Re-train, Re-unite, and Re-commit

All Africa Conference of Churches (AACC)
Heads of African Churches HIV/AIDS Summit
Nairobi, Kenya – 7th–10th June 2004

EPN HIV/AIDS Treatment Survey

The results of the Heads of African Churches HIV/AIDS Summit survey indicate clearly that the church needs to catch up with both the welcome news and the challenge of ARVs.

The church in Africa is responsible for over 50% of available health services in many countries and it has a widespread impact on its congregations and communities, individuals and behaviours. Africa and its people cannot afford the church to lag behind on treatment issues.

Treatment issues and ARVs in particular are relatively new issues. Today there is a paradigm shift from HIV/AIDS as a disease of no hope, to HIV/AIDS as a manageable disease. This means there are individuals within the church with no training or awareness who need support and also those who were previously trained in dealing with HIV issues who need to be updated urgently. Approaches to everything, from preaching to medical treatment systems, need to change. The spectre of church-based stigma has still not been beaten and continues to undermine responses to HIV/AIDS and access to life saving ARVs by reducing the likelihood of people seeking VCT and thus treatment—often until it is too late.

The church has an enormous opportunity to change the impact of HIV/AIDS by addressing the opportunities provided by life-prolonging treatments. Out-of-date information and leadership in this area will increase the negative impacts of HIV/AIDS on our families, communities, and nations, as well as on our congregations and churches. Work to catch up needs to takes place as soon as possible. People at all levels, from faith to medical responsibilities, need **re-training**, the church needs to **re-unite** its approaches throughout the entire hierarchy, and we need to **re-commit**, theologically and financially, to dealing with HIV/AIDS as a manageable disease like any other.

Summary results

There is both welcome news and bad news in the results of this survey. There are clearly some examples of success that can inspire replication or adaptation in other churches. There are also, just as clearly, some churches that need to move forward. Should we be looking for 100% positive scores or is less than 100% acceptable? Given the enormous impact that churches have in their communities, whether through the pulpit or church health services, Africa cannot afford for one church, one member of the clergy, or one hospital to be getting it wrong.

Respondents indicated that, of their church health services:

- 33% wouldn't provide PMTCT.
- 43% wouldn't provide subsidised or free ARVs to those who can't afford them.
- 64% wouldn't provide ARVs to those who can afford them.

There is a need for more up-to-date information:

- 57% are unclear about whether a person taking ARVs can still pass on HIV.
- 50% don't know if a person has to take ARVs for life.

The welcome news is that 71% of respondents think that HIV/AIDS is NOT a punishment from God, with 80% believing that it is a disease like any other. However, 57% of respondents' churches don't have a health insurance scheme for staff.
Of the 90% of respondents who say their churches provide the clergy with HIV/AIDS information, only 28% provide anti-stigma materials.

- 30% provide medical information for lay persons.
- 52% provide theological guidance.
- 65% carry out training on general HIV/AIDS issues.

ADDRESSING TREATMENT ISSUES IN CHURCH HEALTH SERVICES

The churches have health services to make a big impact in the area of life-saving treatment.

- 77% of respondents' churches run health services, including:
  - Health centres (61%)
  - Hospitals (51%)
  - Home based care systems (38%)
  - Mobile clinics (23%)

The need to increase commitment to providing treatment services

The survey results show that, while there are some good examples, there is still room for expanding treatment services.

- Respondents indicated which of the following their church health services provide, or would provide if resources were available.

Voluntary counselling and testing for HIV/AIDS	86%
Treatment that prevents mother to child transmission of the HIV virus	67%
Treatment of opportunistic infections	58%
End-of-life (palliative) care for the dying	48%
Support for home-based care of those with HIV/AIDS	77%
ARVs to those who can afford them	36%
Subsidised or free ARVs to those who can't afford them	57%

This question indicates a respondent either does or would do if they could afford to. A willingness to do something has to be step one, even if step two (finding the funds) is more difficult. This leaves a worrying:

- 33% who wouldn't provide PMTCT
- 43% who wouldn't provide subsidised or free ARVs to those who can't afford them
- 64% who wouldn't provide ARVs to those who can afford them.

The need for written policy to govern health approaches

The value of written policy for health services is fundamental to the development of strategic plans and their implementation. Without written policy, individual 'positions' can informally dominate and change at will.

- 57% of respondents' church health services either don't have, or it is not known whether they have, policy governing treatment and support. Of the 33% who do have policy, only 57% of them have written policy.

The need to increase access for the poorest

Despite the fact that 98% of respondents' church health services help the poorest to gain access to medicines, the range of approaches used needs to increase:

Provide free supply of medicines	30%
Give low interest loans for treatment	6%
Charge fees based on ability to pay	29%
Sell medicines at the price that they were bought for	20%

The survey

The Ecumenical Pharmaceutical Network carried out the survey of 100 heads of African churches attending the Nairobi 2004 HIV/AIDS Summit. Responses came from 69 people, (9 in French), from 21 different denominations across 28 different African countries. These findings have encouraged EPN to provide to church leaders information that will continue to strengthen and support existing and new responses. This survey, together with our country-specific research, will help us develop materials for church leaders that will help address treatment issues.

