



Scaling Up Effective Partnerships:

A guide to working with faith-based organisations
in the response to HIV and AIDS







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Co-produced by: Church World Service, Ecumenical Advocacy Alliance, Norwegian Church Aid, UNAIDS and World Conference of Religions for Peace

First Edition

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Photo: Paul Jeffrey/EAA ©

Waree Chue-tassanaprasit, a Buddhist nun from Thailand (right), converses with Rita Darika, a Thai Catholic Sister of the Infant Jesus (left) during the interfaith pre-conference, 2004 International AIDS Conference

No one is any longer in doubt about the nature and size of the HIV and AIDS pandemic, its growth and its ability to infect not only individuals and families, but also perceptions, relationships, economies and value systems.

Transmission of the virus is faster than efforts to achieve control. No country is left unaffected, and nowhere has one succeeded in bringing transmission to a halt. The pandemic is unfolding its power through the way it generates stigma and discrimination, hits young people and women, thrives in vulnerability and erodes capacities of institutions and systems.

The response is heavily dependent on the broad mobilisation of leaders, communities, institutions and movements. Faith-based

organisations (FBOs) and communities are present literally everywhere people live their lives, with enormous outreach as well as “in-reach”. Their communication, networking, and leadership capacity represent a strong potential asset if used as part of a comprehensive response to HIV and AIDS, locally as well as nationally and globally.

FBOs are substantial partners in delivery of care, treatment and support in the most rural areas and poorest neighbourhoods of the world. Many religious communities are also havens of refuge for people living with or affected by HIV and AIDS, both as places for positive living and for palliative care in the last phase of life.

Multilateral stakeholders together with other international and national partners have

increasingly realised that the contribution of faith-based communities and organisations and the work they do is essential for confronting a growing epidemic with a sustainable and efficient HIV and AIDS response. But the picture is complex and multi-faceted. Faith-based responses have also at times been subject to quite substantial criticism for reasons such as religious practices that induce or reinforce stigma, lack of will or ability to address effective prevention, and patriarchal structures that reinforce gender imbalances and render girls vulnerable.

That there is now a strong will to create partnership with FBOs and religious communities is good, but far from enough. There is still a basic lack of understanding of what FBOs are, how they operate, and, not the least, what their comparative advantages are in the response to HIV and AIDS. These are crucial questions for optimizing partnerships.

FBOs are important stakeholders in prevention, care, treatment, support and advocacy. But we need to be realistic about their contribution and potential. An efficient and comprehensive global response to HIV and AIDS requires targeted and specific responses at all levels. When building a house, you neither expect nor want the carpenter to do the plumber's work. We need to identify

what the various actors do best, and let them do exactly that.

This publication aims to help secular organisations, government structures and multi-lateral partners to better understand faith-based organisations. I believe this is a bold and necessary step in seeking to achieve, as close as possible, universal access to HIV prevention, treatment, care and support by 2010. By creating better understanding of faith-based organisations and religious communities, who they are, what they do and why they do it, our chances to build mutual trust and create effective and sustainable partnerships will increase substantially. I therefore hope that many will use the opportunity to read this booklet, discuss it with other partners – including FBOs – and then transform the new knowledge into shared action through mutually accountable partnerships at all levels – local, national and global.

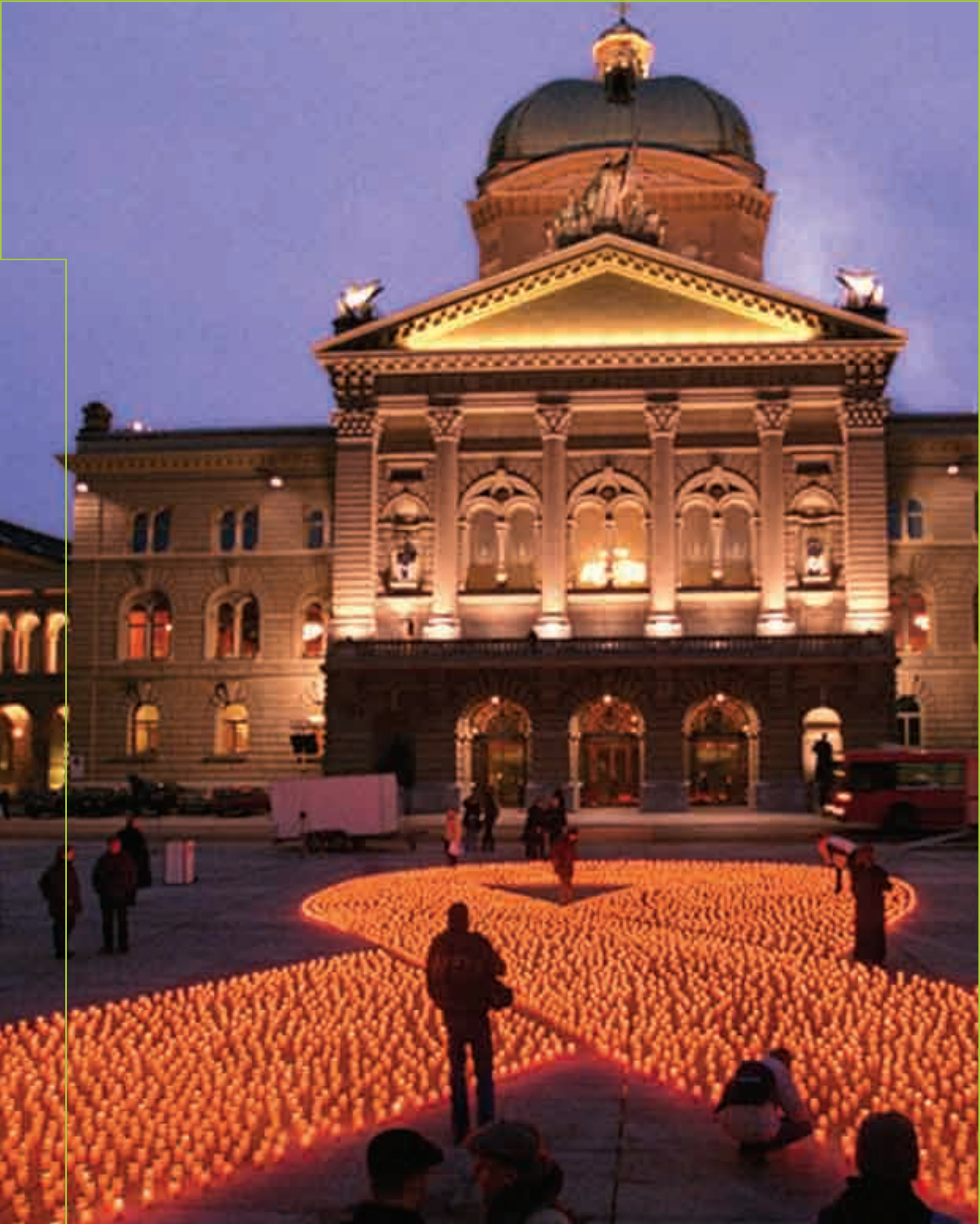


Dr. Sigrun Møgedal
HIV/AIDS Ambassador
Royal Norwegian Ministry of Foreign Affairs



S E C T I O N I

INTRODUCTION



With 6000 candles in front of the Swiss parliament in Berne, Bethlehem Mission Immensee and Swiss Interchurch AID (HEKS) advocate to improve access to life-saving medicines

Photo: Marcel Kaufmann / bmi-bild.ch ©

Religion is a key element of community organisation and social structures worldwide. Seventy percent of the world's people identify themselves as members of a faith community. Their faith shapes their perceptions of themselves and of others. It conditions how they respond to their neighbours. It affects how they interact with people living with HIV – the majority of whom are themselves members of a faith community.

Faith-based organisations play an active and influential role worldwide in efforts to stop the spread of HIV and to support those living with HIV and AIDS. They can do even more in partnership with governments and other civil society organisations responding to the pandemic. But despite goodwill and a genuine commitment to finding ways of working together, there is a gap between the good intentions and effective joint action. One key thing that stands in the way is a lack of understanding of how different faith



Photo: World Religions PL/Claire Stout ©

A man offers prayers with arms uplifted in a Singapore temple

communities are organised, what their followers believe, and how to identify and engage with faith-based organisations in joint initiatives.

There can be little doubt that, when planning community-based delivery of information and services related to HIV and AIDS, secular (non faith-based) organisations, governments and international organisations can be more effective if their staff understand how religious beliefs and practices will affect community response. Certainly, successful collaboration on joint projects between faith-based and other organisations will partly depend on the extent to which faith leaders and believers feel they are understood, respected and trusted as true partners.

This publication is a guide for staff of United Nations agencies, government officials and staff, embassies, positive people's networks, non-governmental organisations, foundations, and the private sector who want to collaborate with faith-based organisations on joint projects related to HIV and AIDS. The objective is to provide basic information about faith-based organisations that will make it easier to collaborate with faith groups whose traditions are unfamiliar to them. Therefore, the guide provides a basic introduction to Buddhism, Hinduism, Christianity, Judaism, and Islam by answering questions ranging from what a local

leader is called in different faith traditions through to who has authority to approve joint initiatives on HIV and AIDS at the local, national, and regional levels. There are many more faith traditions but in order to keep the scope of this guide manageable, the focus is on the five which represent the majority of the world's believers.

WHAT IS A FAITH-BASED ORGANISATION?

The term “Faith-Based Organisation” is used here to describe a broad range of organisations influenced by faith. Faith-based organisations include: religious and religion-based organisations and networks; communities belonging to places of religious worship; specialised religious institutions and religious social service agencies; and registered and unregistered nonprofit institutions that have a religious character or mission. They might be small, grassroots organisations with simple structures and limited personnel or large, global institutions with highly sophisticated bureaucracies, wide networks, substantial financial resources, and significant human capacity. In some cases they are led by clergy (who could be called variously minister, priest, rabbi, leader, monk, imam, or cleric.) In other cases laypersons (non-clergy) provide the driving force.

It is helpful to understand that faith-based organisations:

- describe themselves, or are described by others, in many different ways
- vary in organisational structure and in size
- are distinguished not just by organisational form but also by their beliefs
- sometimes represent more than one faith, as is the case of multi-religious movements such as the World Conference of Religions for Peace (henceforth Religions for Peace).

The challenges that surround the religious response to HIV are complicated by the diverse structure, function, and terminology of organisational forms associated with religious bodies and religious communities. These complexities do not make it easy to relate to faith groups.

- Do statements from a single monk in a rural community in Thailand accurately represent the views of a particular monastery or a group of monasteries in a particular country?
- Are there organising mechanisms within the entire Jewish faith that one can point to that represent a coherent policy about HIV and AIDS?



Photo: Jon Warren © WVI 2006

Rev. Fr. Wallace Mndefu presents an AIDS message and sings songs with orphans and vulnerable children before a meal at Kayoyo Anglican Church, Malawi

- To whom does one look in the vast expanse of Christian hospitals across Africa to develop a consistent ethical response to the growing shift to routine or opt-out testing for HIV?

There are no easy answers to these questions and the hundreds of others that one might have about the religious response. In fact, there is no single or simple definition of what we mean by a religious response to HIV nor of faith-based organisations more generally.

All world religions have followers and leaders who are HIV positive. Religious organisations and communities are confronted by this disease not in the abstract, but with experience of suffering and destroyed families as well as hopeful testimonies of individuals whose spirit has been emboldened by this challenge. In

some cases, people have found refuge from HIV in their faith. In other instances, people have been driven away from their religion because of HIV. Questions of morality and sin can be profoundly complicating factors in the religious response to the HIV crisis, but where the crisis has had its greatest impact few religious communities have the luxury of not responding. In fact, many have been at the forefront of the response to HIV. Examples of those initiatives are included here.

More can and must be done. Many faith-based organisations are seeking to increase their capacity to respond by forming strategic alliances with secular organisations. This simple guide is intended to encourage and assist such collaboration and seeks to reach out to those who are seeking to work with faith groups but can find them difficult to connect with and understand.

The guide addresses two sets of fundamental questions. Section II offers suggestions for how a secular organisation might approach and work with a faith-based organisation on a joint response to HIV and AIDS. Section III gives an introductory overview to the teachings and practices in Buddhism, Hinduism, Christianity, Judaism, and Islam related to HIV and AIDS. It concludes with suggestions for working in communities where there are several faith groups. Section IV offers examples of success stories, lessons learned, and emerging opportunities for collaboration. The appendix includes references for further study.

Through the information and examples collected in this guide it is hoped that it will be easier for secular groups to learn more about the dynamics of faith organisations, engage in interaction and dialogue, and remove some of the barriers that prevent all people of good will to work together in overcoming HIV and AIDS. ■



Photo: Jędrzej Chelminski/EAA ©

World AIDS Day 2005, Geneva



SECTION II

WORKING TOGETHER



Sr. Mercedes Karuna Placino, DC, reads scriptures during an interfaith worship service held in the Global Village during the 2004 International AIDS Conference

Photo: Paul Jeffrey/EAA ©

WORKING TOGETHER: COLLABORATION
WITH FAITH-BASED ORGANISATIONS

"I hope for a day when every church engages in open dialogue on issues of sexuality and gender difference. I hope for a day when every synagogue will mobilise as advocates for a global response to fight AIDS, when every temple will fully welcome people living with HIV, when every mosque is a place where young people will learn about the facts of HIV and AIDS. When that will have happened I am convinced that nothing will stop our success in the fight against AIDS."

Peter Piot, Executive Director, UNAIDS – speaking at the Interfaith Pre-Conference session at the 2004 International AIDS Conference, Bangkok

Many would agree with Piot's vision for the future. There are more and more calls for collaboration with and between faith-based organisations from groups without religious affiliations and even from those once sceptical about the role of communities of faith in confronting this pandemic. There is increasing recognition of the advantages of combining the knowledge, volunteer base, credibility and community connections of faith-based organisations with the vast financial, technical and institutional resources of national governments, multi-lateral agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and those in the United Nations

system, business, and non-governmental organisations.

Yet, despite the increasing number of statements about the potential of collaboration and attempts to resolve ideological differences, successful HIV programmes that involve faith-based and other groups are not the norm. The question is, what will it take to translate the positive rhetoric into the next generation of collaborative HIV programming among such diverse groups.

Part of the response lies in the need for information about how faith-based organisations work: who makes decisions at the local, regional, and national levels; how to contact religious leaders; what a faith group is willing and able to do in collaboration with a secular organisation. Few people know the



Mathare Child Development Center, Nairobi, during a 2002 visit by the African Religious Leaders Assembly on Children and AIDS

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answers to those questions for all major world faith traditions. In that sense, we are all beginners when working with people whose faith tradition is different from our own. Learning the basics about the faith group you want to work with, its decision-making style, its fundamental beliefs, what it is already doing in response to HIV and why, will greatly enhance your organisation's chances of establishing a successful partnership.

A good way to begin is to dispel some myths.

Myth: Religious traditions are monolithic

Reality: If there is any single point that the reader should take away from this publication it is that each religious tradition is multi-faceted. In fact, expressions of one faith differ from one cultural context to another and in

individual communities – personality, politics, and evolving understanding of how to live the faith, make each case distinctive. So it is unwise to dismiss working with a particular faith-based group based on past experience with another from the same faith tradition.

Myth: All religious organisations are hierarchical, led by strong powers at the top of the organisation.

Reality: The religious experience of the vast majority of people around the world is not dictated by a single individual or religious hierarchy. This is as true for Hinduism as it is true for Catholicism. Regardless of the organisational infrastructure in any faith tradition and the extent to which the religious “hierarchy” or leadership shapes messages and responds to social questions, it is the religious



Entry in the 2003 Global Poster Competition against HIV and AIDS-Related Stigma and Discrimination by Iye Talloh, Sierra Leone

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congregations themselves – embedded within communities, contextualised, and reacting to the local surroundings – that present the most interesting possibilities for faith-based response to HIV be it prevention, care, support, or treatment.

Myth: Religious organisations are supportive only to those who are members of a particular faith and very often at odds with members of other faiths.

Reality: Though there are points of tension, it is outdated to view such tensions – either at the global level of world religion or at the local level where different religious communities interact – as the norm. The pace of inter-religious dialogue and interaction among the world's faiths has accelerated within the past 50 years. This is true of attempts to reconcile differences among sub-groups within religions, often called denominations or branches. An example is the ecumenical movement within Christianity. It is also true between major religions. Most important, many faith communities offer their services to all in need and do not tie them to their efforts to teach people about the tenets of their faith. This has been particularly true with HIV and AIDS, as a number of studies have shown that religious groups generally take a community-based approach to their AIDS work, basing it on “need, not creed.”

Myth: Religious groups lack professional expertise and capacity to take on and scale up HIV programmes.

Reality: In some countries, as much as 40 percent of health care services are provided by faith-based groups. In many rural areas throughout the world, the first clinic or hospital was opened by faith-based groups (often Christian missionaries) and even today it might still be the only formal health facility for the region. In the case of HIV specifically, the Vatican estimates that Catholic institutions worldwide provide 25 percent of the total care given to people living with HIV and AIDS. This places the Catholic church among the leading advocates and HIV service providers in the field. In many cases ordained religious leaders are themselves also doctors, health care professionals and social workers.

Myth: Faith-based organisations only engage in HIV work if it is compatible with proselytizing.

Reality: Showing compassion for one's neighbours, whether or not they belong to the same faith tradition, is a central value in all the world's major religions. The vast majority of faith-based organisations do not link HIV programming work with efforts to convert people to their religion. Many, in fact, have explicit policies against such practices.

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Despite difficulties for this children's hospital in central Moscow, the staff do their best to care for the children and their mothers

Re-thinking the myths which block effective collaboration will allow others to draw on the strengths of faith-based organisations:

- **They are present at all levels of society and reach into the poorest areas of the world.**

Faith-based institutions and their networks serve in areas that international and national agencies often cannot reach. Presence in this sense includes both their physical place in those communities as well as the spiritual and cultural connections and legitimacy, both of which are irreplaceable.

- **They offer communication networks to spread information about prevention, care, and treatment.** Faith-based institutions have unique means of communication to share what is known about HIV, care of those affected by the virus, and how to deliver health services. Churches, synagogues, temples, mosques have weekly or even daily access to congregations and communities. This direct communication with people who gather regularly at one time in one place, is an ideal way of sharing ideas among literate and illiterate people. In most faith traditions, communication flows from local to regional to national levels and back. Many also connect internationally. Radio Vatican – a world-wide network broadcasting in multiple languages – is just one example of ways that faith-based organisations spread messages around the globe. These communication networks (both formal and non-formal) can be highly effective for sharing information about HIV.
- **They have political influence and many are active in public policy advocacy.** Whether at the global, regional, national, or local level – faith-based institutions represent huge numbers of people and carry with them important political influence and power that many strive to harness for social

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justice. Not only can faith institutions mobilise public support around specific campaigns such as stigma eradication and fair access to treatment, they also bring another voice and watchful eyes to the process of defining and shaping policies and to implementing public response to HIV. An example of such an initiative is 'Africa Rising. Hope and Healing! A Campaign for Change in Africa' which has the goal of ensuring adequate US funding for HIV programmes.

- **They influence behaviour change.** During the past two decades, HIV prevention programmes have evolved and now increasingly emphasise behaviour change communication techniques. Religious teachings and values go far beyond sexual abstinence outside marriage and include principles such as the sanctity of life, social justice, and love for others. These principles could serve as critical components in a broader set of interventions that address risk factors for HIV infection. Faith groups also encourage a sense of responsibility in people by encouraging and empowering them to take control of their lives through changed sexual behaviour and increased awareness of the rights of all people to be treated with respect.
- **They offer comfort and hope.** Donors and public health experts are beginning to recognise the centrality of faith in the lives of people living with HIV and those at risk. They see the connection between religion and hope as well as between purpose and meaning in life. Faith-based institutions are uniquely qualified to frame the virus in these terms. Clearly there are many opportunities for religion and religious communities to provide comfort to those struggling with the impact of HIV in their lives.
- **They are an ongoing presence in the community.** Unlike many public service providers – particularly newly created non-government organisations – faith-based organisations have built-in mechanisms to sustain what they do and continue on for many decades to come.
- **They are supported by committed volunteers.** The true heart and soul of faith-based organisations is at the grassroots level. Lucy Steinitz of Family Health International, in an article published in 2006 in the World Council of Churches' publication *The International Mission Review*, draws attention in particular to the vital role played by women volunteers in Christian faith communities, a comment that is true for

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women in all the major faith traditions. “To the extent that churches are involved at the grassroots level, most of the credit, and much of the day-to-day work, belongs to the congregational volunteers, who are mostly women, mostly middle-aged, and invariably motivated by their faith and desire to help their neighbours in need,” she writes. “These volunteers are the backbone of everything we believe in and hope for...We must be careful not to take these people for granted.”

THINKING THROUGH COLLABORATION WITH FAITH-BASED ORGANISATIONS

Faith-based organisations are not just another type of non-government organisation or community-based institution operating like secular institutions. In many cases, they operate according to principles and traditions formed over many hundreds of years. Each faith has its own formal structures. Some are typically led by people who have been ordained, such as ministers, rabbis, priests, monks, and imams. Others are led by laypersons (people who are not ordained) whose responsibilities and reporting are not directly tied to the religious hierarchy. Typically, if an organisation is led by ordained religious leaders,



Muslim and Christian religious leaders launched the first Arab network of religious leaders responding to HIV and AIDS during a forum organised by the UNDP's HIV/AIDS Regional Programme in the Arab States in Cairo, Egypt, November 2006

TIMES FOR PRAYER

- Jews observe the sabbath from sunset on Friday to sunset on Saturday.
- Muslims pray five times each day.
- Christians worship and observe a day of rest on Sunday.
- Buddhist and Hindu prayer is not on a fixed schedule.

For a calendar of religious holidays and information on prayer times, visit:

www.bbc.co.uk/religion

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the more insistent it will be on conforming to doctrinal teachings. In contrast, those organisations led by laypersons or religious leaders who operate outside the formal hierarchy have greater degrees of freedom.

