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## INTRODUCTION

*“We, heads of State and Government and representatives of states note with alarm that we are facing an unprecedented human catastrophe, and that a quarter of a century into the epidemic, AIDS has inflicted immense suffering on countries and communities throughout the world, and that more than 65 million people have been infected with HIV, more than 25 million people have died, 15 million children have been orphaned by AIDS, and 40 million people are currently living with HIV, more than 95 per cent of whom are in developing countries; We further recognize that HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to development, progress, and stability of our respective societies and the world at large and requires an exceptional world response. We recognize that we have the means to reverse the global epidemic and avert millions of needless deaths, and that, to be effective, we must deliver an intensified, much more urgent and comprehensive response in partnership with the UN systems, intergovernmental organizations, people living with HIV/AIDS and Faith Bodies.....”*

This is the opening section of the “Political Declaration” that came out of the UN General Assembly (UNGASS) in June 2006. The world has come to recognize the danger AIDS poses to its existence and admitted the need of partnership with Faith Bodies. The International AIDS Conference held in Toronto (August 2006) proclaimed that it is “Time to Deliver”. This is as true of Churches as it is for Governments. When the World AIDS Day theme for 2006 is “Accountability”, this accountability is expected as much from Churches, Church Leaders, and Christians as it is from leaders elsewhere. What have we done for our brothers and sisters who are infected or affected by the dreaded Virus? Are we guilty, like the community leaders in the parable of the Good Samaritan, of “passing by on the other side?” (Lk. 10:31:32). The Asia-Pacific region has the highest number of infections after sub-Saharan Africa. The big question now is: How far will it go? In Asia, a vast, diverse and mobile population has helped spread the virus, starting with unprotected sex and dirty needles. India and Papua New Guinea seem ready to explode, while Vietnam seems the only Asian nation among 15 countries selected to receive emergency HIV/AIDS funding under a Washington plan. Thailand and Cambodia, in contrast, have been hailed as two bright spots in Asia. If we don’t do more, experts feel Asia could surpass Africa in the number of people with the Virus.

This World AIDS Day and AIDS Sunday is an opportunity to redress the situation. We hope that Christians can use this booklet as part of their prayers in Sunday Service, Women’s Fellowships, Youth get-togethers and healing services in and around December 1<sup>st</sup> 2006. We hope this booklet will challenge those who use it to come out of the silence zone and speaking for those who – for one reason or another, cannot speak for themselves. For as Muse Dube said, “we, the Church, we have AIDS”.

# World AIDS Day Liturgy

*A time of silence with reflective music*

**Leader:** A word of welcome

December 1<sup>st</sup> every year is taken as 'World AIDS Day', and the nearest Sunday as 'AIDS Sunday' by the Churches all over the world. HIV and AIDS are not only a health crisis, they represent a crisis of enormous spiritual, social, economic, and political proportions, and increasingly seen to affect women and youth more than others. Overcoming AIDS, and the stigma that fuels its spread, is one of the most serious challenges of our time. Change requires courage and commitment of leadership at all levels, especially among the Churches and among us Christians who can use the trust we have in our Lord Jesus Christ, and His authority, to change the course of the pandemic. The principles of compassion, love and moral responsibility that people of faith bring with them are urgently needed to alleviate the suffering often caused by AIDS. Many Churches today feel ill at ease to talk about issues such as human sexuality, gender exploitation and injecting drug use. As Christians we have to 'break the silence', to end the denial that exists in our churches and our communities, and also be instrumental in speaking out against the stigma and discrimination faced by people living with HIV and/or AIDS. Using our scriptures, we have the power to change the judgemental attitude many of us are guilty of having towards our brothers and sisters affected by the virus, and the hurt we inflict.... and so open the way to reconciliation, hope and healing for them and for each of us. The challenge of AIDS is an opportunity for the Church to redeem her own spiritual growth, to care for the other, and to share in their hope to live longer, more healthy, more meaningful lives. Today we have gathered here to express our solidarity with all those who are infected and affected with HIV or AIDS, and to support all those who are working in whatever way possible to stem the tide of this pandemic.

