SPEECH 10

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Having Faith: The Global Challenge of HIV and AIDS

Good morning, Your Holinesses, Eminences, Excellencies, colleagues and friends. I am so grateful to be here for what I know will be a fascinating meeting of minds. I want to thank our hosts the Ecumenical Advocacy Alliance and Cordaid, supported by the Ministry of Foreign Affairs of the Netherlands.

I want to welcome you all: leaders from all faith communities and geographic regions. Although there have been gatherings of this kind in the past, this is certainly the first of this magnitude and meaning. We have brought together the major global faiths in dialogue with representatives from the AIDS community and civil society, key populations at risk and those who face daily the challenges of living with HIV.

I am happy to see many women, and even a few young people, present today to bring their perspectives to this dialogue. This is many more than we would have seen ten years ago, but we still have a long way to go. Your perceptions and experiences are important and their representation is essential.

As I travel the world, I see increasing evidence of social injustice. Growing economic disparities, inequality and social injustice stalk the earth.

The greatest impact is felt by the poorest segments of society, on women and girls and on the marginalised. Social injustice only serves to increase the vulnerability of the vulnerable and push them farther out of reach of HIV services.

We are realizing that vulnerability is complex and has many layers. There is no simple solution to HIV prevention. Our interventions need to address both the behaviours and social injustices that put people at risk of HIV infection and act as drivers of the epidemic.

Those who work on the front lines of this global epidemic have been forced to witness not only the ravages of this dreadful disease and its capacity to destroy human lives, but also the seemingly endless capacity for human cruelty and hate. Whether it means turning someone away from a clinic—and life-saving treatment and care—because he or she is a transgendered person, or a mob that violently attacks a gay man or woman because they disapprove of whom he or she chooses to love, it is still meanness and hate. And these can kill just as surely as any disease.

As religious leaders, you play an indispensable role in your communities. Your personal leadership and commitment are vital to making a real difference—to move people forward from just talking to taking action. You can energise social movements. You can even create demand for HIV prevention, treatment, care and support: what we call universal access.

Your uncompromising position on the need for social justice—to do what is right—inspires us. And we need you to give us the energy, the inspiration, the support to overcome the barriers that still remain in stopping the spread of HIV.

Tipping point

We have made some progress in recent years, but AIDS is now at a tipping point. Through our efforts, more than 4 million people are now receiving treatment. From 2007 to 2008 coverage of those in need of treatment went from 33% to 42%. The global rate of HIV infection has dropped 17% since 2001.[1]

For pregnant mothers living with HIV, the percentage of those receiving treatment to prevent transmission of the virus to their child increased from 35% to 45%.[2] Certainly we have a long way to go, but these are encouraging numbers.

And we have witnessed game-changing shifts in traditional practices—such as the growing number of African men undergoing circumcision to help prevent HIV transmission.[3]
But we are also seeing in some regions ongoing and dangerous behaviours that spread the virus, and we cannot ignore them.

In the parts of Africa most heavily affected by HIV, we are witnessing a shift from patterns of multiple partners to multiple concurrent partnerships. Forty four percent of new infections are among people in married or long term relationships, and in 66% of those cases one partner is positive and the other negative.[4]

In Swaziland, the HIV epidemic is perpetuated by underlying cultural and socioeconomic factors such as unequal power dynamics between men and women in relationships and income inequalities. In Lesotho, age-disparate relationships are common and these contribute to the very high HIV prevalence in women.

And worldwide, violence against women is still too common and accepted. WHO found that up to 21% of women experience sexual abuse before the age of 15.[5] Boyfriends and husbands were the most frequent perpetrators of abuse.

Forty percent of new infections were among young people in 2008, yet less than 40% of young people have basic information about HIV and less than 40% of people living with HIV know their status.[6]

People most at risk of HIV infection include men who have sex with men, sex workers and people who use drugs. Incidence is higher among people marginalized and stigmatised in society. This makes it more difficult to reach them with services and compounds their vulnerability. In Nigeria there are 1,000 new infections every day and a third of those are among sex workers, people who use drugs and men who have sex with men.[7]

What are we doing to address this? Are we fighting to address their rights? Are there mechanisms to deliver services that they be accessed by the people who are most vulnerable?

We face major blockades ahead, and the roadmap is unwritten. Faith, in all its forms, can help transform the AIDS epidemic. We are entering a new decade of the global AIDS response with the spirit of ‘We Can’.