The question is how to engage them in joint initiatives. Here is a checklist of first steps.

- ✓ Do an analysis of country and district demographics, political climate, levels of unemployment, the social security system, access to health services, and levels of violence against women and children. Ask who are the social service providers.
- ✓ Develop a basic picture of faiths in the area you target. This includes overall statistics. Are there particular patterns where some faiths are more geographically focused?
- ✓ What is the relationship of all levels of government (from national down to district officials) with the faith-based groups in the region?
- ✓ Who are the principal donors supporting faith-based responses to HIV and AIDS? Are the objectives and values of those donor agencies compatible with those of your organisation?
- ✓ Are there faith-based initiatives in response to HIV already underway in your area (be it local, regional or national)? Is there any

mapping or data already existing of faith-based responses to HIV, health assets or organisations?

- ✓ Find out “who is who” in the faith groups that are active. How are they regarded by others in the faith community?
- ✓ Who are the religious leaders who have the most influence in the target area? Why? Who can help you approaching these individuals?
- ✓ What are the important religious holidays? What makes them important to the local community? Take note of special times when religious communities pray. Different faiths also may have special dietary practices to be aware of if you share a meal together or are planning a meeting. Knowing about religious holidays, times for prayer and other practices is not only a practical consideration, more importantly, it is a sign of respect.
- ✓ Does your HIV related work support or challenge key tenets of the faith traditions in your community? If it “challenges”, develop a careful plan with a listening approach. Where do you have common interests?
- ✓ How do the major faith groups deal with those most vulnerable to HIV (women,

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youth, men who have sex with men, injecting drug users, sex workers, etc....)?

- ☑ How accepting are the faith-based groups of their own HIV positive believers and positive religious leaders? Is there a network of HIV positive religious leaders and/or members of faith groups?
- ☑ Does the proposed initiative support or does it challenge existing approaches to responding to HIV in the community?
- ☑ Can you find allies within the faith community who are credible and willing to work with you?
- ☑ Check on your own organisation's history and reputation within the faith community (or communities) which you want to approach.

People have long memories. Remember, faith communities were there before you arrived, are active there now, and will be there when you leave. That is both a challenge and an opportunity for your work. That is why you want to work with them – they are rooted in the local context and offer community-based resource delivery and education networks that are unparalleled. But the long memories can also hurt you. Word of earlier failures or disrespectful approaches to local religious leaders can make people wary and require

extra effort to overcome. Earlier successes can have grown to mythic proportions and form a basis for unrealistic expectations.

HOW TO ENGAGE FAITH-BASED ORGANISATIONS IN HIV PROGRAMMING

There are ways of identifying and engaging with potential partners that are true for all faith traditions.

- 1) Collaboration with faith groups will be most effective if it is based on the recognition that, in many cases, faith-based organisations have long experience of caring for people living with HIV and AIDS, insight into their spiritual and emotional needs, experience of what type of messages will or will not be accepted in the local community, and a clear sense of the community's priority needs and concerns related to HIV. Faith leaders and followers can be much more than messengers of already-prepared messages and faith-based organisations can offer much more than simple delivery of a secular organisation's services to local communities.
- 2) Respect for the etiquette of any faith tradition is key to the success of a project. Therefore, from the beginning, staff of a

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Pastor Ernst Wildi, holding Andrew, works on behalf of Bethlehem Mission Immensee as AIDS Pastor in Kalingalinga, Lusaka, Zambia

secular organisation will need to show their awareness of and respect for appropriate dress, greetings, and style of meetings when engaging with appointed religious leaders.

- 3) When planning local projects, it is important to note that the mandate for many community-based organisations is set at the regional, national, or international level of the organisation and it will most likely be necessary to meet initially with representatives from those levels of the organisation in order to initiate any new local project. By connecting at the regional level or above, it will be possible to deliver the same project in several communities at the same time or share the model once tested.

- 4) Look for the opinion-leaders in the local faith community. These will not necessarily be the ordained, elected or appointed leaders. Connecting with these opinion-leaders and earning their trust will be key to gaining support for the proposed project. They may be found among colleagues in a secular non-governmental organisation or members of a school or medical clinic staff. Sometimes the clergy will identify them and recommend they be contacted.

- 5) Be aware of the complementary specialties each group brings to the table. In situations where religious leaders cannot address issues such as some methods of preventing infection (needle exchange

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programmes, promotion of the use of condoms, etc.) it could be possible to reach agreement to invite a representative of the Ministry of Health, for example, to present epidemiological data which will complete the information available for consideration in planning a response to the pandemic.

- 6) Whenever possible, include a spiritual component to both care and prevention. The faith dimension is what makes faith-based programmes different and more sustainable than others. Faith opens hearts and nourishes spirits. It can inspire people to perform extraordinary acts of kindness and courage.

There will be a wide range of responses among the followers of any faith tradition to the norms and teachings of that faith, even in faith traditions where practice and belief are strictly defined. Some members of the faith community and some faith-based organisations will be open to working within a broader, more flexible interpretation of those teachings.

There are faith-based organisations which are mandated to engage with secular organisations

both in direct service delivery and in advocacy initiatives. Others are focused on one or the other. Be clear about what each organisation's mandate is and respect it. Information about an organisation's mandate and how it is structured (in addition to that offered in the following section) is available by searching the internet or by calling a local office.

Advocacy and policy oriented initiatives are usually approved and carried out at the regional, national or international levels of faith-based organisations by staff, often working with networks of volunteer medical, education, and policy professionals. Education for youth and children, and home-care services for people living with HIV and AIDS are most often provided by local volunteers, sometimes under staff supervision.

The next section is divided into chapters which give an overview of the distinctive organisational structures, decision-making styles, and attitudes towards HIV and AIDS in Buddhism, Hinduism, Christianity, Judaism, and Islam. The final chapter addresses the specific challenges and opportunities of collaborating on HIV programmes with interfaith groups. ■

WORKING TOGETHER: COLLABORATION WITH FAITH-BASED ORGANISATIONS



SECTION III

BUDDHISM



*Buddhists practice meditation rituals at the Multifaith Networking Zone
at the 2006 International AIDS Conference*

Photo: Melissa Engle/EAA ©

BACKGROUND

Buddhism is both a religious tradition and a philosophy. It is based on the teachings of the Buddha, Siddhartha Gautama, whose lifetime is traditionally given as 566 to 486 BCE. His teaching gradually spread from India to Central Asia, Sri Lanka, Tibet, and South East Asia, as well as to East Asian countries such as China, Korea, and Japan.

There are approximately 360 million Buddhists in the world today with majority populations in parts of South East Asia such as Thailand, Laos, Cambodia, and Burma, and significant populations of Buddhists also reported in places such as China, Viet Nam, and Taiwan.

Buddhism is divided into two main branches:

- Theravada Buddhism
- Mahayana Buddhism.

There is no indication of a significant difference towards HIV in either branch nor in how their religious leaders respond to HIV. In fact, though the number of Theravada Buddhists affected by HIV is much greater than Mahayana Buddhists due to historical, geographical, and current factors, there is already a great deal of HIV work going on in traditionally Mahayan countries such as Bhutan, Mongolia, and Viet Nam that suggests a similar philosophical reaction to HIV as in places where Theravada Buddhism is dominant.



Areas with the largest Buddhist population

Based on information from "The Modern Distribution of World Religions Map" from World Religions 5th edition by MATTHEWS, 2007 (see page 121)

RELIGIOUS TITLES IN BUDDHISM

Bhikkhu – Term for a Buddhist monk. The address is: Venerable (name) Bhikkhu. In different orders there are also honorific titles that indicate the level or degree of learning attained by the monk (for example, in Thailand, “Phra” or “Phramaha”).

Supreme Patriarch – A monk chosen as the head of his order or community, usually at the national level. For example, Cambodia has two major Buddhist orders, each with a supreme patriarch who is recognised both by the community and the government. The address is: His Holiness.

Council of Elders – The National Council which assists the Buddhist supreme patriarch whose job it is to oversee the Buddhist orders in the country. Decisions made by the supreme patriarch channel down from the council of elders through to a temple abbot and his village temple committee.

TEACHING AND VALUES RELATED TO ILLNESS

From a Buddhist perspective, HIV does not represent something unusual in the sense that the world in which we live always has been and always will be filled with disease, suffering, sin, and stigma. Buddhists are taught to be compassionate toward all living beings.

The greater an individual’s struggle – no matter how one reaches that state – the greater the Buddhist’s compassion toward that individual should be. A monk from Bhutan says, “People turn to monks when they have problems or are experiencing suffering. We cannot deny them our help in their time of suffering from AIDS.”

While Buddhists are clearly called to show compassion and care for those suffering the effects of HIV and AIDS, teaching prevention is more problematic for the Buddhist community. Simple and systematic as Buddhist teachings appear to be they need to be understood and seriously practiced if they are not to be seen to be as strict as those of conservative – even so-called fundamentalist – expressions of faith in other religions. Phrakru Wisanboonsatit, who represents the Mae Chan Monk Network says, “the Five Precepts are the best HIV programme anyone could imagine, certainly better than the condom.”



In Thailand, children affected or orphaned by AIDS are ordained as novice monks and cared for in Buddhist temples

The five precepts (the core of Buddhist teaching) are to refrain from:

- taking life
- taking that which is not freely given
- sexual misconduct
- incorrect speech (lying, harsh language, slander)
- intoxicants which lead to loss of mindfulness

However, unlike other religions, such teachings are not issued in the form of commandments nor are there clear consequences of not following these teachings. Rather, a Buddhist monk, addressing a group of adherents, typically points them in a direction, a path or “way”, toward things that they “ought” to do with a suggestion that the one who follows these ideas will experience

good things. The “pointing” of adherents in a direction is representative of a non-activist way in which Buddhist leaders work in communities – not necessarily getting actively involved themselves with communities of people living with or at risk of being infected with HIV.

ATTITUDES TOWARDS HIV AND AIDS

The greatest number of Buddhists living with HIV are in Thailand. When infection rates peaked in the early 1990s, religious leaders faced an overwhelming number of people dying of AIDS who had no place to live. In response, some temples offered shelter. The most well-known example was in Lopburi in a temple called Wat Phra Baht Nam Phu, often referred to as the “AIDS temple”. A Buddhist monk, Dr Alongkot Dikkapanyo, turned an upcountry Buddhist temple into a small hospice to care for AIDS patients. That initial eight-bed hospice grew to the 400-bed complex it is today.

The majority of Thais found the work done by the monks in “The AIDS temple” to be in line with traditional Buddhist practice – earning merit through work with the suffering. However, when this and other temples were quickly overwhelmed by large numbers of people suffering from AIDS, many Buddhists

began to question whether monks should do more than just offer care for those infected. The question was whether monks should encourage people to protect themselves and others from the disease.

Now, however, the Monk Network on AIDS in Thailand is setting up the Community Centre for Healing, Caring and Sharing in the temple with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria. This aims at collecting resources from all sectors of the community to work on care and support for people living with HIV and AIDS and their families.

Early resistance to monks teaching about prevention came in part from adherents such as temple committee members and strong lay persons and is an indication that religious figures do not have absolute control over believers despite the great respect in which they are held. Further resistance came from other monks. Phra Athikan Sommai of Mae Chan, Thailand reminds us that “monks also have bureaucracies” and the incentive structures, at least in the early days, did not give weight to the monks actively pursuing community outreach programmes.

Another complicating factor has been the educational levels of monks and their ability to understand the complex aspects of HIV

transmission, AIDS, and connections to mental state, physical well being and associated risk factors. Clearly, there are many well educated monks in places such as the Sangha College, Mahachulalongkorn Buddhist University in Chiang Mai. However, many monks, particularly in rural areas, do not have the background to respond to this disease. As Phrakru Samuhwichian from the Jae Dee Mae Krua Temple says “this disease challenged our ability to understand the lives of the people in these villages.”

Despite the challenges that come with trying to include Buddhist religious leaders in mainstream provincial and district HIV and AIDS policy and programme implementation, there are benefits. “With monks in the room, the bar is raised in terms of accountability,” says Phramaha Boonchuay, vice-rector of the Mahachulalongkorn Buddhist University.

From Viet Nam, we hear monks report: “Lay people respect monks and nuns. They listen to what they say. They trust them and believe them more than they do lay teachers. The teachings of monks and nuns are more effective and longer lasting.”

BUDDHISM – AN ORGANISATIONAL PRIMER FOR NON-BUDDHISTS

The process for making decisions within Buddhism – whether in village temples or at the national level – varies from country to country in South East Asia. The following description of the Buddhist hierarchy in Thailand, and of how that hierarchy interacts with Thai government structures, offers a point of departure for comparisons of decision making and authority in other Buddhist countries in the region.

BUDDHIST HIERARCHY

As in many parts of South East Asia, Buddhist temples in Thailand represent a window into a village's community life. Not only are they important centres for residents' religious life, where rituals and ceremonies are performed, they also are important centres for learning and social welfare.

Each village temple is presided over by an abbot who may have an assistant abbot and secretary. There will be a temple committee that includes the abbot, his assistant and secretary and members of the lay community whose representatives will include the village



A man living with HIV is depicted applying the Noble Eightfold Path as taught by the Buddha. The scales show that everything is in balance and equal, and therefore we should not judge or discriminate against people with HIV and AIDS

head man and representatives of village women's and youth groups.

The villages in one area form clusters. The head monk of the cluster will have a supervisory role over all the village temples in the area. Clusters are formed into district level groups with a district monastic governor; and districts into provincial groups overseen by provincial monastic governors. Provincial groups in turn are linked into regions overseen by regional monastic governors.

At the national level, there is the council of elders which is headed by the supreme patriarch. Decisions made by the supreme patriarch would channel down from the council of elders through to a temple abbot and his village temple committee. There is no international leader for Buddhists worldwide. Even though the Dalai Lama is a widely recognised Buddhist religious leader and often asked to speak to interfaith gatherings from a Buddhist perspective, he represents specifically the Tibetan expression of the Mahayana branch. (The title Lama is given to a senior, highly-qualified monk in Tibet, Bhutan, and Mongolia.)

INTERACTION WITH GOVERNMENT HIERARCHY IN THAILAND

Buddhist and government hierarchies interact at each level from the local to the national. At

the national level in Thailand, there are two offices: the National Office for Buddhism under the Prime Minister's Office and the Department of Religious Affairs under the Ministry of Culture whose representatives works with the council of elders to inform them of government decisions. At the local level, there are representatives of government ministries, such as the Ministry of Education, in village organisations.

AUTHORITY TO MAKE DECISIONS

Respect for authority is key to decision making in Thailand and monks are the most respected people in the country. Even the King bows to them. The seniority on which authority is based is calculated by the number of rainy seasons a man has been a monk.

Monks at the local level have a lot of freedom to set up projects which means a wide range of projects can be proposed and accepted at the village level. The head monk may make an independent decision or may discuss it first with the temple committee to win support. But, even without the support of community leaders, he can push through a project and gradually over time win the support of secular community leaders.

There are 227 rules which a monk vows to obey when ordained. If a monk can take an initiative for the benefit of the community

without breaking any of those vows, the initiative is allowed. If a monk does get involved in controversy, he will be invited for a talk with his superior. Only if a project is sensitive might an edict (rule for action) be required from the supreme patriarch. For example, monks are not to become politically active so a political initiative could be forbidden by an edict.

Decisions are guided by an information chain not a permission chain. For example, because monks lead a secluded life, some may not be aware of social problems like drug abuse. In such cases, the Department of Religious Affairs may be informed by the Ministry of the Interior that information needs to pass through to monks at the local level. So the representative from the Department of Religious Affairs will speak with the supreme patriarch who will send the message through to the local level. This raises the awareness of village monks about the social problem and allows them to respond out of compassion for the community.

DECISION MAKING IN OTHER COUNTRIES OF SOUTH EAST ASIA

In villages throughout South East Asia, everything revolves around the temple and the power of the local temple is felt even in urban settings. But the ability to implement decisions depends on government structures and levels of



Photo: World Religions PL/Christine Osborne ©

*A woman bathing a Buddha statue,
Shwedagon Temple, Myanmar*

WOMEN AND YOUTH

In every country, there are organised youth and women's groups. At the village level these may be informal. At the national level, there will be a formal structure such as a national youth council and or national council of women. At the local level, the village temple committee would include representatives of youth and housewife groups.

In a democratic country, these groups will have more independence in making decisions than those in authoritarian countries where decision making needs official (or government) participation.



Photo: World Religions Pl./Christine Osborne ©

Theravada monks attending temple prayers, Thailand

authoritarianism. Therefore, processes and authority for making decisions within Buddhism depends on the political situation of the country. Within some countries, the processes may be similar to those described for Thailand where decisions can be made at the local level with information then travelling up to the national level.

In other countries such as Viet Nam, Laos, and Cambodia, projects within local Buddhist institutions such as the village temple and surrounding faith community must first have political approval from the national level. In Viet Nam this means going through the National Fatherland Front. In Laos, permission is needed from the Lao National Front for Reconstruction. And in Cambodia, projects must be approved by the Ministry for Cults and Religions.

In Burma (known also as Myanmar) the situation is more complex. Projects need the approval of the ruling junta which would seem to be afraid of the popularity of Buddhist monks to exert control and discipline over them. However, in 2006, the government expelled a senior monk from a monastery for his work with HIV and AIDS.

International organisations wanting to do projects with monks need approval at the national level. When approval is granted, then, for instance in Viet Nam, the local chapter of

the National Fatherland Committee sends representatives to be involved with the project.

INITIATING DISCUSSION WITH BUDDHIST ORGANISATIONS

A representative of a secular organisation can either approach an abbot directly with a proposal for a joint HIV and AIDS project or can request an introduction from the head of the local health unit. However, in order to initiate successful discussions, that person should have a clear understanding of community respect for the role of monks and be sensitive to the rules of discipline which monks obey.

The rules of discipline including a vow of celibacy which makes certain topics sensitive for monks to talk about such as adolescent sexual and reproductive health and the use of condoms. By engaging in such discussions, they could be considered at risk for breaking their vow. This means that a monk could not talk to a class of girls about sexual health and prevention of the spread of HIV. However, they could speak to a class of boys if accompanied by a lay person.

The representative of a secular organisation wanting to collaborate on a joint HIV and AIDS project with Buddhist faith-based organisations should become familiar with and follow cultural norms for showing respect for



Buddhist monks from Bhutan use traditional Buddhist teachings to analyse the impact of HIV and AIDS on their community

POTENTIAL OBSTACLES TO JOINT HIV AND AIDS PROJECTS

There is a high level of awareness in Buddhist communities and organisations about HIV and AIDS. If faith-based community values and norms are respected and if monks can undertake a joint project without breaking the code of discipline, then there is no real obstacle to joint projects. The exceptions could be in authoritarian countries. But even there, knowing the political channels and working within them will reduce obstacles.

monks. These include understanding that a monk cannot touch a woman nor be alone in a room with her. There are also community norms about respectful dress when in the presence of a monk.

FINANCIAL AND MATERIAL RESOURCES FOR HIV AND AIDS PROJECTS

Within Buddhist monastic orders (communities of monks) there are no agencies for health and social welfare. However, monks set up organisations and foundations with committees of lay people (people who are not monks). These foundations run hospitals, schools, and monastic universities for monks. Monastic universities are now also offering special programmes for lay people. There are well-endowed Buddhist foundations and agencies because of the belief among Buddhists that they can earn merit through generosity and giving.

When monks from a temple are doing an HIV and AIDS project, they will have a committee that acts as the board of administration for the projects. Members will include monks, lay people including government representatives in some cases, and people living with HIV and AIDS. The committee will normally meet every three months to approve requests and monitor finances. ■

N O T E S :

B U D D H I S M



SECTION III

HINDUISM



Lighting Diwali lamps

BACKGROUND

Hinduism is the oldest living religion in the world today, with roots going back many thousands of years and giving rise to other world religions including Buddhism, Jainism, and Sikhism. Its followers believe there is one God with other gods and goddesses as facets or manifestations of that supreme God – a concept known as henotheism.

Of approximately 1 billion Hindus living around the world, roughly 90 percent reside in India. Bangladesh, with 12 million Hindus, and Nepal with 19 million, have significant numbers, as do Indonesia (4 million), Pakistan (2 million), Malaysia (1.5 million), Sri Lanka

(1.42 million), the United States of America (766,000), and South Africa (654,714). Hindus are also found in the UK, Bhutan, Fiji, Guyana, Mauritius, Suriname, Singapore, and Trinidad and Tobago.

Though the origin of collective Hindu thought cannot be ascribed to any single founder or associated with a specific time or a single place, the birth of Lord Rama around 5500 BCE and Lord Krishna, around 3100 BCE are important reference points for Hindus. Important also is the period between 1500 – 1300 BCE when the earliest Hindu scriptures, the Vedas, were written. Modern Hinduism, as it is commonly understood, is an outgrowth of the knowledge described in these scriptures.



Areas with the largest Hindu population

Based on information from "The Modern Distribution of World Religions Map" from World Religions 5th edition by MATTHEWS, 2007 (see page 121)

RELIGIOUS TITLES IN HINDUISM

Swami – This is the title for a Hindu monk. The authority of individual swamis varies widely; they may be an individual roaming ascetic, or they might head a major ashram or temple with hundreds or thousands of disciples. The address is: His Holiness Swami (name)

Pithadhipati – This is the term for the head of a monastery or monastic order. Each Hindu sect has a headquarters with a seat (“pitha”) that symbolically represents that sect’s founder. This seat is usually held by a swami. This person would have authority over numerous swamis and also large numbers of laypersons and various institutions such as schools, hospitals, seminaries, etc. The actual title used will vary from sect to sect; for example in the ancient Sankara-sampradaya sect, the pithadhipati is known as the Sankaracharya. The address is: His Holiness



Ganesh, the god with the elephant head, is one of the main gods in the Hindu pantheon

TEACHINGS AND VALUES RELATED TO ILLNESS

The Hindu system of values is a complex one. It embraces active work, it emphasises sacrifice and service to God and others, and it culminates in renunciation. There are unifying principles and values – most importantly truth, purity, compassion and selflessness – that provide guidelines for Hindus. In this sense, strong parallels exist between Hinduism and the Abrahamic religions (Judaism, Christianity, and Islam) in what professor of religion Huston Smith describes as the Hindu way to God through love and compassion for others.