## A Hymn or Song of Praise

### The Introduction

**Leader** : We come in this service to God

**All** : In our own need, and bringing with us the needs of Positive people all over the world.

**Leader** : We come to God, who comes to us in Jesus.

**All** : And who knows by experience what human life is like, with all its weaknesses.

**Leader** : We come with our faith, our doubts; and with our prejudices.

**All** : We come with our hopes and with our fears

**Leader** : We come as we are, because it is God who invites us to come

**All** : And God has promised never to turn us away, this is our strength.

### Prayer of Invocation

**Leader** : Our God, we come to worship,  
With minds occupied and thoughts taken up,

With our concerns and difficulties,  
Our problems with living full and meaningful lives.  
Show us our place in the fabric of human affairs,  
So that we can recognize ourselves  
As part of a great human mosaic,  
Within which we have a creative role to play.

**All:** Forgive our preoccupation with ourselves,  
And grant that the problems we face  
May not mark the boundaries of our lives.  
Rather, be among us to push us out,  
Beyond the narrow confines of ourselves,  
To see the urgent concerns and needs  
Of a larger world beyond us,  
A world where HIV and AIDS threatens,  
Where the influence of our convictions  
And the impact of our actions  
Are needed to bring new life and hope.

**Leader:** Enable us

To listen,

To reflect,

To re-examine our lives,

To renew old commitments, and to remind those who have made commitments and promises to PWHA's, that we hold them accountable for their promises, as we are to you, for ever.

**All:** Amen.

**Leader:** Glory to You O Lord, who is the heavenly physician and the fountain of healing, who visited your creation with compassion, and healed their infirmities by your grace. Lord You healed the lepers and paralytics, the blind and the deaf, with the grace of your presence. Now we pray for the healing for all people, especially those living with HIV and AIDS, for their return to perfect health.

**All:** Amen

**Leader:** O God the Father of the forsaken, the helper of the weak, the supplier of the needy, you teach us that love towards humanity is the bond of perfection and the imitation of your blessed self. Help us to overcome the barriers of the mind that hinder us from reaching out our helping hands to the AIDS infected and affected.

**All:** O Almighty and merciful God, give succor and justice to all the poor. We know today that poverty is one of the moving causes for the spread of AIDS in Asia. O loving Lord who sees the afflictions and injustices, difficulties and miseries, be compassionate to those who are in difficulty, because someone in their family is infected. Make us compassionate to those who suffer these afflictions. May those who are in sorrow and difficulty enjoy a heavenly bliss by the knowledge of your redeeming love, and the touch of your healing hand.

**Leader:** We pray Lord that all those who are lonely, depressed and stigmatized from society because of the Virus, that they may receive better care and support from their relatives, friends, neighbours, and from the Churches of God.

**All:** Lord we also pray for all the Doctors and Nurses, and those engaged in medical research, and all those who care and work -directly and indirectly - for the healing and rehabilitation of people living with HIV and AIDS.

**Leader:** We pray for politicians Lord. Remembering “Accountability”, the theme for this World AIDS Day, help us to achieve enhanced accountability from political leaders who have made promises about their support or intended action on AIDS. Help us to remind ourselves and them that we are all accountable to God, but some more so than others.

### Sharing of Experiences/ Stories

*{An HIV-positive person giving personal experience of the stigma he/she has faced or a social worker sharing a few case studies will have a great impact}.*

### Hymn or Song of Praise

#### Reading from the Holy Bible

{Suggested Bible passages}

Job 19: 13 – 27

Ps 27

Mark 1 : 32 – 39

### Sermon

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{Following are suggestions toward a Biblical Reflection that leaders and pastors can use}

**Theme:** Accountability

#### Introduction:

The Church holds the entire creation accountable in relation to what She preaches as the Gospel of Jesus the Christ. The theme of the World AIDS Day 2006 as decided by the United Nations Programme on AIDS (UNAIDS) holds everyone, and in our context, including the Church, Accountable. UNAIDS has announced that this years observance of World AIDS day will centre on the theme of ACCOUNTABILITY, and it would be appropriate to use this theme in churches.

#### Text

Reading through the suggested passages from this perspective of “being ACCOUNTABLE” the following stand out

1. Accountability in terms of Churches’ Mission in being **AVAILABLE**

“ They are looking for you . . .” Mark 1: 37. These are the words of the Disciples with regard to the crowd that was looking for Jesus. This statement is preceded by an account of Jesus being available even to the extent of going into hiding !

