the churches as well as HIV positive and discordant couples.

Comprehensive HIV and AIDS Education

Even though, EHAIA does not run projects like home-based care, training in pastoral care and counseling for caregivers is included in the seminars and workshops. Above all, EHAIA ensures that in all its activities participants are provided with evidence-based knowledge about HIV and AIDS and the necessity to create holistic ministry that includes prevention, care, support and treatment, without neglecting the caregivers who regularly suffer from fatigue and neglect. EHAIA has explored with pastors, church leaders and theological educators theology of compassion, love and solidarity for people living with HIV and those most affected to ensure that worship space is well utilized in educating Christians on the pews.

Contextual Bible Study

When dealing with sensitive matters such as sexual and gender-based-violence, incest, gender inequality, sex workers, disempowerment of children and women and harmful cultural practices, EHAIA has adopted contextual bible study methodology on bible texts that are traditionally ignored or omitted as basis of regular sermons and Christian teachings. Contextual bible study methodology is highly interactive and it creates safe spaces where participants can talk freely about life experiences and their situation in life without compromising their confidentiality. Amazingly, the methodology is also used with children to teach them about sexual abuse. One significant outcome of this methodology is that men have started to ask hard questions about their sexuality, masculinities and attitudes and behavior that lead to sexual and gender violence against children and women. The methodology is changing the common practice of turning gender theological discourse to women's issues and empowerment of children and women. Men are demanding to be included in all efforts that seek for solutions to end the pandemic and other social injustices.

Promoting/ Enhancing Ecumenism

Because EHAIA insists on working ecumenically and collaborating with other stakeholders, there is notable increased ecumenical engagement among churches that had nothing to do with each other a few years ago. This is true especially in countries that have no councils of churches where different denominations have formed alliances and forums to deal with HIV challenges even to the extent of creating interfaith platforms. Increasingly, UNAIDS offices are seeking out collaboration with EHAIA as a platform that reaches out to many churches and other faith based organizations as well as secular stakeholders.

Transforming Theological Education

EHAIA is known for its endeavor to mainstream HIV theological curriculum in theological institutions and theological education by extension (TEE) programs and to

produce and distribute theological and liturgical literature. This literature is in high demand by theological educators and church workers. On the other hand, EHAIA reaches out to other stake holders to reproduce and distribute their literature when it becomes obvious that they are making an impact and are in high demand by churches and theological institutions. A good example is the Called to Care Series produced by Strategies for Hope Trust (www.stratshope.org), in Oxford, United Kingdom (UK), which EHAIA has helped to reprint and distribute as well as translating some into Portuguese. Furthermore, EHAIA makes efforts to produce and/or translate its literature in Portuguese, French and English and occasionally facilitates translation into a few local languages.

Challenges

In its attempt to reach out to senior church leaders, people living with HIV and the most affected and the implementers of HIV ministry in the churches, councils and theological institutions, EHAIA has encountered many challenges that are important to acknowledge.

On the outset, the mandate to work ecumenically and to provide greater coordination is not always embraced by some churches and theological institutions that prefer to stand alone as denominational institutions. Training participants from a wide range of theologies and different ways of reading the bible is generally an overwhelming activity that requires enormous preparation, reading and persistent endurance among the staff and the trainers. On a positive note, EHAIA's focus on contextual theological discourse and literature development has created high demand for more theological literature and theological reflection among the pastors and HIV ministry workers, especially on theology of healing in the HIV pandemic context. However, limited human and financial resources is a major challenge, especially because being a Geneva (WCC) coordinated ministry, there is great expectation that EHAIA has financial resources to distribute to the churches, theological institutions and councils. Moreover, there are some church leaders who claim that churches and councils of churches in Africa lack ownership of EHAIA because it is WCC coordinated and fail to appreciate its presence in Africa through the various offices and the ongoing capacity building in context. But one of the greatest challenge lies on our lack of capacity to measure and communicate regularly the impact of EHAIA based on its ecumenical vision of "a transformed and life-giving church, embodying and thus proclaiming the abundant life to which we are called and capable of meeting the many challenges presented by the pandemic".

Above all, Africa's youthful population (over 50% is 0-25 years old) demands that churches scale up children's and youth ministry that focuses of HIV prevention, age-appropriate sexual reproductive health education and pastoral care and counseling. Dominating adult-oriented theological discourse and pastoral ministry fail to meet the deep spiritual needs of the majority of the population. Certainly this youthful population puts enormous financial burden on the small percentage of the adult population, which is generally underemployed or unemployed and left to shoulder huge family responsibilities including the increased number of orphans due to conflicts, war, diseases and chronic poverty. Churches in Africa must rethink how they participate in God's mission in the HIV pandemic context amongst many other social injustices and crises, especially the inadequate health delivery systems. Equally important, HIV pandemic has huge ecclesiological impact on the life and mission of the churches, which must be urgently and adequately scrutinized and articulated for the wellbeing of Christianity in Africa.

Way Forward: Scaling Up Moral and Social Capital

The challenges seem to outnumber any achievements so far, especially when we consider that Africa is a massive region with major travel and communication difficulties. Nevertheless Africans are known for their resilience and stubborn faith and hope. Even when despair knocks at the door, many people living with HIV and those most affected have taught us that giving up is not an option.

First, EHAIA is determined to move ahead by scaling up gatherings of senior leadership in the churches, councils and theological institutions to ensure that they clearly understand the enormous power of influence and advocacy (moral capital) that come with their respective offices, which positively utilized go a long way to break the silence and eradicate denial, stigma and discrimination associated with HIV status. Senior leaders in our churches, councils and theological institutions can open many doors for people living with HIV and those most affected to be part of the solution rather than being victimized and marginalized. HIV workers in Christian communities need enormous support and pastoral care and counseling from the senior leadership to avoid burnout and fatigue. Secondly, on the other hand, EHAIA needs to increase its capacity to provide quality training and effective coaching for all pastors and HIV workers (social capital) to scale up HIV ministry in the families and congregations. It is here that contextual bible and theological discourse must lead to clear vision and mission, decision-making, strategy and action, passion, faithfulness and accountability, if indeed churches will reach out to the most affected (children) and infected (youth) age groups and other most often excluded and stigmatized groups such as people with disabilities, prisoners, refugees, commercial sex workers, men who have sex with men and drug abusers.

Most importantly, Christians must learn to treat each and every person with dignity even when we may disapprove of their behavior and profession. Judgmental and stigmatizing practices must stop taking cue from the life and mission of Jesus in the gospels. EHAIA has great potential to influence change in theological and religious thought process and practices of the African people as we step forth in faith to make a difference. Such activities must be accompanied by sound theological literature that is biblically grounded and culturally contextual.

Lastly, we must recognize that fundamentally, we are addressing broader structural — social, economic, political, environmental, cultural and religious factors — that directly fuel HIV transmission and vulnerability. Therefore we must seek out other stake holders working on HIV prevention and those working on United Nations Millennium Development Goals for long term impact and effectiveness. Collaborating with, for instance, African Christian Health Associations Platform (ACHAP), African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+), Pan African Christian AIDS Network (PACANet), Circle of Concerned African Women Theologians, Ecumenical Advocacy Alliance (EAA), UNAIDS, All African Conference of Churches (AACC) and Organization of African Instituted Churches (OAIC) is crucial for EHAIA in its endeavor to bear fruits that last.

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