Where Hindu values differ from Abrahamic religions is that there is no overt command that all individuals must respond to those in need. In the Hindu world view, there is instead a more nuanced sense of how individuals progress through successive stages of life, even across many lives. Hindus assess someone's ability to nurture others not according to their chronological age but rather in terms of their psychological age and readiness to serve others. While many Hindus recognise the need for a social response to HIV and other social ills of this world, they do not expect every person to be psychologically ready to respond. Nor will Hindus expect or encourage a unified response, given the great diversity of its philosophical traditions.

Countless temples, shrines, monasteries, ashrams (centres for religious study and meditation) and religious education centres are

devoted to ritual and other religious practices. Many offer some level of charitable works to the public and demonstrate devoted care of the poor and downtrodden. However, caste or denominational differences may cause distinctions to be made and actually restrict contact with those who suffer due to purity considerations. There are also other faithful Hindus who will offer little in response to HIV because the path to God they have chosen has meant renouncing the world.

ATTITUDES TOWARDS HIV AND AIDS

In years past, Hinduism did not figure prominently in international discussions of the work of faith-based organisations in the fight against HIV. Perhaps this reflected the difficulty global organisations experienced trying to locate representative religious leaders



Religious leaders' round table on HIV and AIDS held at Shanti Ashram in 2005, co-sponsored with UNICEF



Photo: World Religions PL/Chris Milne ©

Prayer by the Ganges, N. India

within the great diversity of Hinduism. It may also be that the low prevalence of HIV among Hindus during the 1980s and 1990s created a level of complacency among Hindus and those working with HIV programmes who were focused on the epidemic in other parts of the world.

Now the HIV situation in the Hindu world, most significantly in India, is dramatically different. Today there are 5 million HIV infections in India alone and prevalence rates are likely to exceed 1 percent of the total population by 2010. Based on the risk factors in place and shifts in cultural norms, many worry that HIV prevalence in India and other parts of South Asia may spiral into levels similar to the hardest-hit areas of Africa. As these concerns have emerged in South Asia, so too have efforts to mobilise all sectors of society for prevention, care, and treatment programmes – including a faith-based response among Hindu leaders.

Yet questions remain about the response from the Hindu perspective. Most simply, who are the Hindu leaders and what capacity do they and related organisations have to address HIV? Do religious leaders and the caste system contribute to the strong stigmatisation of people living with HIV and AIDS that we find in India? Or has the Hindu faith, in fact, inspired prevention, care, and treatment programmes in places and ways that other

government and other non-government organisations cannot?

There is no study at present that projects the potential impact of a Hindu response to HIV beyond what is surmised from an understanding of its traditions and moral values, but there are at least two reasons to be hopeful. First, there is historical precedent for a Hindu response to disease and suffering that can be seen in the many associations addressing the needs of people all over the Hindu world. Examples include the Avadhoot Bhagwan Ram Kustha Seva Ashram, which has created a hospital and rehabilitation centre for Lepers in the State of Uttar Pradesh; and the Ramakrishna Mission, which has hospitals and clinics throughout India. Second, today it is the norm, not the exception, for Hindu faith leaders to be engaged with leaders of other faith groups in discussions of the role of faith-based organisations in responding to HIV.

HINDUISM – AN ORGANISATIONAL PRIMER FOR NON-HINDUS

Hinduism encompasses a diverse body of religious, philosophical, and cultural practices. As such, it is better to think of its structure as a tree that has developed many branches over time rather than as a building designed by an architect.



Religious leaders' round table on HIV and AIDS held at Shanti Ashram in 2005, co-sponsored with UNICEF

Hinduism is often described by referring to its four most common denominations:

- Vaishnavism (the majority Hindu group in India) which considers Vishnu to be the supreme deity
- Shaivism which venerates Shiva
- Shaktism which glorifies Devi
- Smartism which is based on ritual traditions passed down through sacred texts such as the Manu Smriti, the Mahabharata and the Ramayana.

These major divisions are, however, subdivided further into a wide number of sects and schools that follow individual teachers. Within this diversity there are unifying principles and values that provide guidelines to Hindus. The most important are compassion and selflessness.

HINDU HIERARCHY

Hinduism is not centralised organisationally in the same manner as many Christian denominations, and currently it is not the state religion in India or any other country. The degree of coordination at the national level varies among the different religious bodies, although each religious order, such as those founded by the influential 9th century philosopher, Sankara, has its national headquarters, which would be known and respected by the followers of that order. Many of the modern Hindu associations, such as the Ramakrishna Mission, are more institutionalised and were often organised on the model of Christian missionary bodies.

Despite the lack of religious organisations on a national scale, religion and monastic orders influence daily life at the local level. The religious leaders of temples are held in high esteem. In some traditions, leaders of local temples from across the country do gather to meet and have an acknowledged national leader.

Outside of India, in places where Hinduism is a minority religion, it is more likely that national Hindu associations or councils have been formed, and these bodies will provide some level of coordination.

In the absence of a dominant national religious order, interfaith dialogue is accepted extensively within Indian culture. Minority religions engaged in prevention, care and treatment programmes have broad public support at the local level – from both government officials such as the Director of State AIDS Control Commissions in Andhra Pradesh and Positive Women’s Groups in Chennai. While many countries throughout the world have much to do to encourage an interfaith response, Indians are already in an advantageous position.

AUTHORITY TO MAKE DECISIONS

Hinduism’s leaders generally obtain their status in society either as a result of their religious charisma or on a hereditary basis. The formal structures around them – typically boards made up of laypersons in charge of temple upkeep and managing funds – tend to be conservative, often reinforcing caste distinctions, isolating religious figures from “the impure.” On occasion, leaders also get caught up in conflicts of interest around temple life and thus refuse to acknowledge



Photo: Shanti Ashram ©

WOMEN AND YOUTH

In contrast to the situation found in religious traditions with stronger national and international institutional structures, the role of laywomen in shaping the religious experience is critical within many Hindu communities. Given what we know about gender issues and HIV infection, this should be recognised as a positive and something that should be explored further.

Youth groups at local temples do volunteer work that can include fundraising, disaster relief, and educational activities.

POTENTIAL OBSTACLES TO JOINT HIV AND AIDS PROJECTS

There is no simple way to identify a single religious leader who can represent the broad range of religious expressions found in the Hindu world. Therefore, there is no easy way of mobilizing religious action nationally or even regionally, particularly if one brings expectations about having formal structures in place as a basis for collaboration and implementation. Most of this work must be done at a local level, places where religious leaders are imbedded and have a significant role among followers. This said, many of the “modern” Hindu organisations do have a more institutionalised national structure that is able to direct and coordinate work across the full range of the organisation.

It is important to remain open to the positive opportunities presented by the particular ways that the Hindu faith communities are structured, even though many of the particular religious orders are not part of larger organisational structures or umbrella bodies. As various ashrams have demonstrated, Hinduism provides a philosophical base and strong religious traditions that can be a valuable resource for responding to HIV.

social problems such as HIV. Yet, an informal response from an authoritative religious leader can overcome obstacles, including caste and other social constraints, leading followers to social action.

More modern Hindu organisations have a more centralised leadership hierarchy where the head of the national organisation will hold considerable decision making authority for the entire organisation.

INITIATING DISCUSSION WITH HINDU ORGANISATIONS

When seeking to explore the possibility for collaboration in joint HIV initiatives with Hindu faith-based organisations at the local level, it can be useful to work through intermediary organisations such as mission societies, ashrams or lay people like those who serve as members of temple committees that support religious leaders.

To get the approval of the head of a local temple, start by contacting a member of the temple congregation. Some temples have a public relations person. In those cases, approach that person when first seeking to connect with the temple community. That member will speak with the religious leader of the temple about the request. If the religious leader approves it, he will then refer it to the



Photo: World Religions PL/L.B. Duran ©

A mother places an offering with her son in a Hindu temple

board of trustees (temple committee) for discussion. The project will in turn be referred to an existing group in the temple or a special group will be formed. It is not advisable to circumvent this process or the process can be blocked.

Note that in some Hindu traditions, women cannot talk directly to the religious leader of a temple.

FINANCIAL AND MATERIAL RESOURCES FOR HIV AND AIDS PROJECTS

There are many Hindu temples in North America, Europe, Africa, and elsewhere that raise funds for special projects at the request of the head religious leader of their denomination

in India. The head leader will often solicit funds directly from wealthy followers at home and abroad. Those members see it as a religious duty to comply. These funds are then often used for health, education and other social welfare programmes and institutions that are sponsored by the religious order.

As is true with Buddhism, Hindu communities do not have high expectations that their religious leaders will take an active stance on issues such as HIV. But, when convinced of the need, religious leaders bring charisma, high-profiles, and great symbolic energy to HIV initiatives. They are not, though, likely to bring organisational resources to a project. ■

N O T E S :

HINDUISM

SECTION III

CHRISTIANITY





BACKGROUND

With 2.1 billion believers and followers – roughly 33 percent of the global population – and a majority in two-thirds of the world's countries, Christianity is the largest religion in existence today. Christianity also has the greatest organised diversity of any major religion. Like Islam and Judaism, it is based on the belief that there is one god (monotheism) and recognises Abraham as an early faith leader. Christianity shares the Hebrew scriptures (commonly called the Old Testament) with the Jewish tradition.

Christianity's major divisions are:

- Roman Catholic
- Orthodox
- Protestant

With roughly 1 billion baptised members, Roman Catholicism is headquartered at the Vatican and extends throughout the world but is dominant, on the whole, through central and southern Europe, Ireland, and South America and has large numbers in Africa. The Orthodox are divided into two families of churches – the Eastern and Oriental Orthodox churches – with an estimated 250 million members concentrated mainly in Europe and the Middle East with strong communities in



Areas with the largest Christian population

Based on information from "The Modern Distribution of World Religions Map" from World Religions 5th edition by MATTHEWS, 2007 (see page 121)

RELIGIOUS TITLES IN CHRISTIANITY

Archbishop – A bishop who heads a large or historically important diocese, called an archdiocese. In some denominations, the archbishop has authority over multiple dioceses and bishops. In Orthodox churches, the archbishops are often called metropolitans. The address is: Most Rev. or His Excellency. If the archbishop is head of the denomination, it can also be His Beatitude or His Eminence.

Bishop – An ordained clergy person who has authority over a geographic area (diocese) that includes multiple congregations. The address is Most Rev. or His Grace; in the Catholic church they can also be Monsignor (Msgr.)

Cardinal – A designation in the Roman Catholic church for members of the College of Cardinals who elect the pope. Most, but not all cardinals are archbishops. The address is: His Eminence.

Clergy – Men and women ordained as religious ministers in the Christian church. Different Christian traditions have different names for their ordained ministers. (e.g. priests in the Catholic church, vicars and curates in Anglican churches, ministers in the Methodist church and pastors in the Baptist church).

Elders – Usually voluntary (lay) positions of leadership in some church denominations. The elder will work with the minister or pastor of the church in its day to day running.

Laypersons – People volunteering for leadership roles in the church (i.e. not clergy). Most churches depend on laypersons for their effective running.

Pastor/Priest – Terms for the ordained head of a local congregation/parish/church.

Minister – This person usually holds both clerical and administrative authority. The address for a priest is: Father (Fr.) or Reverend father (Rev. Fr.); for a pastor or minister it is Rev.

Patriarch – The head of a church, usually Orthodox. The address is: His Holiness

Pope – The spiritual leader of the Catholic church and head of state of the Holy See which is based in Vatican City.

Religious sisters – Female members of religious communities (nuns).

Religious brothers – Male members of religious communities (monks).

North America, Australia, and in parts of Africa. With some 600 million believers and followers, Protestant denominations (groups of congregations sharing similar theology and organisational structures) are found predominantly in Northern Europe, the United Kingdom and parts of North America and Africa. These include Lutherans, Reformed and Presbyterians, Anglicans, Methodists, Baptists, Anabaptists, Evangelicals and Pentecostals. Though the Roman Catholic church is by far the largest church in the Christian faith tradition, the fastest growing element of Christianity is the Pentecostal movement with 100 million current followers and believers. It shares historical roots with Protestant churches but has developed a distinctive approach to spirituality best known from the television presence of Pentecostal evangelists.

TEACHING AND VALUES RELATED TO ILLNESS

The stories of Jesus' miracles of healing told in the Christian texts of the Bible (the New Testament) and his call to show compassion to all who suffer and are rejected, are the impetus to contemporary Christian response to the impact of HIV and AIDS on individuals and communities. When Jesus preached that "You

JESUS AND CHRISTIANITY

The Christian faith is based on the stories of the life, death, and resurrection of Jesus, an itinerant preacher and teacher from the region of Galilee, that are found in the Christian texts (commonly called the New Testament) of the Bible. Christians believe Jesus was both human and divine, the Son of God born among us. The ministry of Jesus drew on his origins as a member of the Jewish people. His words and actions (including performing miracles) are believed to be signs of God in action in the world. Christians are baptised (symbolically cleansed in water) as an initiation to the faith community and believe in life after death, based on Jesus' resurrection following his crucifixion.

shall love your neighbour as yourself" (Matthew 22:39) and "In everything do to others as you would have them do to you; for this is the law and the prophets" (Matthew 7:12) he was reiterating values found in Judaism. But the urgency and vivid quality of his language (most often represented in parables) moved people in ways unknown before, dramatically altering the religious mindset across the Greco-Roman world in just a few short years.



Photo: World Religions PL/Jim West ©

Prayer circle at a Catholic retreat in the United States

In modern times, Christian values, though difficult to generalise across the diversity of its churches, begin with a simple understanding that God loves human beings absolutely. Further, God loves all of us no matter how sinful we may be. Five commonly found Christian values – justice, solidarity, compassion, equality, and human dignity – fit this frame logically. From their reading of the Gospel accounts (found in the New Testament) of Jesus’ actions and of his teachings, many Christians believe that they have an obligation to give special care and attention to the poor and marginalised in society; they call this the “preferential option for the poor.”

ATTITUDES TOWARDS HIV AND AIDS

Drawing upon the numerous examples from the Bible that demonstrate Jesus’ compassion and willingness to “touch” and to “heal” those in need, Christian values inspire action. And so today, in every country around the world, there are literally millions of Christians working in response to HIV.

- In Kenya, the Hope Centre, an initiative of the Coptic Orthodox church, offers care and treatment for people living with HIV and AIDS. Of the current caseload of 5,000 patients, 2,300 are taking anti-retroviral

treatment. The centre has a reputation for providing the best in physical, psychological, and spiritual support to all.

- In India, the Catholic Health Association of India (CHAI) actively supports HIV information campaigns, upgrades the counselling skills in rural based health clinics (including government and non-government sites), and improves the skills of health care providers within its 2,700 member organisations (mostly clinics and hospitals) leading to improved HIV care and treatment.
- In Tanzania, the Selian Lutheran Hospital is the hub of health work for the Arusha Diocese of the Evangelical Lutheran Church of Tanzania. Its mission is to serve, treat, and minister to the whole person: body, mind, and spirit. In addition to its full-service facility with 120 beds, the hospital has extension clinics in 10 surrounding villages and 40 satellite health centres in the Maasai programme. Extensive training is provided for its 250 member staff including community health workers and traditional birth attendants whose combined monthly caseload exceeds 5,000 cases.

HIV has clearly challenged interpretations by some Christians of doctrines related to

sexuality. Secular agencies have also been critical of churches in various parts of the world for stances which contribute to stigmatisation of those living with HIV or for failing to include condom promotion in their HIV prevention efforts. What can be missed in debates about the Christian response is that there are other Christians also raising these concerns.

In recent years, ecumenical organisations such as the World Council of Churches and others have asked their members to reflect on Christian values and teachings central to their traditions and what this means for HIV. Although this call is criticised by some Christians, Michael Czerny, a Jesuit priest, says moral teachings central to the faith have not changed. “God clearly regards people living with HIV and AIDS – especially those who are poor – as his beloved sons and daughters who suffer. Accordingly, everyone is called to regard them as beloved brothers and sisters.”

CHRISTIANITY – AN ORGANISATIONAL PRIMER FOR NON-CHRISTIANS

In order to engage Christian organisations, it is important to understand the three main branches of the faith: Roman Catholicism, Orthodoxy, and Protestantism.

A WIDE-REACHING RESPONSE

There are global organisational infrastructures that allow Christians to respond to issues like HIV beyond their immediate home community. The World Council of Churches website captures a portion of this as does the Vatican site, which offers detailed descriptions of the history and teachings of the Catholic church.

ROMAN CATHOLICISM

The Roman Catholic church is the world's largest Christian denomination. Its complex and multi-layered network of institutions spans the globe under the ultimate authority of the Pope.

CATHOLIC HIERARCHY

The international headquarters for the church hierarchy is Vatican City – in the heart of Rome – with departments responsible for programmatic initiatives in areas such as the family, health, and communication. HIV and AIDS programmes may have separate offices within these structures or be integrated into the priorities of several departments.

At the national level, there is a Bishops' Conference with offices for areas of concern

such as justice and peace, health care, social services, and human development. HIV and AIDS programmes may have a separate office within these structures or be integrated into the priorities of several departments. The Bishops set the priorities for their Conference's social outreach and advocacy agenda.

At the regional level within countries, parishes are grouped into dioceses, each with a bishop. The bishop has overall responsibility for the administration of the diocese as well as for assigning priests to serve the parishes. His responsibilities include ensuring that Catholic teaching in the dioceses conforms to that which has been defined as “authentic” within the Catholic church. Dioceses have offices like those of the Bishops' Conference at the national level and often include departments that support HIV and AIDS initiatives.

Several dioceses are clustered into ecclesiastical provinces which are linked to an archdiocese in the region. An archbishop administers the archdiocese and convenes the bishops in his province. He has no direct authority over the respective bishops in the province but he is expected to promote networking among them and to monitor their financial records. Some bishops and archbishops are named by the pope to the College of Cardinals which works closely with the pope and elects the papal successor once a pope has died.

At the local level priests and lay people (non-clergy) provide leadership in parishes. Most parishes will have a pastoral council. Parishes undertake education and advocacy projects under their own authority but within the framework of theological teachings set by the Vatican and attentive to their bishop's priorities.



Photo: Lyn van Rooyen/CARIS ©

Another set of Catholic institutions are religious orders (also known as Congregations) of priests, religious sisters, and religious brothers. The Jesuits, also known as the Society of Jesus, for example, are a religious order as are the Ursuline Sisters. Orders may have membership throughout the world, and



Photo: CMMB/Kim Durack ©

Sr. Mura, the hospital administrator at Nazareth House, a Catholic facility in Johannesburg, plays with one of the many orphaned and HIV-positive children who receive antiretroviral treatment at the facility

many have their headquarters in Rome. They may be further divided into “provinces” on the regional, national, or more local levels. The heads of orders are grouped into international networks such as the Union of Superiors General (USG) for religious orders for men and the International Union of Superiors General (IUSG) for women. Both these organisations are based in Rome but are not part of the official Vatican governing structure of the Catholic church.

Many religious orders have made HIV and AIDS a programme priority. Their national chapters and their local communities (groups of members of the religious order, often

sharing a common living space such as a monastery or convent) have the authority to decide how to carry out programming. The Maryknoll sisters, brothers, and fathers and the Franciscans, which include sisters, brothers, and priests, are examples of international religious orders well-known for their work on issues related to HIV and AIDS.

There are also agencies and lay Catholic groups such as the National Catholic AIDS Network in the USA, Catholic Relief Services, Catholic AIDS Action Namibia, Misereor, and Caritas Internationalis which are all active in programme delivery and advocacy work on HIV and AIDS. These have been established

by Bishops' Conferences, religious orders, or by lay groups.

INTERACTION WITH GOVERNMENT HIERARCHY

The pope is the head of an independent state, Vatican City, with its own diplomatic corps serving worldwide. In countries where there is a strong Catholic presence, the pope, senior national Catholic religious leaders and active groups of lay people can, on occasion, encourage government action on urgent social concerns.

AUTHORITY TO MAKE DECISIONS

Catholicism has a strong centralised system for setting standardised theological teachings and managing its worldwide network of governance structures. The pope is the ultimate authority on matters of theology and appoints the church's senior leadership. Bishops are responsible to the pope for their actions. There are, however, as in other faith traditions, diverse views, opinions, and trends within the church and coming from both ordained leadership and lay members.

INITIATING DISCUSSION WITH ROMAN CATHOLIC ORGANISATIONS

Good points of entry include international Catholic social service and development



Christian youth participants in an AIDS Treatment March

WOMEN AND YOUTH

The World Union of Catholic Women's Organisations has made responding to AIDS a priority. The International Young Christian Students and the Mouvement international des étudiants catholiques (a branch of Pax Romana, an international movement of Roman Catholic students founded in Switzerland in 1921) are committed to involving students in the response to AIDS and collaborate on many projects.

agencies such as Caritas and Catholic Relief Services, diocesan charities, and some orders. It is important to note that AIDS is a cross-cutting issue through many Catholic programmatic structures. Therefore, a project

related to violence and HIV infection might connect to a Women's Promotion office within a diocese or agency.

Catholic health care institutions such as clinics and hospitals as well as universities can be approached to prepare curricula and deliver information in classes and community-based programmes.

Groups active in responding to HIV and AIDS will have statements about their commitment and involvement. These might be included in health policies or stand on their own. Before

approaching any Catholic organisation, check for their statement either through the local office or on the internet. This will allow you to select the group that shares objectives and ways of working with those of your organisation. Identify the common concerns that are consistent with Catholic social teaching such as political and economic solidarity with the poor and marginalised, the right of the individual to receive services such as health care in dignity, sharing resources, and caring for those in need.