- a Highlight the source of healing being sought after; transpose the theme to the community of believers endowed with the “gifts of healing” as an expression of being a spirit-led community (1 Corinthians 12: 7-10) . In many parts of the two-thirds world,

particularly in places that are inaccessible, Church / Community of Faith/ Christian Mission continues to be the most sought-after source for healing the sick.

- b Highlight Mark’s portrayal of Jesus as being in a hurry to move on to other places. Suggestive of (i) moving on, allowing the faithful to assimilate healing as their religious responsibility, and (ii) moving on, pioneering new frontiers which the faithful will later venture into. The Church can thus be helped to appraise her mission commitment to being available and accessible for the sick particularly in the context of endangering environmental conditions, privatisation of health care and growing costs of life-enhancing drugs; also in terms of having the courage to pioneer in challenging, risky and even stigmatising frontiers of Healing Mission vis-à-vis dwelling in comfort zones or competing with Private Health Care Initiatives in making profit through Health Care.

2. Accountability in terms of Churches’ Mission in **ADVOCACY** “ But in my heart I know that my vindicator lives and that he will rise last to speak in court; and I shall discern my witness standing at my side and see my defending counsel, even God himself, . . .” (Job 19: 25, 26)

Herein can be seen the “dream” of a victim, looking forward to his only and last hope; that, amidst desertion, pain, mockery, failure, stigmatisation, low self-esteem and so on (make reference to such portions in the suggested passage), looks for vindication, solidarity, and advocacy.

The church can be challenged to appraise her Mission of Advocacy in the context of misunderstanding the behaviour of the persons living with HIV/AIDS (“fidelity” in the context of those who are married), retrenchment from secure jobs (particularly for those persons with HIV/AIDS who are bread-winners, for women to whom work could be a source of support as also a stronghold to cope), and in the context of widows and children of persons who have died of HIV, whose right to property as heirs is being denied. In short, speaking up for, and on behalf of those whose voice is stifled.

3. Accountability in terms of Churches’ Mission in **AFFIRMATIVE ACTION for Life.**

“Well I know that I shall see the goodness of the Lord in the land of the living” (Psalms 27: 13)

Amidst trying times the psalmist cries out to the Lord (read Ps. 27) and through such times and situations is able to affirm thus, that he will be able to see good times here and now (claims of “land of the living” alluding to eschatological gleanings in the OT is disputed) .

Church can be helped to appraise her mission in Affirming Life (particularly in the context of Persons living with HIV/AIDS) against the backdrop of an emerging world order that threatens and negates life to the majority in order to assure it to a small

minority. Church should be helped to understand her role vis-à-vis life threatening structures particularly in the context of Her Master's assertion, "I came so that they may have life, and life in its abundance" (John 10:10)

### Conclusion

A particular Collect (small prayer) appointed to be read this day reads, "Help us to accept the challenge of HIV/AIDS". It truly is.

The Church should be helped to see the challenge thrown at Her today

a to be Available – in terms of Health and Healing, even in unheard-of frontiers of Health Care, including that of HIV /AIDS

b to be Advocates – to those whose voices are reduced to groans

c to be Affirmative – in dislodging structures which deny or threaten Life and in promoting all that builds up Life to all, and in all its fullness

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### Prayer of Hope

**All:** Gracious God,  
In you we see the promise of all that is new

We see the barren earth grow green in the spring  
And new leaves when the winter has passed.

We watch those, who have been brought low by the virus,  
Overwhelmed by its oppression,  
Rise up and live out their destiny as children of God;

We see the generations of humanity living and dying,  
Struggling and failing, despairing and hoping,  
yet held safe by the rock of your faithfulness to us  
through all the ages,

We pray...  
..... for all who grieve a loss in their lives today as a result of HIV,  
May they be comforted.  
....for all who look to the future with fear and loneliness,  
May they experience your loving presence.  
....for those who face stigma and are discriminated against,  
May they feel warmth of your love.  
....for the Church that, though we are weak,  
we will always bear witness to the joy of human relationship,  
And the beauty of our humanness.

### Litany of Intercession of Healing

**Leader** : O God our Father and Mother, whose will for us and for all your people is good health and well being

**All** : We beseech you to hear us, O Lord

**Leader** : O God the Son, who came that we might have life and have it in abundance;

**All** : We beseech you to hear us, O Lord

**Leader** : O God the Holy Spirit, whose indwelling makes our bodies the temples of your Presence

**All** : We beseech you to hear us, O Lord

**Leader** : O Triune God, We pray you to hear us, that you will grant your grace to those infected and affected with HIV or AIDS and all who stand in need of healing of mind, body and spirit and lead them to look with confidence to you;

**All** : We beseech you to hear us, O Lord

**Leader** : That you will grant patience and perseverance to all who are disabled by the virus with injury or illness, and increase their courage and determination to fight against the stigma and discrimination that is rampant.