Today, it is possible to prevent mothers from dying and babies from becoming infected with HIV. We can reduce all new HIV infections to zero. We can provide treatment to all those who need it. We can remove punitive laws, policies, practices, stigma and discrimination that block the AIDS response. We can stop violence against women and girls. We can prevent people living with HIV from dying of tuberculosis. We can protect drug users from becoming

infected with HIV. We can enhance social protection for people affected by HIV. And we can empower young people to protect themselves from HIV.

One of the main challenges to the AIDS response is how to go to scale with actions that will produce results in these ten areas. We cannot do this without strong partners and that includes communities of faith.

The status quo is unacceptable

The AIDS response itself has come under fire from many directions. The epidemic is used as a political football in many countries. And the current global financial crisis, coupled with creeping “AIDS fatigue” jeopardises funding.

It is unacceptable that almost 30 years since the start of the epidemic, more than 7,400 people are newly infected with HIV every day, and almost 5,500 people die of AIDS. With five people newly infected for every two starting treatment, we have yet to break the trajectory of the epidemic.[8]

Behind every one of these numbers is a person with his or her own story. I want to tell you about a young woman I met in Lesotho last year. She was crying. She was pregnant, and had just received a positive HIV result. Her anguish was compounded because her husband was angry and about to throw her out—he had tested negative. He accused her of carrying a baby that was not his. In fact, this young mother-to-be had been faithful to her husband all her married life. She had been raped before marriage and had been infected with HIV.

Across the world, too many versions of this story happen to women every day. It is my passion to put an end to this heartbreak. To stop violence against women. To enable them to protect themselves against HIV infection. To make sure they have access to voluntary counselling and testing in pregnancy, and access to services to prevent the transmission of infection to their unborn child.

Giving space to what works

Friends, never have the challenges confronting the AIDS response been greater. But never before have we had such an unparalleled opportunity to overcome such trials. We have the brains, the technology, the resources, and the willingness of millions of people to join in an unprecedented effort to turn back this terrible tide. But sadly, what we see in short supply these days is a recognition of the very thing that defines us as people and binds us together. That thing is our capacity for love, generosity and human kindness.

We know there are proven ways, backed by scientific evidence, to protect those most at risk and their families from HIV. But I sometimes see a disconnect between the scientific world and the world of culture, religion and communities. With this kind of disengagement, the response to the epidemic becomes a commodity-driven approach instead of a community driven approach. But faith communities, having involved in HIV prevention, treatment care and support from the earliest days, can help to bridge this gap very effectively.

And we need your help more today than ever before: What are we going to do about HIV transmission between couples where one partner is HIV positive and the other negative—what we call serodiscordance? This is one of my greatest challenges in Africa today. Many of these couples are married, in long-term relationships. How can we help them protect themselves and still enjoy the gifts of loving marriage that God has granted?

I believe we can all support a comprehensive approach to HIV prevention that includes a range of evidence-based strategies: delaying sexual debut (including abstinence), reducing numbers of sexual partners (including faithfulness), protecting against sexual transmission of HIV, and yes, the use of condoms.

We are not asking religious leaders to hand out condoms—unless that is acceptable within your tradition—but to partner with us in approaches to HIV prevention education, health care and referral in ways that allow each partner to work in their areas of strength. And I think we can agree not to undermine the work of other partners–instead, let's build collaborative partnerships with people living with HIV, civil society, other faiths, and other HIV actors.

Maintaining FBOs' strong role in health care

We in the AIDS community are grateful for the crucial role that faith-based organisations play in providing health care, especially for HIV. We know from Zambia that 40% of health care is provided by faith-based organizations.[9]

We need to scale up the service provision of antiretroviral treatments, prevention of mother to child transmission services, and TB/HIV services – all of these are essential to reach universal access.

But in the current funding crisis, many faith–based organizations (FBOs) have been unable to scale up. I am concerned that if this major service provider is unable to access funds, it will have a significant impact on our goal of universal access. These organizations complement struggling government services to strengthen the national response to HIV. FBOs get just 5% of Global Fund money and just 8.5% of PEPFAR funding.[10]

UNAIDS estimates that $26.8 billion will be required for low- and middle-income countries to achieve universal access. FBOs need to receive a proportion of that funding to support national responses to HIV.

Accountability of religion in daily practice

Those here represent the best of theological traditions—compassion, love, care, and support for the human family made by God. You are the people who teach the world how to "see the divine in the other." To respect the dignity, value and worth of every human being—something the world desperately needs today.