POTENTIAL OBSTACLES TO JOINT HIV AND AIDS PROJECTS

Many Catholic organisations already are collaborating on HIV service and education efforts together with governmental offices, other faith communities, and non-governmental organisations and civil society in general. An area of potential conflict could be that of HIV prevention programmes that promote condom use.

The Catholic church promotes sexual abstinence outside marriage and life-long, mutual fidelity within marriage. Media reports and some Vatican officials indicate that some further reflection on HIV prevention methods may be in process

within the Vatican, especially with regard to sharing information about condom use among discordant married couples (with one partner living with HIV and the other non infected). Some bishops' conferences have indicated that such couples must form their own "conscience" (with the help of church teaching and of a spiritual advisor or pastor) in discerning how best to prevent the infection from being transmitted to the uninfected partner. It is important to engage in direct dialogue with church leaders and with church workers in the field in order to assess potential for collaboration on these issues rather than to rely on media reports about the church's views in this regard.

FINANCIAL AND MATERIAL RESOURCES FOR HIV AND AIDS PROJECTS

Caring for people in need is a key priority for the church. Financial resources are raised for projects that reach beyond Catholics to make social and health services available to all of any faith or of no faith. The Catholic church covers more than 25 percent of global care and treatment for people living with HIV and AIDS and works with many non-Catholic groups on joint efforts in countries around the world.

ORTHODOXY

Today two families of churches are associated with the term "Orthodox": the Eastern and Oriental Orthodox churches. The estimated 250 million Orthodox Christians worldwide are organised into around 19 Eastern Orthodox and 7 Oriental Orthodox self-governing churches. The two families are not "in communion with one another" (do not share either the sacraments or leadership in common), but together consider themselves to be in uninterrupted continuity with the undivided early Christian church.

ORTHODOX HIERARCHY

The Eastern and Oriental churches are organised into dioceses, usually at a national or regional level, although there is a large diaspora of Orthodox churches which still depend on their various churches of origin. At the head of each diocese is a bishop, who is independent but accountable to a synod or patriarch.

Leadership is usually organised at three main levels. The local church is governed by a patriarch or archbishop who acts with an elected synod of bishops. Bishops (sometimes called metropolitans) are appointed and head the dioceses which are internally autonomous. Priests are either appointed or chosen by the local community and are responsible for the life of their parish.

The specific terms for clergy vary according to tradition and language, but there are three primary orders of clergy: deacons, priests and bishops. Lay people (non-clergy) play an important role, sometimes in the election of bishops, and in the governance of parishes through a parish or diocesan council.

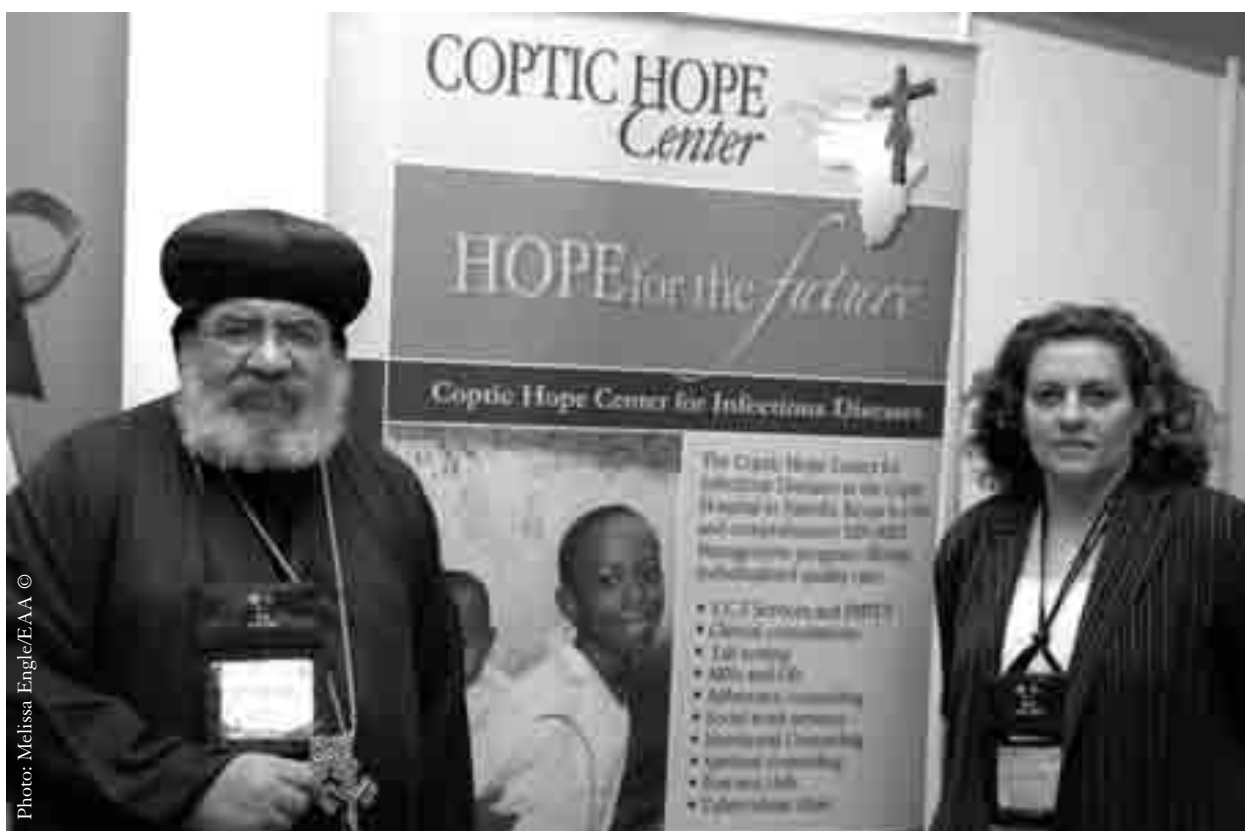


Photo: Melissa Engle/EAA ©

Bishop Paul and his staff give inspirational leadership to the Hope Centre of the Coptic Orthodox Church in Kenya, which offers care and treatment for people living with HIV and AIDS

AUTHORITY TO MAKE DECISIONS

The level of decision-making will vary according to context and the scale of an initiative. Much decision-making on practical matters is decentralised, while established doctrine is carried by the church tradition.

The parish unit enjoys a high degree of autonomy, and can take initiatives, often in consultation with its local bishop. In all churches, monasteries (male or female) play an important role in the spiritual, intellectual and economic life of the church and have a high level of independence.

WOMEN AND YOUTH

There are multiple organisations in all the Orthodox churches, ranging from parish youth and women's groups to educational institutions and charitable organisations. Most groups operate at a local level. Syndesmos is the international federation of Orthodox youth organisations (www.syndesmos.org).

INITIATING DISCUSSION WITH ORTHODOX ORGANISATIONS

The Orthodox church has a rich theological and liturgical tradition concerning the value of the human person and the nature of healing and wholeness. Some churches have developed specific theological and pastoral statements and guidelines concerning HIV and AIDS. Many priests and lay people are acting on HIV and AIDS issues in the context of their pastoral duties or professional or voluntary actions.

There are multiple HIV and AIDS counselling and treatment centres related to the Orthodox churches, either as distinct entities or as part of a broader social or medical facility. As with other initiatives, discussion is best initiated at the level which corresponds to the scope of the project. In any case, consultation with the responsible bishop is always well-perceived.

POTENTIAL OBSTACLES TO JOINT HIV AND AIDS PROJECTS

As with other religious communities, the Orthodox church has a strong traditional understanding of family and social values rooted in the understanding of the value of the human person and an ideal towards which humankind is called. To work effectively with Orthodox churches, it is important to understand the specific theological and cultural perspective of the church, and to find groups within the church with whom a sustainable partnership can be developed.

Obstacles to effective collaboration could result from insensitivity to Orthodox values and cultural realities, and a perception that

standards which are not compatible with traditional understandings are being imposed from the outside.

The Russian Orthodox church with 100 million baptised members is faced, along with civil society groups, by the challenge of a rising number of HIV infections in Russia and eastern Europe due to drug injection. Human Rights Watch reports that in Russia there are now more cases of HIV than in North America and that as many as 80 percent of infections are due to drug use. The church is being called to participate in strategies to slow the spread of infections by supporting needle exchange programmes and the use of methadone which challenge Orthodox values and teachings about the illegal use of drugs.



Photo: Lyn van Rooyen/CARIS ©

T-shirts produced by the Anglican Church of Southern Africa HIV and AIDS office for World AIDS Day 2005

FINANCIAL AND MATERIAL RESOURCES FOR HIV AND AIDS PROJECTS

As with other areas of church life, the financial organisation of the church is largely decentralised, with each parish or diocese maintaining its own financial autonomy. The specific administrative arrangements and levels of accountability vary according to national law and culture. In many places, Orthodox spiritual, charitable and educational institutions and organisations exist and are administered in diverse ways according to the local context.

In many contexts, specialised agencies working in the area of social outreach, medical care and charitable issues exist, and in post-communist eastern Europe there has been an unprecedented revival of social initiatives in recent years. Most of these organisations are independent, although there is sometimes an umbrella body or department at the level of the church headquarters. One of the main international organisations working in this field is International Orthodox Christian Charities (IOCC – www.iocc.org).

PROTESTANTISM

The term “protestant” identifies the churches that grew out of the Reformation in the early 16th century. Today Protestantism embraces a wide range of beliefs from deep conservatism based on literal interpretations of the Bible through to radicalism that questions some of the faith’s foundational teachings. How to describe and classify the many Protestant denominations (families of churches) is a matter of ongoing debate. Some commentators group Protestant denominations according to their organisational and decision-making styles and structures as follows.

PROTESTANT HIERARCHY

Protestant denominations are divided into three distinctive organisational structures.

- Synodical: The Anglican, Lutheran, and some Methodist churches elect bishops as head of the church for a region generally called a diocese. Ordained congregational leaders are usually called priests and accountable to the bishop. Bishops inter-relate through councils of bishops. A country or “Province” as it is sometimes called formally, may have a House of Bishops which meets with elected lay (non-ordained) church members to set church



Church sign on the way to the Rift Valley, Kenya

policy. Some national structures have archbishops but these do not have authority over bishops.

- Congregational: Fellowship Baptists, Mennonites, and the Church of the Brethren, follow this system which is based on the authority of individual congregations to make decisions that include whether or not to inter-relate with others. There is in some cases no authority beyond the congregation.
- Connectional: Member congregations are accountable to each other through an official body of rules. There are several levels of authority: congregations; presbytery (a local group of congregations); conference (a regional group of presbyteries); and a national council with responsibility for church policies as well as national and international initiatives such

as responding to HIV and AIDS. This category includes a wide spectrum of denominations from Presbyterian churches and the United Church of Canada through to many Pentecostal churches.

AUTHORITY TO MAKE DECISIONS

In general, local decisions are made by congregations, usually through their congregational board (sometimes called elders). Paid staff, including ordained personnel, would normally consult with their congregational board before proceeding with any outreach service or advocacy project. Protestant clergy have significant autonomous authority for mission and community outreach

although a bishop might on occasion require that clergy ask for permission to initiate projects.

PROTESTANT HEALTH AND SOCIAL WELFARE AGENCIES

The majority of Christians willing to actively promote the use of condoms are Protestant though there is a range of opinions on this prevention option which range from rejection of advising young people about their use through to support of projects distributing free condoms to all who request them.

Protestant churches support universities and significant networks of hospitals such as the Salvation Army's Grace hospitals. Churches also have widespread investment in social services including outreach to elderly people and to needy children and youth.

WOMEN AND YOUTH

Most Protestant churches have women's and youth groups which operate locally, regionally, nationally and internationally. Some also have men's groups. Many have an ethnic ministries network. These groups are usually the driving force behind a response to special needs and are the primary fundraising sources. There are also international networks for women and youth like the World Student Christian Federation and the International Fellowship of Evangelical Students – which are not linked directly to denominations.

INITIATING DISCUSSION WITH PROTESTANT ORGANISATIONS

There are many points of entry into Protestant structures when seeking partners for joint HIV and AIDS initiatives. These range from calling on clergy or lay people (non-clergy) in local congregations through to contacting staff at the national offices of the denomination who have responsibility for HIV and AIDS programmes. It is often best to start at the



Photo: MCC Photo by Sarah Adams ©

A choir of people living with HIV performs in churches in Addis Ababa, Ethiopia

national level when wanting to identify potential partners for joint projects. Staff will know about regional and local groups working on HIV projects both in their own country and in other parts of the world and be able to help initiate discussions.

Protestants often work through ecumenical organisations at the national level to combine resources with Orthodox and Catholic churches. Much support for AIDS projects comes from initiatives launched by

organisations like national councils of churches whereas Pentecostal churches normally operate through their own networks.

There is a range of international organisations working on HIV and AIDS concerns. The largest, most inclusive of these is the World Council of Churches which groups both Orthodox and Protestant churches worldwide and has an office for coordinating response by member churches to the AIDS pandemic. Some denominations, or families of

POTENTIAL OBSTACLES TO JOINT HIV AND AIDS PROJECTS

Across Protestantism, there is a wide spectrum of responses to HIV which range from pronouncing it God's judgment and punishment of sinners through to informed social analysis. There are vast differences in understanding about HIV and AIDS. Most Protestants though are concerned about the health and welfare of others. Love of one's neighbour is a foundational understanding and is practiced worldwide.

denominations, have global structures: the Lutheran World Federation, the World Methodist Council, and the World Alliance for Reformed Churches. All have programmes in response to the AIDS pandemic.

The Ecumenical Advocacy Alliance is the lead inter-church network for advocacy initiatives in response to the AIDS pandemic. Through its offices in Geneva, it coordinates the efforts of a worldwide network of faith-based agencies, churches, and organisations to address issues such as fair and equal access to anti-retroviral medication and the elimination of stigma of those living with HIV and AIDS.

FINANCIAL AND MATERIAL RESOURCES FOR HIV AND AIDS PROJECTS

Most financial support for initiatives in response to HIV and AIDS comes from Europe and North America and most of the human resources and many of the material resources, come from countries in the Global South.

In Europe, churches in the Nordic countries, the Netherlands, and Germany have a tax-sharing arrangement with their national governments which gives them access to financial resources to fund international initiatives such as the response to HIV. In North America, funds are raised from weekly contributions at the congregational level as well as from targeted fundraising activities at the local, regional, and national levels. In the United States of America, there are large faith-based foundations and agencies which support HIV projects. Some Protestant denominations also have national development agencies which do fundraising to support international work, such as Lutheran World Relief (with national offices in many countries worldwide). ■

N O T E S :

CHRISTIANITY



SECTION III

JUDAISM



Decorating a succah demonstrates thanks for the harvest

Photo: World Religions PL / Christine Osborne ©

BACKGROUND

Judaism is one of the oldest religious traditions still in practice today as well as the first recorded faith based on the belief that there is one God (monotheism). According to tradition, Judaism begins circa 1800 BCE when Abraham, the son of an idol merchant, began to teach that the entire universe was the work of a single creator. Today, there are roughly 15 million Jewish adherents concentrated in Israel/Palestine but also found in large numbers in the United States, Canada, the United Kingdom, Eastern Europe, Brazil and South Africa. The values and history of the Jewish people are major elements of other Abrahamic religions such as Christianity and Islam.

TEACHING AND VALUES RELATED TO ILLNESS

Steinberg and Halperin in their article 'Religion and Education for HIV/AIDS Prevention: The Jewish View' published by UNESCO (*Prospects*, June 2002) write that Judaism developed as a framework for religion, society and culture – a framework which provides answers to core and current issues relating to all aspects of life.

At the heart of Jewish teachings about health and healing is the Jewish understanding of an all encompassing, all powerful and loving God. In the earliest chapters of Genesis we find "In the beginning God created the heaven and earth and pronounced it to be good." In the



Areas with the largest Jewish population

Based on information from "The Modern Distribution of World Religions Map" from World Religions 5th edition by MATTHEWS, 2007 (see page 121)

THE TORAH

The Torah (the laws and teachings of the Jewish religion) is central to Judaism. It is the revelation of God's word to Moses and is recorded in the written Torah (also the first five books of the Bible) and in the oral Torah, first given to Moses at Sinai and passed down by word of mouth through the centuries.

The moral core of the Torah is summed up in the words of Hillel, a Pharisee who lived at the time of Jesus. When asked to define Judaism, he replied, "What is hateful to yourself, do not do to your fellow man. That is the whole Torah. All the rest is commentary. Now go and study."

There is a wide range of interpretations of the Torah today which run from those that believe that every letter and punctuation mark of the Torah was dictated by God to those that do not believe in God at all.

Jewish view, nothing upsets this goodness and the meaning of God. Rather, Judaism's view of historical events, both past and present, is that nothing happens accidentally. Huston Smith states, "Yahweh's hand was at work in every event in Eden, the Flood, the Exodus, the Babylonian Exile, shaping each sequence into a teaching experience for his people."

Most famous of Jewish teachings are the ten commandments for human behaviour told in the story of Moses at Mount Sinai. As Christianity and Islam also include them in their teachings, arguably these commandments form the moral foundation of most of the western world, at least in terms of what world religions scholar Huston Smith describes as the four danger zones of life: force (murder), wealth (stealing), sex (adultery), and speech (lying).

Judaism also provided the world a new way of looking at social justice. Stories in the written Torah assert that social justice is a prerequisite for political stability. Theologically, these stories affirm that every human being by virtue of his or her humanity is a child of God and therefore has rights that even kings must respect.

RELIGIOUS TITLES IN JUDAISM

Rabbi - The title for a religious teacher and head of a local synagogue or temple. The address is: Rabbi (name). In the reformed tradition, women can be Rabbis.

Chief/Grand Rabbi - The title given in Orthodox Judaism to the head of the national community. The address is Chief Rabbi or Grand Rabbi.



Photo: World Religions PL/Paul Gapper ©

A rabbi lights the Chanukah candles in a North London synagogue

ATTITUDES TOWARDS HIV AND AIDS

An early milestone in the response to HIV occurred in 1985 with the Summons to Action coming from the Union for Reform Judaism in the United States of America. This was followed in 1991 by a United Synagogue Resolution on AIDS that, in addition to describing the epidemic as “one of the most devastating public health crises faced in modern times,” also described elements of what is now a typical Jewish refrain about HIV. It calls for all of its congregations to reach out to individuals infected with HIV by providing acceptance, comfort, counselling, and sympathetic and empathetic listening as

well as protecting them against all forms of discrimination.

A basic rule at the foundation of Jewish law, say Steinberg and Halperin, is that the value of human life is immeasurable. The mitzvah (commandment) to remove any obstacle that could pose a danger to life suggests that preventive medicine is mandatory. They ask if this mitzvah can be interpreted as permission to do education about HIV and AIDS or to use a condom to prevent becoming infected (or infecting someone else) with a fatal virus. The answer is not clear they say, noting diverse opinions in recent Jewish religious literature that lead to a variety of approaches to teaching

about prevention, especially to young people. They conclude by saying “the over-riding principle of protecting life provides the basis for Jewish response to the HIV/AIDS epidemic.”

The Jewish response to HIV comes from a sense of responsibility that obligates Jews to reach out to all people – Jews and non-Jews alike – that are suffering. The Jewish faith values human life above all and calls adherents not only “to protect the body” and “to save lives” but also “to visit the sick.” Faith has played an important motivating role in the response of Jewish people, particularly health care professionals, who have devoted their lives to fighting HIV.

JUDAISM: AN ORGANISATIONAL PRIMER FOR NON-JEWS

Until about 200 years ago, there was only one form of official Judaism practiced, what is now described as Orthodox Judaism. In modern times we find Conservative branches (denominations) and to lesser degrees Reform and Reconstructionist branches. Distinctions between the branches are typically made regarding the level of religious observance, interpretation of the Torah, and forms of Jewish worship services, especially the languages in which services are conducted.

AMERICAN JEWISH WORLD SERVICE

Although the Jewish response to the international HIV epidemic is not widespread, where Jewish organisations do work internationally, they have proven to be effective partners in the fight against HIV and AIDS. Perhaps the most well known Jewish response comes from the American Jewish World Service (AJWS). The organisation’s mission is based on an interpretation of the Torah that mandates a response to the poor and needy, regardless of their faith, as part of the Jewish obligation to help “repair the world.” Though moderately sized with a budget of roughly \$4 million for international programmes, AJWS has managed to support about 60 community-based HIV programmes in over 20 different countries.

- Orthodox Judaism accepts the written and oral law as divinely inspired. Some Orthodox believers, such as the Hasidim, seek to protect themselves from what they consider the perils of the modern world, while others are open to modernity though still respecting halakhah (the Jewish legal system that is believed to have come through Moses.) The Union of Orthodox Jewish Congregations of America (more

commonly known as the Orthodox Union) and the Rabbinical Council of America (RCA) are the organisations that represent Modern Orthodox Judaism, including a large segment of Orthodoxy in United States, Canada and England.

- Reform Judaism is based in North America and believes that Judaism must change and adapt to the needs of the day. In particular, Reform Jews are committed to the principle of inclusion, not exclusion (e.g. interfaith families, absolute equality of women in all areas of Jewish life, and full participation of gays and lesbians in synagogue life as well as society at large). Reform congregations belong to the World Union for Progressive Judaism and rabbis are trained in the Hebrew Union College in the United States of America and at the Leo Baeck College in the United Kingdom.
- Conservative Judaism is a progressive movement that acknowledges changes in Jewish religious life are inevitable but should be made with caution. It is estimated that one-third of Jews in the United States of America who are active in religious life belong to Conservative synagogues. Conservative American synagogues are linked to the United Synagogue of Conservative Judaism. Their rabbis train at the Jewish Theological Seminary.
- Reconstructionism grew out of

Conservative Judaism and sees Judaism as a “religious civilisation” rather than a “system of religious belief”.