**All** : We beseech you to hear us, O Lord

**Leader** : That you will grant peace to all who are troubled by confusion or pain, and set their minds at rest;

**All** : We beseech you to hear us, O Lord.

**Leader** : That you will grant protection to orphans other vulnerable children, adolescents, and youth on the threshold of life and give them a sure sense of your tender love and care;

**All** : We beseech you to hear us, O Lord

**Leader** : That you will grant rest to all whose increasing years bring weariness, distress or loneliness, and give them the abiding comfort of your presence.

**All** : We beseech you to hear us, O Lord

**Leader** : That you will grant confidence to all about to undergo surgery or difficult procedures and keep them free from fear;

**All** : We beseech you to hear us, O Lord

**Leader** : That you will grant skill and compassion to doctors, nurses, technicians, aides, and all who are called to practice medical arts and make strong their dedication to help others.

**All** : We beseech you to hear us, O Lord

**Offertory Hymn:** *During the Hymn, the offering is taken up as a symbol of commitment, a portion of which may go for an AIDS cause .*

### **Prayer of Thanksgiving**

**Leader:** Most gracious God, source of all healing; we give thanks to you for all your gifts, but most of all for the gift of your Son, through whom you gave and still give, health and salvation to all who believe. We pray for our brothers and sisters who are sorely afflicted in body or in mind or in spirit because of this terrible virus. As we wait in expectation for the coming of that day when suffering and pain shall be no more, help us and them, by your Holy Spirit, of be assured of your power in our lives and trust in your eternal love, through Jesus Christ our Lord.

**All:** Amen

### **The Blessing and Dismissal**

**(END OF LITURGY)**

## **The Latest in Prevention**

“**SAVE**” might work better than “**ABC**”

The doctrine of ABC has long been used as shorthand by many HIV non - governmental organizations as the foundation of comprehensive HIV prevention programmes. The ‘ABC’ stands for Abstinence; Be faithful; and use Condom. ‘ABC has been presented as abstain; if you can’t abstain, then be faithful; and if you can’t be faithful, then use a condom.

Some of the messages given to mitigate the spread of HIV have had the unfortunate consequence of adding to the stigma surrounding it; ABC is one such message.

ABC as a theory is not well suited to the complexities of human life. If you or your partner have been tested positive for HIV and still have unprotected sexual intercourse, then this puts the other person at risk of HIV infection.

While abstinence may be appropriate at some stages of life, faithfulness is for many people the preferred choice, but unfortunately is not a guarantee against infection. According to these definitions, the use of a condom automatically puts a person in the category of one who can not be faithful or does not want to abstain. This fuels stigma and precludes safer sexual practices.

ANERELA+ (the African Network of Religious Leaders Living with or personally affected by HIV and AIDS) has developed a new model for a comprehensive HIV response, called SAVE.

- Safer practices
- Available medications
- Voluntary counseling and testing (VCT)
- Empowerment through education

HIV is a virus, not a moral issue. The response to HIV should therefore be based on public health measures and human rights principles. HIV prevention can never be effective without a care component. The SAVE model combines prevention and care components, as well as providing messages to counter stigma.

**S** refers to safer practices covering all the different modes of HIV transmission. For example : safe blood for blood transfusion; barrier methods for penetrative sexual intercourse; sterile needles and syringes for injecting; safer methods for scarification; and adoption of universal medical precautions.

**A** refers to available medication. Antiretroviral (ARV) therapy is by no means the only medical intervention needed by people living with HIV or AIDS (PLHA). Long before it may be necessary, or desirable, for a person to commence ARV therapy, some HIV associated infections will have to be treated. Treating these infections results in better

quality of life, better health and longer term survival. Every person needs good nutrition and clean water, and this is doubly true for PLHA.

**V** refers to voluntary counseling and testing. Individuals who know their HIV status are in a better position to protect themselves from infection; and if they are HIV – positive, from infecting another. Someone who is HIV – positive can be provided with information and support to enable them to live positively. People who are ignorant of their HIV status, or who are not cared for, can be sources or new HIV infections.