But you know as well as I that religious messages can change the farther they get from the source. Theology based in compassion and dignity can be translated into judgment and intolerance for those who are living with HIV, their families and those engaging in behaviour that is taboo according to some doctrines or cultures. I am talking about our brothers and sisters who live lives we may not understand—men who have sex with men, people who use drugs, sex workers.

We hear the framing of "innocent and guilty" returning to public debate. This kind of language drives those most at risk underground, afraid to find out their own status, victims of fear, social rejection, isolation and institutional injustice. HIV spreads, endangering the entire community. This is not just bad public health. This is an affront to universal human rights.

Religions the world over preach compassion and dignity and human rights for those living with HIV and those most at risk. I have seen and heard many such thoughtful and benevolent statements from religious leaders and communities over the years. Many of you are in this room. These have impressed me deeply and I hope we can find some words together through this dialogue that will inspire one another and motivate people of faith to deeper action.

I want to share with you some of those statements, because they fill me with elation and hope.

Our friend Archbishop Tutu said it so eloquently just a few days ago: “The wave of hate that is underway must stop. Politicians who profit from exploiting this hate, from fanning it, must not be tempted by this easy way to profit from fear and misunderstanding. And my fellow clerics, of all faiths, must stand up for the principles of universal dignity and fellowship. Exclusion is never the way forward on our shared paths to freedom and justice.”[11]

In its December 2009 Vatican Statement to the UN, the Holy See said it “continues to oppose all grave violations of human rights against homosexual persons…including discriminatory penal legislation which undermines the inherent dignity of the human person.”[12]

And the Dalai Lama said, in 2006: **“**When a sick person is overwhelmed by a life threatening condition like AIDS, of course we must give physical relief, but it is equally important to encourage the spirit to live through a constant show of love and compassionate care…. Therefore, real care of the sick does not begin with costly procedures, but with the simple gift of affection and love.”[13]

Muslim leaders meeting in Thailand in 2004 proclaimed this: “In the name of Allah, the Beneficent, the Merciful…We also acknowledge that people living with HIV/AIDS need unconditional love and support and are not to be stigmatized and discriminated… We concur that it does not matter how one is infected but it does matter how one is affected.”[14]

And from the Declaration on HIV and AIDS from the June 2008 Hindu Leaders’ Caucus: “We… Affirm that the full realisation of all human rights and fundamental freedoms for all, regardless of their HIV status, is an essential element of the Hindu faith.”[15]

The United Synagogue of Conservative Judaism calls upon all of its congregations to reach out to individuals infected with the AIDS virus, their families and their friends by providing acceptance, comfort, counseling, and sympathetic and empathetic listening, and affirms that those infected with the AIDS virus must be protected from all forms of illegal discrimination, such as discriminatory housing, employment, health care delivery services and synagogue services.[16]

I sincerely believe that there is much that religious faiths can agree on while retaining your positions on sexual orientation and gender identity.

So can we together make a strong, common public statement, such as these, following from this meeting? This would be a gift to the World.

Interventions we can all agree on

Here are a few conversations for the coming days on which I hope we can find accord.

First and foremost: Eradicate stigma and discrimination towards people living with HIV.

Second, keep health and AIDS on the global agenda, pushing hard to sustain funding and action amid the current financial crisis.

Lastly, scale up services for prevention of mother-to-child transmission and also ensure that we are keeping mothers alive. This is a true success story of the AIDS response but there is much more to be done. It is unacceptable that 400,000 babies are born with HIV in Africa when this has been virtually eliminated as a mode of transmission in so many other parts of the world.[17] With antiretroviral therapy, we can virtually eliminate this form of transmission and ensure that mother are kept alive to care for their children. Religious leaders can make a tremendous contribution by calling for a social movement to end HIV in newborns by scaling up PMTCT services.

I sincerely hope that at the end of this meeting as part of the outcome you will give a call for action to make these services available and virtually eliminate mother to child transmission of HIV. Nothing would be more noble than a world where no more babies are born with HIV.

There is a concept in many faiths that I really like—the idea of giving the least in society the ability and autonomy to govern their own lives. To give the voiceless their voice.
Let that be the gift we give the world with our efforts here today.

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UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. The Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Contributing to achieving global commitments to universal access to comprehensive interventions for HIV prevention, treatment, care and support is the number one priority for UNAIDS. Visit the UNAIDS web site at www.unaids.org

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