Relationships among Jewish religious movements vary but are generally marked by interdenominational cooperation. They share values and goals that are grounded in a common history, language of prayer and study, and set of rabbinic literature. This may explain, in part, why a response to HIV is not one that is contested among different representatives of the Jewish faith.

JUDAISM'S HIERARCHY

Judaism does not have a strong central hierarchy. Rather, the Jewish community consists of rabbis and synagogues loosely ordered around one of the Jewish branches. Congregations meet in synagogues under the guidance of a rabbi whose role combines the responsibilities of a ritual leader and those of a chief executive officer. In Israel, only Orthodox rabbis are recognised. Therefore, the other branches of Judaism have no official status there.

Within Orthodox Judaism at the international level there are two learned and ordained leaders, the Chief Rabbis. One is the Chief Rabbi for the Ashkenazi Jews, who are concentrated in communities scattered through Europe and North America, and the

other is the Chief Rabbi for the Sephardic Jews whose origins are in Arab countries, North Africa, Spain, and Portugal. The role of the Chief Rabbi is not the same as that of the Roman Catholic Pope but their authority does transcend national boundaries and is well-respected in the Orthodox Jewish diaspora (Jewish communities outside Israel).

INTERACTION WITH GOVERNMENT HIERARCHY

The Chief Rabbis for the Orthodox branches of Sephardics and Ashkenazi are elected through a democratic process in the State of Israel and appointed by the State to serve as religious guides and the ultimate scholarly



Photo: World Religions PL/Paul Gapper ©

Family lighting the Chanukah candles

WOMEN AND YOUTH

There are often groups within a synagogue responsible for activities such as teaching children about Jewish values and traditions or offering adult courses on the Torah, traditions, and culture. In some communities there are inter-synagogue joint activities for women and children in respect to traditions and faith which can include education about HIV and fundraising activities in response to the pandemic.

authority. The Chief Rabbinical Council of the State of Israel governs with the Chief Rabbis and offers religious guidance for Orthodox Jewish people worldwide. There is no full separation between religion and state in Israel and the Chief Rabbis hold a lot of power in state affairs. The Conservative and Reformed traditions have their own structures and do not appoint Chief Rabbis.

AUTHORITY TO MAKE DECISIONS

Although each branch of Judaism has a committee with the State of Israel and congregations refer to the Jerusalem-based committees for their respective traditions, the rabbi is the sole authority for the synagogue community.

INITIATING DISCUSSION WITH JEWISH ORGANISATIONS

Synagogues have a primary focus on prayer and education although some do get involved in project support. When considering a strategy for engaging Jewish congregations in response to HIV, it is important to understand that any response by the synagogue community must be authenticated by an ordained rabbi. Local rabbis have the authority to make decisions about joint initiatives for lateral collaboration with other local congregations and with secular partners in response to HIV. There can be problems if the rabbi feels caught in a moral dilemma about permitting education on prevention of infection when it appears to contradict faith teachings about pre-marital sex and homosexuality.

In North America, it is best to identify Jewish outreach organisations that cross the religious spectrum such as Jewish Family Services centres or Jewish community centres. The Jewish Communal Service Association of North America is a good place to begin a search for contacts.

Potential partners in joint projects in response to HIV can also be found in representative associations for the different branches of the religion and in seminaries which focus on

religious scholarship and training of religious people.

FINANCIAL AND MATERIAL RESOURCES FOR HIV AND AIDS PROJECTS

A high value is placed on caring for individuals in need: the elderly, the sick, the poor. Typically congregations are most concerned with the needs of their immediate community, an instinct based on a history of struggle for survival as a faith group. However, requests for support of and involvement in HIV and AIDS initiatives which are placed in the context of the faith's tradition of providing for the health and well-being of all peoples have led to a remarkable level of contributions at the local and international level from synagogues and Jewish agencies. These contributions often go unnoticed in the broader community because of the Jewish value on giving discreetly or anonymously. ■

POTENTIAL OBSTACLES TO JOINT HIV AND AIDS PROJECTS

J.S. Deutch in an article published in the *Long Island Jewish News* (1986) wrote that “the Jewish response to HIV/AIDS can be described as running from ‘paralyzing ambivalence to enlightened action’ with Jewish communities in the United States of America being the first to react to the illness.”

Orthodox Jewish schools in Israel and in the diaspora do not teach about HIV due to sensitivities related to open discussion about sexuality and substance abuse. However, Steinberg and Halperin stress that there is in Judaism a principle that an act is permitted (even if expressly forbidden in ethics and law) if it will relieve a direct threat to life. Therefore, some educators believe education for HIV prevention can be permitted and have developed HIV education materials for unmarried adolescents and adults

As in other faith groups, there is controversy about the use of condoms. Rabbi I.

Jakobovits in an article in *Jewish Medical Ethics* (1991) writes that “condoms cannot, in the Jewish view, replace self-discipline against infection.” Steinberg and Halperin note that “schools must walk the tightrope of affirming abstinence and responsibility as the desired norms but making condoms available as a far-distant second best – an evil that is the lesser of two evils.”

Judaism embraces a range of responses to homosexuality. Orthodox interpretations of Jewish law forbid it but this is not the view of the Reform and Reconstructionist branches which have openly gay and lesbian rabbis and perform same-sex commitment ceremonies. The Orthodox educational approach to prevention of HIV infection through substance abuse is to teach abstinence from the use of illicit drugs. This too would be interpreted differently in other branches of Judaism. There are also differences of opinion on the theory that male circumcision contributes to prevention of HIV infection and on the need for further research to test this hypothesis.

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ISLAM



BACKGROUND

Muslims believe that Islam is a continuation of the earliest revealed religion. The Islamic faith shares the story of Abraham with Christianity and Judaism and, like those two faiths, is a monotheistic religion.

To be Muslim – taking the literal translation of the word – is to surrender oneself to Allah. Muslims believe that God (Allah in Arabic) revealed His divine word directly to humanity through many Prophets including those also associated with Christianity and Judaism (Adam, Noah, Abraham, Moses, Jesus, and others). Muhammad is considered to be the last Prophet and Muslims assert that the final record of revelation to humanity is the Qur'an.

The Qur'an is “the very centre of Islam” – a miracle in the eyes of Muslims in terms of its revelations as well as the religious experience of simply listening to its prose. However, there is no one interpretation of its contents. In fact, there is extensive evidence of heterogeneous ideas among Muslim scholars. Such diversity has increased in the modern era as rising literacy rates and advanced communications have provided greater access to Islamic texts.

There are at least one billion people on the planet who identify themselves as Muslim. Fifty countries across Northern Africa, the Middle East and Asia claim that more than 40 percent of their population is Muslim. Yet, most of the Muslim population actually lives outside the Arab world with 20 percent found



Areas with the largest Muslim population

Based on information from "The Modern Distribution of World Religions Map" from World Religions 5th edition by MATTHEWS, 2007 (see page 121)

in Sub-Saharan Africa and about 30 percent in the South Asian region of Pakistan, India and Bangladesh. The world's largest Muslim community is in Indonesia with significant Muslim populations also in China, Europe, Central Asia, and Russia. It follows, given the great number of people, the vast geographical distances, and the range of cultural histories, that Muslims do not form a homogenous group.

Most Muslims are either Sunnis (roughly 85 percent of Muslims) or Shiites (roughly 14 percent), an early division centred on different views of Prophetic succession.

In addition there is also:

- Sufism – a generic term for a mystical tendency among both Sunnis and Shi'ites.
- Wahhabism – a literalist form practiced in Saudi Arabia which follows Sunni traditions and the Hanbali legal school.
- Ismailis – a sub-sect of Shiasm. Ismailis follow the leadership of the Aga Khan and today are generally considered to be the most liberal of Muslims in their interpretation of the teachings of Islam. Their community is known for its generous support of international development through organisations such as the Aga Khan Foundation.

RELIGIOUS TITLES IN ISLAM

Imam – Meaning 'leader' – the Imam is the prayer leader at a mosque. He can also have some teaching authority. The address is: Mr. or Brother.

Sheikh – This is a title given to an elder who has authority to teach. In Sunni Islam the sheikh will often give the sermon in the mosque, rather than the imam. The address is: Sheikh (name)

Khadi – The title given to those Islam scholars who have authority to make legal rulings and who are the ones that preside as judges in the Islamic courts. The chief khadi will head the national or supreme Islamic court.

Mufti – The title given to the head of the Islamic community at the national level. The mufti is usually elected from among the senior scholars. The address is: His Eminence

TEACHING AND VALUES RELATED TO ILLNESS

It is important to recognise the connections Islam has to Judaism and Christianity which go beyond theological concepts of God, creation, the human self, and the day of judgment. First, like the other Abrahamic

faiths, Islam recognises that “God revealed the Golden Rule – we are to do unto others as we have them do unto us” – through Jesus. Second, while Muslims certainly fear Allah characterised as a stern judge, they also approach Allah as the embodiment of compassion and mercy. For Muslims, compassion is based on the belief that each person is a carrier of the divine spirit infused in his or her being at the time of creation.

Islam differs from other world religions in the way the faith is linked to politics, and religion to society, based on the response to the question “How should we love our neighbour?” The response to the question is found in teachings linked to the five pillars of the faith – sharia (Islamic law) and the hadith (prophetic tradition) which imply greater religious responsibility for Muslims compared to adherents of other religions.

THE FIVE PILLARS ARE:

- the testimony of faith
- prayer
- the paying of dues for the poor (Zakat)
- fasting
- the pilgrimage to Mecca

There is also an assumption that stronger ties exist between Muslim individuals and their religious community, not just spiritually but also politically, socially, and economically.



Tarmizi Taher is a prominent Muslim leader and president of the War of Indonesia Against Narcotics and HIV/AIDS. The former minister of religious affairs and ambassador to Norway, he is also a doctor who was drawn to the nature of HIV and AIDS after the first case was detected in Indonesia in 1985.

ATTITUDES TOWARDS HIV AND AIDS

The Islamic response to HIV is inherently complex. In the positive sense, Islam provides to all – even the humblest peasant or peddler –

a dignity and courtesy rarely equalled in other civilizations. Within the Muslim code it is explicit that brotherly and sisterly love extends to all, including those that are living with HIV.

In the negative sense, Islamic law contains clear measures for punishment of prohibited acts (haram). But how does one interpret such teachings in the context of HIV? In some cases, people became infected by taking actions that put them at risk of infection. In other cases, risk factors associated with HIV are out of the individual's control. Is it reasonable then to judge all people with HIV similarly, and to what extent are acts of judgment then contributing to stigmatisation? These questions complicate the response of the Muslim world to HIV.

With Nigeria and Ethiopia as notable exceptions to the norm, some people assert that countries with large Muslim populations have experienced relatively low HIV incidence. Reasons for this are generally presumed to be the result of the common constraints Islam has placed on extra-marital sex, prostitution, and use of illicit drugs (critical risk factors associated with HIV) and the extent to which religious edict is codified in the laws and penal systems of Islamic States. A recent study by Peter Gray published in *Social Science and Medicine* (Vol. 58, 2004) confirms that practicing Muslims are less likely to be infected

by HIV. The report though does not suggest conclusively which aspects of this religious affiliation – be it adherence to tenets about sexual behaviour, alcohol consumption, or circumcision – explain the relationship. More importantly, the study does not suggest there is no HIV problem in Muslim communities and that no response from the Muslim world is needed.

There is debate about the teaching of Islam and the way that HIV is handled within Muslim communities. Some question Muslim stances on issues such as homosexuality, women's rights, and how those who disobey religious teachings are punished. In a report published in 2005 by the National Bureau of Asian Research, Laura Kelly and Nicholas Eberstadt have criticised what they observe to be slow responses in the Muslim countries. In *Behind the veil of a Public Health Crisis: HIV/AIDS in the Muslim World* they question the prevalence rates reported from Muslim countries – even when validated by international agencies – which they believe to be grossly underestimated. The authors highlight the extent to which stigma is literally “deadly” in places such as Iran with almost 60 percent of people living with HIV taking their own lives within the first year of their diagnosis. But are such observations true for all countries where Islam is practiced? It is

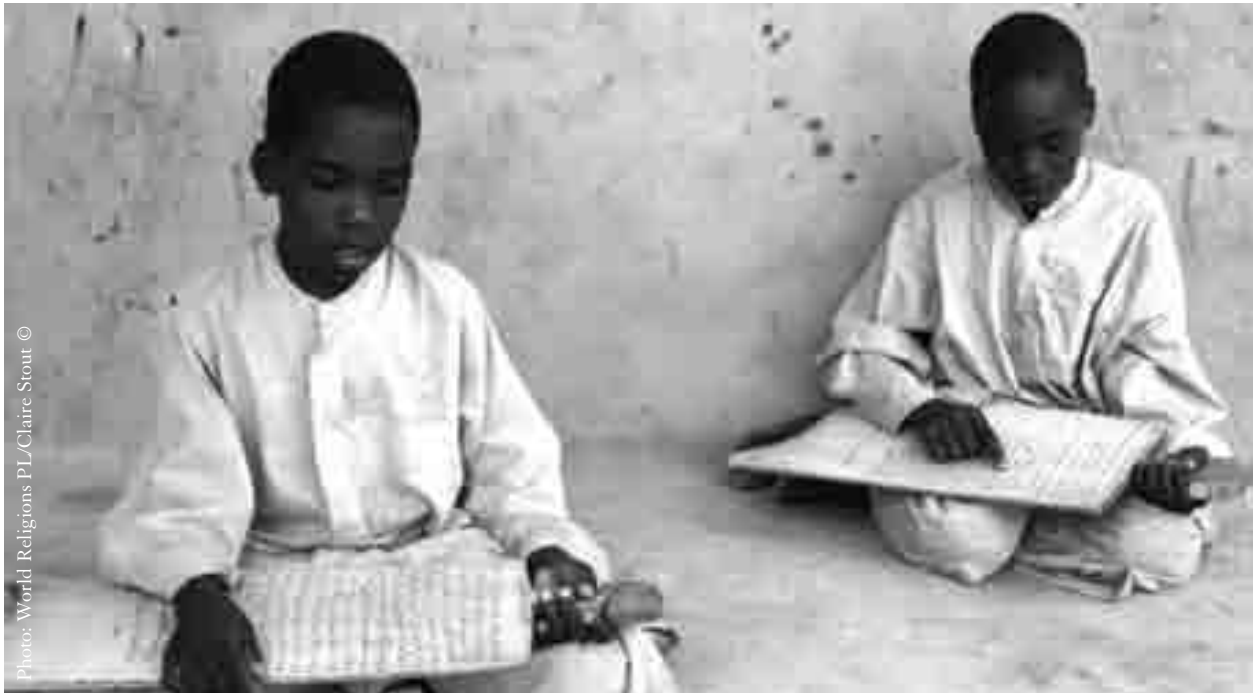


Photo: World Religions PL/Claire Stout ©

Two boys study the Qur'an in Chad

important first to question whether one is observing cultural norms as they are expressed in different regions of the world or what one might construe as a universal faith practice among Muslims.

At the same time, Islamic groups such as Positive Muslims, founded in South Africa in 2000, evoke religious teachings that in the words of the organisation's director, Farid Esack, can and must be used to "develop a theology of compassion; a way of reading the Qur'an that focuses on Allah who cares deeply about all creation. This is Allah who, according to Hadith said at the time of creation, 'Indeed, my mercy overcomes my anger.'" As such, Esack asserts that love and

compassion are the qualities of a good Muslim and thus people with AIDS cannot be denied support and forced to the margins of society. He argues that visiting and caring for the sick is an important Muslim value citing prophetic teachings such as "Whoever visits a sick person is walking along the high road to heaven" and "A visit to a sick person is only complete when you have put your hand on his forehead and asked him how he is."

For the moment, there is still a lot to learn about Muslim attitudes to HIV. In ways that other religions have experienced, it may take a dramatic rise in HIV rates among Muslims for a clear response to emerge.



Photo: World Religions PL/Christina Osborne ©

ISLAM – AN ORGANISATIONAL PRIMER FOR NON-MUSLIMS

The principal structure of authority and decision-making for a typical Muslim community is the leadership of the local mosque or Islamic centre. The leadership normally includes individuals with a background of religious training as well as active members of the faith community. There may additionally be a shura council (a consultative body) that makes decisions more about strictly theological matters. At the national and international levels, there are usually Muslim organisations and internationally respected shura or fatwa councils whose opinions on both theological as well as social matters are deemed highly advisable, but not mandatory or binding.

ISLAMIC HIERARCHY

At the local level, there can be an imam or sheikh who certainly performs the religious leadership function, but there may be other people, including those without formal religious educational training, to complement his leadership in matters of community affairs. The imam at any mosque must fulfil the minimum role of being the prayer leader, particularly on the Friday prayer (jumu'ah) which is obligatory for men. Other duties of the entire mosque leadership include managing the



A young participant in an interfaith worship service held in the Global Village during the 2004 International AIDS Conference

WOMEN AND YOUTH

There is a plethora of groups both within the structure of a typical local mosque or Islamic centre, as well as independent Muslim groups at the national and international level. At the local level, it is not unusual to see a youth and women's committee as part of the leadership structure of a mosque. At the national and international levels, Muslim organisations for human rights, women's rights, civil liberties and social justice, have flourished and enjoy varying degrees of relationships with mainstream national or international Muslim representative bodies.



affairs of the mosque, increasing community involvement and attendance at the mosque or Islamic centre, and doing larger outreach and service work in the broader locality.

At the national or international level, there may be councils of learned religious scholars, or `ulama, who issue legal opinions (fatwas) on a variety of theological and social matters.

INTERACTION WITH GOVERNMENT HIERARCHY

The world of Islam often does not neatly divide religion from the state or politics, so religious leaders frequently offer political guidance as well. Significantly, the two main branches of Islam, Sunni and Shia, have different forms of authority, with the latter having a more structured hierarchy of leadership. The Sunnis have a more flexible and decentralised form of leadership.

AUTHORITY TO MAKE DECISIONS

For the most part, leaders at the local level make their own decisions concerning their involvement in community projects. This applies to a whole array of community projects, from interfaith dialogue to social service work. Usually, no problem emerges from this type of decentralised relationship between national or international leadership bodies and local mosques or Islamic centres. However, in the rare instance in which a major



Zuleikha Abdala of Kenya was one of the panelists in a satellite session on "Creating communities of compassion and inclusion: Role of religion in combating stigma and discrimination," held during the 2004 International AIDS Conference

theological question or challenge is being raised by specific practice in a mosque, then one sees increased intervention by national or international Islamic leadership authorities.

INITIATING DISCUSSION WITH MUSLIM ORGANISATIONS

The existing structures of legitimate authority at the local, national, and international level are the principal structures to take the initiative on the issue of HIV and AIDS. Local imams and Muslim activists can certainly push their Islamic centre and larger community to both become more aware itself, as well as be

part of larger awareness-raising efforts in the broader locality. At the national and international level, both well-respected religious authorities, as well as Muslim health-related groups such as the Islamic Medical Association of Uganda, can advance educational endeavours and open up

POTENTIAL OBSTACLES TO JOINT HIV AND AIDS PROJECTS

The primary obstacle to collaboration is denial that HIV and AIDS already affects Muslims and has the potential to affect them as much as any other community. A second obstacle is the belief that moral, upright Islamic behaviour is the only answer to this problem, combined with refusal to look at the larger structural and systemic issues of inequality, poverty, and injustice that lie at the roots of the spread of the disease. There is a widespread common perception that diseases which are sexually transmitted affect the “other” and not “good Muslims.” Hence, an essential first step is education about HIV and AIDS, particularly how it is spread, who have so far been the persons most vulnerable to it, and that solutions will involve much more than an individual’s “morally upright behaviour”.

discussion within the broader Muslim community on HIV and AIDS.

There are some basic Islamic tenets which should be understood as you begin to engage Muslim communities. It is important to acknowledge the strong moral and ethical code to which Muslims must adhere. This includes several explicit prohibitions: sex outside of a marital relationship, alcohol consumption, and the consumption of pork. However, Muslim tradition has historically not been overly concerned or conservative on an issue such as “family planning,” allowing for the use of contraceptive methods – thus, a discussion about condoms is not necessarily taboo.

FINANCIAL AND MATERIAL RESOURCES FOR HIV AND AIDS PROJECTS

The principal social welfare institution is zakat (charity) one of the five pillars of Islam. Often each individual mosque has its own zakat fund which distributes the collection of charity to the needy in the community. Such zakat institutions often exist at the national and international level, and the decision-making bodies decide on where the collected sum is

best spent in the Muslim world, although increasingly we see the zakat being also distributed to non-Muslim needy persons as well.

At the local level, the community’s leadership structure or council makes the decisions concerning the zakat that it collects from the community. More or less the same happens at the national and international level. Information at the local level is primarily kept inside the Islamic centre or mosque, and sometimes a newsletter may be sent to members of that local Muslim community. At the national and international level, the principal way of disseminating information is through websites and monthly magazines and newsletters.

Many Muslim doctors, nurses, and health care workers offer free service to those Muslims who are unable to obtain health care for financial reasons or otherwise. The Islamic centre or mosque might either advertise Muslim doctors to patients in need or have a section in the centre where Muslim doctors and other health care workers come to see Muslim patients. ■

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INTERFAITH



A multi-faith service on HIV and AIDS is held at the Cathedral Church of St. James in Toronto

Photo: Melissa Engle/EAA ©



The 2nd Regional Religious Leaders Forum in Response to HIV/AIDS in the Arab States was organised by the UNDP's HIV/AIDS regional programme in Cairo, Egypt, November 2006

If you want to travel quickly, go alone. If you want to travel far, go together.

African proverb

Working on joint initiatives with representatives of more than one faith tradition can be more challenging and slower than working with one faith group, but inter-faith cooperation can offer valuable opportunities for avoiding duplication of effort and for drawing on the complementary strengths of different faith-based approaches to HIV. Some faith-based organisations can support prevention education programmes, others are strong in compassionate outreach to those living with HIV, and yet others have

credibility with government authorities and can easily obtain project approval for joint initiatives. Together, they can form a multi-disciplinary team that delivers multi-faceted HIV programming which is not always possible when working with only one faith-based organisation. In addition, when religious leaders speak out publicly with a united voice it can have considerable impact for advocacy efforts.