**E** refers to empowerment through education. It is not possible to make informed decisions about any aspect of HIV or sexual behavior without access to all the relevant facts. Inaccurate information and ignorance are two of the greatest factors driving HIV – and AIDS – related stigma and discrimination.

Correct, non – judgmental information needs to be disseminated to all, inside and outside churches. This will assist people to live positively – whatever their HIV status – and to break down barriers which HIV has created between people and within communities. We need to be reminded of Jesus own response to leprosy, the “HIV” of his day.

## The Language of HIV and Aids – Terms to use and to avoid

Stigma, prejudices, fear and misconceptions surrounding HIV / AIDS are only too abundant. The language we use to conceptualize and talk about HIV / AIDS reflects our personal biases and particular understanding (or lack of understanding). At the same time, this language also helps shape our own and others’ attitude about HIV /AIDS. One cannot overemphasize, therefore, the ethical importance of using appropriate language when covering HIV / AIDS. Appropriate language is constructive, does not fuel stereotypes, and does not cause prejudice.

One of the most common misuses of language relates to “HIV / AIDS or HIV and AIDS”. This terminology is no longer considered appropriate and in most cases the two terms should not be used together, but should use ‘ HIV” or use ‘AIDS’, when most appropriate. The following examples should provide more guidance and are reproduced below for easy reference.

Language to avoid	Current preferred usage
HIV/AIDS	HIV unless specifically referring to AIDS
HIV/AIDS HIV/AIDS epidemic HIV/AIDS prevalence HIV/AIDS prevention HIV/AIDS testing People living with HIV/AIDS	AIDS diagnosis; HIV – related disease AIDS epidemic or HIV epidemic HIV prevalence HIV prevention HIV testing People living with HIV or people living with AIDS (Plasma is OK)
‘AIDS Scourge, plague’. These imply that HIV/AIDS cannot be controlled. These are sensationalist terms. They can fuel panic, discrimination and hopelessness.	HIV epidemic HIV pandemic
‘AIDS test’. This does not exist. AIDS is diagnosed according to specific medical criteria that identify the symptoms of AIDS.	HIV test. Tests do exist to determine whether a person has HIV. These tests look for antibodies to HIV present in a person’s blood.
‘To catch AIDS’. AIDS cannot be caught or transmitted. People can become infected with HIV.	To become infected with HIV
‘Transmission of HIV’ is also correct,	To become HIV -positive

but it puts the emphasis on who and how the virus is transmitted. Very often, individuals with HIV do not know when they became infected with HIV, so specialists in the HIV / AIDS field suggest not dwelling on this.

‘AIDS sufferer’. Many people with HIV/AIDS can have relatively good health for years. They can lead happy lives.

‘AIDS victim’. Victim suggests that the person is powerless.

‘Innocent victim’. Nobody chooses to have HIV. “Victim” and “innocent” suggest that there is someone who is guilty.

‘Safe sex’. No sex with a partner is ever completely risk-free, even when using a condom, which can greatly reduce but never fully eliminate the risk.

‘Promiscuous’. This is accusatory and derogatory

‘Prostitute’. This is a derogatory, insulting, value – laden word.

‘Drug abuser, drug addict’. Many people who use drugs consider that they are in control of their use of drugs, and that they are not abusing them and are not addicted to them. Calling them ‘abusers’ or ‘addicts’ alienates them, which serves no good purpose. It is the act of injecting with a contaminated needle, not the drug use itself, that can transmit HIV.

‘Homosexual’. Not appropriate in the African context. This is a Western idea of one’s identity. In different regions of the world, men who have sex with men do not necessarily have a gay or homosexual identity.

‘To die of AIDS’. AIDS is not a disease.

HIV- positive person

Person living with HIV or person living with AIDS

Safer sex

Person having multiple partners

Sex worker, commercial (CSW)

Intravenous drug user (IVDU)

Men who have sex with men (MSM)

To die of a (specific) illness, such as

It is a syndrome – or a group of illnesses – resulting from a weakening of the immune system. This weakening is caused by HIV and opens the body to “opportunistic” diseases, illnesses that take advantage of weak immunity, and may cause ones death..

tuberculosis or cancer.