CHURCHES NEED MORE INFORMATION ON ARVs

While 78% of respondents indicated that they know what ARVs are, and 77% recognised that ARVs support a stronger, longer life, there are some other areas needing clarification:

- **57% are unclear about whether a person taking ARVs can still pass on HIV.**

People taking ARVs need to continue safe sex or abstinence practices as they can still infect others and can themselves be infected with a different strain of HIV.

- **53% of respondents' churches are concerned about, or the respondents did not know if their church is concerned about, ARVs increasing promiscuity.**

If ARVs are taken openly and with the support of the church, the family, and the community then people have access to the correct information about the continued need for safer sex or abstinence. From evidence about the impact of sex education, we have learnt that peoples' frequency of sexual relations is *not* increased by accurate information, but *is* made safer.

- **50% don't know if a person has to take ARVs for life.**

ARV treatment should only start when the CD4 count is at a certain level and AIDS symptoms have reached a certain stage. Current evidence shows that ARV treatment must then be continued for the rest of a person's life—despite the fact that the person may feel better, the virus is still in their body. Stopping ARV treatment once it has started may increase the resistance of the virus to available treatments and the lethal impact of AIDS returns.

- **38% of respondents' churches require VCT results before marrying people and 36% of respondents don't know if their churches marry people of different HIV status.**

Encouraging VCT is a positive way to increase prevention approaches, and provides a way for couples to make informed decisions. ARV and prevention of mother to child transmission (PMTCT) treatments and awareness of nutrition needs means that HIV is not disease of no hope that it once was.

- **On average, 37% don't know if ARVs cure or treat HIV/AIDS.**

This is an important distinction, which needs to be clearly communicated. ARVs treat the disease by reducing the amount of HIV virus in the body (viral load), which allows the body's immune system to strengthen. Unfortunately, ARVs cannot eradicate the virus from the body and therefore a person must keep taking ARVs, as they are not cured.

The church as an employer

The need for health insurance for church employees
The church is often one of the biggest employers in a country. If its' staff, whether cleaners, administrators, preachers, doctors, or nurses can't afford ARVs then their lives are at risk. 57% of respondents' churches don't have a health insurance scheme for staff. However, 97% of respondents would support the idea.

The need to address employment fears and personal stigma
Some churches sack clergy who are diagnosed with HIV. This kind of stigmatisation does not encourage open and accurate discussion.
Of the respondents' churches:

- 7% ask HIV-positive clergy to leave their post
- 12% find HIV-positive clergy another post in an administrative role
- 12% ignore the fact because it doesn't matter
- 6% ignore the fact because they don't wish to draw attention to it
- 78% address their specific needs.

THE CHURCH AND TREATMENT ISSUES

It's a disease like any other!

The welcome news is that 71% of respondents think that HIV/AIDS is NOT a punishment from God, with 80% believing that it is a disease like any other. However:

	Agree	Disagree	Don't Know
People who have HIV/AIDS have acted immorally	17%	65%	23%
Our church is concerned that ARVs will increase promiscuity	12%	48%	41%

The need to fight stigma in order to increase treatment

Of the 90% of respondents who say their churches provide the clergy with HIV/AIDS information, only:

- 28% provide anti-stigma materials
- 30% provide medical information for lay persons
- 52% provide theological guidance
- 65% carry out training on general HIV/AIDS issues.

A clear concern is the need to include ARV information and issues (in particular see page 3 of this document) in existing approaches, as well as the need to retrain those who already have some knowledge of HIV that is now out-of-date.

The need to encourage treatment

While 93% of respondents' churches preach prevention messages, only 81% of respondents' churches encourage people to know their HIV/AIDS status, and only 67% percent of respondents' churches encourage people to seek treatment. Of those that don't encourage ARVs:

- 38% say the church doesn't know enough about ARVs
- 25% indicate that ARVs are too expensive for individuals
- 20% indicate ARVs are not available in every country
- 17% say they focus on prevention, not treatment
- 6% are worried about the side effects.

The need to use testimony from those with HIV

Only 50% of respondents' churches encourage HIV-positive speakers to talk about their experiences, although 22% are "thinking about it." This is big setback in the churches' efforts to fight HIV. People who can speak from their own personal experience, both of having HIV and of being treated for AIDS with ARVs, have the greatest impact on listeners.

The need to allocate resources

On average, respondents felt that 38% of human resources and 26% of budgets should support the fight against HIV/AIDS. It remains to be seen whether this is happening in reality.

EPN is an independent, apolitical non-profit Christian organisation that works in a context of increasing poverty and need for health services. Our goal is to increase positive health outcomes through church-related pharmaceutical services. Our purpose is to increase the capacity of church-related pharmaceutical activities to provide effective and efficient services.

PLEASE STAY IN CONTACT WITH US BY JOINING OUR E-MAIL LIST. CONTACT:

Dr Eva Ombaka
EPN@wananchi.com