IDENTIFYING PARTNERS

The critical first step in interfaith project planning is finding willing, capable and compatible partners. The best place to begin is by contacting the organisations already at



Photo: Paul Jeffrey/EAA ©

Mats Ahnlund, International AIDS Conference director, engages with Buddhist monks from Thailand during the interfaith pre-conference, 2004 International AIDS Conference

work on interfaith projects. They are sources of information about projects already underway in your region and can offer models of successful projects as well as advice about how to proceed. Drawing on the history of interfaith collaboration on HIV and AIDS initiatives allows you to learn from the experience of others and to connect to established momentum.

Check with national organisations such as national AIDS advisory committees which in many countries bring together civil society organisations including faith-based organisations, government representatives, and civil servants to develop policy and to implement programmes at national, regional, and local levels.

At the global level there are international faith-based organisations with the mandate to work with interfaith partners in responding to the AIDS pandemic. Start by checking with the three listed here which can in turn link you to a wide range of interfaith networks, agencies, and programmes at the international, regional, and local levels.

- The World Conference of Religions for Peace (henceforth Religions for Peace) is a growing global network with affiliated interfaith bodies in more than 65 countries that work together to transform conflict, build peaceful and just societies, and advance sustainable development. Religions for Peace is active on every continent creating multi-religious partnerships to respond to threats to

community well-being. In responding to the challenge of HIV, Religions for Peace has established a programme to assist the millions of children affected by Africa's AIDS pandemic, and is one of the founding partners of the Hope for African Children Initiative.

www.religionsforpeace.org

- The World Council of Churches (WCC) brings together more than 340 churches, denominations and church fellowships in over 100 countries and territories throughout the world, representing some 550 million Protestant and Orthodox Christians. It works closely with the Catholic church on a number of issues. Its team on interfaith relations promotes contact between Christians and neighbours of other faiths through dialogue aimed at meeting common challenges. The WCC has been active in providing leadership in response to the AIDS pandemic over the past two decades: preparing model policies on HIV and the church workplace; and building partnerships between churches and positive people's networks. In 2002 it launched the Ecumenical HIV/AIDS Initiative in Africa to build an "AIDS competent church".

www.wcc-coe.org

- The Ecumenical Advocacy Alliance (EAA) is the broadest network of Christian churches and organisations active in advocacy on global trade and HIV and AIDS. The Alliance partners with other faith-based and civil society organisations to achieve common goals such as responding to the AIDS pandemic. The campaign "Keep the Promise", holds religious leaders, faith organisations, governments and intergovernmental organisations accountable for the commitments they have made to fight HIV and AIDS.

www.e-alliance.ch

KNOWING WHEN NOT TO ACT

You may conclude that working with an interfaith committee is not the best solution. If there is no history of such collaboration on HIV or on other social concerns, it may prove to be difficult or even harmful to community relations to push for such an initiative at this time. Building mechanisms for interfaith collaboration needs time for listening and learning, developing trust, and practicing collaboration. Such mechanisms should not be seen as a quick fix for project implementation.



Photo: Melissa Engle/EAA ©

In the Interfaith Prayer Room at the International AIDS Conference, Rev. Lazarus Ramban-Corepiscopa leads worship in the tradition of the Indian Orthodox Church

SINGLE-FAITH GROUPS

You might also choose to assess the possibilities for working with single faith groups in communities where multiple faith traditions are present. This could be the best option if a faith-based organisation representing one tradition offers specialised service to all of the community such as a hospital, clinic, school, or public health programme. But it could be the wrong option if your decision to support one faith group over others risks upsetting a delicate balance among them. It is important to consider the possible backlash to such an initiative.

The next step is to get to know the faith-based organisations in your area, and in particular to find out if there is an existing interfaith organisation in the country or region. The website of Religions for Peace noted previously is a good source of information in this regard. The advice offered earlier in this guide about how to explore your local community and your organisation's reputation with a particular faith group applies here too. While an existing interfaith organisation can best assist in navigating the history of interaction among members of different faith groups, if such a group does not exist, the following points will be helpful in initiating collaboration.

- Consult several sources from each faith tradition. Remember that not all members or institutions will share the same point of view.
- What has been tried already? Did it work? Why?
- Does your proposed initiative meet a need perceived by faith-based organisations or are they in fact asking for something else?
- What does each faith group think of each other?
- By aligning your organisation with certain groups will you offend powerful interests and marginalize your organisation while putting your other potential partners at risk? Is it worth it or is there room for compromise?

GETTING STARTED

These are some tested guidelines to facilitate discussion among several faith communities and to develop collaborative approaches to issues like HIV and AIDS. The United Church of Canada in its report *Mending the World* (www.united-church.ca) offers suggestions for setting up meetings with representatives from other faith traditions, and Religions for Peace has well-developed methods for building interfaith cooperation. Some key points to consider include the following:

- ☑ Take time to understand the structures of the faith-based organisations in the area and make sure to invite the appropriate persons who can represent the organisation.
- ☑ Determine which level of each organisation should be represented – local, regional, or national, and be consistent at that level across different religious groups (i.e. having a national leader from one group and a local leader from another can create problems).
- ☑ Invite these representatives from faith-based organisations based on issues like HIV and AIDS where they have similar needs and concerns.
- ☑ Meet in a neutral location and convene the meetings in a way that avoids having one faith group in a dominant position.
- ☑ Ask that those attending the meeting not use it to proselytise (attempt to gain converts) or to criticise each other.
- ☑ Take time to assess what moral, spiritual and social assets faith groups bring to the challenges posed by HIV and AIDS in their society; focus on the shared concerns that cut across religious lines; and identify where working together adds value and impact.
- ☑ Be patient. Once discussions begin, it will take time to communicate clearly enough for everyone to understand. Only then can they identify shared objectives and develop an action plan which builds on each organisation's strengths. ■

CONCLUSION

The model for interfaith collaboration proposed in this chapter is based on building trust and understanding among groups with different points of view. It recognises that groups seldom agree with one another about everything and recommends starting by focusing on values held in common. Successful groups that “travel far” have started by finding this common ground of shared values and objectives and have invested time in finding realistic ways of moving forward together.

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MOVING FORWARD



Flags representing lives lost to AIDS at the International AIDS Conference in Toronto

Photo: Melissa Engle/EAA ©

As more secular and faith-based organisations work together, understanding grows of what works and what does not in the dynamics at play between groups whose organisational culture, values, use of language, and working styles are so different.

At times these differences have presented apparently insurmountable barriers. The following lessons learned and success stories offer glimpses of the way forward.

LESSONS LEARNED

For any partnership to succeed, both sides must have reasonable expectations about what they will get from working together. While a faith-based organisation may share with a secular organisation the objective of reducing the rate of HIV infection, finding a mutually acceptable approach to achieving that goal can be difficult. This does not suggest that faith organisations are not open to new ideas. It is simply a matter of respecting the process by which views evolve. Religious teachings are representative of broad universal truths and adapt gradually to new social phenomena. Doctrinal changes require deliberative thinking and authentication. It is advisable to begin collaboration with a faith-based organisation by building on values and attitudes your organisations hold in common.

Over time, in an atmosphere of shared responsibility, trust, and mutual respect, new understandings will emerge.

It is possible that a local religious leader may be open to an initial discussion with a secular organisation about the pro's and con's of controversial subjects such as permitting teaching about the use of condoms. In such cases, it is advisable not to push for that person to then immediately and openly challenge traditional faith beliefs. The leader could be at risk of losing credibility with the community or facing discipline from his or her superiors. This would effectively block further dialogue on other HIV and AIDS initiatives. It is better to keep lines of communication open and listen for the other opportunities of meeting the same objective which can open up within that same faith community (sometimes with the quiet support of the religious leader) if the issue is not forced.

It is important to recognise that faith-based organisations do not necessarily mirror the performance measures and indicators often demanded by secular institutions. Faith-based institutions typically work with much longer timeframes than secular organisations as they have a realistic sense of what is possible to achieve in the local context. In many cases they are there for decades, their activities and projects as well. Their connection to the

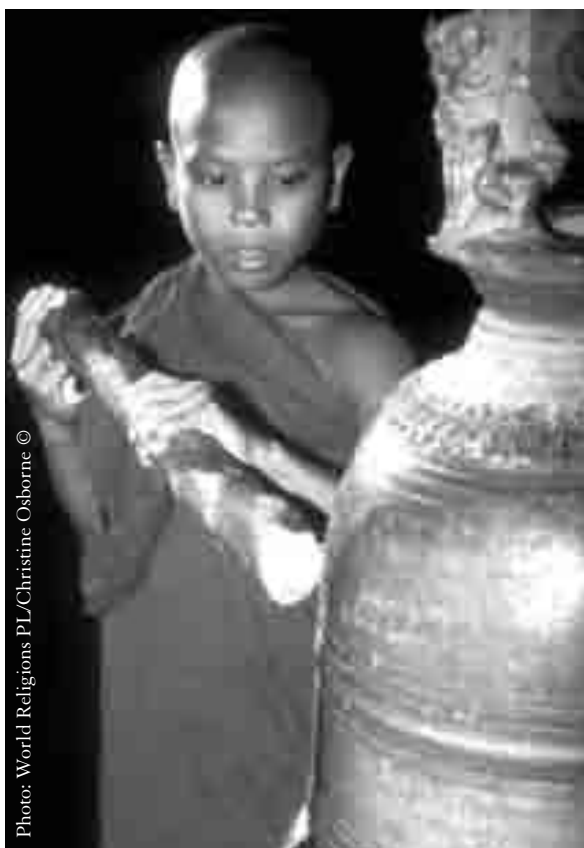


Photo: World Religions PL/Christine Osborne ©

*Young monk strikes the temple-bell
for prayer in Myanmar*

community and their experience on the ground improve the likelihood that results will be sustainable over time.

While there are numerous faith-based institutions that adhere to high professional standards, in hospitals or treatment programmes for example, it is better not to assume that all faith-based initiatives can and do meet those standards. Nor should one assume that there are people within all faith-based organisations with the necessary skills for proposal writing, project reporting, and evaluation techniques. However, eliminating

A BUDDHIST CASE STUDY

Important lessons have been learned about collaboration between secular and faith-based organisations from the experience of working with Buddhist organisations in response to HIV and AIDS. First, supportive organisations – in some cases groups of laypersons and in other cases secular non-governmental organisations and Christian groups – have played a key role in facilitating Buddhist response and in helping to mobilise resources. They have sometimes assisted by performing professional functions not easily managed by people trained in theology rather than in management. Second, informal networks of monks appear more successful than those in formal positions within the Buddhist hierarchy at sharing learning among religious leaders and are better positioned to represent the faith's response to HIV in society.

the possibility of collaboration with faith-based organisations for those reasons could result in cutting secular organisations off from the skills and connections to local communities that these faith groups can offer. This could indicate the need for secular institutions to review and possibly revise how project proposals from faith-based organisations are screened.



Photo: Melissa Engle/EEA ©

Rabbi Roy Tanenbaum shares a story from the Talmud during a multi-faith service held at the Cathedral Church of St. James in Toronto during the 2006 International AIDS Conference

Understanding the scale at which a faith-based organisation operates is important. Within the complex mix of faith-based organisations it is possible that some of them may operate at several levels simultaneously because of their connection to networks which broaden their influence and reach. In other instances, religious organisations are islands unto themselves with little or no interaction with broader associations.

Experience has also shown that it is best not to limit mapping exercises about a particular faith to organisations linked to that faith. Often organisations from one faith tradition are also aware of and support work being done by other faith groups and will have information to share because of interfaith associations or informal dialogue. For instance, Norwegian Church Aid has a strong understanding of what Buddhist

organisations are doing in response to HIV in South East Asia.

Catholic AIDS Action in Namibia sums up lessons learned in a list which can apply to working in local communities with members of any faith tradition:

- Build on existing structures: it's already "all there".
- Base programmes on existing (faith) values: these values are easily understood and accepted and apply directly to issues of HIV prevention and care.
- Get the leadership to "buy in": they must feel it is their own programme and then encourage others to participate.
- Allow variations at the local level to fit the local situation and conditions.
- After initial training, provide lots of follow-up visits, refresher courses, and encouragement. Ongoing nurture is essential.

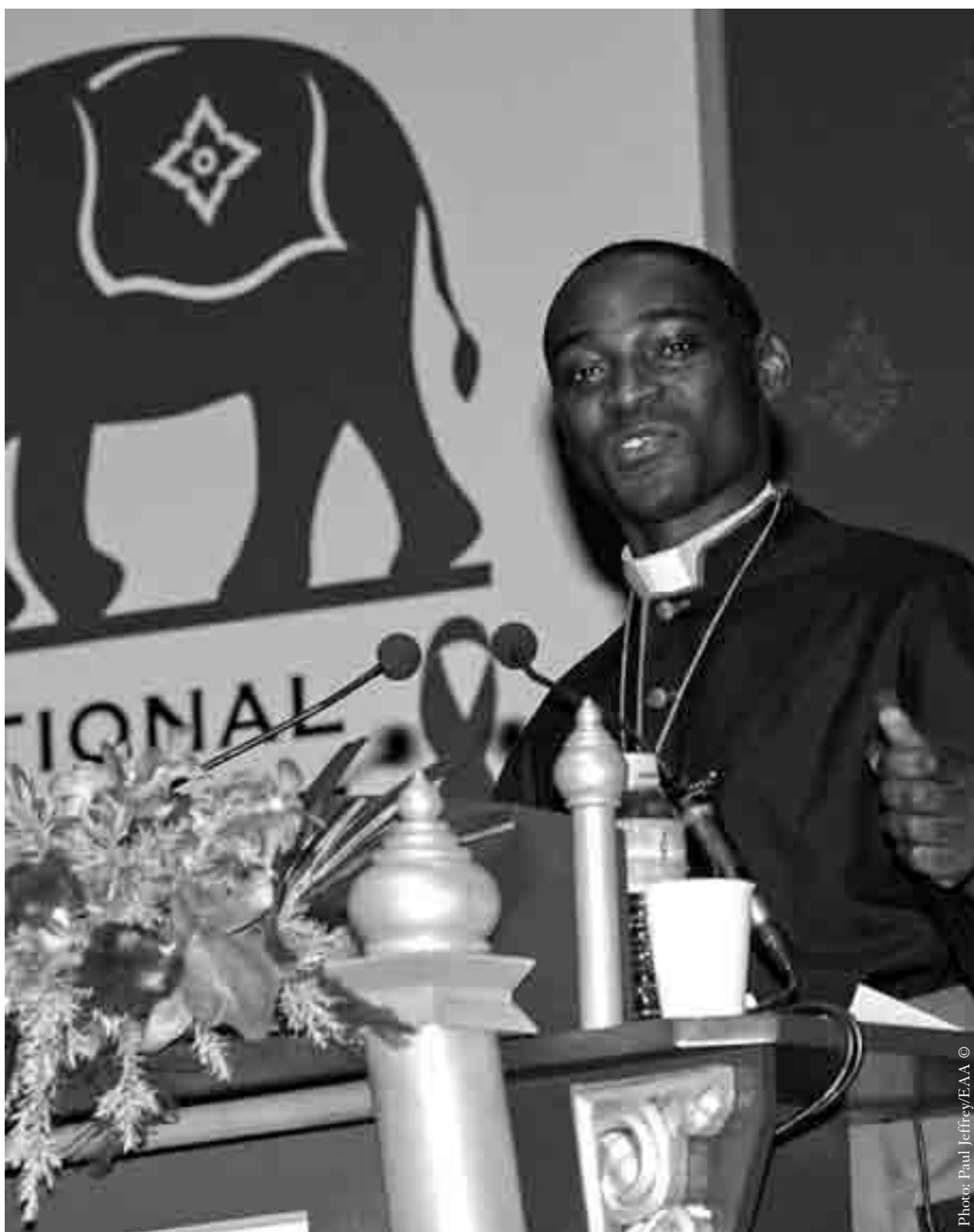


Photo: Paul Jeffrey/EAA ©

Canon Gideon Byamugisha, founder of the African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+), was the first religious leader to speak in plenary at an International AIDS Conference – in 2004

SUCCESS STORIES

The following stories offer examples of joint initiatives that have been effective in responding to HIV. They are models which provide hope for other parts of the world.

INTERFAITH

The International AIDS Conference in Bangkok (2004) is remembered as the place where people of faith were openly welcomed to the international discussion about HIV and a number of sessions brought representatives of different religions together to discuss their responses to the pandemic. Since then, more representatives from faith-based organisations are being appointed to national AIDS committees, structures associated with the Global Fund to Fight AIDS, Tuberculosis and Malaria, advisory committees for UNAIDS, and as partners within networks such as the Global AIDS Alliance.

An early successful model of including faith groups in national HIV programme strategies is the Malaysian AIDS Council, created in 1992 through an initiative of the country's Ministry of Health. The council's role is to bring together government departments and civil society under one umbrella in order to maximise their efforts and to ensure that limited resources are used as efficiently as possible. From its foundation, the Council

established strong ties to secular and non-secular institutions alike. Among its 37 partner organisations, five are faith-based representing Islam, Christianity, Hinduism, and Buddhism. Including such groups within the council has allowed it access to religious leaders, particularly Muslim leaders who over time have assisted in breaking down barriers to HIV responses within Islamic communities.

A key event in the history of the Council's collaboration with faith leaders took place in Uganda at the first International Muslim Leaders Consultation on HIV and AIDS. Malaysian Islamic leaders attending the



Muslim and Christian religious leaders during the 2nd Regional Religious Leaders Forum in Response to HIV/AIDS in the Arab States, organised by the UNDP's HIV/AIDS regional programme in Cairo, Egypt, November 2006

consultation saw for themselves how religious figures can play a role in the response to this disease. This opened up avenues at home in Malaysia for council members to work more closely with an expanding number of faith-based leaders.

In Cambodia the top leaders of Buddhist, Islamic, and Christian communities were assisted by Religions for Peace to come together and found the Cambodian Inter-Religious Council with the moral support of the King, government, local non-governmental organisations, UNESCO, and UNICEF. The decision to form the council was taken with the approval of the national Ministry of Cults (religious affairs). At the provincial and commune levels, representatives of several sectors of society – religious leaders, local government officials, and lay people – work together in committees to respond to HIV in partnership with representatives of national institutions like the Ministry for Health and the national committee for HIV and AIDS.

For many working with faith-based organisations, 11 December 2004 was the start of an historic two days, when religious leaders from 20 countries in the Arab States region gathered in Cairo to break the silence on HIV. The meeting would not have occurred without the support of the United Nations

Development Programme (UNDP), UNAIDS, Family Health International in coordination with the Egyptian National AIDS Program, the Ministry of Endowment and the National Council for Childhood and Motherhood. Together, Muslims and Christians from the Arab world crafted the Cairo Declaration of Religious Leaders in the Arab Region in Response to the HIV/AIDS Epidemic stating that “We, the Muslim and Christian leaders, working in the field of HIV/AIDS in the Arab world face the imminent danger of the HIV/AIDS epidemic and have a great responsibility and duty that demands urgent action.” In step with this declaration, training elements were developed to activate the role of religious leaders in greater Cairo, Upper Egypt and the Delta region targeting religious leaders as part of a wider national awareness campaign that sensitises them to HIV issues and offers practical advice on how to incorporate messages related to HIV and AIDS.

Also in 2004, UNICEF and Religions for Peace facilitated the formation of the South Asia Inter-religious Council on HIV/AIDS, which brought together senior Muslim, Hindu, Buddhist and Christian leaders from nine countries in the sub-region to strengthen their engagement on AIDS. As a result, religious leaders in countries such as

Afghanistan, Bangladesh, Sri Lanka and India have been mobilised to raise awareness about HIV and AIDS in their societies.



BUDDHISM

In Thailand, international NGOs and multilateral organisations developed plans for involving religious leaders of Buddhist communities in HIV prevention programmes. From this process came initiatives such as the Sangha Metta Project, supported initially by UNICEF and then by a number of international donors and partners. Started by a lay Buddhist teacher at the Lanna campus of Mahamakut Buddhist University in Chiang Mai, northern Thailand in 1996, the Sangha Metta project has since provided training and support to over 4000 Thai monks and nuns.

Sangha Metta training covers awareness-raising; prevention education; participatory

social management skills and tools; encouraging tolerance and compassion for people affected by HIV in the community; and providing direct spiritual and economic support to people and families affected by HIV and AIDS. To help trainees develop their understanding of the pandemic and the problems threatening their community, Sangha Metta presents HIV and AIDS within the framework of the four noble truths of Buddhism: suffering (dukkha), the cause of suffering (samudhaya) the cessation of suffering (nirodha) and the path leading to the cessation of suffering (magga). Other Buddhist concepts of the four sublime states – loving kindness (metta), compassion (karuna), sympathetic joy (mudita) and equanimity (upekka) are also integrated into the training.

Raising awareness about this disease among Buddhist monks and funding pilot community programmes represented only a start for this faith-based organisation. As awareness about HIV and AIDS increased, so too did the questions about what could be done:

- Through what channels does one transfer the knowledge of such projects to communities and for how long can one transmit a message of HIV and AIDS without the community getting tired of the messenger?
- How does one deal with the root causes of the disease?



Photo: World Religions PL/G.B. Mukherji ©

Hindu woman offering prayers

HINDUISM

One of the most developed responses to HIV by an Indian religious organisation is found in Coimbatore, Tamil Nadu. The Shanti Ashram, born out of the Gandhian tradition, eclectically sprinkled with influences from St Francis of Assisi and others, has a spiritual frame that commits it to social action. With 20 years experience in literacy and community development programmes behind it, the ashram began working on HIV in 2003. “The first thing we did,” reported the ashram’s director Kezevino Aram “was to map religious leaders to learn how they are organised and interacting with the communities. Then we followed this by developing informational

materials that share basic information about the epidemic.” From this base of interaction, there has been an evolving dialogue in local communities around the Ashram that include government, non-government, positive networks, and faith leader representatives to expand and integrate HIV programmes.