To die of an AIDS – related illness

The WCC Central Committee adopted the following statement on Churches' Compassionate Response to HIV and AIDS in Geneva between 30<sup>th</sup> August and 6<sup>th</sup> September, 2006

## **Excerpts from WCC's Statement on HIV and AIDS**

### **The challenge**

Nearly three decades into the AIDS pandemic and in spite of the progress made in increasing global awareness and commitment to overcome HIV, the epidemic continues to outstrip these efforts and remains a serious threat to humanity.

Churches have a unique and critical role to play in stemming the tide and overcoming the pandemic. Health and support systems established and managed by churches and Christian organizations provide some of the most significant grassroots care of people living with or affected by HIV or AIDS. But even more, efforts to overcome stigma and discrimination – which has been fuelled by attitudes within religious communities – are essential to share accurate information about prevention and treatment.

The situation calls for churches in collaboration with other organizations and Christians to reflect abundant love in all their responses to HIV and AIDS. These responses have to be tempered by compassion and qualified by competence. The bottom line is to meet the needs of the most vulnerable in the community. The quality and quantity of the response from the Christian community should reflect the levels of commitment that are demanded of Christians as followers of Jesus Christ.

The churches need to provide the leadership to prevent and to overcome HIV and AIDS, and recognize people living with the virus as precious members of the community. Sound policies have to be put in place with tangible actions, where treatment, care and support for all who are affected are easily accessible. Attention should be given to relationships and family life – including the lifesaving responsibility of all to protect themselves through practising abstinence outside of marriage, fidelity in marriage and a healthy way of life including overcoming drug abuse.

### **Raising the 'voice' of leaders**

Aware of the value of advocacy, church leaders should use it to influence society to bring about policy changes. Leaders must challenge themselves, their own institutions and society to face the issue in a forthright manner, breaking the silence that fuels fear, judgement, stigma and discrimination. Leaders must support initiatives that will guide people to make responsible choices to protect them from HIV infection, reduce vulnerabilities to infection, and encourage supportive communities where people can receive the accurate information and treatment.

Religious leaders must begin by examining their own behaviour, attitudes and actions that may have been complicit in the marginalization and stigmatization of people living with HIV and AIDS rather than the full inclusion of people who are living with and affected by the virus. The Bible and the example of Jesus always lead us to stand alongside someone we might prefer to avoid. Jesus said, "There God is present". We are compelled to stand with those who are suffering, to have mercy rather than to marginalize, to empower rather than to stigmatize.

### **Giving a 'face' to the challenge**

Churches have promoted and should continue to promote greater and more meaningful involvement and participation of people living with HIV and AIDS, whilst adopting inclusive workplace policies and sustainable methods of working with networks of positive people. Given the fact that this pandemic is driven by poverty and gender issues, it is imperative that women and girls be included in planning and implementing policies and programmes that directly affect them. Efforts must be made to ensure that HIV positive people are part of a team of resource persons whose task is to empower churches to deal with the issues in a more holistic and inclusive manner. Given the rising rates of infection among youth, young people need to also be involved in crafting messages and programmes to address prevention and support.

In a very real sense, we are all living with HIV and AIDS. We separate ourselves from God and God's love if we speak of "them" and "us" when we speak of people living with HIV and AIDS or those who are most vulnerable to infection.

### **Providing 'hands' to the issue**

The churches must be the able and willing hands of God, reflecting a compassionate, engaging and competent church. There should also be a commitment by the churches to mainstream responses to HIV and AIDS, to ensure that society is made less vulnerable to the disease and also benefits from new developments made in combating HIV - new developments in prevention, treatment, care and support. Access to anti-retroviral treatment must be promoted for all who need it. The benefits of science and medications should be made available and affordable to all communities, especially those that are marginalized and isolated.

As an important part of the learning process, churches should encourage open and inclusive discussions on issues related to sexuality, gender-based violence and intravenous drug use, so that individuals and communities are empowered to be less vulnerable to HIV. The need to promote understanding of the issue from both a theological and ethical context is important and necessary, so that the response is grounded in clear thinking, focused on providing care and support for those infected by HIV and AIDS as well as preventing further spread of the virus.

The majority of the 40 million people living with HIV have no access to treatment. Faith-based communities have a responsibility to advocate that antiretroviral treatments as well as treatment for other opportunistic infections be made available and accessible to all.

There are billions of people in the world who, though not infected with HIV, continue to remain ill-informed and thus are not equipped to prevent this eminently preventable disease. This makes it obligatory to engage in and work to overcome the viruses of ignorance, silence and fear. Neglecting to do so amounts to placing barriers between God and God's children.

### **The need to act**

Failure to urgently strengthen the response to AIDS will mean that the world will achieve neither the 2010 target of the Declaration of Commitment nor Millennium Development Goal 6. And without major progress in tackling AIDS global efforts to achieve the Millennium Development Goals of reducing poverty, hunger and childhood mortality will simi-



larly fall short of agreed targets. Countries in all the regions of the world whose development has already suffered because of AIDS will continue to weaken, with potential threat to social stability and national security. But the tragic reality is that millions continue to die each year.

### **The central committee of the World Council of Churches meeting in Geneva, Switzerland 30 August – 6 September:**

**Acknowledges** that while after 25 years of the first appearance of AIDS much progress has been made in terms of global awareness and promises to overcome HIV, the pandemic continues to outstrip these efforts and remains a serious threat to humanity;

**Acknowledges also** that without major progress in stopping AIDS, global efforts to achieve the Millennium Development Goals of reducing poverty, hunger and childhood mortality will continue to weaken, potentially threatening social stability and national sustainability;

**Further acknowledges** that while the churches have been on the front line of care and support for people affected by the pandemic, many of us have also been complicit in stigmatizing and marginalizing people living with HIV and AIDS by our silence, our attitudes, our words and our deeds;

**Appreciates** the leadership of the African Network of Religious Leaders living with and personally affected by HIV/AIDS (ANERELA+), the Global Network of the People living with HIV/AIDS (GNP+) and the International Community of Women living with HIV/AIDS (ICW) in promoting the greater participation of people living with HIV and AIDS in the life of the church; and the convening of the XVI International AIDS Conference on 18 August in Toronto, Canada by UNAIDS that called for a long-term sustained response to AIDS during the next 25 years and beyond;

**Encourages** the churches to continue to play a critical role in overcoming the pandemic through responses that are tempered by compassion and qualified by competence; this includes providing comprehensive and evidence-based information on prevention of HIV transmission and addressing the links between gender inequity, poverty and HIV and AIDS; **Encourages also** the leadership of the churches to exercise their role as advocates for just policies and to hold governments accountable for their promises;

**Calls on** the G8 governments to adhere to their promises of funding and response to reach universal access to treatment, care and support by 2010; and on the private sector, especially pharmaceutical companies, to invest in needed research and development to respond to HIV (e.g. paediatric dosages and diagnostics) and to ensure that their drugs for treating HIV are available at low prices in low and middle-income countries;

**Renews** its call on churches and Christians to promote greater and more meaningful involvement and participation of the people living with HIV and AIDS and to promote and adopt inclusive workplace policies and innovative and sustainable methods of working with networks of positive people; and to promote and share

deeper theological and ethical reflection on HIV and AIDS, and to promote the acceptance by the churches of persons living with HIV and AIDS;

**Urges** churches and their related organizations to promote and share deeper theological and ethical reflection on HIV and AIDS;

**Appeals** to the churches to commit themselves to mainstream the response to HIV and AIDS, ensuring that people are made less vulnerable and benefit from new developments in prevention and treatment and advocating for universal access to anti-retroviral treatment; and to promote open and inclusive discussions on issues related to sexuality, gender-based violence and intravenous drug use to empower individuals and communities to be less vulnerable to HIV;

**Encourages** churches and church leaders to include women and young people in developing and implementing programmes and policies on HIV and AIDS;

**Reiterates** the need to strengthen the capacity of the churches and civil society organizations and networks by providing adequate human and material resources to monitor and implement the effectiveness of local and national efforts to reverse the trend of this global pandemic, including strengthening support for existing effective ecumenical initiatives like the WCC's Ecumenical HIV/AIDS Initiative in Africa (EHAIA);

**Considers** the convening of a church leaders summit no later than 2008, to be accompanied by a youth summit, to examine our collective response to the pandemic, learn from better practices, and shape the agenda for the ecumenical response to this crisis;

**Calls** for ongoing ecumenical reflection on those aspects of the Church's response to HIV and AIDS about which there is continual disagreement. This would include the nature of the Church's response to those who, contrary to the church's witness, engage in high risk sexual activity or drug use, including the appropriate means of prevention.