The initial success with the Shanti Ashram’s work, however, does not wash away the challenges of mobilizing a Hindu response. “We have to be extremely thoughtful, strategic, about our approach,” suggests Kezevino, “forever trying to answer questions about relevant entry points into communities, whose voice is most authentic, and which leaders have an opportunity to make a difference.”

There is interesting potential, as well, for a religious response through the use of yoga as a method to reduce the stress and strain associated with living with HIV. Paramhansa Yogananda’s famous text, *Autobiography of a Yogi*, asserted the scientific validity of yoga as a healing tool and in India today there are a number of religious leaders espousing the benefits of yoga for HIV. In the case of Sri Somanatha and development of Manoyoga he employs experimental models to test its efficacy in treating many ailments, including HIV.



Dr. Mercy Amba Oduyoye, the director of the Institute of African Women in Religion and Culture of Trinity Theological Seminary in Accra, Ghana, listens during a dialogue session at the 2004 International AIDS Conference

CHRISTIANITY

Collaboration between faith-based organisations and secular institutions to expand access to anti-retroviral treatment programmes to a broader array of people living with HIV in Africa has had excellent results. Some of the best pilot efforts to expand treatment programmes to “inaccessible” areas were, in fact, started by church-based institutions such as the Southern African Catholic Bishops Conference with programmes in South Africa which eventually led to 6,000 people on treatment. Such efforts gave hope to even bolder initiatives where the

American government has granted USD \$300 million to the AIDS Relief Consortium (Catholic Relief Services, the Catholic Medical Mission Board, the Futures Group, the University of Maryland Institute of Human Virology, and the Interchurch Medical Assistance) for ARV programmes that will begin in Kenya and Uganda. The programme is expected to expand to South Africa, Zambia, Nigeria, Rwanda, Tanzania, Haiti, and Guyana. This initiative is not without complications and challenges. Catholic Relief Services and its partners in the consortium recognise that it will take a massive effort to piece together many community outreach programmes in order to make this a success.

Donald Messer, in his book *Breaking the Conspiracy of Silence*, provides stunning citations from a survey about religious leaders and stigma through which we begin to understand the significant challenge that secular organisations have in attempting to spread messages to Christian parishes. There is perhaps no better success story in this context than that of the initiatives of African Instituted Churches throughout sub-Saharan Africa. These churches offer congregations – totalling more than 60 million people – a complex mix of Christian and traditional African religious practices. Importantly, these churches were born out of what the World Alliance of

Reformed Churches describes as “attempts by African peoples to interpret their oppressive situations during colonial times.” As such, they are often sceptical of global criticism of their practices.

An important part of the mission of the Organization of African Instituted Churches is to help African Instituted Churches relate their theology to HIV. “We face a very complex history and complicated mix of religious practices and beliefs within these churches,” says Nicata Lubulle, the organisation’s HIV programme manager. While many activists working on HIV may not appreciate the messages coming out of these local churches, Nicata reminds us that “displeasure is not going to make the problems go away.” Instead, the Organization of African Instituted Churches reaches out to the thousands of African Instituted Churches, literally one community at a time. The organisation’s programme strategy is “to engage these churches from their strengths” by mobilizing communities around training programmes that share information about HIV while trying to understand community perceptions and reactions to the disease. “Over time,” says Nicata “we are able to confront cultural norms such as polygamy and stigma while also making connections between these communities and other government and non-

government HIV prevention, care, and treatment programmes.”

Among the many other Christian initiatives in response to HIV – some large, some small – handling virtually every type of HIV programme imaginable, there are some such as the African Network of Religious Leaders living with or personally Affected by HIV and AIDS (ANERELA+) which are unique and courageous. Founded in the mid-1990s by Canon Gideon Byamugisha, a clergy member in the Anglican Church in Uganda who has declared his HIV positive status, the network includes more than 1300 members in 11 countries and includes both Roman Catholic and evangelical Christians as well as Muslims and other faiths. Visit www.anerela.org for more information about this organisation.

Servants to Asia’s Urban Poor, an organisation which receives support from the international relief and development agency Tearfund for its projects in Asian mega-cities, has initiated Project HALO (Hope, Assistance and Love for Orphans) in Cambodia. The project provides counselling and care for over 600 children whose parents have died or are dying from AIDS. This includes protecting their rights and inheritance. The objective is to prevent children from having to live on the street and to keep them in school. Local church members provide most of the home care and

youth volunteers who act as “big brothers and sisters”. The project is integrated into programmes for community nutrition, immunisation, and health care. The inspiration of this organisation with its links to evangelical Christians is “to show the love of Christ in the midst of a devastating pandemic.”

At the global level, the World YWCA, with its emphasis on programming for young women and girl children, initiates and supports projects offering education, advocacy, and leadership development training to more than 25 million young women in 122 countries. The Geneva-based staff includes a coordinator for HIV and AIDS mandated to work with groups of women living with HIV and AIDS. The organisation’s publication *If I kept it to myself* offers stories of young women working to alleviate the suffering caused by HIV and AIDS: stories such as that of the Bolivian chapter of International Community of Women living with HIV and AIDS, founded by Gracia Violeta Ross Quiroga, a young HIV positive woman, whose deeply religious family and conservative home congregation have supported her ever since she declared her status during a Sunday morning worship service.



Photo: Paul Jeffrey/Action by Churches Together ©

A Jewish man prays at the Western Wall

JUDAISM

“Whoever saves a single life it is as if he had saved an entire universe”

Mishnah Sanhedrin 4:5

There is no greater tragedy for the Jewish people than the loss of a human being and the generations that he or she would have brought into the world. The implications of this teaching in the context of the AIDS pandemic are obvious says the American Jewish World Service (AJWS). It is not possible to be passive or uninvolved while millions of people risk death. This belief fuels the organisation’s work with grassroots organisations and community groups throughout Africa. Project holders work on everything from prevention to testing, from providing hospice care to counselling orphans, from advocacy for treatment to

raising awareness of the human rights of people living with HIV and AIDS.

In the Kibera slums on the edge of Nairobi, Kenya, AJWS supports the Binti Pamoja Centre where adolescent girls gather to talk about their concerns such as access to education, avoiding commercial sex work, and coping with sexual abuse. As they gain confidence, the girls start to serve as peer educators to others in the slums through one-on-one conversations, group discussions at school, and long-term peer counselling. Activities include creating a newsletter for Kibera youth and participating in a drama group. The group's performances can attract audiences of 300 adolescent girls and boys and are followed by discussion facilitated by the girls.

Through projects such as these, AJWS has learned from their project implementation partners about the difficulties of convincing individuals to change their behaviour or give up culturally-significant practices. These efforts are even more difficult when people do not have the economic or social power to

negotiate safe sexual relationships. Project holders report most success in creating behaviour change through peer education programmes in schools and by capacity building of community opinion leaders and traditional healers.

Jewish programmes directed towards HIV do not come from western nations alone. Important work is being done in Israel through the Jerusalem AIDS Project (www.aidsnews.org.il/). Not only are such organisations effective within Israel where 4.5 million Jews reside, they are also increasingly active internationally. In recent years, the Jerusalem AIDS Project has implemented programmes in 21 different countries. In 2005, they led a worldwide AIDS awareness campaign, called Bells 4 AIDS to mark World AIDS Day. There are also pockets of Jewish followers in countries like South Africa who are making important contributions to the response.

Among Jewish faith-based organisations engaged in responding to the AIDS pandemic it is important to recognise the work of Jewish advocacy organisations. The Religious Action Centre of Reform Judaism in the United States of America has for years brought energy and skill to social causes. In the fight to stop the spread of HIV, the Religious Action Centre of Reform Judaism has staked out strong advocacy positions on American government funding for international HIV programmes and has lobbied the US government to introduce legislation that expands access for HIV positive persons to purchase generic anti-retroviral medications.



Dr. Sanan Simarak, with Imam Mustofa Hasan, participate in an interfaith worship service held in the Global Village during the 2004 International AIDS Conference

ISLAM

"Is love of the law more important than the law of love?"

Muslim AIDS activist

More and more Muslims are responding to this theological question through programmes that are living examples of the law of love.

The Islamic Republic of Iran, facing a major challenge from the spread of HIV among injecting drug users, is now supporting prevention options including syringe exchange and drug substitution therapy. The scale of the problem is enormous. UNAIDS cites reports indicating that there are more opiate drug users in Iran than in any other country and that the number is increasing – a 33 percent

increase between 1988 and 1998. Of registered HIV and AIDS cases, 50 percent are believed to have been infected through drug injection.

Even though drug use carries stigma, attitudes towards prevention are beginning to change. There are now over 50 methadone maintenance treatment clinics in medical universities, drop-in clinics, and prisons across the country. A government programme that makes syringes available has led to pilot projects in some prisons, making Iran one of an estimated 6 or 7 countries with this approach to the prevention of infection among injecting drug users. The head of the judiciary, a high-ranking cleric, has instructed the courts to no longer prosecute those providing syringes, condoms, and methadone, a real break-through. Preliminary results show a 70 percent decrease in criminal activities among former injecting drug users.

Although these initiatives mark a small beginning and the odds of success are daunting, there are rules in the Islamic faith which encourage this approach to working with those engaged in self-destructive practices, such as the rule that "There shall be no infliction of harm on oneself or others" and the rule of "bad actions are better than worse actions". A highlight is the collection of Fatwa's from Ayatollahs on stigma and discrimination against people living with HIV

and AIDS and on the use of condoms. Of the 17 Ayatollahs who responded, some said that use of condoms was mandatory in “temporary marriages” and some said people affected by HIV should receive full financial support from the government and faith community.

Muslims in South Africa founded Positive Muslims in 2000 to offer support to members of their faith community who are living with HIV and AIDS. Their objective is to create awareness among Muslims about the prevalence of HIV and AIDS in their own communities. The central message is that anyone can become infected. They encourage a theology of compassion based on an understanding of the Islamic faith shown in the hadith (prophetic tradition) in which Allah said at the time of creation “Indeed, my mercy overcomes my anger.”

Positive Muslims offers counselling, help in accessing affordable treatment, personalised assistance through pairing in a “buddy system”, and spiritual resources. The organisation is engaged as well in research on the prevention of HIV and AIDS in Muslim communities with particular emphasis on understanding how Islamic teaching on compassion and on being non-judgmental can affect response to people affected by the pandemic. Advocacy is another key component of their activities through lobbying government and Muslim religious leaders for greater support of people living with HIV and AIDS. While the focus of their work is in communities of Muslims, the organisation also works with other groups committed to progressive response to the AIDS pandemic.



Imam Hasan Ibahin in front of the Mosque in Yambio, in Western Equatoria, built in the early seventies. Today a small Muslim community worships here every Friday



Photo: Melissa Engle/EAA ©

Faith-based delegates to the 2006 International AIDS Conference demonstrate in Toronto

A FEW WORDS IN CONCLUSION

“Faith plays a huge role in people’s response to HIV – individually, as they cope with unprecedented loss and tragedy; motivationally, by inspiring many local volunteers to become involved; programmatically, by defining the values upon which to build care and prevention programmes, and organisationally, (providing) the infrastructure upon which to build and sustain volunteer-projects and other community-based responses to this pandemic.”

Lucy Steinitz, Family Health International, Namibia

People of faith and the organisations they support can be invaluable collaborators in the fight to eradicate HIV and AIDS. It is hoped that this publication – in the form of what could be called a “faith literacy guide” – will contribute to forming effective and lasting partnerships among all sectors of civil society: partners of faith. ■

SECTION IV

MOVING FORWARD

N O T E S :

SECTION IV

MOVING FORWARD

N O T E S :



SECTION V

APPENDIX



An AIDS awareness campaign was organised in Medan, Indonesia for World AIDS Day 2005 by the United Evangelical Mission in cooperation with students from three universities

Photo: Alpinus Kambodji/UEM ©

GLOSSARY OF RELIGIOUS TERMS

ABBOTT

The superior in a community of monks – especially Buddhist monks.

ABRAHAMIC RELIGIONS

Religions that trace their origins back to Abraham's teaching in 1800 BCE. Abraham was the first recorded person to claim that there was only one God (Monotheism). Judaism, Christianity and Islam are founded on this belief.

AGA KHAN

The hereditary title of the imam (spiritual and general leader) of the Nizari Isma'ili sect of the Shi'a Ismaili branch of Islam.

ASHRAMS

A place where Hindu followers live in community together for the purpose of spiritual enlightenment.

BIBLE

The holy scriptures of Christianity made up of the Old and New Testaments.

BISHOPS' CONFERENCE

All bishops (ordained clergy) of a country meet together twice a year to decide policies for the Catholic church at national level. A bishop chairs a committee of experts that deal with a specific area of concern for the church.

CASTES

A Hindu hierarchical system of hereditary social status which includes the Brahman, Kshatriya, Vaisya and Sudra groups. The social group you are born into determines your opportunities, treatment and quality of life with the lowest caste traditionally mistreated and the highest caste given preferential treatment. The caste system is now officially banned in India but is still present in some cultures.

CATHEDRAL

The head church of a diocese containing the bishop's official throne.

CHURCH

A group of Christians who meet to worship together usually on a Sunday. Most churches also hold other events during the week and are actively involved in the life of their community.

CONGREGATION

The people in attendance at a religious service. This term is used most often in relation to Christianity and Judaism but can also be used in relation to other religious assemblies.

DENOMINATION

A distinct branch of Christianity with its own interpretation of the Christian faith and emphasis on different aspects of belief and practice.

DIOCESE

A Christian term for the geographical district under the authority of a bishop.

DOCTRINE

A body of teachings related to a religious group that is presented as a basis for belief and practice.

EASTERN ORTHODOX

A conservative branch of Christianity that separated from the western church in the 11th century.

FBO/FAITH-BASED ORGANISATION

Organisations formed on the basis of their faith and working, often on social concerns, as a response to their faith. Some FBOs are registered NGOs but many are not and may be supported by their religious community.

FATWA

A legal pronouncement in Islam made by a senior scholar trusted with issuing judgments on Islamic law.

GOSPELS

New Testament books of the Bible named Matthew, Mark, Luke and John. These books record Jesus' life, death, resurrection and teaching.

HADITH

A hadith is a narration about the life and deeds of the Prophet Muhammad or a reference to something he approved.

HALAKHAH

The complete body of rules that make up the Jewish legal system. This is believed to have come through Moses.

HANBALI

The most conservative of the four major schools of Islamic religious law within Sunni Islam, founded by Ahmad bin Hanbal and followed by less than 5 percent of the world's Muslims. The other major Sunni schools of law are: Hanafi (founded by Abu Hanifa), Maliki (founded by Malik ibn Anas) and Shafi'i (founded by Muhammad ibn Idris ash-Shafi'i).

HASIDIC JUDAISM

From the Hebrew meaning “piety”, Hasidic Judaism is a religious movement that originated in Eastern Europe in the 18th century. The men wear beards, sidelocks, black hats and long coats.

HARAM

Something forbidden under Islamic law such as eating pork or a behaviour such as adultery.

HENOTHEISM

The belief that there is one God with other gods and goddesses as facets or manifestations of that supreme God.

ISMAILIS

A sub-sect of Shiasm that follows the leadership of the Aga Khan. It forms the second largest Shia community within Islam.

JUMU`AH

Congregational prayer that takes place just after noon each Friday (the Muslim holy day) in a mosque. Jumu`ah is obligatory for men.

LITURGY/LITURGICAL

Order or form of public worship. Liturgy often takes written form in prayers, statements and sometimes music that is read or sung.

MAHABHARATA

A poetic text of Hinduism made up of 1.8 million words and of huge spiritual and philosophical importance in India.

MAHAYANA

The second major branch of Buddhism. It differs in some fundamental beliefs from the older Theravada Buddhism. Estimated number of followers are 185 million.

MANU-SMRITI

A Hindu scripture containing laws, rules and codes of conduct for individuals, communities and nations. Some of these laws create the Hindu caste system.

MITZVAH

The term used to describe the laws given in the Torah as well as any Jewish law (either written or oral).

MONASTIC

Relating to monasteries or monks.

MONASTIC ORDERS

Communities of monks or nuns. These can also be called Religious Orders.

MONASTERY

A building in which a community of monks live and worship together. This is often a quiet place where monks separate themselves from society to deepen their contemplation.

MONOTHEISM

Belief in one God.

MONK

A male member of a religious community bound by vows of poverty, chastity and obedience. Monks are found in the Christian, Hindu and Buddhist religions. Buddhist monks can ‘give their vows back’ and break from monastic tradition, returning to it if they wish, up to three times.

NEW TESTAMENT

The second part of the Bible that is concerned with the life and teaching of Jesus and his followers.

NUN/SISTER

A female member of a religious order. Nuns choose to leave mainstream society and live together in a convent or small community. There are Christian and Buddhist nuns. Buddhist nuns undergo three stages in their ordination and take more vows than their Christian counterparts. Buddhist nuns can ‘give their vows back’ and break from

monastic tradition, returning to it, if they wish, up to three times.

OLD TESTAMENT

The first part of the Bible that tells the story of creation, Noah, Abraham, Joseph and Moses and is concerned with the time before Christ came to earth. The Old Testament contains the laws that Jews were required to follow including the ten commandments. The Old Testament, claimed by Christians, shares its first five books with the Jewish Torah.

ORDAINED

To be consecrated as a religious leader in a special ceremony.

ORIENTAL ORTHODOX

A conservative branch of Christianity made up of the eastern Christian churches that recognise only the first three ecumenical councils (meetings of bishops to discuss and agree church doctrine). The split between Oriental Orthodoxy and Roman Catholicism and Eastern Orthodoxy occurred in the 5th century as a result, in part, of the Oriental Orthodox churches’ refusal to accept the doctrine that, although inseparable, Jesus has two natures — one divine and one human.

ORTHODOX

A form of religious practice that adheres strictly to established or traditional beliefs and laws. Christianity and Judaism both have Orthodox branches.

PAGODA

A tiered tower with multiple eaves common in India and the Far East. Most pagodas were built to have a religious function, most commonly Buddhist, and were often located in or near temples.

PAGODA COMMITTEE

The group of local leaders who are related to a pagoda who are consulted on matters related to the pagoda, and very often are a local mechanism of decision-making in Buddhist communities.

PARISH

A sub-division of a diocese (a geographical area) with an appointed church and clergy used in several Christian traditions such as Roman Catholic and Anglican.

PREACHING/SERMON

The teaching given in the form of a talk by a religious leader during a religious service.

PRESBYTERY

The governing body of a group of churches composed of its ministers and elders within the Presbyterian church and some of the reformed churches of Christianity.

QUR'AN

The Holy writings of Islam considered to be the literal word of God as spoken through The Prophet Muhammad.

RAMAYANA

An ancient Hindu poetic scripture. The Ramayana is also an important literary work on ancient India.

REFORMATION

A religious and political movement in Europe during the 16th century that attempted to reform the Roman Catholic church and resulted in the establishment of the Protestant church.

REFORM JUDAISM

A modern interpretation of Jewish beliefs which has led to reforms in Jewish practices. Most significantly, Reform Judaism places responsibility on the individual to interpret the Torah and Oral Law and decide which observances to follow. Reform Judaism also embraces modern culture and dress and promotes gender equality in religious study,

ritual, and observance. It places emphasis on ‘repairing the world’ as the dominant means of service to God.

RELIGIOUS ORDERS

Also called “Institutes of Consecrated Life” and found primarily in the Roman Catholic church. These are organisations of priests, brothers, friars and monks (male) or nuns (female) who have taken vows (of poverty, chastity and obedience) and often live together in a community. Many people in religious orders take an active part in service in the world.

SACRAMENTS

“A sign of the sacred” in Christianity. The Roman Catholic church celebrates seven sacraments that are ceremonies which point to what is sacred, significant and important – signs and instruments of God’s grace. The seven sacraments are: baptism, eucharist (also called holy communion), reconciliation, confirmation, marriage, holy orders, and anointing of the sick.

SANGHA

Buddhist community of monks or nuns.

SCRIPTURES

A term used to describe holy writings – particularly the Hindu Vedas, the Christian Bible and the Jewish Torah.

SEMINARY

A name for an academy for spiritual teaching and religious instruction – usually for training of religious leaders. Seminaries exist for all the major religions.

SHAKTISM

A denomination of Hinduism that worships Shakti or Devi Mata – in Hindu ‘the Great Divine Mother’ in all of her forms.

SHAstra

In relation to religious teaching, shastra means education or knowledge. The word is generally used in the context of specialised knowledge. Shastra is also commonly used to describe a text written to explain an idea or as commentary on scripture.

SHARIA

The Islamic law (sharia means “way” or “path”). Sharia provides guidance for public and some private aspects of daily life for Muslims. Amongst other topics, Sharia deals with politics, economics, business, sexuality and social issues.

SHAIVISM

A branch of Hinduism in South India that worships Shiva as the supreme God. Shaivism has approximately 220 million followers in the world.

SHI'ITES

Shi'ites make up roughly 14 percent of the world's Muslims. Shi'ites believe that, after The Prophet Muhammad's death, leadership of the Muslim faith should have gone to someone from the Prophet's family.

SHRINES

A focal point for Hindu worship. Shrines are usually colourful and may be dedicated to a particular Hindu god. They often contain flowers, food and images of the god they are dedicated to. Many Hindus have shrines in their homes. Similar shrines are also found in Buddhism.

SHURA

Means "consultation". Some Muslims believe that Islam requires all decisions made by and for the Muslim community be made by shura. Others believe shura means submission to existing rulers as long as they govern according to sharia or Islamic law.

SMARTISM

A denomination of Hinduism that follows the Vedas and Shastras (Hindu scriptures).

SUFIS

Followers of a mystic tradition of Islam that encompasses a diverse range of beliefs and practices dedicated to Allah, divine love and assisting fellow man. Sufism is followed by both Sunni and Shi'ite groups.

SUNNIS

Sunnis are considered to be the more orthodox Muslims. They form the majority of Muslims (roughly 85 percent of Muslims worldwide). Sunni Muslims believe that, after The Prophet Muhammad's death, leadership of the Muslim faith should have gone to an elected member of The Prophet Muhammad's followers.

SYNAGOGUE

The Jewish place of worship. Many synagogues are also used for Jewish religious instruction and are centres for the Jewish community.

TEMPLE

Buildings for Hindu worship. In Old Testament times the temple in Jerusalem was also the centre of the Jewish faith where God was considered to dwell. Offerings were made at the temple and collective worship took place there. The Temple was destroyed by the Romans in 70 CE and, ever since, Jews have prayed that God will allow for its rebuilding. A Buddhist place of worship is also known as a temple or pagoda.

THEOLOGY

The study of the existence and nature of the divine within the world – associated particularly with the study of Christian scriptures and their teaching.

THERAVADA

The school of Buddhism that draws its scriptural inspiration from the Tipitaka language texts which scholars generally agree contain the earliest surviving record of the Buddha's teachings. There are well over 100 million Theravada Buddhists worldwide.

TORAH

The Jewish Holy Scriptures containing the laws and teachings of the Jewish religion. As well as standing alone, the Torah also makes up the first five books of the Christian Old Testament.

TRINITY

The Christian concept of one God being composed of three separate entities – God the father, God the Son (Jesus) and God the Holy Spirit. The trinity is often compared to ice, steam and water – each have different properties but are part of the same substance.

ʿULAMA

A group of learned Muslim men who offer guidance and legal opinions (fatwas) on theological and social matters to the public and to Islamic rulers.

VAISHNAVISM

The majority Hindu tradition in India. This tradition is unique in that it primarily worships Vishnu as the Supreme God.

VEDAS

A group of four Hindu scriptures that form the basis of Hinduism. The Vedas are the earliest Hindu Scriptures and, many believe, the oldest surviving texts in the world.

WAHHABIS

An orthodox form of Islam which follows Sunni traditions. Wahhabis see their role as a movement to restore pure Islam. There are many practices that they believe are contrary to Islam, such as listening to music or watching television and taking photos or drawings of human beings or other living things which contain a soul. Wahhabis is the dominant form of Islam in Saudi Arabia, Qatar and recently Western Iraq.

WAT

A wat (meaning ‘school’) is a temple in Cambodia, Laos or Thailand. Strictly speaking a wat is a Buddhist temple and school with resident monks. In everyday language in Thailand though, a wat refers to any place of worship other than a mosque.

SOURCES

www.insidebuddhism.com

www.accesstoinsight.org

www.laoconnection.com

www.en.wikipedia.org

www.tiscali.co.uk

www.pbs.org/alifeapart.intro.html

www.catholic-ew.org.uk

www.mission-presbytery.org

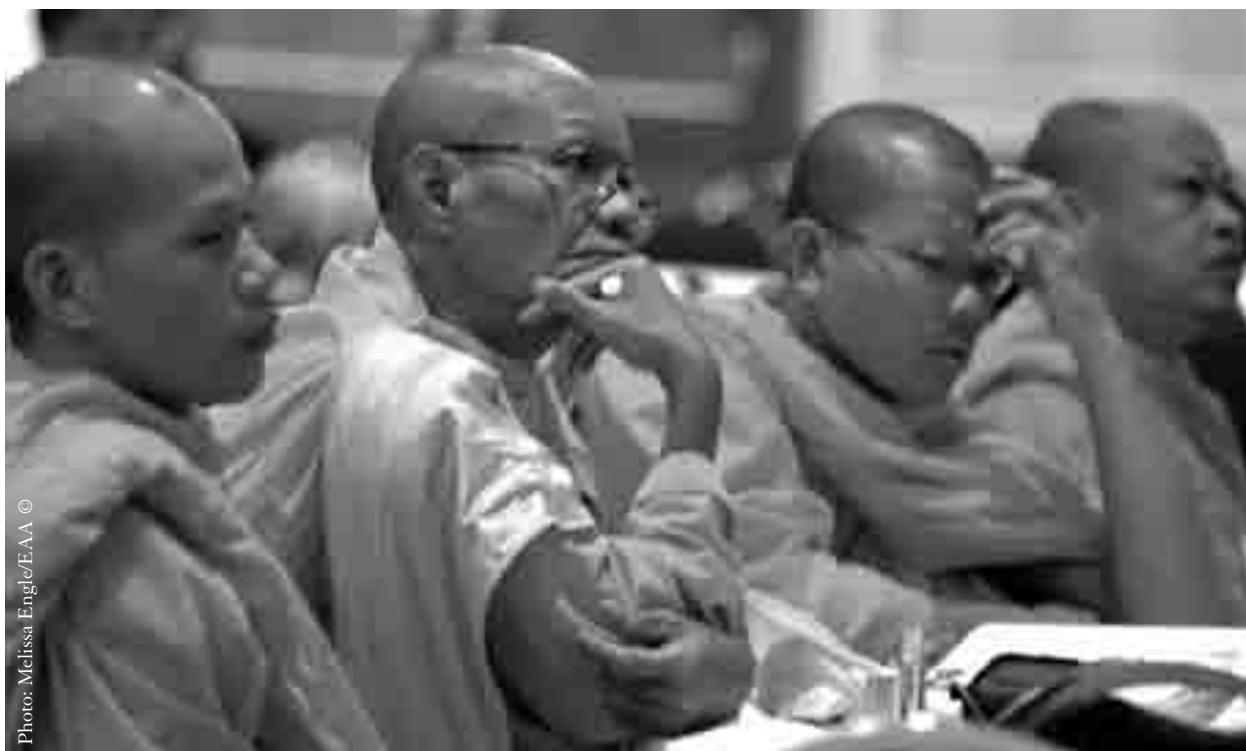


Photo: Melissa Engle/EAAs ©

Interfaith pre-conference at the 2006 International AIDS Conference

BIBLIOGRAPHY AND SOURCES FOR FURTHER INFORMATION

SECTIONS I AND II: GENERAL INFORMATION AND RESOURCES ON WORKING TOGETHER

Appreciating Assets: The contribution of religion to universal access in Africa, a study conducted by the African Religious Health Assets Programme for the World Health Organization, 2006. Available at www.arhap.uct.ac.za/publications.php#reports

Dictionary of the Ecumenical Movement (2nd Edition), edited by Nicholas Lossky, José Míguez Bonino, John Pobee, Tom F. Stransky, Geoffrey Wainwright, and Pauline Webb, WCC Publications, Geneva, 2002.

Faith-Based Organizations: Contributions to HIV Prevention, by Edward Green, The Synergy Project, TvT Global Health and Development Strategies, 2003.

Faith in Action, a study conducted by the Global Health Council commissioned by the Catholic Medical Mission Board: Washington, D.C., 2005. Available at www.globalhealth.org/view_top.php3?id=448

Families of Faith: An Introduction to World Religions for Christians, by Paul Varo Martinson, Fortress Press: Minneapolis, 1999.

From faith to action: Strengthening family and community care for orphans and vulnerable children in Sub-Saharan Africa, Firelight Foundation, 2006. Available at www.firelightfoundation.org/

God's children are dying of AIDS: Interfaith dialogue and HIV, Christian Aid Report, July 2004. Available at www.christianaid.org.uk/indepth/604interfaith/Interfaith_HIV%20report.pdf

Journeys of Faith: Church-based responses to HIV and AIDS in three southern African countries, by Gideon Byamugisha, Glen Williams and Phumzile Zondi. (Strategies for Hope Series #16; TALC, U.K.), 2002. See www.stratshope.org/b-journeys.htm

Maps created using information from "The Modern Distribution of World Religions Map", from World Religions 5th edition by MATTHEWS, 2007. Reprinted with permission of Wadsworth, a division of Thomson Learning: www.thomsonrights.com, Fax 1 800 730-2215.

A Matter of Belonging: How faith-based organisations can strengthen families and communities to support orphans and vulnerable children, Christian Aid, UNICEF, Islamic Relief, 2006. Available at www.crin.org/docs/A%20Matter%20of%20Belonging.pdf

The Oxford Dictionary of World Religions, edited by John Bowker, Oxford University Press: Oxford, 1997.

Study of Response by Faith Based Organizations to Orphans and Children, by Geoff Foster, UNICEF and World Conference of Religions for Peace, 2004. Available at www.wcrp.org/resources/reports/response

Disentangling HIV and AIDS Stigma in Ethiopia, Tanzania, and Zambia, by Nyblade, others. International Center for Research on Women: Washington, D.C., 2005.

Statement by Faith-Based Organizations, facilitated by the World Council of Churches for the UN Special General Assembly on HIV/AIDS, June 25 - 27, 2001. Text of statement, along with other church and related organisations' statements, is available at www.e-alliance.ch/resources/church.htm

What Religious Leaders can do about HIV/AIDS, by the United Nations Children's Fund (UNICEF), World Conference of Religions of Peace (WCRP), Joint United Nations Programme on HIV/AIDS (UNAIDS): New York, 2004. Available at www.unicef.org/publications/index_19024.html

Working Together? Challenges and opportunities for international development agencies and the church in the response to AIDS in Africa, Tearfund HIV and AIDS briefing paper 7, 2006.

WEBSITES

The Ecumenical Advocacy Alliance website includes coverage of faith-based participation in the International AIDS Conferences, among many other resources: www.e-alliance.ch

Medical News Today: www.medicalnewstoday.com

Religion and dietary practices are explained at:

www.faqs.org/nutrition/Pre-Sma/Religion-and-Dietary-Practices.html

The Religion and Ethics section of the BBC website features concise information on a wide variety of religions, including beliefs, history, holy days, customs: www.bbc.co.uk/religion

Strategies for Hope materials are used for information, training, and advocacy by a range of organisations, including international agencies, faith-based organisations and organisations of people living with HIV and AIDS: www.stratshope.org

UNAIDS statistics and facts by country: www.unaids.org/en/Regions_Countries/Countries/default.asp

The World AIDS Campaign has sections for different key constituencies in AIDS campaigning, including faith: www.worldaidscampaign.org

World Council of Churches, mapping studies of church responses to HIV and AIDS in Africa (2002): www.wcc-coe.org/wcc/what/mission/ehaia-documents-e.html

“The World Factbook” by the CIA gives country by country information:

<https://www.cia.gov/cia/publications/factbook/index.html>

SECTION III: FIVE FAITH TRADITIONS: TEACHINGS AND PRACTICES RELATED TO HIV AND AIDS

BUDDHISM

World Religions, by Huston Smith, Harper: San Francisco, 1991.

WEBSITES

There are numerous encyclopedias and websites that provide basic information with many slight differences in the details. Websites used by the authors include:

www.adherents.com

www.en.wikipedia.org/wiki/Buddhism

Websites with information on organisational structures in the Buddhist context:

www.dhammathai.org/e/thailand/contemporary.php

www.wb-university.org/research/article-tavivat.htm

www.sangharaja.org/en_main.asp

Examples of Buddhist response to HIV and AIDS:

Sermons based on Buddhist Precepts: A response to HIV/AIDS prepared by Monk Group, Mae Chan District, Chiang Rai in collaboration with Mae Chan Hospital, Chiang Rai, Thailand:
www.hivdevelopment.org

Sangha Metta Project: www.buddhanet.net/sangha-metta/project.html

Wat Phra Baht Nam Phu, Thailand: www.aidstemple.th.org

HINDUISM

The Argumentative Indian, by Amartya Sen, London: Penguin Books, 2005.

Hinduism, by Khsiti Mohan Sen, New York: Viking Penguin, 1962, c1961.

HIV/AIDS – The Human Dimension: Voices from the Hindu World, by World Conference of Religion and Peace, 2004.

World Religions, by Huston Smith, Harper: San Francisco, 1991.

WEBSITES

Background information provided on Hinduism in terms of origins, descriptions, facts and figures can be found on several websites, including:

www.wikipedia.com

www.adherents.com

One example for the historical precedent of Hindu response to disease and suffering is the Avadhoot Bhagwan Ram Kustha Seva Ashram: www.aghoryaan.com

The Inter-faith Round Table on Prevention and Control of HIV/AIDS, Urban Health Research & Training Institute Bangalore June 2005 is one example of the increasing role of Hindu leaders at HIV conferences: www.vherds.com/aidsawareness/invitation.htm

CHRISTIANITY

Access for All: Communities of Faith Making it Possible, speech by Michael Czerny, S.J. in Bangkok, 9 July 2004, African Jesuit AIDS Network, www.jesuitaids.net

A Faith-Based Response to HIV in Southern Africa: the Choose to Care Initiative, UNAIDS Best Practice Collection, Joint United Nations Programme on HIV/AIDS (UNAIDS), 2006.

Breaking the Conspiracy of Silence, by Donald Messer, Minneapolis: Forrest Press, 2004.

Catholic Ethicists and HIV/AIDS Prevention, James F. Keenan, Jon D. Fuller and Lisa S. Cahill, editors, Continuum, 2000.

Church Leadership & HIV/AIDS: The New Commitment, by Gillian Paterson, EAA, 2003. Available in nine languages including French, Spanish and English. All versions available at www.e-alliance.ch/hiv_resources.jsp; English available directly at www.e-alliance.ch/media/media-3860.pdf

Mapping the Oikoumene, by Jill Hawkey, Geneva: World Council of Churches, 2005.

World Christian Encyclopedia, edited by David Barret, George Kurian, and Todd Johnson, Oxford: Oxford University Press, 2001.

World Religions, by Huston Smith, Harper: San Francisco, 1991.

“Meeting the Challenge with God on our Side: Churches and Faith-Based Organizations Confront the AIDS Pandemic in Namibia” *International Review of Mission* (Volume 95, Nos 276/277, World Council of Churches, January/April 2006, pp 92-103).

WEBSITES

Christian AIDS Resource and Information Service: www.cabsa.co.za

Church and ecumenical organisations: www.wcc-coe.org/wcc/links/church.html

Ecumenical Advocacy Alliance: www.e-alliance.ch

The Roman Catholic Church’s official website: www.vatican.va

Syndesmos (the international federation of Orthodox youth organisations): www.syndesmos.org

World Council of Churches: www.wcc-coe.org

The World Christian Database: www.worldchristiandatabase.org/wcd

Information on African-Instituted churches in Sub-Saharan Africa:

World Council of Churches: www.wcc-coe.org/wcc/what/ecumenical/aic-e.html

World Alliance of Reformed Churches: www.warc.ch/dt/erl1/18.html#txt6

Examples of Christian programmes on HIV and AIDS:

African Jesuit AIDS Network: www.jesuitaids.net

AIDS Desk, National Lutheran Health & Medical Board, India: www.aidsindia.in

CAFOD: www.cafod.org.uk/about_cafod/what_we_do/hiv_and_aids

Caritas Internationalis: www.caritas.org/hivaids

Catholic Health Association of India (CHAI): www.chai-india.org/services.htm

Catholic Medical Mission Board “Born to Live” Programme:
www.cmmb.org/dev/What/born_to_live.htm

Catholic Relief Services, “Africa Rising. Hope and Healing!” Programme:
www.crs.org/get_involved/advocacy/africa_campaign/index.cfm

Ecumenical HIV/AIDS Initiative in Africa: www.wcc-coe.org/wcc/what/mission/ehaia-e.html

Franciscans International: www.franciscansinternational.org

International Orthodox Christian Charities (IOCC): www.iocc.org

Maryknoll AIDS Task Force:
sisters.maryknoll.org/index.php?module=MKArticles&mk_page=aidstf/aidstf.html

National Catholic AIDS Network: www.ncan.org

The Salvation Army, International Health Services: www.salvationarmy.org

Selian Lutheran Hospital, Arusha, Tanzania: www.selianlh.habari.co.tz

Southern African Catholic Bishops Conference: www.sacbc.org.za/departments_Aids_desk.htm

Tearfund: www.tearfund.org

World Vision International: www.wvi.org/wvi/aids/global_aids.htm

JUDAISM

“The AIDS Pandemic: Jewish Values and Responsibilities” by Lucy Steinitz, *Journal of Jewish Communal Service* (Fall-Winter 2005, pp. 115-120).

“Apathy in the Face of a Holocaust” by Lucy Steinitz, *The Jerusalem Report* (June 2003).

“Religion and Education for HIV/AIDS Prevention: The Jewish View”, by Steinberg and Halperin, *Prospects*, UNESCO, June 2002.

World Religions, by Huston Smith, Harper: San Francisco, 1991.

WEBSITES

General information on Jewish history, faith and traditions:

www.jewishvirtuallibrary.org/jsource/History/timeline.html

United Synagogue of Conservative Judaism website: www.uscj.org/index1.html

Jewish response to HIV and AIDS:

The Summons to Action of 1985 coming from the Union for Reform Judaism was one of the earliest milestones in the Jewish response to HIV: www.urj.us/.cgi-bin/resodisp.pl?file=aids&year=1985

United Synagogue Resolution on AIDS of 1991:
www.jewishphilly.org/content_display.html?ArticleID=308&page=1

Examples of Jewish HIV and AIDS programmes:

The American Jewish community's Religious Action Center (RAC):
www.rac.org/advocacy/issues/issuehiv

American Jewish World Service www.ajws.org

Chembe AIDS Project, Malawi: www.israaid.org.il/member_page.asp?id=13

The Jerusalem AIDS Project: www.aidsnews.org.il

ISLAM

Behind the Veil of a Public Health Crisis: HIV in the Muslim World, by Laura Kelly and Nicholas Eberstadt, National Bureau of Asian Relief, 2005.

Islam: What Catholics Need to Know, by Elias D. Mallon, National Catholic Educational Association: Washington, D.C., 2006.

HIV, AIDS & Islam, Reflections based on Compassion, Responsibility & Justice, Positive Muslims, 2004. Available at www.coreinitiative.org/News/aids_news/2005-04-01_HIVAidsandIslam.pdf

"HIV and Islam: is HIV Prevalence lower among Muslims?" By Peter Gray, *Social Science and Medicine* (Vol 58, pp.1751-1756, 2004).

The No-Nonsense Guide to Islam, Ziauddin Sardar and Merryl Wyn Davies, Oxford: New Internationalist Publications, 2004.

World Religions, by Huston Smith, Harper: San Francisco, 1991.

WEBSITES

Examples of Muslim HIV and AIDS programmes:

Madarasa School AIDS Education and Prevention Project in Uganda:
www.unicef.org/lifeskills/index_8794.html

Positive Muslims (South Africa): www.positivemuslims.org.za

INTERFAITH

Combating Stigma and Discrimination: The role of religion in building inclusive communities responding to HIV and AIDS, World Conference of Religions for Peace and Ecumenical Advocacy Alliance, 2005, CD-Rom of multi-religious resources, available at www.e-alliance.ch/stigmacd/index.html

Mending the World, 1997: www.united-church.ca/mtw/

World Conference of Religions for Peace: www.religionsforpeace.org

World Council of Churches, Inter-religious Relations and Dialogue:
www.wcc-coe.org/wcc/what/interreligious/index-e.html

IV. MOVING FORWARD

CHAHAMA – Network of Religious Leaders in the Arab States Responding to AIDS: www.harpas.org

“Implementation of the Declaration of Commitment on HIV/AIDS”, Intervention of the Holy See at the Plenary Session of the UN, by H.Em. Card. Claudio Hummes, OFM, New York, Monday, 22 September 2003.

Handbook of Religion and Health, by H. Keonig, M. McCullough, D. Larson, Oxford; University Press, 2001.

“The Warriors and the Faithful: The World Bank, MAP, and local faith-based initiatives in fighting HIV/AIDS”, Tearfund HIV/AIDS Briefing Paper Number 5.
tilz.tearfund.org/Research/HIV+AIDS+policy+and+research.htm

Culture Matters – Working with Communities and Faith-based Organizations: Case Studies from Country Programs, UNFPA, 2004. www.unfpa.org/publications/detail.cfm?ID=172

Dream: An Integrated Faith-Based Initiative to Treat HIV/AIDS in Mozambique (case study), WHO and Community of Sant’ Egidio, 2005. www.whqlibdoc.who.int/publications/2005/9241592982.pdf

WEBSITES

African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+): www.anerela.org

World YWCA: www.worldywca.info

SECTION V

APPENDIX

NOTES :

N O T E S :

SECTION V

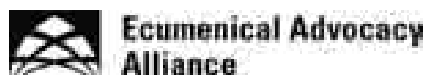
APPENDIX

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Scaling up effective partnerships: A guide to working with faith-based organisations in the response to HIV and AIDS

is available in English, French and Spanish.

All versions can be downloaded from

www.e-alliance.ch/hiv_faith_guide.jsp

Print copies are limited and reserved for those unfamiliar with faith-based organisations who seek to collaborate on HIV and AIDS projects. Print copies can be ordered online at the web address above.

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Church World Service – www.churchworldservice.org

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Faith-based organisations and communities are present literally everywhere people live their lives, with enormous outreach as well as “in-reach”. Their communication, networking, and leadership capacity represent a strong potential asset if used as part of a comprehensive response to HIV and AIDS, locally as well as nationally and globally.

From the preface by Dr. Sigrun Møgedal, HIV/AIDS Ambassador, Royal Norwegian Ministry of Foreign Affairs

This unique guide on the religious response to HIV and AIDS provides background information, dispels myths, and gives practical guidance for United Nations staff, government officials, positive people’s networks, non-governmental organisations, foundations, and the private sector who want to collaborate with faith-based organisations on joint projects related to HIV and AIDS.

The guide reviews the relevant teachings and structures of five of the major world religions: Buddhism, Hinduism, Christianity, Judaism, and Islam. Examples of current responses, potential obstacles, terminology and case studies are intended to give practical advice for initiating or expanding collaboration at local and national levels.

Scaling up effective partnerships has been produced with the belief that, through better understanding, we can build on strengths and overcome obstacles for a collaborative and more effective response to the pandemic.

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